

GEORGIA'S

Oral Health Plan

GOHC
GEORGIA ORAL HEALTH
COALITION



*Community water fluoridation
reduces cavities by up to
40% — for both children
and adults*



*Decay damages teeth
permanently; sealants protect
them. Preventive services save money.*



Executive Summary

Georgia's state oral health plan provides a roadmap for accomplishing recommendations developed by the Georgia Oral Health Coalition in collaboration with the Georgia Department of Public Health's, Maternal and Child Health Section, Oral Health Prevention Program. To promote oral and systemic health and reduce the prevalence of oral diseases in Georgia. Implementation of this strategic plan will be carried out through a collaboration between the Oral Health Coalition, its member organizations, and other Georgia oral health stakeholders. The recommendations are divided into four areas of focus:

Prevention

- Increase the number of healthcare providers that obtain training in infant oral healthcare and application of fluoride varnish and other evidence-based preventive interventions.
- Increase public awareness of the importance of early preventive dental care (children under the age of three).
- Maintain state public health dentistry prevention programs.
- Maintain and expand access to dental sealants for school age children.
- Maintain current community water fluoridation (CWF) systems and increase population served.
- Build relationships with community-based organizations to support implementation of oral health initiatives at the local level.

Public Education and Health Promotion

- Promote the concept of oral health as a part of total health.
- Support implementation of the health (dental and medical) home in Georgia.
- Promote public health as a career for Georgia's oral health professionals.
- Educate the general public and healthcare providers on the benefits of community water fluoridation.

Surveillance and Data

- Participate in the development of a surveillance burden document to inform use of evidence-based approaches to oral health prevention.
- Utilize ongoing technical assistance from Georgia Oral Health Coalition partners, including the Oral Health Prevention Program, on oral health data and surveillance-related issues.
- Improve collection, reporting, and availability of race and ethnicity data to address oral health disparities.

Access to Care

- Lessen administrative burdens for Medicaid/PeachCare dental providers.
- Support programs that promote diversity in Georgia's oral healthcare workforce.
- Increase access to oral health services in underserved areas of the state.
- Increase the number of children receiving oral health services.
- Improve availability of oral health services for underserved adults.
- Increase access to oral health services for children and adults with special physical and mental healthcare needs.
- Increase access to oral health services for people who are HIV positive.
- Increase access to oral health services for immigrant populations.



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Oral Health Access: Collaborating to Bridge the Gap

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Oral health promotion encourages healthy behaviors.



Increase preventive oral health fluoride varnish services for high risk kids



Hilda Hernandez and son pictured with Beverly Green, Public Health District Dental Hygienist.

Coalition Recommendations and State Oral Health Plan

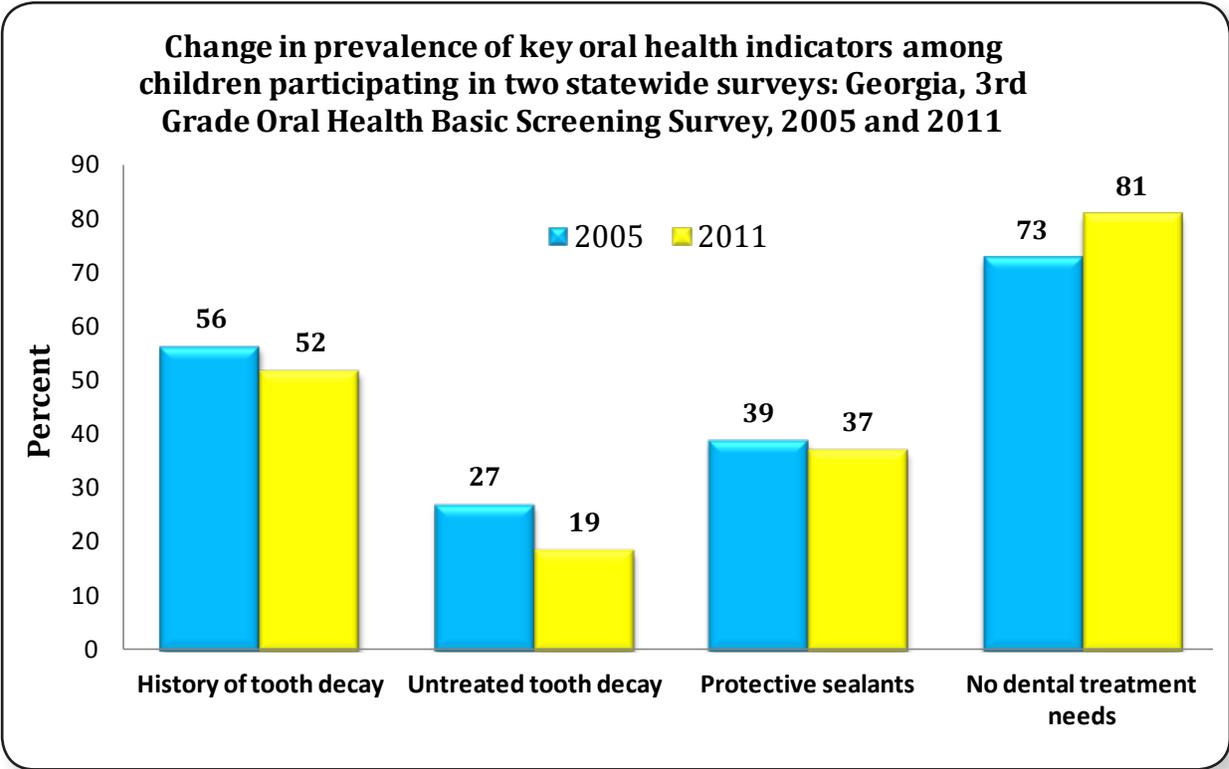
PREVENTION

Recommendation 1:

Increase the number of healthcare providers that obtain training in infant oral healthcare and application of fluoride varnish and other evidence-based preventive interventions.

