



NC
Nothing Compares
NORTH CAROLINA

*Special Care Dentistry:
Establishment of a new statewide
program and community collaboration
to improve oral health*

Kevin J. Buchholz, DDS
Jennifer Romaszewski, BDS, MPH
Oral Health Section - Division of Public Health



Overview

- Defining the population: “who are patients with special health care needs?”
- Statistics
- Current resources
- Federal and North Carolina Updates
 - Special Care Dentistry Advisory Group
 - North Carolina Oral Health Section Special Care Dentistry Program
- Make a difference now
- Educational opportunities
- Feedback
- Questions?



“People whose bodies or minds work differently should be viewed first as people and second as people with special health care needs.”

National Maternal and Child Oral Health Resource Center



Definitions

“Children who have special health care needs are those who have (or who are at risk for) a chronic physical developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally”

McPherson M, Arango P, Fox H, et al. “A new definition of children with special health care needs”, *Pediatrics*, 1998; 102: 137-140



Definitions

- Special Care Advocates in Dentistry (SAID)
- *Special Care Advocates in Dentistry:* Dental professionals working full-time in institutions or professionals who devote a large portion of their time and practices treating the developmentally disabled, mentally ill and/or otherwise medically compromised client



Definitions

- Special Care Dentistry Association
- *Special Care Dentistry:* branch of dentistry that provides oral care services for people with physical, medical, developmental, or cognitive conditions which limit their ability to receive routine dental care

“Every practice has patients with special needs.”



Definitions

- N.C. Special Care Dentistry Advisory Group
- *Patients with special needs:* those in all age groups with intellectual and/or developmental disabilities, the frail elderly, those with multiple complex medical diagnoses, and the many other individuals with disabilities who do not fit into these categories but also encounter barriers when trying to access dental care in their community



Definitions

- N.C. Oral Health Section
- *Special Care Dentistry program:* a program focused on improving the oral health of children, adolescents, and adults with special health care needs



At the Start

N.C. OHS Special Care Dentistry program

Vulnerable populations initially being included:

- Frail and elderly
- Intellectually and Developmentally Disabled (I/DD)

Populations that could be included:

- HIV/AIDS
- Preschool-aged children
- Pregnant women



Definitions

- *Frail*: physically weak or having delicate health
- *Elderly*: individuals over 65 years old who have *functional impairments*; sometimes used to describe any adult over 75 years old
- *Frail elderly*: older persons (usually over the age of 75 years) who are afflicted with physical or mental *disabilities* that may interfere with the ability to independently perform *activities of daily living*



Definitions

- Americans with Disabilities Act of 1990, as amended
- The term “disability” means, with respect to an individual: a physical or mental *impairment* that *substantially limits* one or more *major life activities* of such individual, a record of such an impairment; or being regarded as having such an impairment



Definitions

- Centers for Disease Control and Prevention (CDC)
- *Intellectual disability*: Limits to a person’s ability to learn at an expected level and function in daily life
- *Developmental disability*: a condition due to an impairment in physical, learning, language, or behavior areas beginning during the developmental period, may impact day to day functioning, and usually lasts throughout a person’s lifetime



Definitions

- American Association on Intellectual and Developmental Disabilities (AAIDD)
- *Intellectual disability* is characterized by significant limitations in both *intellectual functioning* and in *adaptive behavior*, which covers many everyday social and practical skills; originates *before the age of 18*



Definitions

- Surgeon General's Call to Action to Improve the Health and Wellness of Persons with Disabilities 2005
- *Intellectual disability*: Once referred to as "mental retardation," an impairment of thinking abilities that generally results in an intellectual quotient (IQ) equivalent that is two or more standard deviations below the average, or 70 or lower when the mean is 100.
- *Developmental disability*: A severe, chronic disability of an individual attributable to a mental or physical impairment or combination of impairments that (a) manifests before the individual attains 22 years of age; (b) is likely to continue indefinitely; and (c) results in substantial functional limitations in three or more areas of major life activity



