

Smart Mouths, Healthy Bodies: An Action Plan to Improve the Oral Health of Coloradans

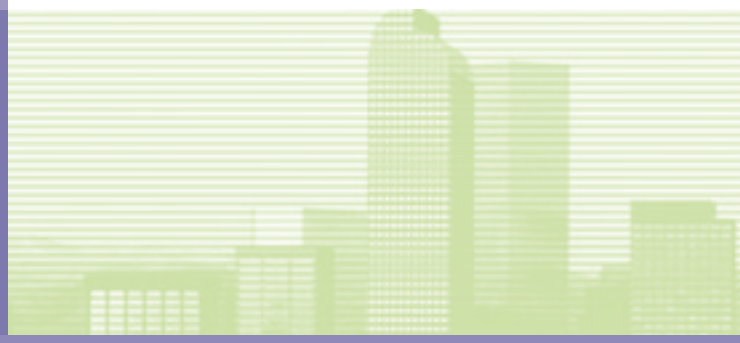


PREPARED FOR

Oral Health Awareness Colorado!

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Letter to Stakeholders



June 30, 2005

Dear Colleagues, Partners and Residents of Colorado:

Oral Health Awareness Colorado! (OHAC!) and its partners are pleased to present a state plan for a coordinated oral health improvement initiative entitled “Smart Mouths, Healthy Bodies: An Action Plan to Improve the Oral Health of Coloradans.” Our vision is *“every individual regardless of race, ethnicity, socioeconomic status, ability or religion should have accessible, affordable preventive and restorative oral health care.”*

This action-oriented plan for 2010 is the result of a broad-scale, collaborative effort of a diverse group of Colorado residents.

In November 2004, Oral Health Awareness Colorado! convened a statewide oral health summit. “Smart Mouths, Healthy Bodies: An Oral Health Action Summit” evaluated the impact of oral disease on the general health of Coloradans. During the summit, participants prioritized oral health needs and desired outcomes. A Steering Committee completed the work by adding strategies. As a result, an action plan was developed to focus on six major topic areas that would facilitate achieving improved oral health for all Coloradans.

These topic areas, and the related outcomes and strategies, are intended to guide and to direct a strong, unified statewide movement in support of achieving accessible and affordable oral health for all. The issues are complex and require multiple strategies. Success is dependent on an organized, collaborative vision and effort to improve oral health.

Please use this plan, partner with others in the community and actively coordinate services, funding and messages that will enhance the oral health of all Colorado residents. Together, we can ensure “Smart Mouths, Healthy Bodies” for all.

Linda Fuller, BA
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Oral Health Awareness Colorado!

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Oral Health Awareness Colorado! Smile Partners

- Caring for Colorado Foundation
- Centers for Medicare and Medicaid Services
- Colorado Association for School Based Health Care
- Colorado Coalition for the Medically Underserved
- Colorado Community Health Network
- Colorado Dental Association
- Colorado Dental Hygienists' Association
- Colorado Dental Hygiene Educators
- Colorado Department of Education
- Colorado Department of Health and Human Services, Aging and Adult Services
- Colorado Department of Health Care Policy and Financing
- Colorado Department of Public Health and Environment
- Colorado Health Care Association
- Colorado Springs Dental Society
- Colorado Oral Health Network
- Colorado Rural Health Center
- Community Dental Clinic
- Delta Dental of Colorado
- Delta Dental Foundation
- Dental Aid
- Girl Scouts Mile Hi Council
- Colorado Head Start
- HealthOne Alliance
- Howard Dental Center
- Kids in Need of Dentistry

- Metro Denver Dental Society
- Northwest Colorado Dental Coalition
- Rose Community Foundation
- Rural Communities Resource Center
- University of Colorado School of Dentistry

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Executive Summary

Oral diseases, although nearly 100 percent preventable, continue to impact Coloradans of all ages.

- In children, oral disease remains five times more common than asthma and affects children's ability to concentrate and to learn, their speech development and self-esteem.
- Many adults suffer from dental disease, which affects their general health and well-being.

While oral diseases are significant themselves, their relationship to overall general health is often overlooked both by health professionals and the general public.

Throughout the development of the oral health plan, overarching themes emerged. These themes provided the foundation for the vision of the Oral Health Action Plan.

Every individual, regardless of race, ethnicity, socioeconomic status, ability or religion should have accessible, affordable preventive and restorative oral health care.

These themes support the vision:

Colorado has an aware, educated public, including professionals, parents, business people, educators, funders, and policymakers, who value and take responsibility for their individual oral health; who understand and appreciate the importance of continuing oral health care; who are committed

to supporting a coordinated system of care; and who will educate others about oral health's integral relationship to general health.

Colorado enjoys the benefits of building a culturally competent and diverse oral health workforce.

The Smart Mouths, Healthy Bodies: An Action Plan to Improve the Oral Health of Coloradans is designed to empower partners at all levels to work on the improvement of oral health in their "community."

Within the six identified topic area, priority outcomes have been identified.

Financing Outcomes

- Increase, proportionally, the amount of dollars spent on oral health care relative to overall health care.
- Increase the number of Coloradans who have access to dental insurance coverage.

Health Promotion Outcomes

- Change the paradigm of how oral health is viewed by health care providers.
- Increase at-risk populations' awareness and understanding of prevention and treatment availability.

Policy and Advocacy Outcomes

- Advocate for changing the Dental Practice Act regarding licensing registered dental hygienists and foreign-trained dentists.
- Improve reimbursement to oral health care providers, from private and public-funded sectors, for all services.



Executive Summary

Promising Practices Outcomes

- Expand oral disease prevention and referral services into school health programs throughout the state.
- Achieve greater than 90% of the population on public water systems receiving optimal fluoridation.
- Assure that Colorado children at greatest risk of dental disease receive dental sealants.

Systems of Care Outcomes

- Integrate an oral check-up with the standard physical exam.
- Improve coordination and communication between the public and private sectors and systems of care.
- Develop a collaborative workforce.

Workforce Outcomes

- Increase the number of providers willing to serve low-income and underserved clients.
- Enhance access to care through recruitment of providers who are diverse, culturally competent, and representative of the populations they serve.
- Increase curriculum time for medical, dental, nursing students and allied health professionals regarding oral health as a component of general health.
- Actively recruit non-traditional, ethnically and culturally diverse candidates into dental and dental hygiene programs.



The broad scope of these outcomes encourages those working to improve the health of Coloradans to contribute to this plan. All Coloradans are invited to participate in the achievement of these visions so that Colorado's oral health is the best in the nation.

