



Epidemiologic Notes & Reports

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Leading Kentucky's Oral Health Program – A Profile and Activity Update

Lorie Wayne Chesnut, BA, Health Program Administrator, State Division of Adult and Child Health

Kentucky's Oral Health Program is working throughout the state to improve the oral health of children and adults in a variety of ways. Administered by James C. Cecil, III, DMD, MPH, FICD, the oral health program is building partnerships throughout the state to accomplish a variety of program objectives. Since the beginning of his tenure at the Department for Public Health, many exciting new initiatives have been implemented, stressing the importance of good oral health as a component of total body health. Two of these initiatives, fluoride varnish and dental sealants, strive to improve the dental health of children.

KIDS SMILE, a fluoride varnish initiative for children ages 0 through 5, was implemented in early 2003. Working in partnership with Kentucky's local health departments and the Kentucky Nursing Association, Dr. Cecil cleared the way for public health nurses to apply fluoride varnish as a component of their scope of practice. The program's major objective is to decrease Kentucky's very high incidence and prevalence of Early Childhood Caries (ECC), formerly called Baby Bottle Tooth Decay. In a recent survey of 2 to 4 year old children, nearly half were afflicted with ECC, and the majority of the afflicted received care in public venues. The target children are 0 through 5 years of age receiving health care in various public venues such as local health departments, schools, Commission for Children with Special Health Care Needs, daycare, Head Start, and others. Local health department nurses apply fluoride varnish (a paste which is brushed on the teeth) during regular clinic visits or during events with local preschools and elementary schools.

Fluoride varnish is absorbed by tooth enamel and strengthens the enamel to provide additional resis-

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tance to decay. The fluoride varnish is usually applied once every six months. Children with special health care needs may have the fluoride varnish applied more frequently, particularly if they have trouble brushing and flossing their teeth. Nearly 11,000 fluoride varnish applications have been completed during the first six months of the state fiscal year (July 1 through December 31, 2004). (Refer to chart on back page of this edition).

For older children, dental sealants are provided through partnerships between local dentists, hygienists, and public health departments. Dental sealants create a permanent barrier between pits and fissures in permanent molars and decay-causing bacteria. The Centers for Disease Control and Prevention lists sealants as being an evidence-based prevention intervention that is highly effective in preventing tooth decay in permanent molars. In fact, 80% of tooth decay in elementary children occurs in the pits and fissures on the top surfaces of permanent molar teeth.

By working with local health departments to create partnerships with local dental professionals, over \$200,000 in funding sources has

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enabled 24 local and district health departments to participate in the dental sealant program during the current fiscal year. While this program provides sealants to many of Kentucky's most at-risk children, another partnership within the University of Kentucky College of Dentistry reaches children in the most rural areas of our state.

SEAL Kentucky is a school-linked preventive program administered annually during the month of October. The program works with local schools to bring first-year dental residents and their instructors to the children who need their services. This program is an excellent training experience for dental residents, as teams of University of Kentucky students and instructors converge in public school gymnasiums to set up their portable equipment and screen hundreds of children who may never have seen a dentist. All children who require sealants receive them, and residents receive first-hand experience in working with children in a local setting. Many of these students later tell instructors that the experience changed their lives. Planners hope that many participating dental residents will consider service in rural areas because of this early exposure to working with at-risk children.

KIDS SMILE and SEAL Kentucky are just two of the programs provided to children in the state through the Kentucky Department for Public Health's Oral Health Program. In addition to ongoing educational offerings for children and adults, other activities to be discussed in future issues of EpiNotes include:

- Kentucky's Community Water Fluoridation Program
- Spit Tobacco Cessation and Oral Cancer Screening
- Kentucky's Oral Health Strategic Planning Process, bringing private and public health providers from "Pikeville to Paducah" together for the purpose of addressing Kentucky's challenging oral health issues.
- Kentucky's Oral Health Workforce Assessment, which looks at past and future needs for dental health professionals in Kentucky through a partnership with the University of Louisville

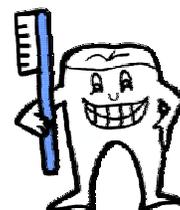
College of Dentistry.

