

Oral Health Program Communique

Compiled by the Oral Health Program in the Division of Public Health, Wisconsin Department of Health Services

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The Wisconsin Oral Health Program promotes and seeks to improve oral health for all citizens in Wisconsin through policy development, technical assistance, needs assessment, training and education. In addition, the Oral Health Program plans, implements, and evaluates the effectiveness of preventive oral health programs in Wisconsin.



Message from the RETIRED Chief Dental Officer Warren LeMay, DDS, MPH

At the time of the release of this issue of the Oral Health Program newsletter, many of you are aware that I have retired as Chief Dental Officer in the Division of Public Health as of September 7th. Of course, the decision to retire is one of the most significant in a person's life. After considerable reflection I decided to retire after over 40 years in dentistry and dental public health. Over 21 years of my career were devoted to serving as Chief Dental Officer in the Division of Public Health.

I am proud to have experienced a varied and exciting career in dental public health. Previous employment positions included: Chief of Public Health Dentistry at the LBJ Tropical Medical Center in American Samoa; Supervising Dentist for the Saskatchewan Dental Health Plan; Director of Patient Care for Dalhousie University School of Dentistry in Nova Scotia; and Director of Patient Care for the University of Connecticut School of Dental Medicine.

However, being hired as Chief Dental Officer for the Department of Health Services in Wisconsin was a highpoint of my professional career. Preparing for this message allowed for me to reflect on some of the highlights of my tenure as Chief Dental Officer. These highlights are clearly the work of many including our Oral Health Program staff, partners and other advocates.

*Happy New Year from the
Oral Health Program!*



Continued message from Warren:

Some highlights include: maintaining and improving the quality of our statewide community fluoridation program, implementation and the major expansion of the Seal-A-Smile program, significant increases in funding for access to care initiatives, improvements in workforce capacity, major increases in surveillance and epidemiology activity, and obtaining grant funding from the Centers for Disease Control and Prevention to increase the Program's infrastructure.

In this retirement message I am taking the liberty to thank a few people who had a significant impact on my career. They include: Lester Block, dental public health program director at the University of Minnesota School of Public Health; Ray Flanders of Illinois, Joe Doherty of Virginia and Bill Mauer of Iowa, all former state dental directors who were mentors in my early career as a dental director; William Baily, Director of the Division of Oral Health at the Centers for Disease Control and Prevention and Assistant Surgeon General; and current state dental directors Harry Goodman of Maryland and Brad Whistler of Alaska, trusted advisors and good friends.

Although there are many, I want to recognize a few people who have been ongoing supporters of the Oral Health Program over the years and who have been instrumental in improving the oral health of Wisconsin residents. They include: Dean William Lobb and Sheila Stover from the School of Dentistry at Marquette University; Mara Brooks of the Wisconsin Dental Association; Wally Orzechowski of Southwest CAP; Bill Solberg of Columbia St. Mary's Foundation; Greg Nycz of the Family Health Center of Marshfield; Susan Uttech in the Bureau of Community Health Promotion; and Karen Ordinans, Matt Crespín, and Alexandra Eichenbaum of Children's Health Alliance of Wisconsin.

Special thanks go to the staff in our Oral Health Program. They are an incredibly talented, dedicated and committed group. It was a pleasure working with each of you at all times and I miss each of you a great deal.

Lastly, I thank my wonderful wife, Tammara, for her ongoing support and love.

Retirement obviously is a big change but I am enjoying it very much. My wife and I have traveled to California to visit her sister and brother-in-law and to Arizona to visit our son and his girlfriend. We would like to return to Arizona in the winter for another visit to get out of the cold! I have been working on previously neglected jobs around the house and am volunteering one day a week at the Four Lakes Wildlife Center of the Dane County Humane Society as a Wildlife Caretaker.

It has been an incredible honor and privilege to have served as Chief Dental Officer.

