



The Oral Health Coalition of Alachua began in January of this year, supported by the [DentaQuest Foundation](#). Our **Vision** is that all Alachua County residents will have good oral health. It is our **Mission** to foster oral health through public awareness, education, advocacy and ensuring access to care.

Chair:

Dr. Scott Tomar,
Professor of
Community Dentistry
& Behavioral Science,
University of Florida College
of Dentistry
w 352.273.5968
stomar@dental.ufl.edu

Vice Chair:

Diane Dimperio,
Director of Program
Development,
Alachua County
Health Department
w 352.334.8814
diane_dimperio
@doh.state.fl.us

Coordinator:

Danielle Emenhiser
Oral Health Coalition of
Alachua Coordinator,
Alachua County
Health Department
w 352.334.8874
danielle_emenhiser
@doh.state.fl.u

Coalition Partners:

Bob Bailey, Alachua County CHOICES

Tony Campo, We Care

Michele Chalmers, University of Florida
College of Dentistry

Rhoda Celestine,

Mount Carmel Baptist Church

Dr. Karen Cole-Smith,

Sante Fe College East Gainesville Initiative

Diane Dimperio,

Alachua County Health Department

Mary Ehley,

Gainesville Community Ministries

Jeff Feller, WellFlorida Council

Pat Hughes, Alachua County School Board

Laurie Jennings, Alachua County

Organization for Rural Needs

Debbie Mason, United Way of North

Central Florida

Wonetta Meade,

Eastside Family Medical and Dental Center

Marilyn Mesh, Suwannee River Area

Health Education Center

Taylor Morgan,

United Way of North Central Florida

Jean Osbrach,

Shands Healthcare

Candie Nixon,

Alachua County Social Services

Carol Ruth, Partnership for Strong Families

Barbara Sirmopoulos, We Care

Dr. Scott Tomar, University of Florida

College of Dentistry

Commissioner Randy Wells,

City of Gainesville

Teresa White,

Alachua County Health Department

Audrey Williams,

Head Start Health Services

Dr. Bill Witt,

Alachua County Dental Association

Debbie Wood,

Eastside Family Medical and Dental Center

Below you will find materials from our most recent meetings and other oral health resources. If you have questions or would like to join the Oral Health Coalition of Alachua, please contact our Chair [Dr. Scott Tomar](#), Vice Chair [Diane Dimperio](#) or Coordinator [Danielle Emenhiser](#).

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Agenda

Oral Health Coalition of Alachua (OHCA)

Wednesday, April 27th, 2011, 9:00 AM – 11:00 AM

Alachua County Health Department, Community Support Conference Room A

Welcome & Introductions

Scott Tomar, DMD, DrPH, Professor of Community Dentistry, UF College of Dentistry, Coalition Chair

Minutes and Overview of Current Coalition Activities

Scott Tomar DMD, DrPH

Assessment Committee

Review of Committee Charge and Progress

Bob Bailey, Director, Alachua County CHOICES Program, Committee Member

Emergency Department Data

Diane Dimperio, Director of Program Development, Alachua County Health Department, Coalition Vice Chair

Provider Interviews

Danielle Emenhiser, OHCA Coordinator, Alachua County Health Department

Client Interviews

Diane Dimperio

Alachua County Public School 3rd Grade Screening

Scott Tomar, DMD, DrPH

Access Committee

Review of Committee Charge and Progress

Tony Campo, Director, We Care Physician Referral Network, Committee Chair

Statewide Oral Health Coalition

Upcoming FrameWorks, Inc. Workshop (May 24, 2011) & Webinars

Claude Earl Fox, MD, MPH, Executive Director of the Florida Public Health Institute

Next Steps

Diane Dimperio

Wrap Up/Q&A

Scott Tomar, DMD, DrPH

Next Oral Health Coalition Meeting: 2 pm - 4 pm, Thursday, August 4th, Alachua County Health Dept. Auditorium



The minutes and materials from this meeting will be posted online under Florida Oral Health's local section:
<http://www.floridaoralhealth.com/>

Oral Health Coalition of Alachua

General Membership Meeting Minutes

Alachua County Health Department, Community Support Conference Room A

9:00 AM – 11:00 AM

Wednesday, April 27th, 2011

Members Present: Bob Bailey (CHOICES), Tony Campo (We Care), Rhoda Celestine (Mt. Carmel Baptist Church), Diane Dimperio (Vice Chair) (Alachua County Health Department), Mary Ehley (Gainesville Community Ministries), Pat Hughes (Alachua County School Board), Laurie Jennings (Alachua County Organization for Rural Needs), Vicki Lawrence (Sante Fe River Baptist Association), Wonetta Meade (Eastside Family Medical and Dental Center), Kimberly Moore (Gainesville Sun), Taylor Morgan (United Way), Candie Nixon (Alachua County Social Services), Barbara Sirmopoulus (We Care), Dr. Scott Tomar (Chair) (UF College of Dentistry), Audrey Williams (Head Start), Dr. William (Bill) Witt (Alachua County Dental Association), Debbie Wood (Eastside Family Medical and Dental)

Staff Present: Danielle Emenhiser (Coordinator) (Alachua County Health Department)

Called to order: 9:05 AM

Chair Dr. Scott Tomar welcomed the group and led a round of introductions. He reviewed the Coalition's plan to meet 4 times a year with the 4 subcommittees: Access, Assessment, Prevention and Messaging, meeting more often. He noted that Jennifer Tragash will no longer chair the Prevention committee. He thanked Dr. William (Bill) Witt for agreeing to chair step up in her place. Dr. Tomar asked for additional volunteers for this committee.

Bob Bailey, a member of the Assessment Committee, gave an overview presentation on the progress of the Assessment committee. He noted that the committee had approved the data collections tools and had begun collecting data from various resources.

Vice Chair Diane Dimperio reviewed the emergency room data analyzed by Coalition MPH intern Scott Antonio. During her presentation she highlighted the abnormally the high rate at which the African American residents of Alachua County utilize the emergency room for preventable oral health conditions when compared to both the use of whites in Alachua County and the other Black residents of the state wide rates.

Q&A: Laurie Jennings asked about comparing the Alachua County emergency room rates to those of surrounding counties. It was established that the University of Florida does not offer dental services at the student infirmary.

Danielle Emenhiser presented an initial summary of the findings from interviewing the county's providers targeting low-income residents. She presented information regarding various programs and clinics, as well as information regarding their eligibility standards, payment practices and no-show policies. She also reviewed several provider suggestions for improving the quantity and accessibility of care.

Dr. Witt asked if Medicaid reimbursement rates were higher for children. Coalition members stated that the reimbursement rates were low across all services and those dentists accepting children's Medicaid patients were likely doing so out of their own good will.

Wonetta Meade of Eastside Family Medical and Dental helped answer some further questions regarding Medicaid. The group agreed that enrolling as Medicaid provider is difficult, even "a nightmare." Wonetta said, once enrolled as a Medicaid provider, denials were rare and that their claims were paid in a reasonable time frame.

Chair Dr. Scott Tomar announced that the first round of oral health screenings of Alachua County 3rd graders will take place in May and will include the schools involved in the sealant program: Metcalfe, Rawlings and Shell Elementary. He explained that letters would be sent home to parents notifying them of any perceived need for care for their children and that each child would receive toothpaste and a toothbrush.

