

Vol. 68, No. 5

Journal of Public Health Dentistry

pp S1 - S58

Supplement 1 - 2008

JOURNAL OF
**PUBLIC HEALTH
DENTISTRY**

*Volume 68, Number 5
Supplement 1 - 2008*

*Official Journal
of the American Association
of Public Health Dentistry*



**American Association of Public Health Dentistry (AAPHD)
Association of State and Territorial Dental Directors (ASTDD)**

Medical Products Laboratories, Inc.

Manufacturers of
Pharmaceuticals
since 1928



Visit our new website
for more details!



Seal America Sealant Kits packaged specially
for public health. Available in Self Cure
& Light Cure material.



VarnishAmerica™ single brush unit
5% Neutral Sodium fluoride varnish.
Available in .25mL & .4mL doses.



NaFrinse™ Weekly Fluoride Mouthrinse Kit.
Kit contains the following: container, pump, fluoride
powder packets, napkins & plastic bags for disposal.



NaFrinse™ Premixed Unit Dose Weekly Fluoride
Mouthrinse. Each case contains 288 doses, napkins
& plastic bags for disposal.

Manufacturer of VARNISHAMERICA™, the non yellowing, competitively priced,
great tasting bubble gum and raspberry flavored 5% sodium fluoride varnish.

We are the largest manufacturer of fluoride mouthrinses in the United States and pioneers of
Caries Preventive School Programs with use of a sodium fluoride mouthrinse.

9990 Global Road • Phila., PA 19115-1083 • 800-523-0191 fax 215-677-7736
www.medicalproductslaboratories.com

JOURNAL OF
PUBLIC HEALTH
DENTISTRY



OFFICIAL JOURNAL OF THE
AMERICAN ASSOCIATION OF
PUBLIC HEALTH DENTISTRY

EDITOR-IN-CHIEF

Robert Weyant
c/o

Journal of Public Health Dentistry
American Association of
Public Health Dentistry
P.O. Box 11075
Springfield, IL 62791-1075
Tel: 217-529-6941; Fax: 217-529-9120

ISSUE EDITOR

Helen C. Gift, PhD
c/o

Journal of Public Health Dentistry
American Association of
Public Health Dentistry
P.O. Box 11075
Springfield, IL 62791-1075
Tel: 217-529-6941; Fax: 217-529-9120

ASSOCIATE EDITOR

FOR COMMUNITY ACTION REPORTS

Myron Allukian, Jr., DDS, MPH
46 Louder's Lane
Boston, MA 02130
Tel: 617-654-8920; FAX: 627-542-0777
E-mail: MyAlluk@aol.com

EDITORIAL BOARD

2008

Emanuel Finn, DDS, MS
Melanie W. Girona, MSW, PhD
Mar D. Macek, DDS, MPH, DrPH

2009

Patrick Blahut, DDS, MPH
Maria T. Cantos, DDS, MS, MPH
Jessica Lee, DDS, MPH, PhD

2010

Ana Karina Mascarenhas, BDS, MPH, DrPH
Elizabeth Mertz, MA
Woosung Sohn, DDS, PhD, DrPH

2011

Thomas Dietrich, DMD, MD, MPH
Christopher Okunseri, BDS, MSc, DDPHRCSE
Jane E.M. Steffensen, RDH, MPH, CHES

ARCHIVES EDITOR

Steven P. Geiermann, DDS

Senior Manager, Access, Community Oral
Health Infrastructure, and Capacity
Council on Access, Prevention and
Interprofessional Relations
American Dental Association
211 E. Chicago Avenue
Chicago, IL 60611
Tel: 312-440-2667; Fax: 312-440-4640
E-mail: geiermanns@ada.org

SUPPLEMENT 1

VOLUME 68

C O N T E N T S

2008 NATIONAL ORAL HEALTH CONFERENCE

- S5 Highlights
- S10 AAPHD President's Remarks at the Opening Session – *Evans*
- S11 ASTDD President's Welcome and Address – *Steed*

2008 AAPHD Awards

- S12 Public Service Award: Rasmuson Foundation
- S13 Special Merit Award: Sutherland
- S13 Remarks on receiving the Special Merit Award in Dentistry
- S14 Distinguished Service Award: Gift
- S15 Remarks on receiving the Distinguished Service Award
- S21 Leverett Graduate Student Merit Award for Outstanding Achievement in Dental Public Health
- S21 Predoctoral Dental Student Merit Awards for Outstanding Achievement in Dental Public Health
- S19 Herschel S. Horowitz Award: Rowe

2008 ASTDD Awards

- S24 President's Award: *Doherty*
- S23 Distinguished Service Awards: Sherman, Louis
- S22 Outstanding Achievement Award - Morgan

ASTDD/ADA/CDC Community Water Fluoridation Awards

- S25 Community Water Fluoridation Awards

American Association of Community Dental Programs

- S27 The 2008 Myron Allukian Jr. Lifetime Achievement Award in Community Dental Programs

Meeting Minutes

- S28 AAPHD Annual Business Meeting Minutes
- S30 ASTDD Annual Business Meeting Minutes
- S33 ABDPH Diplomates Meeting Minutes

Abstracts

- S35 NOHC Abstracts



2006–2007 AAPHD
OFFICERS AND EXECUTIVE COUNCIL

President
Caswell Evans Jr., DDS, MPH
Univ. of Illinois Chicago
College of Dentistry
Chicago, IL

Phone: 312-413-7365; Fax: 312-413-9050
casevans@uic.edu

President-Elect
Mark H. K. Greer, DMD, MPH
Hawai'i State Dept Human Services
Honolulu, HI

Phone: 808-832-5700; Fax: 808-832-5722
mhkgreer@mail.health.state.hi.us

Vice-President
Scott L. Tomar DMD, DrPH
Univ. of Florida College of Dentistry
Gainesville, FL

Phone: 352-273-5968; Fax: 352-273-5985
stomar@dental.ufl.edu

Secretary-Treasurer
Mary E. Foley, RDH, MPH
Children's Dental Health Project
Washington, DC

Phone: 202-833-8288 Ext. 5
mfoley@cdhp.org

Immediate Past President
Kathryn Atchison, DDS, MPH
UCLA School of Dentistry
Los Angeles, CA

Phone: 310-825-6544; Fax: 310-764-7734
katchison@resadmin.ucla

Executive Council
William D. Bailey, DDS, MPH
wdb9@cdc.gov

Eugenio Beltran, DMD, MS, DrPH
edb4@cdc.gov

Raul Garcia, DMD, MMS
rig@bu.edu

Judith Jones, DDS, MPH, DScD
judjones@bu.edu

Jayanth V. Kumar, DDS, MPH
jvk01@health.state.ny.us

Ana Karina Mascarenhas, BDS, MPH
karinan@bu.edu

Jane Steffensen, RDH, MPH, CHES
steffensen@uthscsa.edu

Newsletter Editor, *Communiqué*
Becky DeSpain Eden, RDH, MEd
Baylor College of Dentistry
Dallas, TX

Phone: 214-828-8402; Fax: 214-828-8449
bdespaineden@bcd.tamhsc.edu

Foundation Chair
Linda Niessen, DMD
Dallas, TX

Phone: 717-849-4465; Fax: 717-849-4471
lniessen@dentsply.com

Historian
E. Joseph Alderman, DDS, MPH
Atlanta, GA

Phone: 404-876-3530
ejalderman@comcast.net

Executive Director
Pamela J. Tolson, CAE
AAPHD National Office
3085 Stevenson Drive, #200,
Springfield, IL 62703

Phone: 217-529-6941; Fax: 217-529-9120
natoff@aaphd.org

Website: www.aaphd.org

JOURNAL OF PUBLIC HEALTH DENTISTRY ISSN 0022-4006 (Print), ISSN 1752-7325 (Online) is published quarterly on behalf of the American Association of Public Health Dentistry by Blackwell Publishing with offices located at 350 Main Street, Malden, MA 02148, USA; 9600 Garsington Rd, Oxford, OX4 2ZG UK; and 600 North Bridge Rd, #05-01 Parkview Square, 18878 Singapore.

Information for subscribers *Journal of Public Health Dentistry* is published in 4 issues a year. Subscription prices for 2007 are: Institutional: Premium Print + Online £161 (Europe), US\$260 (The Americas), £161 (Rest of World). Institutional: Premium Online Only £137 (Europe), US\$221 (The Americas), £137 (Rest of World). Customers in the UK should add VAT at 6%; customers in the EU should also add VAT at 6%, or provide a VAT registration number or evidence of entitlement to exemption. Customers in Canada should add 6% GST or provide evidence of entitlement to exemption. The Premium institutional price includes online access to current content and all online back files to January 1st 1997, where available. For other pricing options or more information about online access to Blackwell Publishing journals, including access information and terms and conditions, please visit www.blackwellpublishing.com/jphd

Journal Customer Services: For ordering information, claims and any inquiry concerning your journal subscription please contact your nearest office:

UK: Email: customerservices@blackwellpublishing.com; Tel: +44 (0) 1865 778315; Fax: +44 (0) 1865 471775
USA: Email: customerservices@blackwellpublishing.com; Tel: +1 781 388 8206 or 1 800 835 6770 (Toll free in the USA); Fax: +1 781 388 8232 or Fax: +44 (0) 1865 471775

Asia: Email: customerservices@blackwellpublishing.com; Tel: +65 6511 8000; Fax: +44 (0) 1865 471775

Advertising

Steve Jezzard
Wiley-Blackwell
350 Main Street
Malden, MA 02148
(781)388-8532
journaladsusa@bos.blackwellpublishing.com

Commercial Reprints:

Dave Surdel (e-mail: dsurdel@wiley.com)

Imprint details

Printed in the USA. This journal is printed on acid-free paper.

Back Issues: Single issues from the current and previous volume are available through your local Blackwell office (contact details listed above). For earlier issues, please contact Periodical Service Company, L.P, 11 Main Street, Germantown, NY 12526-5635 USA Tel: 518-537-4700, Fax: 518-537-5899, Email psc@backsets.com or <http://www.backsets.com>

Copyright and Photocopying

© 2008 American Association of Public Health Dentistry. All rights reserved. No part of this publication may be reproduced, stored or transmitted in any form or by any means without the prior permission in writing from the copyright holder. Authorization to photocopy items for internal and personal use is granted by the copyright holder for libraries and other users registered with their local Reproduction Rights Organization (RRO), e.g. Copyright Clearance Center (CCC), 222 Rosewood Drive, Danvers, MA 01923, USA (www.copyright.com), provided the appropriate fee is paid directly to the RRO. This consent does not extend to other kinds of copying such as copying for general distribution, for advertising or promotional purposes, for creating new collective works or for resale. Special requests should be addressed to Blackwell Publishing at: jrights@wiley.com.

Disclaimer

The Publisher, the American Association of Public Health Dentistry and Editors cannot be held responsible for errors or any consequences arising from the use of information contained in this journal; the views and opinions expressed do not necessarily reflect those of the Publisher, the American Association of Public Health Dentistry and Editors, neither does the publication of advertisements constitute any endorsement by the Publisher, the American Association of Public Health Dentistry and Editors of the products advertised.

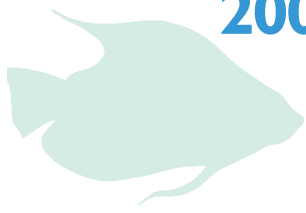
Abstracting and Indexing Services

For A&I services please visit the journal homepage at www.blackwellpublishing.com/jphd

Production Editor: Jessica Regione (email: JPHD@bos.blackwellpublishing.com)

For submission instructions, subscription and all other information visit: www.blackwellpublishing.com/jphd

This journal is available online at Wiley InterScience. Visit interscience.wiley.com/journal/jphd to search the articles and register for table of contents e-mail alerts.



2008 National Oral Health Conference

Pursuing Excellence in Dental Public Health

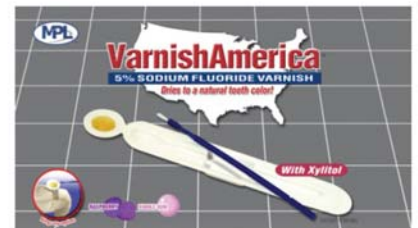
April 28 – 30, 2008

Hilton Miami Downtown - Miami, Florida

9th Annual Joint Meeting of the

American Association of Public Health Dentistry (AAPHD) & Association of State and Territorial Dental Directors (ASTDD)

Thank you to our Conference Sponsors



ARMOR MOBILE SYSTEMS



WILEY-BLACKWELL



Carestream Health presents Kodak Dental Systems



PULPDENT CORPORATION





2008 National Oral Health Conference

Pursuing Excellence in Dental Public Health

The National Oral Health Conference is
sponsored by the:

Association of State and Territorial Dental Directors
American Association of Public Health Dentistry
Centers for Disease Control and Prevention
Health Resources and Services Administration

Conference Partners Include:

American Association for Community Dental Programs
American Dental Hygienists' Association
Centers for Medicare and Medicaid Services
Indian Health Service
Medicaid/SCHIP Dental Association
National Institute for Dental & Craniofacial Research

Corporate Partners Making Significant Contributions to the Conference:

Aseptico, Incorporated
Medical Products Laboratories, Inc.

2008 Program

Planning Committee

Mark H.K. Greer (Co-chair)
Scott Tomar (Co-chair)
Sheila Semler (Co-chair)
Emanuel Finn (Co-chair)
Joseph Alderman
Robert L. Birdwell
Patrick Blahut
Christopher P. Callahan
Amos Deinard
Paul Eke
Caswell A. Evans
Chris Farrell
Timothy Iafolla
Beverly Isman
Lewis Lampiris
Tim Lynch
Paul O'Connor
Maureen Oostdik
Dean Perkins
Steven Steed
Pamela J. Tolson
Pamella Vodicka

2008 NATIONAL ORAL HEALTH CONFERENCE and the 19th ANNUAL MEETING ON SPECIAL CARE DENTISTRY

Oral Health Professionals Gather In Miami for the 2008 Pursuing Excellence in Dental Public Health Conference

Over 400 oral health leaders attended the 2008 National Oral Health Conference held April 28-30, 2008 at the Hilton Miami Downtown in Miami, Florida. The conference, themed *Pursuing Excellence in Dental Public Health*, was the 9th Annual Joint Meeting of the American Association of Public Health Dentistry (AAPHD) and the Association of State and Territorial Dental Directors (ASTDD). The Centers for Disease Control and Prevention and Health Resources and Services Administration also sponsored the conference.

Pre-Conference Activities

Board examinations were given by the American Board of Dental Public Health before the conference. The American Association for Community Dental Programs, the State Medicaid/SCHIP Dental Association, the National Institute for Dental and Craniofacial Research and the Pacific Basin Dental Association all held pre-conference meetings and educational sessions. During the Military Session, dental public health professionals from all of the U.S. uniformed services shared information.

Plenary, Concurrent Sessions

Every day of the conference offered plenary sessions, along with morning and afternoon concurrent sessions for attendees to choose from. The conference began with an Opening Plenary Session, "*Will Universal Health Care Include Oral Health Care?*" presented by former HRSA Administrator Earl Fox, MD, MPH, and Senior Vice-President of Government and Public Affairs and Washington Office Director for the ADA, Bill Prentice, with Conan Davis, DMD, MPH, as the moderator. Participants then chose from four concurrent sessions to complete their first

morning of education. The afternoon plenary session, "*The Access Crisis—Changing Laws Changing Times: What's Next?*" was co-sponsored by the American Association for Community Dental Programs and AAPHD. It was a followup to the 2007 session the organizations sponsored on the Alaska Therapist, Access and Workforce. Attendees then chose again from four concurrent afternoon sessions. The *Contributed Papers* session featured scientific oral presentations.

Awards Presented

A number of awards were presented by AAPHD, the AAPHD Foundation, and ASTDD. AAPHD Student Merit Awards were sponsored by Omni Preventative Care, a 3M ESPE Company.

Poster Session

The Poster Session featured Abstracts on varied topics of interest. In all there were 10 Student and 73 Professional Abstracts submitted. Abstracts can be found starting on page S35 of this Supplement.

Networking Opportunities

A number of networking opportunities made it possible for attendees to catch up with old friends and make new. Special invitation-only events includes the ABBPH Diplomates Dinner, the Oral Health Action Partnership Dinner, An ADHA hosted breakfast for ASTDD and AAPHD member dental hygienists, a breakfast in the exhibit area, and a roundtable luncheon.

