



Georgia Smiles for School Nurses

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Volume 2, Issue 4

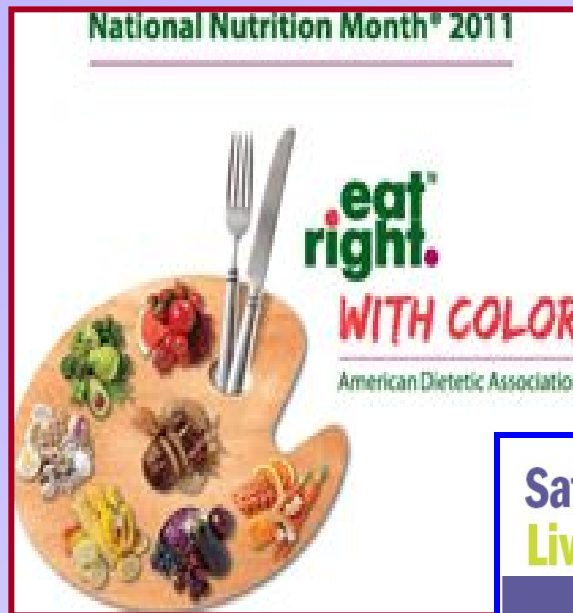
Spring 2011

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“Spring is busting out all over”! It’s a great time to get outside and play! March celebrates **National Nutrition Month** and April celebrates **National Facial Protection Month** along with **National Public Health Week**! As kids will be outside playing in the sunshine, we must remember that these activities can be damaging to the face and mouth. Children need to know about taking the necessary precautions to help prevent injuries every time activities or contact sports are played. This edition includes CE information for school nurses as well as information and activities to educate children to play safe! Enjoy!



**Safety is No Accident:
Live Injury-Free**

National Public Health Week
April 4–10, 2011 • www.nphw.org

SAFETY



Oral Health Continuing Education for School Nurses

Oral Health Continuing Education Class for School Nurses



1 3300 Form Dental Screening and Oral Health Basics
1 hour

2 Dental Emergencies Oral Disease Prevention
1 hour

Total 2.0 continuing education credits

FREE



The Georgia Oral Health Prevention Program state staff members are offering Oral Health Continuing Education Classes for School Nurses. Topics include:

- 3300 Form and Oral Health Data
- Basics on Oral Health
- Dental Emergencies
- Oral Disease Prevention

A total of 2.0 CE credits are awarded and the course is offered **FREE!**

Contact:

Jorge Bernal, DDS, MPH
jobernal@dhr.state.ga.us
(404) 463-2190

1 3300 Form Dental Screening and Oral Health Basics
1 hour



Session 1

3300 Form and Oral Health Data

- National and State data on oral disease
- Association between educational success and healthy children
- Patterning the oral examination to ensure all areas are examined
- Supplies needed for screenings
- Infection control techniques for screening

Basics on Oral Health

- Normal Oral Structures- Teeth and Gums
- Infection control for dental exams
- Eruption Schedule
- Cavity formation
- Transmission of the bacteria that cause decay
- When to refer
- Community resources
- Common oral health problems in the school environment

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2 Dental Emergencies Oral Disease Prevention
1 hour



Session 2

Dental Emergencies

- Emergency dental supplies- The Dental First Aid Kit
- Classifying level of dental services needed- Emergency/Early Dental Care/Routine Dental Needs
- When is a dental problem an emergency
- Common variances from the norm- identifying developmental or non-critical gingival or dental problems
- Identifying abscesses and significant dental emergency concerns
- Oral lesions- herpetic/traumatic/aphthous- How do you know the difference?
- Cellulitis and other immediate emergency concerns

Oral Disease Prevention

- Key Components in Oral Disease Prevention
- Newest research and recommendations for oral disease

Contact: Jorge Bernal, DDS, MPH at:
jobernal@dhr.state.ga.us
(404) 463-2190

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The Collaboration between GOHPP and United Concordia

Information submitted by Jorge Bernal, Sealant/Education Consultant, Oral Health Division

Community Outreach 2010

**UNITED
CONCORDIA®**
Insuring America's Dental Health

Committed to Communities

Did You Know?

- More than 125 million adults and children do not have dental insurance¹
- Twenty-five million Americans live in areas where there is a shortage of dentists²

Our Community Outreach Efforts

At United Concordia, we're committed to doing our part to help meet the dental needs of the underserved.