**Are there Access to Care Issues?
What about Outcomes?**

- U.S. Surgeon General's Report on Oral Health (2000)
 - Significant gains in oral health have been made but people with disabilities and the elderly are disproportionately affected by poor oral health
- The 2005 National Survey of Children with Special Health Care Needs showed that families ranked:
 - Unmet dental needs for their children as the greatest health care issue.
 - Lewis, Charlotte W. DENTAL CARE AND CHILDREN WITH SPECIAL HEALTH CARE NEEDS: A POPULATION BASED PERSPECTIVE. Acad Pediatr. 2009



**Are there Access to Care Issues?
What about Outcomes?**

- Estimated that 15.4% of North Carolina children have special health care needs (CSHCN) compared to 13.9% of children nationwide
 - U.S. DHHS, HRSA. The National Survey of Children with Special Health Care Needs Chartbook 2005-2006
- CSHCN visit the dentist with at least the same frequency as children without special health care needs and total dental expenditures do not differ
 - Beil H, Mayer M, Rozier RG. Dental Care Expenditures in children with special health care needs. J Am Dent Assoc. 2009
 - Iida H, et al. Dental care needs, use and expenditures among US children with and without special health care needs. J Am Dent Assoc. 2010



**Are there Access to Care Issues?
What about Outcomes?**

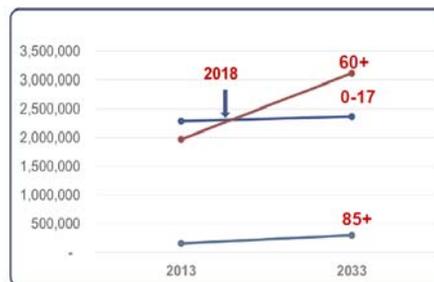
- CSHCN with significant special health care needs have more unmet dental needs and are less likely to receive preventive services.

• Iida H, et al. Dental care needs, use and expenditures among US children with and without special health care needs. J Am Dent Assoc. 2010



What about adults?

By 2018, NC will have more people 60+ than ages 0-17



Source: NC State Data Center, 10/1/2014 Prepared by Swarna Reddy, NC DAAS

Disability Status, 65 and over

	With a disability	Percent with a disability
Population 65 years and over	478,429	38.1%
With a hearing difficulty	191,945	15.3%
With a vision difficulty	95,071	7.6%
With a cognitive difficulty	126,733	10.1%
With an ambulatory difficulty	313,867	25.0%
With a self-care difficulty	113,725	9.1%
With an independent living difficulty	208,169	16.6%

* Civilian non-institutionalized population
Source: American Community Survey 2009-2013, Table S1810 Prepared by Swarna Reddy, NC DAAS

What about adults?

- Only 56% of disabled adults visited a dentist or a dental clinic compared to 67% of adults without a disability.

• NC State Center for Health Statistics. 2014 BRFSS survey results, North Carolina Oral Health.

- Residents in Nursing Homes exhibit poor oral health which can serious systemic consequences, such as increased risk for stroke, cardiovascular disease, and pulmonary infection.

• Stein PS, Henry RG. Poor oral hygiene is long-term care. Am J Nurs. 2009



Current Resources in North Carolina

•Developmental Centers:

- Operated under N.C. DHHS
- provide services and supports to individuals with intellectual and developmental disabilities (I/DD) and complex behavioral challenges and/or medical conditions whose clinical treatment needs exceed the level of care available in the community.



21

Current Resources in North Carolina



East:
Caswell Developmental Center,
Kinston – 378



Central:
Murdoch Dev. Center,
Butner – 500



West:
J. Iverson Riddle Dev. Center,
Morganton – est. 300



22

Current Resources in North Carolina

•Neuro-Medical Treatment Centers

- Operated by N.C. DHHS
- Black Mountain Neuro-Medical Treatment Center
 - Provides services and supports to individuals and families affected by lifelong disabilities and by Alzheimer’s Disease.
- O’Berry Neuro-Medical Treatment Center
 - Serves those with specialized medical conditions of a chronic and complex nature, and significant health-related challenges.
- Longleaf Neuro-Medical Treatment Center
 - Serves adults with severe and persistent mental illness that also have long-term medical conditions and adults with a diagnosis of Alzheimer’s or other related dementia.



