

Improving Your Client's Oral Health

Health Home Care Coordinators

July 10, 2014

Presented by Jenny Shuler, Dental Assistant and Training Specialist

Washington Dental Service Foundation
Community Advocates for Oral Health

This presentation was designed for Health Home Care Coordinators for the Washington State Integration Project with The Health Care Authority and The Department of Social and Health Services. It was presented as a live webinar by Jenny Shuler on July 10, 2014.

This topic is not required but provides Care Coordinators with basic information for working with clients who may need to integrate dental care with their other care needs.



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Dental assistant in private practice for 10 years

Dental Assistant Program Instructor and Program Coordinator at Bellingham Technical College for 26 years

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Washington Dental Service Foundation

WDS Foundation's mission is to prevent oral disease and improve overall health.

The Foundation works closely with partner organizations to implement innovative programs and policies that produce permanent changes in the healthcare arena and improve the public's long-term oral health.

**Washington Dental Service
Foundation**

Community Advocates for Oral Health

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Agenda

- Oral health – Overall Health Connection
- Prevention and Treatment
- Client scenarios and discussion
- How to fit today's information into your work with clients
- Resources



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“You are not healthy without good oral health...”
Davidatcher, MD, 16th Surgeon General

Surgeon General's Report on Oral Health

- Dental care is the most common unmet health need
- Oral disease can severely affect systemic health

Institute of Medicine

- Strong evidence shows clear links between oral health and respiratory disease, cardiovascular disease, and diabetes.
- Because oral health is linked to overall health, the effects of poor oral health are felt far beyond the mouth.

 INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

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According to the Surgeon General's Report on oral health in 2000:

- Dental care is the most common unmet health need.
- Oral disease can severely affect systemic health.
- Much oral disease is preventable or at least controllable.
- Profound disparities in oral health and access to care exist for all ages.

1. Association between untreated dental caries and inappropriate use of ED. (Cohen et al., 2011; Davis et al., 2010)

2. Link between oral health and respiratory disease. (Scannapieco and Ho, 2001)

3. Link between oral health and cardiovascular disease. (Blairot et al., 2009; Offenbacher et al., 2009; Scannapieco et al., 2003; Slavkin and Baum, 2000)

4. Link between oral health and diabetes. (Chávarry et al., 2009; Löe, 1993; Taylor, 2001; Teeuw et al., 2010)

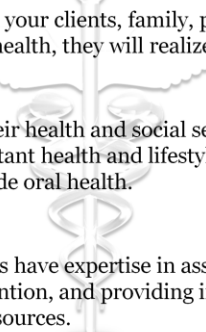
Consequences for Clients' Health

Oral disease is largely preventable but untreated oral disease can lead to:

- Pain that makes it difficult to work, pay attention, sleep, eat
- Poor eating habits and nutrition
- Reduced self-confidence and/or problems obtaining employment because of decayed or missing teeth
- Infections that must be controlled with antibiotics
- Complications of chronic diseases like diabetes



Why Address Oral Health?

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- When you talk to your clients, family, providers, etc. about their oral health, they will realize it is important.
 - People expect their health and social service providers to talk about important health and lifestyle behaviors, and this should include oral health.
 - Care coordinators have expertise in assessing risk factors, promoting prevention, and providing important health messages and resources.

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Home Care Coordinators coach and educate the entire team and encourage engagement of client in managing their own care.

Benefits of Addressing Oral Health

- Clients understand the connection between poor oral health and other chronic diseases
- Able to catch disease early and reduce cost and pain
- Reduced dental related ED visits
- Reduced medical costs - savings from reduced diabetic complications
- Increase access to preventive oral health care



Your clients May Be at Risk For...

There are four major oral health problem areas that may affect your clients. We will not cover every possible situation, but will give you information on the ones of most concern to most people.