Background

Summary on Consensus Development

Historical Activity

“Oral Health In America: A Report of the Surgeon General,” released in May of 2000, documented oral health disparities in the nation and encouraged the development of a National Oral Health Plan to improve oral health and to reduce disparities. In April of 2003, “A National Call to Action to Promote Oral Health” was released to expand on the efforts outlined in the Surgeon General’s Report and to address the oral health objectives of Healthy People 2010. The Call to Action enlisted the expertise of individuals, health researchers, health care providers, communities, and policymakers at all levels to develop science-based, culturally sensitive programs designed to promote oral health and to prevent oral disease.

Colorado embraced these national initiatives with Governor Bill Owens appointing the Colorado Commission on Children’s Dental Health. The Commission was charged with studying the extent and the nature of the problem of children’s oral health care in Colorado and with making recommendations to the Governor and the General Assembly. The Commission’s report, released in December of 2000, identified five broad themes and nine recommendations to improve the oral health of Colorado’s children. These recommendations translated into five legislative initiatives,

including a Dental Loan Repayment Program for providers serving underserved populations; dental hygienists as recognized Medicaid providers; the addition of dental providers living and working in underserved areas to the State Health Professional Tax Credit Program; the Child Health Plan Plus dental benefit; and infrastructure grants to safety net dental providers to increase capacity. In addition, the momentum created by the Commission qualified Colorado to participate in the National Governor’s Association Oral Health Policy Academy to continue work on the remaining recommendations in the commission report.

Numerous initiatives in oral health have evolved throughout Colorado since that time, both public and private. In 2002, Colorado was the recipient of an infrastructure and capacity building cooperative agreement from the Centers for Disease Control and Prevention, Division of Oral Health. The cooperative agreement, designed to assist state oral health programs in achieving Healthy People 2010 objectives, details nine performance measures. These measures include the development of a statewide oral health coalition; an assessment of policy and systems changes with the potential to reduce oral diseases; the development or enhancement of an oral health surveillance system; a document that describes the oral disease burden within the state; and the management of a state community water fluoridation program.

Colorado was also a recipient of a State Oral Health Collaborative Systems grant from the Health Resources and Services Administration for infrastructure development. All of these factors, from the release of the Surgeon General’s Report in 2000 to the state capacity building activities, contributed to the knowledge and the background for an oral health summit and state oral health plan process. Smart Mouths, Healthy Bodies: An Oral Health Action Summit was held on November 19, 2004.

Oral Health Awareness Colorado! (OHAC!) is a coalition of professionals representing a wide range of public, private and non-profit

continued



Background

organizations interested in advancing oral health care in Colorado. Its mission is to develop and promote strategies that achieve optimal oral health for all Coloradans. OHAC's mission is to "develop and promote strategies to achieve optimal oral health for all Coloradans".

OHAC! began meeting in April 2003, building on the work of the Colorado Commission on Children's Dental Health, the Colorado Oral Health Network and others to address the burden of oral diseases in Colorado. One of its priorities is developing a formal oral health plan for the people of Colorado. The state oral health plan began with the convention of an inaugural summit in November 2004.

"Smart Mouths, Healthy Bodies: An Oral Health Action Summit" Summary

The summit was designed to highlight oral health activities that currently exist across the state, and determine additional activities that should be implemented to improve oral health for Coloradans. Approximately 150 registrants from Denver and eight remote sites participated directly in the summit by utilizing innovative electronic videoconferencing technology.

The summit focused on six key areas: Health Promotion, Workforce, Financing, Policy/Advocacy, Promising Practices, and Systems of Care. Participants engaged in facilitated conversation and action planning to address these areas. At the end of the summit there was a "Call to Action" to encourage individuals and organizations to become involved in developing and refining the action items identified in the plan. The report of the summit may be found in its entirety at www.beasmartmouth.com/summitreport.pdf

Subsequent to the summit, an Action Team drafted the statewide oral health plan with input from over 200 community stakeholders. The plan incorporated the "outcomes," "strategies" and "actions" from the summit together with information gleaned from state and community needs assessments, including the "Impact of Oral Disease on the Health of Coloradans." Consensus building, rating, ranking and drafting were primarily conducted through WebIQ™, an interactive web-based tool, as well as personal meetings and written feedback.



Topic Area of Action Plan Focus

Financing

The Financing topic area includes "Outcomes" which pursue effective financing of both the system of oral health care and the activities of the state oral health plan. This topic area has overarching impact on all five actions in the National Call to Action and the Healthy People 2010 objectives.

Health Promotion

The Health Promotion topic area includes "Outcomes" directed at educating the public on the relationship between oral health and general health and on individuals' roles and responsibilities for their own oral health. This topic area directly relates to the National Call to Action #1 "Change Perception of Oral Health" and the Healthy People 2010 related objective areas in Chapters 7, 11, 16, 23 and 27.

continued

Background

Policy and Advocacy

The Policy and Advocacy topic area includes “Outcomes” directed at public or private policies that need to be established or advocated for in order to positively impact access to or delivery of oral health care services. This topic area has overarching impact on all five actions in the National Call to Action and the Healthy People 2010 objectives.

Promising Practices

The Promising Practices topic area includes “Outcomes” directed at successful, evidence-based and research-based strategies, decision-making practices, and activities that can be replicated and applied to oral health problems in Colorado. This topic area directly relates to the National Call to Action #2 “Overcome barriers by replicating effective programs and proven efforts” and Action #3 “Build the science base and accelerate science transfer” as well as Healthy People 2010 objectives 21-8, 21-9, and 21-13 and related objective areas in Chapters 7, 11, 16, 23, and 27.

Systems of Care

The Systems of Care topic area includes “Outcomes” directed at coordinating systems of care for more efficient and effective application to oral health. This topic area has overarching impact on all five actions in the National Call to Action and the Healthy People 2010 objectives.

Workforce

The Workforce topic area includes “Outcomes” directed at the development of a diverse workforce to ensure both access to oral health care and a workforce that is competent and representative of the populations it serves. This topic area directly relates to the National Call to Action #4: Increase oral health workforce diversity, capacity, and flexibility; and Healthy People 2010 objectives 21-17, related objective areas in Chapters 1, 11, 20, and 23.



Topic Areas of Action Plan Focus

Financing

The Financing topic area includes “Outcomes” which pursue effective financing of both the system of oral health care and the activities of the state oral health plan. This topic area has overarching impact on all five actions in the National Call to Action and the Healthy People 2010 objectives.

