



Idaho

**Oral Health
Action Plan**

2015-2020

A Collaborative Approach
to Oral Health in Idaho



Table of Contents

Acknowledgements	4
Work Team Members	4
Introduction	5
Our Process	6
Collaboration: A Collective Impact Framework	7
The Burden of Oral Disease in Idaho 2014: An Executive Summary	8
Idaho’s Areas of Strategic Priority	9
Prevention	10
Children and Adolescents	10
Pregnant Women.	11
Adults & Older Adults.....	12
Access to Care	13
Children and Adolescents	13
Pregnant Women.	14
Adults & Older Adults	14
Policy & Infrastructure	15
Policy.....	15
Medical / Dental Collaboration & Integration.....	16
Leadership.....	17
Funding	17
Data & Surveillance.	18
Appendices	
Appendix A: Oral Health Disparities	19
Appendix B: Definitions.....	22
Appendix C: State Oral Health Program Roles for the 10 Essential Public Health Services.....	24
Appendix D: Map of Idaho Public Health Districts and Idaho Tribes ...	25

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Work Team Members

Carolyn Brammer, RDH-EA, Program Coordinator, Central District Health Department, Oral Health Program

Laurel York Odell, Facilitator, Concepts in Writing, Inc.

NaDene Palmer, Executive Director, DentaQuest, LLC

Susan Miller, Executive Director, Idaho Board of Dentistry

Michelle Scott, RDH-EA, BS, Idaho Dental Hygienists' Association

Jack Miller, MHE, Chronic Disease Section Manager, Idaho Department of Health & Welfare, Bureau of Community & Environmental Health

Robert Graff, PhD, Chronic Disease Section Epidemiologist, Idaho Department of Health & Welfare, Bureau of Community & Environmental Health

Angie Bailey, RDH-EA, MSDH, Program Manager, Idaho Department of Health & Welfare, Idaho Oral Health Program

Sara Stith, Medical Program Specialist, Idaho Department of Health & Welfare, Medicaid, Medical Care Bureau

Omair Shamim, MD, MHS, MK, Director, Idaho Department of Health & Welfare, Head Start Collaboration Office

John Kriz, DDS, Board of Directors, Idaho Oral Health Alliance

Jennifer Wheeler, Executive Director, Idaho Oral Health Alliance

Linda Swanstrom, Executive Director, Idaho State Dental Association

Tami Chafin, Executive Director (Retired), Idaho State Dental Association

Brian Crawford, DDS, Chair, Idaho State University, Department of Dental Sciences

Neill Piland, PhD, Public Health, Director and Research Professor, Idaho State University, Institute of Rural Health

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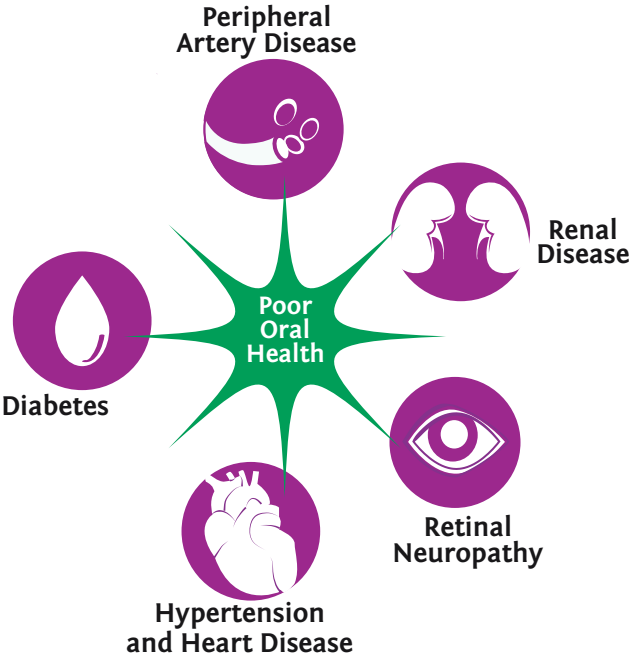
Introduction



Oral health is a critical component to overall health and well-being. In Idaho, oral health is a serious public health issue. The incidence of oral disease is greater in children and adults who can least afford care. Oral disease contributes significantly to the impact and cost of overall healthcare and can contribute to cardiovascular disease, stroke, pre-term birth, poorly controlled diabetes, and other chronic diseases.

This document represents the collective efforts of those engaged in improving oral health in Idaho to outline and address the most pressing needs. It is a continuation of the work conducted in 2007 creating Idaho's first Oral Health Action Plan 2010-2015 and is based on data collected from two reports, *The Burden of Oral Disease in Idaho 2014* and the *2014 Idaho Oral Health Environmental Assessment and Partnership Collaboration Evaluation* to guide development of the areas of priority going forward.

The purpose of the plan is to serve as a roadmap for improving the oral health of Idahoans. The plan addresses goals and strategies that have been outlined by the Idaho Oral Health Program (IOHP) in collaboration with partners and stakeholders, including the Idaho Oral Health Alliance (IOHA) and members of the public health and dental communities.



Our Process

Our Vision
An Idaho where
all are free from
oral disease and
enjoy optimal
oral health.

Begun in 2007, the planning process consists of five continuously cycling phases (See Diagram 1). The Idaho Oral Health Action Plan 2015-2020 represents the outcomes from assessing efforts previously outlined, determining priorities for going forward and planning specific efforts and activities for making the vision the reality. It also serves as a guide for implementation and evaluation for continuously improving the oral health of Idahoans.