The spotlight shown brightly on the ASTDD's 60th Anniversary Celebration with a reception sponsored by Aseptico. ASTDD highlighted its roots beginning in 1945 and celebrated its accomplishments along the way, culminating in the Diamond Jubilee party. Everyone enjoyed great food and dancing to music at the 1940's – themed party. See photos on page 8 and 9 of the *Supplement*.

On Wednesday, many registrants took part in the NOHC Fun Run/Walk before heading to the plenary session and concurrent sessions before saying goodbye to their colleagues for one more year.

ASTDD Celebrates 60 Years!

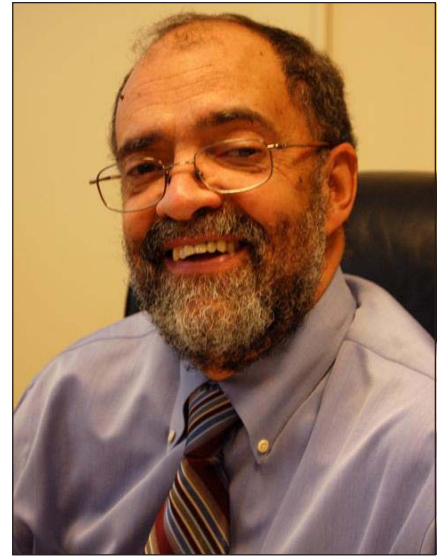




AAPHD President's Remarks at the Opening Session

Caswell Evans Jr., DDS, MPH

Welcome to Miami and to the 9th year of the AAPHD –ASTDD Partnership that brings you the National Oral Health Conference. Nine years ago this partnership was formed to bring together the knowledge and resources of two organizations. Today as I review the conference program, I realize that this year's Conference brings together the knowledge and resources of over a dozen national associations, numerous state organizations, education and research entities, along with a multitude of federal, state and local programs. With this sharing of expertise, wisdom and cooperation, I believe we can solve many of the oral health issues American citizens are facing today. As this country heightens the healthcare discussion, it is up to all of us to make sure that we develop a comprehensive national proposal to enhance the oral health of all Americans and to strengthen the dental and allied health professions so that all persons have access to optimal prevention and necessary oral health services. Let us take these next few days to truly listen to one another's positions on how it should be done and find the solutions that we can all support. We all have the best interest of the public in the forefront, Let these next few days be the tipping point that takes us to our goal. We are the face of organized dentistry and this is our responsibility. Lead on!



Caswell Evans Jr., DDS, MPH

*-Caswell Evans Jr., DDS, MPH
President, AAPHD*

ASTDD President's Remarks at the Opening Session

Steven J. Steed, DDS



Steven J. Steed, DDS

Welcome to Miami and the 2008 National Oral Health Conference (NOHC). This is also the 9th Annual Joint Meeting of the American Association of Public Health Dentistry (AAPHD) and the Association of State and Territorial Dental Directors (ASTDD). The theme for the conference is "Pursuing Excellence in Dental Public Health". We are especially pleased that it will be ASTDD's 60th anniversary. In addition to excellent presentations on a variety of public health topics, festivities are planned to celebrate ASTDD's 60 years of service to state oral health programs. I would like to thank our major sponsors, the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA), for their support in this endeavor. Their contribution has helped to assure the success of this conference. I would also like to thank our corporate partners and the many exhibitors for their continued involvement. Please take time to visit with the exhibitors to thank them for their support of the NOHC. I would like to recognize the ASTDD and AAPHD planning team that has spent a great amount of time during the past several months putting together this year's exceptional program. We face many challenges during these times of great public health needs and intense competition for public resources. Sessions have been planned to enable attendees to interact with

researchers, practitioners, educators, advocates and policy makers to help address these challenges. Your active involvement is essential to the success of these sessions.

For many this meeting is a reunion with friends and colleagues. Take this opportunity to expand your network. Welcome first time attendees and be considerate of individuals who may not have as many acquaintances. Introduce yourself and invite people who you do not know into your discussions.

Let's make everyone feel included and at home in our public health community. On behalf of the officers and executive committee of ASTDD, welcome to Miami. It is our hope that you find the NOHC to be stimulating, memorable, beneficial and enjoyable.

*-Steven J. Steed, DDS
President, ASTDD*

2008 AAPHD Public Service Award Recipient: Rasmuson Foundation

Presented by Kathryn Atchison, AAPHD Past President

Today, AAPHD is making history. Over the past 24 years, the AAPHD Public Service Award has been presented 19 times, to 21 different individuals. These individuals represent leaders who have made great strides in helping the US people achieve better oral health. They have done this through a variety of means: through policy, advocacy, even from the platform of the Surgeon General's office. Today, we are recognizing a new model for improving the public's health, through the Rasmuson Foundation. In Tuesday's philanthropy session, we heard how we should consider the three roles that foundations can take to help their partners: sharing the stewardship for a problem, how foundations could work with a professional organization to assemble dual resources to attack a problem, and acting as an agent of change to make systems change.

In October, 2006, we had enacted a policy stating that AAPHD was supportive of the DHAT as a workforce model and demonstration, and in particular of objective evaluations of this and other workforce demonstrations. In the spring of 2007, a small group of us, including Larry Hill, Amos Deinard, and I were invited to join a delegation to go to Alaska and see the depth of the oral health problem there. We saw the geographic challenges, we saw the enthusiastic community support for the economic development created by having their own clinics to man with trained care providers, we saw the hope, and we saw the continuing need for multi-level service providers, including dentists and dental hygienists.

But, what greatly impressed me was the Rasmuson Foundation's process of working with the community to determine the community's needs and their persistence in working with the community to act as a change agent. Despite challenges, the Rasmuson Foundation stood strongly as supportive of the community working through its problem, finding solutions, and finding partners from other foundations to



Kathy Atchison & Joel Neimeyer (Rasmuson Foundation)

partner in the solutions. To quote from Rasmuson President Diane Kaplan's message in a press release entitled "Fighting Tooth and Nail for Change: Special Challenges in Rural Communities," "We've learned that foundations must prepare for controversy and opposition in tackling entrenched problems such as poor oral health care in rural locations. Foundations must work to use their leverage beyond the delivery of grant dollars. However, despite everything you do to prepare, don't be surprised if the opposition is stronger than you anticipate. Solutions are never easy as they might appear. ...change is hard". For accepting the challenge and the responsibility to help the people of Alaska, we would like to recognize the Rasmuson Foundation with the AAPHD Public Service Award.

Representing the Foundation today is Joel Neimeyer. Joel started his engagement in

this activity as a Civil Engineer who had previously worked in water fluoridation in Alaska. Joel was also the tour guide who took us on this personal visitation to the villages of Alaska, and to consider first-hand the importance of a DHAT, and to frame it a little broader, an extension of provider roles in Alaska.

2008 AAPHD Special Merit Award

Recipient: James N. Sutherland, DDS, MPH

Presented by Kathryn Atchison, AAPHD Past President

I am very pleased to present the AAPHD 2008 Special Merit award to Dr James Sutherland. This award is granted to a person who demonstrates meritorious service to public health dentistry. If you know Jim, he typifies the type of individual that this award is intended. He steps in and does the job, wherever he sees the need.

Jim graduated from UNC, completed a PHD residency at Baylor has served as faculty on LSU and currently U. Colorado. But it is his long list of service to the public, and his service to AAPHD that distinguishes Jim. As you probably know, Dr. Sutherland is a Regional Dental Consultant to HRSA. In that role he works with the states on their state-wide PH activities. He has served the HRSA Oral Health Central Office in a workshop to develop activities and strategies for OH activities; served as Chair of the Oral Health Awareness for the Colorado OH coalition; served as a Clinical Dentist aboard the USNS Comfort mission; served as Planning Chief during Hurricane Katrina to develop a recovery plan; Technical Assistant and

Implementation Plan MCHP OH Summits of 5 states.

In his spare time, he served on the Executive Council for AAPHD, where he chaired the Membership Committee and developed and implemented strategies for recruitment; including a survey of the membership to help AAPHD move toward its Strategic Planning goal of reaching a membership of 1000. For these, and all of his other contributions to AAPHD, I am delighted to present the Special Merit Award to Dr. James Sutherland!

James, could you please come forward?



Kathryn Atchison and Jim Sutherland

Remarks on Receiving the AAPHD Special Merit Award

Recipient: James N. Sutherland, DDS, MPH

I am so pleased and very honored to receive this acknowledgement for my contributions to AAPHD during the past several years. What a wonderful gathering of friends and colleagues that occurs every year at the National Oral Health Conference. Our annual meeting is a time to reunite and catch up with each other regarding our personal and professional lives. It is a time to learn about new science and the new and evolving practices in dental public health, and most importantly, it is a time to rejuvenate and reinvigorate ourselves from a years worth of very challenging and

meaningful work. I am proud to serve this organization and as I reflect back to the last several years, I see tremendous change that I was fortunate to have some input into. Some of these milestones I remember include: our strategic plan that redefined who we are and what we are to accomplish; our Association investment and revenue strategies, necessary to take us to new levels of operations; our transition from a hard copy format for the Communiqué and Journal to electronic format, so critical in the new age of information dissemination; the Association's presence at the ADA

Annual Meeting in promoting policies favorable for the nation's oral health; and finally, growing our "family" of members has truly been a challenging but very rewarding experience for me. We've had a great 60 years presence as an Association and I too look forward to many, many more years to come! I thank not only the AAPHD leadership and all active members for their hard work that inspire me each and every day, but I also thank all of you here today who by your very presence demonstrate a commitment to the public's oral health. Thanks again!

2008 AAPHD Distinguished Service Award Recipient: Helen Gift, PhD

Presented by Kathryn Atchison, AAPHD Past President

I am pleased to introduce our Distinguished Service Awardee today, Dr. Helen Gift. I could speak about Helen's career: her contributions to the ADA in survey research, or her role as the first health promotion scientist to the NIDR, later NIDCR, or to her publications too numerous to mention, to sociology, to dental access to and utilization of dental care, or to her advancements in qualitative and quantitative research in oral quality of life.

But, that is not what we are here today to celebrate.

It is fitting that I present this award — I volunteered Helen and made the call to ask Helen to rearrange her life and to take on this small, quarterly publication as Interim Editor. We talked it over and I emphasized that it was only about 200 pages per year, and she says I even said it was only for one summer! I don't recall that. As Judy Jones says, we needed someone like Helen who has a "willingness to just roll up her sleeves and pitch in when we needed her", and good sport that she is, she said yes.

When the EC was asked who could step in, I thought about qualities of a top-notch editor, particularly an interim editor, and zeroed in on Helen for the following qualities: organized, scholarly, tough — oh, did I mention TOUGH? Let's talk about tough. I contacted some of the 200+ reviewers that Helen has amassed over her 2 years as interim Editor and asked if they had an adjective that described Helen's role as Editor, or an anecdote about her service. Eugenio Beltran sent me one that perfectly describes Helen's tenacity as editor in herding the cats who reviewed papers for her. I will read it: "I received a manuscript



Kathy Atchison and Helen Gift

from Helen and I was really overwhelmed with work and I knew I would have to ask her for an extension, because I never say no to Helen. Coincidentally, I recognized the work as one done by a group of friends of mine. So I figure I have an excuse and replied to Helen I may have a conflict of interest because I know the authors and had provided comments on the work. A few hours later, I received the following answer from Helen, 'I know you will do a good review, anyway. Remember, the due date is'. There was no way to get away with excuses." Like Eugenio, I could never say no to Helen.

Other adjectives also mentioned help those who did not have a lot of interaction with Helen as our editor to understand her success. ADJECTIVES: thorough, personable, flexible, efficient, "a gentle nudger", "very supportive and patient", "tremendously responsive, gave excellent feedback", "on the vanguard of behavioral scientists with an interest in dentistry". And finally, one mentioned by several people, PERSISTENT.

Thus, with great respect, admiration, and gratitude, I award Dr. Helen Gift the AAPHD Distinguished Service Award. Helen, please join me.

Remarks on Receiving the AAPHD Distinguished Service Award

Recipient Helen Gift, PhD

This is indeed a great honor, and I appreciate the thoughtfulness that went into the selection process. I certainly would not be receiving this award if a great many of you had not worked with me over the three years. Producing a journal is truly a community effort.

When I reflect on why I am standing here, I am amazed to note that it was almost 35 years to the day that I started working on oral health issues. In May, 1973, I began working for the American Dental Association as the Principal Investigator on an NIH-sponsored contract to study preventive dentistry in the private practice of dentistry. While many of you would challenge the statement that working at the ADA had anything to do with public health dentistry, for me in retrospect, it certainly did.

Since then, I have been truly fortunate in having opportunities, mentors and

colleagues who have made this career path productive and enjoyable.

Certainly, being provided full responsibility to get the ADA's survey research program on track—raising the response rate of questionnaires from 20% to over 80%—while at the same time translating information to local, state, national, and international dental groups was an amazing opportunity that established a foundation for me. NIH provided not only the funding for my first opportunity at the ADA, working at the NIH was an incredible opportunity to translate research into policy and application. The AAPHD has provided an in-depth opportunity in evaluation as I have worked with many experts to produce three years worth of JPHD.

I cannot begin to mention all the mentors who have shared with me so I could be who I am today, but I would be

remise in not mentioning Lois Cohen. I absolutely would not have had this career without her encouragement and support.

I will only embarrass myself in trying to name any of the hundreds of colleagues who have shared wonderful challenges and experiences with me. I note in this audience only a few among the many—Alice Horowitz, Dushanka Kleinman, Kathryn Atchison, Bill Maas, and Alex White. Each one of these represents many, many more.

I appreciate all that many of you have done to help me be a better public health professional. My wish for you is that you too have challenging opportunities, extraordinary mentors, and engaging colleagues. Through combined efforts we may be able to meet some of the many challenges that still remain. Thank you.

2008 AAPHD President's Award Recipient Eugenio David Beltran-Aguilar, DMD, MPH, MS, DrPH

Presented by Caswell Evans, Jr.



Eugenio Beltran & Cas Evans

AAPHD and The Dental Trade Alliance Foundation

2008 Community Dental Student Recognition Awards

The **Community Dental Student Recognition Award Program** provides recognition to students in dental or dental hygiene schools for service work or projects they have given to their communities. These awards are offered to each dental and dental hygiene school in the United States and Canada for senior students only. These awards are sponsored by the AAPHD in partnership with the **Dental Trade Alliance Foundation**. Each student is presented with a special certificate, complimentary one-year membership in the Association and a one-year subscription to the *Journal of Public Health Dentistry*.

