Children’s Oral Health In New Mexico: Lessons from the Southwest

By Joanne M. Ray, D.O., F.A.A.P.
Marisol sat on the exam table, ready for her three-year-old checkup, arms in front of her face, nervously pulling her hair in front of her eyes. She is one of my favorite patients because she looks like my granddaughter. Marisol was born in Las Cruces, but her older sister Reyna was born in Mexico. So was their Mom. She lives here illegally, sheltered by the system that protects children born in the United States. They have occasionally been homeless.

Marisol relaxed and the checkup was going just fine until I looked at Marisol’s teeth. Three of her top teeth had white lines running across them—signs of demineralization, which leads to decay. I was heartbroken. I’d applied fluoride varnish to Marisol’s teeth when she was a toddler to prevent dental caries. Mom said Marisol had already seen a dentist and had another fluoride treatment recently. Her pretty little white teeth were in danger. Would she end up being seen in my office a few months later for a dental pre-operative checkup before she headed for the hospital to have expensive—and dangerous—dental rehab to have steel caps placed over her top teeth?

Even though this situation isn’t a good one for Marisol, she’s actually one of the lucky ones. Her medical and dental care are covered by Medicaid and she’s been seen by a pediatric dentist. Las Cruces, located just 40 miles from the border between the U.S. and Mexico, has several free-standing pediatric dental clinics, plus several Federally Qualified Health Centers (FQHCs) where patients receive dental care, plus two private practice pediatric dentists and several adult dentists who care for children. Her pediatrician applies fluoride varnish. Her Mom, though challenged daily to care for her children, regularly brings her to checkups.

Not all children in New Mexico are this fortunate. Years ago I practiced pediatrics in Carlsbad, which had no dentist who would see small children. Their parents had to drive 180 miles, to Las Cruces, to see our pediatric dentists here. They had to be very motivated to drive that far. That situation is the reality for tens of thousands of children who have no access to pediatric dentistry, or dentistry at all. New Mexico has recognized the challenges to children’s oral health and made great strides to improve it, but much work still needs to be done.

This paper will discuss the state of oral health care for children in New Mexico, efforts that have been undertaken, and the challenges that continue to lie ahead. It also will provide an overview of best practices and policy recommendations that can be applied in other areas of the United States that struggle to ensure that all children have access to high quality, comprehensive oral health services.

**The Challenge in New Mexico**

The combination of geography, poverty and access places children’s oral health in jeopardy.

New Mexico comprises the fifth largest geographic area in the United States, but has a population of only a little over 2 million (2,059, 129 per 2010 census). More than half of its residents live in small or rural
communities. Its largest communities, Albuquerque (pop. 545,852), Las Cruces (pop. 97,618), Rio Rancho (pop. 87,521), and Santa Fe (pop. 67,947) are still small by any state standards.¹

Most of the state’s families are poor. The New Mexico per capita income in 2010 was $22,966, compared to the national figure of $27,334.² The Bureau reports that 18.4 percent of its residents live below the poverty level. As a result, many families receive medical care through Medicaid. The most recent Medicaid figures show total enrollment at 514,927 and children’s enrollment at 336,883. This number includes 56,043 Native American children.³

New Mexico is similar to Arizona in that they both have a large Native American population. Many states in the union are seeing an explosion in their Hispanic population. According to the U.S. Census Bureau report cited above, 46.7 percent of New Mexico’s population is Hispanic, 40.2 percent white and 10.1 percent Native American.

New Mexico ranks 49th in the U.S. in the number of dentists per 1,000 population. In addition, 69 percent of these dentists are located in the more urban areas. Most small communities have no pediatric dentist. No dentists at all practice in three of the state’s 33 counties.⁴

The Reports on the Status of Oral Health Care

The Pew Center on the States, a division of The Pew Charitable Trusts, is an organization that tracks children's oral health, among others. In its 2010 report, The Cost of Delay, the Pew Children’s Dental Campaign gave New Mexico an A grade.⁵ In the 2011 report, The State of Children’s Dental Health: Making Coverage Matter, the state’s grade dropped to B.⁶

The Cost of Delay was a comprehensive report on dental policies in all 50 states and the District of Columbia. It concentrated on the four core policy areas of Sealants and Fluoridation, Medicaid Improvements, Innovative Workforce Models and Data Collection and Reporting.

