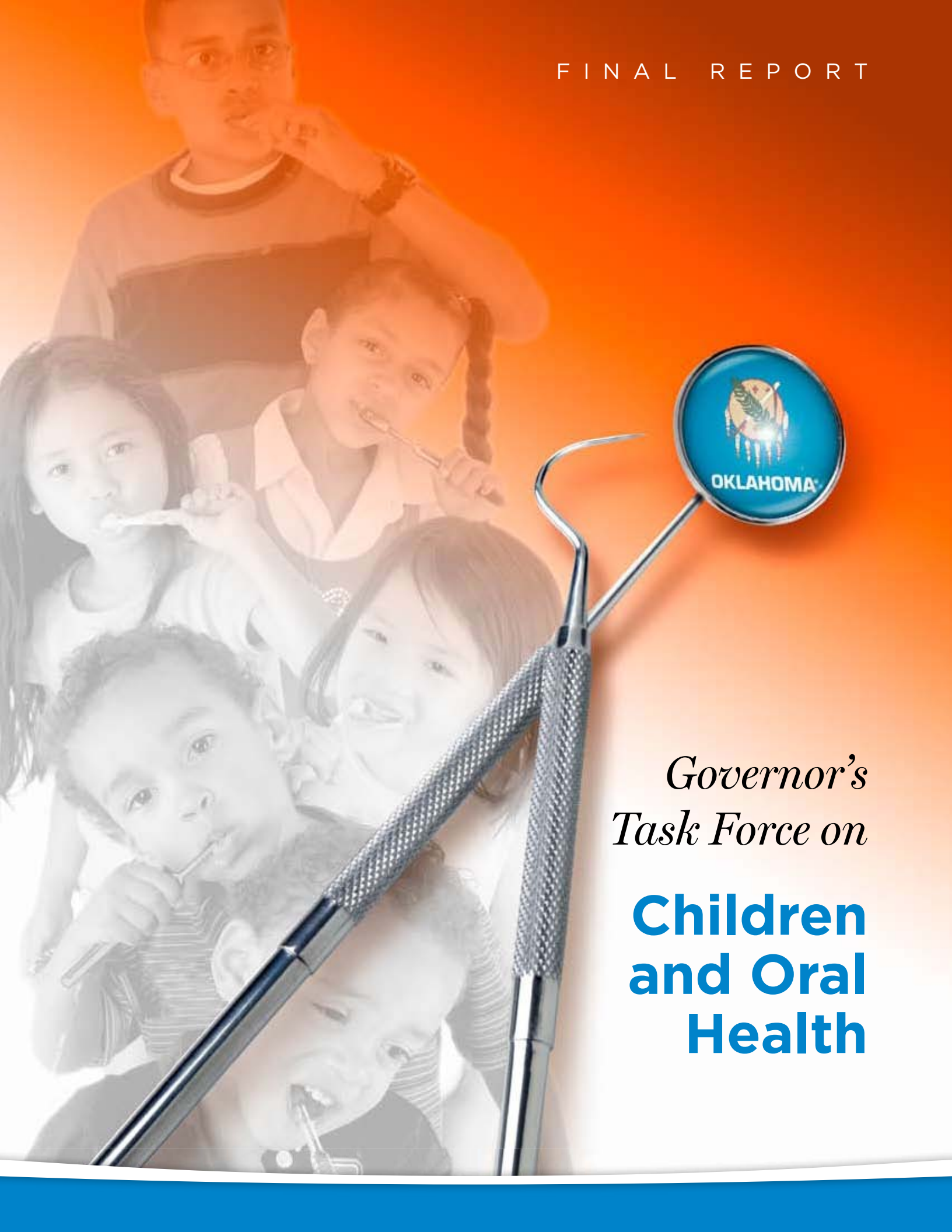


FINAL REPORT



*Governor's
Task Force on*

**Children
and Oral
Health**

Governor's Task Force Charge

Gov. Brad Henry created a special task force in 2007 to extensively study the issue of children's oral health in Oklahoma. The Governor's Task Force on Children and Oral Health was charged to:

- Address programs for children and youth, including those with special needs.
- Study existing state, federal and private sector-funded programs.
- Determine ways to infuse oral health education, dental care and dental disease prevention into existing programs.
- Make recommendations for new programs.
- Develop a State Oral Health Plan.

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Members of the Governor’s Task Force

Gov. Brad Henry issued Executive Order 2007-30 to establish the Governor’s Task Force on Children and Oral Health. Members of this Task Force are:

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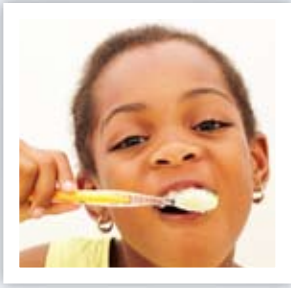
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The earlier children are introduced to care at a dentist's office, the better their chances of keeping their teeth for the rest of their lives.

Source: Oral Health in America:
A Report of the Surgeon General, 2003

Executive Summary

The state of Oklahoma currently has numerous health programs that address the physical and mental health of children and families. However, few of these programs specifically encompass oral health.

There are several populations of Oklahoma residents, especially the poor and uninsured, who do not receive even basic oral healthcare due to financial and/or logistical challenges. This lack of care has an enormous impact on families – particularly on the overall health and well-being of their children.

According to the Centers for Disease Control and Prevention (CDC), tooth decay is the most common chronic childhood infectious disease in the United States. It is five times more common than asthma and seven times more common than hay fever. The daily reality for children with untreated oral disease is often persistent pain, inability to eat comfortably or chew well, embarrassment at discolored and damaged teeth, and distraction from play and learning.

Although oral diseases are considered highly preventable with knowledge and proper oral healthcare, these Oklahoma families face numerous serious health problems and quality of life issues because they do not currently receive even a basic level of care.

Creation of the Governor's Task Force on Children and Oral Health

Recognizing that this imbalance in oral healthcare exists and realizing the effect it has on the children of Oklahoma, the Oklahoma Dental Association and 12 other state agencies petitioned Oklahoma Gov. Brad Henry in 2007 to create a special task force that would study the status of children's oral health in Oklahoma. These participating organizations were:

- Oklahoma State Department of Health
- Oklahoma Health Care Authority
- Smart Start Oklahoma
- University of Oklahoma College of Dentistry
- Oklahoma Dental Foundation
- Central Oklahoma Turning Point
- Oklahoma Commission on Children and Youth
- Oklahoma Department of Human Services
- Tulsa Health Department
- Oklahoma Commission on Children and Youth Family Perspective Committee
- Alliance to the Oklahoma Dental Association
- Oklahoma Association of Community Action Agencies
- Oklahoma Dental Association

According to Pamela Low, D.D.S., the ODA president who contacted Gov. Henry on behalf of the concerned organizations, "If the Task Force could identify ways to infuse dental health into existing programs, the state of Oklahoma would be the first state to have health programs that address the total child. It could be the model that other states would follow by avoiding duplication of efforts – thus avoiding the duplication of expenditures and other resources."

Tooth decay is the most common chronic childhood infectious disease in the United States. By age 17, 78% of young people have suffered from it, and 7% have lost at least one permanent tooth. Untreated tooth decay causes pain and infections that may lead to problems that affect eating, speaking, playing and learning.

Tooth decay affects more than one-fourth of U.S. children aged 2-5 and half of those aged 12-15. About half of all children and two-thirds of children aged 12-19 from low income families have had decay.



Source: Centers for Disease Control and Prevention, 2009 "ORAL HEALTH Preventing Cavities, Gum Disease, and Tooth Loss"

In response to this request, Gov. Henry created a special task force to extensively study the issue of children's oral health in Oklahoma and determine how the state can better provide programs that specifically address the needs of children and youth as well as those children with special health needs.

Specifically, the Governor's Task Force was charged with the following objectives:

- Study the existing state, federal and private sector-funded programs that address the health of children, youth and families to avoid duplication of efforts and resources;
- Determine ways to infuse oral health education, dental care and dental disease prevention into these existing programs;
- Make recommendations regarding the need for new programs;
- Develop a State Oral Health Plan.

A Cooperative Process

Beginning in 2008, the members of the Governor's Task Force on Children and Oral Health met regularly to study existing programs in the state and to discuss opportunities to expand care and meet the oral health needs of those families not being served. Representing various state organizations and helping agencies, they discussed a wide range of issues that must be addressed in Oklahoma to improve the oral health of our state's children. Major topics of discussion included:

- Creating a better understanding of the importance that oral health plays in the overall health and well-being of Oklahoma children.
- The need for early dental exams/screenings and prevention efforts to create a vital, strong foundation for children's ongoing oral health.

More than half of children aged 5-9 have had at least one carie (cavity) or filling; 78% of 17-year-olds have experienced tooth decay.

Source: Oral Health in America: A Report of the Surgeon General, 2003





Children from lower income families often do not receive timely treatment for tooth decay and are more likely to suffer from these problems.

Source: Centers for Disease Control and Prevention, 2009 "ORAL HEALTH Preventing Cavities, Gum Disease, and Tooth Loss"

- The need to increase oral health education efforts statewide.
- Encouraging more dentists and hygienists to practice in Oklahoma counties and towns that have few, if any, dental professionals.
- Increasing access to oral healthcare for all underserved and uninsured families.
- Continuing to address the oral health of Oklahoma's children with special health needs.

Task Force Recommendations & State Oral Health Plan

After more than a year of extensive research and discussions, the Governor's Task Force has developed a number of recommendations to help lay the groundwork for improved care and access to dental services for all Oklahoma children. This report and the recommendations it offers constitute a strong, viable oral health plan for Oklahoma. These recommendations are divided into five areas of concern:

PREVENTION

- Provide a model ordinance for cities to control fluoride when considering fluoride level adjustments to their water supply. The model should include average cost per person to implement and cost per person to maintain. The model also should address the potential for use of grant money for cities and rural water districts.
- Reduce dental disease in all Oklahoma children, including those with special needs, by making fluoride varnish available to all young children, even those who do not receive regular oral care.
- Apply dental sealants to the chewing surface of children's teeth to reduce dental disease.

EDUCATION PROGRAMS

- Educate the public that dental decay is an infectious, transmittable disease. It is essential that parents receive oral health education. Ensure the public has knowledge that good oral health is integral to overall good health so parents will be more motivated to seek preventive services for the entire family.

ACCESS TO CARE

- Ensure adequate workforce and programs exist to ensure the public has access to oral healthcare.
- Ensure that all eligible children and people with special needs are enrolled through the SoonerCare program and promote acceptance of SoonerCare by Oklahoma dentists into their general dental practices statewide.
- Ensure all children have dental homes.
- Continue to provide and recognize donated dental services through referrals for oral healthcare services for the elderly and physically, mentally and/or developmentally disabled populations in Oklahoma who have financial needs and require dental treatment. Services provided by the networks of volunteer dentists and dental laboratories are free to the patient.
- Continue to provide mobile dental units that have the ability to reach many parts of the state where oral healthcare is not available.
- Oklahoma communities with a shortage of dental health resources could consider the ODA/ADA model of public/private partnership to bring dental care to their areas.
- Identify oral health needs during the rendering of other healthcare services and coordinate or provide in-house care to underserved patients presenting at federal qualified health centers and public health clinics.
- Increase public accessibility to charitable dental clinics.
- Deliver comprehensive oral healthcare to the state's American Indian population.
- Establish an annual Mission of Mercy project in Oklahoma.

Fewer than one in five Medicaid-covered children had a preventive dental visit during a recent year-long study.

Insurance coverage for dental care is increasing but still lags behind medical insurance. For every child under 18 years of age without medical insurance, there are 2.6 children without dental insurance.

The daily reality for children with untreated oral disease is often persistent pain, inability to eat comfortably or chew well, embarrassment at discolored and damaged teeth, and distraction from play and learning.



Source: Oral Health in America: A Report of the Surgeon General, 2003

STATE DISASTER RESPONSE BY DENTISTRY

- Implement “Oklahoma’s 2008 Catastrophic Health Emergency Plan” adopted by the Governor’s Task Force on Children and Oral Health.

CHILDREN WITH SPECIAL HEALTHCARE NEEDS

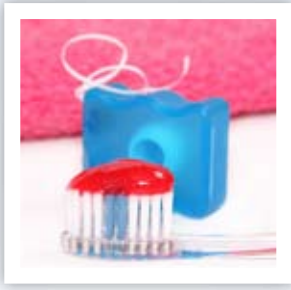
- Educate all healthcare providers to handle special needs children in the dental office setting.

The members of the Governor’s Task Force understand that no single strategy will solve all of the issues related to children’s oral health in Oklahoma, nor will these strategies be implemented without challenges. In fact, some may require policy changes and new funding sources.

With those considerations in mind, the Task Force members believe these recommendations offer the greatest potential for creating positive, lasting change in Oklahoma’s delivery of quality children’s dental care. For the sake of our state’s children and their future, oral healthcare must be a priority. The Task Force offers these recommendations to provide guidance to policymakers, advocates and the public as they consider how to implement strategies that can accomplish these oral health objectives and make Oklahoma a model for other states to follow.

More than 51 million school hours are lost each year because of dental-related illness.

Source: Oral Health in America: A Report of the Surgeon General, 2003



Tooth decay is five times more common than asthma and seven times more common than hay fever.

Source: Centers for Disease Control and Prevention, 2009 "ORAL HEALTH Preventing Cavities, Gum Disease, and Tooth Loss"

Background

Oral health is a key component of an overall healthy and happy lifestyle. Most middle-aged and younger Americans expect to retain their natural teeth over their lifetime and do not expect to have any serious oral health problems. This expectation is due, in part, to the major improvements in oral health that have been seen over the past five decades and enjoyed by most Americans.

Unfortunately, *not all* Americans are achieving the same degree of oral health or are able to access the care and services they need.

What IS Oral Health - and Why is it Important?

In 1948, the World Health Organization (WHO) expanded the definition of health to mean "a complete state of physical, mental and social well-being, and not just the absence of infirmity." It is clear that good oral health contributes to a person's well-being. A person cannot be healthy without freedom from chronic oral-facial pain, oral and pharyngeal (throat) cancers, oral soft tissue lesions, birth defects such as cleft lip and palate, caries (cavities) and tooth loss, and scores of other diseases and disorders that affect the oral, dental and *craniofacial tissues*, collectively known as the craniofacial complex.

Because of oral health's impact on a person's general well-being in a wide variety of settings, dental and medical professionals have come to recognize that oral health is a critical component of health and must be included in the provision of healthcare and the design of community programs. Oral health and general health are inseparably linked.

According to the CDC, tooth decay is *the* most common chronic childhood infectious disease in the United States. It is five times more common than asthma and seven times more common than hay fever. By age 17, 78% of young people have suffered from it, and 7% have lost at least one permanent tooth. Untreated tooth decay causes pain and infections that may lead to problems that affect eating, speaking, playing and learning.

A Closer Look at Oral Health In America

So what is the state of our country's general oral health? Until recently, that was a very good question with few good answers. National and state data for many oral diseases and conditions and for population groups was limited, or often nonexistent. Available state data revealed variations within and among states in patterns of health and disease, making it difficult to capture a clear, comprehensive "snapshot" of our oral health.

That changed in 2003, however, when U.S. Surgeon General Dr. David Satcher created the first-ever comprehensive study of oral health in the United States. His report, *Oral Health in*

America: A Report of the U.S. Surgeon General, emphasized three overall themes: 1) Oral health means much more than healthy teeth; 2) Oral health is integral to general health; and 3) Safe and effective disease prevention measures exist that anyone can adopt to improve oral health and prevent disease.

Publication of this report marked a milestone in the history of oral health in America. It showed that in the course of the past 50 years, great progress has been made in understanding the common oral diseases – dental caries (tooth decay) and periodontal (gum) diseases – resulting in marked improvements in the nation’s oral health.

This important report, however, *also* highlighted a glaring defect in our country’s oral health – that despite the recent improvements, profound disparities remain in some population groups (as classified by sex, income, age and race/ethnicity). For some diseases and conditions, the magnitude of the differences in oral health status among population groups is striking.

One of the populations most affected is children, and the news here is both good and bad. The good news is that most American children today enjoy excellent oral health. The bad news is that a significant subset of this group suffers a high level of oral disease, and that most advanced disease is found primarily among children living in poverty, some racial/ethnic minority populations, disabled children, and children with HIV infection.

