



# Oral Health in the State of Washington

## An Overview of Agency Activities

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## Introduction

Good oral health is a critical component of overall health. Untreated dental disease can result in pain, poor nutrition, a lack of employability, and social isolation, which can have a devastating impact on overall health and quality of life.

In March 2013 the Washington State Board of Health approved an implementation plan for an oral health project. The goal of the project was to create a set of strategies to improve the oral health of Washington state residents. To create the set of strategies a committee of expert oral health professionals reviewed nationally recognized strategic approaches to improving oral health, adapted best strategic approaches to Washington state, discussed the strategies with state experts and key informants, and held a consultation session with an expert oral health advisory group to make a final recommendation to the Board.

On November 13, 2013, the Washington State Board of Health approved the *Recommended Strategies to Improve the Oral Health of Washington Residents*; a set of seven strategies to improve the oral health of Washington state residents. The Board's intention was to provide leadership on public health policies that focus on oral health promotion, prevention, early intervention and treatment. *The Recommended Strategies to Improve the Oral Health of Washington Residents* can be found online<sup>1</sup>.

For the Oral Health Workshop the State Board of Health convened a group of representatives from various state agencies and dental health stakeholders. The purpose of the Oral Health Workshop was to bring together representatives from various Washington state agencies to:

- Identify agency activities, that align with the Board's seven oral health strategies;
- Increase awareness of aligned agency activities;
- Understand the factors that advance these strategies and those that may pose challenges; and
- Draw on the expertise of participants to brainstorm recommendations that may align with the strategies for further actions to improve oral health.

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<sup>1</sup> *Recommended Strategies to Improve the Oral Health of Washington Residents*:  
<http://sboh.wa.gov/OurWork/CurrentProjects/OralHealthStrategies.aspx>

## Why Oral Health Matters to Washington Residents

Oral health is a critical component of overall health. Oral health diseases are costly, painful, debilitating, and widespread in Washington state, affecting more than just the mouth. Poor oral health can impact many aspects of a person's life and untreated oral disease can exacerbate chronic health conditions, such as diabetes, cardiovascular disease, adverse pregnancy outcomes, and aspiration pneumonia.

Dental disease is so widespread and has had such a significant impact on human health that the U.S. Surgeon General classified dental disease as a silent epidemic. Oral health diseases are, however, preventable. When people seek and receive oral health care early, disease can be prevented and small problems can be treated so that they do not lead to serious and costly health issues.

Dental disease is the most common chronic disease of childhood (VanLandeghem, 2010). Untreated dental disease can cause intense pain that affects a child's ability to eat, get enough sleep, pay attention, and sit still in class. Children with severe dental problems are more likely to miss school and have difficulty learning (Blumenshire, 2008).

Oral health is particularly important during pregnancy. Pregnant women are more likely to develop oral health problems due to biological changes in their bodies and, if they have active oral disease, can pass cavity-causing bacteria to their babies after birth through saliva.

For adults, untreated dental disease can result in pain, poor nutrition, a lack of employability, and social isolation - which can impact quality of life. Older adults are particularly at-risk due to taking multiple medications that cause dry mouth and lead to tooth decay.

In Washington, adults aged 55 years and older rank higher than the national average when it comes to having dental insurance. However, 20% of adults ages 55 and older reported having a dental issue that needed to be addressed in the next month. Nearly 24% of seniors with an annual income under \$25,000 have not seen a dentist in five years or more (Firman, 2012).

Poor dental health is costly for Washington residents. According to a 2010 report by the Washington State Hospital Association (Cannon, 2010), dental complaints were the number one reason uninsured adults visited Washington state emergency rooms, costing over \$36 million in an 18 month period.

Strategies that prevent and treat dental disease improve oral health and save money. For example, providing periodontal treatment to people with diabetes reduces hospitalizations by 61% in the first year of treatment and reduces their medical costs by an average of \$3,200 per year (Jeffcoat, 2012).

## Oral Health Trends in Washington

Children through age 20 are eligible for a complete range of dental services in Washington, including preventive and restorative procedures. States are required by federal law to provide dental coverage to children in low-income families through Apple Health (Washington's Medicaid plan). However adult dental coverage is an optional benefit.

Dental coverage is free for all children in families below 200% of the Federal Poverty Level. Families up to 300% of the Federal Poverty Level pay a small monthly premium. Families do not pay a copay or deductible.