Priority Outcome #1

Increase, proportionally, the amount of dollars spent on oral health care relative to overall health care.

Why

Oral health is integral to general health. According to the U.S. Surgeon General’s Report on Oral Health expenditures for dental services were 4.7 percent of the nation’s health expenditures in 1998. Oral health is a critical component of health and must be included in the provision of health care and the design of community programs.

Strategy 1: Quantify the financial impact of preventing oral disease.

Suggested Partners

Colorado Department of Public Health and Environment, Oral Health Program, Colorado Health Institute, Prevention Research Center, Delta Dental of Colorado

Suggested Action Steps

- Action: Collect cost effectiveness and other data from the literature showing the efficacy of oral health services.
- Action: Summarize information regarding financial impact.
- Action: Share the long-term cost effectiveness of oral health services with stakeholders and policy makers.



Evaluation

A report summarizing data regarding financial impact is available. Needed studies are underway. Cost effectiveness is documented. Information is shared with stakeholders and policy makers. Increased funding is available for oral health services.

Strategy 2: Educate and encourage legislators to prioritize oral health financing.

Suggested Partners

OHAC! members and collaborating partners who will advocate for oral health financing

Suggested Action Steps

- Action: Develop and/or support legislation that addresses oral health issues.
- Action: Develop messages and share with members/constituents.
- Action: Encourage individuals to share messages with legislators/public policy-makers and to answer questions.

continued

Topic Areas of Action Plan Focus

Evaluation

Oral health issues are identified and legislators support bills. Additional funding for oral health is available.

Strategy 3: Assure that Colorado is utilizing and maximizing all funding for oral health.

Suggested Partners

Delta Dental Foundation, Colorado Health Institute, University of Colorado School of Dentistry

Suggested Action Steps

- Action: Review systematically funding streams for potential use (like Medicaid and Medicare, Health Resources and Services Administration, National Institutes of Health, Agency for Healthcare Research and Quality, Centers for Disease Control)
- Action: Research the possibility of accessing identified new resources.
- Action: Participate in planning to leverage any identified new source of funding.
- Action: Secure funds as new sources are identified and become available.

Evaluation

Review of possible funding streams is complete, if available, new funding is secured.

Strategy 4: Identify potential funding sources for adults as well as children.

Suggested Partners

Colorado Health Institute, funders, Omni Research and Training

Suggested Action Steps

- Action: Identify gaps in information and initiate a study to collect missing data.
- Action: Review the activities accomplished within other states to secure federal funding sources for adults as well as children.
- Action: Develop and implement an action plan to secure new or expand federal resources for adults as well as children.

Evaluation

Funding sources are identified for adults and children.

Priority Outcome #2

Increase the number of Coloradans who have access to dental insurance coverage.

Why

“For every child under 18 years old without medical insurance, there are at least two children without dental insurance; for every adult 18 years or older without medical insurance, there are three without dental insurance.” -- U.S. Surgeon General’s Report on Oral Health. According to the “Snapshot of Oral Health in Colorado” 42% of adults in Colorado do not have dental insurance. Those with dental insurance are almost one



continued

Topic Areas of Action Plan Focus

and a half times more likely to visit the dentist than those without dental insurance.

Strategy 1: Investigate the addition of a dental benefit under Child Health Plan Plus for pregnant women.

Suggested Partners

Center for Medicare and Medicaid Services, Oral Health Awareness Colorado! partners with lobbying capabilities, Department of Health Care Policy and Financing

Suggested Action Steps

- Action: Determine what regulatory change is needed.
- Action: Secure legislative and department support as needed.
- Action: Quantify medical cost savings of increased oral health coverage to adult populations.
- Action: Determine key messages to policy makers.
- Action: Use cost comparisons, from other state's Medicaid and Child Health Plan Plus programs, to educate policy makers on the importance of a dental benefit for pregnant women.
- Action: Investigate other states that currently have Medicaid benefits.

Evaluation

Medicaid coverage for pregnant women is expanded.

Reduction in Pre-Authorization Requests (PAR) necessary for adult coverage. Expanded services for adults are available.

Expanded qualifying conditions for adult Medicaid exist.

Topic Areas of Action Plan Focus

Health Promotion

The Health Promotion topic area includes “Outcomes” directed at educating the public on the relationship between oral health and general health and on individuals’ roles and responsibilities for their own oral health. This topic area directly relates to the National Call to Action #1 “Change Perception of Oral Health” and the Healthy People 2010 related objective areas in Chapters 7, 11, 16, 23 and 27.

Priority Outcome #1

Change the paradigm of how oral health is viewed by health care providers.

Why

Oral health is increasingly recognized as a component of general health. A continual effort needs to be made in both the medical and the dental communities to emphasize the impact of oral disease on the overall health of Coloradans.

Strategy 1: Increase knowledge and awareness of the importance of oral health as it relates to overall health in the primary care community.

Suggested Partners

Colorado Department of Public Health and Environment, Colorado Community Health Network, University of Colorado School of Dentistry, University of Colorado School of Medicine, Delta Dental Foundation

Suggested Action Steps

- Action: Develop a health promotion communication campaign to educate health care practitioners on the importance of oral health care.
- Action: Design and/or disseminate courses relevant to health care practitioners.
- Action: Create individual and professional health care partnership around oral health issues.



- Action: Expand existing relationships between the medical and dental professions.

Evaluation

Evaluation plan initiated. Dental in-services and/or Continuing Medical Education courses for medical providers are increased. Curriculum materials and practicum opportunities to merge dental and medical collaboration reviewed. Number of dental referrals from medical providers are increased. Number of preventive services increased.

Priority Outcome #2

Increase at-risk populations’ awareness and understanding of prevention and treatment availability.

Why

According to the May 2000 “Oral Health In America Report of the Surgeon General,” a “silent epidemic” of dental and oral disease affects some population groups. Those who suffer the most from oral diseases are the poor of all ages, including children, elderly and disabled populations. Knowing that 80% of dental disease is found in 25% of the population (Oral Health in America Report of the Surgeon General) it is important to target those at greatest risk in order to reduce the burden of oral disease.

Topic Areas of Action Plan Focus

Strategy 1: Catalog and build a database of health promotion projects focused on increasing awareness and understanding of oral diseases by at-risk populations.

Suggested Partners

Foundation Collaborative (environmental scan), partners currently working with education and health promotion campaigns, 211 Colorado™, local public health agencies, Colorado Department of Public Health and Environment

Suggested Action Steps

- Action: Convene funders currently working with oral health Initiatives to forge a collaborative effort.
- Action: Investigate other state's health promotion activities.
- Action: Build a database of health care promotions and their funding sources (e. g., Omni Data Resources Index).
- Action: Identify Best Practices.

