



FIRST THINGS FIRST

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April 12, 2010

Chairman Steven Lynn and Members of the First Things First Board
First Things First
4000 North Central Avenue, Suite 800
Phoenix, AZ 85012

Dear Chairman Lynn and Members of the Board:

The Graham/Greenlee Regional Partnership Council is pleased to present to the First Things First Board its Oral Health Strategy for the SFY2011 Regional Funding Plan. On December 8, 2010, the First Things First Board approved \$130,000 for an Oral Health Strategy that was yet to be developed. On April 12, 2010, the Graham/Greenlee Regional Partnership Council approved the developed Oral Health Strategy and is requesting your review and approval.

The Graham/Greenlee Regional Partnership Council has identified the need for programs to increase children's access to preventive oral health care through a Fluoride Varnish/Oral Health Screening and Education and Outreach model with regional implementation.

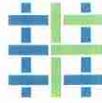
Access to dental care is limited for young children in both the state and the region. Lack of dental coverage may be a contributing factor to lack of oral health among children. According to the 2008 Needs and Assets Report, oral health has been neglected in Graham and Greenlee Counties and proves to be a huge issue for children and families within the Graham/Greenlee Region. Many children within the counties are not seen by a dentist due to the fact that there are currently no dentists in the region that accept AHCCCS insurance.

On behalf of the Graham/Greenlee Regional Partnership Council, please accept our appreciation for your support of all children in the Graham/Greenlee Region. We await your response in consideration of the newly proposed Oral Health Strategy for Fiscal Year 2011.

Sincerely,

Laurie Smith, Chair
Graham/Greenlee Regional Partnership Council

Graham/Greenlee Regional Partnership Council



FIRST THINGS FIRST

The right system for bright futures

GRAHAM/GREENLEE REGIONAL PARTNERSHIP COUNCIL 2011 FUNDING PLAN SUMMARY Revised

Regional Allocation 2011: \$731,985

Carry Forward from 2010: \$19,447

Funding Available for Allocation in 2011: \$751,432

Prioritized Needs	Goal Area	Proposed Strategies	Portion of Regional Allocation	Recommendation to the Board
Limited access to quality early care and education.	Quality, Access & Affordability	Strategy 1 Quality First	\$86,670	Approved 12 8 09
Limited access to quality early care and education.	Quality, Access & Affordability	Strategy 2 Access & Affordability	\$20,000	Not being submitted for Board approval
Limited access to parenting information or resources to support children's healthy growth and development.	Family Support/Early Literacy	Strategy 5 Early Childhood Literacy Project	\$110,000	Approved 12 8 09
Limited access to health professionals with specialized knowledge of children birth through age five.	Health	Strategy 7 Therapist Incentive	\$75,000	Approved 12 8 09
Families are at a higher risk for abuse and/or neglect due to the economic and employment recession. Limited access to parenting information or resources to support children's healthy growth and development.	Family Support/Early Literacy	Strategy 8 Home Visitation	\$300,000	Approved 12 8 09
Limited access to parenting information or resources to support children's healthy growth and development.	Family Support/Early Literacy	Strategy 9 Food Assistance & Nutrition	\$10,000	Approved 12 8 09
Limited access to Oral Health Professionals and Services available to children birth through age five.	Health	Strategy 10 Oral Health	\$130,000	Recommend Approval 4 27 10
		Subtotal of Expenditures	\$731,670	
		Fund Balance	\$19,762	
		Grand Total	\$751,432	

Financial Summary FY 2010-2012

	SFY 2010	SFY 2011	SFY 2012	Total
			ESTIMATED	
Revenue				
FTF Total Allocation for the SFY	\$710,381	\$731,985	\$731,985	\$2,174,351
Fund Balance (carry forward from previous SFY)	N/A	\$4,447	\$19,762	
Total Available Funds	\$710,381	\$736,432	\$751,747	
	SFY 2010	SFY 2011	SFY 2012	Total
	OBLIGATED	PROPOSED	ESTIMATED	
Strategies				
1 Quality First	\$86,670	\$86,670	\$86,670	\$260,010
2 Access & Affordability	\$80,000	\$20,000	\$20,000	\$120,000
3 Immunizations	removed	removed	removed	\$0
4 Arizona Parent Kits	\$833	completed	completed	\$833
5 Early Childhood Literacy Project	\$100,000	\$110,000	\$110,000	\$320,000
6 Pediatric Incentive	removed	removed	removed	\$0
7 Therapist Incentive	\$150,000	\$75,000	\$37,500	\$262,500
8 Home Visitation	\$152,249	\$300,000	\$300,000	\$752,249
9. Food Assistance & Nutrition	\$0	\$10,000	\$10,000	\$20,000
10. Communications	\$15,000	\$0	\$0	\$15,000
10. Oral Health	\$0	\$130,000	\$130,000	\$260,000
Emergency Food Boxes	\$3,280	\$0	\$0	\$3,280
Emergency Scholarships	\$113,402	\$0	\$0	\$113,402
Needs and Assets	\$4,500	\$0	\$4,500	\$9,000
Subtotal Expenditures	\$705,934	\$716,670	\$698,670	\$2,136,274
Fund Balance (carry forward)	\$4,447	\$19,762	\$53,077	
Total	\$710,381	\$751,432	\$751,747	