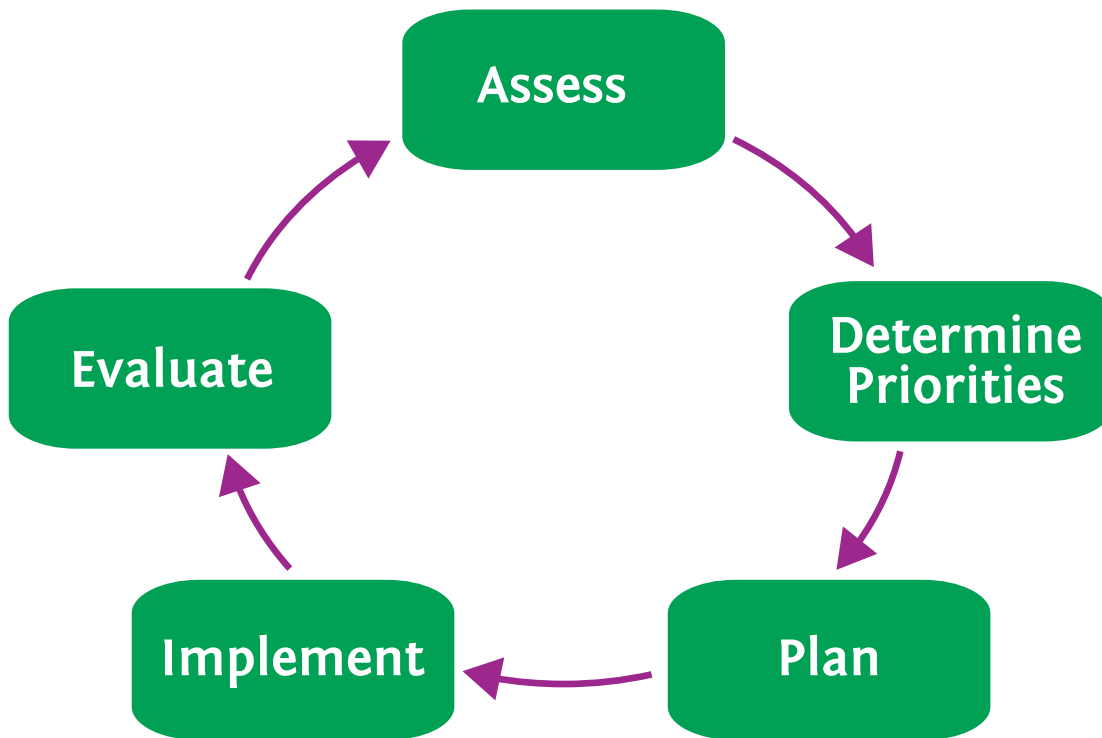


Diagram 1: The Five Phases of Planning

Collaboration: A Collective Impact Framework

We will need to be teachers and coaches helping people learn how to care for their own oral health.

Improving oral healthcare for all Idahoans is complex. No single policy, government agency, organization or program can tackle or achieve our vision of an Idaho where all are free from oral disease and enjoy optimal oral health.

Going forward we will need to address the disparate burden faced by racial and ethnic minorities, children and the elderly, and people with limited incomes and no dental insurance. We will need to be teachers and coaches helping people learn how to care for their own oral health. We will need to be oral health visionaries seeking funding to expand oral healthcare, developing policies that improve access to care, implementing programs that take oral healthcare services to those in the greatest need, and linking oral healthcare to medical care.

To this end, we are moving to a *collective impact* framework to address the deeply entrenched and complex social issues surrounding oral health. It is an innovative and structured approach to making collaboration work across government, business, philanthropy, non-profit organizations, and citizens to achieve significant and lasting social change. Unlike collaboration or partnership, Collective Impact initiatives have centralized infrastructure with dedicated staff whose role is to help participating organizations shift from acting alone to working together. Both the IOHP and the IOHA are committed to bringing the diverse entities and individuals together in this structured way to bring about the changes needed in the oral health arena.

Together, the IOHP and the IOHA have been and will continue to coordinate and manage collaborative efforts, including the updating of this plan and its implementation. It will take leadership, commitment and passion. All of these qualities are evidenced by programs such as *Give Kids a Smile*, organized by dentists and dental hygienists; oral healthcare given to participants in the Idaho-sponsored Special Olympics World Winter Games 2009; and school-based dental sealant clinics throughout the state. The next steps will focus on multiple organizations, groups, stakeholders, and agencies from different sectors working together on a common agenda, with shared measurement and alignment of effort as outlined within the Idaho Oral Health Action Plan 2015-2020.

The Burden of Oral Disease in Idaho 2014: An Executive Summary

Dental caries experience among Idaho third graders dropped from '09 to '13.

67% ↓ 62%
'09 '13

Idaho has not met the Healthy People 2020 Target of 49%.

The percentage of untreated dental decay in primary or permanent teeth among Idaho third-graders dropped from '09 to '13.

23% ↓ 21%
'09 '13

Idaho has exceeded the Healthy People 2020 Target of 26%.

Oral health is vital to general health and essential for an adequate quality of life. Oral health encompasses the health of teeth, lips, tongue, salivary glands, masticatory muscles, jaws, palates, and throat. Proper oral health refers to the lack of oral disease such as dental caries, periodontal infections, tooth loss, and oropharyngeal cancers. It also includes the ability to achieve basic oral functions including speaking, smiling, chewing, and swallowing, among others.

Over the past few decades, improvement in oral health status across the U.S. has largely been attributed to access to and use of oral healthcare services, availability of community water fluoridation, and increased tobacco control efforts. Although Idaho has seen an improvement in oral health status, barriers to implementing population-level prevention and intervention measures, such as population distribution, geography, and lack of funding have impeded these efforts.

The Burden of Oral Disease in Idaho 2014 report presents the most current data available on oral health in Idaho. It compares Idaho oral health indicators with Healthy People 2020 (HP2020) targets, measures at the national level, and describes trends. This report also identifies oral health conditions in selected populations and provides an update on use of professional oral healthcare services. In addition, it identifies programs and organizations focused on oral health in Idaho and suggests potential partnerships to improve oral healthcare outcomes throughout the state.