Key Steps to Accomplish Outcome by 2016:

1. Increase the number of oral health prevention training activities for healthcare providers by offering continuing education programs.
2. Encourage health professional associations and societies to include oral health prevention training and exhibits at their meetings.
3. Educate pediatricians, family practice physicians, obstetricians/gynecologists (OB/GYNs), federally qualified health providers, physician assistants, nurse practitioners and nurses on oral health assessment, risk assessment, appropriate billing practices, the importance of referral to a dentist.
4. Encourage dental students working in public health facilities to educate physician assistants, nurse practitioners and Women, Infants, and Children (WIC) personnel about the oral health systemic connections.



Recommendation 2:

Increase public awareness of the importance of early preventive dental care (children under the age of three).

Key Steps to Accomplish Outcome by 2016:

1. Create and maintain webpage on early childhood dental resources for consumers and health care providers.
2. Develop public awareness messages and/or link with professional organizations and other partners to include oral health prevention in their public awareness messages, e.g., partner with the Georgia Department of Education (DOE) and Georgia Association of School Nurses (GASN) on oral health prevention messages for use in schools and inclusion in school websites that provide information for parents.
3. Use social media and traditional media outlets to launch public awareness campaign.
4. Partner with Georgia Care Management Organizations (CMOs) on message to Medicaid and PeachCare for Kids enrollees and their families/caretakers.

Recommendation 3:

Maintain public health dentistry prevention programs.

Key Steps to Accomplish Outcome by 2016:

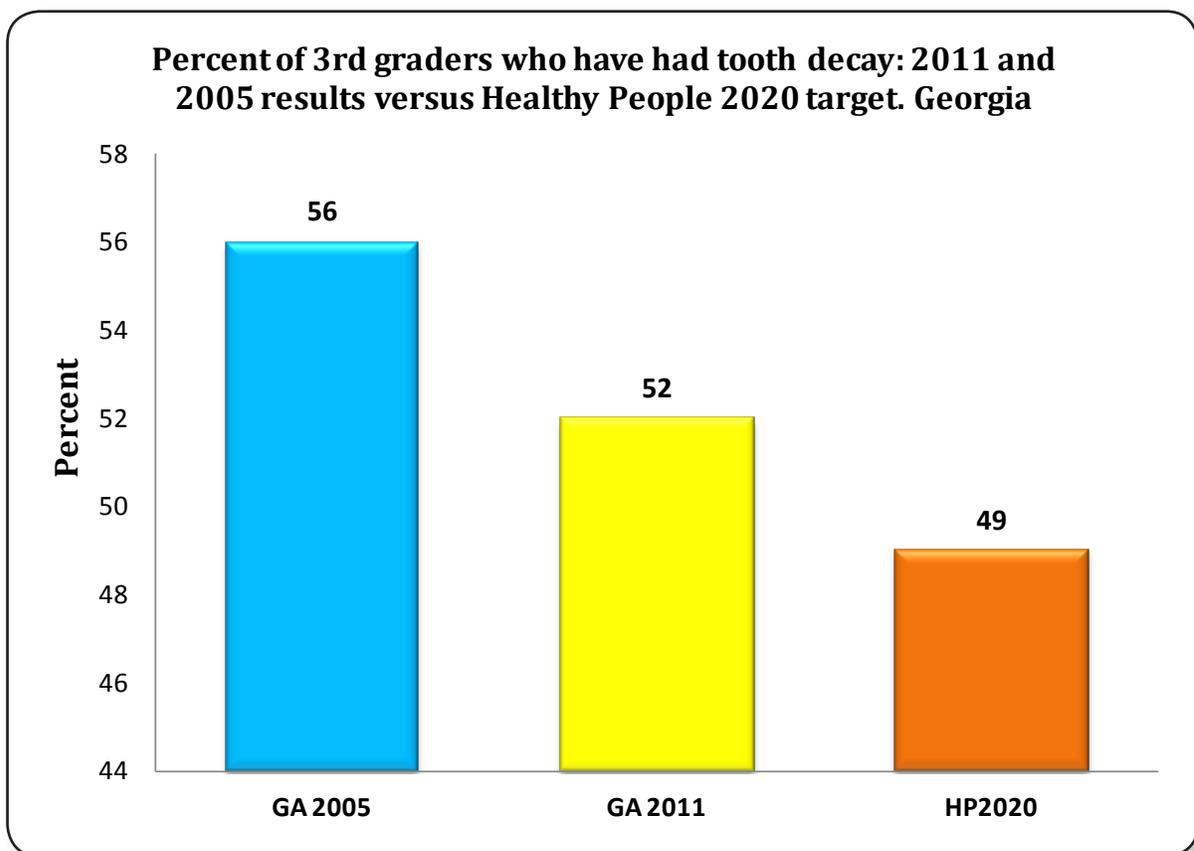
1. Strengthen the infrastructure and capacity of the Oral Health Prevention Program within the Georgia Department of Public Health, Maternal and Child Health Section.
2. Support increased state funding for preventive oral health services in Georgia.
3. Continue and expand work with the Georgia Association of School Nurses, public health departments, Head Start programs, federally qualified health centers, and other health organizations working with underserved populations to promote and enhance their preventive dental programs.
4. Inform public and private healthcare providers on best practices involving prevention of oral disease, including community water fluoridation and fluoride varnish, e.g., regional healthcare provider continuing education courses, community water fluoridation training for water plant operators.
5. Strengthen the relationship with the Georgia Department of Community Health to ensure that Medicaid and PeachCare for Kids policies, practices, and performance measures are aligned with public health prevention goals.
6. Support the Georgia Health Sciences University (GHSU) College of Dental Medicine, Health Resources and Services Administration (HRSA) grant work. Dental students offer service at the Public Health Dental clinics and dental students learn about public health dentistry.
7. Expand the rotation of dental hygiene students into public health dental clinics to increase the preventive services available at these sites.