Within these broad categories, Pew developed eight evidence-based, cost-effective policies into benchmarks used to grade the states:

- Have sealant programs in at least 25 percent of high-risk schools
- Allow a hygienist to place sealants in a school-based program without requiring a dentist’s exam
- Provide optimally fluoridated water to at least 75 percent of residents who are served by community water systems
- Meet or exceed the 2007 national average (38.1 percent) of Medicaid-enrolled children ages 1 to 18 receiving dental services
• Pay dentists who serve Medicaid-enrolled children at least the 2008 national average (60.5 percent) of dentists’ median retail fees
• Pay medical care providers through its state Medicaid program for preventive services
• Authorize a new type of primary-care dental provider
• Submit basic screening data to the national database that tracks oral health status

In the 2010 report, New Mexico met or exceeded six of the eight benchmarks. In the 2011 report, it dropped to five.

The national percentage of schools that have a sealant program in its high-risk schools is 25 percent, whereas New Mexico has less than 25 percent. It failed to meet this benchmark in the 2010 report, as well. It has yet to receive a “Yes” score for authorizing new primary care dental providers. In the 2010 report, New Mexico’s share of dentists’ median retail fees paid by Medicaid dropped below the national average of 60.5 percent to an average of 53.5 percent, thereby failing to meet that benchmark.

Benchmarks the state met or exceeded and the national comparison data are:

• Hygienists can place sealants without dentist’s prior exam—Yes
• Share of residents on fluoridated community water supplies—77 percent versus the national average of 75 percent
• Share of Medicaid-enrolled children receiving dental care—49.8 percent versus the national average of 38.1 percent
• Pays medical providers for early preventive dental health care—Yes
• Tracks data on children’s dental health—Yes

The 2011 report noted that just over half of the 50 states earned a grade of A or B, which was an improvement compared to the 2010 report, in which only 15 states earned a grade of A or B. New Mexico is in the company of 19 other states by meeting five of the eight benchmarks.

Only seven states earned A grades: Alaska, Connecticut, Maine, Maryland, Massachusetts, Minnesota and South Carolina. Maryland was the only state to meet seven goals; no state earned a perfect eight out of eight. On the other end of the spectrum, five states (Florida, Hawaii, Indiana, Montana and New Jersey) received an F by meeting two or fewer benchmarks.

A future report would reveal the loss of the fluoridation benchmark. This year the City of Albuquerque, Bernalillo County and Santa Fe all have voted to stop fluoridating public water supplies. (The legality of the Santa Fe vote has been questioned, however, and the issue will be re-addressed this fall.)
The Facts: Decay Is Rampant

The U.S. Department of Heath and Human Services Office of Minority Health recently reported racial and ethnic specific oral health data, based on Healthy People 2010 baseline numbers. The national survey data show that Mexican American children aged 2 to 4 are more likely to have experienced dental caries in their primary teeth and on average have more decayed and filled tooth services than either White or African American children. American Indians/Alaskan Natives in this same age group have 5 times the rate of dental decay compared to all children.

Oral health on the reservation is a significant challenge. Last year the American Academy of Pediatrics said that the poor oral health of indigenous children in Canada and the United States “is a major public health issue.” This policy statement echoes the themes in this paper and calls for a unified effort to prevent caries in this vulnerable population.

The Facts: How Children Get Oral Health Services in New Mexico

Dental services in New Mexico are provided by a patchwork of private dentists and clinics, 245 various free and reduced-fee clinics, Federally Qualified Health Center (FQHC) locations, and by the Albuquerque Indian Health Service, which serves Native Americans who belong to the state’s 19 indigenous tribes.

