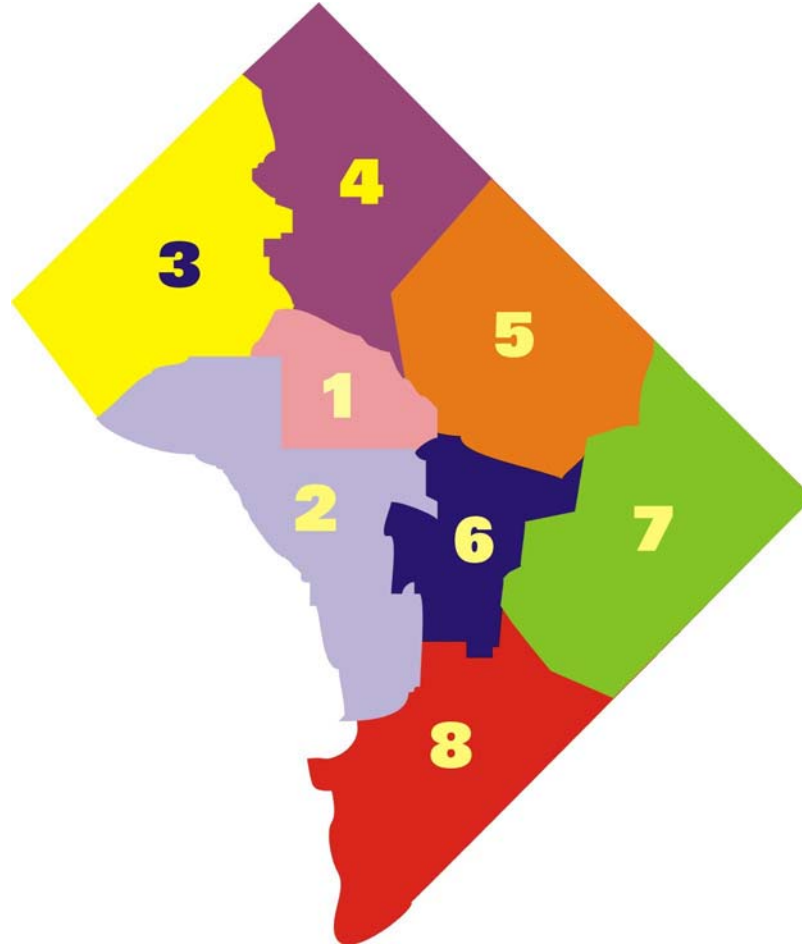


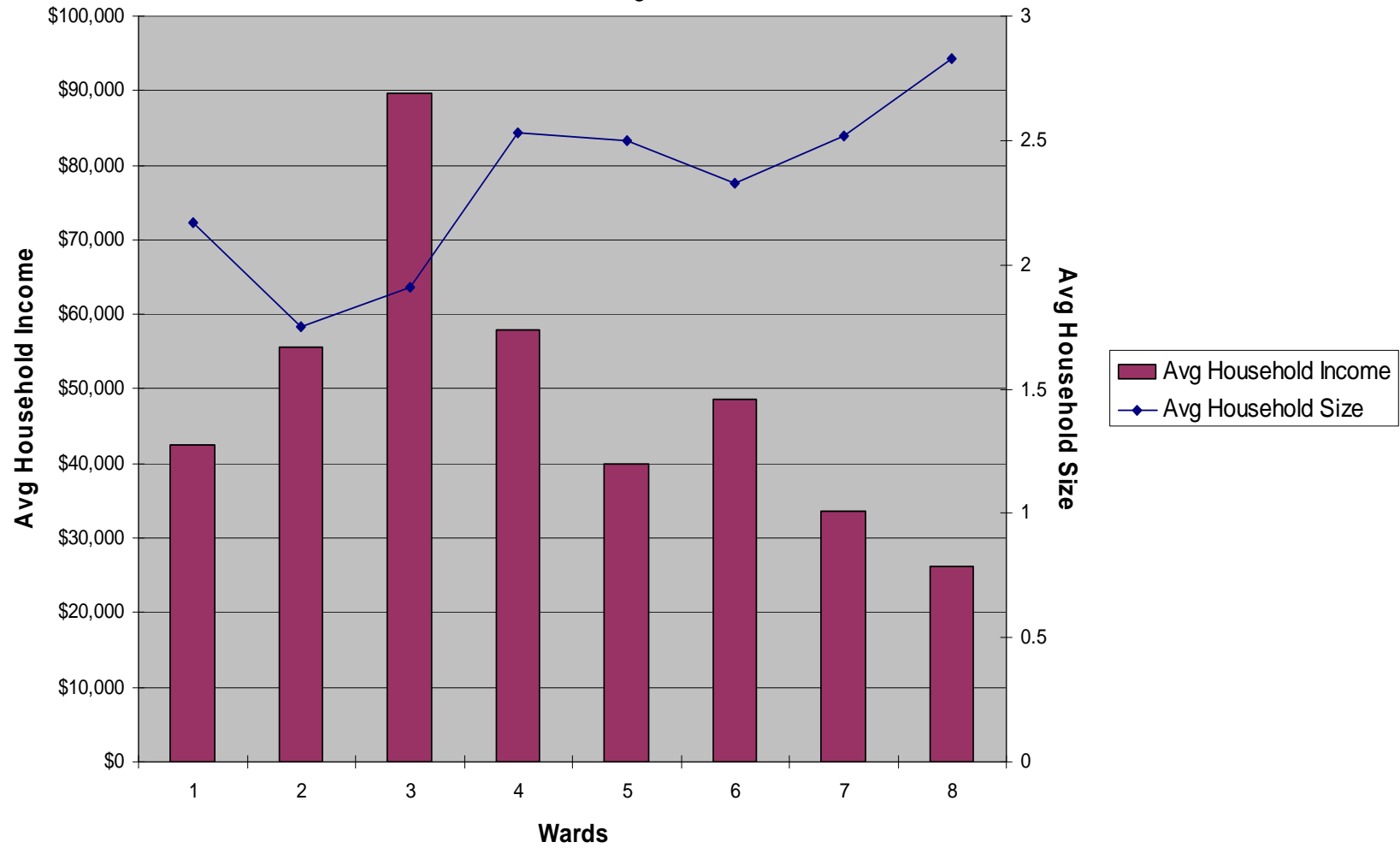


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DC Department of Health
Washington DC

Ward Map of DC



District of Columbia Income and Household Size by Ward



Household Income, 2003 estimates from <http://dcbiz.dc.gov/info/pdf/Demographics.pdf>
Avg. Household Size, 1998 estimates

