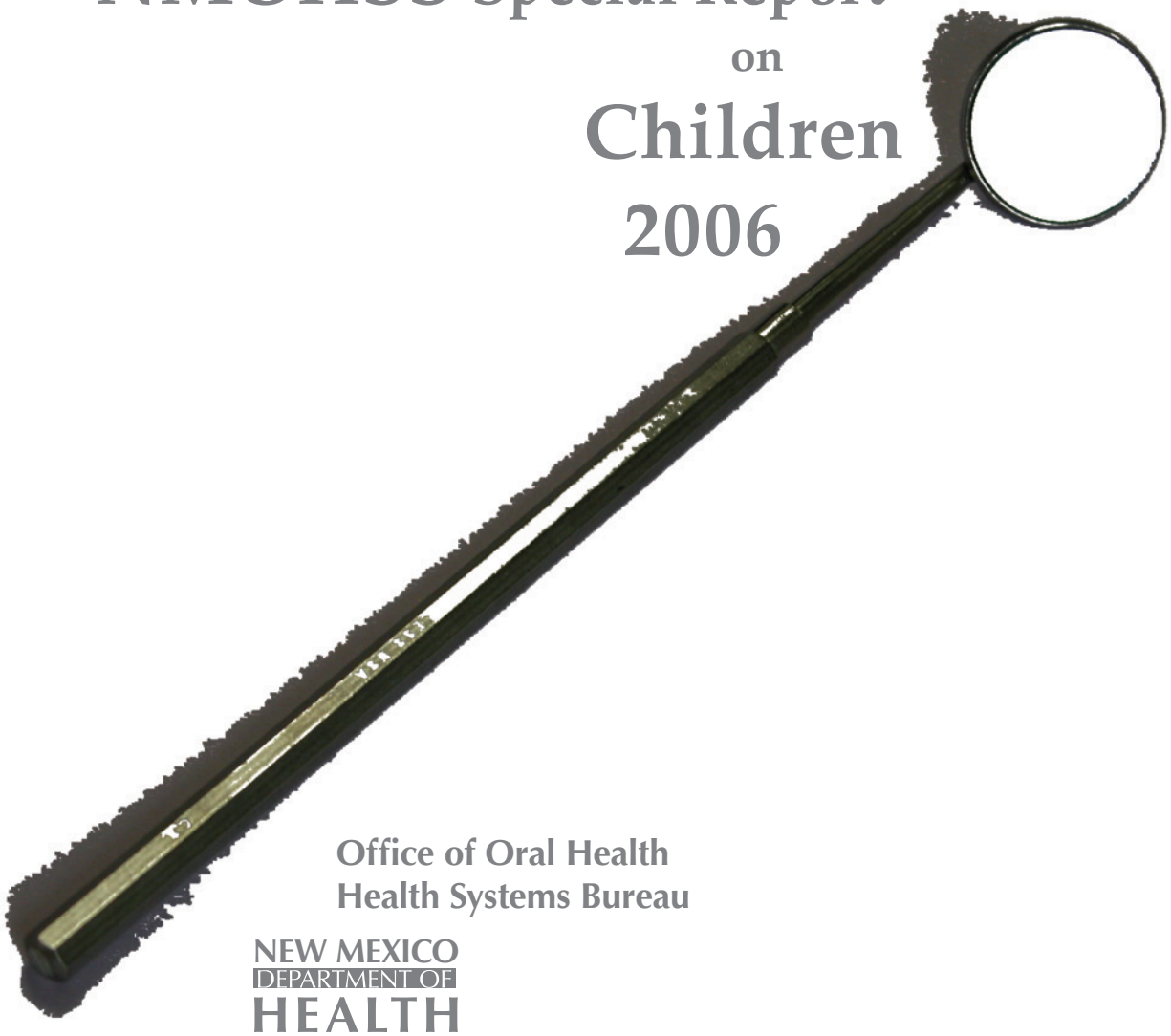
New Mexico Oral Health Surveillance System

NMOHSS Special Report on Children 2006



Office of Oral Health
Health Systems Bureau

NEW MEXICO
DEPARTMENT OF
HEALTH

State of New Mexico

The Honorable Bill Richardson, Governor

New Mexico Department of Health

Michelle Lujan-Grisham, Secretary

Public Health Division
Kristine Suozzi, Director
Patsy Nelson, Deputy Director
Robert Horwitz, Deputy Director

Health Systems Bureau
Mary Altenberg, Bureau Chief
Harvey Licht, Director, Primary Care and Rural Health Office

Office of Oral Health, Health Systems Bureau
Rudy F. Blea, Program Director
Carol Hanson, Former Acting Program Manager

Acknowledgements
This report was prepared with the generous help of staff and members of the collaborating agencies and of the NM Oral Health Surveillance Systems Advisory Committee listed at the end of this document; Carol Hanson and Rudy Blea, Office of Oral Health, New Mexico Dept of Health (NMDOH); in the Health Systems Bureau, NMDOH: Mary Altenberg, Chief; Harvey Licht, Director, Office of Primary Care and Rural Health; and Ken L. Reid, Special Projects Coordinator. Kathleen Kimler Altobelli gathered data and drafted this report under contract number 06/665.0200.0038 with the NMDOH, State of New Mexico. Ssu Weng revised the draft and did layout. Funding was provided by State Oral Health Collaborative Systems Grant, # H47MCO1945, Health Resources Services Administration, US Department of Health and Human Services.

Suggested citation
Health Systems Bureau and Office of Oral Health. *New Mexico Oral Health Surveillance System Special Report on Children, 2006*. Santa Fe, NM: Health Systems Bureau, Public Health Division, NM Department of Health, 2006.

New Mexico Oral Health Surveillance System (NMOHSS) Special Report on Children, 2006

Contents

1. Introduction

The New Mexico Oral Health Surveillance System (NMOHSS), coordinated by the Health Systems Bureau of the NM Department of Health, is a collaboration of many agencies. The primary goals of the NMOHSS include establishing and maintaining a central repository for data related to the oral health of New Mexicans, and the analysis and dissemination of this data to aid the evaluation and development of policies and programs designed to improve oral health. This report supplements the first annual report of the NMOHSS.

Scope of this report

The report on children would not have been possible without the generous contributions of individuals at the collaborating agencies. Most of these agencies do not focus on oral health data, and many are limited in budget and staff. Thus, there are limitations on consistency of data among the agencies.

A wide range of public agencies and private entities provide dental services. Payment for children's dental care may come from government programs, private insurance company reimbursement, private charitable organizations, or parents. Some dental care is donated by dental professionals. No organization collects information on all dental care provided in New Mexico. This report provides data from agencies that were contacted and able to provide aggregate data and background information within the timing constraints.

This report provides a starting point for assessing oral health issues facing children in New Mexico. It does not, however, include all providers or programs or expenditures. Some topics are completely missing: treatment of methamphetamine ("meth") mouth, services in hospital emergency rooms, and in-patient hospital stays. There is very little information on dental services obtained by children without dental insurance; the number of such children is surely larger than the number without medical insurance. This report includes some services provided to uninsured children as the medically fragile, but there is no separate account of the combined services that they receive.

This report does provide information on mouth injuries, baby bottle syndrome, tobacco use, access to and utilization of dental care, coverage of oral health services by various payers, programs providing services, and educational and policy initiatives. Despite its limitations, this report is currently the most comprehensive of its sort and is offered to help guide policy and develop programs.