Access to the Baby and Child Dentistry Program (ABCD) connect Apple Health insured children under the age of 6 to dentists trained to address oral health in young children. Initiated in 1995, the ABCD program is nationally recognized for expanding access to care for Apple Health insured young children. The Pew Charitable Trusts has praised ABCD for achieving significant results while “delivering a strong return on taxpayers’ investment.”

The ABCD program identifies highest risk children and enrolls them by age one, educates families and caregivers on preventing cavities, provides outreach and case management to connect families with dental offices, and provides best practices training to dentists treating young children.

Adult eligibility for dental coverage has changed over the years. In 2011, budget cuts limited dental coverage for most adults to emergency services, such as extractions for teeth causing severe pain and antibiotics for infection. Comprehensive dental coverage was only available to pregnant women, those in long-term care or nursing homes, and clients eligible under a waiver program<sup>2</sup>.

In 2014, comprehensive dental coverage was restored to all Apple Health insured adults, including those covered by the Medicaid Expansion component of the Affordable Care Act (ACA). As of 2014, 12 states offered comprehensive benefits to adults, 20 provided limited benefits, 16 offered only emergency benefits, and 3 states did not provide any dental benefits to adults.

Through a data sharing agreement between the Washington State Health Care Authority and the Washington Dental Service Foundation, a non-profit funded by Delta Dental of Washington, Apple Health data was analyzed to identify current status and further trends in oral health service utilization and costs for both children and adults.

The impact of the findings has a significant bearing on both physical and oral health of a large portion of Washington residents. Nearly one in four people in Washington receive their

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<sup>2</sup> Note: The Centers for Medicare and Medicaid Services 1915 (c) waiver program covers certain medically needy and disabled clients.

healthcare coverage from Apple Health. This includes over one half of children and a growing number of adults<sup>3</sup> (Cornell, 2014).

A summary of the data provided the following key findings:

- Dental expenditures were \$139M in FY2008, peaked at \$189M in FY2010, and decreased to \$185M in FY2013. After adjusting for inflation, this is a 14% increase over the 6-year period, which can be attributed to an increase in enrollees and to an increase in per-person expenditures.
- In FY2013, the vast majority of spending (93%) was on services for children, as budget cuts largely eliminated the adult dental program as of January 2011.
- Diagnostic and preventive services were the types of services most frequently used, but restorative services contributed to the largest proportion of total expenditures.
- In FY2013, dental expenditures for most users were under \$500. Fewer than 4% of users had expenditures of more than \$2,000.
- The percentage of children accessing dental services as well as receiving preventive dental care increased across all age groups between FY2008 and FY2013.
- In FY2013, 55% of child enrollees received dental services, compared to 14% of adult enrollees.

Dental expenditures represented only 3% of the \$8.2 billion dollars in Apple Health expenditures in FY2013. Children have historically comprised a much larger portion of the total dental expenditures than adults, and account for approximately three quarters of expenditures from FY2008 to FY2010. By FY2013, more than two years after the adult dental cuts, children accounted for 93% of all expenditures.

The percentage of children using dental services has risen steadily since FY2008. Since adults comprise a much smaller proportion of dental users than children, the impact of the adult dental cuts on the percent of total Apple Health enrollees using dental services was small, with 40% of all enrollees using services in FY2013 compared to 43% in FY2010.

A slightly larger proportion of enrollees were using preventive services in FY2013 compared to FY2008. Among enrollees with at least 11 months of continuous enrollment, more than half used at least one dental service in FY2013, compared to only 17% of those who were not continuously covered.

Total utilization rates vary by county with a low of 25% in Jefferson County, and a high of 54% in Yakima County. King County, the states most populous county, had a utilization rate of 36%. The percentage of children accessing dental services is on the rise, there is still a wide variation among counties, from 37 to 69%.

Adults age 55 and over have lower utilization rates than other adults, yet have increased risk for oral disease. Older adults have even more limited options for public dental coverage. Medicare does not include dental coverage and older adults are not part of the Medicaid Expansion, so

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<sup>3</sup> According to Health Care Authority Apple Health Program Enrollment Reports, the number of Washingtonians enrolled in Apple Health in April 2014 was 1,601,480 (23.8% of the state's population).

only the lowest income seniors, those under 74% of the federal poverty level, qualify for Apple Health coverage.

