



**Whatcom County Oral Health
Coalition Steering Committee:**

- Mark Brooks, DDS
SeaMar Community Health Center
- Janet Davis, RN
Whatcom County Health Department
- Grant Deger, MD
Bellingham City Council
- Mary Jo Durborow & Carole Kornelis
Readiness to Learn Coordinators
- Ken Gass, MD
Madrona Medical Pediatrics
- Beverly Jacobs
Community Member
- Maggi Kriger
Access to Baby & Child Dentistry
- Wilanne Ollila-Perry
Opportunity Council
- Chris Phillips
St. Joseph Hospital
- Lesley Rigg
NW Regional Council
- Marian Russell, RDH
Toothfairy Dental Hygiene Care
- Jenny Shuler, CDA (Chair)
Bellingham Technical College
- Anita Stolpe
Dept. Social and Health Services
- Ken Taylor, DDS
Lummi Tribal Health Center
- Fredrick Wicknick, DMD
Oral Surgeon
- Jim McCallum, DDS
General Dentist

Oral Health Matters

For Whatcom County



Emergency Room No Longer Doorway to Dental Care

Chris Phillips, St. Joseph Hospital, Community Outreach

For the last several years, one of the only ways for low-income adults experiencing urgent dental problems to access care was through the hospital Emergency Department. Interfaith and Sea Mar dental clinics held open appointment slots for patients who were referred by the hospital. One result was a steady increase in the numbers of people coming to the emergency department with dental problems. As of July 18, 2005, a new program, *Walk-in for Urgent Dental Care*, will allow patients to access care at Interfaith and Sea Mar without having to go through the Emergency Department. The main implication of this change for patients and healthcare providers is that *the hospital Emergency Department cannot schedule appointments or make routine dental referrals to the community health centers.* See below for further information.

It is important to note that this shift does not signify a lessening of the hospital's commitment to working with the community to solve the problem of access to adult dental care. Recognizing that capacity at Interfaith and Sea Mar for adult dental care remains limited, the hospital is providing grants to support the walk-in clinics.

The hospital and the community clinics look forward to continuing to work with the Whatcom Oral Health Coalition and the Mount Baker District Dental Society to gauge the success of this new approach in terms of its impact on the Emergency Department, the community clinics, and patient care, and to increase access to adult dental care in our community.

For patients seeking urgent dental care who are willing to wait...

Interfaith and SeaMar Community Health Centers invite them to *walk-in for urgent dental care*:

- **Arrive by 8:00 a.m.**
- **Limited Availability:** There are a limited number of openings for people in need. If patients are willing to wait – with **no guarantee** – dental staff will try to work them in during the day.
- **Payment is expected at time of service:** Sliding fee and payment plan arrangements can be made.
- **Care is on a one time basis:** Interfaith and SeaMar hold no obligation to provide ongoing dental care to people who access the “walk-in urgent dental care” program.

Pediatric Medical Exams: An Opportunity for Oral Health Screening and Fluoride Varnish

The American Academy of Pediatrics recommends that every child begin receiving oral health risk assessments by 6 months of age from a pediatrician or qualified pediatric health care professional.

Why should oral health screenings occur so early?
And, what is the role of medical providers in dental health?

The process that causes tooth decay begins with the transmission of bacteria via saliva from mothers or primary caregivers to their infants. The “window of infectivity” (or time during which infants are most likely to receive this bacteria) is during the first 2 years of life. The presence of these bacteria in the mouth, combined with carbohydrates in formula, breast milk, and other beverages & foods can cause tooth decay to begin as soon as the first tooth erupts. This is why early oral health screenings are so important.

Pediatric medical providers check infants and toddlers on a regular basis creating an opportunity for preventing tooth decay, which otherwise can become well advanced by age 3. Physicians, nurses, and medical assistants can also quickly apply fluoride varnish; a topical treatment recommended for high-risk children at least 2 times per year. Fluoride varnish strengthens teeth. It can even stop and reverse incipient tooth decay. Medicaid reimburses medical providers up to 3 times per year for fluoride varnish applications, in addition to 3 times per year for dental providers.