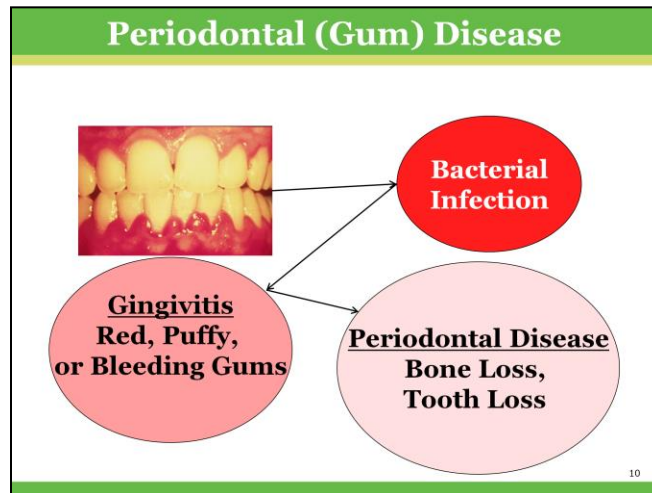
Gum Disease

Tooth Decay (Cavities, Caries)

Poor Nutrition

Dry Mouth

Oral Cancer/ Denture Problems



Gum Problems – Gingivitis, Periodontal Disease

Bacterial Infections

Germs clump together on our teeth and under the gums to form “plaque,” which irritates the gum tissues.

Gingivitis: Red, Puffy or Bleeding Gums

The first signs of gum problems might be red, swollen, or bleeding gum tissue. This condition is called gingivitis.

Many people avoid brushing and flossing if the gums bleed, thinking they need to “leave it alone” so it can heal.

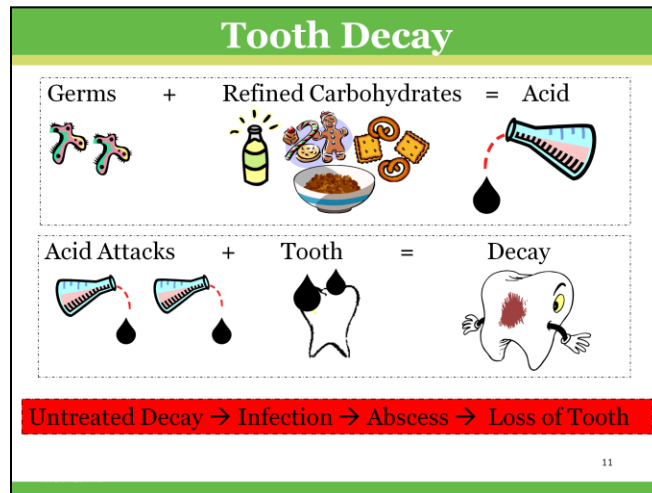
Brushing and flossing, even if it makes the gums uncomfortable for a few days, will help to improve the gums in the early stages of gingivitis.

Periodontal Disease: Bone Loss, Tooth Loss, Bad Taste or Odor

If not treated or controlled, the gingivitis will get worse. The plaque will harden into a crusty material called calculus or tartar, and the bone holding the teeth in place will begin to dissolve. This condition is called periodontal disease.

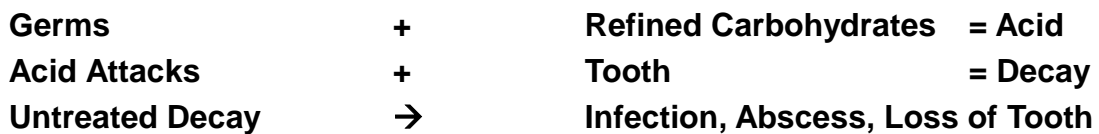
As the disease progresses, there may be a bad taste or odor, and the teeth may become so loose that they need to be removed.

The early stages of periodontal disease often go unnoticed because there is little or no pain. Your consumer may not be aware of any problems.



Tooth Decay – Process

Here is another way to understand the steps in getting tooth decay:



1. Decay begins with acids attacking the tooth enamel (the outer portion of the tooth).

Teeth can be kept healthy with daily oral hygiene, healthy diet, and the use of fluoride in drinking water, toothpaste, mouth rinses, and professionally applied gel or varnish.