Population and provider estimates

The Bureau of Business and Economic Research (BBER) of the University of New Mexico estimates that there were total of 1,903,289 residents of New Mexico as of July 1, 2004, including 522,894 children aged 0 to 19 years. This includes 133,366 children under the age of 5 years, 129,210 children aged 5 to 9 years, 141,941 children aged 10 to 14 years, and 148,377 children aged 15 to 19. Additionally, there were 148,377 persons who were 20 to 24 years of age.[1] This report uses the definition of "children served" as provided by each agency; it should be noted that there are various age ranges included in these definitions.

The number of practicing dentists and dental hygienists in New Mexico is difficult to determine. Older estimates, based upon unpublished studies conducted by the New Mexico Department of Health and the New Mexico Health Policy Commission through New Mexico Health Resources, estimated the number of practicing dentists at 700 to 800, with slightly fewer dental hygienists. In addition to insufficient numbers of oral health providers, existing providers are maldistributed: for example, over 400 dentists practice in the Northeast Heights of Albuquerque. Many providers, especially in non-urban areas, are of retirement age and unlikely to be replaced. It is difficult to determine the number of practicing dental professionals from licensing renewals, because some practitioners are licensed in New Mexico but practice elsewhere, and some are licensed elsewhere but practice in New Mexico (for example, at federal facilities such as the Veterans Administration and Indian Health Service). There is also a shortage of practicing dental professionals with specialized pediatric training.

Interpreting text and tables

In the text, terms such as "significant, "associated with," "less than," or "more than" refer to statistically significant differences. Terms such as "similar" or "no difference" mean that differences were not statistically significant. Expressions such

as "apparent" or "seemed" mean that we need more statistical tests to draw conclusions about whether differences were statistically significant. In general, lack of significance is due to small sample size (there may be a true difference, but the survey did not include enough respondents to show this).

Confidence intervals

For surveys, special calculations are done to account for the survey design. These calculations usually include weights, allowing each respondent to "speak" for several others. The resulting estimates refer to the entire population of interest (not just the respondents). These estimates must be reported with a margin of error, the 95% confidence interval (95% CI). In this document, if the 95% CIs do not overlap, differences are significant. However, sometimes, differences are significant even if the 95% CIs overlap.

2. Measures related to oral health

The National Oral Health Surveillance System (NOHSS)[2] tracks three measures for children: caries experience, untreated tooth decay, and dental sealants. This report includes data for third-grade students (Table 1).

Caries Experience

This includes treated and untreated tooth decay. Dental caries is the single most common chronic disease of childhood, occurring five to eight times as frequently as asthma, the second most common chronic disease in children.

Untreated Tooth Decay

To avoid pain and discomfort, decayed teeth need to be restored (filled). To keep as much of the natural tooth as possible, decayed teeth should be discovered early and repaired promptly so that fillings may be kept small.

Dental Sealants

This refers to sealants on at least one permanent molar tooth. Plastic coatings applied to decay-susceptible tooth surfaces (the pits and fissures) reduce tooth decay, have been approved for use for many years, and are recommended by professional health associations and public health agencies, particularly for children at high risk for tooth decay.

The Office of Oral Health in the New Mexico Department of Health gathered data for the above measures by conducting an open-mouth sample survey during the 1999–2000 school year (Table 1).

Table 1.
Results from Open-Mouth Survey of New Mexican Third Graders, 1999-2000: percentage with sealants, caries experience, or untreated decay.
Sealants: one or more sealants on the permanent first molars. Caries experience: treated or untreated tooth decay. N=2136 third graders.

Indicator	%	*95% CI*
Sealants	**43.2**	*34.6–51.8*
Caries Experience	**64.6**	*59.5–69.7*
Untreated Decay	**37.0**	*32.3–41.6*

Orofacial clefts (OFCs)

Public health implications

Orofacial clefts are birth defects that have oral health as well as development effects. Isolated cleft palate is distinguished from cleft lip with or without cleft palate, because more than half of children with isolated cleft palate have other anomalies, while only 14 to 35% of children with cleft lip have other anomalies.

Orofacial clefts may cause trouble sucking and swallowing, dental problems, recurrent ear and sinus infections, delayed or distorted speech, and problems with schoolwork. Costs of OFCs may include plastic surgery, oral surgery, consultations by ear nose and throat specialists, and speech therapy.

Occurrence of OFCs

According to national estimates for 2006, cleft palate occurred in one out of every 1,500 births and cleft lip in one out of every 1,000 births.[3] In New Mexico (estimates for birth years 1995-1999), Native American women are nearly two times as likely as non-Hispanic women to have a child with cleft lip with or without cleft palate (RR 1.9, 95% CI, 1.3 to 2.6), and male infants are 1.28 times (95% CI, 1.02 to 1.59) as likely as females to have OFCs. The rate of isolated cleft palate for Native Americans is not significantly different than for other races (no data table).[4] Table 2 shows numbers and rates of OFCs in NM.

Services

A child with a cleft palate may require care from multiple specialists and could benefit from multi-specialty clinics that address the coordination of multiple needs and continuity of ongoing care in one setting.[8] In New Mexico, children with OFCs are eligible for services provided by NMDOH through Children's Medical Services Outreach Specialty Clinics for children zero to twenty-one years of age with chronic medical conditions or at risk for developmental delay. During FY05, 418 children under the age of 18 received services related to cleft palate and cleft lip through the Cleft Palate Clinic.

Mouth injuries

Although the level of mouth injuries incurred during sports is not catastrophic, for the individual student, a mouth injury can have serious consequences. Mouth injuries can occur during participation in sports, accidental falls, motor vehicle accidents, or assaults. Data on mouth injuries are difficult to retrieve. The New Mexico Activities Association (NMAA) does not collect data on oral health injuries occurring during athletic participation.

In recent years, some states have instituted sports mouth guard programs to reduce the rate of oral health injuries suffered by children participating in school athletic events. The programs have publicity and educational components for students, parents, coaches, and oral health care providers. Some dental societies participate in programs providing free or reduced-cost custom fitted mouth guards. Some states require mouth guards in all contact sports or in sports including soccer, basketball, and wrestling.

Table 2. Orofacial birth defects numbers and rates per 10,000 live births to New Mexico residents, 1996-2000,[5] 1997-2000,[6] 2001[7] (see References. The sources define births and cases).

	1996-2000		1997-2000		2001	
	In- and out-of-state births		In-state births		In-state births	
	Number	Rate	Number	Rate	Number	Rate
Cleft lip with or without cleft palate	259	19.1	203	18.7	45	16.8
Isolated cleft palate	38	2.8	29	2.7	14	5.2
All Births	135,618		108,476		26,804	

For many years, the NMAA rules have required mouth guards in football, but not in any other sports. Beginning with the 2006 season, the mouth guard will have to be some color other than white or clear to help referees enforce this rule. The NMAA follows the rules of the National Federation of State High School Associations, which is investigating requiring mouth guards for more sports (including volleyball, wrestling, and basketball). Guards are currently required for lacrosse, field hockey, ice hockey, and football.

Baby Bottle Syndrome,

or early childhood caries[9]

The American Dental Association recommends a dental visit by the first birthday, because dental decay can start at an early age. Educational campaigns aim to increase awareness of baby bottle syndrome, tooth decay caused by frequent and long-term exposure of a child's teeth to liquids containing sugars. These liquids include milk, formula, fruit juice, sodas, and other sweetened drinks. The sugars pool around the infant's teeth and gums, feeding the bacteria that cause plaque. Sweet fluids left in the mouth while the infant is sleeping increase the risk of cavities. Every time a child consumes a sugary liquid, acid attacks the teeth and gums. After numerous attacks, tooth decay can begin. Early caries also affect breast-fed infants who have prolonged feeding habits or children whose pacifiers are frequently dipped in honey, sugar, or syrup.