The Everson Sea Mar Medical Clinic has already systematized their procedures for offering fluoride varnish to all pediatric patients. This clinic and Madrona Pediatrics received training in April from Dr. Russell Maier, who works with the Washington Dental Service Foundation to promote integration of oral health into medical settings. Madrona Pediatrics is phasing in preventive oral health services within the well child exam.

The Bellingham Sea Mar Medical Clinic received training in August from: Dr. Mark Brooks, Sea Mar dentist; Maggi Kriger, Access to Baby and Child Dentistry Coordinator; and Diane Lowry, Fellow from Centers for Disease Control and Prevention.

For more information about local trainings, contact Maggi Kriger at 738-2504 ext. 32022 or mkriger@co.whatcom.wa.us. To read recommendations from the American Academy of Pediatrics, go to <http://www.aap.org/healthtopics/oralhealth.cfm>.



Sea Mar Community Health Center has committed to implementing basic oral health services into well child exams.

Healthy Bodies ~ Happy Teeth

- 1. Caries Risk Assessment**
 - **Ask:** *“Has your child ever had cavities or fillings?”*
 “Have your child’s siblings ever had cavities or fillings?”
 “Have you had cavities or fillings in the past year?”
 - **✓Chart** - does child have Medicaid insurance?
 - **Lift the lip** – do you see any decay?

If answer is YES to any of the above, then child is high risk
- 2. Anticipatory Guidance**
 - At 6 months: Review “10 Simple Ways” brochure & prescribe fluoride supplements (when water supply contains <0.3 ppm fluoride)
 - Every exam: Remind to “brush daily” and “limit sugar, juice, pop”
 - For high-risk patients: Refer to Dentist starting at age 1
- 3. Fluoride Varnish for High Risk Patients**



Fare-thee-well Diane!

Diane Lowry's two-year CDC Fellowship placement with the Whatcom County Health Department ended on August 31st. She will be deeply missed by those who had the good fortune to collaborate with her. Diane's experience in our county has made her a passionate oral health advocate and we wish her the best in her new position, which focuses on senior oral health at the Washington Dental Service Foundation. Diane was instrumental in the successful start-up and growth of the Whatcom Oral Health Coalition; it's now up to the rest of us to carry forward this good momentum

At the July Coalition picnic, Diane shared her thoughts about what it will take to successfully build on the solid foundation that has been established. Her "pearls of wisdom" are summarized here.

Five Opportunities for Whatcom County Oral Health Coalition

- 1) Ownership of the coalition by a variety of groups is crucial.
The opportunity is to recognize that our diversity is our strength.
- 2) There is lots of interest and energy for oral health in Whatcom County.
The opportunity is to harness it in a way that is most effective.
- 3) Sometimes the best strategies have moving targets.
The opportunity is for a balance of priority setting between long-term goals and what we can do right now to address our needs.
- 4) The various coalition workgroups function in different ways.
The opportunity is to be flexible.
- 5) There are many challenges to address.
The opportunity is to balance the time spent planning with events that spark our energy and motivation.

DID YOU KNOW?

Fluoride varnish is recommended for high-risk children even in communities with optimally fluoridated water



Mobile Dental Unit Celebrates 10th Anniversary!

Patricia Anderson, Interfaith Dental Clinic

It has now been 10 years since Interfaith Community Health Clinic initiated a Mobile Dental Unit program to bring dental services to Medicaid-eligible children and the program is going strong. Last year the Mobile Dental Unit served over 1000 children, and the staff are always willing and able to see more. The Mobile Unit visits 12 Head Start sites three times a year, as well as 18 elementary schools in five school districts outside of Bellingham. In some school districts other children are brought to the school sites to receive services, including junior high and high school students, and special needs students. This past summer, the Mobile Unit also went to the Migrant Children’s Summer School.