Tony Campo, Access Committee Chair, gave an overview of the Access Committee's progress. He reviewed the committee's charge and reviewed a few ideas for expanding care.

Diane Dimperio reviewed next steps: 1) a reminder of Frameworks training on May 24th; 2) the assessment committee will be completing its review of data except for the school screening data in the next few months; 3) the prevention committee will begin meeting soon; 4) the messaging committee will be formed after the Frameworks' training; 5) she asked committee members to consider signing up for the Prevention committee.

Chair Dr. Scott Tomar wrapped up the meeting. He shared that he will be contracting with the State (as part of the State Oral Health Improvement Plan, SOHIP) to conduct a representative public elementary school oral health screening state-wide.

Adjourned: 11:00 AM

Next Meeting:

Thursday, August 4th, 2:00 PM – 4:00 PM
Alachua County Health Department Auditorium, Room B/C

Contact:

Danielle Emenhiser
(352) 334-8874
Danielle_Emenhiser@doh.state.fl.us

Assessment Committee Overview

Bob Bailey
Director of Alachua County CHOICES Program
Member, Assessment Committee
April 27th, 2011

Committee Members

- Chair: **Jeff Feller**, WellFlorida Council
- **Jennifer Tragash**, United Way of North Central Florida
- **Taylor Morgan**, United Way of North Central Florida
- **Pat Hughes**, Alachua County School Board
- **Laurie Jennings**, ACORN Clinic
- **Bob Bailey**, CHOICES

Committee Charge

- The committee will make an assessment of:
 - The current system, and it's capacity to meet the needs of low income residents of Alachua County
 - The oral health status of residents, especially those with low incomes

Committee Charge

Committee's work plan includes:

- Advise staff in data collection
- Identification of additional data available from other sources
- Review and interpret data

Data Sources

- Grant Funded Data Collection:
 - Provider Interviews
 - Client Interviews
 - Third Grade Visual Surveys
- Other Sources:
 - Emergency Department Data
 - CHOICES Claims and Client Interviews
 - United Way : Survey of Private Dental Providers
 - Medicaid Dental Claims Data (pending)

Activities and Accomplishments

- Reviewed possible sources of additional (secondary) data
- Approved Provider Interview
- Approved Low-Income Client Interview
- Reviewed Emergency Department service data
- Completed Provider Survey
- 82/100 Client Interviews completed
- Obtained claims and interview data from CHOICES

The committee report today includes:

- A review of ER data – Diane
- Preliminary findings from the provider interviews – Danielle
- Plans for third grade visual surveys – Dr Tomar

Use of Emergency Room for Avoidable Oral Health Services by Alachua County Residents

Data analysis by Scott Antonio, MPH
Intern
Diane Dimperio, Presenting
April 27, 2011

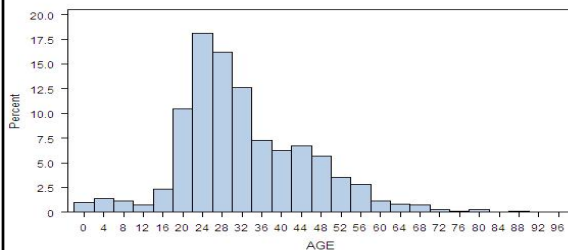
- Agency for Health Research and Quality
Defines certain medical conditions as ambulatory sensitive (ASC)
Dental Conditions [ICD-9 521, 522, 523, 525, 528]
- Emergency Room data
 - provided by WellFlorida for 2007-9
 - Alachua County residents
 - who went to any emergency room in the state for conditions coded as ASC

Emergency Department Encounters 2007-2009

- Main Variables
 - Age
 - Race
 - Gender
 - Zip Code
 - Principal Payer
 - Total Gross Charges
 - Principal Procedure Codes (HCPCS/CPT)
 - Principal Diagnosis Codes (ICD-9-CM)

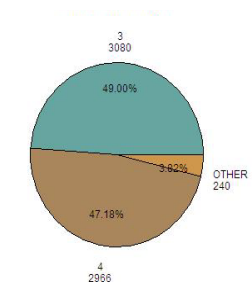
Distribution of Encounters by Age

- Mean = 31.9 Years, Range = 0-97 Years



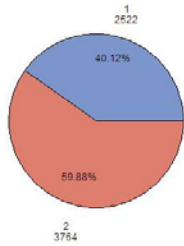
Encounters by Race

- Blacks = 49.0%
- Whites = 47.2%



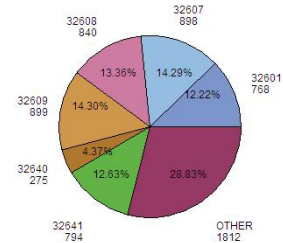
Encounters by Gender

- Males = 40.1%
- Females = 59.9%



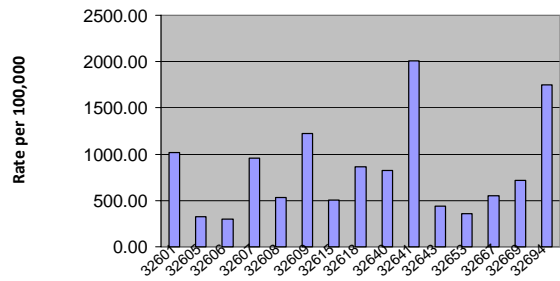
Encounters by Zip Code

- 32609 = 14.3%
- 32607 = 14.3%
- 32608 = 13.4%
- 32641 = 12.6%
- 32601 = 12.2%
- 32640 = 4.4%
- Other* = 28.8%

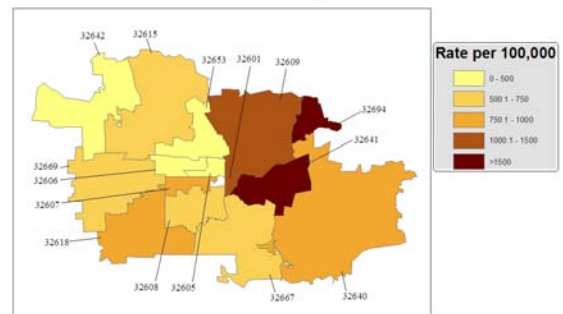


*Other includes 32602, 32603, 32604, 32605, 32606, 32610, 32611, 32612, 32614, 32615, 32616, 32618, 32627, 32631, 32633, 32635

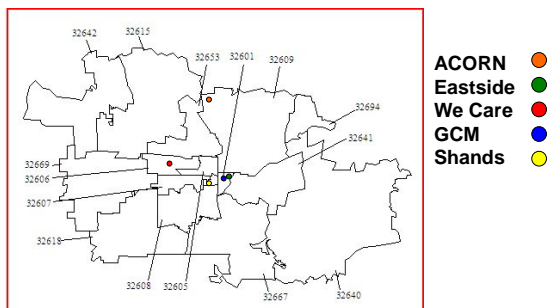
Oral Health Ambulatory Emergency Room Visits by Zip Code, Alachua County, 2009



