

Oral Health Section
Division of Public Health
North Carolina Department of Health and Human Services

Strategic Plan for July 2011 to June 2012

N.C. DHHS Vision Statement:

All North Carolinians will enjoy optimal health and well-being

N.C. Department of Health and Human Services Mission Statement:

The North Carolina Department of Health and Human Services, in collaboration with its partners, protects the health and safety of all North Carolinians and provides essential human services.

N.C. Oral Health Section Ideal:

To promote conditions in which all North Carolinians can achieve oral health as part of overall health. To work towards eliminating disparities in oral health by using best practices* to:

- Reduce oral diseases through prevention, education, and health promotion services
- Monitor the public's oral health
- Promote access to dental care

We work toward this ideal in partnership with:

- Healthcare professionals and professional organizations.
- Organizations that support improved health in their communities.
- Individuals who care about our children's health.

People We Serve:

- Children
- Adults who influence the health of children
- Healthcare providers

N.C. Oral Health Section Motto: North Carolina children – cavity-free forever.

* The Association of State and Territorial Dental Directors (ASTDD) in conjunction with the Centers for Disease Control & Prevention (CDC), Division of Oral Health defines a Best Practice Approach as a public health strategy that is supported by evidence for its impact and effectiveness. Evidence includes research, expert opinion, field lessons and theoretical rationale.

Introduction:

The North Carolina Oral Health Section (OHS) has a long and distinguished history going back 93 years. At the request of North Carolina dentists, the state legislature established the first dental public health program in the nation in 1918. The program is nationally recognized for providing statewide dental health prevention, screening/referral and education services with an emphasis on children.

Prevention is the foundation of oral health. Tooth decay is the most common chronic infectious disease of childhood. The first sign of disease starts with a reversible white spot on the tooth; without preventive intervention, it progresses to visible irreversible tooth decay, probable tooth loss, pain and suffering. No matter how many treatment resources for dental disease are established in the state, treatment alone cannot solve the problem. Lifelong prevention and management of this infectious disease requires essential public health interventions.