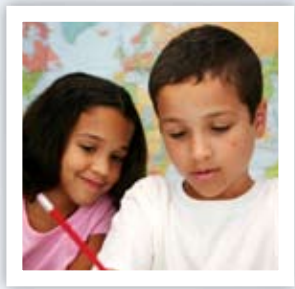
The Surgeon General’s report showed that the earlier children are introduced to care at a dentist’s office, the better their chances of keeping their teeth for the rest of their lives. The 2003 report offered several key findings to show the current state of children’s oral health – and how far we still have to go to accomplish our health objectives:

- More than half of children aged 5-9 have had at least one carie (cavity) or filling; 78% of 17-year-olds have experienced tooth decay.
- Fewer than one in five Medicaid-covered children had a preventive dental visit during a recent year-long study.
- Insurance coverage for dental care is increasing but still lags behind medical insurance. For every child under 18 years of age without medical insurance, there are 2.6 children without dental insurance.
- The daily reality for children with untreated oral disease is often persistent pain, inability to eat comfortably or chew well, embarrassment at discolored and damaged teeth, and distraction from play and learning.
- More than 51 million school hours are lost each year because of dental-related illness.

Children’s Oral Health in Oklahoma

To establish a baseline for dental health indicators of children in Oklahoma, a statewide assessment was conducted in 2003 by the University of Oklahoma Colleges of Public Health and Dentistry, with funding from the Oklahoma State Department of Health (OSDH). This survey of third-grade students provided dental health professionals with the first statewide data to assess the dental health status of Oklahoma children.

According to this first Oklahoma Oral Health Needs Assessment, our state’s overall performance is poor. The statewide prevalence for dental caries (cavities) in Oklahoma third-graders was



The statewide prevalence for dental caries experience in Oklahoma third-graders was 69%, higher than any other state reported.

Source: Oklahoma Oral Health Needs Assessment, 2003

69.4% – higher than any other state reported. (New Mexico and Wisconsin, for example, reported lower total caries experience of 60.1% and 64.6%, respectively.) The assessment also showed that the rate of untreated decay (40.2%) in Oklahoma third-graders was also higher than any other reported state.

A similar assessment of third-grade children’s oral health status has been conducted every year since then, but the results show little improvement. The most recent assessment, during the 2007-2008 school year, shows that the rate of untreated decay (untreated active caries in at least one permanent or primary tooth) was 32.3%, a decrease from 2003. However, the percentage of dental caries (cavities) experience today is 71.5% – a higher rate than in 2003.

Dental diseases are among the most prevalent health problems in Oklahoma. Although oral diseases are considered highly preventable with knowledge currently available, most of the state’s population is affected with some form of dental disease at some time during their lives. Dental professionals can influence the course of this disease through preventive measures such as fluoridation programs, dental education and tobacco-use prevention programs, dental sealant programs, and regular dental visits. Untreated dental diseases affect the quality of life of all Oklahomans and can result in very serious health problems.

Our state has recognized the clear need to address these problems, and Oklahoma has measurable goals to pursue as set forth in the Healthy People 2010 initiative, a 10-year health promotion program established for all states by the U.S. Department of Health and Human Services to improve the health of all Americans. The Healthy People 2010 objectives include several measures related to oral health in children. These include:

- Reduce the proportion of children with dental caries experience in their primary and permanent teeth to 42%.
- Reduce the proportion of children with untreated dental decay in primary and permanent teeth to 21%.
- Increase the proportion of children receiving dental sealants on their molar teeth to 50%.

The most recent data from the 2007-2008 Oklahoma Oral Health Needs Assessment indicates that significant improvements are needed before the state can meet these national Healthy People 2010 objectives, however.

The rate of active decay in Oklahoma (32.3%), defined as untreated caries in at least one permanent or primary tooth, remains considerably above the Healthy People 2010 objective (21%). Similarly, the current proportion of children with protective sealants is still low in Oklahoma (39.7%) and falls short of the national initiative’s goal (50%) – but the good news is that it is the highest percentage seen in the six years of this assessment.

Even within our own state, large differences are observed in the results of the oral health needs assessment. Tulsa County has the highest prevalence of dental sealants (52.5%), and is the only region to meet the Healthy People 2010 objective (50%). Tulsa County also is the only region to have a proportion (19.3%) of children with active (untreated) decay below the national program’s target (21%).

Third-graders in Oklahoma County have the second lowest prevalence of any caries experience, but also have the lowest prevalence of dental sealants. Tulsa County ranks highest for a majority

of the dental health status indicators measured. Oklahoma County and the southeast region have proportions close to those of Tulsa County for many of the oral health indicators.

The news is not all bad, however. Oklahoma has a long history of creating quality dental programs and working to remove the barriers families face in accessing good dental care for their children. In recent years, the Oklahoma Legislature has played an important role in this effort by approving funding for major programs that have improved dental services and access for residents throughout the state. But there is still much work to be done to ensure that children in every Oklahoma county are receiving the dental care they need and deserve.

The Effect of Poverty and Lack of Insurance on Oral Health

One of the greatest barriers to oral health is a family's limited financial resources. Several studies have shown the impact that poverty can have on children's access to oral health. One of the most striking facts, according to the Surgeon General's 2003 report, is this:

- One in four American children are born into poverty (annual income of \$20,650 or less for a family of four in 2007). Children and adolescents living in poverty suffer twice as much tooth decay as their more affluent peers, and their disease is more likely to go untreated.

Poverty is closely correlated with education - a college graduate is only one-third as likely to live in poverty as someone with only a high school diploma, and one-sixth as likely to be in poverty as someone with less than a high school diploma, according to the Oklahoma Policy Institute's 2007 Oklahoma Poverty Profile. One-third of poor Oklahomans over age 25 (33%) did not graduate high school.

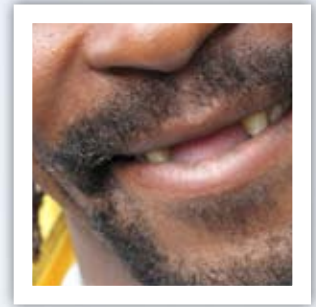
Within Oklahoma, Hispanics (29%), African-Americans (27%) and Native Americans (24%) have the highest rates of poverty. Families headed by single mothers have a poverty rate nearly five times as high as married-couple families.

Likewise, uninsured families (and the children in those families) are caught in an unforgiving gap when it comes to oral health. Children without healthcare coverage have substantially less access to healthcare services, including preventive care, that ensures childhood immunizations are up to date and that vision and hearing screening and routine dental care have been provided.

In fact, children from families without medical insurance are 2.5 times less likely than insured children to receive dental care. Children from families without dental insurance are three times more likely than insured children to have unmet dental needs.

Care for uninsured children is far more likely to be delayed due to cost. Unmet healthcare needs reduce children's ability to learn and to grow into healthy and productive adults.

According to the Census Bureau's Current Population Survey, more than 660,000 Oklahomans were uninsured in 2006. Nearly 114,000 of the uninsured Oklahomans were children under age 18. Surprisingly, many are not children of Oklahoma's poorest families.



Robert

Without his front teeth, Robert, 57, explains that he looked like “something out of the Wild, Wild West.” Even worse, the issue had affected his daily routine for quite some time, making chewing a difficult and painful task.

Unable to afford restorative dental care, Robert first visited the Veterans Affairs clinic in Muskogee but was unable to receive the treatment he needed.

Knowing they were running out of options, Robert's wife heard of **Eastern Oklahoma Donated Dental Services (EODDS)** and contacted the organization. Within a week or so, EODDS had referred him to a dental clinic just three blocks from his home.

There, Robert had several teeth pulled, received fillings and was fitted for top and bottom dentures. As a result, he is now pain-free and notes that his teeth “don't look so ratty.”

Just as importantly, Robert also says he was treated with the utmost dignity and respect when applying for and receiving the donated services from EODDS.

“It's just a really good program. They came through on everything.”



Nearly 70% of U.S. residents (more than 184 million persons) served by community water systems receive optimally fluoridated water. This represents an increase over a 14-year period through 2006 from 62% to 69%.

Source: Centers for Disease Control and Prevention, 2008

Task Force Recommendations & State Oral Health Plan

The Task Force recognizes the daunting challenges facing Oklahoma. The level of oral health of our citizens is poor. The impact from this is keenly felt at home, school and work, and it affects the entire state, educational and health systems as well as the economy. Fortunately, there are proven steps we can take to effectively address the oral healthcare challenges we face. The Task Force strongly urges action on these steps:

.....

Prevention

Too many children in Oklahoma still lack access to basic oral healthcare. As a result, many miss sleep and school due to untreated dental disease. They can't eat properly; they can't smile. Left untreated, these problems can eventually lead to serious health consequences such as tooth loss, infection and damage to bone or nerve. Infection from an abscessed tooth can spread to other parts of the body. This all ultimately results in higher costs to the taxpayer due to the increased complexity of required treatment later on, such as hospital admissions and general health deterioration.

The important thing to remember is that it doesn't have to be this way. Dental disease is almost entirely preventable. Safe and effective prevention measures exist today that everyone can adopt to improve oral health and prevent disease. Dentists, dental hygienists and other health professionals throughout Oklahoma already play a vital role in the prevention of oral disease and disability. The combination of dental sealants and fluoride, along with good daily oral hygiene practices and regular care, has the potential to nearly eliminate tooth decay in school-age children.

By giving more Oklahoma families greater access to preventive dental care programs, a real difference can be made in improving the oral health of children in our state.

.....

COMMUNITY WATER FLUORIDATION

Fluoride, a compound naturally occurring in the environment, has been shown to be an important tool that can be used in the effort to reduce or prevent tooth decay in children. In fact, the American Dental Association (ADA) has long advocated water fluoridation as the single most effective health measure to prevent tooth decay.

The proper adjustment of naturally occurring fluoride levels in water systems has been shown to reduce tooth decay by as much as 40%, and this procedure now ranks as one of the most cost-effective preventive programs in public health today. The CDC said nearly 70% of U.S. residents (more than 184 million persons) served by community water systems receive optimally fluoridated water. This represents an increase over a 14-year period through 2006 from 62% to 69%.

“Community water fluoridation is an equitable, cost-effective and cost-saving method of delivering fluoride to most people,” said Dr. William Maas, director of the CDC’s Division of Oral Health. “We have seen some marked improvements; however, there are still too many states that have not met the national goal that 75% of U.S. residents on community water systems receive fluoridated water by 2010.”

It is recommended that all public water systems be fluoridated to provide this cost-effective oral disease prevention measure to residents. The addition of low levels of fluoride to a water supply provides tremendous public health benefits and does not change the taste, color or odor of the water.

Unfortunately, not all public water systems are currently optimally fluoridated (1 ppm = 1 part fluoride per million parts of water, or 1 MG/L). The scientific evidence supporting the effectiveness and safety of this important preventive health measure is overwhelming. Dental, medical and public health organizations at the national, state and local levels are solidly in favor of fluoridation.

» Status:

In Oklahoma, 81% of the state’s 50 most populated cities are fluoridated to the proper level. This figure is higher than the national average, and Oklahoma is to be commended for this commitment to community health.

OSDH’s Dental Health Service continues to have the major promotional role for water fluoridation in the state, with assistance primarily from the ODA. The OSDH’s fluoridation program also provides consultation to physicians and dentists. The Oklahoma Department of Environmental Quality (DEQ) is responsible for regulation of all public water systems.

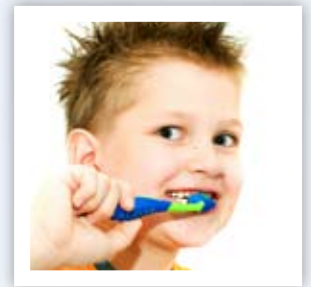
In the Indian Health Service areas outside of Oklahoma, tribal organizations operate and maintain the tribal community water systems. Historically, the Oklahoma City Area IHS has provided partial funding to qualifying communities for fluoridation equipment, installation and supplies using community water fluoridation funds from the IHS dental budget. In addition, the Oklahoma City Area Office of Environmental Health and Engineering has provided technical assistance for installation, operation and maintenance. The Oklahoma City Area IHS continues to have a limited amount of funds available to assist qualifying communities who have decided to fluoridate their water supplies.

According to the OSDH, there are currently 51 water treatment plants reporting the addition of fluoride to water in order to obtain optimal levels to promote the prevention of dental caries.

» Recommendation: Provide a model ordinance for cities to control fluoride when considering fluoride level adjustments to their water supply. (See “Appendix A” for a sample community fluoridation model.) The model should include average cost per person to implement and cost per person to maintain. The model also should address the potential for use of grant money for cities and rural water districts.

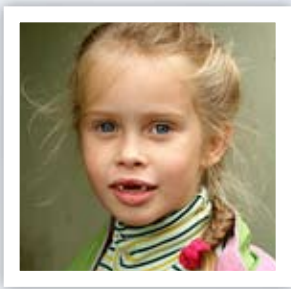
» Key Steps to Accomplish Outcome:

1. Identify all remaining qualified cities and rural water districts without water fluoridation. A letter, including the model plan, should be generated from the State Department of Health and the Department of Environmental Quality to appropriate mayors or city managers encouraging consideration of the model programs.
2. The Oklahoma Dental Association, the Oklahoma Board of Dentistry, and the Oklahoma Dental Hygienists’ Association should send a letter to every dentist and hygienist in these cities so they can use the model as a call to action in their cities.



“Community water fluoridation is an equitable, cost-effective and cost-saving method of delivering fluoride to most people.”

Source: Dr. William Maas, Director of the CDC’s Division of Oral Health



“We know from years of experience and scientific study that community water fluoridation benefits everyone. The ADA has long advocated water fluoridation as the single most effective public health measure to prevent tooth decay.”

Source: Mark J. Feldman, DMD, 2009
President, American Dental Association

3. The Oklahoma State Medical Association, the Oklahoma Osteopathic Physicians Association and other health associations should send a letter to every practitioner in the state of Oklahoma encouraging support for water fluoridation.
4. The Governor should recognize that 81% of Oklahoma’s 50 most populated cities are now fluoridated to the optimal level.
5. The Oklahoma Water Resources Board, the Department of Environmental Quality, and the State Department of Health should meet to discuss ways to secure and administer grants to implement new water fluoridation systems.

» **Parties Responsible:** Oklahoma Dental Association, Oklahoma Board of Dentistry, Oklahoma Dental Hygienists’ Association, Oklahoma Water Resources Board, Department of Environmental Quality, State Department of Health, Oklahoma State Medical Association, and the Oklahoma Osteopathic Association

» **Time Frame:** 2010

FLUORIDE VARNISH

Fluoride varnish is a highly concentrated form of fluoride. The varnish is meant to enhance the potential therapeutic benefit of fluoride by keeping it in contact with the tooth enamel. It is relatively inexpensive and easy to brush onto a child’s teeth, making it a good part of a positive first dental visit to help prevent early childhood tooth decay.

Several recent studies have shown that fluoride varnish is effective in reducing decay in the primary teeth of high-risk children – and that the preventive effect is strongest when fluoride varnish is applied before the onset of detectable dental caries.

According to a 2006 study by investigators at the University of California - San Francisco School of Dentistry, children who did not receive any fluoride varnish were more than twice as likely to develop tooth decay as the children assigned to the annual fluoride varnish group. Children who did not receive fluoride varnish were nearly four times more likely to develop tooth decay than those assigned to receive it twice per year. The children who participated in the study were primarily from low-income, dentally underserved groups.

Other states, such as Nevada and South Carolina, have implemented statewide fluoride varnish programs and offer fluoride varnish manuals for dental professionals. In Kansas, an organization called Kansas Cavity Free Kids has five dental hygienists who provide preventive services to pregnant women and children birth to age 5. Fluoride varnish is placed and paid for by Medicaid and the State Children’s Health Insurance Program (SCHIP) up to three times per year. Varnish also can be placed in medical offices up to an additional three times per year.

» **Status:**

At present, Oklahoma does not have a consistent model for applying fluoride varnish to those children most in need.

» **Recommendation:** Reduce dental disease in all Oklahoma children, including those with special needs, by making fluoride varnish available to all young children, even those who do not receive regular oral care.