2. If decay progresses, it creates a cavity or hole in the tooth.
3. If a person has a cavity but doesn't have the tooth repaired, and doesn't change the conditions in the mouth, the decay will continue to destroy the tooth. That tooth may become infected or abscessed.
4. Untreated decay and/or an untreated abscess may result in a tooth needing to be removed (extracted).

In more serious cases, an untreated abscess can lead to serious widespread infection, often resulting in swelling of the face, and sometimes resulting in swelling of the brain or even death.

People who are in a weakened immune state may have difficulty recovering from a dental abscess.

Note: Acid attack lasts for 20 minutes, need to neutralize!



Slide 11: Tooth Decay

Photo 6 – Tooth Decay (Caries, Cavity)

When a tooth decays, its enamel surface breaks down and allows acids and bacteria to enter the softer areas inside the tooth. Usually, decay begins as a small whitish area that, if left untreated, grows and darkens. Decay often occurs between the teeth where food particles are more difficult to remove. How many areas of decay do you see on this photo? (At least 7)

Photo 7 – Abscessed Teeth

In photo 7, untreated decay has allowed infection to enter the teeth and move into the teeth roots. Swelling on the gum above these teeth (arrows) indicates infection (abscess) from the teeth that is draining into the mouth.

Photo 8 – Facial Swelling from Abscess

If the infection isn't treated, the person's face may begin to swell as the infection spreads from the tooth to the surrounding area in the face or neck.

Widespread infection can make people extremely ill; this is a matter that needs immediate attention.

Often the dentist (or physician) will treat the infection with antibiotics first, then repair the tooth.

Treatment could include placing a filling or crown, root canal treatment (the nerve chamber is cleaned and sealed), or extraction (removal) of the tooth.

Dental Coverage on the Exchange

Children: Dental coverage is one of the Affordable Care Act's ten essential health benefits.

- Apple Health for Kids (Medicaid) have dental coverage with no copay or deductibles.
- Ineligible for Apple Health -families must purchase dental plans for children (priced separately from medical plans).

Adults:

- Apple Health for Adults have dental coverage with no copay or deductibles.
- Ineligible for Apple Health, adult dental plans are not currently part of the Exchange, but may be available in the future.

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More information about the basics of dental insurance will be provided later in the presentation.

Children covered by Apple Health for Kids (Medicaid) have dental coverage with no copay or deductibles.

For those who don't qualify for Apple Health for Kids, families must purchase dental insurance plans for their children, which are priced separately from medical plans.

Kids & Oral Health

Did you know...?

- Tooth decay can cause pain, difficulty eating & sleeping & paying attention in school.
- Dental disease-single most common chronic childhood disease — **five** times more common than asthma.
- 40% of kids entering kindergarten in WA have had tooth decay.
- Children with oral health problems miss more school days than other children.



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- Infected teeth can lead to ear infections, sinus infections, and abscesses.
- Children with obvious decay may feel embarrassed and avoid socializing. Children in pain from tooth decay have a hard time eating, sleeping, and paying attention in school.

Dental disease is the single most common chronic childhood disease — **five** times more common than asthma.

40% of kids entering kindergarten in WA have had tooth decay.

Children with oral health problems miss more school days than other children.

When should kids get dental care?

- Kids should have their “First Screening by First Birthday” by a dentist or medical provider.
- As soon as teeth appear, they are at risk for decay.
- Baby teeth are important for good nutrition and speech.



- Care by age 1 is recommended by doctors and dentists: American Academy of Pediatrics, American Academy of Family Physicians, American Academy of Pediatric Dentistry
- Research shows that early preventive care, starting with the very first tooth, helps prevent dental disease and protect a child's overall health. **Early oral health care saves money by preventing complicated, expensive dental problems down the road.**
- In addition to checking a baby's teeth for signs of early decay, a dentist or medical provider may also suggest fluoride varnish, a quick and easy way to prevent and even heal early decay, or fluoride drops or tablets if families live in an area without fluoridated water.
- Some parents wonder how important baby are since they are going to fall out anyway. The fact is **healthy baby teeth are very important** for a baby who will soon be learning how to talk and eat solid food. Early loss of baby teeth makes it difficult for children to speak clearly and chew properly. As a child grows, healthy baby teeth can help ensure healthy permanent teeth.