23

Current Resources in North Carolina

•Psychiatric Hospitals

- Operated by N.C. DHHS
- Regional facilities that provides help and support to North Carolinians and their families suffering from mental illness.
- Broughton Hospital – Morganton
- Central Regional Hospital – Butner
- Cherry Hospital - Goldsboro



24

Current Resources in North Carolina

•Hospital Inpatient Services

- Five major hospital systems and three Department of Veteran Affairs hospitals provide emergency care and some out-patient dental care on a non-emergency basis for patients undergoing complex medical care, such as cardiac and cancer patients. Most major hospital systems and some smaller hospitals provide operating room time for dentistry.



Current Resources in North Carolina

•Mobile Dental Program

- Access Dental Care – Asheboro



Access Dental Care Totals from August, 2000 – December, 2013

Clinical

- 64 Facilities Served
- 57 Active Facilities
- 12,965 Patients Served
- 1,017 Patients with Intellectual/Developmental Disabilities
- 472 Operating Room Patients (Most are persons with profound intellectual disabilities.)
- 77,012 Patient Visits
- 122,872 Patient Services
 1. 70% Diagnostic/Preventive
 - 56,639 Diagnostic (exams, x-rays)
 - 29,843 Preventive (cleanings, fluoride treatment, sealants)
 2. 12% Restorative (14,949 fillings)
 3. 11% Oral Surgery (13,320 extractions and other surgery)
 4. 4% Removable Prosthetics (5,380 denture procedures - dentures, partials, relines, repairs)
 5. 1% Perio (2,135 treatments – scaling/root planing, surgery)
 6. <1% Fixed Prosthetics (466 crown and bridge units)
 7. <1% Endodontic (140 root canals)

Financial

- \$11,353,448 Gross Production over thirteen years.
- \$1.5 million of Foundation/Grant funding for capital expenses

Current Resources in North Carolina

- UNC School of Dentistry
 - Historically, has been the primary referral source for patients with special needs in North Carolina
- ECU School of Dental Medicine
 - Suite dedicated to providing care to patients with special health care needs
- Approximately 200 pediatric dentists
- General dentists with advanced training



Current Resources in North Carolina

- N.C. Donated Dental Services Lifeline Program
 - www.dentallifeline.org/North-Carolina
- Dental professionals volunteer to provide comprehensive treatment to eligible patients
 - Disabled, Elderly, Medically fragile
- Donated Dental Services Coordinator
 - (877) 650 - 9001

Unfortunately, due to lengthy wait lists, applications are not being accepted at this time.



Current Resources in North Carolina

N.C. Office of Disability & Health

Please contact Danielle Matula
(919) 707-5633 or Danielle.Matula@dhhs.nc.gov

- Accessibility Reviews of Health Departments with dental clinics or private dental practices upon request
- Dental Practice Accessibility Checklist for consumers and families of children with special health care needs *(in development)*
- <http://www.ncdhhs.gov/assistance/disability-services>
- <https://www2.ncdhhs.gov/dph/wch/families/>



Current Resources in North Carolina

- Developed by partnership between
 - N.C. Center for Health and Wellness &
 - N.C. Division of Aging and Adult Services
- Engage local, regional and statewide leaders in efforts to support healthy aging throughout N.C.
- Statewide Hub for the coordination and promotion of healthy living initiatives that contribute to the prevention of disease among all North Carolinians