» **Key Steps to Accomplish Outcome:**

1. Establish a model fluoride varnish program for Oklahoma. This should include parent education and child fluoride varnish application. Sites for this, in addition to traditional dental settings, should include Head Start (as a first model priority), Women and Infant Children (WIC), newborn classes at hospitals, state health centers, and community health departments.
2. SoonerCare should reimburse physicians for applying fluoride varnishes in their offices, since many times they are the only health professional to see these children.
3. Obtain a training model and CD for all medical personnel so children seen by these medical personnel for inoculations and physicals can receive fluoride varnishes if they do not have a dental home.
4. The Oklahoma Health Care Authority should develop and provide a one-on-one training module to certify authority to apply and submit claims for fluoride varnish applications. Ensure this procedure is covered by the Medicaid system and that non-dental sites know how to access the system.
5. Review procedures with the Oklahoma Board of Dentistry and consider changing laws and rules that may restrict the ability of a dental assistant and a dental hygienist to provide fluoride varnish in the facilities of the State Department of Health and community health centers and Head Start centers.

» **Parties Responsible:** Oklahoma Health Care Authority, Department of Education, Oklahoma Dental Association, Oklahoma Dental Hygienists' Association, State Department of Health, Oklahoma Board of Dentistry, and Oklahoma Chapter of the American Academy of Pediatricians

» **Time Frame:** 2010

SEALANT PROGRAMS

Dental sealants are thin, plastic coatings that are applied to the grooves on the chewing surfaces of the back teeth to protect them from tooth decay. Most tooth decay in children and teens occurs on these surfaces. Sealants protect the chewing surfaces from tooth decay by keeping germs and food particles out of these grooves.

Permanent molars are the teeth most likely to benefit from sealants. The first molars usually come into the mouth when a child is about 6 years old. Second molars appear at about age 12. It is best if the sealant is applied soon after the teeth have come in, before they have a chance to decay.

Applying sealants does not require drilling or removing tooth structure. The process is actually short and easy - after the tooth is cleaned, a special gel is placed on the chewing surface for a few seconds. The tooth is then washed off and dried. Then, the sealant is painted on the tooth. The dentist or dental hygienist also may shine a light on the tooth to help harden the sealant. It takes about a minute for the sealant to form a protective shield. A sealant can last for as long as 5-10 years and can be clear, white or slightly tinted.

Sealants do not replace fluoride for cavity protection; they work together to prevent tooth decay.

» **Status:**

According to the CDC, only 40% of Oklahoma children have dental sealants. This number mostly represents those children who receive regular dental care.

» **Recommendation:** Apply dental sealants to the chewing surface of children's teeth to reduce dental disease.



A CDC study found that in communities with more than 20,000 residents, every \$1 invested in community water fluoridation yields about \$38 in savings each year from fewer cavities treated.

Source: Centers for Disease Control and Prevention, 2009 "ORAL HEALTH Preventing Cavities, Gum Disease, and Tooth Loss"



Only 40% of Oklahoma children have dental sealants. This number mostly represents those children who receive regular dental care.

Source: Centers for Disease Control and Prevention

» **Key Steps to Accomplish Outcome:**

1. Work with the Oklahoma Association of Pediatric Dentists, the Oklahoma Dental Association, Oklahoma Dental Hygienists' Association and the State Health Department to make sure that any time exams/screenings are performed, the patient is referred to an appropriate site to receive sealants, if necessary.

» **Parties Responsible:** Oklahoma Dental Association, Oklahoma Dental Hygienists' Association, Department of Education, the State Health Department and the Oklahoma Legislature

» **Time Frame:** 2009/2010

Education Programs

Oral health education is important for all parents and children, but especially for those who face various obstacles to good oral health. With the knowledge that good oral health is integral to overall health, Oklahoma parents will be more motivated to seek preventive services for their children.

Oklahoma's children also are confronted with the epidemic of tobacco addiction. According to the State Health Department, more than 78,000 Oklahoma children already use tobacco, which can lead to serious and even fatal oral and systemic disorders. Each day, the equivalent of another classroom gets hooked, underscoring the importance of early tobacco education.

Dental educational programs have been shown to be cost effective and to improve the oral health of the participants in the programs. Oklahoma currently offers several different dental education programs, which are funded and operated by several state agencies and private dental providers.

Here are several samples of quality school and dental education programs currently offered in Oklahoma:

OKLAHOMA STATE HEALTH DEPARTMENT PROGRAMS

Oklahoma has a quality health department dental educational program, and the program has been well received by educators, dental professionals and students in areas of the state where it is available. Thousands of children have been receiving the benefits of the program since teachers and school administrators have made this an important part of the students' educational experience.

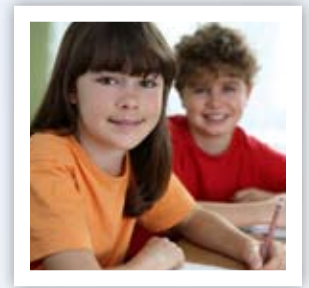
Currently, 10 staff dental educators teach a "Friends for Life" dental health educational program that instructs elementary school children (K-6) to care for their mouth and teeth. The course consists of three separate lessons that are one class period in length, with one lesson given each week for three consecutive weeks. A toothbrush, dental health materials and information are provided for each child. Through dental education, students learn the importance of proper oral hygiene, tobacco use prevention, use of fluoride and regular clinical visits for preventive dental care. Additionally, emphasis is placed on proper nutrition, playground safety as related to dental injuries, and what to expect during the first visit to a dental office.

Additionally, and as time permits, dental education programs also are provided in daycares, nursing homes, senior citizen centers, nutrition sites and youth centers.

PUBLIC SCHOOL PROGRAMS

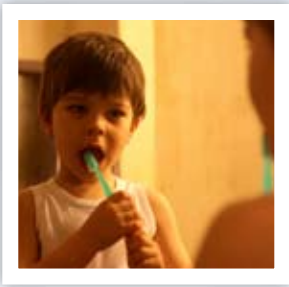
In 2000, the Delta Dental of Oklahoma Charitable Foundation launched the Captain Supertooth program as part of National Children's Health Month. Since then, the program has expanded to year-round touring, reaching thousands of students and parents throughout the state each year.

The giant molar superhero crusades across Oklahoma, visiting schools and special events while extolling the virtues of good dental self-care. The message is simple: "Floss, brush, and see your dentist regularly!" Captain Supertooth has educated more than 100,000 kindergarten through third grade students at school appearances throughout the state.



More than 600,000 adult Oklahomans, about one in four, currently use tobacco. More than 78,000 Oklahoma children already use tobacco. Each day, the equivalent of another classroom gets hooked.

Source: Oklahoma State Health Department



The proportion of children with protective sealants is low in Oklahoma compared to other states. Only 37.2% of Oklahoma third-graders have sealants on at least one permanent molar tooth.

Source: Oklahoma Oral Health Needs Assessment, 2003

The goal of the program is to defeat cavities before they begin by teaching children the life-long benefits of good oral hygiene and inspiring them to take pride in their teeth. Each child receives a complimentary toothbrush, and the program is free of charge to the schools.

Another popular dental program offered in Oklahoma schools is ODA's Adopt-A-Dentist Program. ODA operates the program under the direction of the Council on Dental Education and Public Information and in partnership with Schools for Healthy Lifestyles (SHL). SHL is a non-profit program formed in 1997 in an effort to combat Oklahoma youths' declining health status. The organization's mission is to promote and maintain healthy lifestyles among students, families and educators. SHL currently has 53 schools with 46 member dentists throughout the state for the 2009-2010 school year.

"Adopted" dentists visit a school to conduct exams/screenings and make oral healthcare presentations. The adopted dentist and the school are especially encouraged to schedule presentations during Children's Dental Health Month in February. The adopted dentist also assists the school in making arrangements for emergency dental care for low-income students with no financial resources for treatment.

In addition, the Tulsa County Health Department's "All About Kids" school health education program is carried out in kindergarten and fourth grades in all Tulsa County school districts. This 30-year-old program is offered to any school that wants it and offers two one-hour programs to fourth-graders and one one-hour program to kindergarten classes on a yearly basis. The program covers topics ranging from oral health to physical education and nutrition.

» Recommendation: Educate the public that dental caries (cavities) is an infectious, transmittable disease. It is essential that parents receive oral health education. Ensure the public has knowledge that good oral health is integral to overall good health so parents will be more motivated to seek preventive services for the entire family.

» Key Steps to Accomplish Outcome:

1. Work with the Department of Education to establish an oral health education block in health or science classes.
2. Increase the number of Dental Health Service Educators from 10 to 21 (see "Appendix B"). This would increase the dental education encounters to approximately 235,000, encompassing the majority of the state. It would increase the cost of this program by approximately \$400,000. This program is administered by the Oklahoma State Department of Health.
3. Acknowledge Delta Dental of Oklahoma Charitable Foundation's Captain Supertooth Education Program and have program organizers coordinate with the Oklahoma State Department of Education and State Department of Health to ensure every county has exposure to the program.
4. Make sure the "Children with Special Needs Toolkit" is distributed to all appropriate parties. This group of parties would include, but not be limited to:
 - All pediatrician offices
 - All hospital newborn take-home information
 - OASIS – Oklahoma Areawide Services Information System-University of Oklahoma Health Sciences Center (information and referral for children/adults with special healthcare needs)
 - SoonerSuccess – Medical Home Project-University of Oklahoma Health Sciences Center
 - All pediatric dental offices
 - All Head Start locations
 - All SoonerStart offices located in every county that has an Oklahoma State Health Department office
 - All pre-schools
 - All day care centers

Program Teaches Kids Good Dental Health

Joy Rainey, physical education teacher at Western Village Academy in Oklahoma City, estimates that about half the elementary school's students aren't taught by parents how to take care of their teeth and mouths.

That's because most are from low-income families who often cannot afford dental care or are uneducated themselves about the importance of oral health.

"Dental work is down the list of priorities when you're focused on putting food on the table," Rainey explains.

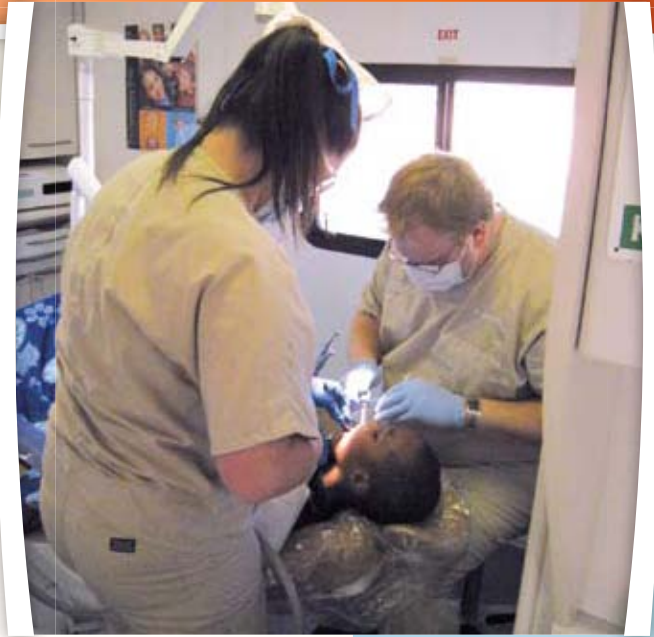
Fortunately, the **Oklahoma Dental Association's Adopt-A-Dentist Program** allows area dental professionals such as Melvin B. Benson Jr., D.D.S., of Oklahoma City to come into the school, and many others across the state, to teach students about proper oral hygiene and tooth care through presentations and career fairs. "Adopted" dentists like Benson also provide exams/screenings and, when necessary, refer students for emergency dental treatment.

"All children should have access to care and should be taught good oral hygiene at an early age," Benson says. "This program allows a participating dentist to be able to give back with his most valuable assets: time and talent.

"By doing this, we are able to help those that would otherwise not have received any treatment at all and hopefully inspire them to take pride in their smile and oral hygiene."

Benson's favorite part of the Adopt-A-Dentist Program is meeting the children, who he notes are very attentive and ask great questions. The kids enjoy their time together, too.

"He's really good with the little kids and talks on their level," Rainey says. "We've been so blessed to have Dr. Benson, and he's taken our dental awareness to a whole new level."



- All elementary schools
 - All Oklahoma State Department of Human Services county offices
5. Parental education classes and oral health aides at Head Start, WIC, newborn classes at hospitals and health departments, private physicians' offices. School nurses and social workers should also be aware of these classes and materials.

» **Parties Responsible:** Oklahoma Dental Association, Board of Dentistry, Oklahoma Area Wide Services Information System (Oral Health Care for Children with Special Health Care Needs), State Department of Health, the Oklahoma Dental Hygienists' Association, the State Department of Education, and the Delta Dental of Oklahoma Charitable Foundation

» **Time Frame:** 2009



Six of Oklahoma's 77 counties do not have a single practicing dentist and five counties do not have a dental hygienist.

Source: Oklahoma Board of Dentistry

Access to Care

While many Oklahomans regularly visit the dentist, many others face challenges to accessing dental care. Those with limited access to care may fall into several categories. Common barriers to dental care include lack of nearby dental resources, lack of education about oral health or significant financial obstacles.

Many uninsured and low-income residents cannot afford dental care or may require special financial arrangements. Others with disabilities may need special dental treatment and oral hygiene instruction. Racial or ethnic minorities and those in rural areas often do not live in proximity to a dental clinic and might have unmet transportation needs.

Fortunately, the state's public and private sectors have worked together for years to create many avenues to dental care for these and other vulnerable residents. Oklahoma has done a credible job overall compared to other states; however, as the state's population continues to grow and the U.S. weathers the current economic climate, access to care should remain a major focus for dental health professionals and the Oklahoma Legislature.

WORKFORCE

According to the Oklahoma Board of Dentistry, six of the state's 77 counties do not have a single practicing dentist and five counties do not have a dental hygienist. A common theory is that if Oklahoma graduates more dentists and hygienists each year, the state will solve its access to care problem. However, this theory was tested in the late '70s and early '80s without achieving the desired results. More graduates not only produced more dentists in populated areas, increasing competition between practices, but it also failed to produce more dentists in rural areas where the need for access to care was much greater.

The ODA hosted a conference in 2006 to examine the number of dentists graduating as well as the dentist-population ratio. As a result, the ODA concluded that Oklahoma had an adequate number of dentists but had a problem with distribution of dentists. The ODA found that upon graduation, most dentists and hygienists seek to practice in areas that provide them the highest possibility of success and allow them to pay their school debts.

The average dental student graduates with \$200,000 in school loans - a debt that greatly affects his or her decision about where to practice post graduation. Dentists tend to locate their offices where there is likely to be an adequate number of patients who will demand and be able to pay for services. Because rural areas often have less demand for dental services, dentists in these areas traditionally have much lower incomes than those in metropolitan areas.

Pediatric dentists, specialists in dental care for children, undergo two years of advanced training beyond dental school to manage the physical limitations and other issues of children with special health care needs. These dentists incur considerably more college debt than dentists who do not specialize, further lessening the probability that a pediatric dentist will choose to practice in a rural area.

Hygienists are an integral part of an efficient dental care delivery team. Hygiene schools have done an exceptional job educating hygienists, but their graduates tend to stay in more

Program Allows New Dentists to Serve Patient Needs

Originally from Cache, Randi Hobbs, D.D.S., of Sulphur always wanted to practice small-town, family dentistry. She says the **Oklahoma Dental Loan Repayment Program** has provided an “added financial boost” that has made life better for her family.



She and her husband, a Sulphur pharmacist, had nearly \$350,000 in dental and pharmacy school loans together. Despite their massive debt, the program allowed Hobbs to buy into a dental practice within six months after graduation.

“The money from the program offsets our costs each month, and being a partner affords me more income,” explains Hobbs, who is one of only three dentists in the Sulphur area.

Andrea Montgomery, D.D.S., of Lawton had always planned to return to her hometown after dental school to join her father’s practice. Fortunately, the Dental Loan Repayment Program made the dream easier to achieve for the single mom. It eventually will pay off more than three-fourths of her college debt.

“I don’t think I could have done it as easily without the help of the program,” she says.

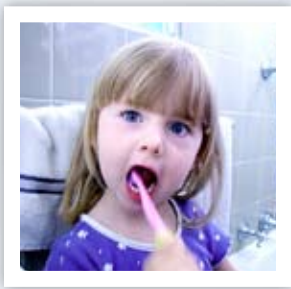
Aside from the obvious financial benefits, dentists who participate in the Dental Loan Repayment Program also enjoy helping out families who might not receive care otherwise. While the program requires dentists to see at least 30 percent Medicaid patients, Montgomery and Hobbs both insist they would treat this audience regardless of the guideline.