- Kentucky's Elder Oral Health Survey, a survey designed to assess the needs of Kentucky's older adults, particularly those who are homebound and institutionalized.
- The University of Kentucky Family Dental Clinic and East Kentucky's Dental Residency Program, Eastern Kentucky's newest full-service dental clinic located in Hazard.

For additional information on Kentucky's Oral Health Program, please contact James C. Cecil at (502) 564-3246 x 3774.

* * * * *

James Curtis Cecil, III, DMD, MPH, FICD, is currently the Administrator for the Oral Health Program for the Kentucky Department for Public Health. Dr. Cecil joined the Public Health Department after a varied career, which included practicing family dentistry in Lancaster, Kentucky to distinguished service with the United States Navy. Raised on a small farm in eastern Jefferson County, Kentucky, he was awarded his Bachelor of Arts (BA) degree from Bellarmine University in 1966, his Doctor of Dental Medicine (DMD) degree from the University of Kentucky in 1970, and his Masters in Public Health (MPH) degree from the School of Public Health at the University of Michigan in 1976. Additionally, he holds an ABD in Oral Epidemiology from the University of Michigan. Dr. Cecil served as a faculty member at the University of Kentucky College of Dentistry from 1996-2001. In January of 2001, he was appointed to his current position, as well as consultant to the Department of Medicaid Services for the Commonwealth of Kentucky. He continues to serve as a faculty member at the Department of Oral Health Science in the College of Dentistry at the University of Kentucky.



A Statewide Initiative to Increase Dental Professionals' Awareness of Their Role in Reducing Domestic Violence in Kentucky

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The magnitude of the domestic violence crisis is recognized by local, state, national and international health organizations. As early as 1985, the U.S. Surgeon General declared domestic violence as a leading public health issue. Additionally, domestic violence is associated with 8 out of 10 leading health indicators for Healthy People 2010 (1). U.S. domestic violence data revealed that the lifetime prevalence of physical and/or sexual abuse by an intimate partner is 25% for women (2). Unfortunately, dental professionals are often overlooked as a means to identify these women. Currently, only one state in the U.S. requires mandatory domestic violence continuing education units (CEUs) for dental professionals, although mandatory CEUs are required for other health professionals (3).

Kentucky Revised Statute 209.030 requires that physicians, nurses, social workers and others having reasonable cause to suspect that an adult has suffered abuse, neglect, or exploitation make a report to the Department of Community Based Services in the Cabinet for Health and Family Services (4). Continuing education units in relation to domestic violence are mandatory for Kentucky physicians, nurses and social workers; however, the Kentucky Board of Dentistry has not established a mandatory CEU requirement on Kentucky dental professionals (3, 5).

With funding received from the Centers for Research on Violence Against Women, a University of Kentucky Domestic Violence Task Force surveyed Kentucky dentists regarding violence against women (6). Data from the survey reflect results similar to previous surveys of U. S. medical and dental professionals (6,7). A statistically significant number of health professionals have identified the following barriers to screening, documentation and referral of victims of domestic violence (VDV): lack of knowledge and training to identify VDV; lack of established protocols for referring these patients; concern of offending or embarrass-

ing the patient; concern of patients' cultural norms; lack of privacy or anxiety about potential mistakes related to the identification of patients as VDV. (6, 7, 8, 9). Skelton et al. reported that approximately 70% of Kentucky female dentists and approximately 60% of Kentucky male dentists completing the survey indicated they would like more information and training regarding domestic violence (7).