<http://www.healthyingnc.com>

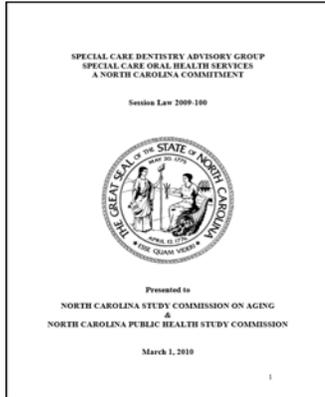


Action at the Federal Level

- H.R. 1606 – Special Care Dentistry Act of 2011 (112 Congress 2011-2012)
 - Special Care Dentistry Act of 2011 - Amends title XIX (Medicaid) of the Social Security Act to require a state to provide oral health coverage for aged, blind, or disabled individuals through a separate state adult dental program



Actions at the State Level



33

**Special Care Dentistry Advisory Group
A North Carolina Commitment**

- The Advisory Group developed 16 recommendations under 5 general categories
 - (1) Advocacy
 - (2) Professional Development
 - (3) Reimbursement
 - (4) Clinical Program Expansion
 - (5) Health Services Research

<https://www2.ncdhhs.gov/dph/oralhealth/library/includes/Special%20CareDentistry%20Report%203-3-10.pdf>



34

Recommendation #3.

Request that a dentist be appointed to the Commission on Children with Special Health Care Needs.

- The North Carolina Commission on Children with Special HealthCare Needs is an eight member Governor appointed Commission. The purpose of the Commission is to monitor and evaluate the availability and provision of health services to children with special health care needs in this state, and to monitor and evaluate services provided to children with special health care needs under the Health Insurance Program for Children established under Part 8 of Article 2 of Chapter 108A of the General Statutes. Because dental care has been cited as the most prevalent unmet health need for children with special health care needs (Lewis, Robertson and Phelps, 2005), the group felt that it was necessary for a dentist to be appointed to the Commission.



35

Recommendation #1.

A state agency or council create and maintain a program position that is responsible for implementing the recommendations in the report

- “North Carolina needs a coordinated systems approach to provide optimum and accessible dental services to populations requiring special care dentistry. Special care dentistry demands practice flexibility, specific training, multiple delivery systems, consistent case management, care coordination, adequate reimbursement and health systems research. Each program component is interdependent on the other to provide quality, accessible services.”

• Special Care Dentistry Report, 2010



36

This program will improve the lives of patients with special health care needs and their caregivers by:

- Providing early interception and referral for patients with special health care needs to the appropriate care source
- Advocating for expanding the capacity of existing state hospital and developmental center dental clinics to serve as regional referral sources
- Advocating for reasonable compensation for those doing the extraordinary work of special care dentistry.
- Providing patients with special health care needs and their care-givers a central point of communication to discuss special care dentistry issues.
- Advocating for training the dental and medical team
- Investigating preventive interventions for this rapidly growing population.
- Advocating for a research agenda and data collection for future policy decisions.



Revised Strategic Plan of 2014

- “Oral Health Section staff member will coordinate and organize activities regarding special care populations and work to implement the recommendations of the Special Care Advisory Committee of March 2010.”



HRSA Oral Health Workforce Grant

- Applied for Oral Health Workforce Development Grant in spring of 2015.
- 3 year grant began in September and will fund 3 positions:
 - Special Care Dentistry and Fluoridation expert (80/20%)
 - Carolina Dental Home and Sealant promoter (80/20%)
 - Perinatal Oral Health Pilot Coordinator (100%)



Special Care Dentistry Position

- This position will have:
- 80% time focused to Special Care Dentistry
 - 20% time focused on Fluoridation
 - Position has been created
 - Going through the department
 - We are 8 months into a 3 year grant and it may be 2 more additional months before we have hired a qualified candidate



What can you do now to improve the oral health of persons with special health care needs in your community?