Tooth Decay (also called *Caries, Cavity*): When a tooth decays, its enamel surface breaks down and allows acids and bacteria to enter the softer areas inside the tooth. White spots, especially along the gums, are often early signs of tooth decay. If left untreated, the decay grows and darkens. Decay often occurs between the teeth where food particles are more difficult to remove. **This is why getting kids started early with flossing is so important.**

Preventing Decay

Healthy Snacking:
Limiting the **FREQUENCY** of high sugar/ carbohydrate foods and drinks is key

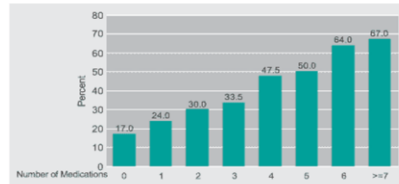
Tooth-unhealthy Snacks <i>Cariogenic</i>	Tooth-healthy Snacks <i>Low cariogenic</i>
<p>Sweet & sticky foods are more likely to cause cavities. <i>(limit these snacks)</i></p> <ul style="list-style-type: none"> <li style="width: 50%;">• Cookies <li style="width: 50%;">• Candy <li style="width: 50%;">• Chips & pretzels <li style="width: 50%;">• Crackers <li style="width: 50%;">• Soda <li style="width: 50%;">• Dried fruit <li style="width: 50%;">• Juice and sports drinks <li style="width: 50%;">• Bagels <li style="width: 50%;">• Fruit roll-ups <li style="width: 50%;">• Sugary cereals 	<p>Whole grain or foods low in carbohydrates are less likely to cause cavities. <i>(choose these snacks)</i></p> <ul style="list-style-type: none"> <li style="width: 50%;">+ Vegetables <li style="width: 50%;">+ Peanut butter <li style="width: 50%;">+ Fresh fruits <li style="width: 50%;">+ Whole grains <li style="width: 50%;">+ Cheese <li style="width: 50%;">+ Meat <li style="width: 50%;">+ Nuts

Note: Snacks should be age appropriate

- A healthy diet helps children grow and develop. Sweets (candy or cookies), starchy foods (crackers), and sticky foods (raisins, fruit snacks) stay in the mouth longer and easily cause tooth decay. For snacks, fruits, vegetables or cheese are best. It is important to limit how often children have juice, sweet drinks and snacks. Constant snacking on starchy or sticky foods or sipping sweet liquids throughout the day can cause tooth decay.
- Babies who go to bed with a bottle of milk, formula or juice are more likely to get tooth decay. When these liquids stay in contact with the teeth while the baby is sleeping, teeth can decay quickly.
- If a baby is put to bed with a bottle, it should contain only plain water

Xerostomia (Dry Mouth)

- Dry mouth can quickly lead to tooth decay
- 7 out of the 10 most commonly used medications can cause dry mouth. The more medications used, the more likely dry mouth will occur



Common culprits: antihistamines, cholesterol lowering medications, antidepressants

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Dry Mouth Side Effects:

- Decay- especially on the root of the tooth in seniors
- Cracks at corner of mouth
- Dry, painful tongue
- Difficulty swallowing
- Possible fungal infection

Saliva Substitutes:


- Biotene
- Orajel
- Xylitol (natural sweetener that helps prevent decay)

The Wonders of Saliva

Saliva

- Cleanses the mouth
- Kills bacteria
- Neutralizes acids
- Remineralizes teeth
- Moistens the mouth, making it easier to eat, taste, swallow, and speak.

Without enough saliva, oral problems can develop quickly.