“I really appreciate that the state has offered this program to as many people as they have, and it’s a good incentive for dentists to take this type of insurance,” Montgomery says.

populated areas, similar to dental graduates. A 2008 survey by the Dental Hygiene Advisory Committee of the Board of Dentistry showed that employment locations of hygienists were closely aligned with the locations of practicing dentists.

» Status:

In 2006, the Oklahoma Legislature passed the Oklahoma Dental Loan Repayment Act (S.B. 1737), authorizing an additional \$125,000 each year for five years to fund the Oklahoma Dental Loan Repayment Program. This program provides \$25,000 per year, per dentist, for four dentists to practice



According to ADA survey statistics, 90% of the nation's dentists are private practitioners in small practice settings. Some areas, both urban and rural, do not have access to convenient dental services because of several factors, including financial barriers and lack of education about the importance of oral health, which can be perceived to be a lack of demand for services.

Source: American Dental Association, "State and Community Models for Improving Access to Dental Care for the Underserved - A White Paper," 2004

in counties determined by the Oklahoma State Department of Health to be dental health professional shortage areas and one dentist to practice and teach at the OU College of Dentistry. The state currently has 42 counties designated as shortage areas through 2009.

As part of their agreement, participating dentists must treat a minimum of 30% Medicaid patients. All participating dentists also must commit to practice in a shortage area for two years, with an option to renew for up to five years total. At the end of five years, this program ideally will have 20 dentists practicing in the dental health professional shortage areas and five faculty dentists participating in the program.

The Oklahoma Dental Loan Repayment Program has been a tremendous success in improving access to dental care and increasing the state's dental school faculty workforce. At the end of its third fiscal year, the program had 13 participating dentists and is currently receiving applications from more graduates than it has slots to fill. By the end of 2009, the State Department of Health expects to add five more dentists.

The OU College of Dentistry teamed with the Delta Dental of Oklahoma Charitable Foundation to establish three distant hygiene program sites: Tri County Technology Center in Bartlesville; Southern Oklahoma Technology Center in Ardmore; and Western Technology Center in Weatherford. These sites enable 5-12 students per year at each site to earn their hygiene degrees.

Oklahoma is one of only 13 states that does not have an Advanced Pediatric Dentistry Residency Program. These programs immerse dental school graduates in scientific study and clinical experience, teaching advanced diagnostic and surgical procedures, clinical management, conscious sedation and general anesthesia, and how to care for patients with special needs.

» Recommendation: Ensure adequate workforce and programs exist to ensure the public has access to oral healthcare.

» Key Steps to Accomplish Outcome:

1. Oklahoma is one of only a few states to have a dental loan repayment program. This is a great way to address the access to care problem at a reasonable cost. This program should continue fully funded as mandated by S.B. 1737 to fulfill the intent of the legislation. The program should be re-evaluated every five years.
2. The Oklahoma Legislature should be commended for the dental loan repayment program.
3. The University of Oklahoma College of Dentistry and Delta Dental of Oklahoma Charitable Foundation have shown great collaboration in developing a distant dental hygiene program. Having more hygienists in less populous areas offers many possibilities in helping resolve the access to care issues. This program should be continued and re-evaluated every five years.
4. It is recommended that a committee be formed from the responsible parties listed below that will address the possible expansion of dental hygiene and dental assistant duties. This group will evaluate other state practice acts and look at solutions that might be offered for Oklahoma that will enhance access to oral healthcare.
5. The Oklahoma Association of Pediatric Dentists, University of Oklahoma College of Dentistry, Health Care Authority, Indian Health Service, State Department of Health, the Oklahoma Dental Association, and private foundations should collaborate and initiate a Pediatric Dentistry Residency Program at the University of Oklahoma College of Dentistry.

» Parties Responsible: Oklahoma Association of Pediatric Dentists, University of Oklahoma College of Dentistry, Health Care Authority, Indian Health Service, State Department of Health, the Oklahoma Dental Association, Oklahoma Dental Hygienists' Association, Oklahoma Dental Assistants' Association, and private foundations

» Time Frame: 2010

ORAL HEALTH DELIVERY

Oral health is an essential component of overall health, and finding solutions to improve access to care is important for everyone in Oklahoma. When left untreated, poor oral health can lead to serious health consequences such as tooth loss, infection or damage to bones or nerves. Infection from an abscessed tooth can spread to other parts of the body and, ultimately, can lead to death.

For children, lack of access to dental care often results in lost days from school, difficulty eating and talking, inability to concentrate and reduction in self-esteem. This ultimately results in higher costs to taxpayers due to the increased complexity of later treatment, including hospital admission and general health deterioration.

According to ADA survey statistics, 90% of the nation's dentists are private practitioners in small practice settings. Some areas, both urban and rural, do not have access to convenient dental services because of several factors, including financial barriers and lack of education about the importance of oral health, which can be perceived to be a lack of demand for services.

By continuing to support and expand the reach of many of the state's existing dental programs, the Legislature can help impact and improve the delivery of patient care, making Oklahoma's dental care more effective, more cost-efficient and widely accessible.

Medicaid/SoonerCare

SoonerCare is a Medicaid Health Insurance program offered through the Oklahoma Health Care Authority and the federal government. SoonerCare offers medical, dental and vision insurance to eligible individuals. Qualification is based on need, amount of income versus number of dependents, disability and other factors.

For pregnant women and those 20 and under, SoonerCare covers most dental procedures not considered cosmetic, including exams/screenings, cleanings, fillings and necessary X-rays. SoonerCare offers limited coverage for adults over 20, including limited exams, extractions and denture fittings for nursing home residents.

Children age 18 and under comprise the largest number of enrollees in the SoonerCare program at more than 65%. The number of children enrolled in SoonerCare reached more than 500,000 in 2009. All children enrolled in SoonerCare receive a variety of treatment and services such as inpatient and outpatient hospital, dental, behavioral health, prescribed drugs and child health services.

» Status:

Only 44% of enrolled children were served by the SoonerCare Dental program in 2008. This points to the need for more oral health education and more case workers to assist in early enrollment and appointment follow-up of children and people with special needs. It should also be noted that 14 counties are still without a dentist on contract with SoonerCare, and these counties should be considered as we continue the Oklahoma Dental Loan Repayment Program.

In recent years, low-income children's access to dental care was compromised by the lack of private practice dentists who enrolled as Medicaid providers. Oklahoma dentists accepting Medicaid-enrolled children dropped from 1,100 in 1987 to 359 in 2003. This relative handful of dentists was available to serve 293,881 Medicaid-enrolled children in 2003, 80% of whom were enrolled in the SoonerCare program.



Oklahoma currently has 16,474 children enrolled in Head Start and Early Head Start programs at 80 sites. About 87% of these children have a “dental home” – a place where oral healthcare is delivered in a comprehensive, continuously accessible, coordinated and family-centered way by a licensed dentist.

Sources: Head Start & American Dental Association

In 2008, 804 dentists were under contract with the Oklahoma Health Care Authority, a result of hard work the past four years by the Legislature and Health Care Authority, who have increased the reimbursement rate and reduced the time-consuming paperwork involved with SoonerCare.

Fifty-seven percent of Oklahoma dentists participated in the SoonerCare program in 2008. Despite reimbursement rate increases, the vast majority of dentists who do not accept SoonerCare or limit the number of SoonerCare members they treat cite economic reasons, according to the Health Care Authority.

» **Recommendation:** Ensure that all eligible children and people with special needs are enrolled through the SoonerCare programs and promote acceptance of SoonerCare by the dental community statewide.

» **Key Steps to Accomplish Outcome:**

1. Thank the Oklahoma Legislature for funding the SoonerCare program. The prevention and services delivered will pay dividends in the years to come by affording us a healthier population and putting fewer burdens on the system.
2. Increase SoonerCare utilization to more than 80% of eligible patients. As stated, only 44% of children enrolled in 2008 received SoonerCare services.
3. The Oklahoma Department of Health, Oklahoma Board of Dentistry, Oklahoma Dental Association and Oklahoma Health Care Authority should investigate ways to promote more dentists submitting claims.
4. SoonerCare should reimburse physicians for applying fluoride varnishes in their offices. Many times, physicians are the only health professionals to see these children.
5. The Oklahoma Health Care Authority Dental Services Unit should propose a budget that would allow the reimbursement rate to rise to a minimum of 80% of usual and customary fees of dominant dental insurers for Oklahoma or its dental region.
6. The Legislature should consider and pass a significant targeted dental reimbursement rate for pediatric physicians or family practitioners, registered nurses and dental hygienists.
7. The Oklahoma Health Care Authority should have a defined basis for a fee schedule and should state the existing rationale or modify/increase the fee schedule to reflect private insurers.

» **Parties Responsible:** Oklahoma Department of Health, Oklahoma Board of Dentistry, Oklahoma Dental Association, Oklahoma Health Care Authority (working with the Legislature), and Oklahoma Dental Hygienists’ Association

» **Time Frame:** 2010

Head Start and Early Head Start

Head Start (for children ages 3-5) and Early Head Start (for pregnant women, infants and toddlers) are comprehensive child development programs. The overall goal of these child-focused programs is to increase the school readiness of young children from families with low incomes. Oklahoma’s Head Start programs are administered locally by Community Action agencies, private nonprofit agencies, American Indian tribes and school districts.

In addition to providing educational, nutritional and social services, Head Start emphasizes the importance of prevention, early diagnosis and treatment of health problems. Head Start strives to provide every enrolled child with a comprehensive health program, including medical and dental services such as oral health exams/screenings, follow-up treatment and necessary referrals. However, poor oral health is the single most important child health issue facing Head Start programs nationwide. Head Start children have decay rates of 30-40% among 3-year-olds and 50-60% among 4-year-olds.

Oklahoma residents who are eligible to enroll children in Head Start must be parents or primary caregivers responsible for a child who is younger than the age of mandatory schooling (age 5). They also must meet household income requirements. Individuals also may qualify for Head Start enrollment if they are a U.S. national, citizen or permanent resident with a low or very low income who is under-employed, unemployed or about to become unemployed, facing pregnancy, less than 19 years old, or if they are the parent or primary caregiver for children under 19. Children in foster care, homeless children and children with developmental disabilities also are eligible.

» **Status:**

Oklahoma currently has 16,474 children enrolled in Head Start and Early Head Start programs at 80 sites. About 87% of these children have a “dental home” – a place where oral healthcare is delivered in a comprehensive, continuously accessible, coordinated and family-centered way by a licensed dentist. According to the American Academy of Pediatric Dentistry, a dental home enhances a dental professional’s ability to assist children and their parents in achieving quality oral healthcare, including continuous preventive care and successful treatment.

Indian Head Start currently has 3,297 children enrolled at 15 sites. About 78% have a dental home, although the percentage of children who receive oral health exams/screenings and preventive care varies greatly among tribal service areas. For example, the Otoe-Missouria Head Start provided exams/screenings and preventive care to 100% of its enrolled children for four consecutive years beginning in 2004. In contrast, only 40% of enrolled children in the Cheyenne-Arapaho Head Start service area received oral health exams/screenings from 2004-2007. About 69% of Cheyenne-Arapaho enrolled children received preventive care.

About 67% of children enrolled in Early Head Start received well-baby screening from 2003-2006, but only 28% received a dental exam/screening. Participation by pregnant women was slightly higher, with 31% receiving dental exams/screenings or treatment. About 64% of children enrolled in Indian Early Head Start received well-baby screening from 2003-2006, and 66% received a dental exam/screening. Only 30% of pregnant women received exams/screenings or treatment through Indian Early Head Start.

On a national level, the Office of Head Start and the Academy of Pediatric Dentists entered into a five-year, \$10 million program to identify dental homes for Head Start children. Oklahoma has been selected to participate in the American Academy of Pediatric Dentistry Head Start Dental Home Initiative. In preparation for the program’s state launch, the ODA requested and received a proclamation from the Governor in support of Oklahoma’s “Dental Home Project.” The purpose of the launch in March 2009 was to initiate the development of collaborative local networks throughout the state consisting of local dentists, Head Start personnel and other community leaders who will identify strategies to improve access of Head Start children to dental homes. These partnerships will engage parents and caregivers in learning how to help prevent tooth decay and establish the foundation for lifelong oral health.

» **Recommendation:** Ensure all children have dental homes.

» **Key Steps to Accomplish Outcome:**

1. Oklahoma Head Start has teamed with the Oklahoma Association of Pediatric Dentists to enhance the education of the parents and children and improve the number of Head Start children with a dental home to 100%. This is a great collaborative effort to ensure all children have a dental home.
2. A goal for Head Start is to develop closer ties between medical and dental professionals to improve the dental home effort.

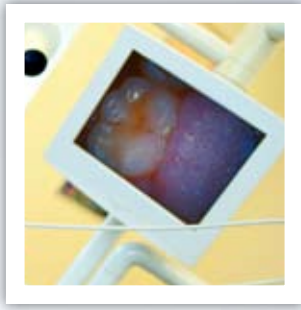
» **Parties Responsible:** Head Start, American Academy of Pediatric Dentists, and Oklahoma Dental Association

» **Time Frame:** Annually



A dental home enhances a dental professional’s ability to assist children and their parents in achieving quality oral healthcare, including continuous preventive care and successful treatment.

Source: American Academy of Pediatric Dentistry, “The Dental Home and Age One Visit: The Centerpiece of Children’s Oral Health Care Improvement,” 2006



Marilyn

Once Marilyn, 55, realized that a medication she'd been taking was eating away at her teeth, the damage had already been done.

On disability, Marilyn knew she couldn't afford her own dental treatment, but the embarrassment of missing and broken teeth was just too much. A longtime choir member, Marilyn thought she'd never sing again and even wore a mask when she couldn't avoid going out in public.

"I thought my world was over without my teeth," she says.

Fortunately, she heard about **Eastern Oklahoma Donated Dental Services (EODDS)** through Family & Children's Services in Tulsa. After seeing her severe dental issues, EODDS referred her to a nearby dental clinic within just a few days. There, she was able to get her remaining teeth pulled and was fitted for dentures – all free of charge.

Today, Marilyn is very pleased with her new teeth and calls EODDS "a Godsend."

"I never thought I'd be without teeth, but (EODDS) put a smile back on my face and has really changed my life."

Dentists for the Disabled and Elderly in Need of Treatment and Eastern Oklahoma Donated Dental Services (See pages 11, 26 and 27 for sidebars)

Dentists for the Disabled and Elderly in Need of Treatment (D-DENT) and Eastern Oklahoma Donated Dental Services (EODDS) provide referrals for oral healthcare services for the elderly population and for the physically, mentally and/or developmentally disabled population in Oklahoma who have financial need and are in need of dental treatment. Services are provided by a member network of volunteer dentists, and dental laboratories are free to the patient.

The D-DENT program was developed in conjunction with the ODA, Community Council of Central Oklahoma, OU College of Dentistry, Variety Health Center and other social service agencies serving the developmentally disabled and the elderly. D-DENT receives more than 1,700 applications each year from elderly or disabled individuals who wish to receive treatment from a volunteer dentist in their area.

EODDS provides free, restorative dental services, oral healthcare and denture supplies to economically disadvantaged, disabled or elderly residents of eastern Oklahoma. Patients are treated by appointment in the volunteer dentist's office and are given the same attention and quality care as paying patients. To qualify for the EODDS program, applicants must collect Social Security or Supplemental Security income and must have no means of paying for dental services or must be over age 65 and living on Social Security with no means of paying for dental services.

» Status:

Oklahoma's D-DENT and EODDS programs are among the best in the country and have seen steady increases in volunteer membership among dental health professionals. In 2008, 567 member dentists saw 2,077 new patients (1,331 disabled and 746 elderly), for a total of 6,415 visits to a dental clinic, equaling more than \$4 million in donated services via D-DENT and EODDS.

Despite the number of patients helped by D-DENT and EODDS, both programs have significant waiting lists for those in need of dental services. At the end of fiscal year 2008-2009, D-DENT had 3,147 people on its waiting list. EODDS had 2,250 people waiting to receive services at the end of 2008.

» **Recommendation:** Continue to provide and recognize donated dental services through referrals for oral healthcare services for the elderly and physically, mentally and/or developmentally disabled populations in Oklahoma who have financial needs and require dental treatment. Services provided by the networks of volunteer dentists and dental laboratories are free to the patient.

» Key Steps to Accomplish Outcome:

1. D-DENT and EODDS are prime examples of successful collaborative efforts between the Legislature, dental professionals and others to benefit the target population in need. The Legislature should continue to fund these programs. The State's support for these programs is currently administered by the Oklahoma State Department of Health.