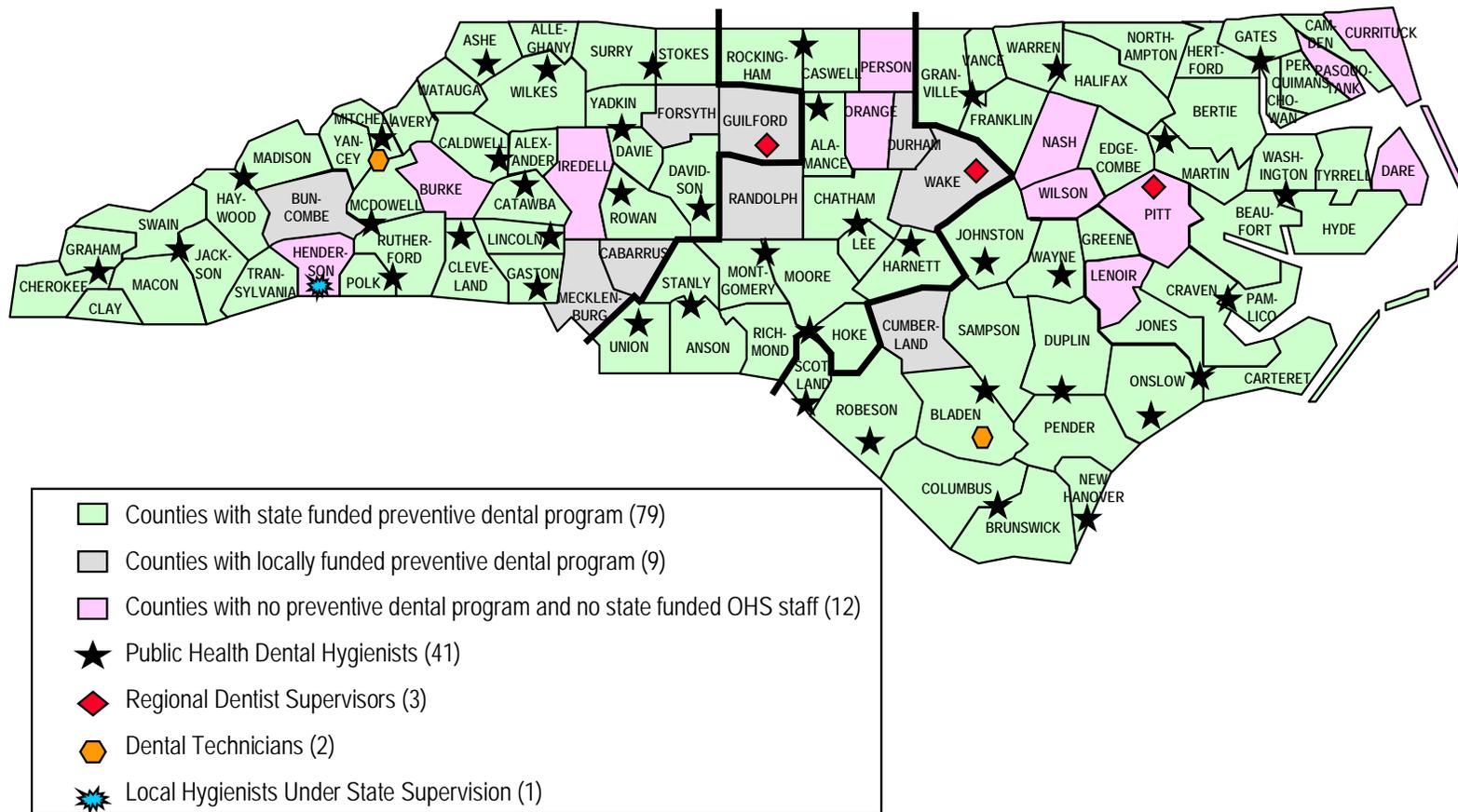
With a focus on the three core public health functions – assessment, policy development and assurance – the section’s goal is to eliminate disparities in oral health through prevention and education. To achieve this goal, OHS carries out best-practice based services, as defined by the Association of State and Territorial Dental Directors and the Centers for Disease Control and Prevention (CDC), which promote community fluoridation and school-based dental sealant programs as the two most effective public health measures to reduce dental decay.^{1,2,3} The section has a professional staff, most of whom reside in the communities they serve and work in cooperation with local partners. They carry out population-based public health activities devoted to 1) dental disease prevention services; 2) access to care, including screening/referral/follow-up for children; 3) dental health education and health promotion for children, health care providers and other adults; 4) oral health tracking systems; and 5) dental public health residency training. The section staff also provide services and technical assistance across the state, training medical professionals serving very young children, providing guidance on oral health policy development and implementation, and promoting community water fluoridation. In 2009-2010 in the counties served, section staff provided more than 407,500 direct, school-based services for children, as well as statewide preventive dental services that impact North Carolina’s nine million citizens.

The last 40 years have seen dramatic reductions in the prevalence of tooth decay, thanks in part to the efforts of dental public health programs in our state.⁴ We know this because North Carolina has the most comprehensive oral health surveillance system in the nation.^{5,6,7,8} In addition to large periodic statewide surveys of children’s oral health, each year the section conducts standardized assessments for kindergarten and fifth grade children. The results of the Oral Health Section’s 2003-04 North Carolina Statewide Children’s Dental Survey show that, after decades of decline, the trend in tooth decay reduction in permanent teeth is leveling off, while the amount of tooth decay in baby teeth is increasing. While the Oral Health Section’s annual kindergarten and fifth grade surveillance data report only obvious tooth decay, the 2003-04 survey data report both obvious tooth decay and early tooth decay (reversible white spots). Analysis shows that the actual amount of decay is underestimated by 35 to 40 percent when early cavities are not included.⁸ These early cavities are the ones that can heal (remineralize) in response to fluoride therapy and other preventive oral health interventions. The presence of so much early decay reinforces the need to enhance the preventive strategies OHS has in place so these early cavities do not progress to the point that they have to be filled.⁹

Although improving historically, oral health disparities and difficulties with access to dental care still exist in North Carolina⁸ and are a continued concern. The Oral Health Section continues to address these challenges by revising existing programs and developing new strategies. The July 2011 – June 2012 OHS Annual Strategic Plan outlines a state oral health plan to improve the quality of life for all North Carolinians and reduce disparities in oral health.

This plan is based on the availability of funding from state appropriations and Medicaid match. In September 2010, due to the state’s severe budgetary shortfall and resulting staffing cuts with loss of coverage in a large number of counties, staff county assignments were modified to minimize the counties the section would not be able to serve. Even with these modifications, 11 counties do not have assigned dental public health staff or direct services. One county has chosen to eliminate its locally funded community-based dental services.