Emanuel Finn, DDS, MS
DMC, Nov, 2004

2000 Census

	1990 Census	Number Choosing Just One Race or Total	Number Choosing This Race With Other Race(s)
District of Columbia	638,747	572,059	
Non-Hispanic			
White	171,888 27%	159,178 28%	5,342
Black	418,649 66%	340,088 59%	5,995
Asian/Pacific Islander	11,109	15,312	2,841
American Indian/Alaskan	1,276	1,274	2,629
Other	889	1,670	3,457
Mix Racial (not an option in 1990)		9,584	
Hispanic (may be of any race)	34,936 5%	44,953 8%	

Public Oral Health in DC

- No dental directive at DCDOH or any local agency for more than a decade
- The school-based dental program folded in 1981
- Children are enrolled in four MCOs with dental components after the demise of the Public Benefits Corporation (PBC) in 2001
- DC water supply system is 100% fluoridated

Oral Health Needs Assessment

- Last oral health needs assessment was conducted in DC in 1985
- Survey of post treatment interviews at the PBC clinics
- No local baseline oral health data was available

Oral Health Needs Assessment

(continued)

- ASTDD Seven Step Model
- Survey of community in the various wards
- Survey of DC Based Dental Practices
- Focus groups for Latino, Elderly & HIV/AIDS populations as well as parents of CSHCNs

How Is Data Used

- Inform & educate
- Support funding request & infrastructure building
- Lay the foundation for the oral health program & oral health surveillance system in DC
- Develop city five year oral health plan

Data, Advocacy & Action

- Effective and sustainable public health action must be based on accurate knowledge of causes and impact of poor outcomes and effective interventions
- Continuous Quality Assurance Plan

Oral Health Funding

- Oral Health Integrated/Collaborative Systems Development Grants by MCHB/HRSA (Fall 2002)
- Objectives:
 - Design & implement an oral health surveillance system
 - Strengthen public & private linkages
 - Infrastructure development

Tell your story - don't keep it a secret



- Affect public interest
- Drive policy development, planning and evaluation
- Monitor effectiveness and build capacity
- Create a “ground swell” of support for oral health

Media & Community Outreach

- Interviewed by the Washington Post
- Channel 9- CBS Affiliate
- Howard University Radio interview
- Article in DCDOH Monthly newsletter
- Oral Health Coalition
- Public/Private partnerships

Getting School Program Started

- Approached DCPS with idea of school-based dental program in the 9 elementary TS
- MOU process, writing policy and protocols moved into high gear once DCPS endorsed the concept
- Started oral health assessment & convened an oral health leadership summit (July '03) to strengthen commitment & support from DCPS, DOH, DHS and other stakeholders

W.K. Kellogg Foundation CVC

- CVC aims to:
 - Eliminate health access barriers
 - Implement sustainable initiatives to support access to care
 - Develop solutions that sustain system change through policies, protocols and programs
- School-Based Sealant Program in DCPS

Summit Goals

- Broaden ownership for oral health in DC
- Increase awareness and build a network of individuals & organizations committed to finding an effective local approach to improving oral health in DC
- Discuss & develop:
 - Prevention and access strategies for oral health in DC
 - Strategies that enhance the coordination, distribution or replication of successful efforts
- Funded by W. K. Kellogg Foundation and the Association of State and Territorial Dental Directors

Transforming Schools Into Neighborhood Places

A Healthy Mouth In a Healthy Body
School-Based Pilot Dental Program

DCDOH/DCPS

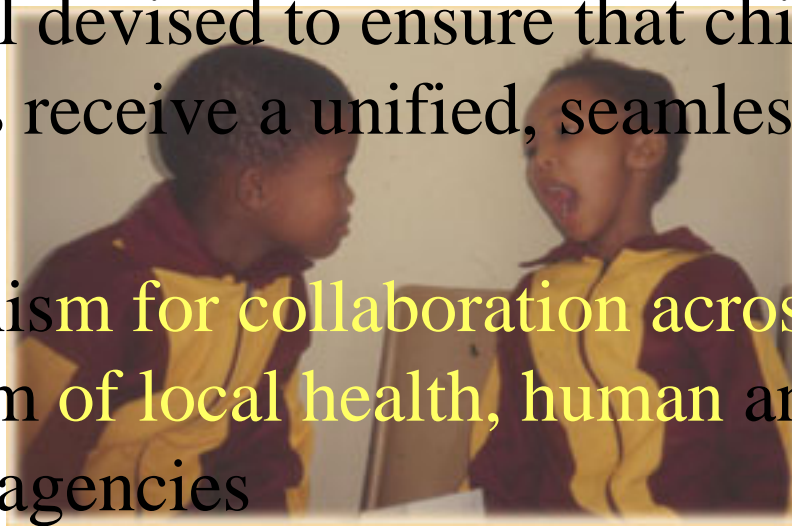
- Improve access to oral health services
- Raise oral health awareness and promotion
- Reduce and prevent the incidence of early childhood decay
- Raise policy and program debate-issues among policy makers, politicians and the community

Transformation Schools (TS)

- Designated by Mayor to address DC Public Schools with low academic and attendance records
- 9 elementary schools, 3 junior high schools & 3 senior high schools
- Initiative targets schools, students, families and communities where personal and social problems interfere with learning and/or place them at risk of academic failure

TS & The Neighborhood Places Program

- Protocol devised to ensure that children and families receive a unified, seamless system of care
- Mechanism for collaboration across the spectrum of local health, human and social service agencies
- ‘Mens Sans In Corpore Sano’- A Healthy Mind in a Health Body- My high School (Dominica Grammar School) motto



School-Based Sealant Pilot Project

- In 9 TS elementary schools in the lower socio-economic communities in DC Wards
- Provide sealants and other preventive oral health Tx services to 2nd & 3rd graders with parental consent
- Capture oral health data to implement and establish surveillance system from scratch