While the total number of Apple Health enrollees has increased from FY2008 to FY2013; the percent of enrollees using services, as well as total expenditures, has fluctuated during the same period. The average annual growth rate was 3.5% for Apple Health enrollees, 2.8% for enrollees getting services and 5.9% for expenditures (excluding CHC payments). Similarly, dental expenditures per user grew 3%, from \$434 in FY2011 to \$450 in FY2013.

Restorative services accounted for the greatest portion of total expenditures for both children and adults in FY2013. However, diagnostic services, often necessary prior to oral surgery, along with oral surgery accounted for the greatest portion for care. While more people use diagnostic and preventive services, restorative services are much more costly. Extractions, which fall within the oral surgery group, were one of the few procedures covered for all adults in 2013.

Expenditures for 56% of users were between \$101 and \$500 in FY2013. Fewer than 4% of all users had dental expenditures of more than \$2,000. About 10% of enrollees account for 41% of the expenditures; half of all users account for 85% of total expenditures.

Unlike medical expenditures, which can run into hundreds of thousands for high cost beneficiaries, the users with the 10 highest dental costs in FY2013 each had less than \$8,700 in dental expenditures<sup>4</sup>. Eight of the top ten were children who had endodontic services (e.g., root canals) and restorative services (e.g., crowns).

In FY 2013, 95 cents out of every dollar for dental services went to dentists or Community Health Clinics. The remaining 5% went to dental hygienists, anesthesiologists, and other dental providers. Approximately two thirds of dental services in FY 2013 were provided by private practice, while a third was provided by Community Health Clinics (CHC).

Overall, more children are served by CHCs than adults, as more children use dental services in general. The number of adults served by community health centers has been declining since 2011, when cuts to Apple Health adult dental benefits went into effect. The overall portion of children dental users served by CHC compared to all providers was consistent, around 30%, from FY2008 to FY2013. During the same period adult usage of CHCs has been on the rise.

Nearly 14% of people in Washington state live in a dental Health Professional Shortage Area (HSPA). This is slightly below the national average of 15%.

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<sup>4</sup> Note: Users with high dental expenditures may have additional medical costs not captured here that are connected to treatment of a dental problem (e.g., operating room, anesthesia, ER costs).

## **Oral Health Workshop**

The Washington State Board of Health initiated the Oral Health Workshop with the intended outcome to provide a concise summary of what state agencies are doing, or plan to do, within the recommended strategic framework and their effort to further the Healthiest Next Generation and Results Washington.

A pre-workshop survey prioritized the interest and activity of participating agencies in the seven oral health strategies. Following a presentation by Jim Sledge, sponsor of the Washington State Board of Health's Oral Health Strategies, participants discussed their agency's activities and how they aligned with the seven strategies.

Following the discussion of agency activities, workshop participants broke into four small groups to discuss gaps and barriers to improving oral health and agency strengths pushing oral health strategies forward. In those discussions, several trends were noted and mitigating actions for the barriers brainstormed.

While substantial work was identified across agencies to improve oral health, the workshop participants identified further priorities and recommendations to pursue.

## Agency Strengths

Following the identification of specific barriers to implementing the seven oral health strategies in Washington state, the Oral Health Workgroup identified several agency strengths pushing oral health strategies forward.

*Health Systems:* Several improvements to collaboration, education, and literacy have been made in Washington regarding oral health. Essential oral health benefits are a requirement for individuals under the age of 19 accessing health insurance in the non-grandfathered individual and small group market, including through the Health Benefits Exchange. Outreach campaigns have been made to serve underserved populations in Washington.

*Interprofessional Collaboration:* The Washington State Board of Health has set inter-professional collaboration as a priority in its *Recommended Strategies to Improve the Oral Health of Washington Residents*, and new scrutiny has been given to existing and potential collaborations. Tie-ins have been made to the Healthiest Next Generation initiative with room for potential expansion.

*Oral Health Literacy:* Oral Health literacy has been a focus in programs such as the ABCD program reaching young children and their families. Further specified populations have been reached through nurse-family partnerships, maternity support services, WIC, and through community health workers and messengers through transformation work.

*Work Force:* Strong academic leadership has led to innovative programs bolstering the oral health work force. A strong example of this work is the RIDE program. There is robust children's advocacy in Washington which ties into programs such as the ABCD program, and the ABCD incentive. There is also an increase in CHCs and FQHCs.