Dental Hygiene Student Award Recipients:

Jennifer Susannah Banister	University of Louisville
Terri Ann Barber	Tennessee State University
Lisa Barron	St. Petersburg College
Cassandra Blair	University of the Pacific
Falisha Bowers	The University of Oklahoma Weatherford Site
Veronica Boyle	Indiana University South Bend
Noelle Cornell	University of Michigan
Jessica Darnell	Oregon Institute of Technology
Elise Dulong	University of Detroit Mercy
Miranda Emery	Medical College of Georgia
Nicole Falgoust	University of Louisiana at Monroe
Kristin Michelle Garcia	University of Missouri - Kansas City
Mindy Goltiao	Loma Linda University
Denise Hall	St. Petersburg College
Sheronda Haskins-Harris	University of North Carolina
Kelcey Hill	University of Bridgeport
Rebecca Hillburn	University College of Bangor
Allyson Howell	West Liberty State College
Michelle Hunt	University of Tennessee - Health Science Center
Celeste M. Jensen	Weber State University
Sheri Jolly	The University of Oklahoma - Ardmore Site
Alisha Kruggel	University of Minnesota
Heather Ingrid	Lakey University of Maryland
Jennifer Lane	Farmingdale State College
Jennifer Lieb	Baker College
Arlene Lopez	St. Petersburg College
Kandice Malone	East Tennessee State University
Rachel Pike	Northern Illinois University
Kiera Perry	University of Pittsburgh
Beatriz Rivera	Texas A & M
Elena Rodriguez	University of Missouri - Kansas City
Joanna Marie Ross	West Virginia University
Melissa Smith	The University of Oklahoma - Bartlesville Site
Keela Sutton	Oregon Institute of Technology
Nguyet Toliao	The University of Texas
Quechi Tran	New York University
Jacqueline Marie Tyler	University of New Haven
Abby Weaver	The Univ of Oklahoma - Health Sciences Center
Jennifer Wicklund	University of Minnesota
Melanie C. Wylie	Indiana University

Dental Student Award Recipients:

University of North Carolina at Chapel Hill	
Michele F. Abidin	The Ohio State University
Margaret Alderman	Medical University of South Carolina
Wendy Renee Almon	University of Mississippi
Dina Attanasio	Boston University
Lyndsay Carey Bare	University of Maryland Dental School
Sherry Benenhaley	Indiana University
Rosana Bishai	University of Washington
Lee Boney	University of Florida
Melissa A. Burnett	Southern Illinois University
Aura C. Caldera	New York University
Tammy Lynn Chipps	West Virginia University
Elizabeth J. Cipes	University of Connecticut
Kristine P. Cody	The University of Iowa
Franklin A. Cordero	Tufts University
Chrystle C. Cu	University of the Pacific
Darya Dabiri	The Univ of British Columbia
Cara Christina DeLeon	The Medical College of Georgia
Timothy Stewart	Fontenot LSUHSC
Brent J. Frey	The University of Michigan
Guillame Goulet	Universit� Laval
Evy Guerrero	The University of Texas
Avin Gupta	Temple University
Kimberly J. Hammersmith	University of North Carolina at Chapel Hill
Scott Harris	University of Saskatchewan
Shirley Hernandez	Baylor College of Dentistry
Laura B. Holena	The State University of New York
Philip Kamaal	Josephs Columbia University
Pamela Eugenia Juarez	University of Medicine & Dentistry of New Jersey
Sanjeev Kanchikere	University of Manitoba
Mayada Kheriba	University of Western Ontario
Esther Lopez	University of Illinois at Chicago
Michelle Mach	University of Texas
Natalie Claire Martinez	Harvard School of Dental Medicine
Jonathan McNeil	Oregon Health & Science University
Shokofeh Motlagh	University of Nevada
Isaac R. Navarro	Arizona School of Dentistry & Oral Health
Trang Nguyen	University of Alberta
Romina Perri	McGill University
Holly A. Portwood	University of Nebraska
Juan Rojas Cirginia	Commonwealth University
Jill L. Rosellini	University of Texas Dental Branch at Houston
Daniel S. Shaub	Creighton University
Kristi R. Simmons	The University of Alabama at Birmingham
Daniel L. Smith	Case Western Reserve University
Nicholas A. Thacker	University of Southern California
William Harrison Tignor II	University of Kentucky
Aisha Toure	Meharry Medical College
Ty Bradley Vaughan	University of Colorado
Julia Jenkins Watson	University of Missouri-Kansas City
Tamara Webster	Howard University
Ashley Westmoreland	Southeastern University
Carl Andrew Williamson	University of Louisville
Marcie Yang	Marquette University

2008 Herschel S. Horowitz Scholarship Award

Recipient: Patrick Rowe, DDA

Presented by Linda Niesen

I am now pleased to present the Herschel S. Horowitz Scholarship on behalf of the AAPHD Foundation. This scholarship is in memory of Herschel Horowitz, a long-time active leader in dental public health. The criteria for selection include academic excellence; interest in pursuing a DPH residency and board certification; demonstrated leadership in dental school; evidence of financial need and the potential for making a positive impact on the community or DPH. In other words: these young people are our future! The Foundation is still actively recruiting support to continue scholarships like these.

There are 3 past recipients: the 1st started her 1-year DPH residency at UCF in 2005; the 2nd started her MPH program at UCF in 2005; the 3rd started her MPH program in 2007. Finally, we have wrested the position away from northern CA, with our 2008 Awardee, Dr. Patrick Rowe. Previous winners are: Dr. Lisa Chung, 2004; Dr. Tara Esmeili, 2005, and the 2007 recipient, Alana Kvichak.



Student Awards



AMERICAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY FOUNDATION

Herschel S. Horowitz Scholarship: The AAPHD Foundation has awarded three Herschel S. Horowitz Scholarships and will be announcing the fourth recipient during the 2008 National Oral Health Conference. The 2004 and first recipient, Dr. Lisa Chung, received her MPH at UC Berkeley in Spring of 2005 and began the one-year dental public health residency program at UCSF in the Fall of 2005. The 2005 recipient, Dr. Tara Esmeili, started the MPH program in the summer of 2005 at the University of California Berkeley. No scholarship was awarded in 2006. The 2007 recipient, Alana Kvichak, started the MPH program at UC Berkley in the fall of 2007. The 2008 recipient will be announced during the 2008 AAPHD Awards Luncheon. Through an agreement with the Horowitz Family, combined with contributions to the Foundation's Horowitz Scholarship Fund, ten \$25,000 scholarships will be awarded through 2013. Applications and scholarship criteria may be found at www.aaphd.org.

In Appreciation for their Support of the AAPHD Foundation

Founders

E. Joseph Alderman and Howard Lee Yarborough	Donald W. Johnson Rhys Jones David and Candace Jones
J. Michael Allen	Judith Jones
Myron Allukian, Jr.	Linda Kaste
Kathy Atchison	Rebecca King
Robert Bagramian	Dushanka V. Kleinman
Elizabeth Bernhard	Raymond Kuthy
Ron Billings	Steven Levy
Irene Bober-Moken	Gene P. Lewis
Brian A. Burt	William R. Maas
Robert "Skip" Collins	John D. Mahilo
Georgia dela Cruz	Dolores M. Malvitz
Joe and Helen Doherty	H. Berton McCauley
Terri Dolan	Steven Uranga McKane
Chester Douglass	Hermine McLeran
Robert Dumbaugh	Robert Mecklenburg
Caswell A. Evans	Nicholas Mosca
Denise Fedele	Linda C. Niessen
Janie Fuller	Sharon J. Perlman
Steve Geiermann	Scott M. Presson
Barbara F. Gooch	Gary Rozier
Harry Goodman	Mary Tavares
Ralph Green	George Taylor
Veronica Greene	Scott Tomar
Kathy Hayes	Jeanine Tucker
Lawrence Hill	Jane Weintraub
Irene Hilton	Robert Weyant
Alice and Hersh Horowitz	Alex White
Elvine Y. Jin	American Board of Dental Public Health
Robert M. Johnson	

FY 2007-2008 Contributors

E. Joseph Alderman and Howard Lee Yarborough	Byung-ock Kim Dong-Kie Kim Jin-Bom Kim Rebecca King Dushanka Kleinman Steven Krauss Marsha Larrabee Byong Jin Lee Arlene M. Lester Yihong Li Thomas Loudon Jack Luomanen William Maas Charlotte Connick Mabry Dolores Malvitz Irwin Mandel Donald Marianos H. Berton McCauley Kimberly McFarland Vinod/Kalpna Miriyala Nicholas G. Mosca Linda Niessen Dai IL Paik Scott M. Presson Shihoko Sakuma Robert H. Selwitz Jonathon Shenkin Buddhi Shrestha Chin-Shunchang Kristen Simmons Keun Bae Song C.J. Spratt Angela M. Stout Han Su-Jin John Suomi Susan Tengan Tom's of Maine Ray Wagner Chang Kee Wan Jane Weintraub Robert Weyant Alex White Minoru Yagi John Yamamoto Ralph Young
Myron Allukian, Jr. ASTDD Kathryn A. Atchison Victor M. Badner William Bailey Laurie Barker William F. Bird Irene G. Bober-Moken Brian Burt Roosevelt Bush E.M. Campbell Aida Chohayeb Durward Collier Robert Collins Georgia dela Cruz Charles Czerepak Amos Deinard Neal A. Demby Joseph Doherty Mark Doherty Michael W. Easley Caswell A. Evans Jr. John D. Featherstone Jay Friedman Stuart Gansky Michael Garrett Barbara Gooch Carolyn F. Gray Veronica A. Greene Han Gyeon-Soon Suzanne W. Hayes Michael J. Helgeson Irene Hilton Alice M. Horowitz Dick Ito Donald W. Johnson David B Jones Choi Jun-Seon Linda Kaste Manuel Kau Dietmar Kennel	

AAPHD 2008 Student Awards Program

The 2008 AAPHD Student Awards were made possible through a generous grant from OMNI Preventative Care, A 3M ESPE Company.

AAPHD 2008 Leverett Graduate Student Merit Awards for Outstanding Achievement in Dental Public Health

First Place

Rhonda Kearny

Department of Pediatric Dentistry
University of North Carolina at Chapel Hill

Title: Determinants of a Dental Home in Early Head Start Families

Sponsor: Jessica Y. Lee DDS, MPH, PhD

Second Place

Oitip Chankanka

College of Dentistry
The University of Iowa

Title: The Associations Between Dietary Intake from 36 to 60 Months of Age and Non-cavitated Caries in the Primary Dentition

Sponsor: Steven M. Levy, DDS, MPH

Third Place

Moshtagh Farokhi

Department of Community Dentistry
University of Texas at San Antonio

Title: The Influence of Acculturation on Measures of Oral Health Practices for Mexican-American Mothers Attending the CHRISTUS Santa Rosa

Children's Hospital WIC Clinic in San Antonio, TX

AAPHD 2008 Predoctoral Dental Student Merit Awards for Outstanding Achievement in Dental Public Health

First Place

Ami Maru

School of Dental Medicine
Case Western Reserve University

Title: Epidemiology of Dental Caries of Adults in a Rural Area in India

Sponsor: James Lalumandier DDS, MPH

Second Place

Christian Yee

Department of Preventive and Restorative
Dental Sciences

University of California at San Francisco

Title: Healthy San Francisco: SFDPH Personnel's Views of Dental Care

Importance

Sponsor: Jane A. Weintraub, DDS, MPH

Third Place

Demetress L. Davis

School of Dentistry, Dental Public Health
Meharry Medical College

Title: Factors that Influence Mutans Streptococci Among Low Income Pregnant Women

Sponsor: Angel Rivera Torres, DDS, MPH, MSPH, PhD

AAPHD 2008 Dental Hygiene Student Merit Award for Outstanding Achievement in Dental Public Health

First Place

Julie Warburton

School of Allied Health Dental Hygiene
Southern Illinois University at Carbondale

Title: Oral Cancer Screening

Sponsor: Sherri Lukes, RDH, MS

Honorable Mentions

Mark CasaFrancisco

College of Dentistry
University of Kentucky

Title: A Survey of Kentucky's Pediatricians Regarding their Role In Children's Oral Health

Sponsor: David Nash, DMD, MS, EdD

Ritu Bansal

Texas A&M Health and Science Center
Baylor College of Dentistry

Title: Knowledge, Attitudes, and Use of Fluorides Among Dentists in Texas

Sponsor: Kenneth Bolin, DDS, MPH

Kecia Leary

College of Dentistry
The University of Iowa

Title: School Nurses and their Role in the Oral Health of School-Aged Children

Karin Weber-Gasparoni, DDS, MS, PhD

*AAPHD Student Awards
are Sponsored by
Omni 3M ESPE*

2008 ASTDD Outstanding Achievement Award Recipient Mike Morgan

Presented by Christine Wood, Executive Director, ASTDD

Mike recently retired as state dental director in Oklahoma with 32 years service. This type of longevity is rare these days or in any time, for that matter. We believe his tenure is a record for both Oklahoma and the county as a whole. He has been very active in ASTDD affairs during his entire tenure in many different rolls including President in 1987 and most recently on the committee for the ASTDD 60th Anniversary. During his tenure as President of ASTDD, the ASTDD logo was developed and approved.

Last year in 2007, he led the 80th anniversary celebration of public health dentistry in Oklahoma. The 80th anniversary celebration was recognized by the Oklahoma Dental Association and by Oklahoma Governor Brad Henry who presented a special gubernatorial proclamation. During the celebration Mike was honored by the Oklahoma Dental Association for his many years of service to dentistry and to the public.

Mike had served in many leadership capacities other than ASTDD including President of the Oklahoma Dental Foundation, and President of the Oklahoma Public Health Association. He has been very active in tobacco prevention activities and chaired the ASTDD Tobacco committee. He received two Gubernatorial Appointments, The Governor's Task Force on Tobacco and Youth, and The Tobacco-Use Prevention and Cessation Advisory Committee. He served on the National



Christine Wood and Mike Morgan

Dental Tobacco-Free Steering Committee and served on the planning committee for the National Spit Tobacco Prevention Conference which was held in Oklahoma City in March, 2008.

He is a fellow of both the International College of Dentists and the American College of Dentists and has served as a faculty member at the University of Oklahoma College of Dentistry since the mid 1970's. He is an active member of the

Oklahoma Dental Association and the American Dental Association and was recently notified that he will receive the "Oklahoma Dentist of the Year Award" which will be presented to him on May 16, 2008 by the Oklahoma Dental Association at their annual conference.

ASTDD is proud to present the Outstanding Achievement Award to Dr. Mike Morgan.

2008 ASTDD Distinguished Service Awards Recipients Judy Sherman and Reginald Louie

Presented by Christine Wood, Executive Director ASTDD

Judy has worked tirelessly for oral health issues as Director of Congressional affairs in the ADA Washington office for over 20 yrs. She oversees the ADA's lobbying staff and is also responsible for covering the House and Senate Appropriations Committees and the Senate Health, Education, Labor and Pensions Committee. She is responsible for making sure that all federal dental programs are adequately funded and that any health legislation that comes before these committees addresses dentistry's needs to the fullest extent possible.

However, Judy's efforts go way above and beyond these responsibilities whether she is providing timely information about pending legislation, or arranging for hill visits. A sample of high lights includes:

- Funding for HRSA grants for states with FL below 25% of the population
- Funding for MCH SPRANS grants
- Funding for the Dental Health Improvement Act
- Numerous attempts to address the decreasing number of HRSA dentists and collaboration with ADEA to maintain the Title VII dental residency funding.
- Reestablishment of the CDC Division of Oral Health and quadrupling their funding.

And the list goes on and on, but you get the idea.

While one of her favorite expressions is "just do' in my job", her efforts clearly go far beyond that. She brings a passion and an understanding of oral health issues to the table that is rarely seen these days and is inspiring to all of us who work in oral health. She is one of the most "can do" people in our business.

Prior to joining the ADA Judy was staff in several congressional offices and was a junior high school teacher for 12 years. She was assistant news director for 5 years for WPAG radio in Ann Arbor, MI.

ASTDD is pleased to present the ASTDD Distinguished Service Award to



Reg Louie & Bev Isman

Judy Sherman for her service on behalf of ASTDD, its members and constituents, and the oral health of the nation.

Dr. Bob Isman and Bev Isman nominate Dr. Reginald Louie for the ASTDD Distinguished Service Award. Dr. Louie is currently an associate member of ASTDD and serves as a consultant to the State Program Review and Assistance Committee. He also serves as the SPRAC liaison to the Leadership Committee and has served on the ASTDD Head Start Advisory Committee in the past. This upcoming year he will also be staffing the new Perinatal and Early Childhood



Chris Wood & Judy Sherman

Workgroup. In these roles he has provided significant technical assistance to ASTDD and to states on MCH issues, as well as interfacing with federal and regional agencies on our behalf. A number of years ago he also worked with John Rossetti to help initiate the state program reviews. Dr. Louie worked for 27 years as a regional HRSA MCHB consultant and 4 years as a regional Head Start consultant. Throughout much of that time he worked with ASTDD and its members. Dr. Louie was president of the American Board of Dental Public Health for 2007-08.

2008 ASTDD President's Award: Joseph Doherty

Presented by Christine Wood, Executive Director, ASTDD

Joe has a long and illustrious career in dental public health. He served as President of both ASTDD and AAPHD and he and Helen were the long time Co-Executive Directors of AAPHD. He served as state dental director in WI from 1976 to 1980, and state dental director in VA from 1980 to 1995 making him one of the few, if not the only person to serve as dental director in 2 different states. As you know, ASTDD sponsored the NOHC for many years. In 1998 it was Joe who urged ASTDD to invite AAPHD to join us in Co-sponsoring the NOHC. The result of that initiative is, we hope, obvious to all, and the first joint meeting was held in Chicago in 2000.

Joe was the first person who came to mind when the President of ASTDD wanted to appoint a committee to plan the 60th anniversary celebration of ASTDD. He was delighted to be asked and jumped into the project with great enthusiasm. He volunteered for a task not many would want to take on; going through 60 years of electronically archived ASTDD documents.

After hours and hours of painstaking research Joe was able to compile a list of ASTDD conference locations, themes, and sponsors for the last 60 years. He also compiled a list of every ASTDD state contact for the last 60 years. For some states he was

even able to gather information for State Dental Directors who preceded the establishment of ASTDD. As he went through the archives, he pulled out interesting and significant events from ASTDD's history. These milestones have been compiled into a historical brochure about ASTDD, copies of which are available

on the tables. Finally, he helped locate pictures from previous ASTDD conferences and meetings. Some of these pictures have been incorporated into the PowerPoint presentation shown today.