» **Parties Responsible:** Oklahoma Dental Association and/or its representative

» **Time Frame:** Annually

Second-Chance Smiles

Curtis

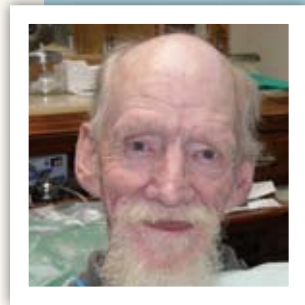
When Curtis, 68, came to **Dentists for the Disabled and Elderly in Need of Treatment (D-DENT)**, he had been without teeth for quite some time. After suffering an epileptic seizure, he found his lower dentures broken in half and glued them together. Unable to find his upper dentures, he lived without top teeth for several months.

Legally blind and suffering nutritionally, Curtis found a top plate while searching through a dumpster and ground it into an ill-fitting replacement. When denture paste didn't remedy the fit, he tried Super Glue instead, which caused his mouth to break out in blisters.

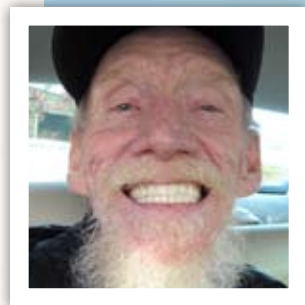
Curtis will always be grateful to Joe Warriner, D.D.S., of Oklahoma City, who stepped in through the D-DENT program to treat and fit him for a new set of dentures.

"(Dr. Warriner) is a wonderful man," says a tearful Curtis. "He treated me like I was a regular human being, joked around with me and made me a good set of teeth."

Today, Curtis' occupational therapist reports he is doing well with his new teeth and even looks to have gained about 20 pounds since receiving them.



BEFORE



AFTER

Linda

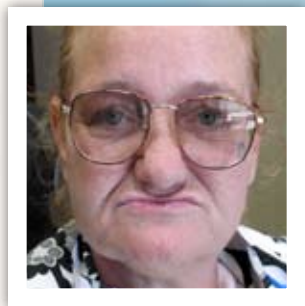
Linda, 47, also came to D-DENT without teeth and looking much older than her age. Disabled and severely depressed, she had been a longtime victim of teasing.

"Sometimes I sit here at home and cry," she said before receiving her new teeth. "I hate going outside to even sit on my porch because people ride by and yell at me. Most of the time, I stay home because of it."

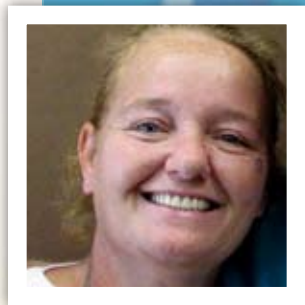
After receiving free dental services and a pair of custom-fitted dentures through D-DENT, Linda wrote her program coordinator a note of thanks:

"I am giving you this card to tell you that I am very appreciative for everything you and your staff have done for me since the first time I talked to you. You are the one that led me to where I am. You made my dreams come true.

"You are like a sister to me and I would love to meet you in person because you've helped me out as much as you could and I really love you for that. You are a very special person for me and you will always be in my heart forever."



BEFORE



AFTER



The earlier children are introduced to care at a dentist's office, the better their chances of keeping their teeth for the rest of their lives.

Source: Oral Health in America:
A Report of the Surgeon General, 2003

Mobile Dental Vans

Mobile dental units have the ability to reach many parts of the state where Oklahoma residents have gone far too long without access to adequate dental care. These dental units can travel where the need for access is greatest, serving rural areas and vulnerable populations such as the elderly, disabled individuals and members of racial or ethnic minorities.

The Oklahoma Dental Foundation purchased two mobile dental vans in 2006 that serve as fully equipped, modern dental offices on wheels for low-income and uninsured children and adults needing dental care. The Mobile Dental Care Program is dependent on the volunteer services of dentists, hygienists and dental assistants and works with local site partners, including community health centers, Head Start and other social service agencies, to identify patients, schedule appointments and promote the vans' visits to their communities.

» Status:

During their first three years in service, Oklahoma's mobile dental vans have visited 195 different sites in 35 counties. Treatment has been provided to 2,091 patients as a result of the 870 dental health professionals and support staff that have volunteered their time (4,118 hours) and services.

The Mobile Dental Care Program often holds "block parties" in public housing complexes and partners with community health fairs and day centers serving the homeless. Approximately 73% of the patients served by the Mobile Dental Care Program in 2006 were uninsured.

» Recommendation: Continue to provide mobile dental units that have the ability to reach many parts of the state where oral healthcare is not available.

» Key Steps to Accomplish Outcome:

1. The Oklahoma Dental Foundation Mobile Dental Care Program is a great example of a public/private partnership. The Legislature is to be commended for supporting this effort with its funding of \$100,000 per year. The State's support for this program is currently administered by the State Department of Health.
2. The Delta Dental of Oklahoma Charitable Foundation has committed up to \$408,000 over the next 18 months to the Expansion Pilot Project of the Mobile Dental Care Program. This is another great example of private collaboration.

» Parties Responsible: Oklahoma Dental Association, Oklahoma Dental Foundation, State Department of Health, Oklahoma Dental Hygienists' Association and Delta Dental of Oklahoma Charitable Foundation

» Time Frame: Annually

Hope on Wheels

Rachel Fuller doesn't have many options when it comes to dental care for her family of five. That's because they live in Coal County, a dental health professional shortage area with only one practicing dentist for its population of nearly 6,000 people. Fortunately, the Oklahoma Mobile Dental Care Program is bridging the gap in access to care for the Fullers and many other families.



The Oklahoma Dental Foundation's mobile dental program is comprised of two traveling dental units that serve some of the most underserved communities and populations in the state. Volunteer dentists like Lindsay Smith, D.D.S., of Bixby provide free dental services, including fillings and extractions for rural and Medicaid patients and the uninsured.

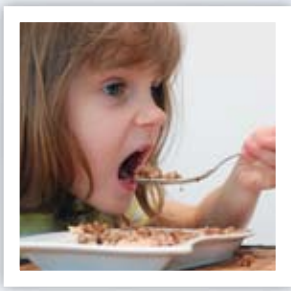
Smith has participated in the mobile dental program for the past three years, traveling to locations from far eastern Oklahoma to downtown Tulsa. Many of the patients he sees on the mobile dental units don't have any other dental treatment options.



"This program is a way that the dental profession as a whole can cover the state and hopefully provide good-quality oral healthcare to people who wouldn't otherwise have it," he explains.

Fuller's son Dillion, 14, has received dental exams, fillings and a root canal during the mobile dental unit's visits to Coalgate. Volunteer dentist Brian Coerver, D.D.S. of Ada, points out that left untreated, these and other dental issues can cause serious health problems.

Without visits from the mobile dental units, Coerver says that many people would simply ignore problems until it is too late, and Fuller agrees: "We probably would have just kept putting off Dillion's need for treatment."



About 67% of children enrolled in Early Head Start received a well-baby screening from 2003-2006, but only 28% received a dental exam/screening. Participation by pregnant women was slightly higher, with 31% receiving dental exams/screenings or treatment.

Source: Head Start

Public/Private Partnerships

Companies, foundations and/or individuals can play various roles in supporting dental education, research and dental health professionals in Oklahoma. Some examples include funding hard costs, providing scholarships for dental students who plan to practice in Oklahoma and creating or implementing community education programs or projects. Collaborative public action is required to comprehensively monitor the dental health of underserved residents and to provide services to help them achieve the best possible oral healthcare.

» Status:

Through grants provided by Colgate, Henry Schein and Dexis, the ODA was able to participate in Give Kids a Smile!® Day on Feb. 6, 2009, donating \$75,000 in dental services to more than 1,000 children of low-income Oklahoma families. More than 40,000 dental teams nationwide participated in the program, including more than 100 ODA member dentists. This outreach would not have been possible without the financial support of major companies with a vested interest in improving oral healthcare in states across the country.

Delta Dental of Oklahoma is another great example of a private partner whose contributions show its commitment to the improvement of Oklahoma's oral health. Through its charitable foundation, the Oklahoma City-based company has provided \$2 million for dental health access and education initiatives in the past ten years and has committed an additional \$1.5 million per year for the next three years. The Delta Dental of Oklahoma Charitable Foundation strongly encourages legislation to provide tax-deductible benefits for volunteer dentists and financially supports dozens of free clinics and programs across the state where dentists donate their time. The Foundation also created an Indigent Care Fund at the OU College of Dentistry Clinic for patients with needs that match student learning requirements but are unable to pay. To help those who cannot afford the dental care they need, the Foundation publishes the "Resource for Dental Care Guide," a comprehensive directory of free and low-cost clinics and programs throughout the state (see Appendix C).

The ODA and the ADA have a model of public/private partnership for any community or county that wishes to bring dental care to their area. Through the model, the government partner uses funds from various sources and teams with a company, foundation or individuals to provide a fully equipped dental office that is ready to operate. These dental clinics have been successful nationwide because they allow dentists to begin practicing without borrowing a large sum of money so they can immediately begin to pay off school loans.

» **Recommendation:** Oklahoma communities with a shortage of dental health resources could consider the ODA/ADA model of public/private partnership to bring dental care to their areas.

» Key Steps to Accomplish Outcome:

1. The Oklahoma Dental Association and the Oklahoma Board of Dentistry should send letters to county commissioners and mayors in the six counties that currently do not have practicing dentists. This letter should reference this public/private partnership model and offer open dialogue on how to encourage a dentist to begin practicing in their county.

» **Parties Responsible:** Oklahoma Dental Association and Oklahoma Board of Dentistry

» **Time Frame:** 2010

What a Difference a Day Makes

Left suddenly without dental insurance, Cerese Dahack was unsure how she could provide her two young daughters with the dental treatment they needed. But when she heard that Yukon-area children could receive free screenings and services on **Give Kids a Smile (GKAS) Day**, Dahack jumped at the opportunity.

She scheduled appointments for her daughters with David Deason, D.D.S., of Yukon, an active volunteer dentist since Oklahoma began participating in what is now called National GKAS Day more than three decades ago.

Each year, GKAS Day provides treatment for more than 1,000 children from low-income families in communities statewide. While most GKAS visits consist of basic cleanings and good oral hygiene education, many children get the opportunity for long-term care, especially when problems cannot be addressed in a single day.

After treating Dahack's daughters on Yukon's GKAS day, Deason suggested the girls return to his office every six months for free check-ups and screenings. He even put Dahack in contact with a local orthodontist and oral surgeon through Helping Hands, a Yukon Public School-based volunteer program. This single gesture resulted in years of advanced dental procedures for the girls, including braces and wisdom teeth extraction.

"I can't imagine what I would have done, or could have done, for my kids without Give Kids a Smile," Dahack says. "I am so grateful for this program, and I think there are so many other children that can benefit from this."

While newer to the Yukon area, Deason says the pediatric dental program is 35 years in the works. In fact, 75 percent of Yukon dentists now participate in GKAS Day.

"We have done a lot of trial and error with our program here, and the end result has been very good and successful."





Through grants provided by Colgate, Henry Schein and Dexis, the ODA was able to participate in Give Kids a Smile![®] Day on Feb. 6, 2009, donating \$75,000 in dental services to more than 1,000 children of low-income Oklahoma families. More than 40,000 dental teams nationwide participated in the program, including more than 100 ODA member dentists.

Source: Oklahoma Dental Association

Community Health Centers/Federally Qualified Health Centers (FQHC)

Oklahoma's community health center model ensures access to dental care by serving communities who otherwise confront financial, geographic, language, cultural and other barriers. All health centers, which are non-profit, community-directed providers, are located in high-need areas that have a shortage of medical and dental professionals, elevated poverty levels and higher-than-average infant mortality rates.

As comprehensive healthcare service providers, health centers are able to identify oral health needs during the rendering of other medical services and help coordinate or provide in-house, accessible care to underserved patients. The services provided by health centers are cost-effective; the annual cost of dental care at health centers was \$423 per patient in 2006.

» Status:

The Oklahoma Primary Care Association represents 17 Section 330 community health centers that operate at 34 sites, including four sites that were recently opened as a result of \$7.8 million of additional funding received in March 2009.

While 64% of the state's community health centers provide preventive dental care, only 10 of the sites provide oral health services either on site or by contract with a local dentist. With 13 grantees, these health centers had 13 dentists and five hygienists in 2007 and experienced 29,051 encounters with 13,385 patients. These patients made up 7% of the total 2007 community health center population in Oklahoma.

Community health centers also serve low-income and rural Oklahoma residents, including migrant workers and the homeless. About half of all health center patients are uninsured, while a large percentage of patients are Medicaid beneficiaries. Discounts are provided to patients with incomes at or below 200% of the Federal Poverty Level (42 percent of Oklahomans in 2006) via a sliding fee scale.

» Recommendation: Identify oral health needs during the rendering of other healthcare services and coordinate or provide in-house care to underserved patients presenting at federal qualified health centers and public health clinics.

» Key Steps to Accomplish Outcome:

1. Expand oral health service offerings, either on site or by contract, at 24 community health center sites. Suggestions are to enhance incentive programs to recruit and retain oral health providers. Enhance the awareness of the health center model among the student bodies of oral health schools for potential employment or contracting opportunities.
2. Encourage the Oklahoma Board of Dentistry, Oklahoma Dental Association, Oklahoma Dental Hygienists' Association, University of Oklahoma College of Dentistry, and Oklahoma Primary Care Association to work together so every county in Oklahoma has access to oral healthcare. This should include providing dental and hygiene students with more practical public health experience in multiple locations to increase their familiarity with underserved populations and special needs patients.

» Parties Responsible: Oklahoma Dental Association, Oklahoma Dental Hygienists' Association, Oklahoma Primary Care Association, and the University of Oklahoma College of Dentistry

» Time Frame: 2010

Charitable Dental Clinics

In the 2008 State of the State's Health Report, Oklahoma was ranked 50th in the nation for "adults with a dental visit within the past year." It is estimated that more than 50% of adults in Oklahoma have no dental insurance. The cost of dental services from the private sector is beyond the means of many Oklahomans, and Medicaid provides state insurance to low-income children and pregnant women but excludes most adults. Access to affordable dental care is problematic for this population, many of whom live at or below the poverty line.

According to the Oklahoma Policy Institute, nearly one in six Oklahomans (16%) lived in poverty in 2007, and two in five live at or below twice the poverty level (\$20,650 for a family of four in 2007). Because these residents struggle to have their basic needs met, the only oral healthcare options for many are charitable dental clinics or hospital emergency rooms, which are not viable dental homes.

» **Status:**

There are currently 28 charitable dental clinics in Oklahoma that serve mainly adults who do not qualify for Medicaid, have no insurance and are in pain. County health department dental clinics comprise seven of these clinics, which are staffed by contract or volunteer dentists and utilize state employees as assistants and support staff.

Although they provide much-needed services to vulnerable Oklahomans, county dental clinics are only open a few times per month and offer very limited services. The county dental clinics in Muskogee, Pittsburg and Pottawatomie counties are currently vacant. The remaining, staffed clinics predominantly serve children and pregnant women who do not have private dental insurance and do not qualify for Medicaid.

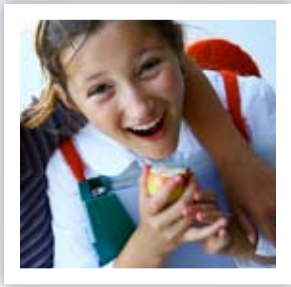
» **Recommendation:** Increase public accessibility to charitable dental clinics.

» **Key Steps to Accomplish Outcome:**

1. An Oklahoma tax deduction for charitable care would certainly stimulate even more charitable care. The Oklahoma Dental Association should find co-sponsors to introduce legislation to allow for Oklahoma tax deductions for this type of charitable service.
2. Legislative funding would certainly increase the dental care provided at county health department dental clinics.
3. Work with the University of Oklahoma College of Dentistry to explore the possibility of using the county sites for distant learning clinics for the Women and Infant Children (WIC) participants, pregnant women, children and infants that frequent county health departments for medical care. Dental educators, dental hygienists, dentists or other trained personnel could conduct these programs.

» **Parties Responsible:** University of Oklahoma College of Dentistry and State Health Department

» **Time Frame:** 2010



Children age 18 and under comprise the largest number of enrollees in the SoonerCare program at more than 65%. The number of children enrolled in SoonerCare reached 409,181 in 2009.