Evaluation

Catalog exists and is available to stakeholders. Best practices are identified. Awareness among at-risk populations increases.

Strategy 2: Develop a series of health promotion/communication campaigns (e.g., Be a Smart Mouth), directed at targeted groups.

Suggested Partners

Media, Oral Health Awareness Colorado!, Oral Health Awareness Colorado! partners currently working with education and health promotion/communication campaigns, oral and medical health care providers

Suggested Action Steps

- Action: Secure funding for effective health promotion campaigns.
- Action: Create effective culturally competent campaigns for priority populations.
- Action: Design an evaluation plan for campaigns.

Evaluation

Target populations are identified and prioritized. Funding is secured. Campaigns are developed. Evaluation plan is implemented.

Strategy 3: Increase oral health education in schools, medical centers and in the community-at-large.

Suggested Partners

Colorado Department of Public Health and Environment Coordinated School Health and Oral Health Programs, University of Colorado Health Sciences Center, media, Colorado Community Health Network, Colorado Rural Health Center, Oral Health Awareness Colorado! partners currently working with education and health promotion campaigns, Delta Dental of Colorado

Suggested Action Steps:

- Action: Work with Colorado Department of Education to survey public schools' efforts in oral health education.
- Action: Identify best practices that have demonstrated success in this area.
- Action: Collaborate with Coordinated School Health Program to include oral health initiatives.
- Action: Partner with the 9Health Fairs, Give Kids a Smile and Smile-a-bration to assure that oral health is an integral part of their education activities.

Evaluation

The number of schools providing oral health education increases. 9Health Fair activities incorporating a dental component and are documented. Educational components are included in Give Kids a Smile and Smile-a-bration.

continued

Topic Areas of Action Plan Focus

Priority Outcome #3

Educate consumers about their dental plans in order to maximize insurance utilization and third party reimbursement.

Why

“Insurance is a major determinant of dental utilization.”— U. S. Surgeon General’s Report on Oral Health. With the rapid changes in the health care environment it becomes even more important for health care consumers to understand the implications of their insurance coverage.

Strategy 1: Develop materials emphasizing the importance of preventive benefits for use by third party payers and human resources departments.

Suggested Partners

Third party payers, human resource associations, Colorado Department of Public Health and the Environment

Suggested Actions:

- Action: Convene advisory group to develop materials, such as pamphlets, CD-ROMS & DVDs for self-education.
- Action: Pilot test materials for cultural sensitivity.
- Action: Produce revised materials for use by above-mentioned groups.

Evaluation

An Advisory group has convened. Materials have been developed, tested and revised as needed.

Topic Areas of Action Plan Focus

Policy and Advocacy

The Policy and Advocacy topic area includes “Outcomes” directed at public or private policies that need to be established or advocated for in order to positively impact access to or delivery of oral health care services. This topic area has overarching impact on all five actions in the National Call to Action and the Healthy People 2010 objectives.

Priority Outcome #1

Advocate for changing the Dental Practice Act regarding licensing Registered Dental Hygienists and foreign-trained dentists.

Why

“Estimates predict a significant shortage (of dentists) by 2020 due to the number of retiring dentists out-pacing the number of dental graduates.

“In 1999, a dentist survey was conducted by the Colorado State Board of Dental Examiners and the University of Colorado School of Dentistry in conjunction with licensure renewals. The results indicate that the majority of dentists practice in metropolitan areas, primarily along the Front Range, which corresponds with high-density population centers.” -- Impact of Oral Disease on the Health of Coloradans.



The supply of dental hygienists in the state is predicted to outpace the supply of dentists. It is prudent to utilize this already exiting workforce to its fullest potential.

Strategy 1: Form a cross-disciplinary task force to continue to examine other states’ models, current regulation, and potential changes to the dental hygiene scope of practice.

Suggested Partners

Area Health Education Centers, Primary Care Office, University of Colorado School of Dentistry, State Board of Dental Examiners

Suggested Action Steps

- Action: Research successful programs in the United Kingdom and Australia.
- Action: Seek a regulatory waiver, if necessary, to develop and to evaluate a pilot project on the expansion of services through identified means.

Evaluation

Task force is convened. Report on viable models is presented. Legislation is drafted. Waiver is developed. Project results are analyzed. Successful strategies are expanded.

Strategy 2: Evaluate recruitment and retention impact of the current foreign-trained dental program.

Suggested Partners

Area Health Education Centers, Primary Care Office, University of Colorado School of Dentistry, State Board of Dental Examiners, National Commission on Dental Examinations

Suggested Action Steps

- Action: Research successful programs in other states, including Maine and California.
- Action; Engage University of Colorado School of Dentistry in the evaluation of the current program.

continued

Topic Areas of Action Plan Focus

Evaluation

Task force is convened. Report on viable models is presented. Legislation is drafted. Waiver is developed. Project results are analyzed. Successful strategies are expanded.

Priority Outcome #2

Improve reimbursement to oral health care providers, from private and public-funded sectors, for all services.

Why

Only three percent of Colorado Medicaid dental providers are classified as “significant providers,” and Colorado dentists continually cite poor reimbursement rates as a deterrent for providing services to unique populations. --Impact of Oral Disease on the Health of Coloradans.

Strategy 1: Examine best practices to identify methods to improve reimbursement for providing care to populations with unique dental needs.

Suggested Partners

Centers for Medicare and Medicaid Services, Colorado Department of Health Care Policy and Financing, oral health provider organizations, Colorado Department of Public Health and Environment

Suggested Action Steps

- Action: Survey states that have improved reimbursement rates.
- Action: Replicate successful strategies to improve reimbursement rates.

Evaluation

Survey is conducted. Reimbursement is improved.

Strategy 2: Advocate for the inclusion of preventive benefits in all publicly provided dental coverage.

Suggested Partners

Center for Medicare and Medicaid Services, Colorado

Department of Health Care Policy and Financing, Colorado Department of Public Health and Environment, oral health provider organizations

Suggested Action Steps

- Action: Document cost savings of preventive care for oral health and medical health.
- Action: Use cost comparisons from other states’ Medicaid and SCHIP programs, to educate policymakers on the importance of preventive services for adults.

Evaluation

Prevention cost savings are documented and are promoted to policy makers. Preventive benefits are included in publicly funded dental coverage.