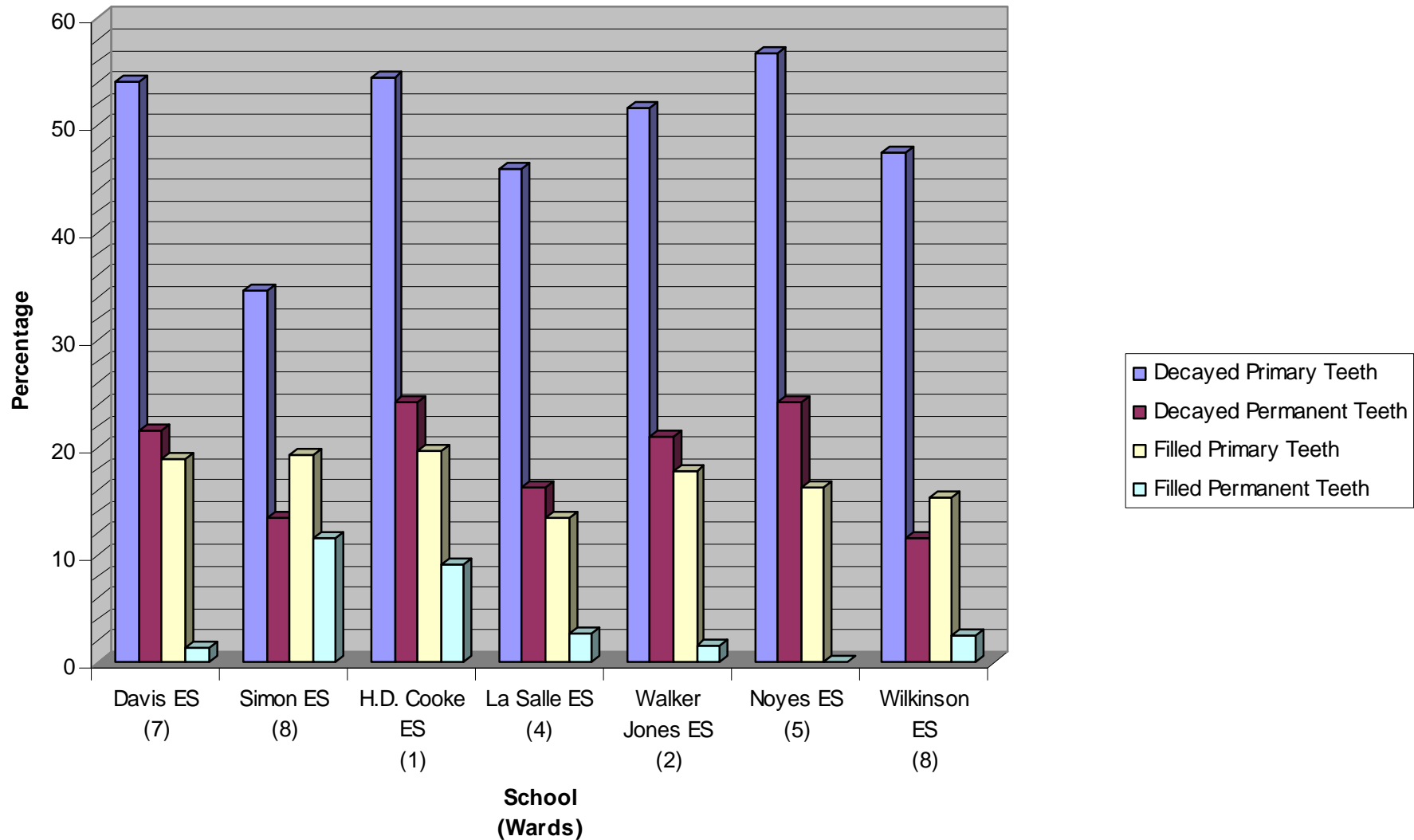
Initial Financing of Program

- Funding for portable dental equipment, instruments and supplies financed by the W. K. Kellogg Foundation through its Community Voices Collaborative Program
- Salaries of (retired) dentist and Dental Assistant came from HRSA-MCHB grant to DOH
- Dental Assistant – TANF mother who has children in the TS

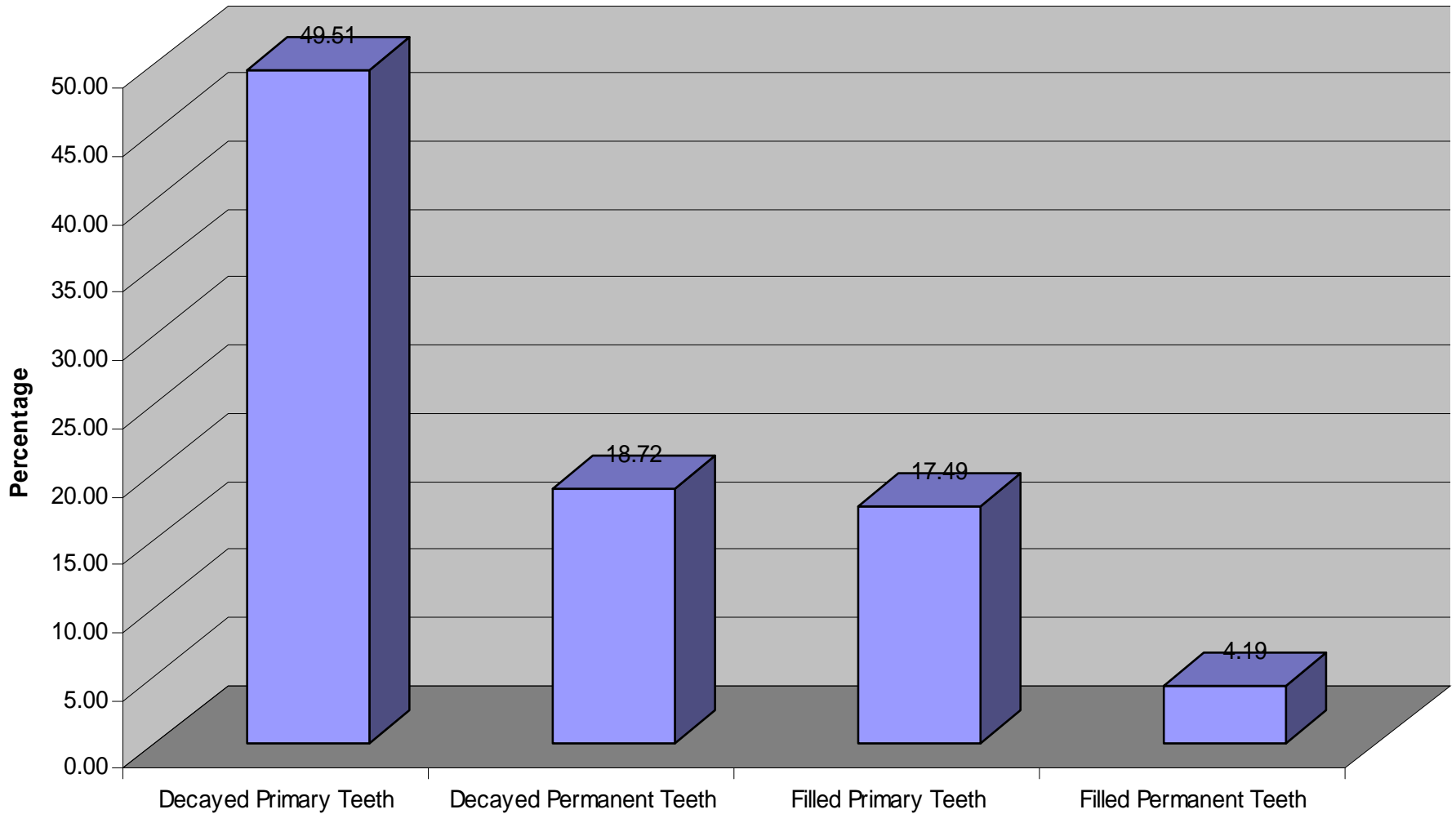
Types of Data Captured

- Decayed, Missing and Filled Surfaces (DMFS) of both primary and permanent dentitions
- Percent participation in free/reduced lunch program
- Ward (school location and residence of child)
- Percentage of parental consent returned
- Number of children referred for urgent/routine care & cost per child/tooth treated
- Gender & race/ethnicity
- Sealants (previously and currently placed)
- Web-based software program w/five modules