Source: Oklahoma Health Care Authority

Indian Health Service

Oklahoma is home to more than 39 tribes and tribal organizations. A large number of tribes have opted to operate their own health programs, including large-scale hospitals, smaller preventive care programs and behavioral health programs. The Oklahoma City Area Indian Health Service (IHS) serves the states of Oklahoma, Kansas and portions of Texas. The area consists of six service units with federally operated hospitals, clinics and smaller health stations.

» Status:

There are 31 IHS clinics in Oklahoma. From 2006-2007, they saw 19,424 patients under age 18. The understaffed/vacancy rate of dentists in the IHS is 26%. They currently employ 70 dentists and 20 hygienists. The Indian Health Service also has Head Start programs and has a need for pediatric dentists.

A disproportionate share of Oklahoma's American Indian children misses school due to dental pain. More than 70% of American Indian children in pre-school have tooth decay, reported Oklahoma City Area IHS Dental Consultant George Chiarchiaro, D.D.S., MHA, at the 2002 Children's Oral Health Summit in Oklahoma City.

» Recommendation: Deliver comprehensive oral healthcare to the state's American Indian population.

» Key Steps to Accomplish Outcome:

1. The Oklahoma Dental Association should continue to advocate on the national level for funding for the Indian Health Service to fill its 26% vacancy rate.
2. Collaborate with Indian Health Service, University of Oklahoma College of Dentistry, the Legislature and private foundations to establish a pediatric residency program in Oklahoma.

» Parties Responsible: Indian Health Service, University of Oklahoma College of Dentistry, Legislature and private foundations

» Time Frame: Ongoing

Oklahoma Mission of Mercy

The Mission of Mercy project began in 2000 in Virginia and has been conducted in 13 states to date, combining the donated services of dental volunteers to provide free dental clinics nationwide to reduce health risks and suffering of those who cannot afford dental care. Mission of Mercy brings to light the tremendous need for dental care and much publicity to the issue. Oklahoma will be the 14th state to participate in the project.

Mission of Mercy's dental program is fully mobile and operates with portable treatment chairs, X-ray machine, prepackaged instruments and other necessary dental equipment. Services provided include dental exams/screenings and education on proper oral hygiene, X-rays, extractions and fillings. Individuals are not required to meet eligibility or income requirements for treatment but are provided care on a first-come, first-served basis annually in different areas around the state.

» Status:

The ODA and the Delta Dental of Oklahoma Charitable Foundation will co-sponsor Oklahoma's first Mission of Mercy (called OkMOM) from Feb. 5-6, 2010, at the Tulsa Convention Center. A 90-chair

dental clinic will be set up on the arena floor to treat patients of all ages. Free patient services will be conducted by dentists, hygienists, assistants, dental and dental hygiene students and volunteers from the Tulsa community.

OkMOM's major goal is to relieve patients' pain and infection. The project will treat approximately 2,000 people in the two-day period and is expected to produce \$1 million in donated dental services. Patients will be fed breakfast and lunch while they wait for care. OkMOM is anticipated to become an annual event that will be hosted at a different location in Oklahoma each year. The project is already set for Oklahoma City in 2011 and McAlester in 2012.

While OkMOM will focus attention on the need for oral healthcare across the state and deliver meaningful care to approximately 2,000 people, it is not a replacement for a healthy and functioning dental care delivery system. It is important to remember that no charitable care or efforts of good will can replace a diverse and comprehensive program designed to deliver care to those in need, both on an acute basis and with ongoing care to prevent new disease.

» **Recommendation:** Establish an annual Mission of Mercy project in Oklahoma.

» **Key Steps to Accomplish Outcome:**

1. This is a terrific event for Oklahoma. The Governor should provide a proclamation recognizing the importance of OkMOM.
2. OkMOM is a major community-wide project that will require hundreds of non-dental volunteers. The local and statewide media, the faith-based community, the U.S. National Guard, translators and others must receive information on how they can help.
3. Rotate the event annually throughout the state to maximize dental care for Oklahomans.

» **Parties Responsible:** Oklahoma Dental Association, Oklahoma Dental Hygienists' Association, Oklahoma Dental Assistants' Association, Oklahoma Dental Foundation, Delta Dental of Oklahoma Charitable Foundation, the State Department of Health, and local businesses

» **Time Frame:** 2010



“Dentists are well-versed in the daily practice of infection control, taking and using information from medical histories to guide our actions, taking and interpreting radiographs, administering injections, suturing wounds, managing infections, prescribing medications and making diagnoses on the basis of clinical signs and symptoms.”

Source: E. Dianne Rekow, D.D.S., Ph.D., professor and chair, Department of Biological Science, Medicine and Surgery, New York University College of Dentistry in April 2009 edition of The Journal of the American Dental Association

State Disaster Response by Dentistry

Oklahoma must be prepared for emergencies such as disease outbreaks, national disasters and bioterrorism. As an important part of the medical community, the dental profession can provide valuable medical services as a participant of a disaster response team and, therefore, should be included in the Oklahoma Catastrophic Health Emergency Plan.

Examples of the dental profession’s participation during a statewide emergency or disaster could include: forensics; triage care; patient and data management; distribution of medical supplies; administering of immunizations; wound surgery, including for oral-facial injuries; prescribing, administering and dispensing medication; decontamination; and infection control and management. Dental offices and the OU College of Dentistry can serve as important alternate treatment sites. The Oklahoma Dental Foundation’s mobile dental units also can be utilized in the event of a disaster.

In the case of a natural or man-made disaster in which the Governor declares a state of catastrophic health emergency (CHE), the Oklahoma Board of Dentistry, assisted by the ODA, should be responsible for coordination of the dental profession’s response, maintenance of necessary dental databases and activation of an emergency “phone tree.”

» Status:

Neither Oklahoma state licensure laws, rules nor regulations for dental personnel currently offer alternate standards of care that are acceptable during a catastrophic health emergency. Dentists, dental hygienists and dental assistants should be considered as “acting within the scope of his or her profession when providing all needed care during a declared local, state or national emergency,” and should be allowed to perform services requested of them when working under the supervision of a dentist or physician.

The Governor’s Task Force on Children and Oral Health has recommended the following changes to “Oklahoma’s 2008 Catastrophic Health Emergency Plan”:

- Add the Oklahoma Board of Dentistry to the CHE Plan Function #6 – Responsible Agencies (p. 13).
- Add the Oklahoma Board of Dentistry in the second paragraph after Oklahoma State Board of Pharmacy (p. 14) in the CHE Plan Function #6.
- Add the Oklahoma Board of Dentistry to the paragraph of Oklahoma Medical Professional Licensing Boards (p. 17) in the CHE Plan Function #7.
- Under “CHE Plan Powers Task Force Members and Advisors,” add Jana Winfree, D.D.S., and Chief of Dental Health Service for the Oklahoma State Department of Health, and Linda Campbell, Executive Director of the Oklahoma Board of Dentistry.

» **Recommendation:** Implement “Oklahoma’s 2008 Catastrophic Health Emergency Plan” adopted by the Governor’s Task Force on Children and Oral Health.

» Key Steps to Accomplish Outcome:

1. The Oklahoma Board of Dentistry, Oklahoma Dental Association, Oklahoma Dental Hygienists’ Association and the Oklahoma Dental Assistants’ Association should develop and send a letter to all dental personnel encouraging them to obtain training through the Oklahoma Medical Reserve Corps.
2. The Oklahoma Board of Dentistry should investigate alternative standards of care that are acceptable during a catastrophic health emergency.
3. Follow up to confirm implementation by the State Department of Health.

» **Parties Responsible:** Oklahoma Board of Dentistry and State Department of Health

» **Time Frame:** 2010

Children with Special Healthcare Needs

More than 9 million U.S. children and adolescents have special healthcare needs, meaning they have or are at increased risk for a chronic physical, developmental, behavioral or emotional condition, according to the Maternal and Child Health Bureau.

Children with special needs may require different or more health and dental services beyond those generally required by children; however, the need for oral healthcare is the most prevalent unmet healthcare need among this group. Compared to their peers, children with special needs are almost twice as likely to have unmet oral healthcare needs across all income levels (*Ambulatory Pediatrics*, Silver, EJ and RE Stein, 2001).

Oral diseases can have a devastating impact on the health of children with certain conditions. Those with compromised immunity or certain cardiac issues may be especially vulnerable to the effects of oral diseases. Children with mental, developmental or physical impairments who do not have the ability to understand and/or assume responsibility for or cooperate with preventive oral health practices may also be at an increased risk for oral disease, according to the American Academy of Pediatric Dentistry.

Providing dental care to children and adolescents with special needs requires specialized knowledge and increased awareness about their individual conditions. Unfortunately, many dentists in Oklahoma and other states lack the education and training to successfully manage and care for these children.

» Status:

Many different groups touch on special needs children, but there is no single organization dedicated to meeting the oral health needs of this important group. The main issue is the ability to handle many of these individuals in a dental office setting. For example, children with multisystem developmental disorders (MSDD) are prone to emotional outbursts and often have extreme reactions to noise, touch or movement and may have abnormal reactions to pain (*Multisystem Developmental Disorder*, Shapiro, Henry L., May 27, 2004).

Due to the closing of St. Anthony's Special Needs Clinic, patients with MSDD and other medically compromised patients currently can only receive dental treatment at OU Children's Hospital in Oklahoma City. While unacceptable, it is not unusual for patients to be placed on a waiting list for 6-12 months before receiving treatment there due to a long waiting list and lack of dental staff trained to handle children and adolescents with special needs.

The ODA will publish a special issue of the *ODA Journal* in fall 2009 to train dentists to care for children with special needs. The OU College of Dentistry also is currently training three dentists per year to treat patients with special healthcare needs.

» Recommendation: Educate all healthcare providers to handle special needs children in the dental office setting.

» Key Steps to Accomplish Outcome:

1. Form a State Parent Oral Health Advisory Committee for children with special needs. This committee would be comprised of parents of children with disabilities as well as others from the dental profession and various state agencies. The committee could generate a timely report that would point out the issues and challenges associated with treating special needs children and recommend solutions for their care.
2. Distribute tool kits and *ODA Journals* to dentists to teach them how to treat children with special healthcare needs.



About 64% of children enrolled in Indian Early Head Start received a well-baby screening from 2003-2006, and 66% received a dental exam/screening. Only 30% of pregnant women received exams/screenings or treatment through Indian Early Head Start."

Source: Oklahoma Area Indian Health Service

» **Parties Responsible:** Oklahoma Area Wide Services Information System (Oral Health Care for Children with Special Healthcare Needs), Oklahoma Developmental Disabilities Council, Oklahoma People First, Sooner Success, and Oklahoma Family Network

» **Time Frame:** 2010

Conclusion

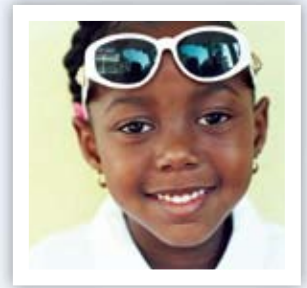
The Task Force applauds Gov. Brad Henry and the Oklahoma State Legislature for their recognition of the importance of oral healthcare to the overall health and well-being of Oklahoma residents.

Made possible largely by generous state and private funding, efforts by the ODA and many state agencies and nonprofit organizations to improve the state's education, access and delivery of dental care have been widely successful. However, significant disparities still remain among children of low-income, uninsured and minority families and those with special healthcare needs and their peers.

Some of the tactics suggested by the Task Force in this report can and should be utilized in the short term, while others may require a longer-term approach, including potential Legislative or policy changes. Further study and research is necessary before implementing many of the Task Force's proposals.

Therefore, the Task Force recommends the following "next step" toward creating better oral health for all Oklahoma children, especially those who are most vulnerable to oral disease:

We ask Gov. Henry to establish an ongoing committee to help ensure the recommendations in this report are carried out in conjunction with the responsible parties named in each section of the report. We believe this report and its recommendations constitute a strong, viable Oral Health Plan for Oklahoma.



While 9 million children lack health insurance coverage, more than 20 million children are not covered for dental services.

Source: The Kaiser Commission on Medicaid and the Uninsured





“The age one dental visit represents a key moment in the development of lifelong habits for dental health.”

Source: Dr. H. Pitts Hinson, 2005-2006
President, AAPD

Acknowledgements

The members of the Governor’s Task Force on Children and Oral Health would like to thank the many people who provided invaluable support and information to help in the development of this report.

Special thanks to:

- Linda Campbell, Director of the Oklahoma Board of Dentistry, who served as the Task Force recording secretary.
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- Dr. Stephen K. Young, Dean, University of Oklahoma College of Dentistry
- Greta Stewart, Executive Director, Oklahoma Primary Care Association
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Appendices

Appendix “A”

Sample Model Community Fluoridation Program

This sample program consists of the following information regarding fluoridation:

- 1) A model ordinance for control of fluoride that can be used by communities.
- 2) U.S. Public Health Service recommendations for fluoride levels for community public water systems in Oklahoma.
- 3) Fluoridation cost information, including estimated average cost per person to implement and an estimated average cost per person to maintain.

1) **MODEL ORDINANCE FOR CONTROL OF FLUORIDE**

An ordinance to establish control of the quantity of fluoride in the public water supply

Be it ordained by the **1** (Mayor and City Council of the City of _____),
2 (Utility Authority Board of _____), **3** (Board of Trustees of the Town of _____),
State of Oklahoma, as follows: *

In order to protect the health and welfare of the citizens of the (City) of (_____), from and after the effective date of this ordinance, the quantity of fluoride in the public water supply shall be controlled in such manner that the amount present in the water served to the public shall be in conformity with the policy, and subsequent changes thereto, established by the Oklahoma Department of Environmental Quality and the U.S. Public Health Service.

Emergency. An emergency is hereby declared to exist by reason whereof it is necessary for the preservation of the public health and welfare for this ordinance to become effective from and after its approval and publication as required by law.

Passed and approved this _____ day of _____, _____.

Mayor/Chairman of Utility Authority Board/President of Board of Trustees

**Use the term which applies for your form of government*

2) **U.S. Public Health Service recommendations for fluoride levels for community public water systems in Oklahoma.**

Fluoridation: Where fluoridation is practiced, the optimum fluoride concentration in the distribution system is 0.8 mg/L for reducing dental caries.

The recommended control range in the distribution system is 0.7 to 1.3 mg/L. Analyze the water twice a day, both before and after fluoridation, to be sure the fluoride concentration stays within the recommended control range.

Forward a copy of the analytical report (DEQ form No. 631-001) to the Oklahoma Department of Environmental Quality and to the Oklahoma State Department of Health, Dental Health Service, monthly, and keep a copy at the plant.

Every month, submit a sample of treated water to the DEQ State Environmental Laboratory, or to a DEQ-Certified laboratory, for analysis of fluoride content.