Priority Outcome #3

Coordinate dental insurance plans with health insurance plans.

Why

“Dental insurance is a major determinant of dental utilization. Dental care may be offered as part of a comprehensive medical and dental plan or as a separate plan.” U.S. Surgeon General’s Report on Oral Health.

Strategy 1: Provide learning opportunities for health insurance plans to understand the oral health, general health connection.

Suggested Partners

Third-party payers, medical and oral health provider organizations, Colorado Department of Health Care Policy and Financing, Colorado Association of Health Plans

Suggested Action Steps

- Action: Establish learning forums.
- Action: Identify and promote existing and emerging science connecting oral and medical health to dental and medical provider organizations.

Topic Areas of Action Plan Focus

Promising Practices

The Promising Practices topic area includes “Outcomes” directed at successful, evidence-based and research-based strategies, decision-making practices, and activities that can be replicated and applied to oral health problems in Colorado. This topic area directly relates to the National Call to Action #2 “Overcome barriers by replicating effective programs and proven efforts” and Action #3 “Build the science base and accelerate science transfer” as well as Healthy People 2010 objectives 21-8, 21-9, and 21-13 and related objective areas in Chapters 7, 11, 16, 23, and 27.

Priority Outcome #1

All medical screenings and medical check-ups throughout the lifespan should include oral health.

Why

“Anticipatory guidance, risk assessment, and care management facilitate improved health outcomes for all ages.” -- U.S. Surgeon General’s Report on Oral Health.

Strategy 1: Incorporate lifelong dental care into current medical schedules (check-ups, immunizations, etc) that is promoted to health care providers and the general public.

Suggested Partners

Medical and oral health provider and professional organizations, educational institutions, Colorado Clinical Guidelines Collaborative, advocacy groups, organizations and facilities that represent points of entry for medical care, local public health nurses, Colorado Family Physicians, Delta Dental of Colorado and other third party carriers, Centers for Medicare and Medicaid Services, Colorado Department of Public Health and Environment/Children with Special Health Care Needs, Covering Kids and Families, Colorado Consumer Health Initiative, Invest in Kids, Colorado Children’s Campaign.



Suggested Action Steps

- Action: Develop a frequency schedule of dental exams/screenings based on needs of targeted greatest risk populations.
- Action: Form partnerships (corporate businesses and possibly 9Health Fair) and develop a schedule or calendar of recommended health needs that incorporate dental check-ups/exams.
- Action: Incorporate oral health into existing ‘Health Passports’ and make it available in numerous places that are accessible to or accessed by families (medical and dental offices, community health clinics, pharmacies, etc).

Evaluation

The schedule is developed, promoted and used by health care providers and the public. Oral health incorporated into passports and made available.

Strategy 2: Work with health care providers to increase access to oral screenings.

Suggested Partners

Medical and oral health providers and professional organizations, educational institutions, Colorado Clinical

continued

Topic Areas of Action Plan Focus

Guidelines Collaborative, advocacy groups, organizations and facilities that represent points of entry for medical care, local public health nurses, Colorado Family Physicians, Delta Dental of Colorado and other third party carriers, Centers for Medicare and Medicaid Services, Colorado Department of Public Health and Environment/Children with Special Health Care Needs, Covering Kids and Families, Colorado Consumer Health Initiative, Invest in Kids, Colorado Children's Campaign

Suggested Action Steps

- Action: Investigate and report on the systems that incorporate medical and dental care (community health centers).
- Action: Increase referral networks between medical and dental providers.
- Action: Promote the concept and the definition of the dental home.
- Action: Determine target populations to be screened.
- Action: Increase referral networks between medical and dental providers.
- Action: Develop statewide, standardized screening procedures.
- Action: Identify areas of target populations and conduct screenings.
- Action: Allow reimbursement for basic preventive dental procedures, such as screening and fluoride treatments, by medical providers.

Evaluation

An increase in referral networks between medical and dental providers is realized. The report on systems of incorporated care already in existence is made available. Screening protocol is developed and is implemented. Screenings are conducted. Reimbursements are secured. Information is used to refer for follow-up care and program planning

Strategy 3: Increase the number of pregnant women and children up to age one who receive an oral exam.

Suggested Partners

Colorado Medical Association, Colorado Academy of Family Practice, Colorado American Academy of Pediatrics, Colorado Association of Pediatric Nurse Practitioners, Child Health Associates Group, WIC, prenatal programs, Children's Hospital, pediatric health and oral health providers, Colorado Chapter of the American College of Obstetricians and Gynecologists, oral health professional organizations

Suggested Action Steps

- Action: Promote and educate providers on the American Academy of Pediatrics and American Academy of Pediatric Dentistry policy on timing of the first dental exam.
- Action: Investigate various state and local programs that target exams in the birth to one-year age group.
- Action: Develop a training program to teach general dentists how to examine and treat very young children.
- Action: Use anticipatory guidance with parents about the importance of early oral care.

Evaluation

Children birth to age one are receiving an oral health screening. Increased numbers of pregnant women are receiving an oral health screening. Increased number of state and local programs are recommending screening for pregnant women and children birth to age one.

Priority Outcome #2

Expand oral disease prevention and referral services into school health programs throughout the state.

Topic Areas of Action Plan Focus

Why

According to the Colorado's School-Based Health Centers 2004 report "Schools that have health centers on site report increased attendance, lower dropout rates, fewer suspension rates, and higher graduation rates." An estimated 7.8 million hours of school are lost annually due to acute oral pain and infection. -- Snapshot of Oral Health in Colorado

Strategy 1: Partner with state and local educational, dental, health, professional and community organizations to determine the feasibility of introducing oral disease prevention and referral services into school health programs.

Suggested Partners

Colorado Department of Public Health and Environment, Prevention Services Division, Colorado Association for School-Based Health Care, Colorado Connections for Healthy Schools, Colorado Association of School Executives, Colorado Department of Education, Colorado Association of School Nurses, local school advisory councils, Colorado Community Health Network, Colorado Dental Hygienists' Association, Colorado Dental Association, parent teacher associations, public health nurses, school districts, county commissioners

Suggested Action Steps

- Action: Assess the school and community dental resources available for oral disease prevention education, screening, preventive services and treatment .
- Action: Develop a plan for educating schools and communities regarding oral health issues for children and students.
- Action: Develop a plan for implementing and evaluating an oral health component within school health programs.
- Action: Engage local schools in pilot implementation projects.