Helping provide free dental care in the communities we serve is just one example of our corporate commitment in action.



Free Dental Care

Since January, we have helped deliver nearly \$760,000 in free dental care to more than 3,600 children and adults across the nation. Our plan is to help provide more than \$1 million of care, at no cost, through at least 70 programs by the end of year.

The dental services, offered to adults and children with minimal or no insurance, range from x-rays and exams to cleanings and fillings. Our goal is to provide people in need with preventive dental care and education on the importance of good oral hygiene, including proper brushing and flossing techniques.

Building Partnerships

The cornerstone to our success is an ability to build partnerships. We work with a variety of partners—dentists, dental clinics, community organizations and hygiene schools; our parent company, Highmark; and sister subsidiary, Davis Vision—to bring free dental care to people in need, raise awareness of proper oral health and help create stronger communities.

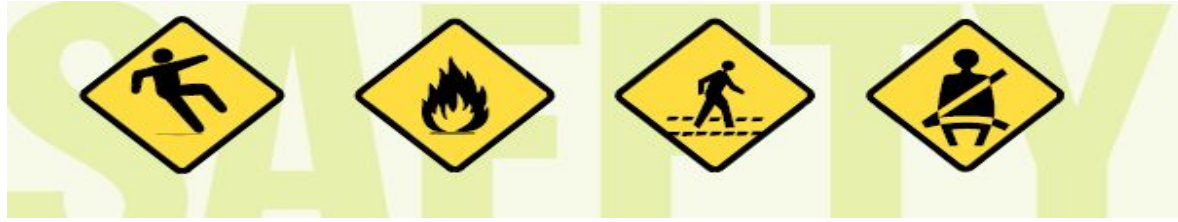
Some of our partners in 2010 include the Arizona Dental Foundation, Children's Museum of Pittsburgh, Houston Department of Health and Human Services, Kanawha Valley Dental Society (W. Va.), Multnomah Dental Society (Ore.), Sacramento District Dental Society and Foundation and State of Georgia Oral Health Program.

Success Story

One of our successful partnerships is with the State of Georgia Oral Health Program. We provided dental supplies to the program so that more than 2,500 second graders in 34 elementary schools could receive exams, cleanings, fluoride treatments and sealants during the 2009-2010 school year.

1. 2009 NADP/DOPA Joint Dental Benefits Report on Enrollment
2. Oral Health U.S., 2002, NIH/CDC

National Public Health Week: April 4-10, 2011



Beginning April 4, 2011, Georgia Department of Community Health is recognizing National Public Health Week. This year's theme is Safety is NO Accident.

Though it's not something people typically think about or plan for, the potential for injury is all around us. Each year, nearly 150,000 Americans die from injuries, and another 30 million are hurt seriously enough to go to the emergency room. We are all at risk for injuries, even at home and while engaging in daily activities. Please take the time to learn what you can do to protect yourself and the ones you love.

To learn great tips on preventing injuries or what to do should an injury occur, click http://dch.georgia.gov/00/article/0,2086,31446711_144097510_169668204,00.html. Please share this information with friends, loved ones, and anyone you want to keep safe and healthy.

National Facial Protection Month *Safety is NO Accident*

It only takes a moment for an injury to happen - a fall on a stair, a moment's glance away from the road, a biking or sports-related injury, a medication mix-up. But it also takes just a moment to protect against injuries and make communities safer. The potential for injury is all around us. Each year, nearly 150,000 people die from injuries, and almost 30 million people are injured seriously enough to go to the emergency room.

Injuries are not "accidents", and we can prevent them from happening. Taking actions such as wearing a seat-belt, properly installing and using child safety seats, wearing a helmet and storing cleaning supplies in locked cabinets are important ways to proactively promote safety and prevent injuries.

During **National Public Health Week 2011**, the American Public Health Association (APHA) needs your help to educate Americans that "**Safety is No Accident**". Together, we can help Americans live injury-free in all areas of life: at work, at home, at play, in your community and anywhere people are on the move. We all need to do our part to prevent injuries and violence in our communities. Join us as we work together to create a safer and healthier nation.