Oral Health Ambulatory Emergency Room Visit by Zip Code, Alachua County, 2009

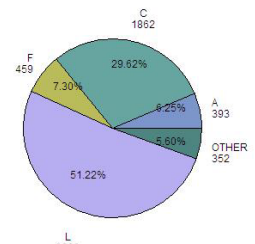


Location of Alachua County Clinics



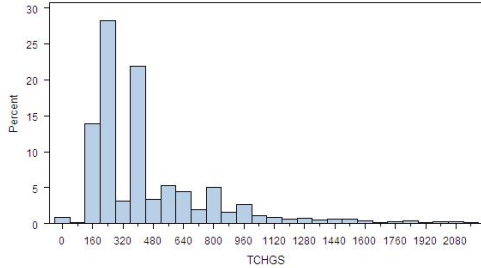
Encounters by Principal Payer

- Self-pay = 51.2%
- Medicaid = 29.6%
- Commercial HMO = 7.3%
- Medicare = 6.3%
- Other = 5.6%



Encounters by Total Charges

- Mean = \$696.87, Median = \$381.00, Range = \$0-26,603
- Distribution of Total Charges within 95% Quantile (\$0-2,184)



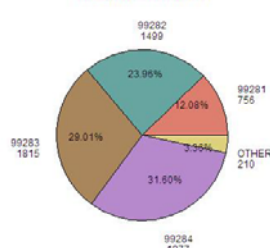
Encounters by CPT Code

- Emergency Department visits, 99281-99284

	History	Examination	Medical Decision Making	Presenting Problem	Emergency Level
99284	Detailed	Detailed	Moderate Complexity	High severity, Requires Urgent Evaluation	I
99283	Expanded Problem Focused	Expanded Problem Focused	Moderate Complexity	Moderate Severity	II
99282	Expanded Problem Focused	Expanded Problem Focused	Low Complexity	Low to moderate Severity	II
99281	Problem Focused	Problem Focused	Straightforward	Self-limited or Minor	Non-emergency

Encounters by CPT Code

- 99284 = 31.6%
- 99283 = 29.0%
- 99282 = 24.0%
- 99281 = 12.1%
- Other = 2.3%



Encounters by ICD-9-CM Diagnosis Code

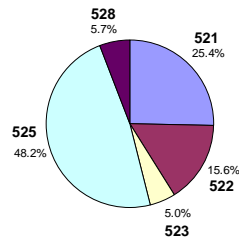
ICD-9-CM classifies Ambulatory Care Sensitive (ACS) Dental Conditions as codes 521, 522, 523, 525, and 528

Category	Specific Diagnoses
521	Diseases of Hard Tissues of Teeth Dental Caries, Abrasion, Erosion, Cracked Tooth
522	Diseases of Pulp and Periapical Tissues Apical Cyst, Abscess
523	Gingival and Periodontal Diseases Acute/Chronic Gingivitis, Acute/Aggressive Periodontitis
525	Other Diseases and Conditions of the Teeth and Supporting Structures Loss of Teeth, <i>Unspecified Disorder</i>
528	Diseases of the Oral Soft Tissues, Excluding Lesions Specific for Gingiva and Tongue Stomatitis and mucositis, Oral Aphthae, Cellulitis and Abscess, Diseases of Lips, Unspecified Disorder

Encounters by ICD-9-CM Code

Of the 6,282 ED encounters in which an ACS Dental Condition was diagnosed, 5,123 were listed as the principal diagnosis (82%)

	Count	Percentage
521	1302	25.4%
522	801	15.6%
523	255	5.0%
525	2471	48.2%
528	294	5.7%



Use of ER for Avoidable Dental Services

Rates per 100,000

Area	Total	White	Black
Alachua	860.8	617.6	1903.2
Florida	738.6	625.5	1143.3

Age Adjusted use of ED for avoidable Dental Services
(rates per 100,000)

Area	Total	White	Black
Alachua	824.3	598.2	1,832.7
State	738.6	745.2	1,082.1

Preliminary Summary:
**Oral Health Providers Serving Low
Income Residents of Alachua County**

Danielle Emenhiser
Coalition Coordinator
Oral Health Coalition of Alachua
Alachua County Health Department

Purpose of the Survey

- Understand
 - Services available to low income residents
 - The resources required to support services
- Assess the capacity of the system compared to the needs
- Perceptions of providers
 - Providing and receiving care
 - Options for cost effective expansion of services

**Oral Healthcare System:
Programs and Providers**

- Medicaid
- CHOICES
- Private Dentists
- Alachua County Organization for Rural Needs (ACORN)
- UF College of Dentistry
- Gainesville Community Ministries (GCM)
- Eastside Family Medical & Dental Center
- We Care Network: Project Dentists Care
- Episodic Care

Medicaid

- Minimal services for adults
- Wider coverage for children
- Low reimbursement rates: average 30.5% of median retail dental fees₁
- Medicaid reimbursement for basic extraction (erupted tooth): \$27.00₂

CHOICES

- Provides dental coverage for working low-income adults, as well as adults over 65 years old
- Clients must earn 200% or less of FPL and work at least 80 hours a month.
- Accepted by the College of Dentistry and a limited number of providers including ACORN and some private dentists

Private Dentists

- A limited number of private dentist are listed as accepting Medicaid participants:
 - 4 serve children only
 - 3 provide adult dentures/extractions
- Charity Care

University of Florida College of Dentistry

- UF Student Practice
- Emergency Walk-In Clinic
- Dentures Clinic
- Oral Surgery Clinic
- Pediatric Clinic
- Student Care: 80% of retail fees
- Open to Medicaid, Privately Insured and Self-Pay

Alachua County Organization for Rural Needs (ACORN)

- Opened in 1987 in a donated trailer
- Serves Alachua County residents as well as surrounding counties
- Full service clinic with a full-time dentist, volunteer dentists & UF dental student volunteers
- Charges income-eligible clients based on sliding fee scale

We Care Physician Referral Network: Project Dentists Care

- 1993 Partnership between:
 - We Care
 - Sante Fe College Dental Program
 - Alachua County Dental Association
 - UF College of Dentistry (1997)
- Patients may self-refer

Gainesville Community Ministries (GCM)

- Located in downtown Gainesville
- Volunteer dentist: Dr. Randy Caton
- Provides very low cost care for uninsured, income-eligible clients
- Services performed by volunteer dentists and dental students

Eastside Family Medical & Dental

- Federally qualified health care provider
- Accepts adult & children Medicaid patients
- Sliding fee scale based on income

Episodic Care

- Millhopper Family Dental: Care to Share
- Sante Fe River Baptist Association: Free Mobile Dental Clinic
- Give Kids a Smile

Eligibility for Services Across Alachua County Low Income Providers

- For reduced cost or no-charge services, patients must earn less than 200% of FPL (\$44,700 per year for a family of 4)
- Exception: UF College of Dentistry student-performed services
- Eligibility also depends on county of residence and caregiver status
- One low-income provider does not accept insured clients

Payment for Services

- Most providers do not continue to see patients who have an outstanding balance.
- The UF College of Dentistry & the Eastside Family Medical & Dental Center will negotiate payment plans.

Barriers to Accessing Care

- Cost
- Dental Insurance
- Transportation
- Time & Scheduling Conflicts
- Awareness

Cost

- In the 2007 Behavioral Risk Factor Surveillance Survey (BRFSS), 22.9% of Alachua County residents did not see a dentist in the prior year due to cost.