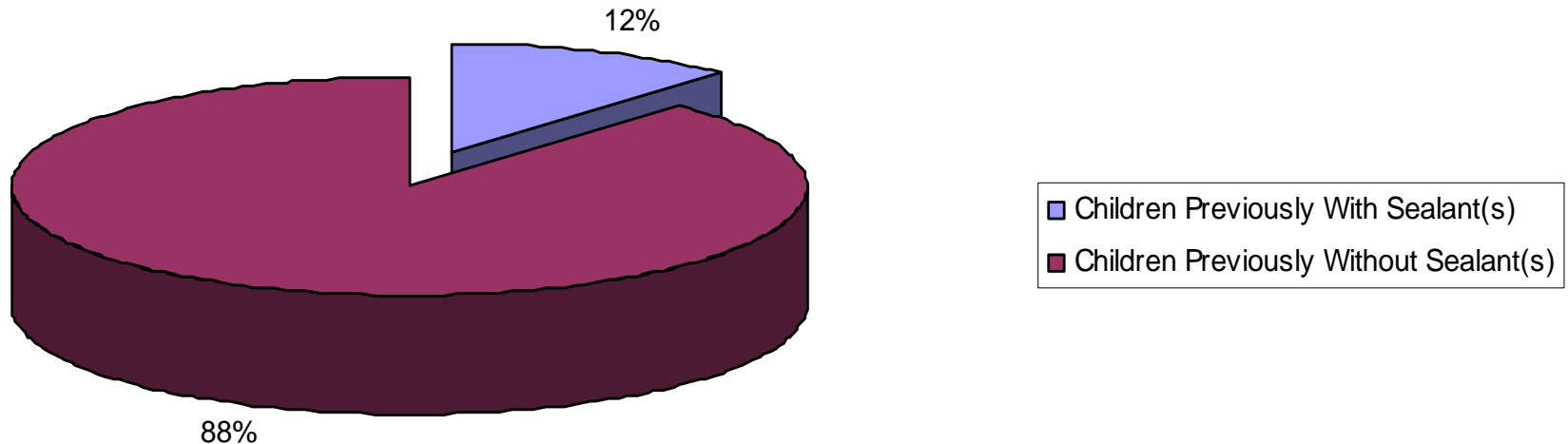
Percentage of Caries in T-Schools



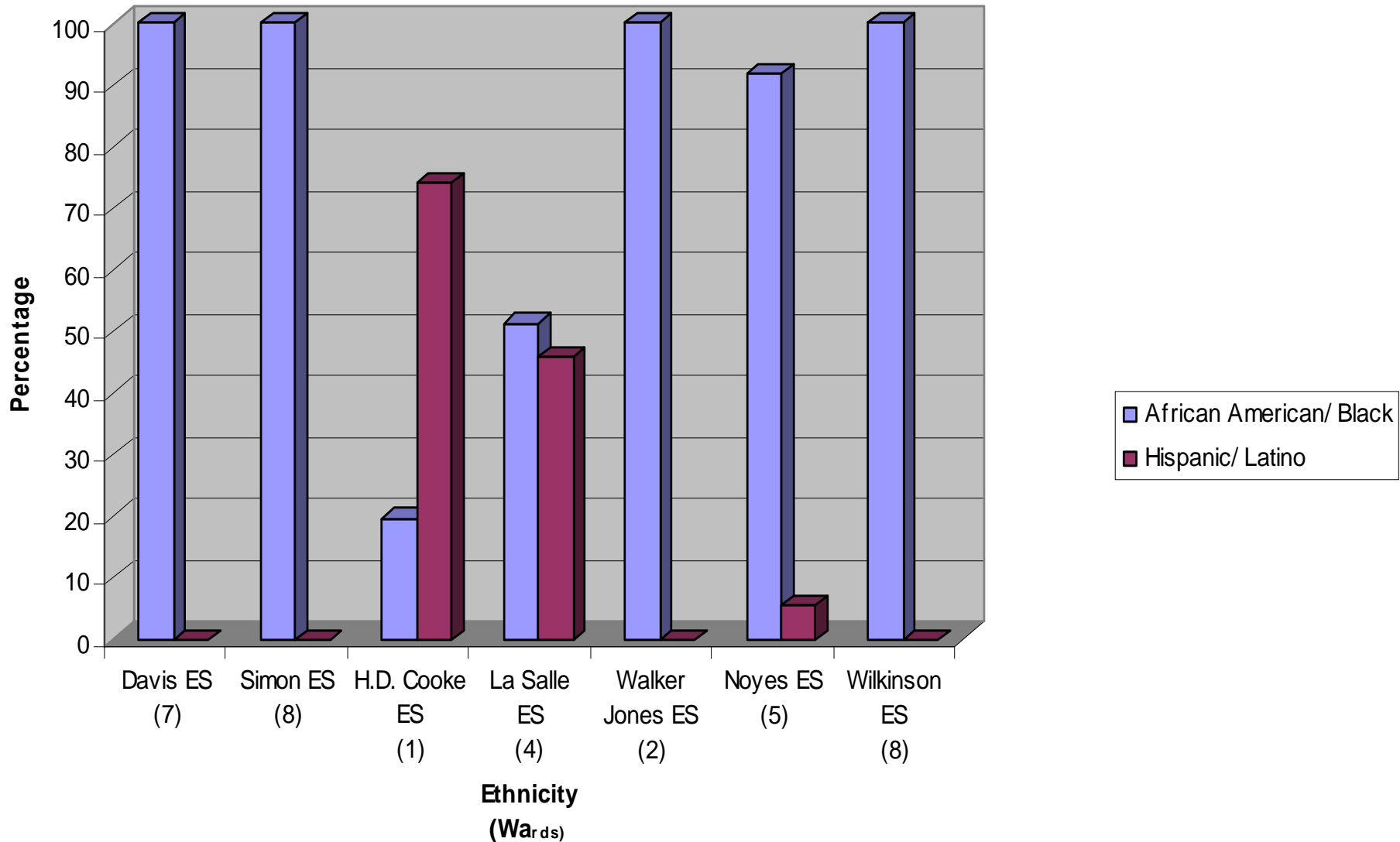
History of Caries



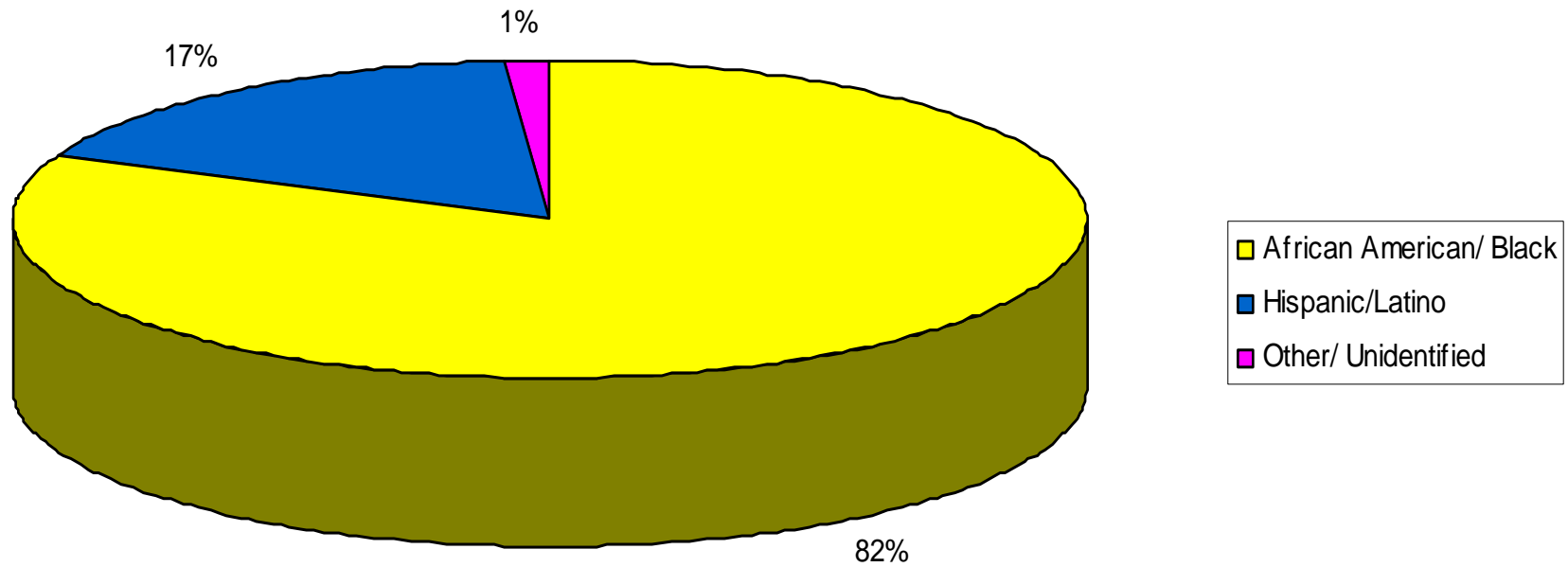
Children With Sealant(s) on Permanent Molars Prior to Screening