Each child who is seen by the Mobile Unit staff receives an exam by a dentist, tooth brushing instruction and tooth cleaning, and the topical application of fluoride varnish. Parents receive a note telling them the results of the exam, and a referral to Interfaith Dental Clinic for additional care, if needed. This note, and most of the educational materials come in three languages, and multi-lingual dental assistants are on the mobile unit staff. Interfaith reserves a day at the clinic just for children who have been seen in the field and need follow-up care. This results in little lag time between parents being informed that their child needs care and the actual appointment to receive that care.

Initial funding for this program came from a generous grant from the St. Luke’s Foundation, which provided a van and portable equipment and supplies. Additional small grants have provided take home supplies (e.g., tooth brush, tooth paste, floss, parent information), as well as a video player and educational video children can watch while waiting for their turn. Parents are not charged for mobile dental services in the elementary schools. Staff ask for DSHS coupons, and any private insurance, however if a parent has neither, there is no charge to the family.

Readiness to Learn Coordinators in the school districts work with Interfaith to schedule the Mobile Dental Unit. They are fantastic partners who share the understanding that taking care of dental problems is just one of the ways to ensure a child’s good health and readiness to learn.

The Oral Health Coalition: Looking Toward the Future

At the last Oral Health Coalition meeting, on September 8, participants shared their ideas about the Coalition’s structure and functions. The group made the following tentative decisions:

- Hold quarterly Steering Committee meetings that are open to all members of the Coalition.
- The agenda for these meetings will be planned by the chair, the Health Dept., and Crossroads Consulting (Mardi Solomon & Holly O’Neil of Crossroads Consulting have been contracted to support the OHC through the end of the year), with input from OHC workgroup facilitators.
- An annual event or summit-type meeting should be held.
- Continue to have a “spotlight issue” at each meeting to focus energy and involve more people.
- Ensure that workgroup reports are included in the OHC newsletter.
- When a workgroup has accomplished its goals, its work is done.
- New workgroups will be needed as new issues are addressed.

Crossroads Consulting will create a work plan document for the OHC that includes all workgroups’ projects and intended outcomes. This document will help the OHC track progress on the many projects the group has undertaken.

The next Oral Health Coalition meeting, scheduled for **December 1, 5:30-7:00 pm at St. Luke’s Health Education Center**, promises to be an important event. Since the November vote on water fluoridation will have a large impact on Coalition activities, the next OHC meeting will be devoted to discussing the implications of the election results for the future.

If you know of an oral health program or service that you would like highlighted in a future issue of Oral Health Matters, contact Maggi at 734-2504 ext. 32022 or mkriger@co.whatcom.wa.us

Second Annual

Whatcom County

Free Sealant Day

Will be held

Saturday, Feb. 11, 2006

At Interfaith Dental Clinic

We need your help!

Please mail this form back if you can help in any way. Thank You.

Mail responses to: Deanna Simmons 4157 Saltspring Dr. Ferndale, WA. 98248

Questions? 360-384-3847

I can help in the following ways:

I can donate money.

(make checks payable to Mt. Baker Hygienists society)

I can donate supplies.

(we will contact you with what we need)

I can donate my time.

A.M. P.M. DDS RDH DA Office Student Other

Name _____

Address _____

Phone _____

E Mail _____

Promote Senior Smiles

The Seniors Workgroup is pleased to announce that the brochure they have developed, *10 Simple Ways to Promote Senior Smiles*, is ready to print. The Workgroup is now seeking individuals and organizations to “pre-purchase,” or sponsor, the printing costs of this educational tool. The Oral Health Coalition has approved \$1000 (from the Health Department) as matching funds. Might your employer make a contribution? If you would like to receive a sample copy of the brochure, please contact Lesley Rigg, email: riggla@dshs.wa.gov, phone: (360)738-2500.



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