Data from the report indicates the need to improve access to oral healthcare across the population, including children, the elderly, low-income, and racial/ethnic minority populations. Factors necessary for improving access include the increased availability of free or low-cost services and the development and/or expansion of community-level prevention activities, such as community water fluoridation and school-based dental sealant clinics. In addition, oral healthcare throughout the lifespan needs to be addressed as evidenced by the number of children, adults, and elderly with untreated dental caries, periodontal disease, and underuse of oral healthcare services.

Idaho's Areas of Strategic Priority

There was a slight increase in tooth loss due to dental caries or periodontal disease among 65-74 year olds.



Idaho has exceeded the Healthy People 2020 Target of 22%.

When compared to the U.S., Idaho has a low rate of oral and pharyngeal cancers detected at an early stage. (2011 data)



Healthy People 2020 Target: 36%

The latest data from 2013 showed that only **25%** of Idaho adults were screened for oral and pharyngeal cancer by oral health professionals.

As stated from Healthy People 2020 (HP2020), "Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities."

A health disparity refers to specific populations and communities experiencing unequal (higher) incidence, prevalence, mortality, and burden of diseases, and other adverse health conditions as compared to the health status of a general population. Efforts to identify and address health disparities focus attention on populations that have historically been disadvantaged in some way by race, ethnicity, socioeconomic status, education level, disability, gender, age, occupation, sexual orientation, and/or geographic location.

To achieve oral health equity in Idaho, special efforts must be made with our Native American and Hispanic populations, refugee communities, residents of communities in frontier counties, and the many children and adults living in poverty (see Appendix A). The development of statewide and regional oral health networks will create the framework for improving and enhancing current processes as well as engaging communities experiencing health disparities. When all have equal access to prevention and treatment with equal respect and dignity, the vision for oral healthcare in Idaho will have been achieved.

It is important to note that many best practice interventions and expected outcomes were identified in the first Idaho Oral Health Action Plan 2010-2015. The Idaho Oral Health Action Plan 2015-2020 goals and strategies build on the work previously outlined and continue the focus on three primary areas:

- 1. Prevention
- 2. Access to Care
- 3. Policy & Infrastructure

These areas have guided, and will continue to guide, efforts going forward. The intent of this document is to point the way for activities at both the state and local levels. To that end, some of the goals listed under the three primary areas also serve as strategies or intended outcomes to help local communities develop their own specific strategies and work plans. Success will build from locally driven, state-supported collaborative effort.

Prevention

Optimal oral health across the life span, in families, and throughout Idaho communities begins with prevention practices including personal oral healthcare and access to preventive dental care.

Children and Adolescents



Goal 1

Promote implementation of the American Academy of Pediatric Dentistry (AAPD) *Guidelines on Infant Oral Health Care*, counseling on harmful oral habits, preventing dental injuries, and promoting dental exams by 12 months of age or with the emergence of the first primary tooth.

Goal 2

Provide oral health programs that promote healthy teeth and gums in schools and childcare facilities.

Strategies

- Increase partnerships between schools, local public health districts, and other organizations to provide school-based oral health programs such as dental sealant and fluoride varnish clinics.
- Implement programs that train staff in childcare facilities about oral health including tooth brushing, teaching children and parents about self-care, and healthy eating.
- Incorporate oral health education into school health curricula.
- Implement preventive oral health services and education with Head Start programs that include:
 - Providing oral health training and education to Head Start staff and family advocates; and,
 - Offering topical fluoride to Head Start children following evidence-based clinical recommendations.

Goal 3

Ensure that oral health screenings and/or assessments, fluoride varnish applications, and dental home referrals are offered and/or provided to children enrolled in Women, Infants and Children (WIC) programs.

Goal 4

Incorporate oral health education into trainings and educational offerings for people serving children and youth with special healthcare needs.

Prevention

Achieving the highest health for all people - health equity - provides the framework for all of the work to be completed.

Pregnant Women



Goal 1

Partner with oral health professionals, physicians, allied health professionals, public health districts and community organizations to ensure that women in Idaho seek and have access to oral healthcare during pregnancy.

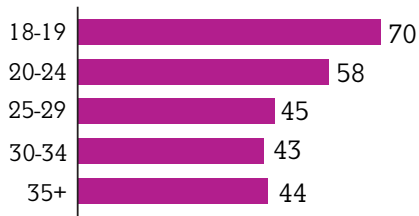
Strategies

- Develop and disseminate culturally appropriate, targeted health messages and opportunities that promote and support pregnant women to seek oral healthcare during pregnancy.
- Provide education to medical and dental professionals on the importance of communicating the need for oral healthcare and fluoride use for pregnant women.
- Enroll eligible pregnant women in WIC and Early Head Start programs that provide oral health education to parents/caregivers starting during pregnancy and continuing after childbirth.

Lack of routine dental care during pregnancy, %, 2010

Data source: Idaho Pregnancy Risk Assessment Tracking System (PRATS), 2005-2010

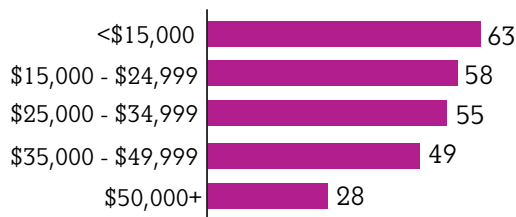
Age



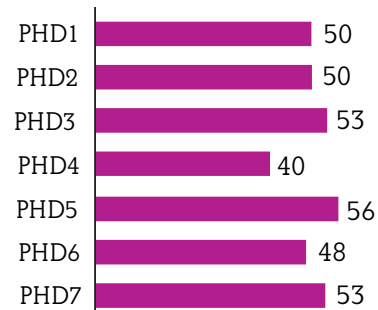
Education



Income



Public Health District



Prevention

There was an increase in the percentage of Idaho adults 18 and older who visited a dentist or dental clinic.