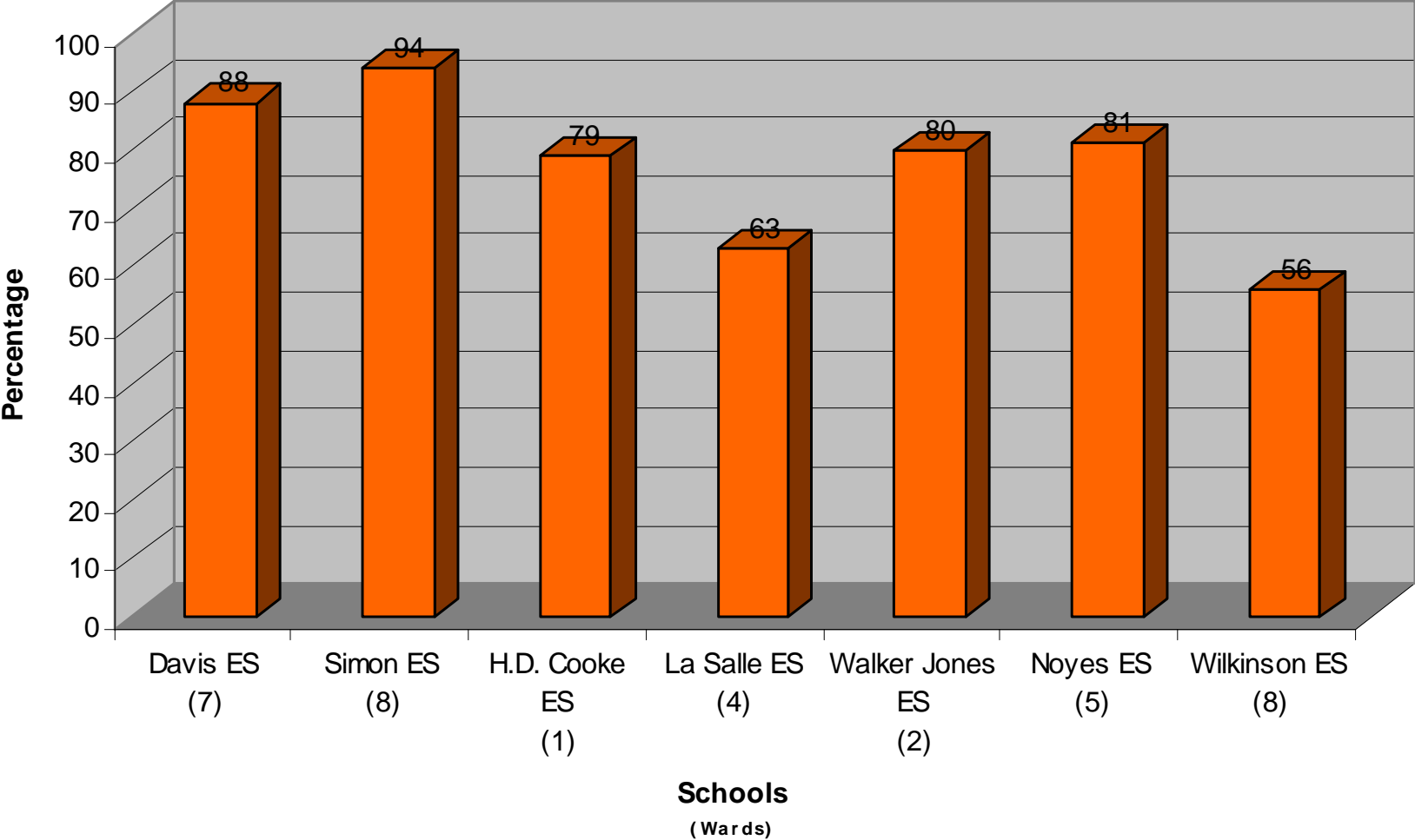
Distribution of Ethnic Groups



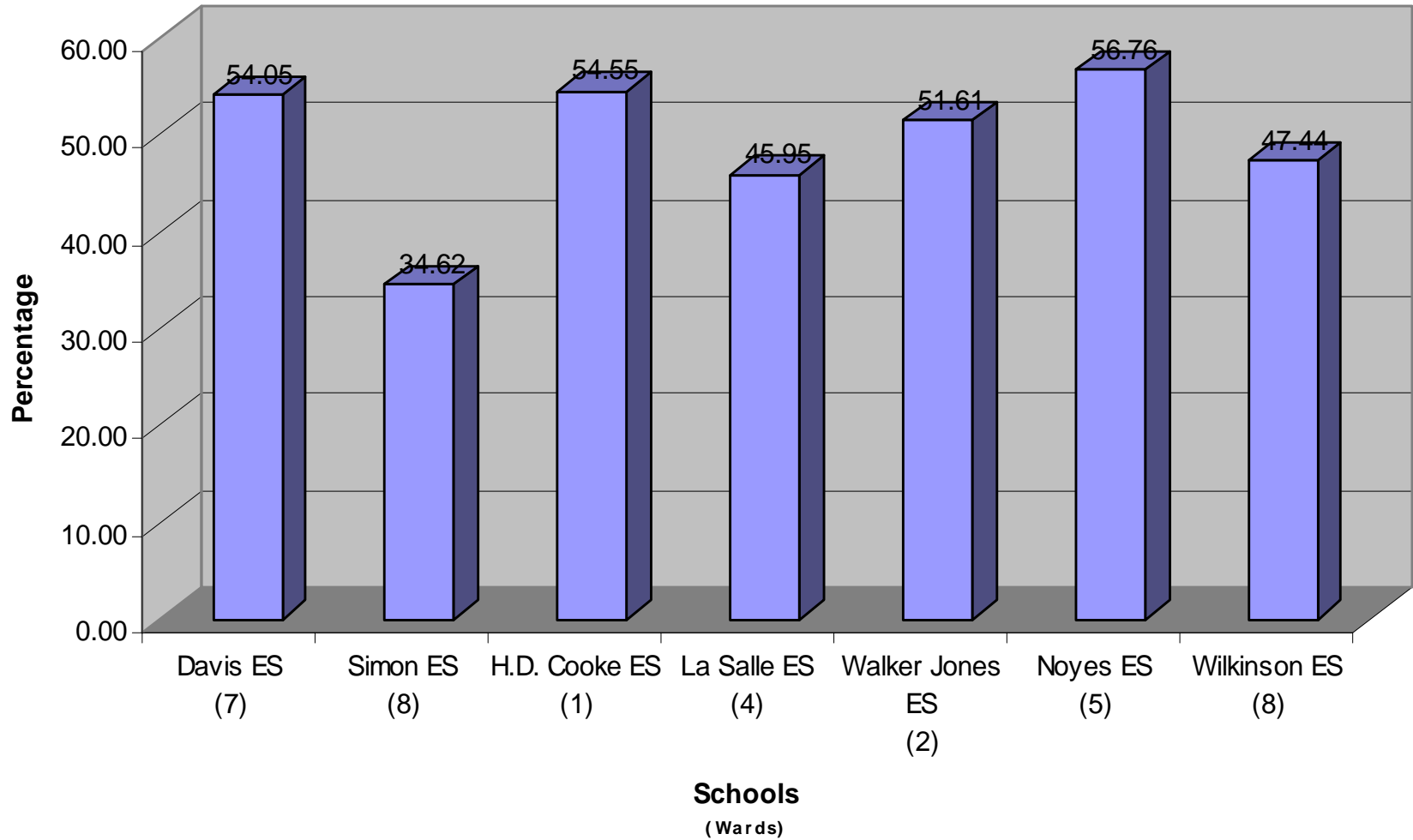
Ethnicity of Students Served



Percentage of Children Receiving Free/Reduced Lunch



Percentage of Returned Consent Forms