*Surveillance:* A good baseline dataset exists to assess the current IT abilities and expansion plans. There are also untapped data sets from sources such as DOC, schools, etc.

*Community Water Fluoridation:* The biggest agency strength regarding community water fluoridation is removing the stigma associated with talking about fluoridation by the State Board of Health, as well as the partner agencies providing accurate and positive messaging.

## Current Activities

The Oral Health Workshop participants identified current agency activities that align with the seven oral health strategies. These activities, listed by agency and strategy, represent ongoing, project, and planning activities to improve the oral health of Washington residents.

<b>HEALTH SYSTEMS</b>	
<b>Agency</b>	<b>KEY CURRENT ACTIVITIES</b>
Department of Health	Maintain, promote and strengthen referral infrastructure
Office of the Superintendent for Public Instruction	Support school nurses who refer students to dental providers
Health Care Authority	Carry out outreach to clients to reach CMS goal of increasing children’s utilization of preventive dental visits by 10% by October 2015
Public Employees Benefits Board	Provide an incentive for members to receive a preventive dental cleaning through a wellness program beginning January 2015.
Washington Health Benefit Exchange	Offer pediatric dental essential health benefit
Office of the Insurance Commissioner	Oversee implementation of pediatric dental essential health benefit
Department of Corrections	Explore cost-containment measures in delivering dental care to incarcerated population
	Provide early detection and treatment of severe dental problems

<b>INTERPROFESSIONAL COLLABORATION</b>	
<b>Agency</b>	<b>KEY CURRENT ACTIVITIES</b>
Department of Health	Promote and participate in Washington State Oral Health Coalition
	Integrate oral health into internal chronic disease prevention programs: Healthy Eating, Women’s Health, Diabetes, Asthma
Department of Corrections	Target offenders whose medical condition is particularly impacted by their oral health status, including those with chronic conditions and pregnant women

<b>ORAL HEALTH LITERACY</b>	
<b>Agency</b>	<b>KEY CURRENT ACTIVITIES</b>
Department of Health	Disseminate oral health publications
	Review oral health information in monthly <i>Child Profile</i>
	Provide oral health information in Text4baby
	Support Nurse-family partnerships which provide oral health education and referrals
	Include oral health module in community health worker training
Office of the Superintendent for Public Instruction	Support school nurses who provide oral health education in the classroom
Public Employees Benefits Board	Promote oral health in monthly newsletter and provide links to oral health resources
	Include oral health information in foster care pamphlet
	Distribute educational information from Centers for Medicaid and Medicare Services and Washington Dental Services Foundation
Department of Corrections	Provide oral health education to incarcerated population

<b>WORKFORCE</b>	
<b>Agency</b>	<b>KEY CURRENT ACTIVITIES</b>
Department of Corrections	Recruit and provide incentives to providers to serve offender population

<b>SURVEILLANCE</b>	
<b>Agency</b>	<b>KEY CURRENT ACTIVITIES</b>
Department of Health	Provide Oral Health Surveillance Fact Sheets for Healthy Youth Survey, Pregnancy Risk Assessment Monitoring System, Smile Survey
	Manage and coordinate Washington State Smile Survey
	Provide Behavioral Risk Factor Surveillance System data reporting
Office of the	Participate in Smile Survey

Superintendent for Public Instruction	Support school nurses who perform health assessments for special education students, which include oral health
Department of Corrections	Track and evaluate data on the incidence of severe dental pathology
	Perform examinations and provide dental health rating for all prison inmates
Department of Early Learning	Collect health history from parents, including whether child has a dental provider

<b>COMMUNITY WATER FLUORIDATION</b>	
<b>Agency</b>	<b>KEY CURRENT ACTIVITIES</b>
Department of Health	Provide <i>Water Fluoridation Basics</i> trainings for water systems engineers and operators
	Monitor fluoride levels and monthly operations reports in Community Water Systems that fluoridate
	Provide technical assistance to Community Water Systems that fluoridate
	Maintain public lists of Community Water Systems with levels of fluoride that are significant to oral health ( $\geq 0.6$ mg/L)

## Future Priorities/Activities

While substantial work is being done across agencies to improve oral health, the workshop participants identified further recommendations to pursue.

Recommendations are organized below by oral health strategy.