Recommendation 4:

Maintain and expand access to dental sealants for school age children.

Key Steps to Accomplish Outcome by 2016:

1. Identify and pursue alternative funding sources to expand public health school-based sealant programs.
2. Maintain funding for public health administered school-based sealant programs.
3. Partner with Medicaid and PeachCare for Kids Care Management Organizations (CMOs) to ensure adequate provider reimbursement for sealants.
4. Educate third party payers about the cost effectiveness of dental sealants and advocate for inclusion of sealants in essential benefits package for children.
5. Educate healthcare providers in public health facilities and through school nurse training on the importance of sealants.
6. Monitor public health sealant programs to ensure quality and provide local health districts with technical assistance as needed.
7. Educate school and legislative policymakers about the impact of oral health on school absences.
8. Expand programs where dental and dental hygiene students rotate into public health facilities to offer preventive and restorative services for communities.



Recommendation 5:

Maintain current community water fluoridation (CWF) systems and increase population served.

Key Steps to Accomplish Outcome by 2016:

1. Support communities in efforts to maintain and implement optimal levels of water fluoridation.
2. Identify new stable long-term funding source for the engineering, testing, equipment and water plant operator training for CWF.
3. Participate in annual water plant operator training sessions and educate operators on the successes of CWF. Promote CWF.
4. Support water plant systems with replacement equipment through Georgia Department of Public Health contract with Georgia Rural Water Association (GRWA).
5. Ensure water plant operators, GRWA, the Public Health Laboratory, private testing companies, state Oral Health Prevention Program, state Environmental Protection Agency (EPA) and others continue a close association through CWF Advisory Committee.
6. Educate policymakers at the local, county, and state level about the benefits of community water fluoridation.

92% of Georgians on public community water systems receive the benefits of fluoridated water

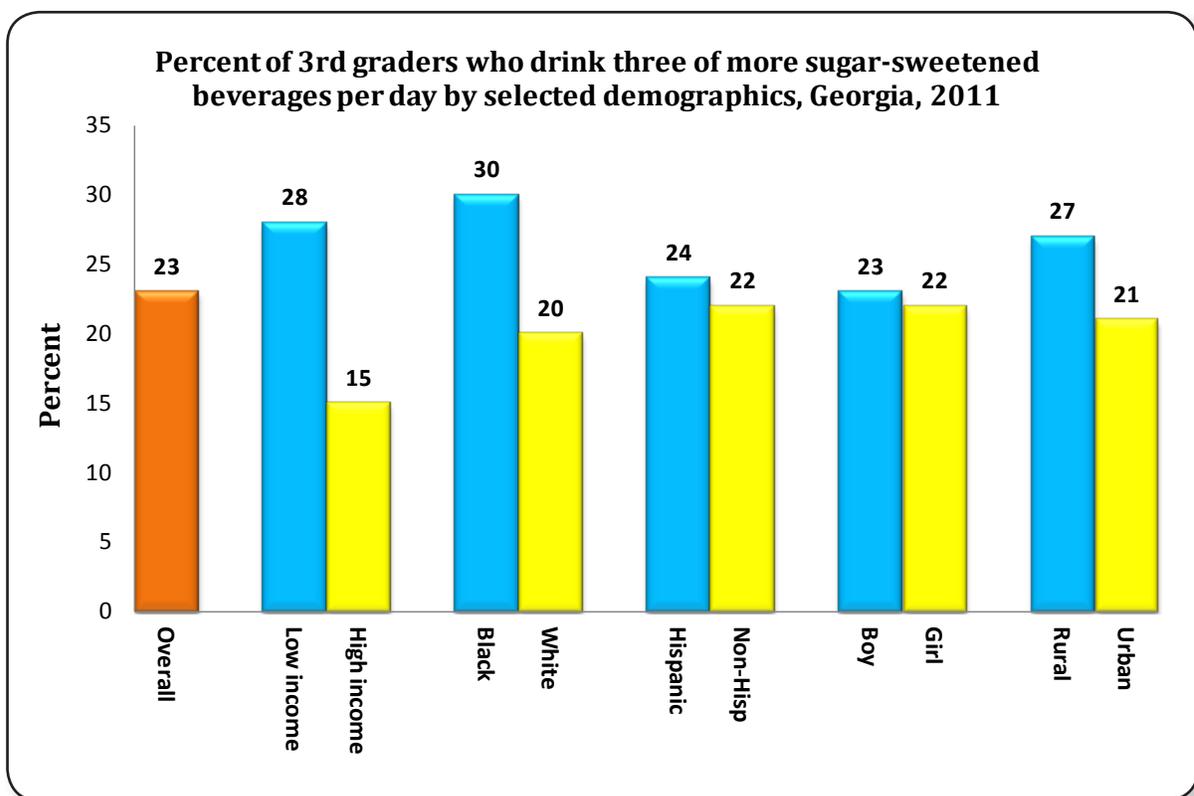


Recommendation 6:

Build relationships with community-based organizations to support implementation of oral health initiatives at the local level.