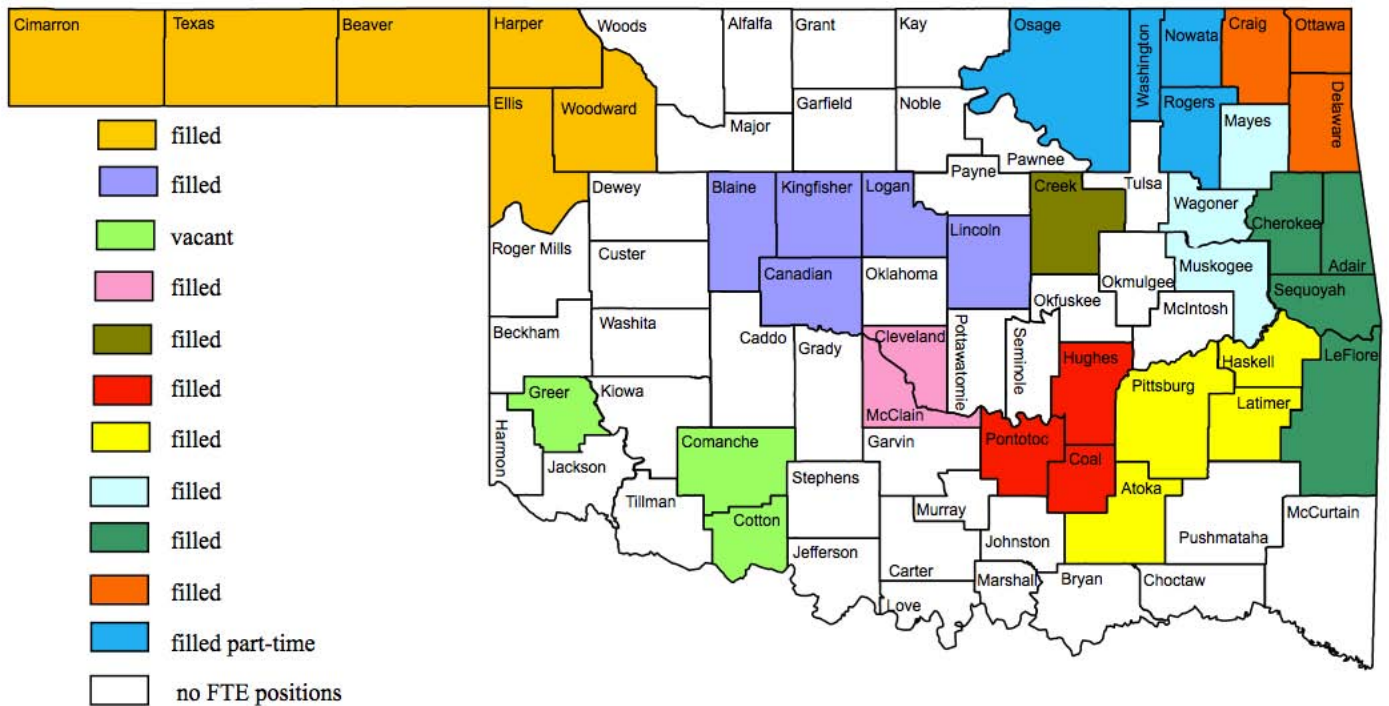
3) **Fluoridation cost information, including estimated average cost per person to implement and estimated average cost per person to maintain.** (Source: CDC)

- a) Estimated average cost per person to implement, which includes cost of fluoridation equipment and installation:
 - For larger communities with a single point of fluoridation, the cost is estimated to be about \$3.00 - \$6.00 per capita.
 - For smaller communities with several wells all requiring fluoridation, the cost is estimated to be about \$8.00 - \$12.00 per capita.
 - Other communities would fall in this range.
- b) Estimated average cost per person to maintain, which includes cost of fluoride chemical:
For typical community water fluoridation systems, the average estimated cost is \$1.00 - \$2.00 per person per year.
This would be a continuing cost each year.

Appendix “B”

Map of Oklahoma Counties Covered by Dental Educators

Oklahoma State Department of Health Dental Health Educators



Revised August 2009



SUMMER 2009
Oklahoma Statewide Listings

Resource for Dental Care

Guide to Free and Low-Cost Dental Care



A guide with a purpose

This guide is published by the **Delta Dental of Oklahoma Charitable Foundation** with three main goals:

1. To help **those who cannot afford the dental care** they need find free and low-cost resources.
2. To help **referral sources** assist those in need find resources.
3. To connect **free and low-cost programs** to one another so they can leverage their limited resources and multiply their efforts and results.

We invest a great deal of time and resources to keep this guide as accurate as possible for the benefit of the users and the providers. Please replace your guide upon the expiration date each quarter.

Join our E-mail list

The best way to stay current is to **join our E-mail list**. Each quarter we'll automatically E-mail the new edition to you. To subscribe, go to: www.DeltaDentalOK.org/foundation



Options for those in need

If you're unable to afford the dental care you or your family needs, this guide is designed to help you find a free or low-cost provider. We work hard to keep it up to date, but it's important to call the listed providers to confirm the availability and eligibility requirements of services.

Did you know that **SoonerCare** covers *all routine and diagnostic dental costs* for qualifying Oklahoma children? For information, see the SoonerCare listing in the Statewide section of this guide.



If you're employed but your employer doesn't provide dental insurance, you may find Delta Dental's *Patient Direct program* or our *Individual Choice–Premier program* to be a good option for you. For more information, call 405-607-2100 or 800-522-0188 or visit www.DeltaDentalOK.org.

Referral sources appreciated

This guide is designed to help those who help others. It is a valuable tool for non-profit organizations, churches, schools, state and local agencies, dental offices and others who serve as referral sources for those in need of dental care but cannot afford it. You're welcome to copy and distribute this guide as needed or link to it from your Web site (see below).

A message for providers listed in this guide

Thank you for your efforts to serve those in need! Please review your listing and notify us of any changes so we can update it for our next edition. We encourage you to use this guide to connect with other non-profits and volunteers to maximize your efforts.

Did you know our Charitable Foundation grants over \$1 million annually to access and educational programs which meet our criteria? Learn more at: www.DeltaDentalOK.org/foundation



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Delta Dental of Oklahoma Charitable Foundation
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To assure the accuracy of these listings, this document expires Sept. 30, 2009. For latest version, go to www.DeltaDentalOK.org or call 405-607-4725.

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From the desk of...

Terrisa Singleton
Charitable Foundation Specialist



During my first weeks here at the Foundation, I've traveled throughout Oklahoma meeting our various grant recipients and seeing the amazing work they accomplish in their communities. In some cases I was able to personally meet some of the individuals whose lives have been powerfully impacted by the dental care they had received through these programs. I heard the stories and saw photos of many others and I must admit I was moved to tears on more than one occasion.

Those on the front lines who are using what resources they have and donating their time to meet needs and change lives are more than inspirational. They are heroic. It's truly an honor to serve in this position and work with such extraordinary people.

Classified Giving

The following requests are from organizations Delta Dental partners with.

WANTED: Panoramic X-Ray Unit

Crossings Community Clinic is in need of a late-model film or digital x-ray unit. Please contact Steve Turner at 753-4070.

DENTISTS NEEDED

The OU/Southern Oklahoma Technology Center in Ardmore needs volunteer dentists for their Dental Hygiene Clinic. There is also an opening for a part-time Supervisory Dentist. Contact Christy McCullers at 580-223-2070 ext. 268 for details.

Foundation triples funding for 2009

In 2008 the Delta Dental of Oklahoma Charitable Foundation gave almost \$500,000 to a variety of dental health and education related programs throughout the state, making it the single largest contributor to the cause. This year the Foundation increased its funding to nearly \$1.5 million, an increase of 300 percent over the previous year. For details and a list of our 2009 grant recipients, see our Web site: www.DeltaDentalOK.org/foundation

2010 grant applications due August 31

The mission of our foundation is to advance dental care access and dental health education. If your organization has a program in line with this mission, we invite you to apply for a 2010 Foundation Grant. The grant application is available for download from our Web site.



Captain Supertooth inspires kids

Captain Supertooth visits schools and specials events, inspiring kids to be heroes to their teeth! This lively character uses giant props to engage kids and leave a lasting impression. See our Web site for booking information.

Spotlight: Crossings Community Clinic

When you walk in the front door of Crossings Community Clinic in Oklahoma City, you'd never know it's a free clinic. With its bright open spaces, attractive décor, and roomy waiting area it could easily be mistaken for a private practice. And that's the goal, according to Steve Turner, the program's director.

"We want to give our patients a sense of dignity," says Turner. "Many of them are going through very tough times. That's why they're here. We want them to know someone cares."

The dental clinic has three well-equipped operatories and offers restorative and preventive care, extractions, and dentures. The Delta Dental of Oklahoma Charitable Foundation has invested \$90,000 in the clinic to date. More dentists and other volunteers are needed.

Learn more about this and other Foundation grant recipients at our Web site: www.DeltaDentalOK.org/foundation



Crossings volunteer dentist Dr. Joe Wright and a very happy patient!



Delta Dental of Oklahoma Charitable Foundation
RESOURCE FOR DENTAL CARE
 Guide to Free and Low-Cost Dental Care

ALWAYS CALL the listed provider to confirm eligibility and availability of services. Most providers require an appointment.

Region: Central

<p>Baptist Mission Center 2125 Exchange Ave. Oklahoma City, OK 73108 County: Oklahoma Phone: 405-235-6162</p>	<ul style="list-style-type: none"> •OK county residents; ID required. •Free extractions (two Mondays per month). •ODF Mobile Dental Care Unit Site Partner (General dentistry available to children and adults on occasional basis.) •Call for dates and eligibility. <p>Web:</p>	<p>Cost: Free <i>Se habla español</i></p>
<p>City Rescue Mission 800 W California Oklahoma City, OK 73102 County: Oklahoma Phone: 405-232-2709</p>	<ul style="list-style-type: none"> •Homeless Emergency Shelter •Clients must “enroll” in recovery program, be screened and interviewed, and take classes to better their situations in order to receive access to free dental treatment. <p>Web: www.cityrescue.org</p>	<p>Cost: Free <i>Delta Dental Grant Recipient</i></p>
<p>Crossings Community Clinic 2208 W. Hefner Rd., Ste. B Oklahoma City, OK 73120 County: Oklahoma Phone: 405-753-4078</p>	<ul style="list-style-type: none"> •Extractions, fillings, cleanings. •For uninsured individuals unable to pay for dental services. •By appointment only. <p>Web: www.crossingsokc.org</p>	<p>Cost: Free <i>Delta Dental Grant Recipient</i></p>
<p>D-DENT 6430 N. Western, Ste. 200 Oklahoma City, OK 73116 County: Oklahoma Phone: 405-424-8092 800-522-9510</p>	<p>"Dentists for Disabled and Elderly in Need of Treatment"</p> <ul style="list-style-type: none"> •Free dental care to non-insured, low-income patients over age 60 and adults with developmental disabilities throughout the state. •Limited special funding available for non-insured, low-income adults under 60. •General dentistry, specializing in dentures/partials; waiting list. <p>Web: www.d-dentok.org</p>	<p>Cost: Free <i>Delta Dental Grant Recipient</i></p>
<p>Good Shepherd Clinic 222 NW 12th Oklahoma City, OK 73103 County: Oklahoma Phone: 405-232-8631</p>	<ul style="list-style-type: none"> •OKC residents only; Requires picture ID, SS card, proof of address. •Call for details and qualifications: T/W/Th - 9-11:30am, 1-3pm. •ADULTS: Free simple extractions. •CHILDREN: Extractions and restorative services. <p>Web: www.goodshepherdokc.org</p>	<p>Cost: Free <i>Se habla español</i> <i>Delta Dental Grant Recipient</i></p>
<p>Mary Mahoney Health Center - OKC 12716 NE 36th Spencer, OK 73140 County: Oklahoma Phone: 405-769-3301</p>	<ul style="list-style-type: none"> •General Dentistry •Sliding fee scale for primary and preventive services only. •Call for eligibility, fees, and appointment. •Insurance and SoonerCare accepted. <p>Web: www.mmmhc.org</p>	<p>Cost: CHC*</p>

*CHC = Community Health Center. These are federally funded clinics which meet special criteria and offer sliding fee scales for qualifying patients.

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<p>Norman – Cleveland Co. Health Dept. 250 12th Ave. N.E. Norman, OK 73071 County: Cleveland Phone: 405-321-4048</p>	<ul style="list-style-type: none"> •Children and pregnant women. •Cleveland and McClain county residents only. •Eligibility: 185% of poverty; no insurance or Sooner Care. •Free extractions, fillings, cleanings, preventive care. <p>Web: www.ok.gov/triton/modules/health/map/county_map.php</p>	<p>Cost: Free <i>Se habla español</i></p>
<p>Norman – Health for Friends 317 E Himes Norman, OK 73070 County: Cleveland Phone: 405-329-4574</p>	<ul style="list-style-type: none"> • Norman residents only. • Eligibility: 125% poverty level; no ins, Medicaid, SoonerCare. • Extractions, fillings, cleaning, xrays: Mondays 9am-2pm • Extraction Clinic: Thursday evenings. • Call for appt. <p>Web: www.healthforfriends.org</p>	<p>Cost: Low-Cost</p>
<p>NSO Dental Clinic 431 SW 11th Oklahoma City, OK 73104 County: Oklahoma Phone: 405-236-0413 x 302</p>	<ul style="list-style-type: none"> •Low-Cost Dental Clinic for ages 8 and up. •Open Tues-Thurs 8:30-5:00 & Sat 9:30-6:00 •Clinic services include exams, x-rays, fillings, cleanings, extractions, partials and dentures. •Payment required at time of service; call for fees. •Appointment required. <p>Web: www.nsookc.org</p>	<p>Cost: Low-Cost <i>Se habla español</i> <i>Delta Dental Grant Recipient</i></p>
<p>Oklahoma Community Health Services 1025 Straka Terr. Oklahoma City, OK 73139 County: Oklahoma Phone: 405-632-6688 x 267</p>	<ul style="list-style-type: none"> •Full service dentistry, dentures/partial. •Sliding fee scale for primary and preventive services only. •Call for eligibility, fees, and appointment. •Insurance and SoonerCare accepted. <p>Web: www.okchs.org</p>	<p>Cost: CHC* <i>Se habla español</i></p>
<p>Oklahoma Dental Foundation 317 NE 13th Oklahoma City, OK 73104 County: Oklahoma Phone: 405-241-1299 800-876-8890</p>	<ul style="list-style-type: none"> •The ODF Mobile Dental Care Unit visits sites throughout the state, providing free dental care for children. •Sliding fee scale services are available to adults in certain underserved regions. •Call or visit their website for a list of scheduled visits, or to become a site partner or volunteer. <p>Web: www.okdf.org</p>	<p>Cost: Free <i>Delta Dental Grant Recipient</i></p>
<p>OU College of Dentistry 1001 Stanton L. Young Blvd. Oklahoma City, OK 73104 County: Oklahoma Phone: 405-271-6056</p>	<p>The primary focus of The OU College of Dentistry is the education and training of dentists. Patients are selected to join the program who meet the educational needs of students.</p> <ul style="list-style-type: none"> •All types of dentistry available at reduced cost. •Screening appointment required. <p>Adult Clinic: 405-271-6056 Pediatric Clinic (ages 4-11): 405-271-2360 Oral Diagnosis Emergency Clinic: 405-271-1414 Oral Surgery Emergency Clinic (extractions): 405-271-4079</p> <p>Web: http://dentistry.ouhsc.edu/patients.php</p>	<p>Cost: Low-Cost <i>Delta Dental Grant Recipient</i></p>

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OU College of Dentistry Dental Hygiene Dept. 1201 N. Stonewall Oklahoma City, OK 73117 County: Oklahoma Phone: 405-271-7327	<ul style="list-style-type: none"> •\$10 screening required to establish suitability for hygiene student care. (Screening does not guarantee acceptance). •\$34-\$165 fee for cleaning only, depending on difficulty level. Web: http://dentistry.ouhsc.edu/patients_1_1.php	Cost: Low-Cost <i>Delta Dental Grant Recipient</i>
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Rose State College Dental Hygiene Clinic 6420 SE 15 Midwest City, OK 73110 County: Oklahoma Phone: 405-733-7336	<ul style="list-style-type: none"> •Cleaning - \$5 (includes fluoride treatment & nutritional advice). •Sealants and x-rays with doctor's prescription. •Services available Aug. Thru May. •Advance screening appointment required. •Call for screenings beginning August 1st. Web:	Cost: Low-Cost
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Region: Northeast

Bartlesville – OU/Tri-County Tech. Center 6101 SE Nowata Rd Bartlesville, 74006 County: Washington Phone: 918-331-3218	Dental Hygiene Clinic: <ul style="list-style-type: none"> •No income qualifications; NE OK residents preferred. •Cleaning costs: Adult - \$10; Child - \$5 Volunteer Dental Clinic: <ul style="list-style-type: none"> •Operates 7-8 clinics during school year only. •Priority given to Hygiene Clinic patients. •Free extractions and fillings for qualified patients. •Eligibility: 130% of poverty level; no insurance or SoonerCare. Web: http://www.tctc.org/services/services_oudental.php	Cost: Low-Cost <i>Se habla español</i> <i>Delta Dental Grant Recipient</i>
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Bristow – Creek Co. Health Dept. 408 W. 4th Street Bristow, OK 74010 County: Creek Phone: 918-367-3341	<ul style="list-style-type: none"> • Children and pregnant women only; Creek Co. residents. • Eligibility: 185% of poverty; no insurance or Sooner Care. • Free extractions, fillings, cleanings; One Friday per month. • Call for appointment and eligibility approval. Web:	Cost: Free
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Bristow Free Dental Clinic Bristow Creek County Health Dept. Bristow, OK 74010 County: Creek Phone: 918-367-3341	<ul style="list-style-type: none"> •Held at Bristow/Creek Co. Health Dept. but operated by local volunteer dentists. •Clinics held every other month. Call for next clinic date. •Free dental care for qualifying adults living in Bristow area. •Eligibility: Income 150% of poverty; no insurance or SoonerCare. Web:	Cost: Free <i>Delta Dental Grant Recipient</i>
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Claremore – Rogers Co. Health Dept. 2664 N. Highway 88 Claremore, OK 74017 County: Rogers Phone: 918-341-3166	<ul style="list-style-type: none"> •Children and pregnant women. •Rogers County residents given priority. •Income eligibility: 185% of poverty; no insurance or SoonerCare. •Free general dentistry two Fridays/month, by appt only. Web:	Cost: Free
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*CHC = Community Health Center. These are federally funded clinics which meet special criteria and offer sliding fee scales for qualifying patients.