66% ↑ 68%
'10 '12

Idaho has exceeded the Healthy People 2020 Target of 49%.

On average, approximately **66%** of Idaho adults report having an annual dental cleaning.

Adults & Older Adults

Goal 1

Reduce periodontal disease to Healthy People 2020 target of 12% for moderate or severe periodontitis.

Strategies

- Develop oral health educational messages that encourage daily self-care and routine professional preventive oral healthcare.

Goal 2

Educate the public about the links between oral health and chronic disease, especially diabetes and cardiovascular disease, and the prevention of oral and pharyngeal cancers.

Strategies

- Increase the number of oral health professionals conducting oral and pharyngeal cancer screenings during routine preventive oral healthcare visits.
- Develop and disseminate culturally appropriate, targeted health messages about the risks associated with tobacco, alcohol and substance abuse, and the link to poor oral health, including oral and pharyngeal cancer and rampant tooth decay.
- Encourage patients to participate in tobacco cessation counseling and to use nicotine replacement therapy. Refer them to the Idaho Tobacco Prevention and Control Program's (Project Filter) cessation services promoted as best-practice from the U.S. Department of Health and Human Services, *Treating Tobacco Use and Dependence: 2008 Update*.

Goal 3

Promote third party payer funding of oral health prevention activities/ services by both dental and medical professionals.

Goal 4

Identify referral resources and new points of access for preventive oral health services and education for adults and older adults.

Goal 5

Educate caregivers of the elderly on the importance of oral health, oral hygiene, and proper oral healthcare techniques.

Access to Care

Access to oral healthcare is a critical component in achieving health equity. Access is a complex issue influenced by several factors such as availability of services, workforce and insurance coverage.

Children and Adolescents



Goal 1

Increase the number of children and adolescents who receive preventive oral health services and restorative care.

Strategies

- Promote the enrollment of eligible children in Medicaid and Children's Health Insurance Program (CHIP) to enable them to have coverage for oral healthcare services.
- Work with dentists, dental hygienists, schools and community partners to develop school-based dental clinics.
- Increase referrals of infants and young children (0 to 5 years of age) from pediatricians and patient-centered medical homes to dentists.
- Increase partnerships between Head Start programs and local dentists, encouraging dentists to adopt a Head Start center to ensure that children have a dental home.
- Support oral health programs in Idaho's public health districts to maintain and expand school-based programs providing fluoride treatments, dental sealants, and oral health education to children, parents, and school staff.
- Develop and support collaborative work among organizations, agencies and private practices to provide oral healthcare to uninsured and/or underinsured children.
- Promote oral health programs among private dental practices that provide preventive and restorative care for underserved children.
- Promote and provide a dental home referral by age one (1) through pediatric and family practice offices, WIC, and Federally Qualified Health Centers (FOHCs).



Access to Care

49% of women in Idaho lacked routine dental care during pregnancy.

The primary reason reported for not receiving dental care during pregnancy was **lack of insurance or money to pay out-of-pocket costs.**

Idaho adults with diabetes had a larger percentage of one or more teeth removed due to periodontal disease or tooth decay. (Aggregated data 2010-2012)

65%	40%
People w/ diabetes	People without diabetes

Pregnant Women



Goal 1

Increase the number of women receiving perinatal oral healthcare.

Strategies

- Encourage and educate medical providers in FOHCs to develop a system of referral for pregnant women to oral healthcare.
- Partner with primary care providers for incorporating oral healthcare and referrals to dental homes.

Adults & Older Adults



Goal 1

Increase the number of adults, especially those 65 and older, in care facilities, hospice, or served by home health agencies receiving oral healthcare services.



Policy & Infrastructure

Working together, dental professionals and oral health advocates can educate policy and decision makers about the importance and value of oral healthcare to overall health across the lifespan.

Sound policy enables people to access oral healthcare who might not otherwise receive adequate care. It also helps communities develop strategies to support healthy personal behavior, including oral health.

Policy

Goal 1

Promote community water fluoridation in Idaho as a method for preventing and controlling tooth decay.

Strategies

- Inform and educate the public and policy makers about the importance of community water fluoridation by linking tooth decay incidence to fluoridation status.
- Create local community water fluoridation policy examples for communities to adopt.

Goal 2

Support initiatives that reduce high sugar snacks and drinks in children's diets.

Goal 3

Promote raising the dental fee schedule to the 75th percentile or higher of the usual and customary rate.

Goal 4

Promote recognition of dental hygienists as Medicaid providers to allow for the direct reimbursement of services provided in extended access settings as defined by the Idaho Board of Dentistry.

Goal 5

Promote mandatory dental exams of children before entering school following the model used by Head Start.

Goal 6

Promote Medicaid expansion of adult dental benefits.

Goal 7

Convene a work group of dental education professionals, as well as public health and private practitioners, to investigate and monitor expanded oral healthcare provider models. Make recommendations based on relevant scientific models, current initiatives, and consumer input. Identify gaps and barriers in access to oral healthcare in Idaho.

Policy & Infrastructure

Medical / Dental Collaboration & Integration

Goal 1

Increase the capacity of organizations, agencies, businesses and practices through the collaborative efforts of those involved in the health of Idahoans.