No reliable data on early childhood caries have been found for New Mexico. This report does provide related information for limited samples of young children: restorative procedures (Table 6, Delta Dental), patient and patient-visit counts for fillings (Table 12, AAIHS) and treatment services (Tables 7, 9, 10, Medicaid); however, at this time it is not possible to determine the proportion of these services which are linked to baby bottle syndrome.

Tobacco use

Potential long-term health effects of tobacco use by children include cancers, heart disease, stroke, and chronic obstructive pulmonary disease. One fifth of all deaths in the United States are attributed to tobacco use. Long-term oral health effects include oral cavity and pharyngeal cancers, seventy-five percent of which are attributed to the use of smoked and smokeless tobacco. Short-term oral health effects include yellowing of teeth, gum disease, and tooth decay. The New Mexico Youth Risk and Resiliency Survey, 2003 Report of State Results[10] provides important information on tobacco use for older youth. Statewide results for the questions related to tobacco use are shown in Table 3.

Table 3.
Statewide results for tobacco-related questions on the Youth Risk and Resiliency Survey, New Mexico, 2003.

Youth Risk and Resiliency Survey Item	% Estimate	95% CI Lower	95% CI Upper
Ever tried cigarettes, even a puff	**64.8**	*61.5*	*68.0*
First smoked a cigarette at age 12 or under	**24.7**	*23.2*	*26.3*
Current Smoker: Smoked in past 30 days	**30.2**	*28.3*	*32.2*
Frequent Smoker: Smoked on 20 of past 30 days	**8.5**	*7.3*	*9.7*
Heavy Smoker: Smokes more than 10 cigarettes per day, on smoking days	**2.2**	*1.7*	*2.9*
Smoked at school in past 30 days	**13.6**	*11.8*	*15.6*
Bought cigarettes in a store in past 30 days	**13.8**	*11.2*	*16.8*
Smoked cigars, cigarillos, or little cigars in past 30 days	**19.4**	*17.9*	*21.0*
Used smokeless tobacco in past 30 days	**8.8**	*7.6*	*10.1*
Used any form of tobacco in past 30 days	**34.0**	*32.2*	*35.9*
In room with someone who was smoking in past week	**61.4**	*59.5*	*63.3*

3. Access to and utilization of care

This section includes data from payers and providers of dental care. The Rural Primary Health Care Act data show marked disparities by county. Information from patient visits and claims, especially for the ages under three years and over eighteen, demonstrate that financial access does not guarantee utilization.

The National Survey of Children's Health (NSCH)[11]

The National Survey of Children's Health (NSCH) has reported results for the nation and for each state conducted after telephone interviews during 2003 and 2004. NCHS estimates that 55.3% (52.5% to 58.2%) of NM children zero through seventeen years old had both medical and dental preventive care visits, compared to the national estimate of 58.8% (58.2% to 59.3%), Table 4.

Table 4.
Estimated percentage of New Mexican children aged 0-17 years with both medical and dental preventive care visit in the past 12 months for selected categories of age, payment, or health care need. National Survey of Children's Health, 2003.

Category	%	95% CI	
All children, ages 0-17	**55.3**	*52.5*	*58.2*
0-5 years old	**51.2**	*46.1*	*56.2*
6-11 years old	**59.9**	*54.8*	*65.0*
12-17 years old	**54.9**	*50.2*	*59.6*
Public health insurance	**56.0**	*51.3*	*60.8*
Private health insurance	**59.2**	*55.4*	*62.9*
No health insurance	**36.2**	*26.3*	*46.0*
Has special health care needs	**68.4**	*62.0*	*74.8*
Has no special health care needs	**52.5**	*49.4*	*55.6*

Rural Primary Health Care Act

Both the limited availability of dental professionals and costs pose barriers to care. Sixty-eight percent of the clinics funded through the Rural Primary Health Care Act (RPHCA) provide no dental services. In the last 6 months of 2003, a total of 23,328 dental encounters were provided to all ages by the 24 clinics with dental facilities. Of the 23,328 encounters, 8,121 (34.8%) were paid by Medicaid and 8,247 (35.4%) were charged on a sliding fee scale, indicating they had no dental insurance (Table 5).

Table 5.
Provision of dental services by Rural Primary Health Care Act (RPHCA) funded clinics by county, New Mexico, July-Dec. 2003. * Total not available.

County	DOH Region	# providing dental services	# NOT providing dental services	Total number of clinics	% providing dental services
Bernalillo	1	2	4	6	33.3
Catron	3		1	1	0.0
Chavez	4		1	1	0.0
Cibola	1		1	1	0.0
Colfax	2		3	3	0.0
Curry	4		1	1	0.0
De Baca	4		1	1	0.0
Doña Ana	3	5	6	11	45.5
Eddy	4	1	2	3	33.3
Grant	3		3	3	0.0
Guadalupe	4		2	2	0.0
Harding	2		1	1	0.0
Hidalgo	3	1	1	2	50.0
Lea	4		3	3	0.0
Lincoln	4	1	1	2	50.0
Los Alamos	2			0	--
Luna	3	1	1	2	50.0
McKinley	1		2	2	0.0
Mora	2		2	2	0.0
Otero	3	1	1	2	5 0.0
Quay	4		2	2	0.0
Rio Arriba	2	2	6	8	25.0
Roosevelt	4	1		1	100.0
San Juan	1	1		1	100.0
San Miguel	2	2		2	100.0
Sandoval	1	1		1	100.0
Santa Fe	2	1	2	3	33.3
Sierra	3	1		1	100.0
Socorro	3		1	1	0.0
Taos	2	1	1	2	50.0
Torrance	1	1	1	2	50.0
Valencia	1	1	1	2	50.0
Grand Total	*	**24**	**51**	**75**	32.0

Private insurance coverage

Some children are covered by private insurance plans. Over 200,000 New Mexicans are enrolled through their employers with Delta Dental of New Mexico. Based upon an audit of the list of dental licensees provided by the Board of Dental Health Care and Dental Hygiene Committee, Delta Dental determined that there were 715 dentists actively engaged in private practice in New Mexico in 2004. Insurance coverage often changes during the year. For the year 2005, Delta has billing records for services with payment for 29,977 children aged 18 years or under; 25,553 patients had only 35,699 cleanings for an average 1.4 cleanings per year per patient (Table 6).

The majority of dental insurance companies, including Medicaid, cover the placement of dental sealants on permanent molars.

Table 6.

Patient Visits by Category of Dental Services Paid through Delta Dental of New Mexico during 2005 for patients age 18 and under on the date of service. A total of 29,977 patients had 55,438 visits. Multiple categories of services are possible on a single patient-visit, so the table shows a total of 124,830 patient-visit/category combinations and a total of 93,304 patient/category combinations.

