Medical College of Wisconsin Master of Public Health Program
PUBLIC HEALTH STUDENT WRITING TUTORIAL

SAMPLE INTRODUCTION #1

The purpose of this paper is to examine the demographics of dental service providers and their relationship to the rural and underserved populations on a state and national level. The 2000 Surgeon General's *Report on America's Oral Health* states that while dental health for most Americans has improved significantly since the 1960's, access to care for many segments of the population is a serious problem. According to the report, tooth decay is the single most common chronic childhood disease as well as the most preventable.[1] Although the prevalence of tooth decay has declined, it is still a problem among the low income and ethnic minority groups. Nearly 80% of dental caries occur among 25% of children, most of whom are from lower income families.[2] The CDC's Division of Oral Health and the Association of State and Territorial Dental Directors have developed the National Oral Health Surveillance System to monitor oral

The Northern counties in Wisconsin have higher rates of oral disease than other parts of the state with 46.1% of children screened in Northern Wisconsin having untreated decay – a significantly higher percentage than any other region.[11]

The State of Wisconsin is progressive when it comes to programs promoting access to dental care. Risk surveillance programs targeted for pregnant women, early childhood, school screenings, sealant placement, fluoridation, and an active Medical Assistance (MA) program for dental insurance coverage would seem to reduce the disparities that exist in dental health delivery. While Wisconsin statis

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SAMPLE INTRODUCTION #2

Hepatitis B remains a significant public health problem. Although the US prevalence is estimated at less than one percent, an estimate of infected individuals in the US ranges from 1.25

hepatitis B vaccine and are presumed to be immune.

Workers in dentistry, however, are usually located in smaller offices, and they are not closely affiliated with any particular centralized medical system. Therefore, without the direct institutional oversight enjoyed by many medical workers, dentists and oral surgeons have the highest hepatitis B infection rate among health care workers.[xii,xiii] Although dental schools in California have been required to offer the hepatitis B vaccine to all students (dentists and dental assistants) since 1992 under the Cal OSHA Bloodborne Pathogens Standard,[xiv] there are many current workers who either declined the vaccine at the time it was offered (approximately 5% in a local hospital[xv]) or were in school prior to the requirement and remain susceptible to an accidental exposure.[xvi]

Many physicians working in occupational medicine clinics have treated workers from dentists' offices who have had needlestick injuries. Many of these dental workers have not known their hepatitis B immune status and may not have been aware that preventive measures were available or important. Treating these individuals is complicated by the lack of immune status information, which has sometimes required administration of Hepatitis B Immune Globulin (HBIG) to the exposed worker. HBIG is expensive and is not always readily available; it has a much greater risk of adverse effects than does the hepatitis B vaccine. The purpose of this paper is to determine the level of awareness of hepatitis B preventive measures in San Francisco dental offices, with the goal of determining potential methods to improve awareness and promote prevention practices. purpos a712 Tc -232(i)-2(aT(e)71])e.

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