



## Dental Public Health Activities & Practices

**Practice Number:** 05002  
**Submitted By:** Office of Oral Health, Arkansas Department of Health and Human Services  
**Submission Date:** August 2001  
**Last Updated:** March 2006

<b>SECTION I: PRACTICE OVERVIEW</b>		
<b>Name of the Practice:</b> Prevent Abuse and Neglect through Dental Awareness (P.A.N.D.A.)		
<b>Public Health Functions:</b> Policy Development – Collaboration and Partnership for Planning and Integration Assurance – Building Linkages and Partnership for Intervention		
<b>Healthy People 2010 Objectives:</b> 15-33 Reduce maltreatment and maltreatment fatalities of children.		
<b>State:</b> Arkansas	<b>Region:</b> South Region VI	<b>Key Words:</b> Child abuse, family violence, neglect, partners, coalition, provider education, provider training, PANDA, P.A.N.D.A.
<b>Abstract:</b> Family violence (child abuse and neglect, intimate partner violence, and elder abuse and neglect) continues to exist at epidemic proportions in this country. More than three million cases of child maltreatment are reported each year, and approximately 3 million adults and an additional 3 million seniors are also abused or neglected annually. Although at least 75% of physical abuse of children, adults and the elderly involve injuries to the head, neck and mouth, less than 1% of all reports of child maltreatment are made by dental professionals. In addition, few dentists report having received any training in recognizing abuse or neglect in patients of all ages, and virtually no training in how to deal with abuse and neglect of adults and the elderly. The P.A.N.D.A. program is designed to create awareness in the dental and other communities, to provide information on recognition and appropriate intervention in family violence, and to prevent abuse and neglect in all populations. Activities in the new P.A.N.D.A. coalition in Arkansas include presentations to dentists, dental hygienists, dental assistants, dental hygiene and dental assisting students, pediatric dental residents, physicians, teachers, day care workers, nurses, foster parents and advocacy groups.		
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## SECTION II: PRACTICE DESCRIPTION

### **History of the Practice:**

In 1992, a public-private partnership began to meet in Missouri, involving various dental agencies and organizations across Missouri. Partners included the state dental and dental hygiene associations, dental public health, social services, dental schools and Delta Dental as the corporate sponsor. The goal of the coalition was to prevent abuse and neglect by educating dental professionals and other groups. By forming the Prevent Abuse and Neglect through Dental Awareness (P.A.N.D.A.) coalition, the group set out on a mission to prevent family violence through education and awareness. Since the inception of the PANDA program in Missouri, the program has been replicated in 44 additional states and in 6 international programs. While a limited P.A.N.D.A. program had been attempted in Arkansas in 1995, full implementation of the Arkansas program was not completed until 1999-2000.

### **Justification of the Practice:**

Numerous surveys over the past 15 years have shown that few dentists have become involved in family violence prevention, and have little or no education about how to recognize suspected cases or how to intervene in such circumstances. In addition, as many as 87% of dentists surveyed said they wanted more education about preventing abuse and neglect.

### **Administration, Operations, Services, Personnel, Expertise and Resources:**

P.A.N.D.A. programs vary from jurisdiction to jurisdiction but are typically led by the state dental association, the state dental hygiene association or the state dental director. While day-to-day coordination of the coalition's activities is minimal, someone must be the point of contact for speakers' training, scheduling speaking engagements, formulating policies and influencing decision-making at the legislature. Any individual that works with or cares about children and other victims of family violence can lead the P.A.N.D.A. effort, although a strong broad-based coalition will serve as the program's greatest strength.

In Arkansas, the PANDA program activities include announcement of continuing education opportunities and presentations for various health care, education and parent groups. In addition, support from Delta Dental Plan of Arkansas has been increased to include the P.A.N.D.A. message in prepared materials for elementary classroom use. Topics in educational offerings include the history of abuse and neglect, recognition of clinical and non-clinical cases, the reporting process for child maltreatment, how to provide appropriate intervention for adult victims, and how to prevent exposure to liability. To date, more than 6000 individuals have attended a P.A.N.D.A. presentation in the six years since the program was reinvigorated.

### **Budget Estimates and Formulas:**

Because P.A.N.D.A. training materials are available free or at minimal cost from the co-founders of the program, costs are extremely reasonable. A comprehensive, statewide program to educate professionals can cost as little as five dollars per target audience member. Budget decisions to be made by the administrator include the level of training to be offered, the scope and complexity of printed materials and the amount of non-educational promotion to be done.

### **Lessons Learned and/or Plans for Improvement:**

The P.A.N.D.A. message has been tried, tested and refined. With few exceptions, the program can be easily replicated in any jurisdiction.

### **Available Resources - Models, Tools and Guidelines Relevant to the Practice:**

- P.A.N.D.A. brochures and training materials
- P.A.N.D.A. Train-the-Trainer seminar
- Family violence prevention seminars for a wide variety of audiences
- CD-ROM training materials, also available on [www.aroralhealth.com](http://www.aroralhealth.com) website

## SECTION III: PRACTICE EVALUATION INFORMATION

### **Impact/Effectiveness**

*Does the practice demonstrate impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence and outcomes of the practice)?*

Numerous surveys over the past 15 years have shown that few dentists have become involved in family violence prevention, have little or no education about how to recognize suspected cases or how to intervene in such circumstances. In addition, as many as 87% of dentists surveyed said they wanted more education about preventing abuse and neglect. The PANDA program, even in its early stages in Arkansas, has helped to increase visibility for the state oral health program and the coalition members. While Arkansas does not track the number of reports of suspected abuse and neglect made by dentists, awareness has improved based on increased inquiries from dentists to the health and human services department.

A statutory change in the 2005 session of the Arkansas General Assembly resulted in having dental hygienists specifically listed as mandated reporters of child abuse and neglect and the maltreatment of endangered adults.

### **Efficiency**

*Does the practice demonstrate cost and resource efficiency where expenses are appropriate to benefits? Are staffing and time requirements realistic and reasonable?*

P.A.N.D.A. training materials are available free or at minimal cost from the co-founders of the program, costs are extremely reasonable. A comprehensive, statewide program to educate professionals can cost as little as five dollars per target audience member. Arkansas' program has moved forward without any cost other than the time donated by the health department's spokesperson.

### **Demonstrated Sustainability**

*Does the practice show sustainable benefits and/or is the practice sustainable within populations/communities and between states/territories?*

The Arkansas PANDA program has been implemented for 6 years in its present form. Several states have implemented the PANDA program for more than 12 years including Missouri, Oklahoma, New Jersey, and California.

### **Collaboration / Integration**

*Does the practice build effective partnerships/coalitions among various organizations and integrate oral health with other health projects and issues?*

Arkansas P.A.N.D.A. Coalition members include the Arkansas Department of Health and Human Services, Division of Health; the Arkansas State Dental Association; the Arkansas State Dental Hygienists' Association; Arkansas Advocates for Children and Families; Delta Dental Plan of Arkansas and the Arkansas Department of Health and Human Services, Division of Medical Services.

### **Objectives / Rationale**

*Does the practice address Healthy People 2010 objectives, the Surgeon General's Report on Oral Health, and/or building basic infrastructure and capacity?*

The PANDA program contributes to the effort to achieve the HP 2010 Injury and Violence Objective 15-33: Reduce maltreatment and maltreatment fatalities of children. In addition, the program assists dental providers in complying with their role as a mandatory reporter for suspected child abuse.

### **Extent of Use Among States**

*Is the practice or aspects of the practice used or observed in other states?*

Since its inception, the PANDA program has been replicated in 44 additional states and in 9 international programs.