	Category of Dental Services Provided					
Patient Age (Years)	***Diagnostic***	***Radiographs***	***Restorations***	***Prophylaxis***	***Topical Fluoride***	***Sealant***
0	1	3		7	7	
1	35	9	8	45	47	2
2	178	63	37	285	237	1
3	582	235	166	877	658	3
4	1076	571	338	1444	1092	1
5	1603	1030	556	1988	1625	23
6	1828	1313	680	2123	1906	270
7	2033	1542	769	2279	2111	606
8	2177	1600	875	2390	2238	545
9	2108	1550	781	2362	2153	339
10	2277	1617	637	2455	2342	293
11	2371	1566	522	2588	2349	292
12	2439	1446	611	1267	2226	439
13	2367	1209	672	2668	1850	492
14	2411	978	714	2728	1470	353
15	2216	802	789	2622	897	248
16	2293	781	900	2682	553	109
17	2243	755	852	2550	385	8
18	2123	681	729	2339	210	3
Total patient visits	32361	17751	10636	35699	24356	4027
Unique patients	22728	15511	7956	25553	17779	3777

Medicaid coverage

As of July 31, 2004, 268,734 New Mexico children under the age of 21 were enrolled in Medicaid.[12] Regulations for Medicaid dental coverage appear on the federal website.[13] The three major managed care organizations (MCOs) in New Mexico are required to report Annual Dental Visit (ADV) data to the Health Plan Employer Data and Information Set (HEDIS®).

The NM Health Policy Commission provided ADV data for 2002-2004. The three MCOs reported 112,846 patients eligible for an ADV in 2004 and provided an ADV to 59% of this eligible population. In 2004, an ADV was provided to 60% of children 4 to 6 years old, 68% of those 7 to 10 years old, 60% of those 11 to 14 years old, 48% of children 15 to 18 years old, and 36% of those aged 19 to 21 (Table 8).

Tables 8, 9, and 10 show information that includes Medicaid services provided by both fee-for-service providers and the managed care organizations. The Medical Assistance Division of the NM Human Services Department (NMHSD) provided the data.

Table 7 presents information on selected procedures for children under the age of 21. For the three preventive procedures, there were 46,811 claims, for which Medicaid paid $1,047,509 (approximately 33% of dental claims and 15% of reimbursements, calculated from Table 8 and Table 9).

Table 9 shows numbers of Categorically Needy patients receiving dental services through Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) service. Data are shown for three federal fiscal years (FFYs) and are given for seven age groups. Less than 50% of children received any dental services; the youngest and oldest were even less likely to have services.

Table 10 shows FFY 2004 data for children under the age of 21 at the county level for dental claims and reimbursement. Medicaid paid $7,107,805 to reimburse a total of 143,752 claims.

Procedure	# Claims	Total Reimbursed
Topical application of fluoride	15,731	$261,882
Sealants (per tooth)	14,509	$300,032
Prophylaxis	16,571	$485,595
Total	**46,811**	**$1,047,509**

Table 7.
FFY 2004 Medicaid Claims for Selected Dental Procedures for Ages < 21

Securing dental services for children enrolled in Medicaid involves various service agencies. For example, children must be enrolled in Head Start programs to obtain an initial screening, including dental screening; usually this must occur within 45-90 days of enrollment. However, relatively few dentists accept Medicaid patients; low Medicaid reimbursement rates are probably the main reason. As a result, personnel from service agencies spend a great deal of time helping families to find and schedule dental services, and to ensure transportation.

Table 8.
HEDIS® Annual Dental Visits, 2002-2004, by age group and plan. Numbers of patients with an annual dental visit (ADV) are given in the "#" columns, the numbers of patients eligible for an ADV are given in the "Eligible" columns, and the "%" column gives the percentage of eligible patients with an ADV. Plan codes are A: In 2002 and 2003, Cimarron Health Plan (acquired by Molina Health Plan in July 2004) or in 2004, Molina Health Plan; B: Lovelace Health Plan; C: Presbyterian Health Plan, Inc.

	2002			2003			2004		
Age / Plan	**#**	**%**	**Eligible**	**#**	**%**	**Eligible**	**#**	**%**	**Eligible**
Ages 4 – 6									
A	3,596	56%	6,403	3,948	59%	6,723	3,980	63%	6,293
B	2,899	50%	5,753	3,357	53%	6,314	3,011	48%	6,329
C	5,206	42%	12,362	8,494	64%	13,229	8,443	65%	13,039
All Plans	11,701	48%	24,518	15,799	60%	26,266	15,434	60%	25,661
Ages 7 – 10									
A	5,087	66%	7,715	5,269	67%	7,828	5,291	72%	7,316
B	3,977	56%	7,150	4,447	58%	7,620	3,908	54%	7,231
C	8,535	53%	15,983	11,601	70%	16,612	11,399	72%	15,810
All Plans	17,599	57%	30,848	21,317	66%	32,060	20,598	68%	30,357
Ages 11-14									
A	3,920	58%	6,780	4,321	60%	7,174	4,321	64%	6,739
B	3,323	49%	6,715	3,825	52%	7,334	3,458	49%	7,115
C	7,187	47%	15,172	10,324	63%	16,370	10,072	64%	15,691
All Plans	14,430	50%	28,667	18,470	60%	30,878	17,851	60%	29,545
Ages 15-18									
A	2,316	45%	5,167	2,628	48%	5,526	2,712	52%	5,240
B	1,923	38%	5,097	2,342	40%	5,794	2,243	39%	5,772
C	4,424	39%	11,297	6,201	49%	12,630	6,353	51%	12,446
All Plans	8,663	40%	21,561	11,171	47%	23,950	11,308	48%	23,458
Ages 19-21									
A	233	30%	784	316	34%	926	325	36%	892
B	186	25%	752	288	29%	989	253	25%	998
C	0		0	683	37%	1,845	791	41%	1,935
All Plans	419	27%	1,536	1,287	34%	3,760	1,369	36%	3,825
All Ages									
A	15,152	56%	26,849	16,482	58%	28,177	16,629	63%	26,480
B	12,308	48%	25,467	14,259	51%	28,051	12,873	47%	27,445
C	25,352	46%	54,814	37,303	61%	60,686	37,058	63%	58,921
All Plans	**52,812**	**49%**	**107,130**	**68,044**	**58%**	**116,914**	**66,560**	**59%**	**112,846**

Table 9.
Annual New Mexico EPSDT Participation Report, FFY 2002-2004, by age of patient.
Age group 1-2 includes visit at age 12 months.
Source: Medical Assistance Division, NMHSD, Form CMS-416.

Age (years) -->	All ages	<1	1 - 2	3 - 5	6 - 9	10 –1 4	15 - 18	19 - 20
FFY 2004								
Total individuals eligible for EPSDT	329,214	20,340	41,389	55,636	64,424	76,931	53,923	16,571
Screening ratio	0.6	0.8	0.7	0.5	0.4	0.4	0.4	0.2
Total unduplicated eligibles receiving preventive dental services	111,616	26	3,876	21,659	32,984	34,461	16,410	2,200
Total unduplicated eligibles receiving dental treatment services	59,602	22	1,186	10,759	17,599	17,884	10,380	1,772
Total unduplicated eligibles receiving any dental services	120,065	47	4,112	22,919	34,649	36,894	18,641	2,803
% of eligibles receiving any dental services	36.5	0.2	9.9	41.2	53.8	48.0	34.6	16.9
FFY 2003								
Total individuals eligible for EPSDT	319,296	19,793	40,418	53,718	62,733	75,836	51,293	15,505
Screening ratio	0.6	0.8	0.8	0.5	0.4	0.4	0.4	0.2
Total unduplicated eligibles receiving preventive dental services	108,428	34	3,955	21,159	32,123	33,596	15,532	2,029
Total unduplicated eligibles receiving dental treatment services	69,713	79	1,719	12,591	20,076	21,605	11,741	1,902
Total unduplicated eligibles receiving any dental services	124,405	110	4,636	23,777	35,721	38,554	18,841	2,766
% of eligibles receiving any dental services	39.0	0.6	11.5	44.3	56.9	50.8	36.7	17.8
FFY 2002								
Total individuals eligible for EPSDT	303,439	19,446	38,562	50,224	60,754	71,754	47,756	14,943
Screening ratio	0.6	0.8	0.7	0.5	0.4	0.4	0.3	0.2
Total unduplicated eligibles receiving preventive dental services	92,550	15	3,312	17,840	27,819	28,329	13,385	1,850
Total unduplicated eligibles receiving dental treatment services	63,150	85	1,762	11,542	18,814	18,888	10,384	1,675
Total unduplicated eligibles receiving any dental services	108,184	100	4,146	20,559	31,668	32,921	16,388	2,402
% of eligibles receiving any dental services	35.7	0.5	10.8	40.9	52.1	45.9	34.3	16.1

Table 10.
FFY 2004 Medicaid Dental Claims by County of Service for Ages < 21.
For unavailable dat(e.g. total # unique recipients), cells are blank.