Evaluation

Increased number of children/students who access oral health screening, preventive services and routine care in

communities that include oral health as a component of their school health program. Increase in the number of children/students who receive dental sealants. Reduced number of hours lost from school due to dental disease. Reduced amount of dental disease.

Priority Outcome #3

Achieve greater than 90% of population on public water systems receiving optimal fluoridation.

Why

"The most cost-effective preventive measure for reducing dental decay is community water fluoridation. Since its inception in the second half of the 20th century, fluoridation of community water supplies is responsible for major reductions in tooth decay (40-70 percent in children) and tooth loss in adults (40-60 percent). Fluoridation safely and inexpensively benefits both children and adults, regardless of socioeconomic status or access to dental care." -- Impact of Oral Disease on the Health of Coloradans. This is one of two proven evidence-based strategies for the prevention of dental disease.

Strategy 1: Duplicate strategies of successful fluoridation initiatives.

Suggested Partners

Oral Health Awareness Colorado!, Colorado Department of Public Health and Environment, Colorado Dental Association, Colorado Oral Health Network, Colorado Dental Hygienists' Association

Suggested Action Steps

- Action: Review "Healthy Smiles Ft. Collins" documentation on referendum issue.
- Action: Secure the final list of strategies from the CDC.
- Action: Educate and promote on the safety and the cost-effectiveness of water fluoridation.

continued

Topic Areas of Action Plan Focus

- Action: Provide resources/tool kits/talking points to help medical and oral health providers feel confident in discussing the science and the effectiveness of fluoridation.
- Action: Expand school fluoride mouth rinse programs to schools throughout the state that qualify according to Colorado Department of Public Health and Environment criteria.

Evaluation

Fluoridation tool kits are developed and available. Successful strategies are duplicated. Increase the number of public water systems that optimally fluoridate water.

Priority Outcome #4

Colorado children at greatest risk of dental disease receive dental sealants.

Why

Dental sealants, a thin coating bonded into the pit and the fissures of the chewing surface of permanent molars, are nearly 100 percent effective in preventing tooth decay. When properly placed and retained, dental sealants are a highly effective primary preventive measure. This is one of two proven evidence-based strategies for the prevention of dental disease.

Strategy 1: Expand sealant programs statewide.

Suggested Partners

Colorado Department of Public Health and Environment, Oral Health Awareness Colorado! partners conducting sealant programs, safety net dental providers, local public health, Delta Dental Foundation, Delta Dental Plan

Suggested Action Steps

- Action: Determine true extent of sealant program penetration in the state.
- Action: Use standardized nationally recognized criteria for risk determination/school selection.
- Action: Secure funding to expand existing “Promising Practices” in sealant delivery.
- Action: Promote the school-based sealant guidelines and cost benefits of school-based sealant programs.
- Action: Expand programming into identified schools.

Evaluation

Risk populations are identified. Additional funding is secured. Programs are expanded statewide.

Strategy 2: Work with private dental community to increase sealant application.

Suggested Partners

Colorado Department of Public Health and Environment, private oral health providers, oral health professional organizations, Delta Dental of Colorado, University of Colorado School of Dentistry

Suggested Action Steps

- Action: Offer continuing education units for dental providers on the efficacy and the application of sealants.
- Action: Provide dental providers with information about sealant improvements.

Evaluation

Sealant application is increased in the private dental community. Additional continuing education units are provided. Information is available to and utilized by dental providers.

Topic Areas of Action Plan Focus

Systems of Care

The Systems of Care topic area includes “Outcomes” directed at coordinating systems of care for more efficient and effective application to oral health. This topic area has overarching impact on all five actions in the National Call to Action and the Healthy People 2010 objectives.

Priority Outcome #1

Integrate an oral check up with the standard physical exam.

Why

“All primary care providers can contribute to improved oral and craniofacial health. Interdisciplinary care is needed to manage the oral health-general health interface. Dentists, as primary care providers, are uniquely positioned to play an expanded role in the detection, early recognition, and management of a wide range of complex oral and general diseases and conditions.” -- U.S. Surgeon General’s on Oral Health Report.

Strategy 1: Incorporate lifelong dental care into current medical schedules (check-ups, immunizations, etc.) that are promoted to health care providers and the general public.

Suggested Partners

Medical and oral health providers and professional organizations, educational institutions, Colorado Clinical Guidelines Collaborative, advocacy groups, organizations and facilities that represent points of entry for medical care, local public health nurses, Colorado Family Physicians, Delta Dental of Colorado and other third party carriers, Centers for Medicare and Medicaid Services, Colorado Department of Public Health and Environment/Children with Special Health Care Needs, Covering Kids and Families, Colorado Consumer Health Initiative, Invest in Kids, Colorado Children’s Campaign, Colorado Department of Health Care Policy and Financing



Suggested Action Steps

- Action: Develop frequency of dental exams/screenings based on needs of targeted greatest risk populations.
- Action: Form partnerships (corporate businesses and possibly 9Health Fair) and develop a schedule or calendar of recommended health needs that incorporate dental check-ups/exams.
- Action: Incorporate oral health into existing ‘Health Passports’ and make it available in numerous places that are accessible to or accessed by families (medical and dental offices, community health clinics, pharmacies, etc.)

Evaluation

The schedule is developed, promoted and used by health care providers and the public. Oral health incorporated into passports and made available.

Strategy 2: Work with health care providers to increase access to oral screenings.

Suggested Partners

Medical and oral health providers and professional organizations, as well as organizations and facilities that represent points of entry for medical care, local public health nurses, Delta Dental of Colorado and other third party carriers, Centers for Medicare and Medicaid Services, Colorado

Topic Areas of Action Plan Focus

Department of Health Care Policy and Financing, State Health Care Start Collaborative

Suggested Action Steps

- Action: Determine target populations to be screened.
- Action: Increase referral networks between medical and dental providers.
- Action: Develop statewide, standardized screening procedures.
- Action: Identify areas of target populations and conduct screenings.
- Action: Allow reimbursement to medical providers for basic preventive dental procedures, such as screening and fluoride treatments.

Evaluation

Screening protocol is developed and implemented. Screenings are conducted. Reimbursements are secured. Information is used to refer for follow-up care and program planning.

Strategy 3: Collaborate and partner with physicians and the medical community to institutionalize oral evaluation and care as part of medical health exams.

Suggested Partners

Health and oral health providers and professional associations, health professional educational institutions, Colorado Association of Family Physicians, Colorado Clinical Guidelines Collaborative, Advocacy groups, Delta Dental Foundation, professional nurse practitioners' and physician assistants' organizations

Suggested Action Steps

- Action: Hold a summit(s) to establish a collaborative plan.
- Action: Encourage a collaborative mode of thinking and a concept of whole health as part of medical school teaching/curriculum.