Strategies

- Collaborate with higher education institutions that train healthcare professionals (nurses, family physicians, dietitians, pharmacists, physician assistants, and other allied health professionals) to encourage the inclusion of education about the importance of oral health, the oral-systemic link to chronic disease, and the need for preventive oral healthcare.
- Work with state and local healthcare professional organizations to provide Continuing Medical Education (CME) programs on the oral-systemic link between chronic disease and oral health.
- Incorporate oral health education, prevention and referral with Diabetes Self-Management Education programs and other chronic disease programs.
- Build and strengthen the Idaho oral health network of community groups engaged in collectively identifying and implementing solutions to their oral healthcare needs, especially those representing disadvantaged populations.
- Expand the number of community-based dental clinics in Idaho.
- Support the expansion of FQHC dental clinics in Idaho.
- Support integration of electronic dental and medical records.
- Encourage oral healthcare professionals to work with local emergency departments, hospitals, and insurance companies to find solutions aimed toward decreasing the number of people seeking dental treatment in hospital emergency room departments.

The number of Idaho counties without a dentist fell to 1 in 2009 and remains at that number in 2013.

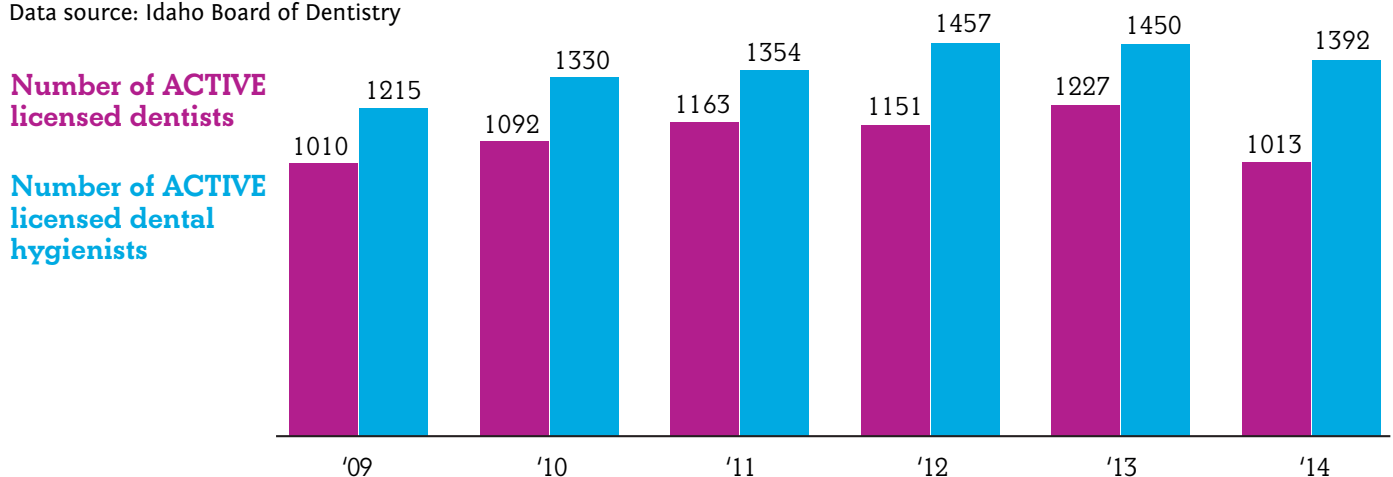
'05	'07	'09	'13
5	5	1	1

In 2013, the number of people in Idaho counties without a dentist dropped to 861—a 95% decrease since 2005.

'05	'07	'09	'13
16,383	16,881	906	861

Number of Active Dental Professionals in Idaho, 2009-2014

Data source: Idaho Board of Dentistry



Policy & Infrastructure

Leadership

Goal 1

Engage community and state leaders in support of oral health for all Idahoans.

Strategies

- Inform policy makers at the state and local level to ensure inclusion of oral health services in health promotion and disease prevention programs, care delivery systems, and reimbursement schedules.
- Ensure that oral health is included in healthcare reform discussions at state and federal levels.

Funding

Goal 1

Increase funding to support and expand oral health programs that improve access to preventive and restorative care and provide oral health education.

Strategies

- Develop and strengthen partnerships with local, regional, and national funders for oral health equity in Idaho.
- Promote reimbursement from third party payers for preventive oral healthcare services and oral health education.

1/4 of adults in the U.S. ages 65 and older **have lost all of their teeth.**

In the U.S., among dentate adults 65 years and older, **racial/ethnic minorities** were about half as likely to report a past-year dental visit and about **twice as likely** to have **at least 1 tooth with a cavity** than their nonminority counterparts.

High levels of untreated dental disease among those aged 50 to 64 years and a potential future shortage of dentists suggest that **future dental treatment needs will remain at their current levels or increase.**

Griffin, S.O., Jones, J.A., Brunson, D, Griffin, P.M., Bailey, W.D. (2012). Burden of oral disease among older adults and implications for public health priorities. Am J Public Health. 102(3):411-418.

Policy & Infrastructure

Data & Surveillance

Goal 1

Ensure that Idaho oral health data are current, reportable, and available to health professionals, the public and policy makers and used as quality improvement tools.

Strategies

- Identify and maintain a systematic process for gathering and analyzing Idaho oral health data aligned with national oral health data measures and Healthy People 2020 objectives.
- Establish data benchmarks to demonstrate progress toward improving the oral health of Idaho children and adults.
- Publish reports on the burden of oral disease in Idaho and disseminate these reports to policy makers, administrators, medical and oral health professionals, health organizations, community organizations, the media and the public.
- Construct and manage an online surveillance/information management system capable of collecting continuous data from additional third party payers, FOHCs, dental practices and residencies, Idaho's tribal health systems, and other secondary data sources.



Appendix A: Oral Health Disparities

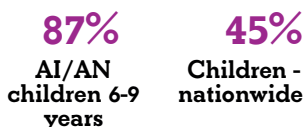
In Idaho, third-grade Hispanic children had a larger percentage of treated and untreated dental caries than their non-Hispanic white counterparts. (2013 data)



In Idaho, third-grade Hispanic children had a larger percentage of untreated tooth decay than their non-Hispanic white counterparts. (2013 data)



American Indian/Alaskan Native (AI/AN) elementary school children in the Portland service area had a larger percentage of decay in their primary or permanent teeth compared to children in the U.S. general population.