COUNTY	# Unique Recipients	# Claims	# Reimbursed Units of Service	Total $ Reimbursed
BERNALILLO	3,654	29,505	29,809	1,229,384
CATRON	10	97	97	2,560
CHAVES	451	3,614	3,612	109,470
CIBOLA	592	5,689	5,689	287,189
COLFAX	63	494	494	18,717
CURRY	148	805	806	23,846
DE BACA	15	81	81	2,211
DOÑA ANA	1,211	9,189	9,186	306,103
EDDY	335	2,376	2,376	70,798
GRANT	92	657	657	29,370
GUADALUPE	23	136	136	5,329
HIDALGO	3	28	28	948
LEA	211	1,411	1,411	50,679
LINCOLN	169	972	972	34,292
LOS ALAMOS	8	112	112	6,022
LUNA	103	451	451	15,172
MCKINLEY	4,017	37,116	37,116	2,118,462
MORA	28	137	137	4,944
OTERO	448	4,056	4,056	182,575
OUT of STATE	6	56	56	1,407
QUAY	66	482	482	12,904
RIO ARRIBA	666	6,998	6,998	347,538
ROOSEVELT	79	396	398	18,646
SAN JUAN	1,616	10,857	10,857	964,345
SAN MIGUEL	146	873	873	36,177
SANDOVAL	1,115	10,891	10,891	552,714
SANTA FE	984	9,332	9,332	367,644
SIERRA	14	117	117	6,762
SOCORRO	172	1,479	1,479	77,266
TAOS	213	1,590	1,590	74,638
TORRANCE	98	734	742	28,074
UNION	7	30	30	1,022
VALENCIA	377	2,913	3,011	113,890
UNKNOWN		78		6,707
TOTAL FOR AGES <21		**143,752**	**144,082**	**7,107,805**

Comparison of Medicaid and private insurance fees

Table 11 presents a comparison of one private insurance plan and the State of New Mexico Maximum Allowable Fees under Medicaid. There are 227 codes on the entire Medicaid list and 512 codes on the private insurance list, but this comparison was limited to the group of 31 codes that were used to query the Delta Dental data for Table 6. For the 31 codes, each Medicaid maximum allowable fee is less than the corresponding private insurance fee. Medicaid fees range from 32% to 87% of the private insurance fee. Since the usage rate of codes is not uniform, it is not possible to present a meaningful overall difference or percentage figure for comparison of the two plans. This table shows the lowest reimbursement rates of the private insurance plan. The company's other plans would show that Medicaid reimbursement is an even greater disadvantage for dentists.

Table 11.
Comparison of fees: a relatively low-paying private insurance plan and State of New Mexico maximum allowable Medicaid fees (Jan. 15, 2006 fee schedules). "Difference" column calculates private insurance plan minus Medicaid; parentheses indicate that Medicaid fee was lower than private insurance fee. The"%" column represents Medicaid fee as a percentage of the private insurance fee.

Code	Description	Medicaid Maximum Allowable Fee	Private Insurance Plan Fee	Difference	%
Diagnostic					
120	Periodic oral evaluation	$19.7	$28.0	-($8.3)	70
Radiographs					
270	Bitewing - single film	$8.9	$12.0	-($3.1)	74
272	Bitewings - two films	$17.7	$23.0	-($5.3)	77
Preventive					
1120	Prophylaxis – child	$27.6	$39.0	-($11.4)	71
1203	Topical application of fluoride (excluding prophylaxis) - child	$15.8	$20.0	-($4.2)	79
1351	Sealant - per tooth	$19.7	$27.0	-($7.3)	73
Restorations					
2140	Amalgam - one surface, prim/perm	$48.3	$76.0	-($27.7)	64
2160	Amalgam - three surfaces, prim/ perm	$76.8	$114.0	-($37.2)	67
2330	Resin-based composite - one surface, anterior	$61.1	$83.0	-($21.9)	74
2332	Resin-based composite - three surfaces, anterior	$94.6	$126.0	-($31.4)	75
2391	Resin-based composite - one surface, posterior	$41.4	$91.0	-($49.6)	45
2394	Resin-based composite - four or more surfaces, posterior	$63.0	$197.0		32

Indian Health Service (IHS)

The Indian Health Service (IHS) provides health care to Native Americans and Alaskan Natives. The Albuquerque Area IHS serves the nineteen pueblos of New Mexico, the Jicarilla and Mescalero Apaches, and the Alamo, Canoncito and Ramah Chapters of the Navajo Nation, as well as Native Americans and Alaskan Natives who reside in the urban centers of the Albuquerque Area. The Navajo Area IHS serves Native Americans in northwestern New Mexico, including the Navajo Nation and the Hopi. IHS provides care for all eligible patients regardless of Medicaid or other insurance status. The data in Table 12 were extracted from Albuquerque Area IHS utilization records by selecting procedures. Very few children under three years of age received preventive services.

Table 12.
Albuquerque Area IHS Dental Service Report, FY 2004 (October 1, 2003 to September 30, 2004).
Dental Sealants, fillings, and teeth cleanings, ages < 21.

	PATIENTS				PATIENT VISITS			
	Treatment				Treatment			
Age (years)	Dental Sealants	Fillings	Teeth Cleaning	Total	Dental Sealants	Fillings	Teeth Cleaning	Total
Less than one	1	2	3	6	1	2	3	6
1	1	6	38	45	1	8	40	49
2	26	17	89	132	36	21	98	155
3 – 5 years	402	355	601	1,358	533	509	646	1,688
6 - 8	900	300	694	1,894	1039	373	727	2,139
9 - 11	1007	246	784	2,037	1175	287	845	2,307
12 - 14	943	320	865	2,128	1097	405	932	2,434
15 - 17	529	325	694	1,548	596	425	749	1,770
18 - 20	254	268	409	931	292	349	433	1,074
TOTAL	**4063**	**1839**	**4177**	**10,079**	**4770**	**2379**	**4473**	**11,622**

Dental Case Management Program

The NMDOH Health Systems Bureau and District II Santa Fe Children's Medical Services (CMS) are partners in a pilot program to improve oral health care for residents of Santa Fe County. The program currently funds one full-time licensed medical social worker who provides dental case management. The social worker assists clients to obtain dental services, develops and distributes educational materials, and recruits clients for fluoride varnish and dental sealant clinics.

Since the program began, the staffing level increased from 0.5 FTE in August 2004 to 1.0 FTE in October 2005. As of January 9, 2006, the program has served 584 clients. Over 95% (557) of these clients were children of age zero to eighteen, and 70% (407) were ages seven to ten. More than 76% of the 557 children were from fifteen sealant clinics targeting second graders at selected schools and CMS referrals. Four sealant clinics during the summer of 2005 served another 70 clients. Five fluoride varnish clinics for children ages zero to six served another 52 clients. Four Child Find Dental Screenings for children zero to six provided 37 clients.