Dental Insurance

- In the 2010 Alachua County Health Needs Assessment, 53.5% of respondents said they lacked dental insurance
- The respondents were more likely to describe "Paying for or Getting Dental Insurance," as a major problem than any other category, including "Paying for or Getting Health Insurance," "Paying for Prescriptions," and "Getting a Dentist."

Transportation

- There is no public transportation to two Alachua County providers.
- Bus pass is \$3.00 per day.
- Rural residents may be unable to pay for transportation to affordable dental care.

Time Conflicts

- Most care providers operate during normal business hours.
- Some clients may be unable to take off time from work.
- High no-show rates for appointments.

Awareness & Education

- Clients may not be aware of available resources
- May not be giving optimal priority to their oral health

Provider Recommendations for Increasing System Capacity:

- Recruit more volunteer dentists
- Increase collaboration between community medical and dental providers
- Increase funding
- Increase number of dentists accepting Medicaid

Provider Recommendations: Improving Access

- Extend clinic hours
- Inform private practitioners of resources available for low income clients
- Educate public on importance of oral health

References:

1. "The Cost of Delay." The Pew Center on the States. February 2010
2. "Dental Fee Schedule." Florida Medicaid. January 2011

Update on Oral Health Screening for Alachua County 3rd Grade

Scott Tomar, DMD, DrPH
Professor of Community Dentistry
University of Florida College of Dentistry
April 27th, 2011

3rd Grade Oral Health Screening

- This brief visual screening will measure the prevalence of untreated tooth decay, dental caries experience, and sealants.
- The screening will also indicate any perceived need for early or urgent care.

Supplies & Setup

- Portable dental chairs, lamps and equipment
- Screening conducted by dentist or supervised dental student
- Each child will receive preventive care supplies: children's toothbrush and bubblegum-flavored toothpaste.



First Round Scheduled

- Approved and scheduled for Shell, Rawlings and Metcalfe Elementary Schools -- May 17, 18, & 19, respectively
- These schools are also participating in the school-based sealant program
- High proportions of their students are qualified for free or reduced fee lunch

Next Round: Fall Health Screenings

- Oral health screenings in Alachua County's twenty remaining elementary schools will be conducted in fall 2011.
- Completed in conjunction with other health screenings: height, weight, vision, etc.
- Additional volunteers?

Access Committee Overview

Tony Campo, Director
We Care Physician Referral Network
Chair Access Committee
April 27th, 2011

Access Committee Members



- Chair: Tony Campo, We Care
- Michele Chalmers, UF College of Dentistry
- Mary Ehley, GCM
- Laurie Jennings, ACORN
- Wonetta Meade, Eastside Family Dental Ctr
- Debbie Wood, Eastside Family Dental Center
- Barbara Sirmopoulos, We Care

Access Committee Charge: Goals



1. Describe current oral health services for low income residents of Alachua Co
2. Make recommendations
 1. To improve access and utilization of the current resources
 2. To expand services
3. Estimate costs for expanding services

Access Committee Charge: Objectives



- Review results of the provider survey
- Describe current system of care (narrative and capacity)
- Identify areas of possible improvement in utilization/distribution of the currently available services
- Make recommendations regarding current services
- Make recommendations for expanding access to services that include options and are:
 - Practical
 - Prioritized
 - Cost specific

Medicaid & Low Income Providers Listing



- Compiled from low-income resources sheet and ACHA Medicaid listing
- Provider contact information and services offered verified by calling

Ideas for Expanding Access



- 211 service to pool appointment resources
- Explore and develop incentives for oral health volunteers
- Recognize outstanding providers
- Increase operatory utilization rates

Agenda

Oral Health Coalition of Alachua

Alachua County Health Department, Community Support Conference Room A
January 27th, 2011, 2:00 p.m. – 4:00 p.m.

Welcome & Introductions

Dr. Scott Tomar, Professor of Community Dentistry, UF College of Dentistry

Grant Overview

Scott Tomar, DMD, DrPH

Oral Health Coalitions

Danielle Emenhiser, Coalition Coordinator, ACHD

Infrastructure

Organizational Guidelines, Subcommittees, Vision & Mission Statements
Diane Dimperio, Director of Program Development, ACHD

Membership and Subcommittee Sign Up

Scott Tomar, DMD, DrPH

Next Steps

Diane Dimperio

Comments, Q&A

Wrap up
Scott Tomar, DMD, DrPH



The minutes and materials from this meeting will be posted online under
Florida Oral Health's local section: <http://www.floridaoralhealth.com/>

Oral Health Coalition of Alachua

General Membership Meeting Minutes

Alachua County Health Department, Community Support Conference Room A

Thursday, January 27th, 2011

Present: Bob Bailey, Tony Campo, Michelle Chalmers, Rhoda Celestine, Karen Cole-Smith, Diane Dimperio, Danielle Emenhiser, Mary Ehley, Jeff Feller, Pat Hughes, Laurie Jennings, Candie Nixon, Kirsten Stuver, Scott Tomar, Jennifer Tragash, Taylor Morgan, Barbara Sirmoupoulos, Randy Wells, Teresa White, Debbie Wood

Called to order: 2:05 pm

Dr. Scott Tomar welcomed the group and led a round of introductions. He explained the DentaQuest grant supporting the coalition, including the proposal to create an Oral Health Plan for the county by the year's end. He identified key staff supporting the coalition – himself, Diane Dimperio (ACHD Director of Program Development), Tony Campo (Manager of We Care who has been holding regular provider meetings), Danielle Emenhiser (Coalition Coordinator, part-time paid staff supported by grant) and MPH intern Scott Antonio.

Danielle Emenhiser gave a presentation on the oral health in the county and an overview of working in a coalition. She announced the state-wide Oral Health Coalition website – floridaoralhealth.com – will host the Alachua County Web page. Minutes and other coalition information will be regularly posted on this site beginning about mid February. Comments on the first two presentations were invited.

- **Mary Ehley** noted that her clinic addresses high client no-show rates by refusing to see patients after a missed appointment without a valid excuse. She stressed that the Gainesville Community Ministry needs volunteer dentists and hygienists.
- **Teresa White** commented that the coalition must be open to nontraditional and innovative solutions for addressing this public health issue.
- **Dr. William Whitt** commented that he focuses almost exclusively on nutrition when teaching elementary school children about dental health.

Diane Dimperio reviewed a recommended set of organizational guidelines for the coalition, to be finalized in the next quarterly membership meeting. The Guidelines established Dr. Tomar and herself as Chair and Vice Chair,

respectively, for a period of two years, as stipulated in the DentaQuest grant. She noted that Dr. Tomar and she are serving on a volunteer basis. She explained the four subcommittees: Assessment, Prevention, Access and Messaging.

Jeff Feller will chair the assessment subcommittee. Jennifer Tragash will chair the prevention committee. Tony Campo will chair the Access committee. The position for chairing the Messaging subcommittee is open. Diane mentioned that individuals with community involvement would be good members for this subcommittee's work which will include public education and reaching out to local government officials.

Diane Dimperio led the group through development of the organization's vision and mission statements. The following on were collaboratively developed and then adopted by a unanimous vote.

Vision: All Alachua County residents will have good oral health.

Mission: The Alachua County Oral Health Coalition will foster oral health through public awareness, education, advocacy and ensuring access to care.