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<p>EODDS Eastern OK Donated Dental Services 3741 S. Peoria Tulsa, OK 74105 County: 23 Counties in the 918 Area Code Phone: 918-742-5544</p>	<ul style="list-style-type: none"> •Complete restorative dental care available to eastern Oklahoma physically/mentally disabled or elderly (65+). •Some special funding for dental prosthetics only (dentures or partial dentures) for low-income eastern Oklahoma adults. •Long waiting list for complete restorative care; 2-6 mo. waiting list for dental prosthetics. •For details, call or click on Eligibility tab on website. <p>Web: www.EODDS.org</p>	<p>Cost: Free</p> <p style="text-align: right;"><i>Delta Dental Grant Recipient</i></p>
<p>Langston – Mary Mahoney Health Center 300 Martin Luther King Langston, OK 73050 County: Logan Phone: 405-466-2535</p>	<ul style="list-style-type: none"> •Dental screenings only. Call for details. <p>Web:</p>	<p>Cost: CHC*</p>
<p>Muskogee – Good Shepherd Clinic 2130 W. Okmulgee Muskogee, OK 74401 County: Muskogee Phone: 918-683-8080</p>	<ul style="list-style-type: none"> •No dental services on-site, but they offer a referral service to local volunteer dentists on a limited basis. <p>Web: www.stpaulmuskogee.com</p>	<p>Cost: Free</p>
<p>Nowata Family Health Center 317 E Delaware Nowata, OK 74048 County: Nowata Phone: 918-273-2806</p>	<ul style="list-style-type: none"> •General Dentistry. •Sliding fee scale for primary and preventive services only. •Call for eligibility, fees, and appointment. •Insurance and SoonerCare accepted. <p>Web:</p>	<p>Cost: CHC*</p>
<p>Perry – First Baptist Church Dental Clinic PO Box 46 Perry, OK 73077 County: Noble Phone: 580-336-2282</p>	<ul style="list-style-type: none"> •Low-income, non-insured. •Perry and Noble county residents given priority. •Free extractions only. <p>Web:</p>	<p>Cost: Free</p>
<p>Porter - Arkansas Verdigris Valley Health Cnt 622 S. Main Porter, OK 74454 County: Wagoner Phone: 918-483-0111</p>	<ul style="list-style-type: none"> •Exams, cleanings, extractions, fillings only. •Sliding fee scale for uninsured patients who qualify. •Call for appointment, eligibility, and fees. •Insurance and SoonerCare accepted. <p>Web: www.avvhc.com</p>	<p>Cost: CHC*</p>

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<p>Sand Springs – Lucille Page Dental Program 306 E Broadway Sand Springs, OK 74063 County: Tulsa Phone: 918-591-6100</p>	<ul style="list-style-type: none"> •Free general dentistry program for qualifying children under 18 who are enrolled in Sand Springs Public Schools. •Call for details and qualifications. <p>Web:</p>	<p>Cost: Free</p>
<p>Sapulpa – Creek Co. Health Dept. 18080 S. Hickory Sapulpa, OK 74066 County: Creek Phone: 918-224-5531</p>	<ul style="list-style-type: none"> • Children and pregnant women only (Creek Co. residents). • Eligibility: 185% of poverty; no insurance or SoonerCare. • Free extractions, fillings, cleanings. • Call for appointment and eligibility approval. <p>Web:</p>	<p>Cost: Free</p>
<p>Tulsa – Midtown Health Center 102 N. Denver, Ste. B Tulsa, OK 74103 County: Tulsa Phone: 918-295-6942</p>	<ul style="list-style-type: none"> •Homeless Free Clinic (Extension of Morton Health Services) •Client must be living in a shelter or rehab center (letter from facility required). •Negative TB test, photo ID, and Social Security card required. <p>Web: www.mortonhealth.org</p>	<p>Cost: Free</p>
<p>Tulsa – Morton Health Center 1334 N. Lansing Ave Tulsa, OK 74106 County: Tulsa Phone: 918-587-2171</p>	<ul style="list-style-type: none"> •General Dentistry for ages 7 and up. •Sliding fee scale for primary and preventive services only. •Call for eligibility, fees, and appointment. •Insurance and SoonerCare accepted. <p>Web: www.mortonhealth.org</p>	<p>Cost: CHC*</p>
<p>Tulsa – Neighbor for Neighbor 505 East 36st Street North Tulsa, 74106-1812 County: Tulsa Phone: 918-425-5595 x 122</p>	<ul style="list-style-type: none"> •Free extractions, fillings, cleanings, restorative care by local volunteer dentists. •By appt only, Monday through Thursday. •Call for appt and eligibility requirements. <p>Web: www.neighborforneighbor.org</p>	<p>Cost: Free <i>Se habla español</i> <i>Delta Dental Grant Recipient</i></p>
<p>Tulsa Co. Health Dept. (Central Regional) 315 S Utica Rm 140 Tulsa, OK 74104 County: Tulsa Phone: 918-594-4860</p>	<ul style="list-style-type: none"> •Children 4-18 yrs (Tulsa County residents only). •Uninsured or underinsured; Sliding fee scale. •Call during clinic hours to set appointment. •Clinic hours: M, W, F 8am-4:30pm. <p>Web: www.tulsa-health.org/personal-health/child-health/</p>	<p>Cost: Low-Cost</p>
<p>Tulsa Community College Hygiene School 909 S Boston Ave Tulsa, OK 74119 County: Tulsa Phone: 918-595-7022</p>	<ul style="list-style-type: none"> •Cleaning - \$5 (includes fluoride treatment & nutritional advice) •Sealants and x-rays with doctor's prescription •Services available Sept. thru April •Advance screening appointment required •Call for screenings beginning Aug. 1st <p>Web: www.tulsacc.edu/page.asp?durki=1375</p>	<p>Cost: Low-Cost</p>

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<p>Woodward Co. Health Dept. 16310 Texas St. Woodward, OK 73801 County: Woodward Phone: 580-256-6416</p>	<ul style="list-style-type: none"> •Ages 2 ½ yrs-21 yrs and pregnant women •Eligibility: 185% of poverty; no insurance or SoonerCare. •Free extractions, fillings, and cleanings. •Second Friday of each month. •Woodward County priority, but others taken if space. <p>Web:</p>	<p>Cost: Free</p>
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Region: Northwest

<p>Cherokee – Great Salt Plains Health Ctr. 400 S. Ohio Cherokee, OK 73728 County: Alfalfa Phone: 580-596-2800</p>	<p>•ODF Mobile Dental Care Unit Site Partner.</p> <ul style="list-style-type: none"> •Free dental care for children only. •Dental care available to adults on sliding fee scale. •Call for eligibility, fees, and appointment. <p>Web: www.gsphealth.org</p>	<p>Cost: CHC*</p>
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<p>Guymon – Texas Co. Health Dept. 1410 East St Guymon, OK 73942 County: Texas Phone: 580-338-8544</p>	<ul style="list-style-type: none"> •Ages 2 ½ yrs-21 yrs and pregnant women •Eligibility: 185% of poverty; no insurance or SoonerCare. •Free extractions, fillings, and cleanings. •Two Fridays per month (call for schedule). <p>Web:</p>	<p>Cost: Free</p>
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<p>Weatherford – OU/Western Tech. Center 2605 E Main Weatherford, OK 73096 County: Custer Phone: 580-772-0294</p>	<p>Dental Hygiene Clinic:</p> <ul style="list-style-type: none"> •Advance screening required (Free of charge, call for appt.) •Cleaning costs: Adult - \$10; Child - \$5 •Sliding fee scale for qualified patients. <p>Web:</p>	<p>Cost: Low-Cost</p>
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Region: Southeast

<p>Ardmore – Good Shepherd Medical Clinic 802 16th Ave NW Ardmore, OK 73401 County: Love, Carter, Marshall, Murray, Johns Phone: 580-223-3411</p>	<ul style="list-style-type: none"> •Extractions only: \$5 fee. •Pre-Application required: Call for application dates. •Eligibility: 130% poverty level; no insurance or SoonerCare. <p>Web:</p>	<p>Cost: Low-Cost</p> <p style="text-align: right;"><i>Delta Dental Grant Recipient</i></p>
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<p>Ardmore – OU/Southern Okla. Tech. Center 2610 Sam Noble Pkwy Ardmore, OK 73401 County: Carter Phone: 580-223-2070</p>	<p>Dental Hygiene Clinic:</p> <ul style="list-style-type: none"> •Advance screening required (Free of charge, call for appt.) •Cleaning costs: Adult - \$20; Child - \$10; Scaling - \$15/quad. •Free and sliding fee scale services for qualified patients. <p>Web:</p>	<p>Cost: Low-Cost</p> <p style="text-align: right;"><i>Delta Dental Grant Recipient</i></p>
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<p>Atoka – Caring Hands</p> <p>Atoka, OK 74525 County: Atoka Phone: 918-426-0900</p>	<p>•ODF Mobile Dental Care Unit Site Partner.</p> <ul style="list-style-type: none"> •Children only. •Call for eligibility and appointment. <p>Web:</p>	<p>Cost: Free</p>
<p>Battiest – Kiamichi Family Medical Center</p> <p>P.O. Box 180 Battiest, OK 74722 County: McCurtain Phone: 580-241-5294 800-381-8289</p>	<p>•General Dentistry.</p> <ul style="list-style-type: none"> •Sliding fee scale for primary and preventive services only. •Call for eligibility, fees, and appointment. •Insurance and SoonerCare accepted. <p>Web: www.kiamichimed.org</p>	<p>Cost: CHC*</p>
<p>Coalgate – Caring Hands</p> <p>Coalgate, OK 74538 County: Coal Phone: 918-426-0900</p>	<p>•ODF Mobile Dental Care Unit Site Partner.</p> <ul style="list-style-type: none"> •Children only. •Call for eligibility and appointment. <p>Web:</p>	<p>Cost: Free</p>
<p>Hartshorne – Caring Hands</p> <p>511 Lehigh Hartshorne, OK 74547 County: Pittsburg Phone: 918-297-2403</p>	<p>•ODF Mobile Dental Care Unit Site Partner.</p> <ul style="list-style-type: none"> •Children only. •Call for eligibility and appointment. <p>Web:</p>	<p>Cost: Free</p>
<p>Konawa – Central OK Family Medical Ctr</p> <p>527 W. 3rd Konawa, OK 74899 County: Seminole Phone: 405-925-3266 800-397-9398</p>	<p>•General Dentistry.</p> <ul style="list-style-type: none"> •Sliding fee scale for primary and preventive services only. •Call for eligibility, fees, and appointment. •Insurance and SoonerCare accepted. <p>Web:</p>	<p>Cost: CHC*</p>
<p>McAlester – Caring Hands Healthcare Center</p> <p>1558 S. Main McAlester, OK 74051 County: Pittsburg Phone: 918-426-0900</p>	<p>•ODF Mobile Dental Care Unit Site Partner.</p> <ul style="list-style-type: none"> •Free dental care for children only. •Call for eligibility and appointment. <p>Web: www.caringhandshealthcare.com</p>	<p>Cost: CHC*</p>
<p>McAlester – Mercy Medical Clinic</p> <p>7th & Creek, The Oaks Bldg McAlester, OK County: Pittsburg Phone: 918-426-4306</p>	<ul style="list-style-type: none"> • Adults only; No insurance or SoonerCare. • Free extractions only. • Wednesdays only 6:30 - 9:00 pm. • Must call between 1:00 - 4:00 that day for appointment. <p>Web:</p>	<p>Cost: Free</p>

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Pushmataha Family Medical Center 109 Stanley Road Clayton, OK 74536-0219 County: Pushmataha Phone: 918-569-4143 888-569-PFMC	<ul style="list-style-type: none"> •General Dentistry. •Sliding fee scale for primary and preventive services only. •Call for eligibility, fees, and appointment. •Insurance and SoonerCare accepted. Web: www.pushmatahafamilymedicalcenter.com	Cost: CHC*
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Stigler – Health & Wellness Center 1505 E. Main St., Ste. A Stigler, OK 74462 County: Haskell Phone: 918-967-3368	<ul style="list-style-type: none"> •General Dentistry and Dentures. •Sliding fee scale for primary and preventive services only. •Call for eligibility, fees, and appointment. •Insurance and SoonerCare accepted. Web: www.thwcinc.com	Cost: CHC*
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Tishomingo – Family Health Center 610 E. 24th St. Tishomingo, OK 73460 County: Johnston Phone: 580-371-2343	<ul style="list-style-type: none"> •General dentistry. •Sliding fee scale for primary and preventive services only. •Call for eligibility, fees, and appointment. •Insurance and SoonerCare accepted. Web: www.fhcso.org	Cost: CHC*
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Region: Southwest

Ft. Cobb - Okla. Community Health Services 307 Main St. Ft. Cobb, OK 73038 County: Caddo Phone: 405-643-2776 866-415-7887	<ul style="list-style-type: none"> •General Dentistry, Dentures, Partials. •Sliding fee scale for primary and preventive services only. •Call for eligibility, fees, and appointment. •Insurance and SoonerCare accepted. Web: www.okchs.org	Cost: CHC* <i>Se habla español</i>
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Lawton – Calvary Baptist Church 707 S.W. "H" Ave. Lawton, OK 73501 County: Comanche Phone: 580-353-2006	<ul style="list-style-type: none"> •Free extractions only. •2nd Thursday of each month. •Bring list of medications to clinic. •Call for more details. Web:	Cost: Free
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Region: Statewide

D-DENT (Statewide) 6430 N. Western, Ste. 200 Oklahoma City, OK 73116 County: Serving All Counties in Oklahoma Phone: 405-424-8092 800-522-9510	"Dentists for Disabled and Elderly in Need of Treatment" <ul style="list-style-type: none"> •Free dental care to non-insured, low-income patients over age 60 and adults with developmental disabilities throughout the state. •Limited special funding available for non-insured, low-income adults under 60. •General dentistry, specializing in dentures/partials; waiting list. Web: www.d-dentok.org	Cost: Free
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Indian Health Service – Oklahoma 701 Market Drive Oklahoma City, OK 73114 County: Statewide Listings Phone: 405-951-3820	Statewide listings of dental and other health care facilities available to American Indians. Web: www.ihs.gov/FacilitiesServices/areaOffices/oklahoma	Cost: Free
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JOIN "Joint Oklahoma Information Network" County: Statewide Listings Phone:	<ul style="list-style-type: none"> •Online Resource Directory for all kinds of needs, including dental. •JOIN is a partnership of numerous Oklahoma agencies with a shared vision to provide improved, personalized access to programs and services. Web: www.join.ok.gov	Cost: N/A
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OASIS "Oklahoma Areawide Service Information System" County: Statewide Listings Phone: 405-271-6302	<ul style="list-style-type: none"> •Statewide referral services for any kind of help needed. •Operated by OU Health Sciences Center. Web: http://oasis.ouhsc.edu/	Cost: N/A
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SoonerCare Dental Providers County: Statewide Listings Phone:	The Web link below links to the Oklahoma Health Care Authority Web site and will open a PDF directory of all Oklahoma dentists who accept SoonerCare payment. Additional SoonerCare information can be found at the Oklahoma Health Care Authority Web site at: www.okhca.org . Web: www.okhca.org/client/pdf/dentists.pdf	Cost: N/A
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SoonerCare HelpLine Oklahoma Dept. of Human Services County: Serving All Counties in Oklahoma Phone: 800-987-7767	SoonerCare, Oklahoma's Medicaid program, provides health care to eligible children under the age of 19, adults with children under the age of 18, pregnant women and people who are older than 65 or have blindness or another disability. For eligibility details and to apply, contact the Oklahoma Dept. of Human Services. Web: www.okdhs.org/programsandservices/health/med	Cost: N/A
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Oklahoma Dental Association

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