The payer of services was Medicaid for 36% (209) of the 584 clients, Project Ann (St. Vincent Hospital) for 52% (306), and private insurance for 11% (63), while sliding scale fees were paid by 1% (6) of the clients. The majority of clients in the Dental Case Management Program were recent immigrants to the US.

The Dental Case Management Program not only assists individual and family dental needs, but is also instrumental in providing families with referrals to other agencies and programs for various types of services. The program works well under Children's Medical Services, which is able to identify children having special health care needs and lacking access to other medical services. Current plans are to expand the program to provide two dental case managers in each CMS office per region.

Office of Oral Health Sealant Program

The Office of Oral Health (ODH) of the NMDOH operates a dental sealant program to provide sealants to second and third grade students. Schools with a 50% or higher participation rate in the Free and Reduced Lunch program are eligible to participate in the sealant program. ODH staff visit the schools and distribute information and parental consent forms to all second graders. Students who return the signed consent forms are considered to be enrolled in the ODH program. They are screened for dental decay and the appropriateness of sealant application. The enrolled students may also be screened the following year as third graders. Sealants may be applied during either the second or third grade school year, as appropriate. If the child's permanent teeth have not erupted or they are already sealed, filled, or have untreated decay, sealants are not applied. ODH also provides fluoride varnish treatments to younger children (ages zero to six years). During FY 2005, 3,447 children received dental sealants or fluoride varnish treatment from the Office of Oral Health.

NM Public Schools dental services

The School and Family Support Bureau of the NM Public Education Department collects information from the school nurses at all public school districts. In school year 2004-2005, services were provided to 311,802 students enrolled at 1,018 campuses of the public school systems of New Mexico. The school nurses reported that 79,165 students had "health conditions"; of these, 3,736 had a dental or oral health condition. The school nurses provided 666,790 health screenings, of which 75,599 were dental, and made 9,151 referrals.

The New Mexico Dental Association

The New Mexico Dental Association (NMDA) is a constituent of the national American Dental Association (ADA), a professional membership organization for dentists. Members of the NMDA receive from the ADA a wide range of promotional literature, including new research, patient brochures, and posters. The ADA addresses a multitude of oral health topics, including baby bottle tooth decay and sports mouth guards. The NMDA is currently working with the New Mexico Dental Hygienists' Association to eliminate and/or reduce the sale of sodas in public schools.

During 2006, the NMDA will serve an estimated 16,805 low-income children by participating in the ADA's Give Kids a Smile (GKAS) Day program, an annual event during February, the National Children's Dental Health Month. The program started in 2002 and has expanded rapidly. The program supports public and private solutions that will help underserved children obtain regular oral health care. GKAS provides free oral health education, screening, and treatment services to children from low-income families. The NMDA facilitates enrollment by dentists in the GKAS program and helps to publicize it. Each dentist determines his/her level of participation, as well as the date, place and recipients of the donated services. GKAS also raises awareness of the epidemic of untreated dental disease in New Mexico and nationally, and of the need for local public and private partnerships striving to increase access to oral health care. The GKAS program has grown rapidly from 2003 to 2006. In 2003, 60 dentists provided $80,000 worth of services to 280 children; in 2006, 98 dentists and their staff provided $295,845 worth of services to 16,805 children (Table 13).

Table 13. Dental Services Donated through the Give Kids A Smile Program, 2003-2006.
The New Mexico Dental Hygienists' Association. * "Dental supplies" means dental supply goody bags.

Year/Area	# of children served, selection criteria	Number of participating dentists & notes	$ amount of services provided	Services Provided
2003: Feb. 19	**280**	**60**	**$80,000**	
Albuquerque, Rio Rancho & Belen	5-15 underserved children from each participating elementary school	NMDA organized with Albuquerque Public Schools and carpools to offices were provided		Screenings, dental education, cleanings, x-rays, restorative work, dental supplies*
Santa Fe	30 children from the Garcia Street School	Dental equipment taken to capitol building for this event		Screenings, dental education, dental supplies*, referrals
Farmington	40+ children	GKAS day held at the hygiene school on March 8th		Screenings, cleanings, restorative work, dental supplies*
Doña Ana, Catron, Grant, Hidalgo, Luna, Otero & Sierra Counties	Children from the local elementary schools	SWDDS dentists		Screenings, dental supplies*, and later treatment for those needing the most care
2004: Feb 6	**555**	**68**	**Over $90,000**	
Albuquerque, Rio Rancho & Belen	160+	40 dentists. GKAS promoted via notes sent home from schools, TV news, billboards, PSAs		
Santa Fe	60	Dental equipment taken to capitol building for event		Screenings, dental supplies*, referrals
Farmington	60+ children ages 6 through 10	25		Treatment at San Juan College Dental Hygiene School, dental supplies*
Doña Ana, Catron, Grant, Hidalgo, Luna, Otero & Sierra Counties	Goal: 3000 first graders screened in their classrooms	14		Screenings; treated those with most extreme needs at dental offices throughout the year, dental supplies*
Carlsbad	90 sixth-graders at 2 junior high schools	1 orthodontist		Visual screenings, dental supplies*, referrals
2005: Feb 4	**4100**	**80+ dentists/staff**	**Over $100,000**	
Albuquerque, Rio Rancho & Belen	2501	40 dentists/staff. GKASD promoted via notes from schools, TV news, PSAs, billboards		Screenings, cleanings, dental supplies*, treatment
Santa Fe	40	6 dentists/staff. Took equipment to Capitol.		Screenings, dental supplies*, referrals
Farmington	60+ children ages 6 through 10	15		Treatment at San Juan College Dental Hygiene School, dental supplies*
Doña Ana, Catron, Grant, Hidalgo, Luna, Otero & Sierra Counties	1500	20		Screenings; treated those with most extreme needs at dental offices throughout the year, dental supplies*
2006: Feb 3 Projected data, 1/9/06	**16,805**	**98 dentists/staff**	**$294,845**	**Screenings, dental supplies, cleanings, treatment**

The New Mexico Dental Hygienists' Association (NMDHA)

The NMDHA, chartered in 1959, represents the interests of over 800 New Mexico hygienists. Part of its purpose is to improve the public's overall health by increasing awareness of and ensuring access to quality oral health care. In 2004, NMDHA received the New Mexico Special Olympics Distinguished Service Award for its year-round voluntary efforts and support in promoting oral health.

Since 1999, the New Mexico Dental Hygienists' Association (NMDHA) has participated in oral health screenings, educating and referring Special Olympic athletes at yearly events in Albuquerque, Las Cruces, and Farmington. NMDHA members made mouth guards for 350 athletes in Albuquerque, 200 in Las Cruces, and 80 in Farmington. (Table 14).

Table 14. Special Olympic Athletes screened by NMDHA, 2003-2005.

	Year		
	2003	**2004**	**2005**
Albuquerque	350	350	350
Las Cruces	110	160	200
Farmington			80

In partnership with the American Dental Hygienists' Association (ADHA), NMDHA participates in a statewide Tobacco Cessation Program, "Ask, Advise, Refer." This program trains dental hygienists to help their patients to quit smoking and using smokeless tobacco. The slogan "three minutes or less can save a life" encourages dental hygiene professionals to educate and counsel patients about tobacco cessation. NMDHA has given written testimony to the Governor's committee on nutrition in schools and supports banning sugar containing snacks and beverages in schools.