Dr. Scott Tomar asked those present to complete the sign-up sheet in their packets, to join the coalition and subcommittees.

Jennifer Tragash mentioned that United Way may be able to offer additional support to support the coalition.

Adjourned: 3:50 pm

Next Meeting:

The date of the next general meeting will be the scheduled for last week of April. All members and interested parties will be notified of the details well in advance.

Meeting materials, including the 2009 SOHIP Alachua County Profile and the Pew Florida Report Card, are included below.

Contact:

Danielle Emenhiser
(352) 334-8874
[Danielle Emenhiser@doh.state.fl.us](mailto:Danielle_Emenhiser@doh.state.fl.us)

Alachua County Oral Health Coalition Meeting
January 27th, 2011

Grant Overview

Dr. Scott Tomar
Professor
Community Dentistry & Behavioral Science
University of Florida College of Dentistry

DentaQuest Foundation

- DentaQuest Foundation makes grants to support programs that improve oral health policy, access to care, public and private funding for oral health
- Foundation seeks to change perceptions of oral health, increase partnerships and collaborations, and replicate programs that are demonstrating effective change

The Proposal

- Alachua County lacks an oral health surveillance system
- In 2007, 22.9% of residents were unable to see a dentist in the prior year due to cost. State-wide prevalence: 19.2% (BRFSS, 2007)
- In 2002, 38.9% of adults had lost at least one tooth due to disease (BRFSS, 2002)

The Proposal (Continued)

- Alachua County will establish an Oral Health Coalition that will, in the first year:
 - Engage representatives from private and public health, the school system, nonprofits and government
 - Develop an Oral Health Plan to improve oral health and reduce county disparities

First Year Goals:

1. Hold the first Oral Health Coalition Meeting ✓
2. Conduct a screening of children's oral health status
3. Survey at least 100 low-income adults regarding their needs and experiences
4. Develop an Alachua Oral Health Plan

Oral Health Plan

- Introduction
 - Health implications
 - Socioeconomic implications
- Description of current resources for health services in Alachua County

Oral Health Plan

- Assessment
 - Comparison of resources to need
 - Indicators of oral health status
 - Indicators of unmet needs
- Best practices
- Recommendations for Alachua County

Key Staff

- Scott Tomar, DMD, DrPH: Chair and investigator
- Diane Dimperio: Grant Manager and Vice Chair
- Anthony Campo, We Care program, has been coordinating a meeting of oral health providers who will become key coalition partners

Key Staff

- Danielle Emenhiser: Coalition Coordinator
Grant funded, part-time staff
- Scott Antonio: Public Health Intern
Participating in needs assessment

Sustainability

- Coalition will seek Foundation funds to support the first three years of Coalition development
- Once momentum is built, the Coalition will focus on funding for oral health services from various sources

Alachua County Oral Health Coalition
January 27th, 2011

Oral Health Coalitions

Danielle Emenhiser
Coalition Coordinator
Alachua County Health Department

Introduction...

- Oral disease is the most common chronic disease in children
- Oral bacterial infections lead to health problems in adults, including premature births and heart disease

Introduction Continued

- Poor oral health limits social and economic potential.



Key Statistics – Income

- 251,703 Alachua County Residents (2009):
 - 103,378 41% live below 200% of FPL
 - 57,291 23% of residents below FPL
 - 22,124 39% of those below FPL are children

Source: State Oral Health Improvement Plan, SOHIP, 2009
FPL 2009: An Individual – \$10,830, Family of 4 – \$22,050

Information from WellFlorida County Health Needs Assessment:

In a phone survey conducted 2009-2010 with 600 Alachua residents participating:

- 6.3% said paying for care was so difficult that they did not get care for themselves or a family member in the past year
- "Paying for or Getting Dental Insurance" identified as a "Major Problem" over the past year by the highest percentage of respondents (13.5%)
- Ranked above Health Insurance (12%) and Paying for Prescriptions (6%)

Lost Time from School



- Children may miss more than 51 million hours of school a year

Healthy People 2010 volume II (2001),
U.S. Department of Health and Human Services

Medicaid Enrollment and Access

- Alachua County residents enrolled in Medicaid: 31,019
- Only about 20% of Medicaid-eligible persons receive dental services each year

Florida Medicaid Enrollment Report, January 2011
Emerging From the Shadows: Florida's Public Dental Health Program, Dr. Douglas Manning

Providers Demographics

Of Alachua's 286 Licensed Dentists (July 2009):

- 14% (40) of those are listed as active Medicaid Providers (FY 08 - 09)
- 3% (8) are listed as active Pediatric Medicaid Providers (FY 08 - 09)

Source: State Oral Health Improvement Plan, SOHIP, 2009

Access to Care - Medicaid

- Low Medicaid Reimbursement Rates
- Administrative costs
- Patient no-shows

Issues with Public Perception

- Oral health not seen as important to overall health
- Lack of cohesive oral health message

What is an Oral Health Coalition?

- A coalition is a group involving multiple sectors of the community, coming together to address and solve community problems.
- The benefits: costs little, time commitments can be modest, little expertise is required but can accomplish a lot

Issues Coalitions Can Address:

- Monitor and evaluate quality of care
- Fragmentation or duplication of services
- Assess the need for new services
- Raise public visibility and awareness



State Coalition Efforts: Florida Oral Health Coalition

- Florida Oral Health Coalition is now at the Florida Public Health Institute
- Led by Dr. Earl Fox, staffed by Catherine Carbanzon, RDH
- Hosting our materials online: Floridaoralhealth.com



Oral Health Coalition Goals

- Build a diverse, influential coalition that combines technical expertise with experience addressing community issues
- Develop an Oral Health Plan: Assess of the current oral health status Alachua County identify steps forward
- Work as coalition to enact recommendations in the Oral Health Plan

Contact:

Danielle Emenhiser
352.334.8874 (W)
352.575.0202 (C)
danielle_emenhiser@doh.state.fl.us

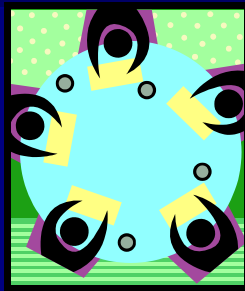
Alachua County Oral Health Coalition
January 27th, 2011

Alachua County Oral Health Coalition Infrastructure

Diane Dimperio
Director of Program Development
Alachua County Department of Health

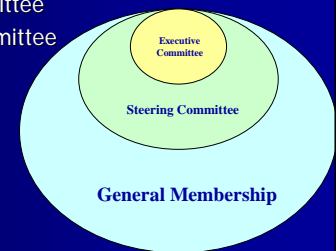
Organizational Guidelines

Will serve as the governing document for the Coalition until different or more formal rules are adopted by a majority vote of coalition members



Membership

- General Membership
- Steering Committee
- Executive Committee



General Membership

- Open to anyone individuals and representatives of organizations (focus on Alachua County)
- Members may be invited or volunteer
- Expectations: attend quarterly meetings, participate in initiatives and advocate for coalition goals

Steering Committee

- Members:
 - Chair and Vice Chair
 - Subcommittee Chairs/Members
- Expectations
 - Provide technical guidance and direction for the Coalition (subcommittee meetings)
 - Recommend content of oral health plan
- Meet as needed