What lies behind us and what lies before us are small matters compared to what lies within us. Ralph Waldo Emerson



Oral Health Epidemiologist, Melissa Olson

Wisconsin's Older Adult Survey

The Wisconsin Oral Health Program collected baseline Basic Screening Survey (BSS) data on older adults in 2011. The survey utilized the Association of State and Territorial Dental Director's BSS protocol for older adults. The protocol includes seven recommended indicators and five optional indicators. In order to obtain comprehensive data, the program decided to collect data on all twelve indicators including:

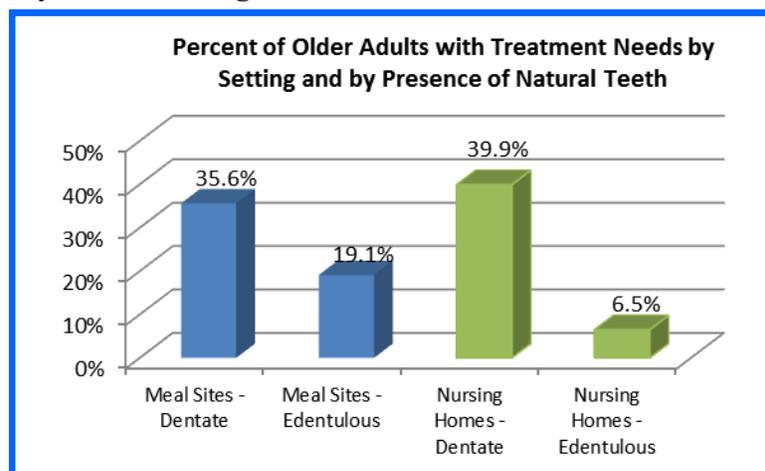
1. Dentures and denture use
2. Number of natural teeth present
3. Untreated decay
4. Root fragments
5. Need for periodontal care
6. Suspicious soft tissue lesion
7. Urgency of need for dental care
8. Functional posterior occlusal contacts
9. Substantial oral debris
10. Severe gingival inflammation
11. Obvious tooth mobility
12. Severe dry mouth



The 72 counties in Wisconsin were classified as urban, suburban, and rural based on the National Center for Health Statistics' urban-rural classification. The nursing homes in the state were stratified by urban-rural category and randomly selected within each group. A convenience sample of senior meal sites were matched to each selected nursing home by location. Completed data are available on 1,099 participants from 24 nursing homes and 350 participants from 27 meal sites.

Preliminary results indicate that among nursing home participants 33 percent were edentulous (no natural teeth), compared to about 25 percent at the meal sites. In addition, about 31 percent of nursing home participants had untreated decay compared to 23 percent of meal site participants. Also, about 38 percent of nursing home participants had no functional occlusal contacts, which means that their ability to eat is greatly impacted because they do not have any teeth (natural or dentures) that oppose each other and can function for chewing food. Approximately 22 percent of meal site participants had no functional occlusal contacts. Among dentate (at least one natural tooth) participants at the nursing homes, nearly 40 percent needed dental care. In addition, despite not having any natural teeth about six percent of edentulous participants needed dental care, mostly due to suspicious soft tissue lesions.

A full report and summary of the findings will be available on the Oral Health Program web site in 2013.



Sealant and Fluoridation Program Coordinator, Robbyn Kuester

Fluoride is available from multiple sources, with fluoridated community drinking water and fluoride toothpaste being the most common sources. With the widespread availability of toothpaste, the need for community water fluoridation is often questioned. Do we really need fluoridated water if we have fluoride in our toothpaste? The answer is yes!



Community water fluoridation remains a very effective public health strategy, even in conjunction with other fluoride products, because it reaches a large number of people, at a low cost, and is effective in preventing tooth decay. While fluoride products such as toothpaste, mouthwash, professionally applied fluoride varnish treatments and dietary supplements are available, these strategies are more difficult to implement consistently and not as cost effective as water fluoridation. In addition, these alternative fluoride products work in a different way than water fluoridation and provide complimentary benefits to preventing tooth decay.

According to the Centers for Disease Control and Prevention, using both fluoride toothpaste and fluoridated water provides protection above and beyond using either separately. Research provides solid evidence to support the use of both toothpaste and fluoridated water. One example is a 1998 study of communities in Illinois and Nebraska that found the tooth decay rate among children in the fluoridated communities was 45 percent lower than the rate among kids in the non-fluoridated communities. This benefit occurred even though more than 94 percent of children in all of these communities were using fluoridated toothpaste.

Fluoride in water is introduced into the mouth every time you drink or eat food prepared with tap water. This provides an immediate topical benefit when the fluoride becomes concentrated in dental plaque and incorporated into saliva. Saliva continuously bathes the teeth and provides a constant low level of fluoride. The concentration of fluoride used in community water fluoridation ranges from 0.7ppm to 1.2ppm. This low level of fluoride in saliva provides continual protection from the acidic environment that demineralizes enamel and ultimately results in tooth decay. Because of the recognized benefits of this continual exposure to fluoride, people of all ages benefit from fluoridated water.