Dental benefits for children in New Mexico who are insured by Medicaid are very basic. Twice a year children up to age 21 may have their teeth examined and cleaned. They may receive fluoride treatments twice a year. Dental sealants may be applied to permanent molars once every five years up to age 20, and space maintainers up to age 20. Restorations, endodontic and periodontic services, extractions, oral surgery and orthodontic services are covered with prior authorization from Medicaid. The state contracts with DentaQuest to provide oral health care services for all children except Native Americans, whose dental care is contracted with ACS, Inc.

Medicaid for children in New Mexico is provided by four managed care organizations (MCOs), which contract with the state (except for Native Americans). These MCOs are required to track important child health benchmarks through HEDIS (Healthcare Effectiveness Data and Information Set), a reporting system used by most health plans to measure performance and service to insurance recipients.

One of those HEDIS measures is the number of annual dental visits, reported as a percentage of members receiving visits. New Mexico Medicaid changed from fee for service to managed care in 2002, so data are limited and not perfectly comparable. However, the data shows that the percentage of children who have been seen by dentists increased from 2002 to 2009. Newer HEDIS numbers are not available.
The 2002 HEDIS combined MCO rates for annual dental visits for members 4 to 21 years of age was 48.5 percent, 44.1 percent and 53.4 percent, depending on the MCO (that year the state contracted with 3, not 4 MCOs). That year the national average combined rate was 39.0 percent.

HEDIS numbers for annual dental visits now break down to different age groups and ends at age group 11 to 4 years. An analysis of the data shows that the percentages are increasing, but it is easy to see that younger children (ages 2 to 3 years) receive fewer visits.

**Percentage of Children with an Annual Dental Checkup, per Insurance**

![Bar chart showing percentage of children with annual dental checkups by age group and insurance company.](chart_image)
The Arrival of the Department of Health

HEDIS numbers are easy to review, as they are readily accessible through the state’s website. Do their numbers indicate an improvement in dental health? Have other programs resulted in improved dental health? This is difficult to determine. In 2009 the Office of Oral Health (OOH), New Mexico Department of Health, studied the rate of dental caries and the number of sealants applied to 1,134 3rd grade children participating in the school dental sealant program. It found that 82 percent had received sealants and 26 percent of the population had active caries.11

Rudy Blea, OOH director, recently reported these unpublished data for 2012:12

- So far this year, 7,724 children had received a dental screening for a sealant and 6,524 received a sealant
- 2,722 children received an application of fluoride varnish
- 4,390 children were diagnosed with caries
- Children receiving treatment at the end of the 2011-12 school year numbered 1,213

Some of the children receiving the above-reported services are enrolled in the novel DOH Case Management Program, which may be the only one in the country, according to Blea. The OOH partners in this program with the Family Health Bureau and Children’s Medical Services.

Begun seven years ago with a Health Resources and Service Administration (HRSA) grant, the program has achieved longevity with state General Fund monies. It features the work of two dental case managers who currently work in the northern New Mexico Counties of Rio Arriba and Santa Fe, and is just now expanding into the state’s most populous county, Bernalillo.

Blea stated the program sends dental case managers to low-income and non-insured children participating in Head Start and Pre-K programs. Parents of these children are given oral health education training, including nutrition, dental hygiene and injury prevention. Formal dental screenings are provided (by a contracted dentist) and fluoride varnish is applied. If a child is identified to have early caries, the case manager links his or her family with an oral health provider in community or federal clinics or with a private dentist. The child is followed until the caries improve. In Rio Arriba County the local dental contractor becomes the home for uninsured children.

In a similar fashion, elementary students participating in a dental sealant program in Northern New Mexico receive limited dental case management services for those students in need of care, Blea said. Three teams of case managers travel to over 125 elementary schools located throughout the state, where hygienists apply the sealants to permanent molars. In this program, also, contact is made with parents if caries are detected.
Though the case management programs have been hampered by the lack of an epidemiologist to produce hard numbers, Blea said the data shows that the rate of caries in the target areas has decreased.