Executive Committee

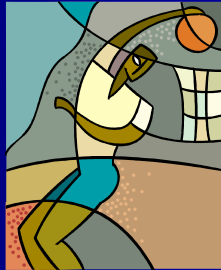
- Members:
 - Coalition Chair
 - Vice Chair
 - Sub-Committee Chairs
- Expectations:
 - Provide leadership
 - Represent coalition to external entities

Sub-Committees:

1. Assessment
2. Prevention
3. Access
4. Messaging

Assessment Committee

- Oral health status
- Oral health services
 - Adequacy
 - Utilization
- Gap analysis
- Measures
 - Provider interviews
 - Client interviews
 - ER data
 - Survey of children



Prevention Committee

Identify proven prevention strategies to promote oral health

Recommendations for increasing access to/participation in, prevention activities, especially among high risk populations



Jennifer Tragash
Director of Impact & Initiatives
United Way of North Central
Florida

Access Committee

Identify strategies to provide cost effective care

Recommendations:

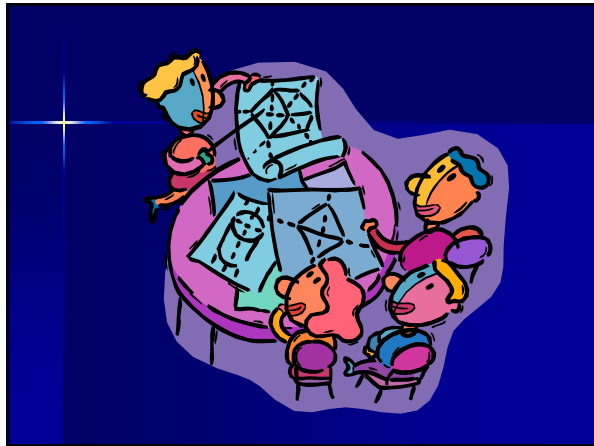
- Optimal utilization of currently available services and
- Meet needs for service



Tony Campo
Director of We Care

Messaging Committee

This committee will be formed after key issues are identified and will be responsible for shaping them into meaningful messages and delivering them to target audiences. Members will engage local leaders, parents, business people and the community at-large to educate them regarding the



Vision & Mission Statements

- A vision statement gives a broad image of the future that an organization aims to achieve.
- A mission statement serves as the compass for ensuring that the organization is moving in the right direction.

Oral Health Coalition of Alachua Subcommittee Descriptions

The Oral Health Coalition Subcommittees will work to develop and achieve the recommendations of the Oral Health Plan in their respective functions. All members that are able and willing to commit a more significant amount of time and effort to the Oral Health Coalition are strongly encouraged to participate in one to two committees.

- 1. Assessment Committee** – This committee will, with the assistance of the coalition coordinator, create an assessment of the oral health status of Alachua county residents utilizing interviews and screenings in addition to pre-existing data. Their assessment will be critical to the development of the county’s Oral Health Plan.
- 2. Messaging Committee** – This committee will engage local leaders, parents, business and the community at-large as necessary to help meet the goals of the Oral Health Plan.
- 3. Prevention Committee** – This committee will create and promote strategies to expand and improve access to preventative oral health care for Alachua County residents.
- 4. Access Committee** – This committee will create and promote strategies to expand and improve access to oral health care for Alachua County Residents. It will pursue the optimal utilization of currently available services and work to bridge any gaps.

Oral Health Coalition of Alachua
Coalition Member Registration

Please complete the following:

Name: _____ Date: _____

Employer: _____

Is it OK to list your employer information in Coalition materials? YES / NO

Email Address: _____

Phone Number: _____

Address: _____

Please choose from the following:

- I cannot become a Coalition Member at this time, but please keep me informed of Coalition activities and meetings.
- I will become a member of the Coalition and plan to attend quarterly Coalition meetings.
- I will volunteer on the Assessment / Messaging / Prevention / Access committee(s).

Suggestions and feedback:

Oral Health Coalition of Alachua Organizational Guidelines

Article I. Name

The name of the organization shall be the Oral Health Coalition of Alachua.

Article II. Statement of Purpose

The purpose of the Oral Health Coalition of Alachua is to improve the oral health of all Alachua County residents.

Article III. Membership and Operations

Section I. Membership: The membership of the Alachua County Oral Health Coalition shall be open to anyone who would like to join. This includes individuals and representatives of charitable and faith-based groups, business and corporate entities, state and local government, health care providers, private non-profit organizations, coalitions and citizen groups.

The Coalition shall have a General Membership, an active Steering Committee and an Executive Committee.

General Members are expected to attend general meetings, support program activities and advocate for program priorities.

Steering Committee members are general members who are involved in the technical work of the Coalition and serve as content experts and Subcommittee members.

The Executive Committee will include the Chair and Co-Chair of the Coalition and the Chairs of Committees and is described below in Article IV.

On an ongoing basis, members will review the composition of membership and actively recruit additional members to ensure the Coalition membership represents the community at-large.

Section II. Application Procedure: Organizations, agencies, and individuals may become members by invitation or written or oral request to the Executive Committee. All new members shall complete the member application and receive a copy of the Coalition Organizational Guidelines, and the address of the website.

Section III. Membership Expectations: Members are expected to attend general meetings, actively support Coalition activities and advocate for Coalition priorities. Steering Committee Members are expected to function as General Members and participate on at least one Subcommittee. Subcommittee Chairs are expected to chair their respective committees and report their Subcommittee's progress to the Coalition. They will serve on the Executive and Steering Committees and as General Members with the expectations described above.

Section IV. Voting: Each member present at a general or special Coalition meeting is entitled to one (1) vote in general Coalition business. A motion passes if it receives a majority of the votes cast. The chair will not vote except in the case of a tie.

Section V. Resignation: Any member may resign by written or verbal notification to the Chairperson of the Coalition or the Coalition Coordinator.

Section VI. Communication: Notice of general Coalition meetings shall be sent to the membership at least (2) two weeks prior to the meeting. The minutes of the general Coalition meetings shall be posted online within (2) two weeks following the meeting. All Coalition meetings will be open to the public.

All member correspondence will go through the Coalition Coordinator unless other direction is given.

Section VII. Special Meetings: The Coalition Chairperson may call special meetings with reasonable, advance notice given to all members. The Executive Committee shall decide all items on the agenda of a special meeting. Business not on the agenda may not be introduced at any special meeting.

Article IV. The Executive & Steering Committees

Section I. Executive Committee: The Executive Committee shall be comprised of the following:

1. Chairperson and Vice-Chairperson
2. The Chairperson of each standing Subcommittee

For the first (2) two years of the Oral Health Coalition's development, the Chair, and Vice Chair will be appointed, as described in the grant, which supports the Coalition. After this initial (2) two year development phase, the Chair and vice Chair will be elected as described in the following unless otherwise decided by the Coalition.

Nominations for the Chair and Vice Chair may be made verbally or in writing. Candidates may volunteer or be nominated by other Coalition members. The Vice-Chairperson may not be an employee of the same agency or organization as the Chairperson. Elections will be held during the last general Coalition meeting of the calendar year. The Chair and Vice Chair shall be elected by a majority vote of the general membership present at that meeting. No agency, organization, or company shall have more than two (2) representatives on the Executive Committee.