Activity	Estimated Injuries	Percent Associated With Head, Face, Mouth or Ears
Bicycles	239,795	33.9%
Baseball	84,878	48.9%
Football	51,953	12.5%
Skateboards	18,743	20.5%
Kick Scooters	37,574	33.2%
ATVs*	32,875	25%
Skateboards	65,130	20.5%
In-line skating **	18,712	9.6%
Roller Skating**	28,559	7.8%
Lacrosse	5,393	n/a
Softball	27,510	29.6

Estimated Emergency Room-Treated Injuries for Youths Under Age 15

In-2006

Let's Face the Facts!

According to Safe Kids USA and the American Academy of Pediatrics, more than 30 million US children ages 5-14 participate in sports each year. 3.5 million of them will receive medical treatment as a result, with more than 775,000 ending up in hospital emergency rooms. In a national survey, 33 percent of parents admitted they often do not enforce the same safety precautions during their child's practice and they would for a game. No wonder, then, that [62 percent of sports-related injuries occur during practice.](#)

Source: Consumer Product Safety Commission, Release #08-252, April 23, 2008 n/a = Sample size too small to report estimate.

*Methodologies detailed in the 2006 Annual Report of ATV-Related Deaths and Injuries (CPSC, February 2008).

**Adjusted to include a proportionally allocated share of injuries coding skating, notspecified. http://www.aaoms.org/docs/facial_protection_month/statistics.pdf

Excerpts from the February 2011, Oral Health Initiative Newsletter
A Program of the American Academy of Pediatrics

Poor Dental Health Affects Kids' Schoolwork Dentistry.co.uk – February 14 <http://www.dentistry.co.uk/news/3677--Oral-health-Poor-dental-health-affects-kidsqapos-schoolwork#> A child's ability to learn in school is directly affected by how healthy their teeth are, according to UK dental hygienists. Painful toothaches disable concentration and focus on learning. Continuously missing school due to dental concerns make these children likely to fall behind. Children are often unable to communicate their pain, even if a teacher notices them having difficulties in class. Emphasizing prevention and proper care can prevent toothache pain and avoid the consequences on their learning. Stressing proper oral care falls to parents, no matter how defiant a child may be.

Using Mouthwash May Help to Prevent Premature Birth Cosmetic Dentistry Guide – February 14 <http://www.cosmeticdentistryguide.co.uk/news/using-mouthwash-may-help-to-prevent-premature-birth-6644> A study by a team of researchers at the University of Pennsylvania has found that using mouthwash can help reduce the risk of premature birth. The study, involving 200 women in the early phases of pregnancy and who were also suffering from periodontal disease, found that mothers with a high risk of giving birth prematurely could reduce the risk of early labor by two-thirds by using antibacterial mouthwash on a regular basis. Forty-nine of the women were given antibacterial, alcohol-free mouthwash twice a day, although most were not given formal dental treatment during the observation period. Among the group of mothers that did use mouthwash, only 6.1% gave birth early. In comparison, the group who did not use mouthwash, 21.9% gave birth prematurely. The babies from the group that used mouthwash were also heavier. Other factors were taken into consideration including maternal smoking and age. Results were adjusted accordingly. The team still found a significant reduction in the risk of premature birth even after the adjustments.

Tooth Loss Link to Breast Cancer Dentistry.co.uk – February 11 <http://www.dentistry.co.uk/news/3671--Oral-health-Tooth-loss-link-to-breast-cancer> A new study suggests that women may be 11 x more likely to develop breast cancer if they have missing teeth and gum disease. The Karolinska Institute in Sweden studied more than 3000 patients which showed that out of the 41 people who developed breast cancer, those with gum disease and loss of teeth were 11 x more likely to develop cancer. Dr Nigel Carter, chief executive of the British Dental Health Foundation, believes more needs to be done to confirm the results as this appears to be the first study presenting such findings. "If future studies can also testify to the link between missing teeth and breast cancer, more has to be done to raise public awareness on the issue.... The findings presented in the study indicate another clear link between your general and oral health."

MetLife Launches Healthy Mouth Match Up Game for its Online Library Dentistry IQ – February 4 <http://www.dentistryiq.com/index/display/news-display/1353146894.html> The addition of a new interactive children's game and other family dental health resources to its free, online Oral Health Library has been announced by MetLife, a provider of dental plan administration. MetLife's Healthy Mouth Match Up game and other educational materials can be accessed within the Kid's Dental Health Center in the MetLife Oral Health Library. The game and many of the articles are available in both English and Spanish. "It is very important to instill good oral health habits at a young age," says Dr David Guarrera, DDS, vice president, MetLife Dental Products. "MetLife is committed to helping people maintain—or improve—their oral health and engaging children in the process is key. Providing easy access to educational materials for both children and their parents is the first step in helping them understand the risks for dental disease."