N.C. Oral Health Section Community Based Workforce Coverage as of September 2010



GOAL I. Reduce oral disease through prevention/education/health promotion services

Strategies	Action Steps	Data/Evaluation	Outcomes/Measures of Progress
<ul style="list-style-type: none"> Maintain the proportion of citizens on community water systems who receive the benefits of community water fluoridation. 	<ul style="list-style-type: none"> Provide technical assistance with fluoridation. Continue to work with the state Public Water Supply Section and the state health director to address the proposed recommended change of fluoride level in drinking water to 0.7 ppm. 	<ul style="list-style-type: none"> CDC’s Water Fluoridation Reporting System (WFRS). 	<ul style="list-style-type: none"> Eighty-seven percent of North Carolinians on community water systems continue to receive the benefits of fluoridation.
<ul style="list-style-type: none"> Work with providers of services to high-risk children, age birth to 3½. 	<ul style="list-style-type: none"> Provide training and support for medical professionals providing oral preventive services through the <i>Into the Mouths of Babes</i> (IMB) program in an effort to address early childhood cavities.¹⁰ Continue to provide training and support for new and participating IMB medical practices statewide to increase the number of IMB practices. Work with Medicaid to increase the number of preventive services provided by physicians and dentists for high-risk children. 	<ul style="list-style-type: none"> Reports submitted to Section Chief and Management Team. Quarterly Medicaid reports. Reports submitted to Section Chief and Management Team. 	<ul style="list-style-type: none"> Report the percentage of Medicaid visits where children receive IMB services. Increase the number of educational materials available from the OHS.
<ul style="list-style-type: none"> Conduct a weekly fluoride mouthrinse program (FMR) for high-risk elementary schoolchildren. 	<ul style="list-style-type: none"> Conduct FMR weekly for 32 weeks in schools with high levels of dental disease, as determined by the annual kindergarten assessments. 	<ul style="list-style-type: none"> FMR Rosters. 	<ul style="list-style-type: none"> Maintain FMR program for approximately 66,200 children in targeted elementary schools.

GOAL I. Reduce oral disease through prevention/education/health promotion services (continued)

Strategies	Action Steps	Data/Evaluation	Outcomes/Measures of Progress
<ul style="list-style-type: none"> Conduct a preventive dental sealant program for children at high risk for cavities. 	<ul style="list-style-type: none"> Provide sealants in staff-driven school-based projects for at-risk children in grades K-3. Continue sealant promotions using public/private partnerships. Private dentists and public health practitioners place sealants in a variety of settings (e.g., schools, community colleges, churches). Continue to evaluate a random sample of sealants for placement quality. 	<ul style="list-style-type: none"> Sealant project reports. Registered Dental Hygienist (RDH) Weekly Service Report. 	<ul style="list-style-type: none"> Report number of high risk students in grade K through 5 who received sealants & number of sealants placed.
<ul style="list-style-type: none"> Increase the awareness of children and others in the community about dental diseases and/or healthy habits. 	<ul style="list-style-type: none"> Provide educational services in conjunction with direct services for children. Continue partnership with UNC-CH Gillings School of Global Public Health on the <u>Z</u>ero <u>O</u>ut <u>E</u>arly Childhood Tooth Decay (ZOE) project. Work with Local Educational Authorities (LEAs), School Health Advisory Councils (SHACs), Parent Teacher Associations (PTAs), Parent Teacher Organizations (PTOs), etc., on issues of importance to oral health. 	<ul style="list-style-type: none"> RDH Weekly Service Report. ZOE Pre/Post Test. Exhibit tracking and evaluation form. 	<ul style="list-style-type: none"> Review report of ZOE workshop evaluations. Report the number of services provided by Oral Health Section public health dental hygienists.
<ul style="list-style-type: none"> Consider the adoption or advancement of information and innovations to impact oral diseases. 	<ul style="list-style-type: none"> Use peer reviewed literature published throughout the year to assess emerging issues with the potential to reduce dental diseases, for possible implementation and/or communication to professionals as appropriate. 	<ul style="list-style-type: none"> Evidence-based studies, peer reviewed journals, public health list serves, and input from dental related leadership organizations. 	<ul style="list-style-type: none"> Report communications to professionals and/or implement best practices or concepts into the program as appropriate.