The State’s Strategic Plan on Oral Health Care

In its Comprehensive Strategic Health Plan for 2008, the DOH integrated Oral Health as one of its top goals. It identified these goals to improve oral health: Enhance the infrastructure of the state’s oral health system, increase access to oral health care, and improve the perception of oral health. It reported that over 8,100 children participated in the dental sealant program in 2007-2008; over 16,000 uninsured children and adults received comprehensive dental services through the OOH; and that DOH-funded primary clinics listed 13,000 encounters.

The 2008-2010 Progress Report (September 2010) is the most recent published report. It touted the establishment of the state Oral Health Advisory Council (by then-Governor Bill Richardson), which allied public educators, dental associations, state government and health advocates to develop strategies to improve oral health access. This organization has since been disbanded.

Blea said the next version of the Strategic Plan includes Goal 3 (Improving Health Systems): “Create an oral health system that provides children, low-income rural populations and people with developmental disabilities with preventive and restorative oral health services.” Its strategies include advocacy for a dental therapist program and coverage for oral health services in all health insurance plans, to provide fluoride varnish and sealants to all children to 18 years of age, and to assess the impact of the Rural Health Practitioner Tax Credit Program, which provides dental professionals tax breaks for service to those in underserved areas. Improving access to oral health for adults will be targeted in the 2014 Strategic Plan.

Unique Programs Improve Care in New Mexico

Dental Support Center

New Mexico is the only state in the country that has a Dental Support Center, which provides both training and technical support for dental providers serving in rural areas and community health clinics as well as a network of communication for dental educators throughout the state, according to coordinator Carl Hanson.
This unique organization, housed at the DOH Public Health Division (/Health Systems Bureau, Office of Primary Care and Rural Health), began in September 2009 with a 3-year grant from HRSA to support oral health workforce activities. Its organization is based on a successful model established by the Indian Health Service.

Hanson said that during the past three years, the Dental Support Center has become a valuable resource for dental providers and has linked state government and private dental practitioners. She lists these accomplishments:

- Established, maintained and updated database and electronic distribution lists of dental providers working in rural areas and Community Health Center clinics and dental educators throughout the state
- Held quarterly provider meetings and published monthly newsletters in partnership with the New Mexico Primary Care Association
- Coordinated and facilitated annual meetings and periodic conference calls for dental educators
- Sponsored continuing education conferences and provided scholarships for 37 dental providers and dental residents to attend these conferences
- Conducted 16 face-to-face meetings with dental providers
- Provided technical assistance to over 80 providers
- Funded prevention projects in two clinics

The brand-new project had a slow start-up and faced administrative challenges, including a state hiring freeze, but it continues to solidify its database of dental providers, Hanson said. All in all, she feels the project was successful and she hopes it receives continued funding. The grant cycle ended this summer.

Special Needs Code

If my little patient Marisol had a progressive neurological condition that prevented her from understanding the simple commands from a dentist, or if she couldn’t tolerate the light inhalation anesthetic given to children in dental offices, she would have to face general anesthesia for a simple teeth cleaning. Taking care of her in a private dentist’s office would be extremely difficult and it probably wouldn’t happen.

New Mexico also is a ground breaker in this arena—more efficient dental care with increased payment for dental services to the developmentally disabled. New Mexicans with special health care needs are able to receive dental care because of the New Mexico Special Needs Procedure Code (SNP).

The code was created in response to a change in care for the developmentally disabled in New Mexico. Legal proceedings during the 1980s and 1990s led to the relocation of the residents of the state’s two institutions for the developmentally disabled to community settings. Providing dental care to these citizens became problematic, as private dentists were unprepared to care for them.
Ray Lyons, director of the dental clinic at one of the institutions, worked with the state Medicaid program to develop a strategy to educate dentists in the care of the developmentally disabled and to pay them for the added time and costs involved in their care.