ASTDD is pleased to present the Presidents Award for exemplary service to ASTDD and dental public health.



Joe Doherty & Chris Wood

ASTDD/ADA/CDC 2008 Community Water Fluoridation Awards

Presented by Judith Feinstein

The 2008 Community Water Fluoridation Awards were presented on April 28th, 2008 at the ASTDD Annual Meeting and National Oral Health Conference at the Hilton Hotel in Downtown Miami, Florida. Awards were presented in three categories: States with fifty years of fluoridation; a state Fluoridation Initiative Award and Community Fluoridation Reaffirmation Awards. Award Winners were as follows:

Fifty Year Awards

Alabama

Chattahoochee Valley Water Supply
District
Mobile Area Water Services Systems

California

California Water Services Company-
Oroville
City of Los Banos

Colorado

Town of Walden

Connecticut

Torrington Water Company
Windham Water Works

Georgia

Newnan
Perry

Hawai'i

Pearl Harbor

Idaho

Headquarters, Pot Latch Corporation

Illinois

Greenville
Wilmette
Toledo
Greenfield
Elizabethtown
Salem
Illinois American Water Company-
Peoria

Indiana

Jasper
Kendallville Water Department
Rushville City Utility
West Lafayette Indiana American Water
Company
Wabash Indiana American Water
Company

Iowa

Corning
Cedar Falls
Estherville
Chariton
Marshalltown
Ottumwa

Kansas

Eureka
Council Grove

Kentucky

Prestonsburg Water Company
Beattyville Water Works
Vanceburg Utilities
Harrodsburg Municipal Water
Department
Springfield Water Works
Maryland
Rockville
Snow Hill

Minnesota

Ortonville
Silver Bay
Edgerton
Bird Island
Bayport

Mississippi

Town of Como
City of New Albany

Missouri

Bowling Green
Boonville
Sarcoxi

Montana

Laurel

New Hampshire

Hanover Water Works Company

New Jersey

Atlantic City Municipal Utility
Authority

New York

Tonawanda Town Water Department
Oneonta City
Perry Village



Howard Pollock & Judith Feinstein

North Carolina

Tarboro
 North Dakota
 Valley City
 Grand Forks
 Cooperstown
 Rugby

Ohio

City of Orrville

Oklahoma

Durant
 Sapulpa
 Stillwater
 Pawhuska

Pennsylvania

Lower Bucks County Joint Municipal
 Authority
 PA-American Water Company
 Kittanning District
 New Kensington Municipal Authority
 North East Municipal Authority

South Carolina

Shaw Air Force Base

Tennessee

Decherd
 Greeneville Water & Light
 Sparta
 Maryville Department of Water

Texas

Lackland Air Force Base
 Lackland Air Force Base Annex
 Terrell

Utah

Hill Air Force Base

Virginia

City of Staunton
 City of Bedford

Washington

Kelso

West Virginia

City of Wellsburg
 Grantsville Municipal
 Glenville Utilities
 Chester Water Department

State Fluoridation Initiative Award**California**

Community Fluoridation
 Reaffirmation Awards

Alabama

North Baldwin Utilities

Florida

Daytona Beach

Maine

Bangor

Massachusetts

Long Meadow
 North Attleboro

South Carolina

Dillon
 State Fluoridation Quality Award

Massachusetts**Nebraska****Nevada****Community Initiative Awards****Indiana**

Bedford Utilities
 Louisiana
 Walker

Ohio

Vandalia & Tipp City

Texas

Elgin

Virginia

Town of Brookneal
 County of Cumberland

West Virginia

Clay Municipal Water Works

“Water fluoridation is the single most effective public health measure to protect the American population against dental decay.”

2008 Myron Allukian Jr. Lifetime Achievement Award in Community Dental Programs

Recipient Jared Fine

Presented by Christine Wood, Executive Director, ASTDD

Jared I. Fine DDS, MPH is the Dental Health Administrator for the Alameda County Health Care Services Agency Public Health Department serving 1.4 million residents. The primary focus of his 29 years of dental public work in Alameda County has been in the development of integrative programs and services that promote the health of children and families, emphasizing access to primary prevention and treatment for dental and other health care services. Although he has emphasized school based/school linked services for many years, he now serves as local project director for the Healthy Kids, Healthy Teeth Project a federally supported national demonstration program in Alameda County, designed to increase access to dental care for 0-5 year old Medi-Cal eligible children. Dr. Fine was an inaugural fellow in the USPHS Primary

Care Policy Fellowship, has served as President of the Alameda County Dental Society, and as Chair of the Oral Health Section of the American Public Health Association. In addition to his career in Alameda County, he has served as Chairman of Board of the California-based Dental Health Foundation for eight years. In that capacity, he was a key architect of the first ever Oral Health Needs Assessment of California Children, chaired the Dental Health Foundation's Children's Dental Health Initiative and currently serves as Chair of the Scientific Advisory Committee of the First Five Oral Health Initiative.

AAPHD 71st Annual Business Meeting

April 29, 2008 - Hilton Miami Downtown Hotel - Miami, Florida

Call to Order & President's Report – President Caswell Evans call to order the 71st Annual Business Meeting (ABM) of the American Association of Public Health Dentistry. Dr. Evans reported that he has accepted the Chairmanship of the National Advisory Committee for the Dental Health Therapist Program. The role of the committee is to provide an objective review of the Program in meetings its objectives. The work of the committee is supported by the RT Institute and Kellogg Foundation.

During the past year, ADA has continued meeting with the leadership of the American Dental Association around issues of common ground. Thirteen action steps were identified during a meeting in San Francisco and eight of them have been accomplished. Another meeting is scheduled for San Antonio. One of these includes presenting an educational program at the ADA Annual Meeting in San Antonio in October 2008.

Last fall, AAPHD chartered its first Student Chapter at the University of IL – Chicago. The Bylaws Taskforce will be reviewing the bylaws in order to establish guidelines for future Chapters. The University of Florida is also forming a Student Chapter.

Secretary-Treasurer's Report – Mary Foley reported on the financial status of the organization. The association recently completed their 2006-2007 Audit and copies were distributed. Last year the Membership supported the EC's request for a dues increase in order to help balance the budget. AAPHD has had several deficit budgets in the past few years due to moving the publication of the *Journal of Public Health Dentistry* from the association to Wiley-Blackwell. Last year the Executive Council did use \$20,000 from reserves to assist with cash flow. However, at six months into the year, the association is on a path to balance the budget. A financial summary will be published in a future *Communiqué*. For the May 31, 2008 financial summary [click here](#).

Foley reported that there are a number of checks and balances in the Association's monitoring of its finances. The management company services include a bookkeeper and an outside accountant that reviews the books quarterly. The Association has an audit annually. There is also an AAPHD Finance Committee. The Finance Committee is working to establish standard reports for increased transparency.

Journal of Public Health Dentistry (JPHD) – Helen Gift reported that the transition of JPHD Editors will soon be complete. Robert Weyant was appointed editor in January 2008. In another month the transition to Scholar One – Manuscript Central will be complete giving the association an on-line manuscript submission process. Gift thanked members of the Editorial Board and the over 200 reviewers who worked with her the past few years.

Executive Director Report – Pamela Tolson thanked the AAPHD members who have stepped forward during the past year to serve as Association representatives on several ADA and Council On Dental Accreditation Committees. She also mentioned that AAPHD continues to participate in the Oral Health Action Partnership.

Awards & Nominations Committee – Kathryn Atchison thanked the members who were willing to run for Executive Council. Susan Reed and Robert Isman were elected to a three-year term on the Executive Council and Ana Karina Mascarenhas was elected to the office of Vice President. Any member interested in serving should contact Dr. Evans or the national office. For a complete listing of the AAPHD Executive Council [click here](#).

AAPHD/ASTDD/ADA Workforce Task Force – Steve Geiermann reported that Don Marianos, representing the Workforce Committee, was invited by the ADA's *Future of Health Care/Universal Coverage Task Force* to state why dental public health should be at the table as the inclusion of dental care in health care reform programs is being discussed. A three-page principles document was developed to form a framework. The report was well received and is one of eight papers being fully developed. The white paper, when completed, will be put on the AAPHD website. A conference call in the next week will clarify the type of document to be developed. For the annual Workforce Task Force report [click here](#).

AAPHD Oral Health Policy & Advocacy Committee – Ardell Wilson reported the Committee is broken into a number of subcommittees with a substantial number of AAPHD members participating to review and update the AAPHD Policies, Resolutions and white papers. In the past year the Committee submitted a Fluoride Varnish Resolution and Access Position Paper to the membership for a vote. Both were approved. The Dental Sealant Subcommittee is waiting on the ADA/CDC documents before moving forward and the Committee has made comments to the APHA Water Fluoridation Policy Committee. She asked AAPHD members to watch for the Healthy People 2020 Regional Meetings and to participate. Joseli Alves-Dunkerson is co-chair.

For the annual OHP&A Committee report [click here](#).

AAPHD Education & Science Committee – Jane Steffensen reported that 78 abstracts were submitted and reviewed for the NOHC poster session. She thanked Sena Narendran for again chairing the Student Merit Awards. The Committee is also looking at ways to work with the OHP&A Committee's sub-committees when appropriate. Barbara Gooch is co-chair of the committee. For the annual Education & Science Committee report [click here](#).

Membership Committee – Amos Deinard reported that AAPHD membership stands at 865 members with 773 paid members. Our strategic goal is 1000 paid members. There were 250 non-renewals from 2006-2007 and he and co-chair Emanuel Finn have sent a letter inviting them back to the membership. He summarized the three surveys and indicated that the website will be undergoing a revision later this year. Plans are to try and engage the students at all dental schools. For the Annual Membership report [click here](#).

American Board of Dental Public Health (ABDPH) – Isabel Garcia, new President of the ABDPH, reported that Eugenio Beltran is the newest Board member. It is the responsibility of the ABDPH to assist those who want to prepare for certification, to

administer the certification exam and to provide continuity and competencies for the Specialty. They are working to involve more dentists in the Specialty and are looking at long-distance Residency Programs. The Board works to increase the pool of candidates, to be more transparent and to update the exam. Candidates can now take the two parts of the exam, written & oral, at separate times. DPH is the only Specialty that is focused on the community.

New Business

1) **Mandatory Retirement Requirements** – This issue was raised because of concern for the many people who will be retiring from the Public Health Service in the near future. Regional Directors are desperately needed and the country needs the Public Health Infrastructure reinforced. AAPHD President Mark Greer will follow-up with Judy Sherman of ADA on this issue to see what AAPHD might do.

2) **NOHC 2009 – Portland, OR** – Concern was raised that the NOHC is again convening in a non-fluoridated city. It was agreed that we need to bring visibility to the need for fluoridation while we are in the area. Also discussed was that AAPHD and ASTDD need to agree to a policy of only holding the

NOHC in fluoridated communities. APHA policy does not prohibit meeting in cities that are not fluoridated, but they send letters to the City Council members, mayors and media about the issue while they are there.

3) **NOHC 2011 – Pittsburg, PA** – Concern was raised that the NOHC is scheduled over Passover in this year. Tolson will contact the hotel to see if any changes can be made, even though a contract has been finalized.

Installation of 2008-2009 Executive Council - Dr. Evans recognized the members of the 2007-2008 Executive Council and thanked them for their service. He then passed the gavel to the 2008-2009 AAPHD President, Mark Greer. Dr. Greer thanked the membership for electing him to the office and indicated he will focus on standardizing reporting and making the association even more transparent.

He then recognized Dr. Caswell Evans for his year of service as AAPHD President.

Adjourn There being no further business, the 71st AAPHD Annual Business Meeting was adjourned. The next meeting will be in Portland, OR during the 2009 National Oral Health Conference.

ASTDD Annual Business Meeting Minutes

Saturday, April 26 , 2008 - Miami Hilton Hotel, Miami, Florida

Chris Wood called the meeting to order at 2:05 EST.

State membership roll call:

Alabama	Absent	Louisiana	Dionne Richardson	Ohio	Absent
Alaska	Brad Whistler	Maine	Judith Feinstein	Oklahoma	Susan Potter
American Samoa	Absent	Marshall Islands	Absent	Oregon	Gordon Empey
Arizona	Ranee Tuscano	Maryland	Absent	Palau	Absent
Arkansas	Lynn Mouden	Massachusetts	Absent	Pennsylvania	Absent
California	Rosanna Jackson	Michigan	Sheila Semler	Puerto Rico	Absent
Colorado	Absent	Micronesia	Absent	Rhode Island	Absent
Connecticut	Absent	Minnesota	Janet Olstad	South Carolina	Absent
Delaware	Greg McClure	Mississippi	Nick Mosca	South Dakota	Julie Ellingson
DC	Emanuel Finn	Missouri	Absent	Tennessee	Absent
Florida	Absent	Montana	Margaret Virag	Texas	Absent
Georgia	Elizabeth Lense	Nebraska	Absent	Utah	Absent
Guam	Absent	Nevada	Chris Wood	Vermont	Absent
Hawaii	Absent	New Hampshire	Margaret Snow	Virgin Islands	Absent
Idaho	Absent	New Jersey	Absent	Virginia	Absent
Illinois	Julie Janssen	New Mexico	Rudy F. Blea	Washington	Absent
Indiana	Absent	New York	Absent	West Virginia	David Walker
Iowa	Absent	North Carolina	Rebecca King	Wisconsin	Warren LeMay
Kansas	Katherine Weno	North Dakota	Kimberlie Yineman	Wyoming	Absent
Kentucky	Absent	N. Mariana Islands	Absent		

Guests: Dr. Lew Lamipris (ADA), Ms. Linda Koskela, Dr. Julie Tang, Dr. Jean Spratt, Ms. Julia Wacloff, Ms. Lori Cofano, Ms. Beverly Isman, Ms. Jane Steffanson, Ms. Kathy Guerink, Dr. Don Marianos, Dr. Kathy Phipps, Dr. Bill Maas, Dr. William Bailey, Ms. Mary Ellen Yankosky, Ms. Dawn McGlasson, Dr. Stephanie Miner, Dr. Michael Morgan, Dr. Joe Doherty, Ms. Kathy Mangskau, Dr. Don Altman, and Dr. Jim Crall.

After the roll call, Chris started the meeting by introducing the associate members who were present and two former presidents of ASTDD – Mike Morgan and Joe Doherty.

Dr. Perkins reviewed the organization's fiscal budget. Dean asked if there were any questions about the budget. He noted that we are in fiscal compliance and have achieved the A133 circular compliance that is required by the federal auditors. Dean noted that he would provide a more detailed budget report on request.

Dr. Mouden presented the names of nominees for officers as selected by the nomination committee. The nominees are Margaret Snow for President-Elect, Emmanuel Finn for Director, and Nick Mosca for Secretary. There were no other nominations made from the floor.

Bev distributed the 2007 ASTDD annual report and noted that she is working on a year-end and a five-year cumulative report for the CDC CA. A new CDC RFP was released and Bev asked for input for activities for this proposal. Bev asked members whether the tip sheets for the National Association of Chronic Disease Director's Healthy Aging grant and HRSA oral health workforce grant were useful and she requested feedback for future tip sheets. She noted that there were opportunities for members to attend the American Evaluation Association meetings. Bev introduced the

ASTDD Consultants and asked the ASTDD Workgroup chairs to give a brief update of activities.

Data Committee - Kathy Phipps noted that she is working to revise the Basic Screening Survey (BSS) videos. Kathy noted that 37 states have obtained BSS data and six states have obtained data for multiple years. Kathy noted that they decided to ask for Medicaid data in the State Synopsis survey even though it is a struggle to obtain this data and she also discussed this with the Medicaid SCHIP Dental Association. Kathy noted that the state program budgets reported in the synopsis survey are not reported to the CDC.

Brad gave an update on NOHSS and noted that the committee is working on a surveillance template to identify where to find data for your state. He noted that the committee is planning to hold a webcast in June. Brad noted that the ASTDD salary survey will be done in December 2008 and we will be notified in November. Kathy noted that the proposed self-report periodontal disease questions are being validated and tested. Kathy identified Peg Snow as the member who submitted the state synopsis survey first. Peg noted that you must begin in November to win. Kathy noted that Georgia won second place. Kathy also awarded Louisiana (Dionne Richardson) for the most improved survey. Dean described how this survey is an effective marketing tool. For example, ADEA used the survey for talking points and to develop a fact sheet for hill visits to Congress. Dean noted that the survey is a way of getting our message out to the policy makers, noting that it communicates the impact of our programs.