- Action: Establish relationships between dental associations/organizations and medical counterparts.
- Action: Design educational materials that stress the linkages between dentistry and medicine.

Evaluation

Collaborative plan developed through summits. Relationships established between medical and dental associations and organizations. Educational materials designed that stress linkages between medicine and dentistry.

Priority Outcome #2

Improve coordination and communication between the public and private sectors and systems of care.

Why

"Collaboration and coordination between physicians and dentists are needed to provide integrated medical and oral health care." -- U.S. Surgeon General's Report on Oral Health.

Strategy 1: Engage existing health professional organizations to enhance organizational collaboration and coordination.

Suggested Partners

Health care professional organizations, United Way, professional health education institutions, Area Health Education Centers

Suggested Action Steps

- Action: Identify all of the groups to be included.
- Action: Utilize a summit type format to convene groups.
- Action: Set up a system for information exchange.
- Action: Develop educational collateral, networking, community partnerships, host continuing-education training.
- Action: Integrate systems of communication between health and oral health.

Topic Areas of Action Plan Focus

Evaluation

Groups are identified and convened. System of communication exchange determined. Joint meetings and initiatives occurred. Survey to determine effectiveness and outcomes completed.

Strategy 2: Collaborate with the medical community to assure oral health is a visible part of a medical home model.

Suggested Partners

Colorado Department of Public Health and Environment, Prevention Services Division, Children with Special Health Care Needs, Covering Kids and Families, Colorado Consumer Health Initiative, Invest in Kids, Colorado Children's Campaign

Suggested Action Steps

- Action: Promote the concept and the definition of the dental home.
- Action: Promote oral health as a component of general health to the medical community.

Evaluation

Medical community references the dental home in policy and protocol documents. Document the increase in oral health screenings within medical model. Increase in dental referrals.

Priority Outcome #3

Develop a collaborative workforce.

Why

"Collaboration and coordination between physicians and dentists are needed to provide integrated medical and oral health care." -- U. S. Surgeon General's Report on Oral Health.

Strategy 1: Train medical and dental staff to recognize comprehensive health problems/needs and to refer patients appropriately.

Suggested Partners

Medical and oral health providers, health professional education institutions, Colorado Association of Family Physicians, health professional associations, Colorado Clinical Guidelines Collaborative, advocacy groups, 211 Colorado™, Colorado Department of Public Health and Environment, Family Healthline

Suggested Action Steps

- Action: Identify and promote emerging evidence based science that demonstrates the relationship between oral and general health.
- Action: Implement the appropriate model of public awareness (risk communication) to inform patients of potential oral health problems.
- Action: Develop information and referral systems.
- Action: Engage case managers for referrals.

Evaluation

Emerging evidence based science identified and promoted. Risk communication campaign is developed. Referral and information programs are developed. Referrals are increased.

Strategy 2: Provide curriculum to dental and dental hygiene students regarding infant/young child oral health care.

Suggested Partners

Professional health education institutions, oral health providers, foundations

Suggested Action Steps

- Action: Assess current curricula.
- Action: Determine feasibility of changes to curricula.
- Action: Identify potential curriculum models.

Topic Areas of Action Plan Focus

Evaluation

Curricula models are identified.

Priority Outcome #4

Reintroduce dental hygiene positions in school districts.

Why

The dental hygiene profession has its beginnings in schools teaching children how to prevent dental disease with regular brushing. Dental hygienists can play a vital role in the primary prevention of oral disease.

As early as 1884, the prevention of dental disease in school children was recognized as important to their health. It took, however, another 30 years for Alfred C. Fones, the father of dental hygiene, to introduce dental hygienists. Bridgeport Connecticut employed dental hygienists from Fones school to work with elementary school children to provide preventive dental care and education.

Strategy 1: Partner with state and local educational, dental, health, professional and community organizations to determine the feasibility for reintroducing dental hygienists in the schools.

Suggested Partners

Colorado Department of Public Health and Environment, Prevention Services Division, Colorado Association for School-Based Health Care, Colorado Connections for Healthy Schools, Colorado Association of School Executives, Colorado Department of Education, Colorado State School Board, Colorado Community Health Network, health professional associations, state parent-teacher associations, public health agencies, Colorado Association of School Boards, Public Health Nurses Association of Colorado



Suggested Action Steps

- Action: Investigate the reintroduction of dental hygiene positions in every school district (comparable to a school nurse).
- Action: Investigate and report on models and resources for position.
- Action: Develop a plan for implementing and evaluating program.
- Action: Engage school districts in pilot implementation.

Evaluation

The report on models is available; pilot communities are identified; positions are created. Increase the number of children/students who receive oral health education, access screening, prevention services and routine care. Increase the number of children/students who receive dental sealants. Reduce the number of hours lost from school due to dental disease. Reduce the amount of dental disease.

Topic Areas of Action Plan Focus

Priority Outcome #5

Develop alternative oral health care delivery systems as identified by communities' needs.

Why

“Expansion of community-based disease prevention and lowering of barriers to personal oral health care are needed to meet the needs of the population.” -- U.S. Surgeon General's Report on Oral Health.

Strategy 1: Explore and expand alternative fixed clinical dental sites, as well as mobile and portable options.

Suggested Partners

Public health departments and public health nursing services, safety net providers, Colorado Rural Health Center, hospitals, nursing homes, WIC sites, Head Start/Early Head Start, pediatricians, oral health providers, school administrators and school nurses, private/public funders, churches/fait-based initiatives, institutions of higher education, Colorado Rural Development Council

Suggested Action Steps

- Action: Collaborate with community health agencies to conduct community-needs assessments in oral health.
- Action: Partner with community groups.
- Action: Work with policy groups to establish favorable laws/rules for reimbursement so that the programs can be sustained.

- Action: Develop a proposal/plan to launch a pilot project to show that outcomes are attainable.
- Action: Increase the number of designated dental health professional shortage areas.
- Action: Research other options available nationally on capacity expansion.

Evaluation

Community assessments completed. Partner organization identified, convened and mobilized. Reimbursement issues addressed. Pilot projects initiated and successes documented. Federally Qualified Health Centers expanded to strategic locations. Research completed and reported on other options of capacity expansion.