STRATEGY WORKSHEET

Strategy 10

Strategy Name: Oral Health

Increase children's access to preventive dental care through oral health screenings, applying fluoride varnishes, and referring children for follow-up treatment.

The Graham/Greenlee Regional Partnership Council has identified the need for programs to increase children's access to preventive oral health care through a Fluoride Varnish/Oral Health Screening and Education and Outreach model and regional implementation of the following:

- Increase delivery of oral health screenings, apply fluoride applications (varnish), and refer families for oral health care.
- Encourage families to seek preventive oral health care for children ages two to five, and instill positive oral health habits among young children.
- Encourage dentists and other oral health professionals to address the oral health needs of children ages two to five.
- Inform parents about the importance of preventive oral health care for children ages birth through five, and conduct outreach to connect families to preventive oral health care treatments.

Tooth decay is the single most common chronic infectious disease of childhood, five times more common than asthma. Low income and minority children have more untreated decay and visit the dentist less frequently. Oral disease is progressive and cumulative and if left untreated can lead to needless pain and suffering; difficulty in speaking, chewing and swallowing; missed school days, increased cost of care; and the risk of other systemic health problems due to poor nutrition. Connections are emerging between the condition of the mouth and diabetes, heart disease, and preterm, low-weight births.

Access to dental care is limited for young children in both the state and the region. Lack of dental coverage may be a contributing factor to lack of oral health among children. According to the 2008 Needs and Assets Report, oral health has been neglected in Graham and Greenlee Counties, and proves to be a huge issue for children and families within the Graham/Greenlee Region. Many children within the counties are not seen by a dentist due to the fact that there are currently no dentists in the region that accept AHCCCS insurance.

It appears that lack of dental care and incidence of tooth decay begins well before children reach school. A study completed by the Arizona Department of Health Services studying children's oral health status from 1999 to 2003 determined that 35 percent of Arizona kindergarten students (mainly five year olds) had untreated tooth decay, and half of Arizona kindergarteners had experience with tooth decay. This same study also found that 25 percent of all Arizona kindergarten students had never been seen for a dental visit and of those children, 59 percent came from Hispanic families and 35 percent had family incomes of less than \$15,000 per year.

The American Academy of Pediatric Dentistry (AAPD) recognizes that tooth decay is a common, complex, chronic disease resulting from an imbalance of multiple risk factors and protective factors over time. To decrease the risk of developing caries (tooth decay) a potentially devastating infectious disease, the AAPD encourages professional and preventive measures by families of young children.

However, lack of dental coverage may be a contributing factor to poor oral health among children. For example, the Arizona Department of Health Services' 2003 Community Health Profile shows that 25 percent of children in one urban area lack dental insurance. Children whose families earn 200 percent are less likely to qualify for public health insurance programs like KidsCare or AHCCCS, both of which offer preventive dental care.

Fluoride varnishes are a proven intervention for reducing the incidence of dental caries (tooth decay) in young children. Oral health screenings and subsequent referrals to dental coverage and treatment are also effective ways of addressing dental needs cost effectively. The effectiveness of fluoride varnish when applied to young children is a proven intervention when properly applied to reduce the incidence of dental caries (tooth decay) in young children.

The Arizona Department of Health Services, Office of Oral Health, Arizona School Dental Survey 1999-2003 states, "Arizona children on average have five teeth affected by tooth decay (cavities), which is reported to be three times higher than the national average of 1.4 teeth with decay or fillings, which equates to about one out of every four teeth in a child's mouth....yet, more than one in three children (34 percent) still have untreated tooth decay." The American Academy of Pediatric Dentistry recommends that each family establish a dental home and seek dental care beginning with a child's first dental visit by age one.