Davis Elementary School welcomes the Oral Health Program!

Dr. Finn shows a sigh of **RELIEF!!!**

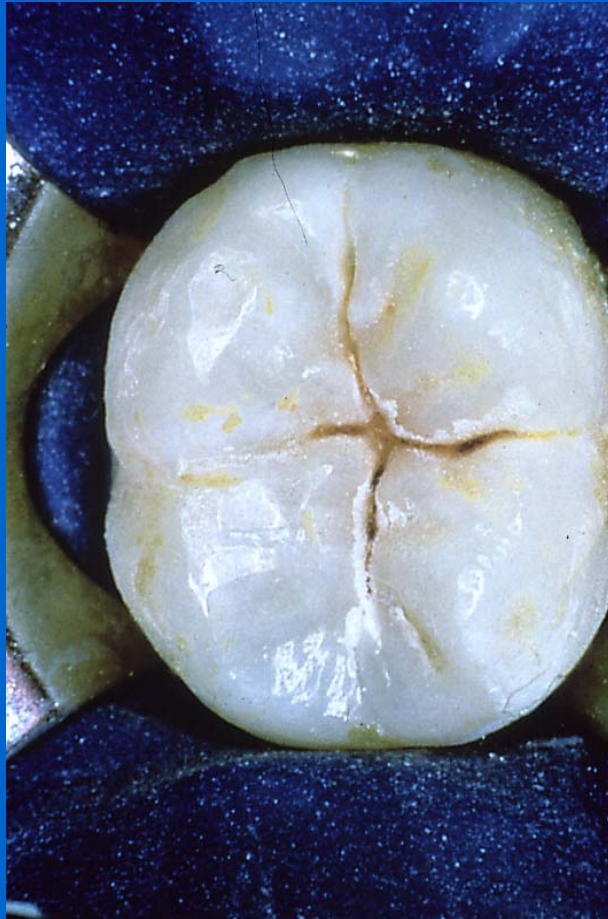
Ms. Morse and Mr. Ross are delighted with the Oral Health services and staff.