Nutrition rules for food and beverages in schools[14]

The New Mexico 2005 legislature proposed regulating foods and beverages sold in vending machines in public schools (SB295, HB598), but these bills died. However, the governor signed HB61 to establish rules about foods and beverages sold or distributed in public schools. Several organizations have launched a public awareness campaign to limit the sale of items with minimal nutritional value. Consumption of such items has implications for students' health, both oral and general. The sale of food and beverages items through school and club fundraisers is also being addressed.

Trainings for health care professionals on tobacco use

Through a Clinical Prevention Initiative, the New Mexico Medical Society (NMMS) provides health care professionals, including dentists and dental hygienists, with trainings on tobacco use prevention and cessation. The training sessions, ranging from one to three hours in length, are tailored to the audience and address issues including the brief interview, pharmacotherapy, coding and reimbursement, SPIT tobacco, and referral sources. Table 15 provides information on the attendees and the NMMS-developed materials that have been distributed at these sessions and elsewhere. The notebook includes a pediatric section. NMMS also gave panel presentations on both days of the 2003 and of the 2004 annual NM Dental Association meetings. Funding for the trainings and materials were provided by the NM Department of Health Tobacco Use Prevention and Control Program (TUPAC) and the Community Voices program of the WK Kellogg Foundation and American Legacy Foundation.[15] These trainings may have contributed to the increase in provider' smoking cessation advice: from 2001 to 2003, the percentage of smokers who saw a health care provider and were advised to quit increased from 49% to 68% (2003 NM Adult Tobacco Survey and 2001 BRFSS).

Table 15. New Mexico Medical Society Trainings: Tobacco Use Prevention and Cessation, 2002-2005.
* Not applicable

	FY2002	FY2003	FY2004	FY2005	Total
TRAININGS AND EVENTS					
Trainings	16	14	28	29	87
Attendees at trainings	448	256	687	461	1852
Continuing Dental Education sought	*	*	18	11	29
Communities served	8	9	15	11	43
Booths at events	na	6	6	8	20
MATERIALS PROVIDED					
Notebooks	818	770	1028	500	3116
Exam guides	*	*	8	0	151
Pamphlets	714	1530	650	490	3384
Quitline cards	*	*	1555	925	2480
Prescription pads	*	*	590	338	928

5. Methods: data collection and statistical calculations

Oral Health Survey

Basic Screening Survey of Third Graders

The NMDOH Office of Oral Health (ODH) conducted a survey, "Make Your Smile Count," based on a protocol from the Association of State and Territorial Dental Directors (ASTDD) called Basic Screening Surveys: an Approach to Monitoring Community Oral Health.[16] ODH staff (dentists, dental hygienists, and assistants) incorporated the survey activities into their duties. Based on their examinations of children and other activities, they completed the survey, which provided oral health status data and information on access to care.

The sampling frame for the 1999-2000 survey consisted of a list of all public elementary schools provided by the State Department of Education. Enrollment figures were used to define two strata: counties with 3,000 or more elementary school students and counties with fewer than 3,000 students. In counties with 3,000 or more elementary school students, a one in ten random sample of schools was drawn. In counties with fewer than 3,000 students, two schools per county were randomly selected. All third grade students within a school were eligible to participate if they returned a positive consent form. A total of 2,181 questionnaires were returned, and 2,136 third grade children completed the direct observation of oral health examination. The statewide response rate for this survey was 47 percent. The data were weighted to account for the survey design. Estimates were not adjusted for non-response.

Orofacial clefts

For New Mexico, orofacial clefts can be tracked through a review of birth certificate, hospital discharge data, birth certificates, third party payers, specialty facilities, and physician reports. ICD9-CM codes are used to classify birth defects, with the otherwise unspecified 749 code treated differently by different studies.

The definition of OFCs used by different reports has varied over the years, but a major review and reclassification of cases since 1997 is currently being done by the NMDOH. Differences in rates of different years may be due to changes in coding procedures, treatment of non-specific ICD-9 codes, birth certificate data not confirmed by record review, or conflicting diagnoses. The reader should consult the original sources for the exact case definitions for the multi-year rates. In addition to the national publications cited in the preceding section of this report on orofacial clefts, the NMDOH published a report on 1995-2000 data.[17]

YRRS[10]

The New Mexico Youth Risk and Resiliency Survey

The report is based on surveys completed by 10,778 students in grades nine through 12 from 103 schools in 71 school districts. The demographic composition of the survey respondents was similar to that of the 97,078 students in these four grades in 191 public schools in all 89 school districts.

NSCH[11]

National Survey of Children's Health

In New Mexico, the results are based on one child one to seventeen years of age from each of 1,813 households selected at random. The national results are based on 102,353 respondents. Both national and state-wide survey results are weighted to represent the population of non-institutionalized children ages 0-17, making adjustments for the probability of being selected, having a telephone, number of telephone lines, age, race/ethnicity and other demographic characteristics. Their estimated weighted population figure for New Mexico is 491,606 children.

Private insurance coverage: Delta Dental

The audit included a review of claims submitted to their system as well as personal contacts. Over 90% of this group of dentists participates in at least one Delta Dental network of providers. The statistics were calculated from Delta Dental billing records for services for which payment was made during the calendar year 2005 for 29,977 children of age 18 years or under at the time of the dental service. The numbers of patient-visits are reported, broken down into categories of dental service. Multiple events of a given category of service on the same day for a patient are combined in the table (e.g., multiple restorative events for patient X on day D would contribute one patient-visit to the tabulation for the restorative column). Procedure codes selected for this analysis were 120, 140, 210, 220, 270, 272, 1110, 1120, 1201, 1203, 1351, 2140, 2150, 2160, 2161, 2330, 2331, 2332, 2335, 2391, 2392, 2393, and 2394. Less than 4% of the billing records indicated a service office zip code outside of New Mexico, so more than 96% of these services were provided in New Mexico.

6. Contributors to This Report

Contacts for information about NMOHSS

Rudy F. Blea, Program Director
Office of Oral Health
Health Systems Bureau
NM Department of Health
1190 South St. Francis Drive
Santa Fe, New Mexico 87502.
Phone: 505-827-0837, Fax: 505-827-0924.

Carol Hanson, RDH, BS
Office of Oral Health
Health Systems Bureau
NM Department of Heath
300 San Mateo NE, Suite 900
Albuquerque, NM 87108
Phone: 505-222-8685

Other contributors

Jerry N. Harrison, PhD, Executive Director, New Mexico Health Resources, Inc., 300 San Mateo Blvd NE, Suite #905, Albuquerque, NM 87108

Gregory Grannan, Director, Professional Relations, Delta Dental of New Mexico, 2500 Louisiana Blvd NE Suite 600, Albuquerque, NM 87100
Phone: 505-883-4777

Kim Price, IT Leader / Computer Systems Analyst, Health Policy Commission,
2055 S Pacheco Ste 200, Santa Fe, NM 87505
Phone: 505-424-3200 x104, Fax: 505-424-3222

Marietta Esquibel, Computer Systems Analyst, Health Policy Commission,
2055 S Pacheco Ste 200, Santa Fe, NM 87505
Phone: 505-424-3200 x110, Fax: 505-424-3222

Britt Catron, HSD, Medical Assistance Division, NM Humans Services Department,
2025 S. Pacheco, Santa Fe, NM 87505
Phone 505-827-1349, Fax 505-827-3195

Regina Robertson, Area Informatics Manager, Albuquerque Area Indian Health Service, 5300 Homestead Road NE, Albuquerque, NM 87110
Phone: 505-248-4773, Fax: 505-248-4624

Michaela Granito-Tibbetts, LMSW, Dental Case Manager, DOH- Children's Medical Services, Santa Fe County Health Office, 605 Letrado St, Suite C, Santa Fe, NM 87507
Phone: 505-476-2666, Fax: 505-476-2695

Joann Salazar, former Chief, Health Systems Bureau, Public Health Division, NM Department of Health.