- **Suggestions:** Start early and start with prevention.
- Support and advocate for community water fluoridation
- Support the use of fluoride toothpaste at eruption of the first tooth
- *Into the Mouths of Babes*



Fluoride toothpaste use, starting with the first tooth, is endorsed by:

- American Academy of Pediatrics
 - Section on Oral Health, Maintaining and improving the oral health of young children. Pediatrics 2014; 134: 1224-1229. Web. 17 Aug. 2015.
- American Academy of Pediatric Dentistry
 - Clinical Affairs Committee- Infant Oral Health Subcommittee. 'Guideline on Infant Oral Health Care.' Clinical Guidelines Reference Manual 2014; 36(6):141-145. Web. 17 Aug. 2015.
- American Dental Association
 - Wright, Hanson, Ristic, Whall, Estrich, Zentz. Fluoride toothpaste efficacy and safety in children younger than six years. A systematic review. JADA 2014;145(2):182-189.



ADA recommendations:

- Children younger than 3 years:
 - Caregiver begin brushing at first tooth eruption with smear of fluoridated toothpaste 2x daily
- Children 3 to 6 years:
 - Caregiver brush teeth 2x daily with no more than a pea sized amount of fluoridated toothpaste.
 - Supervise toothbrushing to minimize swallowing of fluoride toothpaste.
- Critical that dentists provide counseling to caregivers regarding toothpaste amounts.



JADA 2014;145(2):190-191
10.14219/jada.2013.47
American Dental Association Council
on Scientific Affairs

Fluoride toothpaste use for young children



The toothbrush on the left shows a smear of toothpaste (0.1 milligram of fluoride) and the one on the right a pea-sized amount (0.25 mg of fluoride).



What can you do now?

- Know the IMB practices in your county
- See if they are using the PORRT tool
 - If child is identified as having special health care needs he/she is referred to a pediatric dentist.
- Know where to locate pediatric dentists in North Carolina.
 - N.C. Association of Pediatric Dentistry
 - <http://www.ncapd.net/Member-Directory.aspx>



Educational Resources to Improve Care for Patients with Special Health Care Needs

- N.C. DHHS Division of Public Health, Children and Youth Branch
 - **Parents as Collaborative Leaders** information
 - Nationally recognized, research-based curriculum
 - **Trainings For Parents, By Parents**
 - 10 one-hour trainings, no cost, whole series or selected, available in Spanish
- <https://www2.ncdhs.gov/dph/wch/doc/families/PACL-Brochure-Print2.pdf>



Educational Resources to Improve Care for Patients with Special Health Care Needs

- *Free Resources for Patients and Health Care Professionals*

<https://dental.washington.edu/oral-medicine/special-needs/patients-with-special-needs/>



Patients with Special Needs

Resources for Patients and Health Care Professionals

- [Directory of Dentists for Patients with Special Needs](#)
- [Continuing Dental Education Course](#) now available based on information contained in the Fact Sheet!

Through information provided at this site, we hope more of these individuals will have access to dental care and receive home-based dental prevention activities.

- 17% of children in Washington State have a special need; half of these children have mild/moderate special needs.
- Many individuals with special needs do not have access to regular and ongoing dental care.

Fact sheets have been developed for mild to moderate manifestations of a number of special needs conditions. For most conditions there are separate fact sheets for Dental Professionals, Medical Professionals, and Parents and Caregivers. A General Guidance fact sheet is included and is available in Spanish.

Content for the fact sheets was developed by a group of experts affiliated with the University of Washington and the Washington State Department of Health - Oral Health Program.

Information on the process used to develop these fact sheets can be found in the following PDF: [Summary Development Process](#).

Parents/Caregiver Fact Sheets	Dental Fact Sheets for Children	Dental Fact Sheets for Adults	Medical Fact Sheets
ADHD	ADHD	ADHD	ADHD
Anxiety	Anxiety	Anxiety	Anxiety
Asthma	Asthma	Asthma	Asthma
Autism	Autism	Autism	Autism
Cerebral Palsy	Cerebral Palsy	Cerebral Palsy	Cerebral Palsy
Cleft Lip & Palate	Cleft Lip & Palate	Cleft Lip & Palate	Cleft Lip & Palate
Congenital Cardiac Disorder	Congenital Cardiac Disorder	Congenital Cardiac Disorder	Congenital Cardiac Disorder
Depression	Depression	Depression	Depression
Diabetes	Diabetes	Diabetes I	Diabetes II
Down Syndrome	Down Syndrome	Down Syndrome	Down Syndrome
Eating Disorder	Eating Disorder	Eating Disorder	Eating Disorder
Epilepsy	Epilepsy	Epilepsy	Epilepsy
Hearing Impaired	Hearing Impaired	Hearing Impaired	Hearing Impaired
HIV	HIV	HIV	HIV
TBI	Intellectual Disability	Intellectual Disability	TBI