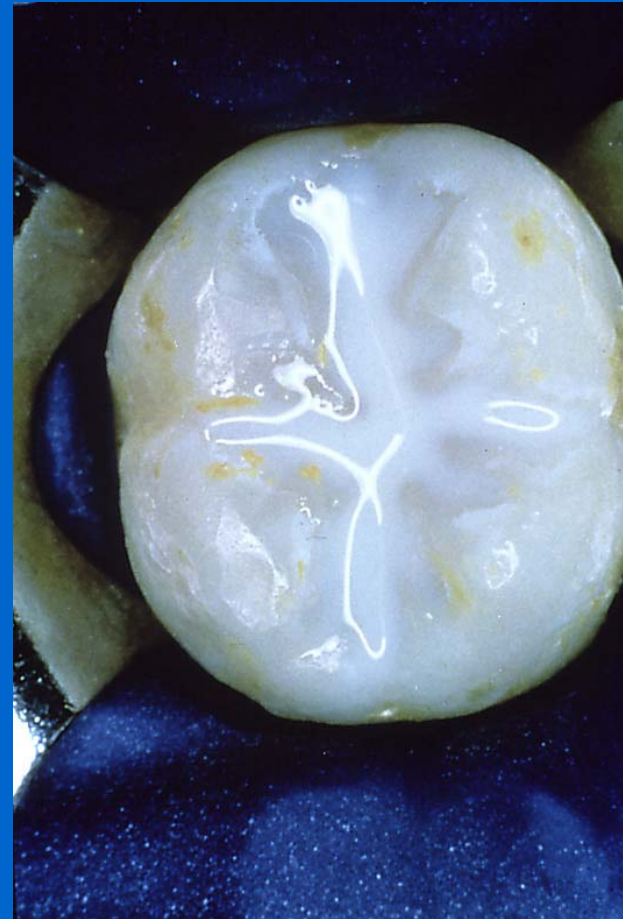
Children's Oral Health Needs: A National Crisis

- Children in poverty suffer ~ 12 times more restricted activity days than those from higher income families
- 25 % of children living in poverty have not seen a dentist before entering kindergarten
- More than 51 million school hours are lost each year due to dental related illness
- Poor dental health results in pain, infection, dysfunction, low self esteem and poor school performance
- Dental decay is the most prominent disease of childhood
- Decay is five times more common than asthma

Unsealed



Sealed



Untreated Early Childhood Caries



Serious facial swelling from a tooth abscess resulting from decay.



Early childhood caries.

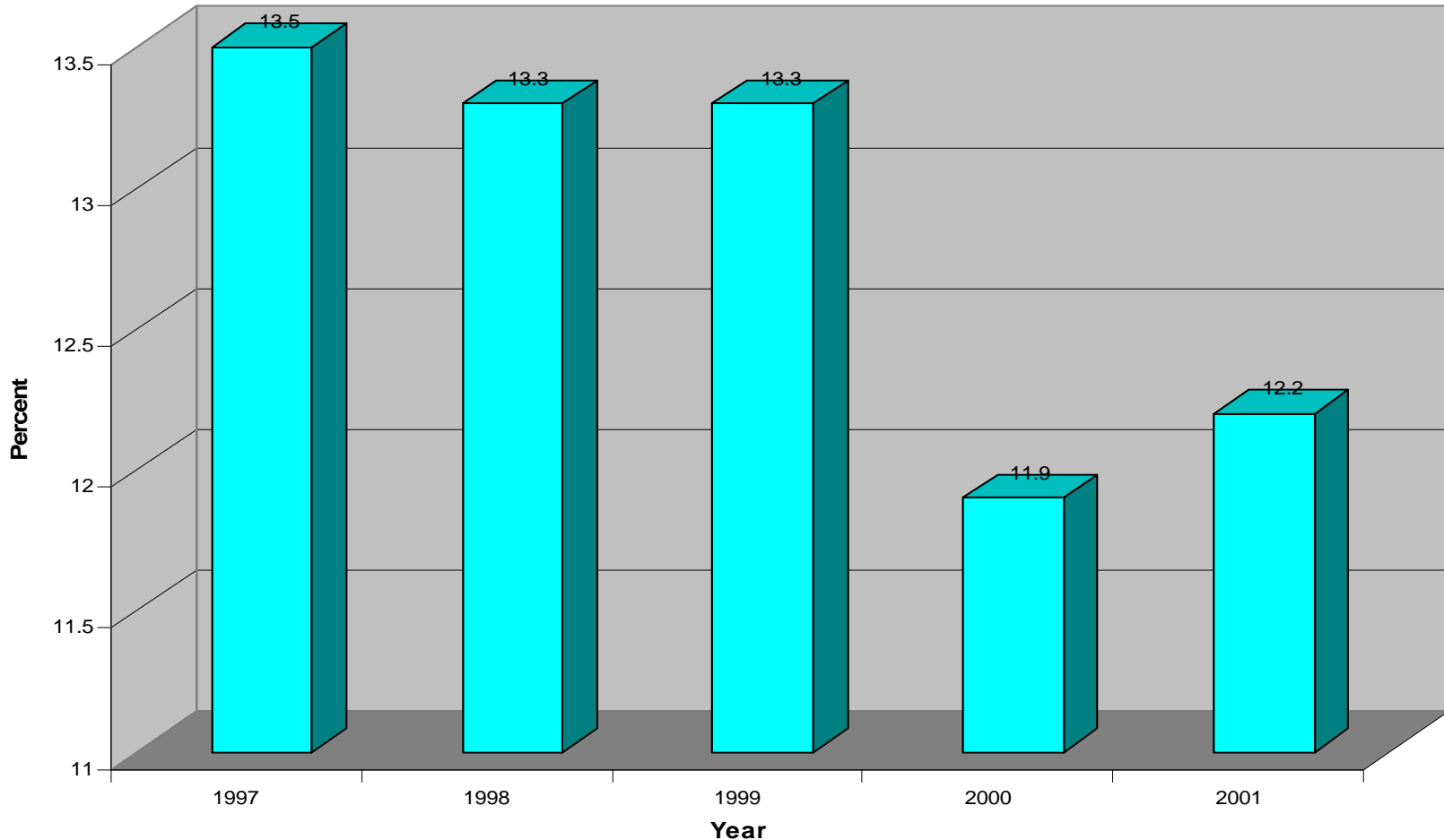
Good Oral Health Pays

- Poor oral health hurts the economy as much as other health conditions like diabetes, heart disease and obesity
- Low-income families without regular dental care are more likely to visit the ER for gum and teeth problems that become acute
- Extra costs often times paid for by taxpayers