Topic Areas of Action Plan Focus

Workforce

The Workforce topic area includes “Outcomes” directed at the development of a diverse workforce to ensure both access to oral health care and a workforce that is competent and representative of the populations it serves. This topic area directly relates to the National Call to Action #4: Increase oral health workforce diversity, capacity, and flexibility; and Healthy People 2010 objectives 21-17, related objective areas in Chapters 1, 11, 20, and 23.

Priority Outcome #1

Increase number of providers willing to serve low-income and underserved clients.

Why

Medicaid is the primary funder of health care for low-income families, elderly and disabled people in the United States. In Colorado, there are an estimated 258,748 children currently eligible (2004) for Medicaid, but less than 12 percent of Colorado licensed dentists participate in Medicaid. Only three percent of Medicaid providers are classified as “significant providers.” This is an especially acute problem in rural counties where there may not be any dentists or hygienists who accept Medicaid. Currently Medicaid does not have benefits for adults except in acute cases. -- Impact of Oral Disease on the Health of Coloradans.

Strategy 1: Investigate proven methods of increasing participation in public reimbursement programs among dentists and dental hygienists.

Suggested Partners

Oral health professional organizations, Colorado Department of Public Health and Environment, Colorado Department of Health Care Policy and Financing, Delta Dental of Colorado

Suggested Action Steps

- Action: Identify significant barriers in the provision of dental services for low-income clients among Colorado dentists and dental hygienists.



- Action: Develop Medicaid outreach efforts to providers that will further increase participation.
- Action: Work with dental and non-dental health care providers to develop an effective risk-based community approach for the provision of oral health care and the prevention of oral disease.
- Action: Incorporate successful community-based oral health practice into appropriate University of Colorado School of Dentistry/dental hygiene schools’ curriculum and continuing dental education.

Evaluation

Action plan is developed to address the barriers of participation by providers in public programs. Medicaid outreach efforts are conducted. Risk-based approach is developed and adopted. Curriculum and continuing dental education developed. Provider participation increased. Medicaid utilization increased.

Strategy 2: Increase and expand existing clinics that target and serve traditionally underserved populations.

Suggested Partners

Oral health professional organizations, safety net providers organization, private/public funders, University of Colorado School of Dentistry, Colorado Department of Public Health and Environment

continued

Topic Areas of Action Plan Focus

Suggested Action Steps

- Action: Identify geographic areas that have demonstrated unmet oral health needs that would be appropriate for dental clinic expansions and/or new dental clinics.
- Action: Pursue additional dental health professional shortage area designations based on unmet oral health need.
- Action: Increase number of publicly funded dental clinics.
- Action: Increase oral health capacity in local health departments and public health nursing services, schools and community clinics.

Evaluation

Expansion of community and public dental clinics in areas of unmet need. Local oral health capacity is expanded. Increase in Dental Health Professional Shortage Area designations.

Priority Outcome #2

Enhance access to care through recruitment of providers who are diverse, culturally competent and/or representative of populations they serve.

Why

“Underrepresented racial and ethnic minority dentists are more likely to provide care to minority populations.” -- U.S. Surgeon General’s Report on Oral Health.

In addition, an effort needs to be made to train the existing workforce in cultural competency.

Strategy 1: Develop language/cultural competency training and support for the existing dental workforce.

Suggested Partners

Area Health Education Centers, Community Health Association of Mountain/Plains States, oral health professional

organizations, Colorado Department of Public Health and Environment

Suggested Action Steps

- Action: Investigate other profession’s cultural competency training programs.
- Action: Adapt other cultural competency “Best Practices” to oral health care.

Evaluation

Investigations completed and report of cultural competency training programs exist. Best practices are identified, adapted and implemented for existing workforce.

Priority Outcome #3

Increase curriculum time for medical, dental, nursing students, and allied health professionals regarding oral health as a component of general health.

Why

“In the context of oral, dental, and craniofacial health care, the medical component includes dentists, physicians, nurses, and allied health professionals.” -- U.S. Surgeon General’s Report on Oral Health.

Strategy 1: Conduct continuing education for medical providers regarding oral health as a component of general health.

Suggested Partners

University of Colorado School of Dentistry, dental hygiene programs in the state, Commission of Higher Education, oral health professional organizations, medical professional organizations, COPIC, Colorado Hospital Association

Topic Areas of Action Plan Focus

Suggested Action Steps

- Action: Utilize current research to select “hot topics” (i.e., preterm low birth weight, diabetes, cardiovascular disease.)
- Action: Determine extent of interest and ongoing activity in the areas of current research.
- Action: Develop presentations to targeted providers.
- Action: Provide continuing medical education on identified topics.

Evaluation

Topics selected, interest and current activity determined, presentations developed and provided. Change in practice behaviors documented.

Strategy 2: Integrate oral health information within medicine/nursing professional curricula.

Suggested Partners

Medical, dental and nursing schools, allied health education schools, Colorado Commission of Higher Education

Suggested Action Steps

- Action: Determine existing curricula in health education on oral health and determine gaps.
- Action: Enhance and or develop appropriate curricula to fill gaps.
- Action: Collaborate with accrediting agencies for incorporation of background and theory on the how oral health is a component of general health into health care curricula.

Evaluation

Curricula determined and expanded.

Priority Outcome #4

Active recruitment of non-traditional, ethnically and culturally diverse candidates into dental and dental hygiene programs.

Why

“Recruitment and retention of underrepresented minorities and women into the health professions will continue to be a challenge in the coming years.” -- U.S. Surgeon General’s Report on Oral Health.

Strategy 1: Expand career development programs in K-12 for underrepresented minorities interested in oral health careers.

Suggested Partners

University of Colorado School of Dentistry, dental hygiene programs in the state, Colorado Commission on Higher Education, oral health professional organizations, Colorado Department of Education

Suggested Action Steps

- Action: Investigate current models of career development programs.
- Action: Add career outreach programs to locations of oral health screenings, health fairs and community events.
- Action: Increase enrichment programming in science and mathematics in K-12 schools.
- Action: Survey student interest in oral health professions.

Evaluation

Models of career development investigated. Career outreach exists at oral health events and activities. Enrichment programming exists in science and mathematics. Evidence of increased interest in dental careers documented. Survey of students conducted. Increased interest in oral health careers is documented.

Resources

Oral Health in American: A Report of the Surgeon General

<http://www2.nidcr.nih.gov/sgf/execsumm.htm>

Call to Action

<http://www.nidcr.nih.gov/AboutNIDCR/SurgeonGeneral/NationalCallToAction.htm>

Impact of Oral Disease on the Health of Colordans

<http://www.cdphe.state.co.us/pp/oralhealth/Impact.pdf>

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