The Executive Committee shall meet as needed. It is authorized to represent the Coalition's interests to outside groups, such as issuing letters of support and seeking external funds. The term of office for each of the elected officers shall be two (2) years.

Section II. Duties of Elected Officers:

Chairperson: The Chairperson shall prepare the agenda for and preside at all general, Steering and Executive Committee meetings; and shall sign any instrument which the Coalition has authorized to be signed or executed, except in cases where the signing or executing may be expressly delegated to some other officer. In general, the Chairperson shall perform all duties incidental to the office and such other duties as may be prescribed by the Coalition.

Vice-Chairperson: It shall be the duty of the Vice-Chairperson to act as Chairperson in the absence or inability of the Chairperson to act.

Subcommittee Chairs: The Subcommittee Chairs will be appointed by the Coalition Chair. They shall prepare agendas for and preside at Subcommittee meetings, and; prepare written reports on Subcommittee activities and recommendations for the general meetings.

Section III. Steering Committee: The Steering Committee shall be comprised of the following:

1. Coalition chair and vice Chair
2. Subcommittee Chairs
3. Subcommittee Members

The Steering Committee will provide technical support and direction for the Coalition. While most of Steering committee's work will be done during General and Subcommittee meetings, the Coalition Chairperson shall call Steering Committee meetings if needed.

Section IV. Subcommittees:

Standing: The Coalition shall determine the need for standing committees to address specific areas of Coalition interest, the nature of which is anticipated to last one or more years. The committees that will be established in the first year shall be:

1. Assessment
2. Prevention
3. Access
4. Messaging

Ad Hoc: The Executive Committee and members shall determine the need for ad hoc committee(s) to address specific areas of Coalition interest the nature of which is anticipated to be brief (less than one year) in duration.

Article V: Revision

These principles shall govern Coalition operations until they are revised, amended or formal by-laws are adopted by a majority vote of Coalition members.



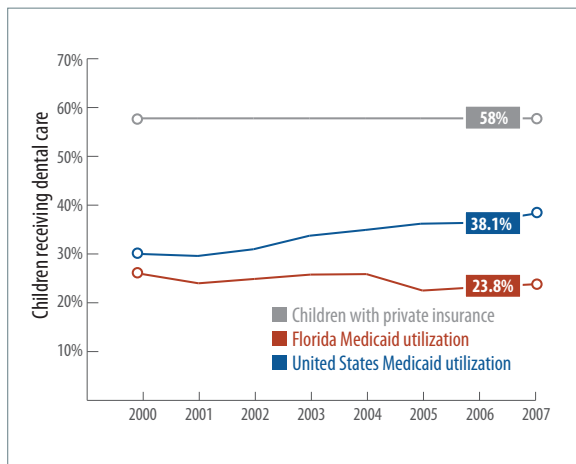
The Cost of Delay: State Dental Policies Fail One in Five Children Florida



FLORIDA meets just two of eight policy benchmarks aimed at addressing children's dental health needs. The state exceeds the national targets only for the percentage of residents receiving fluoridated water supplies and reimbursement to physicians for preventive dental services. Florida falls especially short in its rate of Medicaid-enrolled children who received dental care in 2007, the latest year for which data are available; it is one of just three states (joined by Delaware and Kentucky) where less than a quarter of children accessed dental services. Pew calculates that the Sunshine State faces a severe workforce shortage and needs at least 750 new dentists—almost one-tenth of all of the new dentists needed nationwide—to provide care to unserved areas. Florida's restrictions on dental hygienists further complicate these challenges. Although the state Board of Dentistry recently lifted the requirement that dentists directly supervise hygienists applying sealants, children must still see a dentist first. An elimination of that requirement had been proposed, but not enacted, at the time of this writing.

HOW BAD IS THE PROBLEM?

TOO MANY CHILDREN LACK ACCESS TO DENTAL CARE, WITH SEVERE OUTCOMES. One measure of the problem: more than half of the children on Medicaid received no dental service in 2007.



SOURCES FOR NATIONAL BENCHMARKS: 1) Association of State and Territorial Dental Directors; 2) American Dental Hygienists' Association; 3) Centers for Medicare and Medicaid Services, CMS-416; 4) American Dental Association; 5) Pew Center on the States, National Academy for State Health Policy and American Academy of Pediatrics; 6) National Oral Health Surveillance System.

HOW WELL IS FLORIDA RESPONDING?

MEASURED AGAINST THE NATIONAL BENCHMARK FOR EIGHT POLICY APPROACHES

	STATE	NATIONAL	MEETS OR EXCEEDS
Share of high-risk schools with sealant programs, 2009	<25%	25%	
Hygienists can place sealants without dentist's prior exam, 2009	N	Y	
Share of residents on fluoridated community water supplies, 2006	77.7%	75%	✓
Share of Medicaid-enrolled children getting dental care, 2007	23.8%	38.1%	
Share of dentists' median retail fees reimbursed by Medicaid, 2008	30.5%	60.5%	
Pays medical providers for early preventive dental health care, 2009	Y	Y	✓
Authorizes new primary care dental providers, 2009	N	Y	
Tracks data on children's dental health, 2009	N	Y	
Total score	F		2 of 8

Grading: A = 6-8 points; B = 5 points; C = 4 points; D = 3 points; F = 0-2 points

Download the full report and explanatory notes by visiting www.pewcenteronthestates.org/costofdelay.



The Pew Center on the States is a division of The Pew Charitable Trusts that identifies and advances effective solutions to critical issues facing states. Pew is a nonprofit organization that applies a rigorous, analytical approach to improve public policy, inform the public and stimulate civic life.

901 E Street NW | 10th Floor | Washington, DC 20004 | www.pewcenteronthestates.org

**COUNTY SPECIFIC PROFILE RELATING TO
THE ORAL HEALTH OF DISADVANTAGED PERSONS
(Disadvantaged =<200% FPL)**

COUNTY: Alachua

GENERAL DEMOGRAPHICS

	Year	Number of Children	Number of Adults	Total	References /Comments
Total Population	2009	70,948	180,755	251,703	1
Below 200% Federal Poverty Level (FPL)	2009	39,921	63,457	103,378	2
Below 150% FPL	2009	32,192	51,172	83,364	2
At/Below 100% FPL	2009	22,124	35,167	57,291	2
Enrolled in Free/Reduced Lunch Program	SY 08-09	12,791		12,791	16
K-5 Students in Non-Fluoridated Areas	SY 02-03	2,058		2,058	2, 21
Children < 5 Years of Age	2009	13,840		13,840	1
Students in 2nd Grade	SY 07-08	2,114		2,114	16
Students in 2nd Grade below 200% FPL	SY 02-03	867		867	2, 21
Students in 7th Grade	SY 07-08	2,012		2,012	16
Students in 7th Grade below 200% FPL	SY 02-03	1,038		1,038	2, 21
Children 15-18 Years of Age	2009	15,525		15,525	1
Enrolled in Medicaid	FY 08-09	20,549	16,815	37,364	19
Enrolled in MediKids	Aug-09	139		139	4
Enrolled in Healthy Kids (Includes over 200% FPL)	Aug-09	1,219		1,219	4
Children with Special Healthcare Needs				NA	5, 21
Children Enrolled in Head Start Program	Oct-08	640		640	6
Children Enrolled in Early Head Start Program	Oct-08	72		72	6
Developmentally Disabled (DD) Children				NA	3
Individuals with HIV/AIDS	6/30/2009	Approximately 1.5% of total	Approximately 98.5% of total	624	7
Enrolled in Medicaid Developmental Services (DS) Waiver	Jul-09		654	654	3
Women with Medicaid Pregnancy-Related Services	FY 08-09	NA	1946	1,946	10
Yearly Avg Low-Income Pregnant Women			NA	NA	22