State Program Review Committee - no report. Bev noted that Reg Louis was the ASTDD Consultant for this committee.

ASTDD Guidelines Committee - Chris noted that the first document was developed in the 1980's. This year we appointed a work group to prepare an in-depth review. The document will be developed in layers and include information that policy makers may use. She noted that the new guidance would condense the original 14 essential public health services for state oral health programs to 10 PH services. Chris noted that the document has been used to structure the cooperative agreements.

ASTDD partnered with Altarum – “different way to address issues without going into a full-blown issue”. One of the things that resulted from that was that two types of issues briefs were developed, Idaho and DC, and Manny brought copies to share. Bev also developed a handout on common elements for an issue brief that we can use based on the lessons learned from Idaho and DC. Manny noted that we should never assume that your local folks know what your program is doing or its impact so it is important to do a policy brief.

CSHCN Committee – No report. Bev noted that Jay Balzer was the consultant for the committee and noted that anyone interested in doing CSHCN forum follow-up activities should contact Jay.

Head Start Committee - Bev noted that ASTDD is no longer receiving support from the Office of Head Start for activities but the MCHB will provide funding for ASTDD to sustain some of these activities. Bev noted that AAPD has a new contract with the Office of Head Start. Bev noted that ASTDD is planning to form a new workgroup on early childhood and perinatal issues. Kathy Geurink noted that all states have completed a Head Start oral health forum.

School and Adolescent Committee - Linda Koskela noted that the committee developed several educational products based on the resolution that was passed at last year's meeting. These can be found on the ASTDD website. Julie Tang noted that she is working on Best Practices for school and adolescent health and is seeking feedback from states that have projects involving school oral health.

Leadership and Professional Development – Don Marianos noted that the National Oral Health Leadership Institute was a success and a second leadership class was convened. Don noted that he attended a meeting in Chicago with the ADA Task Force on Universal Coverage. He noted that ADA is taking a proactive approach to health care reform issues and invited DPH to provide input. He noted that his comments were warmly received and some have been incorporated into the most recent draft. He noted that there will be a workforce task force meeting in July.

Policy Committee - Kathy Mangskau noted that the policy committee reviewed all the ASTDD resolutions since 1953 and determined that 72 of these should be archived and will be available in a special archive page on the ASTDD website. She noted that we should be developing policy briefs and creating tip sheets as opposed to resolutions so that we can become more effective with policy formation in our states. Kathy encouraged members who are interested in formulating policy solutions to work through the standing workgroup committees and develop ideas that they would like to see become ASTDD policy. She noted that the policy committee would collaborate with the other committees as needed.

Data Committee - Kathy Phipps noted that she completed a content and impact analysis for the last ten years of BRFSS data to determine how we used the data and what the impact was. She found that there are some changing trends. She noted that BRFSS

is moving towards a mixed method survey in the future that will use telephone, cell phones, written, home contact. She noted that will be a round table with Deloris Malvitz on Tuesday to determine what you would like to see for the core, rotating core, or optional questions.

Chris noted that ASTDD convened national organizations in February to discuss the HP 2020. We have coordinated speakers at each of the HP2020 regional hearings, developed talking points and we recently learned that two dentists have been appointed to serve on HP2020 subcommittees. Chris encouraged members to go to the HP2020 website and provide input on the framework that is being proposed. We need to make sure that we have oral health objectives in the HP 2020 product as it moves forward. The focus now is on the framework. Kathy Mangskau noted that there will be a meeting of the Secretary's Preventive Health Council On May 1 that will be a webcast from 5 to 6 in the afternoon.

Strategic Communications Committee - Peg noted that the goal is to make our organization known and develop the type of reputation that we should have. She will have more to report next year.

Oral Health and Medical Response Team (OHMRT) – Manny introduced the committee members Lori Cofano, James Sutherland, Renee Joskow, Theresa Mayfield, Dionne Richardson, and Nick Mosca. The committee is preparing standard operating protocols for members to use to prepare for and respond to crisis events. We have completed our first draft and should have a final draft prepared by the end of June. We hope to post this on the ASTDD website. We hope this will better prepare state dental directors to play a stronger role in emergency preparedness and response.

Fluorides Committee - Judy Feinstein noted that the committee was delighted to finalize the technical draft sheet for water fluoridation. She noted that the Fluorides committee needs more members, having lost two members recently. She noted that the annual water fluoridation awards will have to be revised due to a miscommunication that was distributed to states and optimal systems will not be recognized at the luncheon this year.

Best Practices Committee – Lynn noted that all new committee members have been appointed and Steve Geiermann will be the ADA representative on the committee. Julie noted that her newest project is school and adolescent oral health and how we address each of the eight components of coordinated school health planning. Julie is seeking examples of successes and lessons learned in states. Julie noted that the other project is early childhood and perinatal oral health. She is working to develop a strategic framework for these issues.

Bev noted that BJ Tatro is a new ASTDD consultant and will be available to provide program evaluation expertise. Dean mentioned the national call for a state health department accreditation process and that ASTDD is discussing this with the chronic disease directors.

President's Address – Chris noted that being the president of ASTDD is a great honor and is a pleasure to serve as president or on the EC. On behalf of Steve, Chris offered a thank you for giving him the pleasure of serving as President.

Old business – none noted

New business – none noted

There were three guest reports given –

Bill Maas, Division of Oral Health at CDC – Bill noted that members have learned about the CDC through two August DD

workshops and the annual program review that was disseminated in late February. Bill noted that CDC is preparing the 2008 workshop and his ASTDD planning representatives are Dionne Richardson and Bobby Russell. The dates are August 27 – 28 with an orientation for new directors scheduled for August 26.

Bill discussed personnel changes at CDC. They still have not advertised for someone to fill Scott Presson's old position. CDC did recruit Astrid Palmer (RDH) and Philia Welteck (Experience with tobacco and coalitions) as new program directors. Bill noted that Beth Hines is leaving Oral Health to work with Diabetes. He noted that Steve Cahill has left for a detail assignment to lead the RWJ Common Ground program that relates to state program needs for performance measurements. Bill noted that there is a new Interim Deputy Director who comes from the school and adolescent program that will replace Steve.

Bill pointed out that the cover of the annual report features the importance of building partnerships, and he noted that the Partnership with ASTDD is very important to the CDC.

He noted that increases in the CDC's FY 2008 budget permits them to increase the number of states that may receive capacity grants. But he noted that the President's FY 2009 budget includes a budget cut of \$51,000.00. He noted that it is important to submit a grant even if not funded in order to get a score. He noted that the grant applications scores are retained for two years so they do not have to be resubmitted. He noted that if funding is increased, unfunded proposals with high scores might eventually receive funding, so our congressional advocates should work to increase appropriations for these programs.

Bill noted that we also have an opportunity for foundations to give money to the CDC Foundation that can be used to leverage the funding for the CDC state oral health grants. Bill noted that a report prepared by Mark Seigal and Cynthia Body after the CDC director's workshop showed how important it is to fully implement the evaluation plan for the grantee states. This way we can show how these great practices can be translated for use in the non-funded states. CDC is working to make these evaluations as useful as possible and this will guide our cooperative agreements. CDC is hiring a web support contractor who will be conducting usability sessions to provide feedback and the CDC also wants the opinion of ASTDD members about the state survey synopsis. To participate in reshaping the CDC website, please contact Nimad Date – ndate@cdc.gov or call Chris Callahan at 404-934-7343.

Bill noted that CDC has two other CA's that will be renewed next year. One is with Oral Health American and the other is with the Children's Dental Health Project and both have complementary objectives. He asked ASTDD members to provide input as to how these two organizations can better serve the state oral health programs.

He noted that CDC has several priorities for conducting surveillance. CDC will be releasing a MMWR on the status of fluoridation by state using 2006 data and a new method to adjust the population discrepancies that have been identified. He also noted that there are some discrepancies in the trends data report from the state synopsis surveys. He noted that ASTDD will ask you to look at these problems and obtain your input.

He provided an update on the self-reported periodontal questions planned for the BRFSS. He noted that CDC learned that as individual questions there is not adequate validity. But there are 3 – 5 questions that are very valuable collectively to identify whether someone has periodontal disease. CDC is optimistic that

the “combination” of questions has validity although the individual ones do not. CDC will be testing these questions in the upcoming NHANES and he noted that we might want to be thinking about collecting data beginning with the 2010 BRFSS.

Dr. Jim Crall (American Academy of Pediatric Dentistry) – Dr. Crall discussed the new Head Start Dental Home Initiative that was awarded to the Academy by the Office of Head Start in September. Jim noted that the goal is to create dental homes and develop networks in states with dental providers who can provide a full range of services. He noted that the Head Start performance standards are being revised and the goal of this initiative is to build a treatment infrastructure and networks within the states. Another objective is the training of dentists to help them become more aware of the oral health needs of HS children. He noted that Early Head Start enrolls children birth to three and covers about 10% of the children formally enrolled in Head Start. Another aspect is the education of HS staff and parents of children enrolled in the programs. The elements of the initiative consist of organizational and program support. Dr. Crall is Project Director and Ms. Jan Connelly is the Project Coordinator. Ms. Gina Montino is also working on this project. There are varying level of technical expertise in the initiative, including an in-office consultant at the Office of Head Start and a national pool of consultants. He noted that Head Start is funding a technical assessment network and will contract with a national firm that will be responsible for providing TA to the programs.

He noted that there was never any notion that access to care for HS children was going to be addressed solely by the pediatric dentists alone, so AAPD formed a national partners committee. He noted that as the project proceeds over the next five years, we will need to engage state-level leadership. Much of the work AAPD is working on builds on the work of the previous interagency agreement with the MCHB and AAPD's task is to test this peer-to-peer model in 6 pilot states. AAPD has recruited regional oral health consultants in all regions except for Region 10. AAPD is currently selecting the six pilot states with the Office of Head Start. The model will be to develop state mentorship teams that will consist of members of the professional community, office staff, and other community members including Head Start program directors. He noted a goal to conduct cross-training so that dental community understands the Head Start community and the Head Start community understands the dental community. More information is available at www.aapd.org/headstart

Bill Maas asked whether they are proposing a network model and what training will the program provide? Jim noted that one of the objectives is to “narrow the bandwidth” of information that Head Start programs have by cataloging educational resources. Jim noted that the Johnson and Johnson Company will provide additional funds to develop the network in the dental community. Two aspects of the training program are geared towards the dental community and the other is geared towards the parents in the community. He noted that if we can get practitioners organized around Head Start, over time we can get those practitioners to work with other populations.

Mark Nehring (HRSA) – Absent.

Lynn made a motion to elect the nominated officers and Gordon seconded the motion. The membership vote was unanimous and the new officers are Margaret Snow as President-Elect, Emmanuel Finn as Director, and Nicholas Mosca as Secretary. The meeting was adjourned at 4:15 PM.

ABDPH Minutes of the 58th Diplomates Meeting and Banquet

April 28, 2008 - April 28th, 2008, Hilton Hotel: Miami, FL

Submitted by: Robert H. Dumbaugh, DDS, MPH, Executive Secretary

I. Call to Order: President Reginald Louie called the 58th meeting of the diplomates to order at 7:00 pm and welcomed the 73 members and guests present.

II. Introduction of Guests:

III. Introduction of Past Presidents:

There were 13 past presidents in attendance. Dr. Louie recognized Dr. Joe Alderman, Dr. Myron Allukian, Dr. Robert Collins, Dr. Joe Doherty, Dr. Terri Dolan, Dr. Chet Douglas, Dr. Caswell Evans, Dr. Dushanka Kleinman, Dr. Jay Kumar, Dr. Ray Kuthy, Dr. Linda Niessen, Dr. Gary Rozier, and Dr. Alex White.

IV. Remembrance of Diplomates who have died since last Annual Meeting:

Dr. Louie said that Kenneth R. Elwell (COL, USAF, Ret.), 96, of Hendersonville, NC died on March 3, 2008. Dr. Elwell was a past president of AAPHD, and a Diplomate and Life Member of the ADBDPH.

V. Introduction of New Diplomates:

Dr. Louie introduced the following diplomates, who were certified in 2007, with a short biography and presented them with their Board lapel pins: Dr. Oscar Arevalo, Dr. Woosung Sohn, and Dr. Tim Mitchener. Dr. Michelle McQuistan, a new diplomate was recognized but unable to attend.

VI. Approval of Minutes of 2007 Meeting:

The minutes of the 2007 Meeting of the Diplomates as published on page SXX in the *Journal of Public Health Dentistry*, Volume 67-5, Supplement 1, 2007 were approved by the ADBDPH. (Motion- R. King, Second- S. Levy). Approval of the minutes by Diplomates will be requested at next year's meeting.

VIII. Report of the Executive Secretary:

Dr. Alderman presented the Membership Report. As of December 31, 2007, there were 157 certified Active diplomates, 30 Life members, and 31 Inactive (retired) diplomates for a total of 218 living diplomates. This represents a net gain of one Active diplomate. Two members passed away in 2007.

Reregistration Fees: Registration fees as mandated by the American Dental Association are payable January 1st of each year. Notice is sent to active diplomates in December. Diplomates who do not pay their reregistration fee by March 1 of the current year are considered to be diplomates "not in good standing" at that time unless there are mitigating circumstances. A membership report is required by the Council on Dental Education and Licensure, ADA, by March 15 of each year, and includes membership status of all diplomates. Diplomates

were asked to complete their 2007 Continuing Education Reports and mail their 2008 reregistration fees in January. There will be some flexibility with time lines.

Three candidates took the complete examination this year, and five candidates took the written examination only. We have a total of six Board eligible dentists. Dr. Bruce Brehm, Dr. Ron Romero, and Dr. Odalis Patricia Skur lost their eligibility at the close of this examination after five years of eligibility without completing the examination.

No dentists will lose their eligibility if they do not pass the exam in 2009.

IX. Report of Officers and Directors:

A. Treasurer's and Auditor's Report. Dr. Catherine Hayes Treasurer's and Auditor's Report. Dr. Catherine Hayes

I have audited the financial records and accepted them as accurate. The Board began the fiscal year on January 1st, 2007 with a total bank balance of \$33,111.60 (1/1/08 \$26,092.33). Income during 2007 year, which consisted of application and examination fees, re-registration fees, receipts for the dinner meeting, and certificate, amounted to \$15,932.85 (2008 YTD \$5,494.25). Total expenditures for 2007 were \$22,085.27 (2008 YTD \$2,708.79)

Comparing 2006 and 2007: (2006: \$44,108.39 (includes certificate of deposit \$15,212.83. [2007: \$41,914.25 (includes 5.5% certificate \$16,079.68)]. This results in a 5.2% decrease (\$3,476) when comparing 2007 and 2006.

During the past two years our expenses have exceed our income by 11.3%. Two significant changes took place over the past two years:

1. Moved from fiscal to calendar year in 2006 so first true comparison will be 2008
2. Moved some administrative functions (e.g. registration, reregistration, recertification, ADBDPH member database) to AAPHD

Reregistration fees were last changed in 2000, and examination fees were changed in 1995. Almost all expenses have continued to increase. It will be necessary to increase income in 2009, and the ADBDPH will increase reregistration and examination fees.

B. President's Report:

Dr. Louie expressed thanks to the American Association of Public Health Dentistry (AAPHD) and Pam Tolson, Executive

Director, for assisting the ABDPH by providing up to 200 hours of administrative support for the Board.

The Board Symposium: Dr. Alex White updated the Directors on the Symposium “Health Philanthropy’s Role in Transforming Oral Health.” The Symposium will be held at 9:00 am, April 29th, 2008 at the National Oral Health Conference.

X. Dr. Louie reported that electronic scoring was successfully utilized for entire ABDPH examination process this year which greatly increased efficiency. He also reported that on April 27th, the Board met with Dental Public Health Residency Directors and expressed his thanks to Dr. David Capelli for his role in organizing the meeting. Also on April 27th, the Board met with selected officers of AAPHD’s Executive Council. Among the items discussed was the Recertification of the specialty of Dental Public Health. Old Business:

XI. Old Business:

A. Recertification/CEUs – Dr. Catherine Hayes

XII. New Business:

XIII. Introduction of New Officers and Directors:

Dr. Louie introduced the new Officers and Directors of the Board. They are: Dr. A. Isabel Garcia, President, Dr. Catherine Hayes, Vice President-Auditor, Dr. Rebecca King, Secretary-Treasurer, Dr. Steven Levy, Director, Dr. George Taylor, Director, and Dr. Eugenio Beltran, Director-Elect.