Key Steps to Accomplish Outcome by 2016:

1. Promote “family” oral health within state and local Maternal and Child Health Section (MCH) programs and other relevant public health programs. Educate families on how to prevent oral disease.
2. Work with Georgia’s Early Childhood Comprehensive System (ECCS) PEACHPartners Initiative to promote a medical and oral health home for young children.
3. Work with the Georgia Department of Public Health’s Health Promotion and Disease Prevention Program on state and community-based initiatives to address the role of oral health as a risk factor in chronic diseases (i.e., cardiovascular disease, diabetes).
4. Promote oral safety (e.g., in schools, during athletic events, work places, recreational activities such as bicycling, booster seat usage) with community-based organizations, including schools.
5. Develop (or identify) and disseminate culturally sensitive public awareness materials for non-English speaking communities.





*A healthy mouth
is essential for good
general health.*

PUBLIC EDUCATION AND HEALTH PROMOTION

Recommendation 1:

Promote the concept of oral health as a part of total health.

Key Steps to Accomplish Outcome by 2016:

1. Develop and implement a social marketing campaign that includes an oral health logo and social marketing messages, e.g., impact of oral health on other health conditions.
2. Develop and maintain an Oral Health Coalition website and other media (i.e., Facebook, twitter) to promote oral health messages and facilitate communication.
3. Increase and promote oral health-related continuing education opportunities for healthcare providers, e.g. training on the relationship between oral health and maternal health, the role oral health can play with chronic diseases such as diabetes, the role of tobacco in oral health and screening.
4. Increase the provision of oral health education in healthcare provider curriculums, i.e., pharmacology students, medical students, etc.
5. Work with the Georgia Association of School Nurse (GASN) and Georgia Department of Education (GDOE) to continue the provision of oral health prevention education in schools.
6. Identify and work with new partners to promote oral health initiatives and services in Georgia, including relevant public health programs and disease specific advocacy organizations.

Recommendation 2:

Support implementation of the health (dental and medical) home in Georgia.

Key Steps to Accomplish Outcome by 2016:

1. Improve access to oral health education for non-dental healthcare professionals on oral healthcare for children, especially young children birth to age five.
2. Identify and implement strategies to improve parental knowledge about the importance of a dental home for their child, including when the child's first dental visit should occur. Examples of strategies include distribution of education materials for parents through WIC and pediatricians' offices, Text4Babies oral health messages for pregnant and postpartum women.
3. Develop and/or disseminate health home DVDs and brochures in hospital emergency rooms to encourage appropriate emergency room use.
4. Identify and participate in healthcare provider meetings, conferences, and seminars, and lunch learns to provide dental home information and resources.
5. Expand the work with Georgia's Early Childhood Comprehensive System (ECCS) PEACHPartners Initiative and with Children's Healthcare of Atlanta (CHOA) to promote dental and medical home for young children.

Recommendation 3:

Promote public health as a career for Georgia’s oral health professionals.

Key Steps to Accomplish Outcome by 2016:

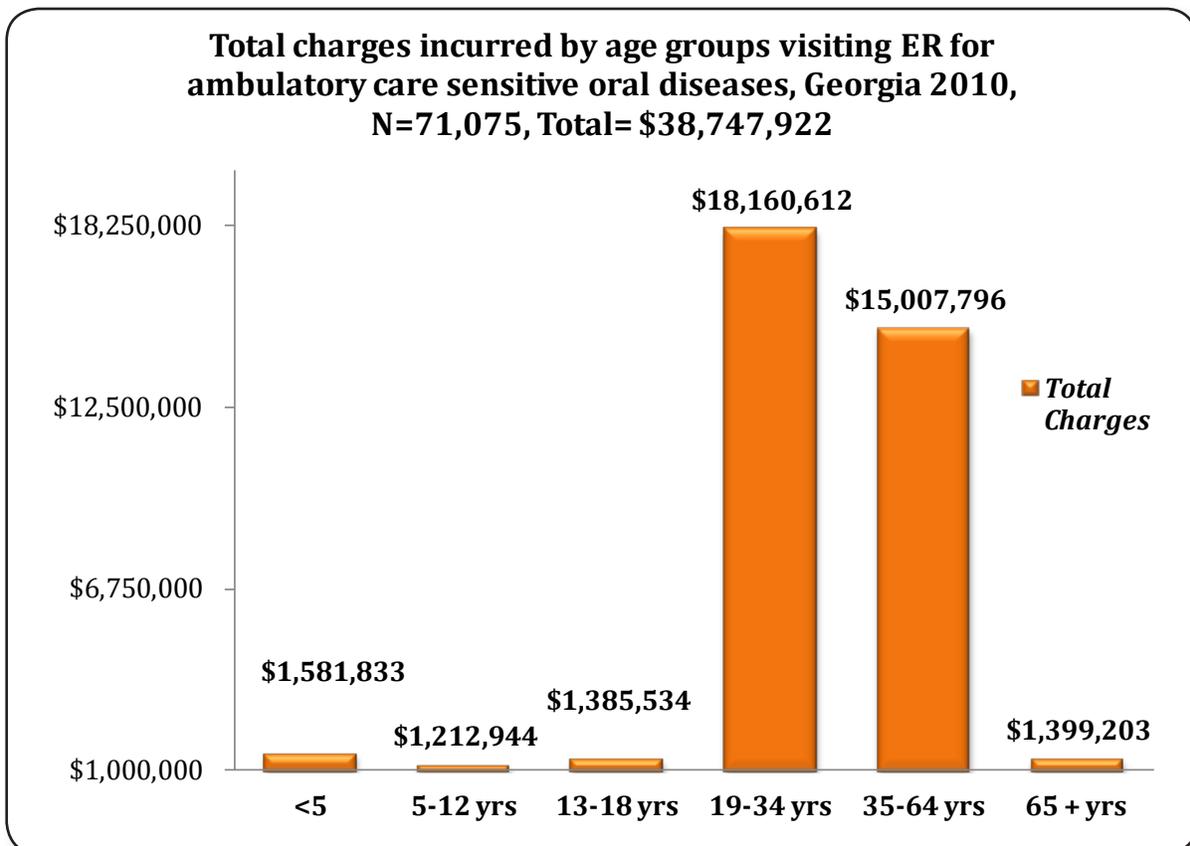
1. Expand student loan reimbursement for dentists and dental hygienists working in public health.
2. Work with Area Health Education Centers (AHECs) to promote public health careers for Georgia oral health professionals. Support housing efforts for students from the dental school working at public health clinics.
3. Work with Health Occupation Students of America (HOSA) to promote public health careers for Georgia oral health professionals.
4. Partner with the Georgia Health Sciences University’s College of Dental Medicine summer program for high school students to include information about careers in public health.