Slide 47: The Wonders of Saliva

Saliva plays several important roles in protecting oral health:

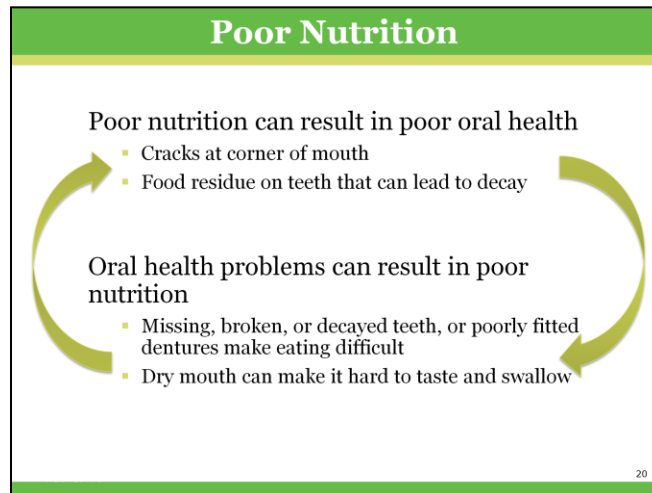
Saliva helps keep the mouth clean by washing away food particles.

Saliva helps kill bacteria in the mouth that can cause infection and it neutralizes the acids that cause tooth decay.

Saliva contains minerals like calcium and fluoride that help harden and repair the teeth.

Saliva lubricates the mouth, making it easier to eat, taste, swallow, and speak. This lubrication also helps defend the whole body against infection.

When there is not enough saliva in the mouth, problems can develop quickly. There might be new decay (especially on exposed root surfaces), fungal infections, or mouth pain.



Poor Nutrition and Oral Health

Poor nutrition can affect a person's overall health, as well as oral health.

This is a two-sided issue:

1. Poor nutrition can result in oral health problems

Examples: Certain vitamin or mineral deficiencies may result in mouth problems, like a sore tongue or cracks at the corners of the mouth.

Food residue on teeth can lead to decay.

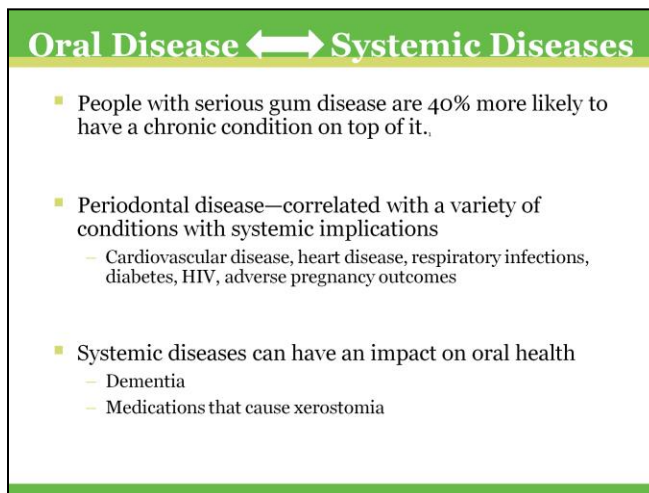
Soft diets can result in food remaining on the teeth, leading to decay.

2. Oral health problems can result in poor nutrition

Examples: Missing, broken, or decayed teeth can make it difficult to eat a balanced diet or a variety of foods.

Chewing may become painful with decayed, broken, or loose teeth.

Dry mouth can make it difficult to taste and swallow.



(91% of clients with heart disease have periodontitis, compared with 66% of people with no heart disease,¹)

1. *Oral Health: The Mouth Body Connection* WebMD Feature. Joanne Barker. Reviewed by Steve Drescher, DDS 2012

Article Sources:

Sally J. Cram DDS, PC. Sally J. Cram DDS, PC.

Bensley L. *Preventing Chronic Disease*, May 2011; vol 8: pp A50.

National Institute of Dental and Craniofacial Research.

Kim J. *Odontology*. September 2006; vol 94: pp 10-21.

Pamela McClain, DDS. Pamela McClain, DDS.

National Institute of Diabetes and Digestive and Kidney Disorders. Diabetes Overview - National Diabetes Information Clearinghouse.

American Academy of Periodontology. Ask a Periodontist: Frequently Asked Questions About Gum Disease.