Dr. Louie turned the chair over to the incoming president Dr. Isabel Garcia, who expressed the appreciation of the Board for Dr. Louie’s six years of diligent service, and presented him with the President’s Plaque Clock. At this time, Dr. Louie passed the gavel to Dr. Garcia, who opened the floor to questions.

XII. Adjournment:

Dr. Isabel Garcia adjourned the meeting at 9:45 pm.

Approved: ABDPH Conference Call: 8-12-08

NOHC 2008 Abstracts

Oral Presentations

Head Start and Oral Health: Partnerships for Education, Prevention and Access to Dental Care

Abstract #: 1

MATERNAL AND CHILD HEALTH BUREAU AND OFFICE OF HEAD START COLLABORATE TO ADDRESS ORAL HEALTH PRIORITY

Author(s): John Rossetti, National Lead/Head Start Oral Health Consultant, Maternal and Child Health Bureau, Health Resources and Services Administration

Objective: This session will provide participants with (1) an overview of the historical relationship between Head Start and the oral health community; (2) the national, regional, state, and local initiatives developed to build understanding and partnerships between the Head Start and oral health communities; and (3) an awareness of the foundations established to build on the successes achieved through this partnership.

Methods: Through the development of an intra-agency agreement (IAA) between the Maternal and Child Health Bureau (MCHB) and the Office of Head Start (OHS), a multi-faceted strategy and implementation plan was developed and implemented to address Head Start oral health needs at the national, regional, state, and local levels.

Results: The MCHB has been able to utilize its knowledge of children's oral health, its relations with the oral health community and integration of Head Start activities into its various grant and contract programs to develop the foundation and partnerships that the OHS can utilize to address its long-term strategy to elevate the oral health of Head Start to the highest level.

Conclusions: Through the IAA, the MCHB has provided the OHS a better understanding of the partnerships, programs, and activities that are necessary to address its oral health needs.

Abstract #: 2

ORAL HEALTH PROMOTION STRATEGIES FOR LOW INCOME FAMILIES: LESSONS FROM THE HEAD START ORAL HEALTH INITIATIVE

Author(s): Patricia Del Grosso, M.S.Ed., Mathematica Policy Research, Inc; Sandra Silva, M.M., Altarum Institute

Objective: The Office of Head Start invested \$2 million in grants to 52 Head Start programs to design oral health models that meet the needs of the populations they serve. A 2-year evaluation of the Oral Health Initiative (OHI) was conducted to describe the oral health promotion strategies developed by programs and to evaluate implementation. Data sources for the evaluation include telephone interviews

with 52 grantees, site visits to 16 grantees, and 12 months of service receipt data.

Methods: To facilitate analysis of OHI implementation, we used the RE-AIM (Reach, Effectiveness, Adoption, Implementation, Maintenance) analytic framework, a methodology for evaluating multiple dimensions of a program that contribute to overall public health impact and assesses the replicability of interventions. By applying RE-AIM, we were able to select grantees for site visits that ranked the highest and lowest on each of the 5 dimensions and across all dimensions. Data collected during site visits, in combination with service receipt data, were used to identify promising strategies.

Results: Our analysis examined levels of service receipt and service delivery approaches to identify promising strategies participating grantees developed for providing oral health education and increasing access to services for low-income children, pregnant women, and their families. Key strategies included educating parents and children about the importance of oral health; establishing partnerships with dental providers; providing preventive services in Head Start settings; and providing support services to assist families obtain needed treatment.

Conclusions: Head Start programs developed and implemented several key oral health promotion strategies for low income families in a diverse range of community contexts that show promise for replication.

Abstract #: 3

FOSTERING A RESPONSIVE DENTAL WORKFORCE: LINKING DENTAL STUDENTS AND HEAD START THROUGH SERVICE-LEARNING

Author(s): Karen M. Yoder, MSD, PhD, Head Start Oral Health Consultant, Region V, Chicago

Objective: Participants will be introduced to service-learning as an experiential pedagogy in dental education, and will learn how it can (1) lead to dental students' understanding and valuing the Head Start Program (2) encourage the future dentists to be willing and able to provide services and consultation for Head Start children and their parents, and (3) foster the future dentists becoming health policy advocates for children's oral health.

Methods: Service-learning is a structured learning experience that combines community service with preparation and reflection. Students learn about the context in which service is provided, the connection between their service and their academic coursework and their roles as citizens. Dental students are assigned community-based rotations including Head Start programs.

Results: Because dental students spend an extended amount of structured time working with Head Start children, parents and administrators, they have a broad

grasp of the concepts and objectives of Head Start and how it differs from traditional day-care.

Conclusions: Through understanding the importance of the role of Head Start in communities, and in the lives of the children and families, dentists are more willing to become a provider of dental services for the enrollees and their families.

Abstract #: 4

SETTING THE DIRECTION FOR THE FUTURE: ONE STATE'S COMMITMENT TOWARD THE VISION OF OPTIMUM ORAL HEALTH FOR CHILDREN

Author(s): Marcia Manter, MA, Oral Health Kansas; Lawrence W. Walker, DDS, MPH, OHS, Region VII, Kansas City

Objective: To use collaboration as a strategy to prevent Early Childhood Caries

Methods: Kansas Head Start Association, in partnership with Office of Oral Health, Oral Health Kansas and other organizations, has implemented a statewide oral health initiative toward the vision of optimum oral health for Kansas children, birth to five. The association uses proven strategies including demonstration programs, oral health parent education materials, staff development, and technical assistance.

Results: Head Start programs have incorporated improved oral health protocols into their system of health care including "lift the lip" screening, brushing daily with fluoride toothpaste, eating habits, parent and staff education, and fluoride varnish. More than half of Head Start grantees contract with dental hygienists for services.

Conclusions: This long-term and continuing initiative illustrates the benefits of high-level leadership of shared planning, education, and dedication to obliterate the barriers to optimum oral health. Kansas Head Start and community early childhood children are benefiting from these efforts.

Abstract #: 5

EVALUATION OF MINNESOTA'S COMMUNITY COLLABORATIVE PRACTICE HEAD START MODEL

Author(s): Deborah Jacobi, RDH, MA, Apple Tree Dental; Michael Helgeson, DDS, Apple Tree Dental; Gayle Kelly, MS, Minnesota Head Start Association; Clare Larkin, RDH, MEd, CDHC, RF, Normandale Community College; Metropolitan State University; Midge Pfeffer, RDH, BS, Consultant

Objective: To present evaluation findings on the impact of Community Collaborative Practice as an oral healthcare system for Minnesota Head Start children.

Methods: In December 2006, the Region V Office of Head Start affirmed that Minnesota's Community Collaborative Practice and adaptation of the ASTDD's Basic Screening Survey would fulfill federal Head Start dental performance standards. Head Start enrollees are now able to receive a standardized "assessment, triage, and referral" along with preventive care and education onsite in Head Start centers. Children with early or urgent treatment needs are linked to partnering dentists in private offices, community clinics, and educational

programs or other local resources. This patient-centered approach continues to be used to increase exam and restorative treatment completion rates. A consultant has been engaged to evaluate the first year impact.

Results: Approximately half of Minnesota's Head Start programs reported using community collaborative practice. Evaluation, underway at the time of this submission, will analyze data collected on the over 1,000 children seen during the first 90 days of the 2007 school year. This session will report quantitative and qualitative findings on the initial impact.

Conclusions: Community Collaborative Practice is a successful approach to providing comprehensive oral health care - preventive through restorative - for Head Start children who have often been unable to access the traditional delivery system.

Abstract #: 6

HEAD START ORAL HEALTH PIR TRENDS: CONSIDERATIONS FOR STRATEGIC PLANNING

Author(s): Reginald Louie, DDS, MPH, OHS, Region IX, San Francisco; John Rossetti, DDS, MPH, OHS, Region XI/XII, Washington, DC; Harold Goodman, DMD, MPH, OHS, Region III, Philadelphia

Objective: Participants will learn about the Head Start (HS) Program Information Report (PIR) which collects annual oral health related data on more than 1 million children, the progress made to increase access to care for them and the urgency for strategic planning to address remaining needs. Some recommendations for this strategic planning will be explored.

Methods: The HS program has provided comprehensive services to low income children and their families for over forty years. Annually, HS collects PIR data from more than 2,600 grantees/ delegate agencies. A number of oral health data elements are in the PIR, e.g., number of children with a dental home, completed dental exams, and receipt of needed dental treatment. National oral health PIR data elements from 2003-07 were analyzed.

Results: Most HS children have a dental home, receive dental exams and preventive services, and those needing dental treatment receive it. HS programs are likely expending considerable resources to achieve this level of performance. The percentage of children entering the HS program each year with need for dental treatment has remained relatively level.

Conclusions: The prevalence of oral diseases (mainly dental caries) among HS children remains higher than similar children in the US. Efforts have focused on obtaining a dental home for these children, which should continue. Given the comprehensive, family-centered, child focused model of HS, there is a unique and invaluable opportunity to "break the chain of disease" among HS children and families.

Developing Innovations in Professional Education to Promote Oral Health

Abstract #: 7

TOBACCO CESSATION ACTIVITIES BY DENTAL STUDENTS: DISSEMINATING USPHS GUIDELINES

Author(s): David A. Albert, DDS, MPH Columbia University College of Dental Medicine and the Mailman School of Public Health, Sharifa Z. Barracks, MPH Columbia University College of Dental Medicine

Objective: A survey was conducted to assess the tobacco cessation knowledge, attitudes, and behaviors of third year dental students participating in a tobacco cessation program.

Methods: Surveys were administered to three consecutive classes (2004-2006) at the Columbia University College of Dental Medicine (CDM). The surveys were administered and responses were recorded via an Audience Response System. The survey was administered to these students two months after the completion of a tobacco cessation course and practicum.

Results: Personal tobacco use decreased over the three classes; approximately 54% of students reported tobacco use in the previous week in 2004 compared with 33% in 2005, and 18% in 2006. Students' opinion that dentists can be successful in helping their patient quit tobacco use has risen ($p < .001$). Students' rating of the importance of tobacco cessation as a part of preventive dentistry has increased by 46% over the three classes. Dental students overestimate the number of US adults who smoke. In 2006 55% of dental students reported that > 40% of the U.S. population are smokers. However, their knowledge of the systemic and oral effects of tobacco use is broad. In 2006, 90% correctly identified all systemic effects of tobacco use.

Conclusions: The CDM tobacco cessation program includes didactic courses for pre- and post-doctoral students and faculty. The clinical triage system has incorporated a mandatory tobacco use screening form. The increase in dental student self-efficacy over the survey period may be attributed to these didactic and clinical system changes. Personal tobacco use by dental students has declined, however tobacco cessation attitudes differ between smokers and non-smokers.

Abstract #: 8

THE ARIZONA STATE DENTAL SERVICES PILOT PROGRAM

Author(s): Maureen Romer, DDS, MPA, Robert Levine, DDS, Todd Hartsfield, DDS, Gregory Sikora, MBA

Objective: Development of a public /private partnership to create access to dental care for adults with developmental disabilities in Arizona.

Methods: In 2006, the Arizona legislature allotted \$1,000,000 to fund the State Dental Services Pilot Program to provide dental services to adults who are Title XIX eligible and enrolled with the Arizona Division of Developmental Disabilities (i.e. adults with one of the following diagnoses: "cognitive disability", autism, epilepsy or cerebral palsy). The Division of Developmental Disabilities contracted with A.T. Still

University, Arizona School of Dentistry & Oral Health (ASDOH) as the sole provider of dental services under this program creating a unique public/private partnership. The goals of the program include service, training of dental students and workforce development.

Results: In the first 12 months of the program approximately 1700 patients were referred to the program, over 600 of who were treated. More than 6500 dental procedures were performed in ASDOH's state of the art facility. Patients had access to advanced technologies and treatment modalities such as cone beam tomography, implants and laser dentistry. The inaugural graduating class of 2007 all fulfilled the CODA standard on special care dentistry. The class of 2008 will have nearly 50 hours of clinical experience in treating special care patients and the class of 2009 will have over 75 hours. Students are also treating special care patients in their external rotations (largely in community health centers).

Conclusions: The Arizona State Dental Service Pilot Program is a successful public/private partnership between the Division of Developmental Disabilities and ASDOH that is meeting the established goals of service, training and workforce development.

Abstract #: 9

CLINICAL COMPETENCIES OF AEGD FELLOWS CARING FOR PEOPLE LIVING WITH HIV/AIDS

Author(s): Victor Badner (DMD, MPH/ North Bronx Healthcare Network), Kavita P Ahluwalia (DDS, MPH/ Columbia University College of Dental Medicine (CUCDM)), Marita K. Marrman (EdD, MS/ Columbia University Mailman School of Public Health), Carol Kunzel (Ph.D./ CUCDM)

Objective: To identify and operationalize a subset of clinical competencies advanced by the American Dental Education Association (ADEA) for use in the training of Advanced Education in General Dentistry (AEGD) Fellows when caring for people living with HIV/AIDS (PLWHA).

Methods: An interdisciplinary team comprised of a clinical dentist specialized in HIV/AIDS care, a public health dentist, a sociologist, and a specialist in professional health sciences educational methods analyzed the 82 competency statements developed by ADEA in 1997 for their relevance to caring for PLWHA.

An iterative process, focusing on non-direct dental procedure aspects of oral health care for PLWHA, was used to select a set of 18 competencies. The initial number was reduced to 4 main competencies, subdivided into specific, measurable sub-competencies. Learning objectives were then delineated for each sub-competency and assessment instruments were developed to measure cognitive, affective and behavioral changes in Fellows when providing care for PLWHA.

Results: A comprehensive set of measurable clinical competencies of specific relevance to the care of PLWHA were developed for targeted training and assessment of AEGD Fellows' performance. These competencies can be used as the basis both for performance and for formalized reflection exercises that

elicit trainee consideration of the psychological, social and environmental aspects of caring for PLWHA.

Conclusions: A specific set of competencies for training and evaluation of AEGD Fellows in the care of PLWHA were identified and operationalized. ADEA's competencies can be successfully modified for trainees engaged in treating special populations.

Abstract #: 10

CHC Multidisciplinary Model Aimed at Preventing Early Childhood Caries: THE COLORADO EXPERIENCE

Author(s): Francisco Ramos-Gomez, DDS, MPH; Mary Foley, RDH, MPH; Valerie Orlando, RDH, BS

Objective: Participants will learn how to engage multidisciplinary health care professionals and their staff to provide oral health assessment, treatment and referral during perinatal and early childhood primary care and perinatal visits. They will be introduced to the Institute for Health Improvement's (IHI) Change Model and will learn how to use the model to implement change in their respective healthcare environments.

Methods: The HRSA, BPHC funded the Oral Health Disparities Collaborative Project which convened expert faculty as well as representatives from community health centers, (CHC) Head Start programs, philanthropic organizations, regional, state and local dental offices. The IHI facilitated the training sessions. Training session participants included faculty with expertise in pediatric and perinatal oral health care, CHC dental practice management and Head Start. Key CHC personnel included physicians, dentists, nurse practitioners, physician assistants, and office and technological support staff. A data collection and management tool was introduced to support the effort.

Results: Four CHCs serving over 20,000 clients have integrated oral health into perinatal and early childhood primary care, well-child visits. All children enrolled in these CHCs have an established dental home by age one. All pregnant women receive immediate referral and dental appointments upon diagnosis of pregnancy.

Conclusions: The Oral Health Disparities Collaborative is a model that is easily replicated and may be used by the hundreds of community health centers across the country that wish to incorporate oral health into primary health care services.

Abstract #: 11

METHAMPHETAMINE INFORMATION: KENTUCKY DENTISTS' NEEDS ASSESSMENT

Author(s): Ershal Harrison, DMD, RPH, Assistant Professor, Department of Oral Health, University of Kentucky College of Dentistry; Karen O. Skaff, RDH, PhD, Chair, Department of Clinical Sciences, University of Kentucky College of Health Sciences; Richard J. Crout,

Objective: Methamphetamine is a highly addictive central nervous system stimulant once prescribed for the treatment of narcolepsy, attention deficit disorder and obesity. Illegal methamphetamine use is on the rise in the U.S. Dentists need to know about its use and effects on the mouth. The purpose of this study was to assess the knowledge of KY dentists concerning use and dental consequences, treatment and referral patterns.