Additional Guidance

- Dental Guidance (PDF)
- Medical Guidance (PDF)
- General Guidance Parents and Caregivers (PDF)
- General Guidance Parents and Caregivers (Hispanic) (PDF)
- General Guidance Parents and Caregivers (Spanish) (PDF)
- Child Abuse Guidance for Dental Professionals (PDF)

Adults with Cerebral Palsy continued

Drug Interactions

- Local anesthesia can be used without adverse reactions unless specified by a specific drug the patient is taking.
- Some muscle relaxants and anticholinergics cause CNS depression and potentiate other CNS depressants used in dentistry. Exercise caution with the use of Clovebite. Conscious sedation is not recommended.

Behavioral: Difficulty cooperating in the dental chair.

Guidance:

- The degree of intellectual disability varies with each individual. Some individuals may have normal cognition, while others may have severe deficits. Tailor explanations of dental procedures to the level of understanding.
- Ask patient or caregiver for medication updates at each appointment. Medication changes can affect the appropriate care of the patient from a medical and/or appointment management standpoint.
- Use short, clear instructions. One only one direction at a time. Place dental instruments slowly into mouth and place chin in downward position to mitigate hyperactive gag reflex. Consider using a mouth prep with dental foam attached.
- Listen actively. Be sensitive to communication methods used, including gestures and verbal/nonverbal requests. Consult with caregiver if unable to understand patient's speech.
- Give positive verbal reinforcement. As appropriate, provide verbal and/or tactile reassurances.
- Dividing trust and consistency between the dental staff and the individual. Use the same staff, dental operators, and appointment time each visit if appropriate.
- Avoid interruptions and have as few staff as needed in operatory.
- Demonstrations are effective when introducing new instruments or procedures. Introduce instruments slowly into the oral cavity to allow the patient to adjust to the new addition.
- Do not force limbs into unnatural positions or attempt to stop uncontrolled body movements. Evert a firm, gentle pressure to allow shaking limbs.
- Minimize light, sounds, and sudden movements that trigger primitive reflexes or uncontrolled movements. Inform patient of any stimulus before it appears.

Dental Treatment and Prevention

- Patients in wheelchairs may more easily be treated in the wheelchair. Lock wheels, use sliding board to support back, head, and neck, and remove wheelchair if possible.
- Consider daily use of Chlorhexidine or other antimicrobial agents. Evaluate patient, those with swallowing difficulties or inability to expectorate may benefit from brushing teeth and gums with Chlorhexidine or use Chlorhexidine spray application rather than a rinse.
- Consider use of a power toothbrush if the patient is able to tolerate.
- Caregiver may benefit from guidance regarding oral home care. Brushing the individual's teeth while in a semi-reclined position, and possible with a mouth prep may be indicated. Positioning should allow the caregiver and/or individual to easily remove excess saliva or allow the individual to be able to swallow or spit as possible. Reinforce often with patient and caregiver.
- Determine orthodontic needs for malocclusion; treatment may be feasible.
- Consider mouth guards to treat severe bruxism - only if symptoms of gagging/dysphasia will allow safe and comfortable use.
- General anesthesia is often indicated to accomplish restorative or surgical treatment.

Some patients with Cerebral Palsy are fed by tube. Patients fed by tube typically have low caries, rapid accumulation of calculus, GERD (gastro-esophageal Reflux Disease), oral hypersecretion, and are at high risk for aspiration in the dental chair. Swallowing difficulties may occur with H₂O or thick liquids. No artificial premedication is needed for Gastric or Nasogastric tubes. Position the patient in an upright position as possible and utilize low amounts of water and high volume suction to minimize aspiration.