Recommendation 4:

Educate the general public and health providers on the benefits of community water fluoridation.

Key Steps to Accomplish Outcome by 2016:

1. Use social media to publish the benefits of CWF.
2. Train pediatric residents on CWF.
3. Offer CDC water quality awards.



SURVEILLANCE AND DATA

Recommendation 1:

Participate in the development of a surveillance burden document to inform use of evidence-based approaches to oral health prevention.

Key Steps to Accomplish Outcome by 2016:

1. Clearly define routinely used indicators (all populations).
2. Identify existing data sources.
3. Maintain and improve support and resources for data collection, management, and analysis.
4. Work with Georgia Dental Association (GDA) to improve workforce and access to care data, especially data related to providers serving low income Medicaid clients and offering sliding-scale services.
5. Work with the Georgia Department of Community Health to measure provider provision of oral health services for Medicaid, PeachCare for Kids, and State Health Benefit Plan enrollees.
6. Develop analysis and dissemination plans.
7. Collaborate with the Georgia Hospital Association to obtain data on dental pain as the diagnosis for presenting at hospital emergency departments.
8. Measure the proportion of long-term care residents who use the oral healthcare system each year.
9. Measure the proportion of local health departments and community-based health centers, including community, migrant, and homeless health centers, that have an oral health component.
10. Analyze data, develop surveillance burden document and other oral health data and disseminate report findings.
11. Support collaboration of GDA, GHSU and Board of Dentistry (BOD) on obtaining a dental census tied to licensure for continued data on dental services and distribution of practicing dentists in Georgia.

Recommendation 2:

Utilize ongoing technical assistance from Oral Health Coalition partners, including the Oral Health Prevention Program, on oral health data and surveillance-related issues.

Key Steps to Accomplish Outcome by 2016:

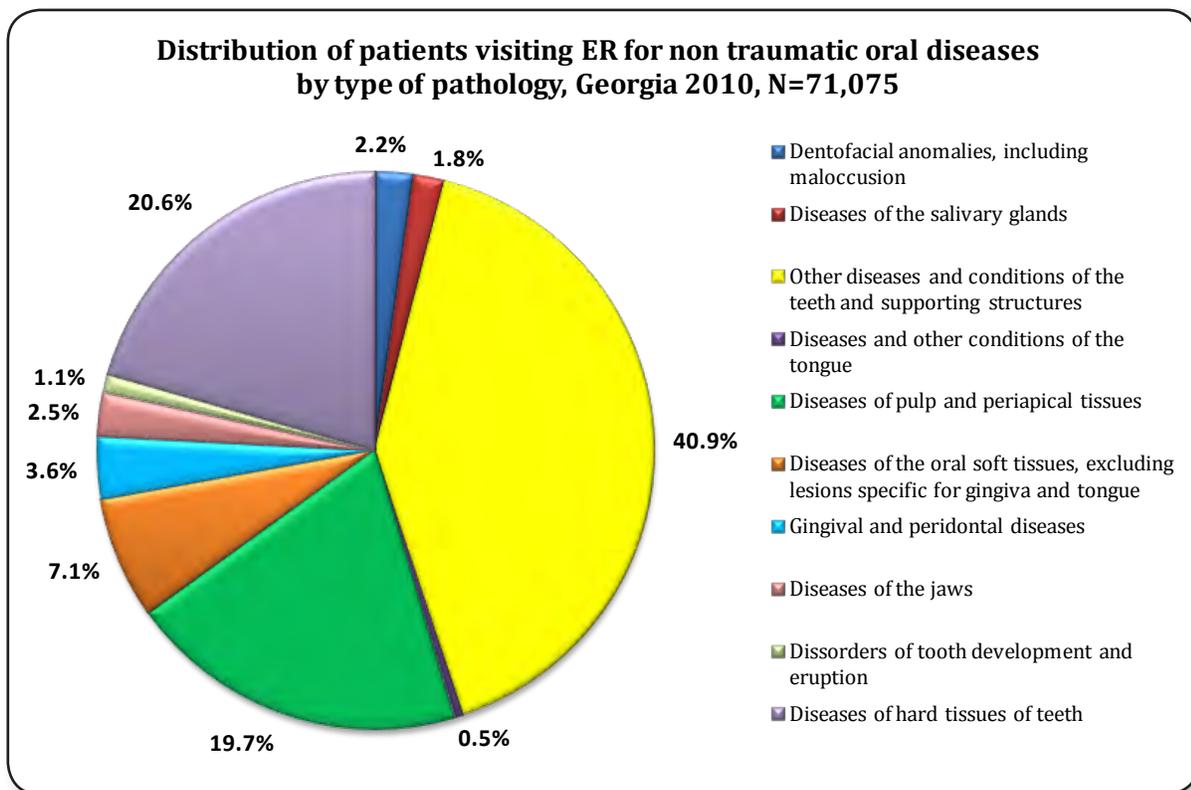
1. Provide consultation on analysis and interpretation of data to other Oral Health Coalition work groups.
2. Serve as liaisons to other Oral Health Coalition work groups on data-related issues.
3. Assist in the evaluation of Coalition activities.