Veronica Macias, Office of Oral Health, NM Department of Health, , 1190 St. Francis Drive, N-1050, Santa Fe, NM 87505
Phone: 505-476-3028

Tierney Murphy, MD, MPH, Epidemiologist (formerly analyst of birth defects data), Epidemiology and Response Division, NM Department of Health, 1190 St. Francis Drive, N-1320, Santa Fe, NM 87502-6110
Phone: 505-476-3073, Fax: 505-827-0013

Yolanda Sisneros, Statewide Clinic Coordinator, Children's Medical Services, Public Health Division, NM Department of Health, 2040 S. Pacheco, Santa Fe, NM 87505
Phone: 505-476-8863, Fax: 505-476-8896

Elizabeth Price, Assistant Director, New Mexico Dental Association, 9201 Montgomery Blvd NE, Suite 601, Albuquerque, NM 87111
Phone: 505-294-1368, Fax: 505-294-9958

Barbara Posler, RDH, 7708 Spring Ave NE, Albuquerque, NM, 87110. Phone: 505-268-1210

Lisa Esparza, RDH, BS, 7816 RC Gorman NE, Albuquerque, NM
Phone: 505-858-3193

Dan Green, Social Indicator Epidemiologist, YRRS, Epidemiology and Response Division, NM Department of Health, 1190 St. Francis Drive, N-1320, Santa Fe, NM 87502-6110
Phone: 505-476-1779, Fax: 505-827-0013

Georgia M. Glasgow, RN, School and Family Support Bureau of the NM Public Education Department, 120 S. Federal Place, Rm .206, Santa Fe, NM 87501.
Phone: 505-827-1807, Fax: 505-827 1826.

LeeAnn Roberts, RPHCA Program Manager, Office of Primary Care and Rural Health, Health Systems Bureau, New Mexico Department of Health, 1190 St. Francis Drive, Santa Fe, NM 87502-6110
Phone: 505-827-0604, Fax: 505-827-0924

Annie Jung, New Mexico Medical Society, 7770 Jefferson NE, Suite 400,
Albuquerque, NM 87109
Phone: 505-828-0237, Fax: 505-828-0336

Kathleen Kimler Altobelli
Contractor to Health Systems Bureau, Public Health Division, New Mexico Department of Health, 1190 St. Francis Drive, N-1055, Santa Fe, NM 87502
Phone (505) 476-3558, Fax (505) 827-0924

7. References and web sites

All web sites were accessed August 21, 2006

1 University of New Mexico, Bureau of Business and Economic Research
http://www.unm.edu/~bber/demograp2.htm

2 National Oral Health Surveillance System, Oral Health Indicators. http://www.cdc.gov/nohss/

3 Centers for Disease Control and Prevention (CDC). Improved National Prevalence Estimates for 18 Selected Major Birth Defects --- United States, 1999—2001. MMWR 6, 2006; 54(51&52);1301-1305. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5451a2.htm

4 Family Health Bureau. Birth Defects in New Mexico, 1995-1999. Santa Fe, NM: Public Health Division, New Mexico Department of Health,

5 Birth Defects Surveillance Data from Selected States, 1996-2000. Birth Defects Research (Part A): Clinical and Molecular Teratology, Volume 67, Number 9, September 2003, pp. 785-787.

6 Birth Defects Surveillance Data from Selected States, 1997-2001. Birth Defects Research (Part A): Clinical and Molecular Teratology, Volume 70, Number 9, September 2004. pp. 736-737 (NM data for years 1997-2000).

7 Birth Defects Surveillance Data from Selected States, 1998-2002. Birth Defects Research (Part A): Clinical and Molecular Teratology, Volume 73, Number 10, October 2005, p. 814.

8 Centers for Disease Control and Prevention (CDC). Improved National Prevalence Estimates for 18 Selected Major Birth Defects --- United States, 1999—2001. MMWR 6, 2006; 54(51&52);1301-1305. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5451a2.htm

9 Goss L, Lyons BS, Lysong G Sr., Dowshen S, (reviewers). Keeping your child's teeth healthy. Nemours Foundation, Kid's Health for Parents. Reviewed: July 2004. http://kidshealth.org/parent/general/teeth/healthy.html

10 The New Mexico Youth Risk and Resiliency Survey, 2003 Report of State Results (YRRS). http://www.health.state.nm.us/pdf/YRRS2003FinalReport.pdf

11 National Survey of Children's Health. http://nschdata.org/DesktopDefault.aspx
. Child and Adolescent Health Measurement Initiative (2005). National Survey of Children's Health Data Resource Center on Child and Adolescent Health website. www.nschdata.org

12 New Mexico Health Policy Commission (HPC). *2005 Quick Facts*, p. 30. New Mexico Health Policy Commission, 2055 South Pacheco, Suite 200, Santa Fe, NM 87505, tel. 505.424.3200. On Aug. 21, 2005 Quick Facts was not available at the HPC website, http://hpc.state.nm.us/

13 Medicaid Dental Coverage rules and regulations. Centers for Medicare and Medicaid Services (CMS), US Department of Health and Human Services, last modified 11/9/2004. http://www.cms.hhs.gov/oralhealth/1.asp

Dental services under Title XIX of the Social Security Act, the Medicaid program, are an optional service for the adult population, individuals age 21 and older. However, dental services are a required service for most Medicaid-eligible individuals under the age of 21, as a required component of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

Individuals under Age 21
EPSDT is Medicaid's comprehensive child health program. The programs' focus is on prevention, early diagnosis, and treatment of medical conditions. EPSDT is a mandatory service required to be provided under a state's Medicaid program.

Dental services must be provided at intervals that meet reasonable standards of dental practice, as determined by the state after consultation with recognized dental organizations involved in child health, and at such other intervals, as indicated by medical necessity, to determine the existence of a suspected illness or condition. Services must include at a minimum, relief of pain and infections, restoration of teeth and maintenance of dental health. Dental services may not be limited to emergency services for EPSDT recipients.

Oral screening may be part of a physical exam, but does not substitute for a dental examination performed by a dentist as a result of a direct referral to a dentist. A direct dental referral is required for every child in accordance with the periodicity schedule set by the state. CMS does not further define what specific dental services must be provided, however, EPSDT requires that all services coverable under the Medicaid program must be provided to EPSDT recipients if determined to be medically necessary. Under the Medicaid program, the state determines medical necessity.

If a condition requiring treatment is discovered during a screening, the state must provide the necessary services to treat that condition, whether or not such services are included in the state's Medicaid plan.

14 HB 61 requires rules governing foods and beverages sold or distributed in all public schools to students outside of US Department of Agriculture (USDA) school meal programs. Information about bills is accessible at NM Legislature website http://legis.state.nm.us/lcs/

15 The Legacy/Kellogg CV - Tobacco Use Cessation and Prevention Initiative is a four-year, $825,000 grant awarded to the University of New Mexico Health Sciences Center.
http://hsc.unm.edu/som/outreach/legacy.shtml

16 Association of State and Territorial Dental Directors. ASTDD 2003 Basic Screening Survey. Accessed Aug. 18 2006 at http://www.astdd.org/index.php?template=basic_screening.html

17 Gallaher M. Birth Defects in New Mexico 1995-1999. Santa Fe, NM: Family Health Bureau, Public Health Division, New Mexico Department of Health, 2001.