The National Violence Against Women Survey (NVAWS) reported that of the adult female victims of intimate partner violence who received medical care, 18.4% of rape victims and 9.5% of assault victims received dental care (10). In addition to the human cost of the 5.3 million intimate partner violence (IPV) victimizations occurring annually in the U.S., the estimated unit cost for dental service of U.S. adult women resulting from IPV was \$308.90. The unit cost per physical assault requiring additional medical care including hospital overnights was \$1359.16. Nonfatal IPV rapes requiring additional medical care including hospital overnights was \$710.46/unit cost per rape, based on dental costs for 1995 (11).

In an effort to reduce the barriers for Kentucky dental professionals to identify VDV, a three-hour continuing education course will be offered at the 2005 Kentucky Dental Association's Annual Conference. The University of Kentucky College of Dentistry and the Kentucky Oral Health Program are coordinating efforts to develop a Domestic Violence Toolkit for Dental Professionals, which will be provided to participants in the continuing education course. Establishment of written protocols and policies regarding screening, treatment and referrals of dental patients who are VDV will be an essential part of the curriculum. Additional partners for the training include Centers for Research on Violence Against Women, Kentucky Dental Association, Kentucky Domestic Violence Association, Kentucky Division of Child Abuse and Domestic Violence Services, Department of

(Continued on Page 4)

Aging, Department of Community Based Services and the Kentucky Injury Prevention Center's Intimate Partner Violence Surveillance Project. Additional collaborations will be established as the project evolves. The toolkit and training will be pilot tested to determine usability and to establish an environment conducive to introducing policy changes in the identification, treatment and referral of dental patients who are VDV in the Commonwealth.

Le et al. reported that 81% of VDV that were treated in the emergency room suffered from maxillofacial injuries. The study's conclusions support the importance of the dental professionals' role in the efforts against domestic violence (11). Dental professionals must join the efforts to reduce the burden of domestic violence in Kentucky. We must enlist the help of the 2,944 licensed dentists and 1,841 licensed dental hygienists practicing in Kentucky to join in the fight against domestic violence in the Commonwealth (5).

References

1. Salber P, James L. Overview and Epidemiology: The Business Case for Domestic Violence Programs. Physicians for a Violence-free Society, The Family Violence Prevention Fund. Available at <http://endabuse.org/programs/healthcare/files/connection/Part1.ppt>.
2. Tjaden P, Thoennes N. Prevalence, Incidence and Consequences of Domestic Violence Against Women: Findings from the National Violence Against Women Survey. U.S. Department of Health and Human Services: Public Health Services. 1998.
3. American Dental Association. Continuing Education Requirements of State Dental boards for Dentists and Auxiliaries. 2004. Available at [http://www.ada.org/prof/prac/licensure/continuing ed.pdf](http://www.ada.org/prof/prac/licensure/continuing%20ed.pdf).
4. Kentucky Revised Statute 209.030. Available at <http://www.lrc.state.ky.us/krs/titles.htm>.
5. Bailey D, Kentucky Board of Dentistry. Personal communication. 2005.
6. Skelton J, Cunningham L, Herrin C, Robinson F, West K. Knowledge, Attitudes, Practices and Training Needs of Kentucky Dentists Regarding Violence Against Women. Center for Research on Violence Against Women. Petit Research Grant.
7. Skelton J, Cunningham L, Herrin C, Robinson F, West K. Dental Community Professionals Survey of Violence Against Women.(Unpublished data).
8. Love C, Gerbert B, Caspers N, Bronstone A, Perry D, Bird W. Dentists Attitudes and Behaviors Regarding Domestic Violence: The Need for an Effective Response. The Journal of the American Dental Association. Available at http://saturn.bids.ac.uk/cgi-bin/ds_deliver/1/u/dISIS/12121083/ada/jada/2001/00000132.
9. Gutmann M, Solomon E. Family violence Content in Dental Hygiene Curricula: A National Survey. Journal of Dental Education. Sep 2002.
10. Varjavand N, Cohen D, Gracely E, Novack D. A Survey of Residents' Attitudes and Practices in Screening for, Managing, and Documenting Domestic Violence. The Journal of the American Medical Association. Available at <http://www.jamwa.org/index.cfm?objectid=13B74C87-D567-0B25-52451EB38F72D6A7>.
11. National Center for Injury Prevention and Control. Costs of Intimate Partner Violence Against Women in the U.S. Atlanta (GA): Centers for Disease Control and Prevention; 2003.
12. Ochs HA, Neuenschwander MC, Dodson TB. Are Head, Neck and Facial Injuries Markers of Domestic Violence? The Journal of the American Dental Association 1996;127:757-61.
13. West KP, Bledsoe L, Jenkins J, Nora L. Mandatory Reporting of Adult Victims of Violence: Perspectives from the Field. Kentucky Law Journal 2001;90:1071-1082.
14. Kentucky Department for Health Services, Office of Women's Physical and Mental Health. Available at <http://chs.ky.gov/womenshealth/resourcecenter/Resources/domestic%20violence.htm>.
15. Kentucky Domestic Violence Association, Statistics. Available at <http://www.kdva>.