Furthermore, the Centers for Medicare and Medicaid strongly supports children's oral health care by providing screenings and treatment services for eligible children in a number of areas, including dental care. According to the Arizona Office of Disease Prevention and Health Promotion in 2000, "Dental disease results in children's failure to thrive, impaired speech development, absence from and inability to concentrate in school, and reduced self-esteem."

Parent education concerning oral health is paramount. The American Dental Association published an article in *The Journal of the American Dental Association (JADA)* which stressed the importance of parent education by stating, "Parent's perceptions about their children's oral health and factors that motivate these perceptions can help dentistry overcome barriers that parents encounter in accessing dental care for their children. Actual disease and perceived need are associated significantly with parents' perceptions of their children's oral health." [(JADA) Vol. 136, No 3, 364-372] Research continues to link poor oral health of expectant mothers with premature and/or low birth weight in babies and associates poor oral health of expectant mothers with babies that present with "failure-to-thrive." (Arizona Department of Health Services, 2003)

Since children arriving in Arizona kindergarten classrooms have urgent dental care needs and untreated tooth decay, it is safe to say that there are also many children in the Graham/Greenlee Region under the age of five who have untreated dental decay and pre-cavities.

American Academy of Pediatric Dentistry, retrieved 03/18/09 from <http://www.aapd.org/parents>.

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http://www.cms.hhs.gov/MedicaidEarlyPeriodicScrn/02_Benefits.asp.

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Hoover, J.D.B. Featherstone, and S. A. Gansky. *J. Dent. Res.* 2006 85: 172-176. *Journal of the American Dental*

Association (JADA) Vol. 136, No 3, 364-372. Retrieved 11-17-2008 from <http://jada.ada.org/cgi/content/full/136/3/364>

Miller, M., Vigdor, E.R., Manning, W.G. (2004). "Covering the Uninsured: What is it worth?" *Health Affairs*. Retrieved

2/12/08 from <http://content.healthaffairs.org/cgi/reprint/hlthaff.w4.157v1.pdf>.

"Fluoride Varnish Use In Primary Care: What Do Providers Think?" Charlotte Lewis, Heather Lynch and Laura

Richardson. *Pediatrics* February 2005; 115; 69-76.

"Fluoride Varnishes." Kevin J. Donly, DDS, MS. *Journal of the California Dental Association* 31 (3): 217-19, 2003.

"Professionally Applied Topical Fluoride." Executive Summary of Evidence-Based Clinical Recommendations. The ADA Regional Council on Scientific Affairs. *The Journal of the American Dental Association* 137: Special JADA Insert, 2006.

"Policy on Early Childhood Caries (ECC): Classifications, Consequences, and Preventive Strategies." American Academy of Pediatric Dentistry and the American Academy of Pediatrics. Revised 2008.

Lead Goal: FTF will build on current efforts to increase the number of health care providers utilizing a medical and dental home model.

Key Measures:

1. Total number and percentage of children receiving appropriate and timely oral health visits.
2. Total number and percentage of oral health care providers utilizing a dental home model.

Target Population:

Children 2 to 5 years of age who have not been screened for oral health or who have been identified as having untreated tooth decay. Services to be provided across the region.

	SFY 2011 July 1, 2010 – June 30, 2011	SFY 2012 July 1, 2011 - June 30, 2012	SFY 2013 July 1, 2012 - June 30, 2013
Proposed Service Numbers	1,000 – 2,000 Children Ages 2-5	1,000 – 2,000 Children Ages 2-5	1,000 – 2,000 Children Ages 2-5

Performance Measures:

1. Total number and percentage of children receiving appropriate and timely oral health screenings/proposed service number
2. Total number and percentage of children receiving fluoride varnish treatments/proposed service number
3. Number of trainings conducted/proposed service number
4. Number of children, families, and/or oral health professionals attending trainings/proposed service number
5. Number of children referred for appropriate services/strategic target

SFY 2011 Expenditure Plan for Proposed Strategy

Allocation for proposed strategy	\$ 130,000
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Budget Justification:

Oral screenings, fluoride varnish treatments, toothbrush program, and referrals as needed: Estimate includes screening and fluoride varnish supplies, staff time and tooth brushing supplies. Service numbers 1,500, unit cost \$30 = \$45,000 X 2-4 times per year = approximately \$117,000

Administrative Costs: \$13,000