GOAL I. Reduce oral disease through prevention/education/health promotion services (continued)

Strategies	Action Steps	Data/Evaluation	Outcomes/Measures of Progress
<ul style="list-style-type: none"> Promote dental health literacy (knowledge, understanding, and communication). 	<ul style="list-style-type: none"> Provide Kindergarten and Fifth Grade Calibrated Oral Health Assessment data for print and electronic media. Provide data for Indicator-Based Information System for Public Health (IBIS-PH). Develop and distribute age-appropriate and literacy-appropriate educational materials. Provide educational materials for persons with limited English proficiency (LEP). Increase public awareness of the importance of good oral health. Explore a plan to use electronic tools (e.g., Internet, webinars, Website, Smart Boards) to deliver educational messages. 	<ul style="list-style-type: none"> Kindergarten and 5th Grade Calibrated Oral Health Assessment data.¹⁰ State Center for Health Statistics (SCHS) Website. Submit new educational materials to Section Management Team (SMT) for approval. Reports submitted to Section Chief and SMT. 	<ul style="list-style-type: none"> Ensure results of Kindergarten and 5th Grade assessment data are included and distributed. Report the number of new materials and/or campaigns developed. Implement the use of electronic tools.
<ul style="list-style-type: none"> Enhance the oral health knowledge base of educators to enable them to more accurately provide information. 	<ul style="list-style-type: none"> Maintain relationships with educators at all levels to incorporate preventive dental health education into their programs. 	<ul style="list-style-type: none"> Age and literacy appropriate teaching methodologies based on science related evidence. Surveys Feedback from staff and educators Track request for materials. 	<ul style="list-style-type: none"> Heightened awareness of oral health issues and prevention.

GOAL I. Reduce oral disease through prevention/education/health promotion services (continued)

Strategies	Action Steps	Data/Evaluation	Outcomes/Measures of Progress
<ul style="list-style-type: none"> Enhance healthcare providers' and educators' ability to intervene/support better oral health outcomes. 	<ul style="list-style-type: none"> Contact local health directors and the Department of Corrections Dental Director to offer training on dental public health for dental hygienists so that they can meet the requirements for working "Under Direction". Provide training as needed. Provide presentations to local and state healthcare professionals, dental societies, universities, community colleges, etc. Provide written or electronic educational materials to healthcare professionals, educators and decision makers including articles in professional publications. 	<ul style="list-style-type: none"> Keep a database of the public health dental hygienists trained to work "Under Direction." RDH Weekly Service Reports, surveys, and SMT. 	<ul style="list-style-type: none"> Record number of public health dental hygienists trained for "Under Direction" services. Record the number of presentations and attendees at presentations. Record the number of articles provided to professional organizations for publication.
<ul style="list-style-type: none"> Expand the dental public health workforce. 	<ul style="list-style-type: none"> Provide Residency training in the American Dental Association (ADA) accredited specialty of Dental Public Health. Prepare self-study for upcoming accreditation site visit for residency on Sept. 14, 2012. Increase awareness of dental public health issues among health professionals. Provide field experiences for health professions students. 	<ul style="list-style-type: none"> Residency Reports. Residency self-study. Poll of field staff in spring of year. Reports from supervisors. 	<ul style="list-style-type: none"> Report the number of residents who complete residency. Report on the progress of the residency self-study. Report the number of health professions students rotating through OHS.

GOAL II. Monitor the public's oral health

Strategies	Action Steps	Data/Evaluation	Outcomes/Measures of Progress
<ul style="list-style-type: none"> • Provide oral health surveillance. 	<ul style="list-style-type: none"> • Maintain current data on services provided by OHS field staff. • Respond to requests for program information. • Conduct kindergarten and fifth grade calibrated oral health assessments. • Post assessment data on OHS Website. • Work with State Center for Health Statistics and Indicator-Based Information System For Public Health (IBIS-PH) to maintain portions of assessment data on state Website. • Monitor state and national oral/pharyngeal cancer data. • Monitor the percentage of Medicaid visits where children receive IMB services. • Monitor the percentage of North Carolinians receiving fluoridated community water. • Review opportunities for upcoming statewide surveys of oral health status and related conditions. 	<ul style="list-style-type: none"> • RDH Weekly Service Reports, program justifications, and exhibit tracking forms. • FMR reporting forms. • CDC's Water Fluoridation Reporting System (WFRS). • Reports submitted to SMT. • Kindergarten and Fifth Grade Calibrated Oral Health Assessment data.¹⁰ • BRFSS data.¹¹ • PRAMS data.¹² • CHAMP data.¹³ • N.C. Cancer Facts and Figures.¹⁴ 	<ul style="list-style-type: none"> • Use data for program development, accountability, presentations, educational materials, publications and OHS annual report. • Report the number of children and schools participating in FMR Program. • Provide information for programmatic queries. • Report the number of sealants placed. • Use data to monitor and adjust OHS program activities. • Use data by other healthcare organizations. • Data used by School Health Advisory Councils (SHAC).