Recommendation 3:

Improve collection, reporting, and availability of race and ethnicity data to address oral health disparities.

Key Steps to Accomplish Outcome by 2016:

1. Collaborate with the Georgia Hospital Association (GHA) and the Georgia Department of Public Health's Office of Health Improvement and Promotion (OHIP) to improve the collection of valid ethnicity data for hospital admission records.
2. Support efforts to systematically oversample otherwise under-represented populations in statewide surveys.
3. Support data sharing and data linkage agreements among state stakeholders and publicly funded programs to improve validity of race and ethnicity data



ACCESS TO CARE

Recommendation 1:

Lessen administrative burdens for Medicaid/PeachCare dental providers.

Key Steps to Accomplish Outcome by 2016:

1. Support streamlining of administrative process.
2. Provide input for Georgia's Medicaid Program and the Children's Health Insurance Program (CHIP) assessment and redesign

Recommendation 2:

Support programs that promote diversity in Georgia's oral healthcare workforce.

Key Steps to Accomplish Outcome:

1. Work with school nurses and regional focus groups to identify opportunities to market dental careers with diverse student populations.
2. Based on assessment findings, develop and implement plan to increase the diversity of Georgia's oral health workforce.
3. Support loan repayment programs for dentists and dental hygienists working in safety net clinics.
4. Support GHSU College of Dental Medicine on workforce grant opportunities.

Increase integration of oral health into primary care especially for children under the age of 3.



Number of Active Licenses as of 06/25/2012	
Dentist	5,651
Public Health	3
Dental Faculty	71
Dental Hygienist	6,911
Dental Hygiene Faculty	17
General Anesthesia Permit	248
Conscious Sedation Permit	256
Temporary Dental Hygienist	2
Volunteer Dental	4
Enteral/Inhalation Conscious Sedation	299

Are there enough licensed dental professionals to fill the state's oral health needs?

Recommendation 3:

Increase access to oral health services in underserved areas of the state.

Key Steps to Accomplish Outcome by 2016:

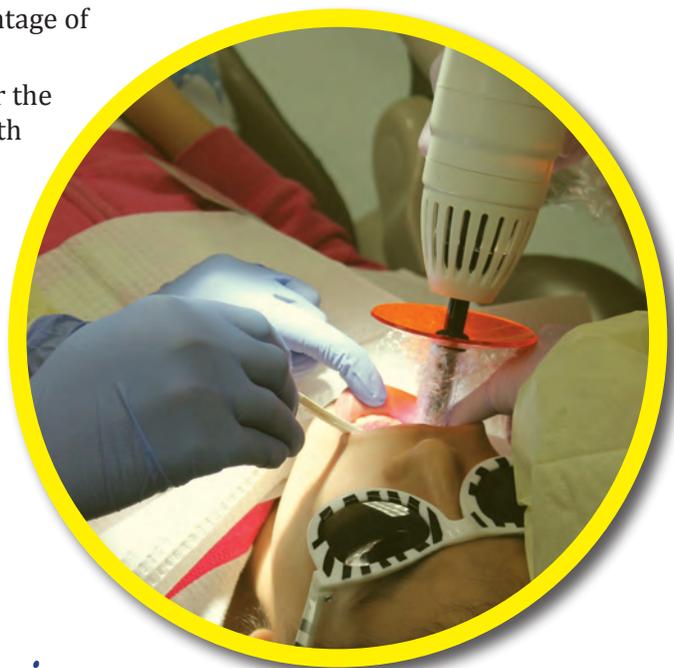
1. Work with the Georgia Health Sciences University (GHSU) College of Dental Medicine and dental hygiene programs to document location of oral health professionals in Georgia.
2. Work with licensing board to collect additional workforce data at license renewal to identify oral health provider shortage areas.
3. Promote loan forgiveness programs for oral health professionals willing to work in Georgia Dental Health Professional Shortage Areas and in safety net clinics.
4. Assess opportunities to expand dental services to underserved communities with access to dental services within a 50 mile radius.

Recommendation 4:

Increase the number of children receiving oral health services.