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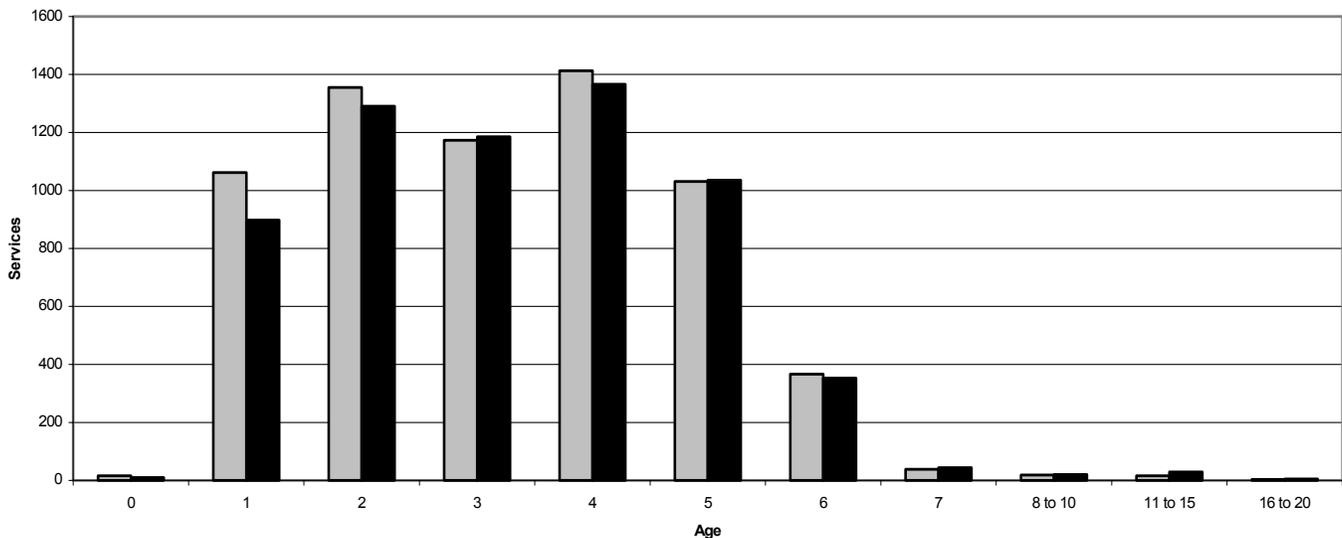
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RETURN SERVICE REQUESTED

Fluoride Varnish Applications by Age and Gender - Kentucky Local Health Departments 03/04 Fiscal Year



Source: Kentucky Oral Health Program Fluoride Data System (CDP Report using Code D1203). Services are not unduplicated. Kentucky Department for Public Health, Healthcare Access Branch.
Prepared by Lorie Wayne Chesnut 502-564-2154

Male Female