GOAL II. Monitor the public's oral health (continued)

Strategies	Action Steps	Data/Evaluation	Outcomes/Measures of Progress
<ul style="list-style-type: none"> • Provide oral health surveillance. (continued) 	<p>(See action steps on previous page.)</p>	<ul style="list-style-type: none"> • Quarterly Medicaid reports. • CDC's Water Fluoridation Reporting System (WFRS). • 2003-2004 N.C. Statewide Children's Dental Survey database. 	<ul style="list-style-type: none"> • Report the percentage of Medicaid visits where children receive IMB services. • Report the percentage of 5th grade children with sealants. • Report the percentage of North Carolinians on community water systems who receive the benefits of fluoridation. • Report on progress in planning and developing the next statewide survey.
<ul style="list-style-type: none"> • Explore the feasibility of conducting Basic Screening Survey (BSS)¹⁵ for 3rd graders in school year 2011-2012 that meets the standards of the National Oral Health Surveillance System. 	<ul style="list-style-type: none"> • Identify sample for BSS. • Provide training for staff to conduct the screening. • Conduct the BSS. 	<ul style="list-style-type: none"> • BSS data. 	<ul style="list-style-type: none"> • Submit data to the CDC National Oral Health Surveillance System.

GOAL III. Promote access to dental care

Strategies	Action Steps	Data/Evaluation	Outcomes/Measures of Progress
<ul style="list-style-type: none"> • Increase access to dental care for children. 	<ul style="list-style-type: none"> • Provide dental screening, referral to a dental home and follow-up services for children: <ul style="list-style-type: none"> ○ Kindergarten and 5th grade, ○ Kindergarten registration, ○ Preschool, ○ School nurse requests, ○ <i>Give Kids a Smile!</i>, and ○ 3rd grade children in BSS. • Provide sealants for children in kindergarten through 3rd grade in targeted schools. Refer children to a dental home. • Collaborate with school nurses, social workers, etc., to assist families in securing needed dental care for their children. • Provide technical assistance to local health departments and not-for-profit groups wishing to start and/or maintain dental clinics. • Respond to all requests for training and contact local health directors and the Department of Corrections Dental Director to offer educational sessions on dental public health for locally employed dental hygienists to meet the requirements for working “Under Direction.” 	<ul style="list-style-type: none"> • Kindergarten and 5th Grade Calibrated Oral Health Assessment reports.¹⁰ • BSS data reports. • RDH Weekly Service Reports. • List of safety-net dental clinics. • Database of the dental hygienists trained to work “Under Direction.” • NC Dental Society. 	<ul style="list-style-type: none"> • Compile and report number of assessments/screenings, and referrals provided for targeted students. • Report the percentage of N.C. 5th grade children with sealants. • Report the number of requests for technical assistance in order to maintain/increase the number of dental clinics operating. • Report number of locally employed dental hygienists who receive training to work “Under Direction,”

GOAL III. Promote access to dental care (continued)