Your County Health Department's School Dental Program

Most county health departments have a School dental program especially for children without access to care and those who are left without a safety net by some other dental programs. Our program can provide oral screenings, cleanings, dental sealants, and fluoride treatments regardless of ability to pay. We would be happy to visit your school!

If one of your students should have an emergency or just need a dentist, the health department dental clinics are available.

Help your students receive the care they need! To reserve an appointment:

For program contact information:

<http://health.state.ga.us/pdfs/familyhealth/oral/oralhealthcontacts.pdf>



National Nutrition Month® | March 2011

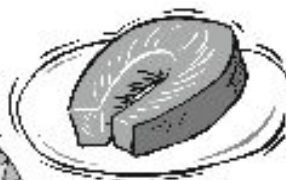
WORD SEARCH—KIDS

Your words may be found across, down or backwards.



H	S	S	A	D	N	I	L	P	O	P	C	O	R	N	J	M	T	R	C
P	R	M	U	S	H	R	O	O	M	G	P	T	E	N	A	J	M	V	O
H	E	K	L	P	H	M	P	W	A	T	E	R	M	E	L	O	N	M	D
C	H	P	M	N	A	D	R	O	J	E	T	A	N	M	V	U	S	R	A
P	S	A	R	P	P	H	D	D	O	T	Y	O	G	U	R	T	L	C	C
E	Q	C	H	E	A	N	N	A	L	A	Y	R	A	M	U	M	E	K	O
A	U	H	I	A	A	V	E	M	S	R	S	T	O	N	C	K	M	J	V
S	A	K	S	R	S	V	O	A	T	M	E	A	L	O	N	I	O	N	A
R	S	M	E	R	C	A	B	N	Z	A	K	A	L	E	R	B	N	T	S
E	H	S	A	L	M	O	N	G	K	I	W	I	R	I	C	B	E	E	F
A	K	N	P	A	V	D	K	O	R	A	N	G	E	G	X	E	V	N	T
D	S	A	R	P	W	A	L	N	U	T	S	R	E	P	P	E	P	D	U
A	N	E	I	P	A	C	B	R	O	C	C	O	L	I	E	T	N	A	N
T	L	B	C	L	X	G	E	G	G	P	L	A	N	T	M	S	K	Z	A
K	C	I	E	E	U	V	P	I	N	E	A	P	P	L	E	T	M	V	U
V	C	P	E	J	J	A	N	A	N	A	B	P	C	H	I	C	K	E	N

- | | | | | | | | |
|------------|--------------|--------------|---------------|---------------|---------------|--------------|---------------------|
| Red | Green | White | Yellow | Orange | Purple | Brown | Multi-Colors |
| Apple | Avocado | Chicken | Banana | Mango | Beets | Beef | Beans |
| Watermelon | Broccoli | Mushroom | Lemon | Orange | Eggplant | Oatmeal | Pear |
| | Kiwi | Onion | Pineapple | Salmon | | Tuna | Peppers |
| | Peas | Popcorn | | | | Walnuts | Squash |
| | | Rice | | | | | |
| | | Yogurt | | | | | |





National Transportation Safety Board

Bring Your Sons & Daughters To Work Day - April 24, 2008

Words in the Mix: Transportation and safety are what the NTSB is about, and this for each of the many ways people move or move things around. Can you find the Words in the Mix?

One Word in the Mix

BEATTLES -----
 A NO SNOR IT PART -----
 YS TAFF -----
 HTML EE -----
 ABRAGIS -----
 NOTE AT TIN -----
 LOTS AF -----

Two Words in the Mix

SCAPIFFTROT -----
 WWO NODLS -----
 LIKE THE BELM -----
 XIND PEG -----
 AS BEEF -----

Help: Be safe, attention, seatbelt, slow down, helmet, float, bike helmet, traffic, transportation, traffic stop, airbags, ped xing

National Nutrition Month® March 2011



NUTRITION SUDOKU-KIDS

You may have seen Sudoku with numbers, but here's one with food items. Each horizontal row, vertical column and 3x3 box must contain all nine food words. The words begin with letters A-I to make it easier for you to check that all nine have been placed in each row, column and 3x3 box.