DENTAL PROVIDERS

	Year	Number	References
Florida Active Licensed Dentists	Jul-09	286	9
Florida Active Licensed Dentist to Population Ratio (per 100,000 pop.)		113.63	
Florida Active Licensed Pediatric Dentists		NA	20
Florida Active Licensed Dental Hygienists	Jul-09	208	9
Dental Assistants		NA	13
Dentists Enrolled as Medicaid Providers	Jul-09	63	10

Dentists as Active Medicaid Providers	FY 08-09	40
Pediatric Dentists Enrolled as Medicaid Providers	Sep-09	11
Pediatric Dentists as Active Medicaid Providers	FY 08-09	8
Dentists Enrolled as Healthy Kids Providers		NA
Dentists Enrolled as Children's Medical Services Providers	Sep-09	3
Dentists as Active Medicaid DD Children Providers		NA
Dentists as Active Medicaid DS Waiver Providers	FY 08-09	4
Dentists Contracted for HIV Program (Ryan White Title B)	Jun-09	6
Number of Licensed Dental Volunteers	FY 08-09	NA
Total number of Dental Volunteers	FY 08-09	NA
Number of Patient Visits`	FY 08-09	NA

10
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3
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14
15
15
15

SURVEILLANCE DATA

	Year	Number of Children	Number of Adults	Total
% Adults who couldn't see a dentist in past 1 yr because of cost	2007		22.9	22.9
% Adults with Annual Dental Visit	2002		74.1%	
% Low-Income Adults with Annual Dental Visit	2002		63.3%	
% Adults with Cleaning in Past Year	2002		73.7%	
% Low-Income Adults with Cleaning in Past Year	2002		63.8%	
% Population on Fluoridated Community Water System	2008			70.4%
% of Water System Population with Fluoridated Water	2008			92.4%
% 3rd Graders with Dental Sealants on a Minimum of One Perm. 1st Molar		NA		
% 9th Graders with Dental Sealants on a Minimum of One Perm. 2nd Molar		NA		
% K-5 in Non-Fluoridated Areas Participating on Fluoride Mouthrinse Prog.		NA		
% of 2nd and 7th Graders Receiving Sealants through School-Based or Linked Program		NA		
% School Children Referred - Unable to get Treatment		NA		
% Documented Access by disadvantaged persons through Publicly Funded and Volunteer Programs	2008	17.2%	15.4%	16.1%

1
1, 21
1, 21
1, 21
1, 21
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2, 21
2, 21
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2

ORAL HEALTH OUTCOME DATA

	Year	Number of Children	Number of Adults	Total
% Adults 65+ with No Teeth	2002		14.3%	
% Low-Income Adults 65+ with No Teeth	2002		NA	
% Adults with No Teeth Removed	2002		61.1%	
% Low-Income Adults with No Teeth Removed	2002		64.5%	
% Kindergarteners with Untreated Caries (Tooth Decay)		NA		
% Kindergarteners with Caries Experience - Treated and Untreated		NA		
% Head Start Children with Untreated Caries		NA		
% Head Start Children with Early Childhood Caries		NA		
% Head Start Children with Caries Experience - Treated and Untreated		NA		

12, 21
12, 21
1, 21
1, 21
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22

% 3rd Graders with Untreated Caries		NA			22
% 3rd Graders with Caries Experience - Treated and Untreated		NA			22
% 9th Graders with Untreated Caries		NA			22
% 9th Graders with Caries Experience - Treated and Untreated		NA			22

DENTAL RESOURCES

DOCUMENTED ACCESS TO DENTAL CARE THROUGH PUBLICLY FUNDED AND VOLUNTEER PROGRAMS FOR PERSONS BELOW 200% FEDERAL POVERTY LEVEL

	Documented Access in 2008 Number	
Private Practitioners	NA	2
Dental School Facilities/Clinics	2	2, 11
Dental Hygiene/Dental Assistant School Facilities/Clinics	1	2, 11
Hospital-Based Dental Clinics	0	2, 11
County Health Department Dental Programs	1	2, 11
Federally Qualified Health Center Dental Clinics	0	2, 11
Community-Based Low-Income Dental Clinics	1	2, 11
Faith-Based Low-Income Dental Clinics	1	2, 11
School-Based Dental Clinics	0	2, 11
Non-Profit Corporations for Research and Training Dental Clinics	0	2, 11
Volunteer Programs (Project Dentists Care)	1	2, 11
Other Volunteer Programs	0	2, 11

REFERENCES

- 1 Florida Department of Health, Public Dental Health Program (Data obtained from FL DOH CHARTS) (As of 9/15/2009)
- 2 Florida Department of Health, Public Dental Health Program
- 3 Florida Department of Health, Public Dental Health Program (Data obtained from Agency for Persons with Disabilities)
- 4 Florida Department of Health, Public Dental Health Program (Data obtained from Florida KidCare Update August 2009)
- 5 Florida Department of Health, Public Dental Health Program (Data obtained from FL DOH Children's Medical Services program)
- 6 Florida Department of Health, Public Dental Health Program (Data obtained from Florida Head Start State Collaboration Office)
- 7 Florida Department of Health, Public Dental Health Program (Data obtained from FL DOH Disease Control web site)
- 8 Florida Department of Health, Public Dental Health Program (Data obtained from FL DOH Infant, Maternal and Reproductive Health Program)

- 9 Florida Department of Health, Public Dental Health Program (Data obtained from FL DOH Medical Quality Assurance Division)
- 10 Florida Department of Health, Public Dental Health Program (Data obtained from Medicaid's Decision Support System (DSS))
- 11 Florida Department of Health, Public Dental Health Program (Data obtained from Florida Dental Association's Project: Dentists Care 2008-2009 Resource Guide)
- 12 Florida Department of Health, Public Dental Health Program (Data obtained from 2002 Florida BRFSS)
- 13 Florida Department of Health, Public Dental Health Program (Data obtained from Bureau of Labor Statistics (Projections) web site)
- 14 Florida Department of Health, Public Dental Health Program (Data obtained from DOH Bureau of HIV/AIDS)
- 15 Florida Department of Health, Public Dental Health Program (Data obtained from the Volunteer Health Services Program Annual Report)
- 16 Florida Department of Education, Education Information and Accountability Services, <http://www.fldoe.org/eias/eiaspubs/default.asp>
- 17 Florida Department of Health, Children's Medical Services, Provider Management, <https://www.cmskidsproviders.com/eis/>
- 18 Florida Department of Health, Public Dental Health Program (Data obtained from the Community Water Fluoridation Project)
- 19 Florida Department of Health, Public Dental Health Program (Data obtained from Medicaid Program Analysis)
- 20 Data will be available to the Florida Department of Health, Public Dental Health Program in 2010
- 21 More recent data unavailable to the Florida Department of Health
- 22 Data of public health significance that interests the Florida Department of Health but to date has not been available