News release, American Dental Association.

Research, Science and Therapy Committee of the American Academy of Periodontology. *Journal of Periodontology*. August 2005; vol 76: pp 1406-1419.

Martínez-Maestre MÁ. *Climacteric*. December 2010; vol 13: pp 523-529.

Centers for Disease Control and Prevention.

Ortiz P. *Journal of Periodontology*. 2009;80(4):535-540.

News Release, American Academy of Periodontology.

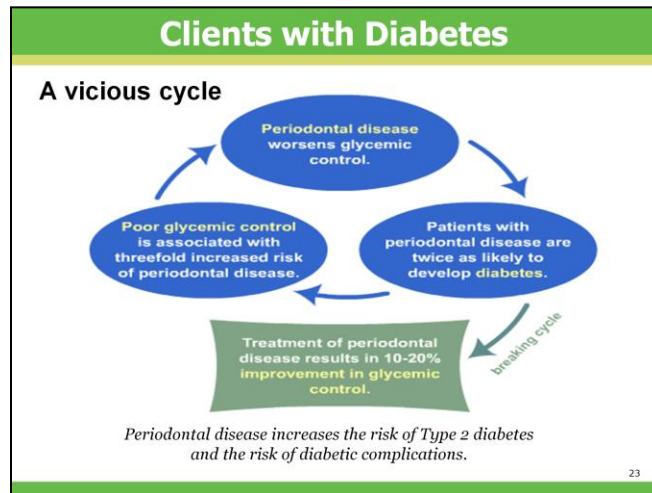
News Release, American Dental Association.

Populations at Higher Risk

- Clients with diabetes
- Clients on multiple medications
- Older clients



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A Vicious Cycle

clients with periodontal disease are twice as likely to develop diabetes

Poor glycemic control is associated with threefold increase of periodontal disease

Periodontal disease worsens glycemic control

Treatment of periodontal disease results in 10-20% improvement in glycemic control

References

Mealey, B. L., Periodontal disease and diabetes: A two-way street. *J Am Dent Assoc* 2006; 137:26-31.

Demmer, R.T., Jacobs, D.R., Desvarieux, M. Periodontal disease and incident type 2 diabetes mellitus: Results from the first National Health and Nutrition

Examination Survey and its epidemiologic follow up study. *Diabetes Care* 2008; 31(7):1373-9. Moore, P.A., et al. Type 1 diabetes mellitus, xerostomia and salivary flow rates. *Oral Surg Oral med Oral Pthol Oral Radiol Endod* 2001; 92:281-91.

Promsudth, A., et al. The effect of periodontal therapy on uncontrolled type 2 diabetes mellitus in older subjects. *Oral Dis* 2005; 11:293-8.

Diabetes – What you should know

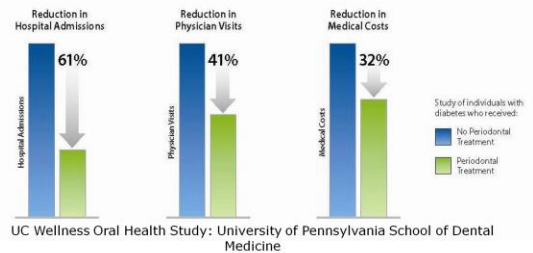
- Untreated periodontal disease can lead to costly diabetes complications
- Diabetes affects nearly 1/2 million adults in Washington
- Improving an individual's oral health may reduce diabetic complications, positively impacting overall health

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*United Concordia study

Diabetes and Periodontitis

32% reduction in medical costs
61% reduction in hospital admissions
41% reduction in physician visits



UC Wellness Oral Health Study: University of Pennsylvania School of Dental Medicine

Significant results start showing in the first year!