Ham		Eggplant	Corn	Ice cream	Dill	Grapes	Beans	Fish
Ice cream	Beans	Corn		Ham	Fish		Dill	Eggplant
Fish	Grapes	Dill	Apple	Beans		Ice cream	Corn	
Dill	Ham		Eggplant		Apple	Fish		Beans
	Eggplant	Fish		Dill	Beans		Ham	Apple
Apple		Beans	Fish	Grapes		Dill	Eggplant	
Corn	Ice cream	Ham			Grapes			Dill
	Fish		Dill	Eggplant	Corn	Ham	Ice cream	
Eggplant		Grapes	Ham	Apple		Beans	Fish	Corn

- Apple
- Beans
- Corn
- Dill
- Eggplant
- Fish
- Grapes
- Ham
- Ice Cream



Apple	Beans	Corn	Dill	Eggplant	Fish	Grapes	Ham	Ice Cream
Beans	Corn	Dill	Eggplant	Fish	Grapes	Ham	Ice Cream	Apple
Corn	Dill	Eggplant	Fish	Grapes	Ham	Ice Cream	Apple	Beans
Dill	Eggplant	Fish	Grapes	Ham	Ice Cream	Apple	Beans	Corn
Eggplant	Fish	Grapes	Ham	Ice Cream	Apple	Beans	Corn	Dill
Fish	Grapes	Ham	Ice Cream	Apple	Beans	Corn	Dill	Eggplant
Grapes	Ham	Ice Cream	Apple	Beans	Corn	Dill	Eggplant	Fish
Ham	Ice Cream	Apple	Beans	Corn	Dill	Eggplant	Fish	Grapes
Ice Cream	Apple	Beans	Corn	Dill	Eggplant	Fish	Grapes	Ham
Apple	Beans	Corn	Dill	Eggplant	Fish	Grapes	Ham	Ice Cream

Recent Recommendations to Fluoride Levels in Drinking Water

Dixianne Parker, RDH, MEd, Fluoridation Specialist



The recent recommendations to change fluoride levels in drinking water are stirring questions among the public. Oral healthcare professionals can be the first to provide patients with fluoride facts and guidance. The Third Grade Survey many district healthcare professionals participated in this fall shows preliminary data on dental fluorosis in Georgia at less than 3%, right in line with the national statistics.

On 7 January 2011, both the federal Environmental Protection Agency (EPA) and the Centers for Disease Control and Prevention (CDC) (under the Department of Health and Human Services, HHS) released new information related to fluoride, covering both the beneficial levels needed to protect against tooth decay, and the possible risks of fluoride at higher concentrations. The EPA revised the recommended levels for fluoride in community drinking water for the first time in nearly 50 years. The new level of fluoride the HHS recommends is **0.7 milligrams per liter (0.7 ppm)**. This is a very small change for the State of Georgia. Georgia's recommended fluoridation level is currently set at 0.85 mg/L. States in more northern regions of the US, with colder climates, currently have higher recommend levels. The legal, enforceable standard for the maximum amount of fluoride allowed in drinking water is set by the EPA, and currently stands at 4.0 mg/L (4 ppm). The HHS's move to reduce the recommended level to 0.7 mg/L aims to maintain its benefits in preventing tooth decay and minimize the risk of dental fluorosis.

The revision to recommended fluoride levels was spurred by two important statistics about dental fluorosis. Both figures appear in a National Center for Health Statistics (NCHS) data brief, November 2010. In a survey conducted from 1999 to 2004 it shows dental fluorosis was present among 41% of adolescents ages 12-15 years-of-age. In contrast, a survey conducted from 1986 to 1987 reveals fluorosis in this same age group was 23%. In short, the prevalence of fluorosis among adolescents rose 18% between 1986 and 2004. In addition, the brief also shows children and teens are not the only age group affected by fluorosis.

The HHS and the EPA play different roles in carrying out water policy: the HHS oversees the national water fluoridation plan, while the EPA is responsible for setting the legal, enforceable standard for parts of that plan - including fluoride levels for drinking water.