Methods: A written survey consisting of 21 questions was mailed to licensed dentists in KY. The survey instrument contained questions addressing the knowledge, training and practices. The responses were completely voluntary and anonymous. The study was approved by the UK IRB.

Results: Of the 2308 questionnaires, 736 were returned resulting in a 31.9% response rate. Most of the dentists (79.9±2.3%) based their suspicions of abuse on clinical/oral manifestations. The majority were interested in updated information on it and other drugs. Over 90% believed that less than 40% of users had the ability to pay for needed dental care. This survey estimated the average cost to restore dental health to the average "meth mouth" patient as \$5,664.

Conclusions: Survey respondents desire and require more training to recognize and manage methamphetamine use and effects on health. A free online course* entitled "Meth 101" was developed and made available.** with approval of the KY Board of Dentistry.

*This module is accessible online at www.drugendangeredchild.org/courses

**This project was partially funded by a grant through the KY's Drug Endangered Child Training Network and the Appalachian Regional Commission

Abstract #: 12

INNOVATIVE TRAINING PROGRAM FOR DENTAL HEALTH AIDE THERAPISTS TO PROVIDE MIDLEVEL DENTAL CARE IN THE ALASKA BUSH.

Author(s): Marco Alberts, DMD, MPH, DENTEX program-MEDEx Northwest, U. of Washington, Louis Fiset, DDS, DENTEX program-MEDEx Northwest, U. of Washington, Mary Williard, DDS, ANTHC, Anchorage, Ron Nagel, DDS, MPH, ANTHC, Anchorage

Objective: To address a high prevalence of tooth caries among Alaska Native children, adolescents, and adults, the Alaska Native Tribal Health Consortium (ANTHC) has initiated a two-year program to train Dental Health Aide Therapists (DHAT) to provide midlevel dental care in native villages to improve access to care. Their role will be to provide culturally sensitive community based dental prevention and education services and primary care treatment to manage caries and other oral diseases.

Methods: The training program for Alaska DHATs will result in a new type of dental professional — a midlevel provider with a specified scope of practice operating remotely under general supervision. To achieve this, the prevention based curriculum focuses on behavior change through motivational interviewing, risk assessment for dental disease, and triage. While students are taught traditional methods of caries treatment, the clinical curriculum also incorporates the biological model of caries reduction. This means a focus on placement of intermediary long term ART-type glass ionomer restorations, frequent application of fluoride varnishes and other preventive strategies in order to manage the decay process.

Results: The first cohort of students has completed the didactic year of training in Anchorage and is currently undertaking their clinical year in Bethel where

they are learning to provide preventive care in community settings and restorative and minor surgical procedures.

Conclusions: This innovative dental training program, the first of its kind in the U.S., will provide remote communities access to preventive and primary dental care by resident clinicians practicing under dentist supervision.

Risk Assessment, Prevention and Treatment to Reduce Oral Health Disparities in Children

Abstract #: 13

HEAD START "HEALTHY SMILES — HEALTHY GROWTH" SURVEY IN NEW HAMPSHIRE — A COLLABORATIVE APPROACH

Author(s): Nancy Martin, RDH, MS; Regina Flynn, BS; Ludmila Anderson, MD, MPH - NH Division of Public Health Services; David Blaney, MD, MPH - Centers for Disease Control and Prevention - Note: The findings and conclusions in this presentation have not been formally

Objective: To describe a collaboration among a state health department (HD), federally supported Head Start (HS) programs, and private dental providers in conducting a survey of oral health and body mass index (BMI) status of children enrolled in the New Hampshire (NH) HS program.

Methods: Utilizing a one-stage cluster sample, NH Oral Health and Health Promotion Programs conducted a survey of BMI-for-age and oral health of children aged 3–5 years enrolled in NH HS programs. HD personnel developed the survey, recruited volunteer dentists and dental hygienists, scheduled trainings, and performed data analysis. Four volunteer dentists provided dental exams, a federal HS performance indicator. HD and HS staff collected height and weight data. A private organization donated equipment and supplies.

Results: This survey assisted HS programs in fulfilling a federal mandate requiring HS children receive a dental examination within 90 days of enrollment. Volunteer dentists learned about the oral health needs of the HS population. HS children benefited from care coordination linking children to needed treatment in local dental offices. Direct-measured height/weight and oral health data were collected for use in state program planning.

Conclusions: This unique collaboration allowed an efficient and low-cost approach to assess dental needs and nutritional status of children from low-income families. This survey provided data to assist in oral health and health promotion/obesity program planning, and assisted Head Start programs in fulfilling federally mandated performance measures.

Abstract #: 14

CARIOGENICITY OF SOFT DRINKS, MILK, AND FRUIT JUICE IN LOW-INCOME AFRICAN AMERICAN CHILDREN: A LONGITUDINAL STUDY

Author(s): Sungwoo Lim, MA, MS, University of Michigan, Woosung Sohn, DDS, PhD, DrPH, University of

Michigan, Brian A. Burt, MPH, PhD, University of Michigan, Anita M. Sandretto, PhD, University of Michigan, Justine L. Kolker, MS, PhD, DDS, University of Iowa, Teresa A Marshall, PhD, RD, University of Iowa, Amid I. Ismail, BDS, MPH, MBA, DrPH, University of Michigan

Objective: To test the hypothesis that high consumption of soft drinks, relative to milk and 100 percent fruit juice, is a risk factor for dental caries in low-income African-American children in Detroit.

Methods: A representative sample of 369 children, aged three to five years, was examined in 2002-03 and after two years. Dietary information was collected using the Block Kids Food Frequency Questionnaire®. Caries was assessed using the International Caries Detection and Assessment System.

Results: Soft drinks, 100 percent fruit juice, and milk represented the total sugared beverages consumed by the cohort. Cluster analysis of the relative proportion of each drink at baseline and follow-up identified four consumption patterns. Zero-inflated negative binomial models found that children who changed from being low consumers of soft drinks at baseline to high consumers after two years had a 1.8 times higher mean number of new decayed, missing and filled tooth surfaces, compared with low consumers of soft drinks at both time points.

Conclusions: Children who consumed more soft drinks as they grew older, relative to milk and 100 percent fruit juice, had a greater risk of developing dental caries.

Abstract #: 15

TREATMENT OF DENTAL CARIES OVER TWO YEAR PERIOD AMONG MEDICAID ENROLLED AFRICAN AMERICAN CHILDREN IN DETROIT

Author(s): Woosung Sohn, DDS, PhD, DrPH, Sungwoo Lim, MA, MS, Amid I. Ismail, BDS, MPH, MBA, DrPH, Dept. of CRS & E, School of Dentistry, University of Michigan, Ann Arbor MI

Objective: To evaluate the quality of the dental treatments that were rendered to Medicaid enrolled African American children.

Methods: Longitudinal data on caries status collected from 700 low-income African American in Detroit between 2002-03 (Wave I) and 2004-05 (Wave II) were matched with their Medicaid dental records for the same period. Caries examination was conducted using the ICDAS criteria. The status of each tooth surface examined in Wave I was compared with that of Wave II grouped by Medicaid utilization and the type of the dental visit (no visit, preventive-only visit, preventive and restorative visit).

Results: Of the 700 children, 351 (46%, weighted) had at least one dental visit during the two-year period. Of these 351 children, 217 received only preventive procedures and the remaining 134 children received treatments as well as preventive services. Among the children who had one or more dental visits, 56% of cavitated lesions identified at Wave I were left untreated at Wave II. Among the children who received only preventive procedures during dental visits, 93% of cavitated lesions identified at Wave I examination were

left untreated at Wave II. There was no significant difference in number of newly developed cavitated lesions between children with preventive-only visits and those without dental visits.

Conclusions: The results indicate that significant proportion of Medicaid enrolled children who seek dental care do not receive appropriate comprehensive care.

Abstract #: 16

EARLY CHILDHOOD CARIES PREVENTION: UNDERSTANDING REASONS FOR PARENTAL TREATMENT PREFERENCES

Author(s): Susan Hyde, DDS, MPH, PhD; Sally H. Adams, RN, PhD; Judith C. Barker, PhD. University of California, San Francisco, Center to Address Disparities in Children's Oral Health

Objective: Determine underlying reasons for parental preferences (TP) among early childhood caries preventive treatment options.

Methods: An acceptability and preferences interview of 5 treatments, 3 for children (tooth brushing with fluoride toothpaste, fluoride varnish, xylitol in food), and 2 for mothers (xylitol gum, chlorhexidine rinse), included: illustrated cards describing the treatment with a verbal explanation, photo/video clip, and product samples. Hispanic Head Start parents (N=201) chose their TP in each of 10 possible pairs, and provided open-ended explanations for their choices.

Results: Four major reasons (themes) emerged from the TP explanations accounting for 93.8% of TP choices: treatment recipient/beneficiary (27.5%), convenience (27.2%), treatment promotes healthy/avoids unhealthy habits (21.2%), and effectiveness (17.9%). Earlier research showed that across the 10 pairs, varnish was the most preferred, closely followed by brushing. Effectiveness (41.5%), targeting the child (26.5%), and convenience (25.5%) were the top reasons cited for choosing varnish; while developing good brushing habits (59.9%), targeting the child (18.6%), and convenience (7.2%) were the top reasons for brushing.

Conclusions: Parents cited healthy habit promotion, effectiveness, targeting the child, and convenience as the major reasons for choosing varnish and brushing. These results may be useful in planning prevention programs for young children in Hispanic communities.

Support: Funded by US DHHS NIH: NIDCR and NCMHD U54 DE14251.

Abstract #: 17

FACTORS AFFECTING THE ORAL HEALTH OF EARLY HEAD START CHILDREN: A QUALITATIVE STUDY OF STAFF, PARENTS AND PREGNANT WOMEN

Author(s): Mahyar Mofidi, DMD, PhD, Health Resources and Services Administration; Leslie P. Zeldin, MSUP, MPH, University of North Carolina, Chapel Hill; R. Gary Rozier, DDS, MPH, University of North Carolina, Chapel Hill

Objective: To gain insights into the oral health of Early Head Start (EHS) children, this study explored EHS staff, parents and pregnant women's oral health knowledge, attitudes, and activities as well as their

suggestions on future oral health educational interventions targeting EHS children.

Methods: Nine focus groups were conducted at four geographically dispersed EHS programs in North Carolina. Audio-tapes of sessions were transcribed and entered into ATLAS.ti 5.0 for coding and analysis.

Results: Parents and pregnant women expressed mixed attitudes toward the importance of children's oral health. All identified significant impacts of dental disease, with parents identifying particularly strong emotional impacts. Staff voiced responsibility for children's oral health but are frustrated in their inability to effectively communicate with parents. Parents in turn feel criticized by staff for how they care for their children's oral health. Staff perceived parents as having low regard for their children's oral health. This assessment, however, contrasted with that of the parents. Gaps were noted in the oral health activities of EHS programs, including the involvement of parents. Confusion was observed amongst staff and parents regarding the application of Head Start oral health performance standards to EHS children. Participants highlighted the need for culturally sensitive, hands-on oral health educational activities.

Conclusions: Tailored, theory-based interventions are needed to improve communication between staff and families. Clearly defined policy guidance on the application of oral health performance standards to EHS programs is warranted. Future oral health educational activities should address the needs and suggestions of EHS staff and families.

Abstract #: 18

SHADES OF DECAY: THE MEANINGS OF TOOTH DISCOLORATION TO LATINO IMMIGRANTS

Author(s): Erin E. Masterson, BA, University of California- San Francisco, Kristin S. Hoeft, MPH, University of California- San Francisco, Judith C. Barker, PhD, University of California- San Francisco

Objective: This study investigated Latino immigrant caregivers' understandings of and behaviors surrounding tooth discoloration in their children aged 1-5 years.

Methods: In urban San Jose, CA, a convenience sample of 50 Latino caregivers of young children provided in-depth qualitative interviews in Spanish about their beliefs and experiences surrounding their children's oral health. Transcripts were independently read and thematically analyzed by two researchers using NVivo software.

Results: Thirty-four caregivers used shades of discoloration to explain their understanding of tooth decay. The range of Spanish terms used to describe dental decay appears to be greater than the range of terms used in English. When providing explanations for the cause of discoloration, more than half (65%) of 31 caregivers said that they were uncertain. A strong association was found between use of darker shades of discoloration and the use of terms describing more severe types of decay. Care seeking in response to the descriptions of discolorations varied, from no action to professional treatment.

Conclusions: Spanish terminology used to describe tooth discoloration and its possible association with decay is broad and complex. Dental practitioners need to know, not just the terms, but the meanings of these to Latino patients so that clear communication may lead to development of appropriate responses to dental discoloration and decay.

Support: Funded by NIDCR U54 DE14251.

Poster Presentations

Abstract#: 19

HEALTHY TEETH: DETERMINING OBSTACLES TO ACCESSING DENTAL CARE

Author(s): Alexandria Saulsberry, MD, Medical College of Wisconsin, Sima Patel, MD, Medical College of Wisconsin, Tiffany Frazer, MPH, Medical College of Wisconsin, Matt Crespin, RDH, BS, CDHC, Children's Health Alliance of Wisconsin, Karen Ordinans, Children's Health Alliance of Wisconsin

Objective: To determine barriers to oral health care access as perceived by parents and youths in City of Milwaukee.

Methods: Three one-hour focus groups were conducted to identify parent and youth beliefs about access to dental care; both fund of knowledge on oral health topics and barriers to oral health services. Parents were recruited from a local Head Start and charter school and youths (ages 12-15) were recruited from a public school. Sessions were audiotaped and transcribed.

Results: Thirteen parents participated in two focus groups and eight students in a youth focus group. The following was observed: (1) gaps in knowledge exist about basic dental care, (2) access to dental care is difficult and (3) concerns about quality of care and safety exist, especially when alternative models for oral health services are considered. Head Start parents had minimal oral health knowledge. Parents of children who have school-based oral health programming were more aware of oral health issues. Youths had better knowledge with insight into the pathophysiology of dental disease and the need for good oral hygiene. All agreed that getting an appointment was difficult and availability of appointments are not convenient with parents work or youths school schedules.

Conclusions: Focus group findings on oral health care access suggest that City of Milwaukee youths had better exposure to dental information than parents and there are benefits to expanding dental education for school-age children. Obstacles exist to the accessibility of dental office hours, the process of getting an appointment and finding dentists willing to accept Medicaid coverage. More assessment is indicated to understand parents caution when considering alternative models to oral health care services.

Abstract #: 20

ONE COMMUNITY HEALTH CENTER'S EXPERIENCE IN PROMOTING THE COMMUNITY HEALTH CENTER MODEL AS A SOLUTION TO WISCONSIN'S ORAL HEALTH CRISIS

Author(s): Greg Nycz, Director, Family Health Center of Marshfield, Inc.

Objective: Solve the dental access problem and eliminate oral health disparities in northern Wisconsin and throughout the State.

Methods: Phase I – Establish a large community health center dental clinic in Rusk County (population 15,627). Phase II – Utilize patient origin data to target communities in surrounding counties. Engage with those communities to create additional dental clinics, provide care closer-to-home, and free up resources to focus service capacity on Rusk County. Address health literacy issues by: fully integrating dental, clinical and administrative information into the electronic medical record; creating decision support to identify patients without a dental home to primary care physicians who will provide guidance and referral; and providing a feedback loop to those same physicians on patient compliance with referral recommendations. Phase III – Explore the potential of creating a new dental school to provide for the workforce needs of safety net providers. Phase IV – Replicate dental clinics throughout the State.

Results: Phase I was completed with the establishment of a 5-dentist practice in Rusk County (2002). Phase II is in process with a 2-dentist practice in Clark County (2005), a 10-dentist practice in Chippewa County (2007), and a 4-dentist practice in Price County (2008). Phase III is in the feasibility stage. Progress on Phase IV has been empowered by the doubling of Wisconsin's health center grant program to \$6,000,000 per year, effective in 2008.

Conclusions: Providing real value to taxpayers by greatly expanding access to oral health services under a comprehensive health center model can be successful in engaging local communities, key constituents, state legislators and state administrators in supporting progress toward a comprehensive solution.