<b>HEALTH SYSTEMS</b>	
<b>LEAD</b>	<b>RECOMMENDATION</b>
Department of Health	Rural Health Roadmap to include Oral Health
Department of Health / Health Care Authority	More emphasis on integrating oral health in Health Home efforts
Health Care Authority	Explore how to address Medicare population and ensuring oral health benefits
	Accountable Communities of Health (ACH) addressing oral health
	State to include oral health in performance measures (HB1519 measures)
	Explore adult oral health benefits
Public Employees Benefits Board	Educate people with diabetes and pregnant women about the enhanced dental benefits available through the 2016 benefit package.

<b>INTER-PROFESSIONAL COLLABORATION</b>	
<b>LEAD</b>	<b>RECOMMENDATION</b>
Health Care Authority	Work with managed care plans to educate / train their providers to address oral health
	Add oral health verbiage to the 2015 managed care contracts
	Washington Health Alliance – investigate and share data on dental coverage and utilization
State Board of Health	Encourage local boards of health to address oral health

## **ORAL HEALTH LITERACY**

<b>LEAD</b>	<b>RECOMMENDATION</b>
Health Care Authority / Department of Health	Evaluate and expand child profile oral health materials
Office of Insurance Commissioner	Answer consumer questions about their rights and benefits under dental insurance
Office of the Superintendent of Public Instruction/ Department of Health / Department of Early Learning	Integrate oral health information in Healthiest Next Generation activities, as future opportunities arise to expand the focus beyond obesity prevention

<b>WORK FORCE</b>	
<b>LEAD</b>	<b>RECOMMENDATION</b>
Department of Health	Research mid-level dental provider legislation impact (Alaska, Minnesota, Maine)
Health Care Authority	Investigate and share how October RAM event impacts access

<b>SURVEILLANCE</b>	
<b>LEAD</b>	<b>RECOMMENDATION</b>
Department of Corrections	Share data on disease status from DOC offender population
Health Care Authority	Facilitate continuous data from patients via the Health Information Exchange. Goal is 100% participation. First Medicaid, then private.
	Investigate linkage of electronic medical and dental records
Public Employees Benefits Board	Determine whether, and to what extent, wellness incentive impacted utilization of preventive dental services

<b>COMMUNITY WATER FLUORIDATION</b>
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<b>LEAD</b>	<b>RECOMMENDATION</b>
Department of Health	Move from technical focus to prevention focus. Use ASTDD Fluoridation best practices.
	Train / engage policy makers (city councils) on benefits of community water fluoridation
	Investigate policy solutions
	Gather and share data to promote fluoridation (i.e. Antigo, Wisconsin experience)
	Identify / build local spokespersons and champions (i.e. teachers, PTA groups)
	Develop team to address all the ideas above

<b>SEALANT PROGRAMS</b>	
<b>LEAD</b>	<b>RECOMMENDATION</b>
Department of Early Learning	Distribute fact sheets that promote sealants during licensing inspections
	Include sealants and date of last dental check-up on the licensing check list used during the monitor visit or licensing inspection
Health Care Authority	Pursue CMS goal of 10% increase in use of sealants for ages 6-9 years
Public Employees Benefits Board	Remove age limits on sealant treatments in the 2016 benefit design

## **List of Acronyms**

ABCD: Access to Baby and Child Dentistry  
ACA: Affordable Care Act  
ACH: Accountable Communities of Health  
ASTDD: Association of State and Territorial Dental Directors  
BRFSS: Behavioral Risk Factor Surveillance System  
CHC: Community Health Center  
CHW: Community Health Workers  
CMS: Center for Medicare and Medicaid Services  
CWS: Community Water Systems  
DEL: Department of Early Learning  
DOC: Department of Corrections  
DOH: Department of Health  
DSF: Washington Dental Service Foundation  
DSHS: Department of Social Health Services  
FQHC: Federally Qualified Health Center  
HBE: Health Benefits Exchange  
HCA: Health Care Authority  
IPP: Institute for Public Policy  
ODW: Office of Drinking Water, Department of Health  
OIC: Office of Insurance Commissioner  
OSPI: Office Superintendent of Public Instruction  
PTA: Parent Teacher Association  
PEB(B): Public Employees Benefits (Board)  
PRAMS: Pregnancy Risk Assessment Monitoring System  
RAM: Remote Area Medical  
RIDE: Residency in Dental Education  
SBOH: Washington State Board of Health  
WDSF: Washington Dental Service Foundation  
WIC: Women, Infants, and Children Program

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