Key Steps to Accomplish Outcome by 2016:

1. Identify the oral health capacity of current federally qualified health center (FQHC) programs and determine how this safety net system can be improved to help meet the needs of the populations they serve.
2. Evaluate Georgia schools with a majority of children on free and reduced lunch programs and determine the need for onsite oral health services for children without a dental home.
3. Based on evaluation findings, develop and implement strategies to increase resources for schools identified as having high need populations and limited or no oral health resources.
4. Strengthen existing public health school-based oral health programs in those schools with a large percentage of students on free and reduced lunch program.
5. Identify and implement efficient resources for the delivery of mobile unit and portable oral health services for children without a dental home.
6. Continue to work with insurance companies, private organizations, dental supply houses, and others to provide supplies and other support for schools and FQHCs oral health programs.
7. Work with GHSU on HRSA grant to continue providing services to children throughout the state.



*Increase access to oral health services
& number of children receiving oral health services*

Recommendation 5:

Improve availability of oral health services for underserved adults.

Key Steps to Accomplish Outcome by 2016:

1. Maintain current Medicaid adult dental coverage (e.g., emergency extractions and pregnancy oral health services) and expand to include preventive and basic restorative and catastrophic dental services for all Medicaid eligible adults.
2. Support the inclusion of basic and preventive dental benefits as part of third party healthcare benefit packages.
3. Advocate for Medicaid funding to provide basic dental services for low income and no income adults.
4. Advocate for dental resources to provide basic dental services for adults in assisted living facilities and nursing homes.
5. Provide technical assistance and mentoring to Georgia federally qualified health centers (FQHCs) and volunteer dental clinics in the provision of dental services.
6. Increase partnership activities to ensure dental resources are efficiently and effectively used.
7. Develop an online resource center (e.g., clearinghouse for equipment, supplies, and volunteers) to support provision of dental services in public and private sectors.

Recommendation 6:

Increase access to oral health services for children and adults with special physical and mental healthcare needs.

Key Steps to Accomplish Outcome by 2016:

1. Collect and analyze data on oral health needs in Georgia for children and adults with special physical and mental healthcare needs.
2. Promote provider education on providing oral health services for children and adults with special physical and mental healthcare needs.
3. Increase awareness of children and adults with special physical and mental healthcare needs and their families/caretakers about the importance of dental care on a regular basis, e.g., dissemination of information in healthcare provider offices and through the Georgia Department of Public Health's Children's Medical Services.
4. Through collaboration of GHSU College of Dental Medicine, DPH Oral Health Prevention Program, and other stakeholders plan a symposium with Children's Healthcare of Atlanta for all healthcare providers on the oral health needs of special needs patients.

Recommendation 7:

Increase access to oral health services for people who are HIV positive.

Key Steps to Accomplish Outcome by 2016:

1. Expand data available for oral health services planning for people living with HIV/AIDS.
2. Conduct update workshops/trainings with oral care providers on providing dental care for people living with HIV/AIDS.
3. Increase awareness of people living with HIV/AIDS about the importance of dental care on a regular basis, e.g., include information about oral health in patient education materials given to newly diagnosed HIV positive individuals, provide training for Ryan White case managers working with HIV positive individuals on the importance of dental care, include oral health resources in the Southeast AIDS Treatment and Educations Center's printed and web-based Key Contacts directory of resources across the state for HIV positive individuals.
4. Increase availability of and access to oral health screening, preventive care and maintenance, and treatment services for uninsured and underinsured people living with HIV/AIDS, particularly in rural areas of the state.

Recommendation 8:

Increase access to oral health services for immigrant populations.

Key Steps to Accomplish Outcome by 2016:

1. Identify and develop database of bilingual oral health providers. Share database with the PowerLine (Georgia's maternal and child health toll free hotline), Parent to Parent, Georgia Dental Association and other web-based and telephone hotline resources.
2. Identify and promote mission clinics that provide oral health services.
3. Work with agencies that serve immigrant populations to promote oral health education.
4. Continue the work of GHSU College of Dental Medicine and dental hygiene programs in serving migrant workers with dental services and treating immigrant populations at sites off campus.