On the other hand, toothpaste contains a much higher concentration of fluoride, which can range in concentration from 1,000 ppm to 1,500 ppm. This high concentration of fluoride is only maintained in the mouth for one to two hours after brushing. Using toothpaste alone would leave teeth unprotected for several hours in the day. However, if you also drink fluoridated water, teeth are protected with low levels of fluoride in the saliva until the next brushing. In addition to drinking fluoridated water, brushing with fluoride toothpaste twice each day is important. According to recent data collected in the Survey of the Health of Wisconsin, “About one out of every two participants brush their teeth twice a day, every day”. With only about half of people brushing as recommended, the fluoride in tap water may likely be their only source of fluoride. Changing individual behaviors is difficult to accomplish. On the other hand, simply drinking fluoridated tap water offers decay prevention benefits without requiring any behavior modification.

Tooth decay remains a problem for many Wisconsin residents. While fluoride alone will not completely solve this problem, it is clear community water fluoridation and fluoride toothpaste provide complementary benefits that contribute to the prevention of tooth decay. As public health advocates, it is important to raise awareness and provide education supporting the use of both fluoridated water and fluoride toothpaste as a way of preventing tooth decay.

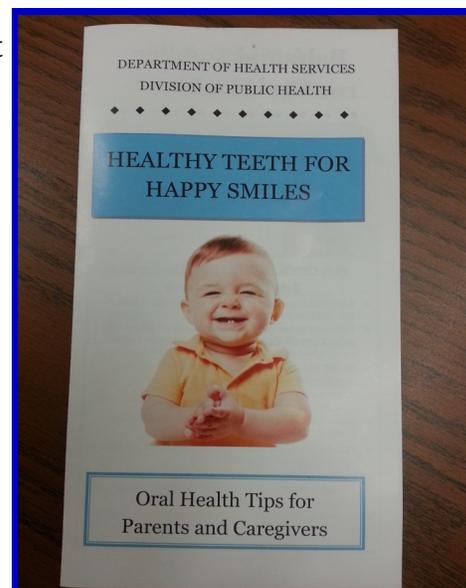
<http://www.pewstates.org/news-room/press-releases/water-fluoridation-what-the-science-says-85899379792>

<http://www.cdc.gov/fluoridation/>



Program Coordinator, Health Education Specialist, Jenna Schneider

The Oral Health Program has put together an updated resource that is now available on our website. *Healthy Teeth for Happy Smiles* was created to educate caregivers about caring for children's teeth. This document has been in high demand for quite awhile and is now available! <http://www.dhs.wisconsin.gov/publications/P4/P44078.pdf>



Coordinated Chronic Health Efforts

The Oral Health Program has also been actively involved in the new coordinated chronic disease efforts. We are excited about this collaborative effort to help promote oral health.

Here is the Coordinated Chronic Disease Executive Summary:

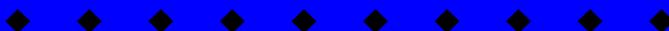
ARTHRITIS, CANCER, DIABETES, HEART DISEASE AND STROKE, ORAL HEALTH, OBESITY, AND TOBACCO USE Individually, the rates of these chronic diseases and associated risk factors are Wisconsin epidemics, together the numbers can't be ignored. At least one out of every two people in Wisconsin is living with a chronic disease.

With issues this large and complex, it will take population-wide strategies that impact people at every stage of their life and touch us on a daily basis. This type of work can't be done alone, it will take a multitude of partners: from small rural communities, to large urban areas; from health care providers, to state and local agencies; from disease survivors, to decision makers; from schools, to workplaces; and everyone in between. All these partners must work together with a common vision to lessen the burden of chronic disease and promote the overall health of all Wisconsin populations.

The Wisconsin Chronic Disease Prevention and Health Promotion Plan provides a roadmap to effectively address these chronic diseases, promote health through environmental and system change strategies, and coordinate Wisconsin's stakeholders to maximize the impact of state resources. The Wisconsin Coordinated Chronic Disease Prevention and Health Promotion Program and other stakeholders will work together to accomplish the Plan's goals, strategies, and objectives.