Good Oral Health Pays (continued)

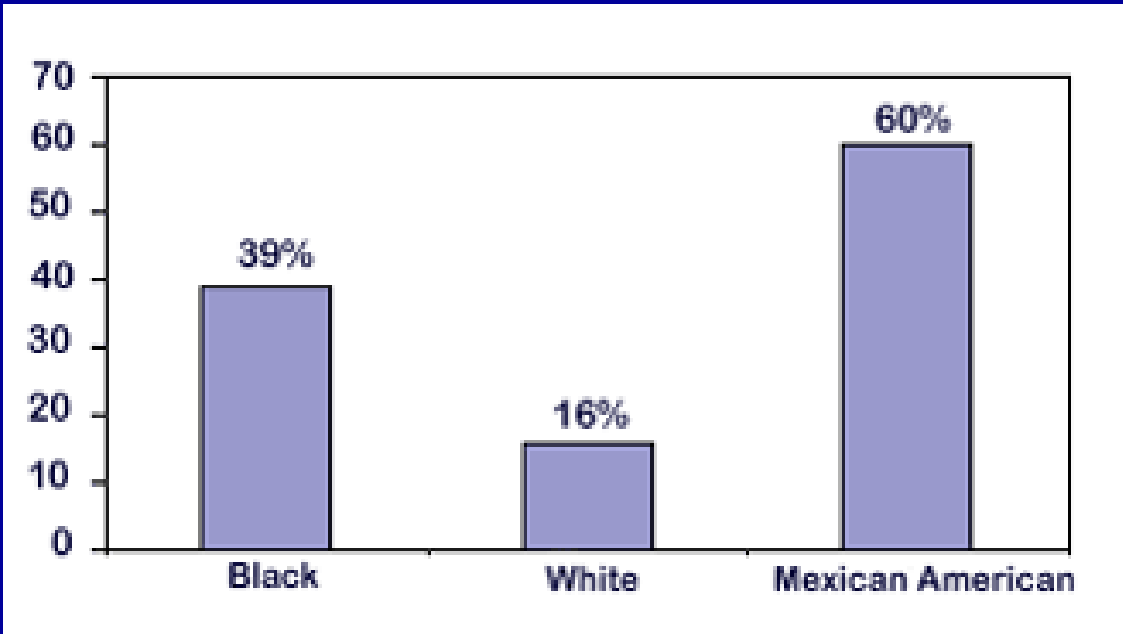
- Preventive dental care for a child's first 6 years of life is ~ \$200 while it may cost ~ \$5,000 for surgery and other hospital costs if a condition is left unattended (Louisville School of Dentistry)
- Dental disease may exacerbate other health conditions such as heart conditions and diabetes
- Infections from dental diseases that are passed on to the fetus is responsible for at least 10% of the pre-term, low-birth weight babies born in the US

Percent of Low Birth weight Live Births Among District of Columbia Residents 1997 - 2001

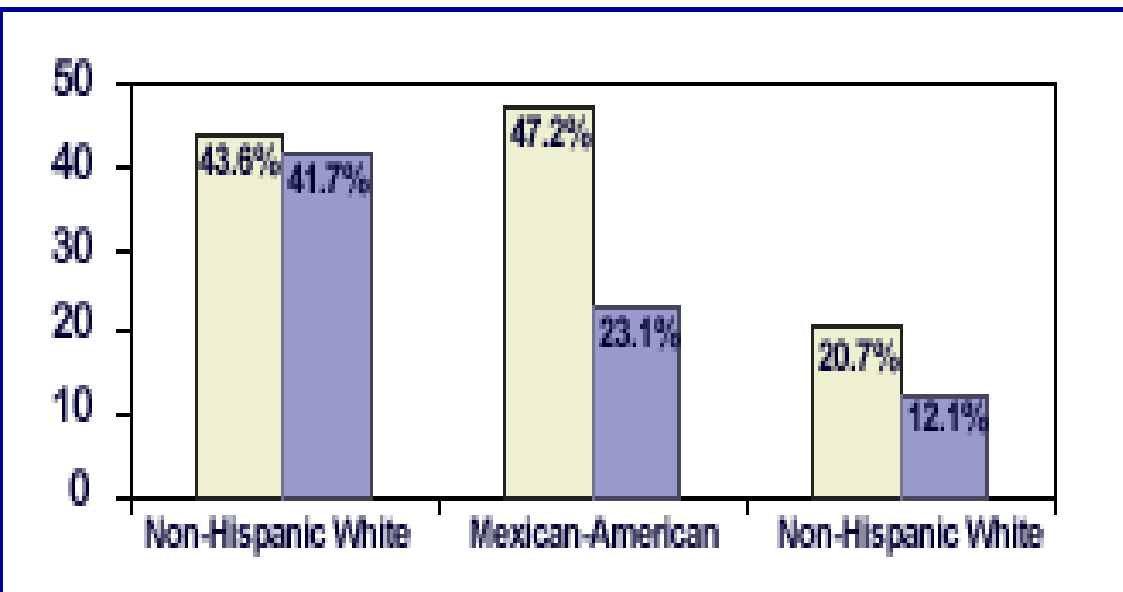


Emanuel Finn, DDS, MS
DMC, Nov, 2004

Racial Disparities in Untreated Tooth Decay Permanent Teeth, Children Ages 5-17



Racial Disparities in Untreated Tooth Decay in Permanent Teeth by Income for Adolescents Ages 12-17



Task Force & Advisory Committee

Task force convened to develop a simplified Child Health Certificate and an Oral Health Assessment Form with broad representation from D.C. Government and the community including:

- MAA
- CNMC
- Georgetown
- Mayor's Office on Health Policy
- Local Medical and Dental Societies
- Howard University College of Dentistry

Transdisciplinary Health Care

- Holistic approach to patient assessment & treatment
- Cross disciplinary and education helps breakdown barriers between professionals
- Begin to address oral health disparities in DC and country
- PCPs will incorporate anticipatory guidance in their practice

Oral Health Screening for Non-Dental Health Care Providers

What to look for

- Oral hygiene status. Look for presence of:
 - Plaque, and oral development
 - Dental caries
 - Abscess
 - Tooth defects
 - Other oral pathologies



The Outcome

- A standardized enrollment process for entry into all DC Public Schools, Head Start, Childcare, camp, after school and sports/athletic programs
- Decreased provider and parent burden
- Improved collection of data to better serve the community and increase oral health access
- Improve the oral health and general health status of DC Children and Families



Photo: Anthony C. John



Emanuel Finn, DDS, MS
DMC, Nov, 2004

Thanks to the Dental Management Coalition