Hispanic and Latino

The largest racial/ethnic minority in Idaho (just under 12%) identifies as Hispanic or Latino. Compared to 43% of non-Hispanic adults, 65% of Hispanic adults do not have dental insurance. Language access can be a barrier to care as can fear of perceived residency status and a lack of training in cultural respect and competency. Nationally, incidence of dental caries is significantly higher among Hispanic youth.

Native American Indian

In Idaho, 2.3% of the population identifies as American Indian/Alaska Native (AI/AN) alone or in combination with one or more other races (2010 Census). There are six federally recognized tribes in Idaho. The Indian reservations are geographically dispersed throughout the state, often in more rural areas. The largest number of AI/AN live in urban areas where locating culturally competent care is sometimes a challenge (Idaho does not have an Urban Indian Health Center).

Nationally, AI/AN have less access to dental health services. This is reflected in Idaho where tribal health facilities provide dental care but staff work part time and services are often only available one or two days per week. Dental health providers are not always from the community, or of AI/AN heritage, and they have not always received adequate training in cultural respect and competency. These factors can affect patient experience, overall care and outcomes. Cultural respect and an understanding of dental health practices as a source of historical trauma (multiple teeth were often pulled without necessity or pain relievers) is a crucial component to understanding a possible reluctance to seeking professional dental care.

Five of the tribes in Idaho are located in the Portland Area Indian Health Service area (IHS). A 2011-2012 IHS survey of AI/AN elementary school children in the Portland service area found that 87% of AI/AN children ages of 6-9 years had a history of decay in their primary or permanent teeth compared with 45% of children in the U.S. general population. Almost half of the AI/AN youth surveyed had untreated decay (as compared with 17% of the general U.S. population). Almost 36% of AI/AN children in the Portland service area had at least one dental sealant on a permanent tooth in comparison to the 32% of children among the U.S. general population.

Appendix A: Oral Health Disparities

Nationally, studies have shown that many refugee youth have never received preventive oral health measures such as toothbrushes, fluoridated toothpaste or fluoridated water.

Refugees

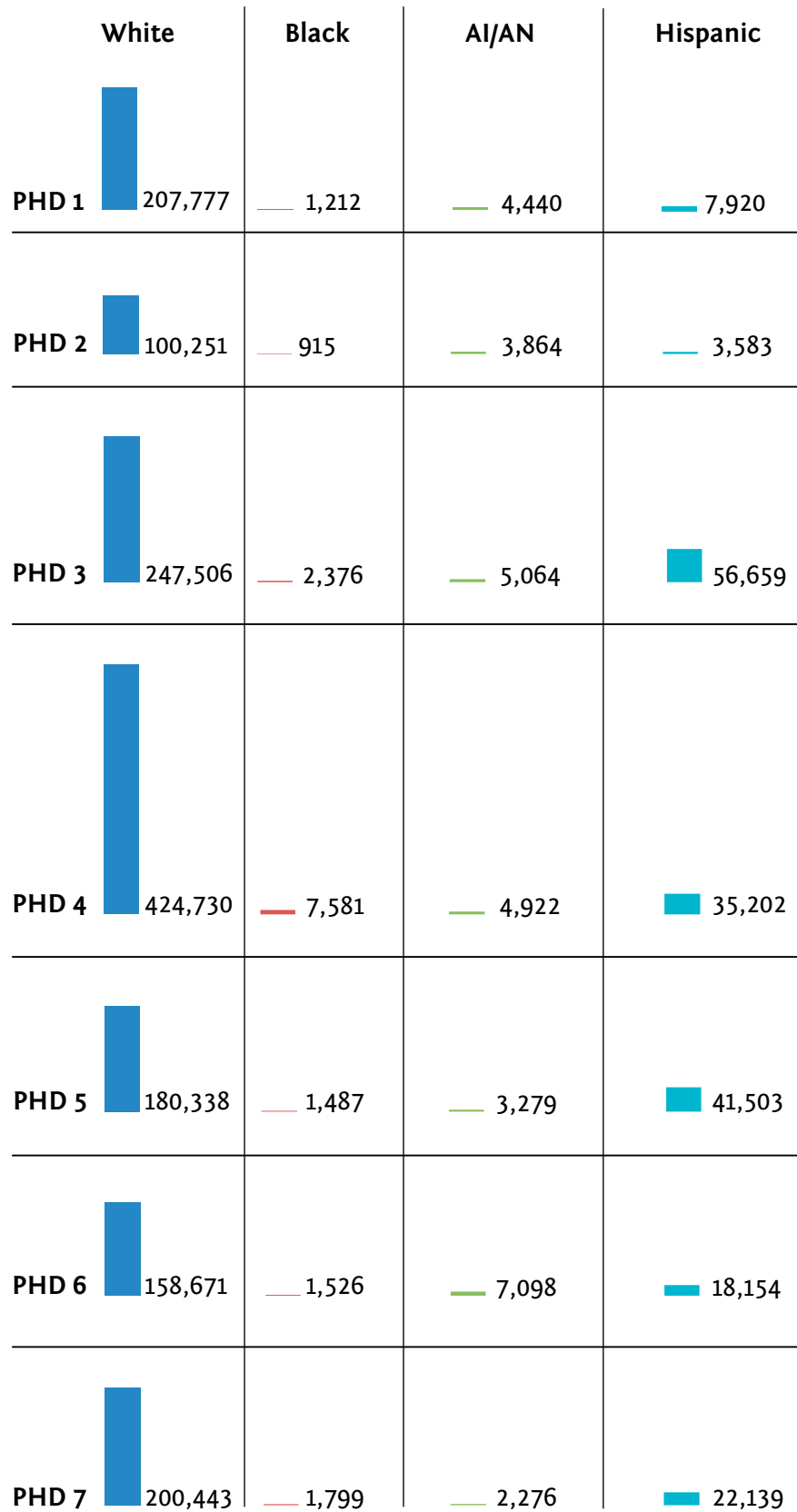
Refugees are a growing segment of the Idaho population. From January 2009 through June 2014, Idaho has welcomed the arrival of 3,827 refugees primarily in the Boise and Twin Falls area of southwest and south central Idaho. A lack of access to oral healthcare services and a limited diet can contribute to a higher rate of dental caries among refugees. Oral health services need to be provided with a focus on trauma-informed care to prevent the risk of re-traumatization. Refugee torture survivors have sometimes experienced torture to the mouth and teeth and often have poor dental health with a higher number of untreated cavities and a need for immediate dental care. Care can be challenging when interpreters aren't available. In addition, refugees receive only eight months of medical coverage through Medicaid upon arrival. Nationally, studies have shown that many refugee youth have never received oral healthcare services or been exposed to preventive oral health measures such as toothbrushes, fluoridated toothpaste, or fluoridated water. As a result, the prevalence of tooth decay is higher when compared with U.S. children.