- 61% Reduction in Hospital Admissions
- 41% Reduction in Physician Visits
- 32% Reduction in Medical Costs

Clients with Diabetes– What you can do

- Risk Assessment
 - Any pain or sensitivity in mouth?
 - Time since last dental visit?
 - Does mouth feel dry? Difficult to swallow?
 - Any oral swelling, bleeding, or obvious signs of decay?
- Education
 - Gum disease can make it harder to keep diabetes under control
 - Important to get routine dental care and brush and floss regularly
- Referral to Dental Care (if needed)

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Clients on Multiple Medications – What you can do

- Risk Assessment
 - Any pain or sensitivity in mouth?
 - Time since last dental visit?
 - Does mouth feel dry? Difficult to swallow?
 - Any oral swelling, bleeding, or obvious signs of decay?
- Client Education & Potential Solutions
 - Sip fluoridated water throughout the day
 - Avoid sugary drinks, candy, cough drops
 - Use xylitol products
 - Important to get routine dental care and brush and floss regularly
 - Over the counter dry mouth remedies
 - Talk to doctor about possible changes to medications
 - Fluoride varnish application to prevent caries
- Referral to Dental Care (if needed)



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Older Clients

- Older adults can have increasingly complicated dental needs as they retain more of their teeth, acquire chronic conditions, and take more medications
- 50% of older adults perceive their dental health as poor or very poor
- Prevalence of oral disease in older adults:
 - Caries: 32% (root decay)
 - Periodontal disease: 70%
- Only 43% visit the dentist regularly



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Seniors = 65 and over

1) http://www.ofm.wa.gov/pop/stfc/stfc2009/stfc_2009.pdf or
<http://www.ofm.wa.gov/pop/stfc/default.asp>

WA Office of Finance and Management

2)

3) Perio rate from CDC

Older Clients – What you can do

- Risk Assessment
 - Any pain or sensitivity in mouth?
 - Time since last dental visit?
 - Does mouth feel dry? Difficult to swallow?
 - Any oral swelling, bleeding, or obvious signs of decay?
- Education
 - Important to get routine dental care and brush and floss regularly at home
- Referral to Dental Care (if needed)



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Education:

Talk about recession and bone loss allowing root caries more easily.

Brush, floss, fluoride

Pregnant Women – What you can do

Oral health is important during pregnancy

- Infections in the mouth can spread to the body, causing complications
- Mothers with active disease are likely to transmit cavity-causing bacteria to babies, setting their babies up for early decay
- Mothers are receptive to learning about how to care for their babies during pregnancy

Dental care during pregnancy is safe and important!

- Pregnant women should receive preventive and restorative treatment
- Medicaid covers dental care for pregnant women

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Concerns/Knowns:

- Spreading infection to body
- Spreading disease to baby
- Mother's are receptive
- PG women can & should get dental care
- Medicaid coverage

All Clients

Brush twice a day and floss every day

Use fluoride

- Fluoride toothpaste
- Fluoridated water
- Fluoridated bottled water
- Fluoride rinse, gel, or varnish

Avoid tobacco products


Limit sweet, sticky, and sugary foods and drinks

See dentist regularly

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Denture Care

- Clean gums, tongue, teeth and dentures
- Let the gums breathe
 - Take dentures out at night
- Check for sore spots
- Do NOT attempt home repairs!



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Slide 27: Denture Care

If all or some of the teeth in the upper or lower jaw are missing, they may be replaced with a removable denture.

Clean gums, teeth, and tongue

Use soft toothbrush and a small amount of regular toothpaste for teeth, gums, and tongue.

Brush denture daily with a denture brush

Regular toothpaste can scratch dentures.

Use “denture toothpaste” or liquid soap to clean dentures.

Be sure to rinse the denture completely before returning to the mouth.

Soak denture overnight after cleaning, using commercial products like Polident or Efferdent

NEVER USE BLEACH because it can remove the natural gum color from the denture.

Let the gums breathe overnight or for several hours during the day, based on the consumer preference and care plan.

Use care in handling dentures

They can be very slippery and are easily broken if dropped even just a few inches.

Check for sore spots on tissue

If the denture moves when chewing or rubs against tissues, it creates sore spots.

Do NOT attempt home repairs!

Improper repairs may cause sore spots or difficulty chewing.