Strategies	Action Steps	Data/Evaluation	Outcomes/Measures of Progress
<ul style="list-style-type: none"> • Increase access to dental care for children. (continued) 	<ul style="list-style-type: none"> • Work with healthcare providers to : <ul style="list-style-type: none"> ○ Monitor the provision of <i>Into the Mouth of Babes</i> (IMB) oral preventive/education/referral services. ○ Support medical providers participating in the <i>Into the Mouth of Babes</i> program. ○ Participate in N.C. Dental Society Access to Care Committee. ○ Provide IMB training to field staff to increase the number of medical practices participating in the IMB Program. ○ Partner with UNC-CH Gillings School of Global Public Health, N.C. Division of Medical Assistance and the Community Care of North Carolina (CCNC) Children’s Health Insurance Program Reauthorization Act (CHIPRA) Connect Project to educate network medical providers in using the Priority Oral Health Risk Assessment and Referral Tool (PORRT) and evaluate the use of guidelines and quality, appropriateness, and effectiveness of referrals. 	<ul style="list-style-type: none"> • Quarterly Medicaid Reports as available. • Medicaid reimbursement data. • County Program Plans. • Monitor training and support for IMB medical practices. • Weekly Service Reports. • Partnership will evaluate the use of PORRT guidelines as well as quality, appropriateness, and effectiveness of referrals using pre and post questionnaires, provider feedback, and completed PORRTs. 	<ul style="list-style-type: none"> • Report the percentage of Medicaid visits where children receive IMB services. • Report on training and support for IMB medical practices. • Hold IMB training for OHS field staff • Increase the number of medical practices providing IMB services. • Determine if PORRT guidelines support quality, appropriate, and effective referrals to a dental home using scientific methodology.

GOAL III. Promote access to dental care (continued)

Strategies	Action Steps	Data/Evaluation	Outcomes/Measures of Progress
<ul style="list-style-type: none"> Enhance parent awareness of oral health. 	<ul style="list-style-type: none"> Provide educational materials for people with limited English proficiency (LEP). Update materials to increase dental health literacy among high risk populations. 	<ul style="list-style-type: none"> Pilot test materials. 	<ul style="list-style-type: none"> Develop, translate, duplicate and distribute educational materials. Record the number of materials developed and updated.
<ul style="list-style-type: none"> Provide technical assistance to nonprofit groups/organizations interested in preventive dental health education and/or direct services. 	<ul style="list-style-type: none"> Provide technical assistance for the provision of dental initiatives. 	<ul style="list-style-type: none"> Feedback from committee/council members. RDH Weekly Service Reports. Community Reports submitted by hygienists as committee member. 	<ul style="list-style-type: none"> Report the number of new dental initiatives, campaigns and materials. Report the number of participants in new dental initiatives.

The N.C. Oral Health Section collaborates with numerous partners to carry out a strong dental public health program based on experience, science and best practices to benefit all North Carolina citizens.

Our Partners:

American Academy of Family Physicians
American Academy of Pediatrics
American Association of Public Health Dentistry
Association of State and Territorial Dental Directors
Centers for Disease Control and Prevention (CDC) Division of Oral Health
Centers for Medicare and Medicaid (CMS)
Community Care of North Carolina
East Carolina University School of Dental Medicine
Faith-based organizations
Head Start/Early Head Start and Migrant Head Start
Health Resources Services Administration (HRSA)
Healthy Carolinians
Latino advocacy groups
Local and regional health departments
Local, state and national dental and medical professional organizations
Maternal and Child Health Bureau
MCH Center for Leadership in Pediatric Dentistry, UNC-CH School of Dentistry, Chapel Hill
Medical residency programs
More at Four
National Institute for Dental and Craniofacial Research (NIDCR), National Institutes of Health (NIH)
North Carolina Academy of Family Physicians
North Carolina Academy of Pediatric Dentistry
North Carolina Agromedicine Institute
North Carolina Association of Local Health Directors
North Carolina Citizens for Public Health
North Carolina Committee for Dental Health
North Carolina Community Colleges, Colleges and Universities

North Carolina Dental Assistants Association
North Carolina Dental Hygiene Association
North Carolina Dental Society
North Carolina Department of Public Instruction and Local Educational Authorities (LEAs)
North Carolina Division of Aging and Adult Services
North Carolina Division of Medical Assistance (Medicaid)
North Carolina Division of Public Health,

- School Health Matrix Team
- Social Marketing Matrix Team
- Women and Children's Health Section
- Chronic Disease Section

North Carolina Institute of Medicine
North Carolina Institute of Public Health
North Carolina Medical Society
North Carolina Office of Rural Health and Community Care
North Carolina Pediatric Society
North Carolina Public Health Association
North Carolina Society of Public Health Education
North Carolina State Board of Dental Examiners
Old North State Dental Society
Old North State Medical Society
Other public health agencies and advocacy groups
Other Sections within Division of Public Health
Parent/Teacher Associations (PTAs)
Parent/Teacher Organizations (PTOs)
School Health Advisory Councils (SHACs)
Smart Start/N.C. Partnership for Children
UNC-CH Gillings School of Global Public Health
UNC-CH School of Dentistry

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