The SNC pays dentists contracted with Medicaid an enhanced fee to provide dental care to persons with developmental disabilities after completing online and in-person training. Since its inception in 1995, 57 dentists have completed the training and have been certified to bill the code. During the course of the program, over 37,000 patient visits have been supplemented by the SNC. In the beginning, the code paid $85, but by July 2007 it had increased to just more than $97.

**Getting Heads Together**

The Dental Support Center and the Special Needs Code, to mention just two, are the result of an impressive, 15-year collaboration between a diverse group of organizations dedicated to improve oral health--the New Mexico Oral Health Advisory Council.

Work by council members—not a sole governmental entity or advocacy organization—has been far-reaching in its advocacy and long-lasting in its results. Members include these organizations: Department of Health (Primary Care/Office of Rural Health), New Mexico Health Policy Commission, State Human Services Department, Medical Assistance Division, Delta Dental of New Mexico, New Mexico Dental Association, University of New Mexico Dental Department, New Mexico State University (NMSU) Dental Assistant Program, Mira Consulting and the New Mexico Dental Hygiene Association.

A legislative memorial passed in 1997 set the groundwork to establish the council. Two subsequent summits, sponsored by New Mexico Health Resources, HRSA and the New Mexico Primary Care Association, were held and the council was launched. It is different than Gov. Richardson’s Council, previously mentioned.

It has met quarterly since then with the common goal to improve access to oral health care in rural communities. It has an impressive list of successes, primarily because of its non-partisan focus on the state’s needs overall, according to Jerry Harrison, executive director of New Mexico Health Resources.

The list of accomplishments is long. Some included here have been mentioned previously in this article:

- Establishment of a “Pre-Dental Society” at UNM and NMSU that has led to increased enrollment of students at dental schools
- Creation of a dental residency at UNM
- Increases in Medicaid payments to dentists and establishment of the SNC
- Active recruitment of dentists to rural and underserved areas
• Increases in state support for dental students through the Western Interstate Commission on Higher Education (WICHE)
• Addition of dentists and dental hygienists as approved health professionals supported with funds through the DOH New Mexico Health Services Corps
• A near doubling of the number of community health center sites providing oral health services to 42
• Inclusion of dentists and hygienists in the DOH Rural Income Tax Credit Program
• Creation of a “collaborative hygiene” program that allows hygienists to practice within their scope of practice and act outside of the presence of a dentist
• Creation of two new dental hygiene programs
• Development of the dental therapist model
• School of Dental Medicine feasibility study

Fluoride Varnish for the Littlest Ones

The pediatricians of New Mexico have joined the effort to prevent dental caries by establishing a fluoride varnish program for the littlest of children—babies and young children up to age 3. Dental caries prevention in this age group had not been targeted by any organization before.

Their work reflects that of pediatricians all across the country, led by the AAP, to establish fluoride varnish programs and payment for application of varnish in private medical practices and clinics. Nationally, more than half of the states have these fluoride varnish programs, according to Karen Carson, president of the New Mexico Pediatric Society (NMPS), the state AAP chapter.18

In New Mexico, the effort was led by the Pediatric Society’s Pediatric Council, an organization of pediatricians, medical directors of the state’s Medicaid MCOs and private insurers and governmental officials. The Council chose application of fluoride as a project five years ago and just this summer noted that payment for varnish application by all Medicaid payers finally became universal.

The Council showed the four MCO medical directors that application of varnish to babies and young children significantly reduced the incidence of dental caries and thereby decreased the financial burden of costly oral rehabilitation borne by the insurers.19 One by one all of the MCOs save one adopted the D1206 code for pediatricians, which before had been covered for payment only by dental providers.

The lone holdout agreed to pay for varnish application July 1st. Carson said it was a difficult project to tackle, especially during an economic recession. Non-universal coverage severely hampered the adoption of the Society’s effort to establish a statewide program. Payment for varnish currently is considered an enhanced benefit and as such is taken out of the MCO’s discretionary budget. The Council continues to
advocate for inclusion of payment as a Medicaid covered benefit and was joined in the quest this year by the New Mexico Medical Society.