The new EPA assessments of fluoride were undertaken in response to findings of the National Academies of Science (NAS). At the EPA's request, NAS in 2006, reviewed new data on fluoride and issued a report. The report recommended the EPA update its health and exposure assessments to take into account bone and dental effects and to consider both drinking water and diet as sources of fluoride.

The EPA has released a new quantitative dose response assessment and an environmental exposure assessment for fluoride. At the same time, the CDC has proposed the adjustment of the recommendation for the optimal fluoride level in drinking water for good dental health.

The EPA established the current drinking water regulations and optimal dosage recommendations for the fluoride ion in drinking water in 1986. The enforceable Maximum Contaminant Level (MCL) is set at 4 mg/L (4 ppm). This level was established to protect against crippling skeletal fluorosis. The EPA also established a non-enforceable Secondary Maximum Contaminant Level (SMCL) of 2 mg/L to protect against moderate dental fluorosis (discoloration of the tooth enamel), a cosmetic effect. CDC's recommendation for the optimum fluoride level to protect dental health has been in a range from 0.7 to 1.2 mg/l. CDC set the range by taking into account different

continued next page

Fluoride, cont.

levels of children's fluid intake according to average annual temperatures in different regions of the U.S. Less fluoride was recommended in warmer, southern climates where it was believed people drank more water, and more fluoride was recommended in cooler climates where people drank less water.

The EPA has completed and peer-reviewed a quantitative dose-response assessment based on available data for severe dental fluorosis, as recommended by the NAS. Additional research will be necessary to obtain dose-response data amenable to a quantitative risk assessment for Stage II skeletal fluorosis and/or skeletal fractures. However, the recommendations relative to severe dental fluorosis are thought to likely be protective against other adverse health effects. The dose-response assessment provides a reference dose based on the critical health effect of pitting of the enamel in severe dental fluorosis. The new oral Reference Dose (RfD) is 0.08 mg/kg/day. The dietary portion is estimated to be 0.01 mg/kg/day and the drinking water contribution is estimated at 0.07 mg/kg/day; confidence in the RfD is said to be "medium." Note: The drinking water contribution of 0.07 mg/kg/day would equate to a concentration of about 2.4 mg/L, for a 70 kg adult drinking 2 liters/day.

The CDC considered current levels of tooth decay, dental fluorosis, and fluid consumption across the U.S. Based on those analyses, the CDC is proposing community water systems adjust their fluoride content to a single, maximum level of 0.7 mg/L (7 ppm), versus the current range of 0.7 to 1.2 mg/L. This updated recommendation is based on recent EPA and HHS scientific assessments to balance the benefits of preventing tooth decay while limiting any unwanted health effects. The CDC also believes geographical differences that were drivers for the previous range are not as significant as they once were, due to factors such as the advent of air conditioning. This 0.7 mg/l level is a proposal, and the CDC will be taking comments on the change for an additional length of time until 15 April 2011. When a new optimum fluoride level is adopted as final, we expect new guidance on how states and drinking water systems can implement the new recommendations.

Updated questions and answers are already available at:

http://www.cdc.gov/fluoridation/fact_sheets/cwf_qa.htm.

All the risk analysis documents, including information on the results of the peer review process, are posted on EPA's website at: http://water.epa.gov/action/advisories/drinking/fluoride_index.cfm.

Specific information on the latest evaluation of fluoride used to determine the new dental health recommendation can be found in the prepublication version of the Federal Register notice at:

http://www.hhs.gov/news/press/2011pres/01/pre_pub_frn_fluoride.html.

More general information on fluoride for improving dental health can be found on the CDC website at:

<http://www.cdc.gov/fluoridation/index.htm>.

November 2010 National Center for Health Statistics (NCHS) data brief:

<http://www.cdc.gov/nchs/data/databriefs/db53.pdf>.

<http://water.epa.gov/lawsregs/rulesregs/regulatingcontaminants/sixyearreview/index.cfm>

http://www.ada.org/sections/advocacy/pdfs/topics_fluoridation_preventionmag.pdf.

http://www.ada.org/sections/advocacy/pdfs/fluoride_letter_NAS_051014.pdf.

http://www.aaphd.org/default.asp?page=reconfirm_fluoridation.htm.



In motivating people, you've got to engage their minds and their hearts.
I motivate people, I hope, by example - and perhaps by excitement, by having
productive ideas to make others feel involved.

~ Rupert Murdoch