Children with Food Insecurity

Children who are food insecure are more likely to have poor oral health outcomes. Partnering with organizations such as the Idaho Hunger Task Force and the State Department of Education will encourage and assist more schools to apply for the Community Eligibility Provision (CEP) to provide free school meals for all students attending eligible schools in low-income areas. Eleven of fifty-five school districts in Idaho are eligible to participate in this program. Currently, only two school districts, Lapwai (serving a large percentage of Native American children), and one of the school districts in Canyon County (serving a large percentage of Hispanic children), are participating.

Ethnic and racial breakdown in Idaho's Public Health Districts

Idaho DHW, 2012 Idaho Vital Statistics, Bureau of Vital Records and Health Statistics



Appendix B: Definitions

Caries

Commonly used term for tooth decay.

Cavity

Known as missing tooth structure. A cavity may be caused by decay, erosion or abrasion. If caused by caries, it is also referred to as a *carious lesion*.

Early Childhood Caries

A severe, rapidly developing form of tooth decay in infants and young children (affecting the primary "baby" teeth). It has also been referred to as *Baby Bottle Tooth Decay* and *Nursing Caries*. (State of Connecticut Department of Public Health "Open Wide" publication)

Dental Home

A dental home is the ongoing relationship between the dentist who is the primary dental care provider and the patient, which includes comprehensive oral health care, beginning no later than age 1. (The American Dental Association (ADA) adopted this definition of a dental home in October 2005).

Evidence-Based Clinical Recommendations

Recommendations developed through critical evaluation of the collective body of evidence on a particular topic. The recommendations provide practical applications of scientific information that can assist dentists in clinical decision-making. The strength of the recommendation is classified according to the existing level of evidence. An example of evidence-based clinical recommendations is the ADA Evidence-Based Clinical Recommendations on Professionally Applied Topical Fluoride. (American Dental Association)

Fluoride

Fluoride is a mineral used in dentistry to promote a stronger tooth structure and help prevent decay.

Fluoride Varnish

A lacquer containing 5 percent sodium fluoride painted on teeth, which appears to reduce bacterial activity.

Head Start

Created in 1965, Head Start is the most successful, longest-running, national school readiness program in the United States. It provides comprehensive education, health, nutrition and parent involvement services to low-income children and their families.

Early Head Start: Focusing on pregnant women and children birth to age 3.

High Risk Children

Two groups of children are identified as high-risk populations:

Low-Income Children

This category includes children enrolled in programs where they must meet income eligibility requirements. This category includes children enrolled in Early Head Start, Head Start, WIC, National School Lunch Program, Medicaid, and the State Children's Health Insurance Program (SCHIP).

Children and Youth with Special Health Care Needs (CYSHCN)

The Maternal and Child Health Bureau (MCHB) defines CSHCN as children and adolescents who have, or are at increased risk for, a chronic physical, developmental, behavioral or emotional condition, and who require health and related services of a type or amount beyond that required by children generally.

Idaho Oral Health Alliance (IOHA)

Idaho Oral Health Alliance (IOHA) is a non-profit organization of dental professionals, public health agencies, businesses, community health providers and individuals dedicated to better oral health and overall health for all Idahoans. IOHA is open to all who have an interest in promoting good oral health and increasing access to preventive and restorative dental care.

Periodontal Disease

Periodontal (gum) diseases, including gingivitis and periodontitis, are serious infections that, left untreated, can lead to tooth loss. Periodontal disease is a chronic bacterial infection that affects the gums and bone supporting the teeth. Periodontal disease can affect one tooth or many teeth. It begins when the bacteria in plaque (the sticky, colorless film that constantly forms on teeth) causes the gums to become inflamed. (American Academy of Periodontology)

Gingivitis - The mildest form of periodontal disease often caused by inadequate oral hygiene. It causes the gums to become red, swollen, and bleed easily. There is usually little or no discomfort at this stage. Gingivitis is reversible with professional treatment and good oral home care.

Periodontitis - Untreated gingivitis can advance to periodontitis. With time, plaque can spread and grow below the gum line. Toxins produced by the bacteria in plaque irritate the gums. The toxins stimulate a chronic inflammatory response in which the tissues and bone that support the teeth are broken down and destroyed. Gums separate from the teeth, forming pockets (abnormal spaces between the teeth and gums) that become infected. As the disease progresses, the pockets deepen and more gum tissue and bone are destroyed. Often, this destructive process has very mild symptoms. Eventually, teeth can become loose and may have to be removed.