Goals of the Wisconsin Chronic Disease Prevention and Health Promotion Plan

- Partnership Development and Mobilization
- Surveillance and Epidemiology Data Driven Decisions
- Communicate for Action
- Create Environments that Promote Health
- Deliver Integrated Clinical Preventive Services
- Enhance Clinic-Community Linkages and Self-Management Skills
- Address Health Disparities and Promote Health Equity



In the News

Seven communities recognized for efforts in fluoridation

Seven Wisconsin communities have been recognized for their efforts in maintaining this important public health practice. Fennimore, Hazel Green, Lancaster and Rio were honored for 50 years of ongoing water fluoridation. Alma, Avoca and Mount Horeb received "Community Water Fluoridation Reaffirmation Awards" in recognition of local officials continuing to fluoridate the water supply at the recommended level. These annual awards are sponsored by the American Dental Association, Association of State and Territorial Dental Directors and U.S. Centers for Disease Control and Prevention. Wisconsin continues to be a leader in community water fluoridation, with 90 percent of state residents having access to optimally fluoridated water from community sources.

Moms Key to Kids' Dental Health – A child's good dental health is not just based on the child having dental insurance, a new study finds (*Journal of Dental Research*). According to researchers, mothers with more than a high school education and more knowledge of eating right and good emotional health had kids with better dental health.

<http://jdr.sagepub.com/content/91/9/859.abstract>

Home Visits, Phone Calls Reduce Australian Kids' Caries Rates – Oral health education and support for mothers, including home visits and telephone calls, were found to reduce the caries rate in children, according to new, unpublished research. Both the home visit education program and the telephone education program offered mothers toothbrushing instruction and general dietary advice every six months from their child's birth. The mothers could also contact the program for advice and support as their children progressed. The home visits helped reduce the rate of decay to just 2%, while regular telephone calls alone reduced it to 7%. The researchers also found that prenatal education played a vital role in ensuring children's oral health.

<http://www.dentistry.uq.edu.au/paediatric-caries>

Health Department Says Data Shows Benefits of Water Fluoridation – A new study from the Eau Claire City County Health Department said children in the city of Eau Claire have healthier teeth than surrounding communities in Eau Claire County.

<http://www.weau.com/home/headlines/County-says-data-shows-benefits-of-water-fluoridation-176966141.html>



Announcements

Register now for Give Kids A Smile

Give Kids A Smile will be celebrated nationally on Feb. 1, 2013, when thousands of dentists participate by providing screenings, cleanings, sealants and other treatments to underserved children. For many children, this is an opportunity to find a permanent dental home, and for dentists, it is a great way to be involved in helping the local community. The program's website also has information on how to get involved with the Give Kids A Smile program or expand an existing program and includes materials such as a program planning guide.

<http://www.givekidsasmile.org/>

February is National Children's Dental Health Month: 2013 NCDHM Campaign

The 2013 NCDHM campaign brings together thousands of dedicated dental professionals, health care providers and others to promote the benefits of good oral health to children and adults, caregivers, teachers, and many others. This year's NCDHM campaign features the slogan "**GET A GOLD MEDAL SMILE**". The youth materials features the McGrinn Twins, Flossy and Buck along with their best friends and next-door neighbors Den and Gen Smiley, going for the fold to get a winning smile. The pre-teens/teens materials features kids going the distance for a gold medal smile. The NCDHM Program Planning Guide offers program coordinators, dental societies, teachers and parents resources to promote the benefits of good oral health to children. The guide includes easy-to-do activities, program planning timetable tips, a sample NCDHM proclamation, and much, much more.

<http://www.ada.org/5578.aspx>



Resources

Wisconsin Oral Health Program:

http://www.dhs.wisconsin.gov/health/Oral_Health/

Children's Health Alliance:

<http://www.chawisconsin.org/wohc.htm>

To find out how much fluoride is in a community's water supply:

<http://apps.nccd.cdc.gov/MWF/CountyDataV.asp?State=WI>

To learn more about Wisconsin Seal-A-Smile program:

<http://www.chawisconsin.org/sas.htm>

Partnering to Seal a Smile

This report provides a comprehensive overview of the Wisconsin Seal-A-Smile program.

<http://www.chawisconsin.org/documents/PartneringSealASmile2012.pdf>

Additional Sources:

[Achievements in Public Health, 1900-1999: Fluoridation of Drinking Water to Prevent Dental Caries](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4841a1.htm)

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4841a1.htm>

<http://www.astdd.org/use-of-fluoride-community-water-fluoridation>

<http://www.cdc.gov/fluoridation/pdf/griffin.pdf>

<http://www.mchoralhealth.org/highlights/water.html>

<http://www.mouthhealthy.org/>

<http://www.ilikemyteeth.org/>

<http://www.ada.org/fluoride.aspx>