Oral Health Fact Sheet for Medical Professionals

Children with Cerebral Palsy

Cerebral palsy is a disorder of movement and posture caused by nonprogressive abnormality of the immature brain that originates during the prenatal or perinatal period or first few years of life. This results in significant impairment of functional mobility. The four major subtypes are spastic, dyskinetic/callosal (slow, writhing involuntary muscle movements), ataxic (low muscle tone and poor coordination), and mixed cerebral palsy, with spastic forms being the most common. (ICD-9 code 343.9)

Oral Manifestations and Considerations

- Increased risk for dental caries and periodontal disease
- Enamel hypoplasia
- Dental erosion due to gastroesophageal reflux that can increase thermal sensitivity and in significant cases cause pain
- Delayed eruption of permanent teeth
- Delayed hypoplasia for those with epilepsy
- Increased incidence of Class II Div 1 malocclusion
- Increased risk for oral trauma and injury
- Others: Tongue thrust, mouth breathing, hyperactive or hyperactive gag reflex, dysphagia, oral hypersecretion (reaction to touch, taste, or smell), prolonged and exaggerated bite reflexes, bruxism, subultra, poor oral hygiene, and food pooling.

Other Potential disorders/Concerns

- Speech/communication disorders
- Vision and hearing impairments

Oral Side Effects of Commonly Prescribed Medications

Medication:

- Local anesthetics can be used without adverse reactions unless specified not appropriate with a drug the child is taking.
- Some muscle relaxants and anticholinergics cause CNS depression and potentiate other CNS depressants used in dentistry; caution should be used with the use of Clovebite; conscious sedation is not recommended.

SYMPTOM	MEDICATION	SIDE EFFECTS
Control spasticity and rigidity	Diazepam (Valium)	Excessive drooling
	Anticonvulsants	General hyperreflexia, anorexia, dysphagia, thrombocytopenia
	Anticholinergics	Xerostomia, bruxism
	Muscle relaxants (antispasmodics)	Keratinoma

Educational Resources to Improve Care for Patients with Special Health Care Needs

Resources (oral health specific)

- www.smilesforlifeoralhealth.org (CE)
- www.dentalcare.com (CE)
- www.mchoralhealth.org/SpecialCare
- <http://www.nidcr.nih.gov/OralHealth/Topics/DevelopmentalDisabilities/ContinuingEducation.htm>



Educational Resources to Improve Care for Patients with Special Health Care Needs

Additional resources (oral health specific)

- www.saiddent.org Special Care Advocates in Dentistry
- www.opwdd.ny.gov
- www.scdonline.org (CE)
- www.adaceonline.org (CE)



Educational Resources to Improve Care for Patients with Special Health Care Needs

Academic Resources (general)

- <http://Phcids.uconn.edu>
- <http://disabilitystudies.syr.edu/programs-list/>
- <http://aaidd.academy.reliaslearning.com/> (CE)
- <https://nciph.sph.unc.edu/tws> (CE)



“A well-trained public health workforce with knowledge and skills to work with people with disabilities can help make sure that everybody, with and without disabilities, will have access to services and programs they need to live healthy and productive lives.”

<http://www.cdc.gov/ncbddd/disabilityandhealth/features/keyfinding-lack-disability-training-public-health-schools.html>



Requesting your feedback

- What would you and your team suggest to us as we develop a job description for this position?
- How do you envision your county/community supported by a Special Care Dentistry Coordinator at the state level?



Thank You!

- Questions?



Speaker Contact Information



Kevin Buchholtz, DDS
Public Health Dentist Supervisor
N.C. Oral Health Section
kevin.buchholtz@dhhs.nc.gov
Cell: 919-235-7900
Office: 919-235-7990



Jennifer Romaszewski, BDS, MPH
Dental Public Health Resident
N.C. Oral Health Section
jennifer.romaszewski@dhhs.nc.gov
Office: 919-707-5487