Sealants

Plastic resin placed on the chewing surfaces of molars to prevent bacteria from attacking the enamel and causing dental caries. (ADA)

Systemic

Of, relating to, or common to a system; affecting the body generally.

Tooth Decay

An active process of tooth destruction resulting from interactions between teeth, food, and bacteria. It occurs when foods containing carbohydrates (sugars and starches) such as milk, pop, raisins, cakes or candy are frequently left on the teeth. Bacteria that live in the mouth thrive on these foods, producing acids as a result. Over time, these acids destroy tooth enamel, resulting in tooth decay. (ADA)

WIC-Women, Infants and Children

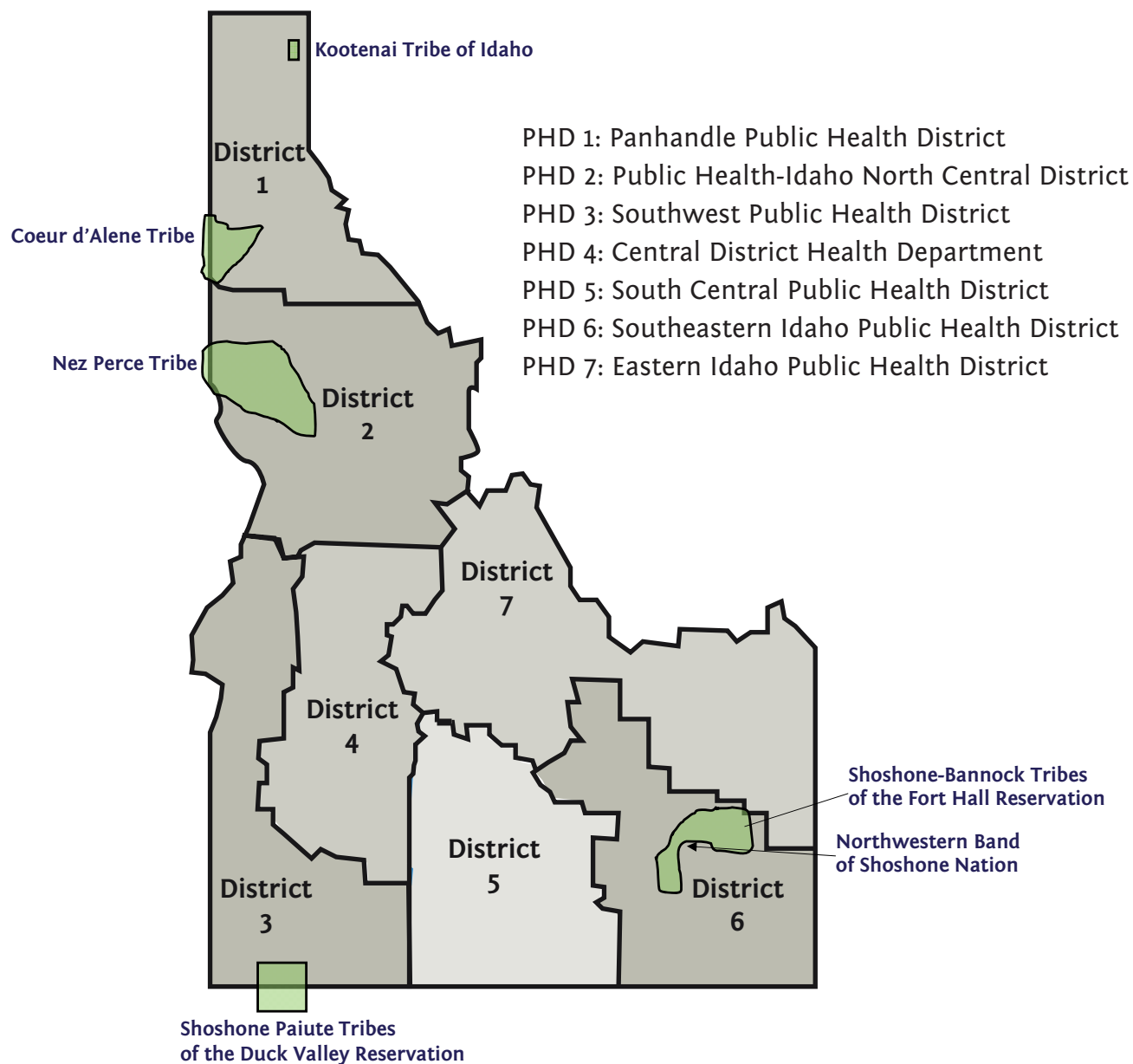
The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a federally-funded program that provides nutrition education and food vouchers for eligible low-income pregnant and nursing mothers, infants, and children to age 5.

Appendix C: State Oral Health Program Roles for the 10 Essential Public Health Services

1. Assess oral health status and implement an oral health surveillance system.
2. Analyze determinants of oral health and respond to health hazards in the community.
3. Assess public perceptions about oral health issues and educate/empower them to achieve and maintain optimal oral health.
4. Mobilize community partners to leverage resources and advocate for/act on oral health issues.
5. Develop and implement policies and systematic plans that support state and community oral health efforts.
6. Review, educate about and enforce laws and regulations that promote oral health and ensure safe oral health practices.
7. Reduce barriers to care and assure utilization of personal and population-based oral health services.
8. Assure an adequate and competent public and private oral health workforce.
9. Evaluate effectiveness, accessibility and quality of personal and population-based oral health promotion activities and oral health services.
10. Conduct and review research for new insights and innovative solutions to oral health problems.

Source: www.astdd.org/state-guidelines

Appendix D: Map of Idaho Public Health Districts and Native American Tribes



Notes



Oral Health Program
450 W. State St.
Boise, Idaho 83720



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