SUMMIT SUMMARY

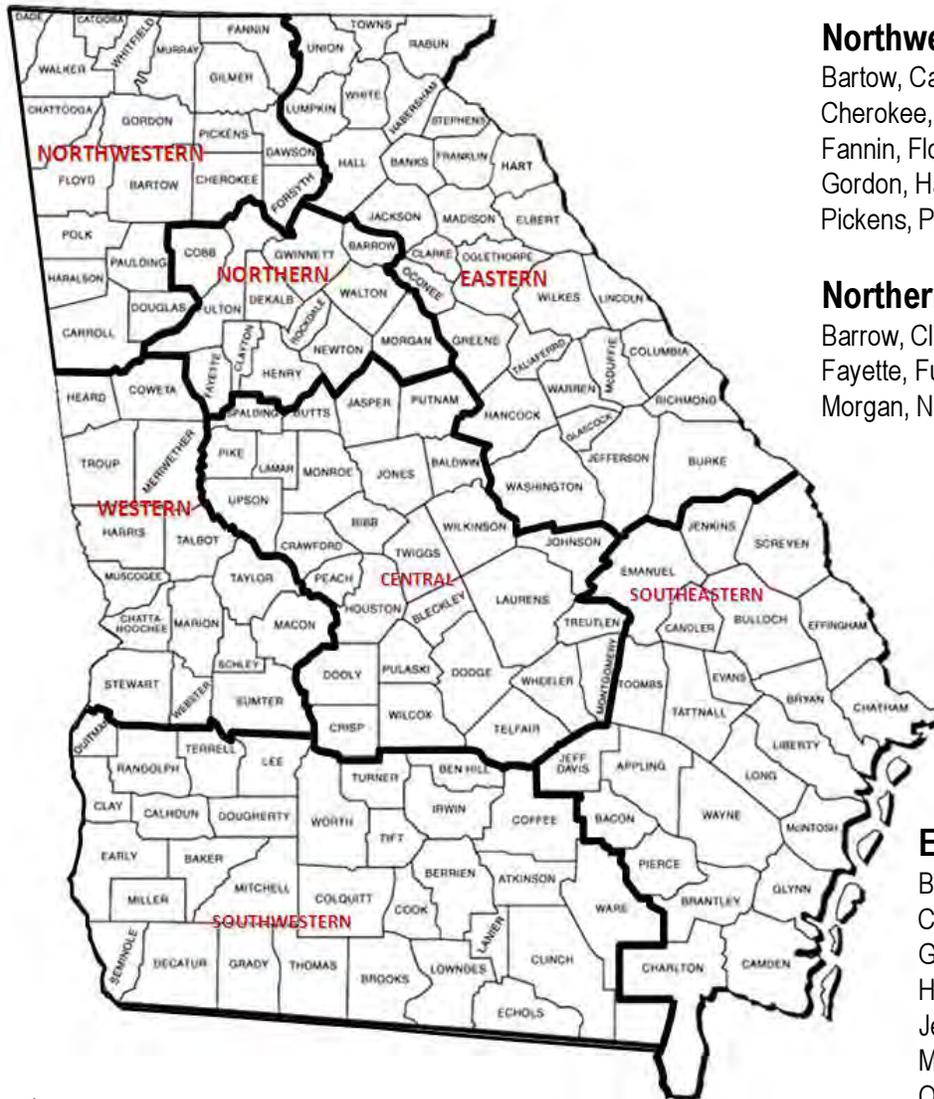
On August 13, 2012, an oral health summit was attended by 141 public health/ primary care partners and other key stakeholders committed to improving oral health in Georgia. Many of the participants contributed to the development of the Georgia Oral Health Plan and some participants were new to coalition work and oral health initiatives, but all attended the summit for personal or organizational interest in the oral health status of their community. During the summit, participants were able to the Georgia Oral Health Plan objectives and develop action steps specific to the perceived needs of the Regional Coordinating Network. Responses from the exit survey at the end of the meeting demonstrated participants sincerely appreciated having the opportunity to come together and engage in facilitating discussion; feedback was overwhelmingly positive.

Some of the priorities identified included making progress on the following:

- oral health literacy
- access to oral health services for our safety-net and special needs populations
- oral health data and surveillance
- health professional development
- dental health provider recruitment and retention

These same priorities were identified in the Georgia State Oral Health Plan. As the day progressed speakers were able to inform the participants about national and state surveillance data, what oral health initiatives and existing services are in place, and introduce recent oral health reports. Each Regional Coordinating Network was encouraged to identify a champion or two to lead and coordinate the next steps and invite other regional partners and stakeholders to join planning and implementation efforts! This was the beginning of important steps to improve oral health outcomes in Georgia. The Department of Public Health/ Maternal and Child Health (DPH/ MCH) Oral Health Office and district staff will assist with the planning and meeting space to continue the work outlined by the Regional Coordinating Networks.

Regional Coordinating Networks



Northwestern

Bartow, Carroll, Catoosa, Chattooga, Cherokee, Dade, Dawson, Douglas, Fannin, Floyd, Forsyth, Gilmer, Gordon, Haralson, Murray, Paulding, Pickens, Polk, Walker, Whitfield.

Northern

Barrow, Clayton, Cobb, DeKalb, Fayette, Fulton, Gwinnett, Henry, Morgan, Newton, Walton.

Eastern

Banks, Burke, Clarke, Columbia, Elbert, Franklin, Glascock, Greene, Habersham, Hall, Hancock, Hart, Jackson, Jefferson, Lincoln, Lumpkin, Madison, McDuffie, Oconee, Oglethorpe, Rabun, Richmond, Stephens, Taliaferro, Towns, Union, Washington, Warren, White, Wilkes.

Western

Chattahoochee, Coweta, Harris, Heard, Macon, Meriwether, Muscogee, Schley, Stewart, Sumter, Talbot, Taylor, Troup, Webster.

Central

Baldwin, Bibb, Bleckley, Butts, Crawford, Crisp, Dodge, Dooly, Houston, Jasper, Johnson, Jones, Lamar, Laurens, Monroe, Montgomery, Peach, Pike, Pulaski, Putnam, Spalding, Telfair, Toombs, Treutlen, Twiggs, Upson, Wheeler, Wilcox, Wilkinson.

Southeastern

Appling, Bacon, Brantley, Bryan, Bulloch, Camden, Candler, Charlton, Chatham, Effingham, Emanuel, Evans, Glynn, Jeff Davis, Jenkins, Liberty, Long, McIntosh, Pierce, Screven, Tattnall, Wayne.

Southwestern

Atkinson, Baker, Ben Hill, Berrien, Brooks, Calhoun, clay, Clinch, Coffee, Colquitt, Cook, Decatur, Dougherty, Early, Echols, Grady, Irwin, Lanier, Lee, Lowndes, Miller, Mitchell, Quitman, Randolph, Seminole, Terrell, Thomas, Tift, Turner, Ware, Worth.

Oral Health Access: Collaborating to Bridge the Gaps

ACKNOWLEDGMENTS

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Division of Health Promotion
Maternal and Child Health Section | Oral Health Prevention Program