Important Role of Care Coordinators

Risk assessment

- Identify which clients are most at risk

Client education

- Educate clients about the importance of oral health, disease prevention, and when to seek care

Referral to dental care, when needed

- Collaborate with other clients of the health care team about ongoing care needs

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Note: A team member could ask the risk assessment questions (pain, time since last visit), client education, fluoride varnish?, and referral. Provider should do the oral exam.

FV for : young children, clients with dry mouth, geriatric a pts. with signs of root caries.

Client Scenarios and Discussion



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Possible scenarios...

1. Many dentist who will not care for pregnant women who have other health issues such as diabetes, which is not okay.
2. Many clients do not understand why they have to go back for multiple appointments when they got to the dentist. Such as only getting one filling vs. getting three done all at once.
3. Many clients have rotted teeth and just want to be "done" having teeth all together. They want dentures. How can we help clients understand why this is not a good choice?
4. We need skills to help our clients advocate for themselves when they get to the dentist. What kind of questions do our clients need to ask about oral health?

Next Steps

How to fit today's information into your work with clients?

- Client assessment
- Client education
- Caregiver instructions
- Referral resources for dental care
- Ensuring the client keeps their appointment

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One dentist reported that nearly 86% of her Medicaid patients failed to keep her appointments. As a result, this dentist was no longer able to serve Medicaid clients.

As Care Coordinators you can:

- help set up appointments
- arrange for someone to transport your client
- provide reminder calls to your client the day before the appointment
- call the day of the appointment to ensure that they keep their appointment.

By calling in advance, if the client must cancel the appointment the dental provider may have time to fill the scheduled appointment.

Medicaid Adult Dental Coverage

Starting January 1, 2014



Coverage Includes:

- Preventive and restorative services

Additional Detail:

- Preventive services
 - 1 cleaning per year
 - routine check-ups
 - periodontal treatment
- Restorative (no dollar limit)
 - cavities
 - root canals
 - complete dentures
 - emergency service
- Crowns NOT covered

Dental Access Resources

Non-profit Dental Clinics

- Geriatric Dental Group, Federal Way
<http://geriatricdental.org>
- New Day Dental Clinic, Vancouver
www.newdaydental.org

Senior Center Dental Hygiene Programs

www.wsdha.com

- Oral screening
- Teeth and gum cleaning
- Referral to dental care

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Dental Access Resources

Offer services at about 40-50% less than other private practice dentists

GDG: 55+

ND: all ages

Dental Access Resources

College Dental Hygiene & Assistant Programs

- Clark College
- Columbia Basin College
- Eastern Washington University
- Lake Washington Technical College
- Pierce College
- Seattle Central Community College
- Shoreline Community College
- Yakima Valley Community College

<http://www.wsda.org/dental-hygiene-programs>

<http://www.wsda.org/dental-assisting-programs/>

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Dental Access Resources

Donated Dental Care Programs

Free Clinics of SW Washington (Clark)
www.freeclinics.org

Project Access Programs (King, Snohomish, Kitsap)
www.projectaccessnw.org

Whatcom Alliance for Health Advancement (Whatcom)
www.whatcomalliance.org

IDEA Clinic (Spokane)
www.sddsfoundation.org/ideaclinic.html

Union Gospel Mission (Seattle, Olympia, Yakima)
www.ugm.org

Dental Access Resources

Community Health Centers

www.wacmhc.org

(75 provide dental services)

Oral Health Information

www.SeniorsOralHealth.org

Seniors' Oral Health

SmilesForLifeOralHealth.org

8 modules, AAFP & AAP
Prescribed Credit, Additional
resources

www.WdsFoundation.org

Patient Education Materials

KidsOralHealth.org

Oral health tips for parents/caregivers
Provider oral health tools and
resources

www.OralHealthWatch.org

Oral Health Advocacy

Thank you!

Questions?



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Certificate of Completion

Improving Your Client's Oral Health
presented by Jenny Shuler
Washington Dental Services Foundation
Webinar aired on: July 10, 2014 in Lacey, Washington
for Health Home Care Coordinators

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