The program pays for varnish application every three to six months from the eruption of first tooth to three years of age. Carson pointed out that the pediatricians don’t bill for an oral health assessment, though a brief assessment is part of the varnish application. The New Mexico Dental Society supported this project.

Scattered practices throughout the state had adopted their own varnish programs despite the non-universal coverage. Now that payment is universal, the NMPS is considering the best way to recruit and educate family practice physicians so they, too, can establish varnish programs.

What, No Dental School in New Mexico?

New Mexicans who wish to become dentists must travel out of the state, as New Mexico does not have a School of Dental Medicine (SODM). Many of those who leave don’t come back, compounding the access problem, especially in rural communities.

Education of dental providers in the state of New Mexico consists of training dental hygienists and general dentistry residents at the UNM School of Medicine (SOM). Dental students receive financial support from the state through its collaboration with WICHE. About 36 students participate in the WICHE program (nine students per year for the four-year dental school programs). Students who complete the program are contractually obligated to return to New Mexico for at least one year.20

Recognizing the need to educate New Mexicans in their own state, a feasibility study was undertaken in 2010 with the support of Sen. Jeff Bingaman and published during the term of former Gov. Bill Richardson.

This study recommends a five-part strategy. It features the education of 40 dental students, recruited primarily from disadvantaged and rural backgrounds, at the UNM SOM during their first two years, following by intensive training in dental clinical sciences and preclinical technique at the SODM. Clinical training would continue at dental school clinics, safety net clinics and at private practices during their last two years.

Additionally, the general dentistry program at UNM would increase from 10 to 25 students and residency programs in Pediatric Dentistry and Oral and Maxillo-Facial Surgery would be established. The SODM would build four regional multi-chair FQHC clinics in rural areas of the state and establish a telemedicine consultation system to serve safety net and private practice dentists.

Regardless of the completeness of the paper and its recommendations, it remains just a paper document under the administration of Gov. Susana Martinez.
Dental Therapists Would Improve Access

If New Mexico can’t produce its own, home-grown dentists, it could at least partially solve the access problem by allowing dental therapists to practice, some organizations feel. (This lack of a mid-level dental provider is reflected in the Pew Report.)

The advocacy organization Health Action New Mexico, joined with the Oral Health Advisory Council, has led the effort to create this new mid-level practitioner. A bill to recognize dental therapists under the Dental Practice Act failed to pass during the 2011 state legislative session.

The New Mexico proposal is modeled after the Alaska program, which has sent dental therapists to remote Alaskan tribal villages since 2006. A dental therapist, as proposed, would work under the general supervision of dentists to provide services to rural and tribal communities. Three years of training would be required. Dental hygienists, some of whom have received additional training and have been certified to perform limited work in rural areas under the supervision of a dentist, could rapidly become full-fledged dental therapists, rapidly increasing the number of providers.21

New legislation has been written and will be introduced in the 2013 State Legislature. State advocates have been joined by Community Catalyst on The Dental Therapist Project, supported by the W.K. Kellogg Foundation. It is also working with advocacy groups in Kansas, Ohio, Washington and Vermont.

The New Mexico Dental Association (NMDA) vigorously opposed the 2011 legislation. Mark Moores, executive director, has been quoted as saying the state would be better served by supporting traditional dental education programs, by increasing Medicaid payments and by eliminating gross receipts taxes on dental services as ways to increase the numbers of dentists.22

The NMDA has launched its Brighter Smiles for New Mexico campaign, which includes some of the provisions referred to above in the dental therapist debate. The campaign, according to the NMDA web site, is a public education campaign with an accompanying legislative package. One item includes legislation to ensure that every child visits a dentist before they can start school; a waiver is offered. Another provision establishes a patient’s bill of rights with insurance companies by ensuring patient choice of dentists and standardizing coordination of benefits.23

The NMDA, Delta Dental of New Mexico, Conoco Phillips, DentaQuest and the New Mexico Dental Foundation have brought free dental care to both children and adults with their Mission of Mercy dental clinics.24 Mission of Mercy is a national organization that has been providing free dental care since 2000, with work donated by local dentists and other providers. The first one, held in Albuquerque in October 2010, provided free care to 2,200 residents. The second one took place in March 2012 in Las Cruces; 1,521 patients were treated. The third is scheduled for Farmington in September 2013.
Recommendations

Fluoride Varnish

As Marisol left my office after her checkup, relieved because she didn’t need to have shots, I felt like I had failed her. Did I forget to remind her Mom to keep Coke out of her bottle? (I didn’t forget). Did I remind her to brush her teeth twice a day? (Maybe I forgot. Or I was tired of lecturing that day). At least I was proactive and had varnished her teeth.

Marisol is the perfect age to attend Pre-K and take advantage of the programs offered by the DOH—if they were located in Dona Ana County, where she lives, which they aren’t. (Pre-K education is not universal in New Mexico.) Improving this age group’s oral health can be done quickly and easily with a universal fluoride varnish program.

Currently, only dental providers and pediatricians apply fluoride varnish to children up to age three. The varnish program by pediatricians is just now taking off. Dental caries could decrease significantly if all providers who see small children, from eruption of first tooth to age 3 years, apply fluoride varnish in their offices. This includes family practice physicians and all those who see patients at IHS and FQHC clinics—not just dentists. These providers see them frequently for well child checkups. The infrastructure already exists. The DOH mentions varnishing all children up to age 18 in its future goals. All babies and young children should be varnished by all providers, not just those in DOH programs.

Dental Therapists

The State should be proactive and organize support for new legislation to establish the dental therapist program. It should not expect advocacy organizations to lead this effort. Dentists need not feel threatened by these mid-level providers. Physicians dealt with similar scope of practice issues years ago when nurse practitioners were given independent practicing authority. Now we work side-by-side with them in underserved areas, happy to have them able to provide care. There are enough patients for all of us.

Dental School

Policy makers should revive the effort to establish a School of Dental Medicine. New Mexicans should be educated in New Mexico, where they will stay and practice. Ensuring that there are dental training programs available is essential to address workforce shortages.
Dental Care in the Medical Home

Oral health is an integral part of overall physical health. Physical health and behavioral health are blended in the next type of Medical Home—the Health Home—promoted in federal health care legislation. Oral health care—education, preventive efforts, treatment, case management, practice sustainability, performance measures—should be considered an essential part of physical health descriptions when government considers how to define the Health Home in New Mexico. The state is currently modernizing its Medicaid program into Centennial Care, which includes provisions for Health Homes, as yet not fully described. The opportunity is there to include oral health care as part of a more complete Health Home model.

Clean Teeth

Education efforts can be lost in the best of situations. We can talk to kids all day about the importance of twice-daily tooth brushing, but if it isn’t supervised in the home, all that talk is for nothing. Many children eat both breakfast and lunch at school, especially in rural and impoverished areas. A strong effort should be launched by the Department of Health in these schools to provide each child with a toothbrush and toothpaste, along with education on proper brushing technique, so that at least twice a day their teeth will be clean.

2 Ibid.
3 Anne Foster, Medical Director, Medical Assistance Division, New Mexico Human Services Department. Personal communication, July 2012.
9 NM Human Services Department, Medical Assistance Division. Available at http://www.bsd.state.nm.us/mad/HedisReports.html
10 Ibid.
12 Rudy Blea.  Personal communication, July 2012.
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23 Brighter Smiles New Mexico Campaign. New Mexico Dental Association. Available at http://www.nmdental.org/brighter-smiles-for-nm
24 Available at http://www.nmdental.org/a-mission-that-brings-a-bright-smile