Abstract #: 21

CAPITAL BUDGETING ANALYSIS AND MOBILE DENTAL OPERATIONS: THE UNIVERSITY OF KENTUCKY COLLEGE OF DENTISTRY'S EXPERIENCE

Author(s): Oscar Arevalo DDS, ScD, MBA, MS University of Kentucky College of Dentistry; Amit Chattopadhyay PhD, MPH, MDS, BDS University of Kentucky Colleges of Dentistry and Public Health; Harold Lester DMD University of Kentucky College of Dentistry

Objective: The University of Kentucky College of Dentistry (UKCD) operates a mobile dental program composed of four fully self-contained units. Current economic conditions dictate that as the mobile units age it will be harder to find donors willing or able to provide the resources required to finance asset replacement. However, in order to maintain current levels of access for the underserved, current activity and consideration of replacement is paramount. A Capital Budgeting Analysis (CBA) was conducted to

determine if a new mobile unit would yield a positive Return on Investment (ROI) and generate a cash-reserve for the replacement cost at the end of its useful lifetime.

Methods: An estimate for a new mobile unit was obtained. Data from FY 2006 – 2007 including clinical productivity, billing, collections and operational costs for one of the mobile units were collected. A CBA was conducted using the Net Present Value (NPV) decision model in four different scenarios: worst, current, good and best. Depreciation funding was calculated by transferring funds from cash inflows (clinical income plus state support) and reinvested to offset depreciation at a fixed compound interest.

Results: A positive ROI was obtained only for the best scenario (Kentucky Medicaid fees adjusted at UCR levels plus state appropriations minus cash outflows). However, the depreciation fund did not generate a cash-reserve sufficient to replace the mobile unit at the end of its useful lifetime. (12 years)

Conclusions: Although capital budgeting is a useful tool when making managerial decisions, the numbers seldom tell the whole story. As a safety net provider, the UKCD's mobile operation has a positive social impact ensuring access to dental care for the underserved children in Kentucky and improving their quality of life.

Abstract #: 22

MOBILE CLINIC PROGRAMS IN U.S. DENTAL SCHOOLS—A NATIONAL SURVEY

Author(s): Niel Nathason, MA, MPH, University of Southern California School of Dentistry

Objective: The aim of this descriptive study was to compile and tabulate data regarding mobile dental programs operated by academic training institutions across the United States, in order to disseminate this information within dental schools and public health audiences and to encourage replication of similar programs by organizations to increase care delivered to underserved communities.

Methods: A survey of all U.S. schools of dentistry was conducted via an internet based survey system (SurveyMonkey.com) during the fall of 2007. The questionnaire was developed using questions from faculty and staff at the University of Southern California School of Dentistry, which has had an extensive mobile dental program for several decades, as well as questions previously used in a similar survey from the University of California, San Francisco.

Results: Responses were received from all dental schools. Thirteen (13) dental schools indicated having mobile dental programs and completed the survey. The questionnaire included 81 questions and 8 sections covering: university sponsorship; vehicle and clinic details; technological systems; personnel and student rotations; patient demographics and service provision; mobile outreach and community information; financial issues and sources; and evaluation methods.

Conclusions: Mobile dental clinic programs are effective in increasing access to care for underserved populations, exposing students to rural and innercity communities, improving clinical proficiency of dental

students, expanding service-learning experiences for students, and enhancing the visibility of dental schools.

Abstract #: 23

PROGRAM EVALUATION AND PERCEPTION OF STUDENTS OF A NEW MOBILE DENTAL CLINIC AT THE UNIVERSITY OF COLORADO DENVER SCHOOL OF DENTAL MEDICINE

Author(s): JoAnn P. LeClaire, RDH, MS University of Colorado Denver School of Dental Medicine, Rob Berg, DDS, MPH, MS, MA, University of Colorado Denver School of Dental Medicine

Objective: In May 2007 the University of Colorado Denver School of Dental Medicine placed a three-operatory mobile dental clinic into service for the first time. Care was provided to children in three rural Colorado areas: Eagle, Grand and Yuma counties. The objective of this study was to obtain student's perceptions and evaluations of that mobile dental clinic and to assess their pediatric clinical education experiences.

Methods: A survey questionnaire was given to students, who participated in the mobile dental clinic rotation between May and November, 2007: fourth-year dental students, 2nd year international student and 2nd year dental hygiene students. Data from the clinic's computer system were also obtained and used to assess the volume and service-mix of the clinical experiences.

Results: The students viewed the mobile dental clinic as a useful educational experience which enhanced their ability to treat pediatric patients and indicated interest in volunteering on the mobile clinic after graduation. Students recommended enhanced patient screening in the future. Productivity data indicated 4,056 procedures performed for 516 patients at 779 encounters during the 18-week period.

Conclusions: The mobile dental clinic provided an effective addition to the pediatric clinical curriculum. The protocol should be adapted to improve the initial patient screening process to make the clinic more efficient and effective.

Abstract #: 24

A FINANCING MODEL FOR COMMUNITY-BASED DENTAL EDUCATION

Author(s): Kimberly McFarland D.D.S., M.H.S.A., University of Nebraska Medical Center, Department of Oral Biology

Objective: Increase access to care for underserved populations and recruit a future workforce to serve in high need counties by financing community-based dental education through the use of an enhanced Medicaid reimbursement system specifically for dental education.

Methods: Develop a service learning dental network whereby Community Health Centers, local Health Departments and rural clinics partner with the UNMC College of Dentistry to provide services for the underserved. The College of Dentistry receives an enhanced Medicaid reimbursement rate for teaching future providers to serve the underserved.

Results: Currently, three Community Health Centers, one local health department dental clinic and two rural private dental practices partner with the College of Dentistry to serve the underserved. Dental students spend a minimum of three weeks at a service learning site and the enhanced Medicaid reimbursement rate finances the service learning program.

Conclusions: Enhanced Medicaid fees for dental education in rural and underserved areas increases access to care and assists in workforce recruitment.

Abstract #: 25

REGISTERED DENTAL HYGIENISTS IN ALTERNATIVE PRACTICE

Author(s): Elizabeth Mertz, M.A., Center for the Health Professions, UCSF

Objective: This study examines the process of development of local practices of Registered Dental Hygienists in Alternative Practice (RDHAP) in California.

Methods: A literature review and legislative analysis provide the historical and legal framework for RDHAP practice. Eleven RDHAPs in California, as well as five representatives from education, regulatory and professional associations were interviewed. A qualitative analysis of the data was conducted to understand the processes, motivations and conflicts impacting the development of RDHAP practices.

Results: RDHAPs have developed unique, innovative and responsive models of practice in their local communities. The variety of models being developed share 1) a focus on meeting the needs of underserved patients, 2) the use of a diversity of practice sites and modalities, 3) a range of payment sources, 4) both conflict and collaboration with local dental communities, and 5) an ongoing struggle to address structural and environmental barriers to practice.

Conclusions: Despite many challenges, RDHAPs are clearly addressing the preventive oral health care needs of underserved Californians. Professional groups, policy makers and educators interested in developing new types of dental practitioners and/or new models of dental care have much to learn from the experiences of RDHAPs in their struggle to develop this new approach to hygiene practice. Funding: CPAC #FNN07A

Abstract #: 27

ASSURING QUALITY OF DENTAL SERVICES IN SCHOOL-BASED PROGRAMS

Author(s): Jayanth V. Kumar, DDS, MPH and Kara M. Connelly, MS

Objective: To provide an overview of the strategies being used to assure quality of school-based dental programs in New York.

Methods: New York State Department of Health, Bureau of Dental Health monitors 45 programs which offer school-based dental health services via portable equipment, fixed sites or mobile vans in over 300 schools throughout New York State. To assure the quality of services, the Bureau developed an application process and monitoring tools, specific for school-based dental services to become an approved provider in New York State. Technical assistance is provided where needed.

Results: Since the inception of the new procedures in 2005, 45 school-based dental providers have been approved by the department. The length of the approval process varies depending on factors such as the: complexity of program, familiarity of program with guidelines and protocols, and/or experience as an established dental clinic. The average approval turnaround period for approval is 3 months. Compliance with program guidelines and protocols are verified by the NYSDOH via an in person site visit. In addition, programs provide quarterly and annual reports.

Conclusions: The process for approval of school-based programs in New York State provides a mechanism to assure quality and appropriateness of services. However, technical assistance must be available to program planners at the local level for expediting the approval process.

Abstract #: 28

STUDENTS' POST-EVALUATION OF THE SEAL KY PROGRAM

Author(s): Iniva R. Ngaka, BS, MS, DMD student; Judith Skelton, PhD; M. Raynor Mullins, DMD, MPH

Objective: The purpose of this study was to evaluate the dental students' perception of the Seal KY program as they progress from 1st to 4th year in their curriculum.

Methods: The Seal Kentucky Program was created to provide a community-based dental sealant program for elementary aged school children onsite at selected high risk schools in rural Kentucky. The program was designed to engage students in service learning in their first year curriculum at UKCD. Student dentist preparation for this experience is delivered in 2 companion courses in the first 2 months of the first year. Content for the clinical portion of the course is designed to teach dental students basic preventive techniques that can be used in community settings to address the epidemic of dental caries in underserved populations and to introduce students to patient care in a clinical setting. For two days groups of 10-12 students screened children, placed sealants, assisted classmates and instructed children. A survey was sent to 223 student dentists as a post-evaluation method.

Results: 62% of the students enrolled at the University of Kentucky College of Dentistry participated (UKCD) in the survey. 76% of the students reported the experience as valuable as an introduction to patient care. The students (81%) also reported having gained a greater understanding of the needs of underserved children in rural Kentucky.

Conclusions: The student responses were overwhelmingly positive in support of the program as well as in support of the possibility of an additional program providing more comprehensive dental care.

Abstract #: 29

EVALUATION OF THE SMILES ACROSS GREATER MISSOURI – 2006-07: DENTAL SEALANTS

Author(s): Moncy Mathew, DDS, MPH*; Michael McCunniff, DDS, MS*; Barry Daneman, MA*; Jasmine H. Ratliff, MHA**; Matthew Kuhlenbeck, MHA**; Cynthia P Hayes MHR, MHA**; Alyse Sabina, MPH**; Charles Gasper

MS(R)**. * UMKC School of Dentistry; ** Missouri Foundation

Objective: To create an evaluation structure for grantees implementing dental sealant programs as part of the Smiles across Greater Missouri program, funded by the Missouri Foundation for Health (MFH).

Methods: The program targeted underserved children in 3rd and 6th grade, providing dental screenings, education, referrals if needed, and sealants. The evaluation structure utilized qualitative instruments (open-ended questionnaires, interviews of key stakeholders) and quantitative instruments (minimum data sets, interim reports). Data were collected periodically over the course of the program year.

Results: There were a total of 6 grantees, comprising of 2 county health departments, 3 Community Health Centers, and 1 Health Agency, operating school-based programs. A total of 1098 eligible children received sealants, and 583 participants were referred for further dental care. Obtaining participation from eligible populations was challenging, with the overall program participation rate of 29% of eligible populations. Obtaining dental care for referrals was a significant challenge for applicants without an 'in-house' dental clinic.

Conclusions: Efforts towards marketing sealants need to increase in order to gain visibility over other dental screenings and/or fluoride varnish programs. Case-management may be required to track outcomes of referrals. Evaluation should be broad-based and include stakeholder input to obtain information to improve cost-effectiveness of sealant programs

Abstract #: 30

USING PATIENT SATISFACTION SURVEYS FOR QUALITY ASSURANCE

Author(s): Anuradha Deshmukh, BDS, MSD, CAGS, Boston University Goldman School of Dental Medicine, Department of General Dentistry/Office of Clinical Services, Stephen DuLong, DMD, CAGS, Boston University Goldman School of Dental Medicine, Office of Clinical Service.

Objective: The main objective was to assess the satisfaction of patients with the care they received at Boston University School of Dental Medicine by using patient satisfaction surveys, an indicator used for Quality Assurance.

Methods: The study population consisted of a random sample of patients who had completed their treatment by May 31, 2007. The clinics surveyed included all nine clinics at BUGSDM. The data were collected using a questionnaire that was modified for each of the clinic director's need for data collection by the members of QA committee. The surveys were mailed out in June 2007. Data was entered and cleaned using Microsoft Excel 2003 and PC SAS was used for analysis. Bivariate analysis, multivariate logistic and multiple regression analyses were performed.

Results: The total study population was 323 with a response rate of 17% (323/1900). The respondents included 63% females and 37% males. The mean age of the study population was 51.8 ±16.4 years. Majority of

the population were White/Caucasians (69%) and belonged to the self-pay group (43%).

Conclusions: There was a statistically significant difference in the satisfaction the patients had with courteousness of front desk staff by age, gender and waiting time before appointment after controlling for other factors. Statistically significant differences were seen in the satisfaction based on whether the patients' appointments began on time or not after controlling for other affecting factors. However, there was no statistical difference seen in satisfaction by race/ethnicity and method of payment.

Abstract #: 31

SIMPLE COMPUTER APPLICATIONS FOR MARKETING ORAL HEALTH PROGRAMS

Author(s): Bonnie G. Branson, RDH, PhD; Melanie L. Simmer-Beck, RDH, MS; University of Missouri Kansas City; School of Dentistry; Division of Dental Hygiene

Objective: This presentation will describe the use of simple, inexpensive computer applications for data management and marketing of a statewide oral health program.

Methods: The state of Missouri's "Preventive Services Program" engages communities in taking responsibility for the oral health of its children. Oral health consultants assist communities in planning screening, education and fluoride varnish events. The success of this program is dependent upon the support of all local stakeholders in oral health; including dental professionals, nurses, school administrators, Head Starts and county health departments. Marketing the program, management of program data, and a limited budget were challenges faced by the program organizers. Two simple, inexpensive network-based computer applications (TypePad and BaseCamp) were used to organize the data and advertise the program.

Results: Utilization of these network-based programs allowed the program organizers to develop a web-log that is useful for multiple education and marketing opportunities. Currently the weblog receives an average of 22 hits per day. The project management application allows multiple staff members, in numerous locations to utilize data and manage participating communities.

Conclusions: These strategies will be useful for other programs seeking to market programs and manage data simply and inexpensively.

Abstract #: 32

SEARCHING FOR BEST PRACTICES TO INCREASE ACCESS TO HIV ORAL HEALTH CARE IN RURAL AREAS

Author(s): Timothy S. Martinez, DMD/Boston University School of Public Health; Carol Tobias, MMHS/BUSPH; Helene Bednarsh, RDH, MPH/Boston Public Health Commission

Objective: To increase access, retention, and adherence to oral health care for people with HIV in rural areas.

Methods: Eight rural sites in the US and Virgin Islands received grants to expand access to oral health care for people living with HIV. One site is a mobile dental

van co-located with rural health centers and seven sites are fixed facilities. Of the fixed sites, four are stand-alone satellite clinics, two are dental chairs within an existing medical practice, and one is located within a dental hygiene school.

Results: After fifteen months, seven programs are serving patients and have documented barriers and facilitators to care at both the program and patient levels. Programmatic challenges include site location, recruitment of dentists and hygienists, patient transportation, and sustainability. Patient barriers include dental phobia, HIV disclosure, competing needs, limited dental health literacy and transportation. Employment of dental case managers/patient navigators, dental loan repayment programs, collaboration with hygiene schools, integrating medical and dental care, innovative scheduling practices and a variety of transportation strategies were used to address barriers.

Conclusions: A national evaluation will help identify those strategies that are most effective in increasing access to and retention in care and are replicable in other rural settings.

Abstract #: 33

ON THE ROAD TO INCREASING ACCESS TO HIV ORAL HEALTH CARE

Author(s): Jane Fox, MPH, Boston University School of Public Health; Helene Bednarsh, RDH, MPH, Boston Public Health Commission; Timothy Martinez, DDS, SPNS Evaluation and Support Center.

Objective: In 2006, four sites were funded as a larger HRSA demonstration project to create and implement programs using mobile vans as a method of expanding access to oral health care for underserved populations particularly those with HIV infection.

Methods: Each project designed and purchased a mobile van to expand access to oral health care in their target area. Three serve urban populations in New York City, Miami and New Orleans and one serves patients in rural South Carolina. Models vary by van design and types of oral health services provided.

Results: Creation of these programs occurred with several anticipated and unanticipated challenges. Likewise, the programs encountered successes along the way. These qualitative data regarding barriers and facilitators, as well as quantitative baseline data collected from patients begin to address two evaluation questions.

- Does the use of mobile vans increase access to oral health care for the target population?
- What are the similarities and differences in strategies to increase access to oral health care through the use of mobile vans?

Conclusions: Several factors must be considered when developing mobile van programs to provide oral healthcare. These models may guide the creation of other mobile oral health care programs for people living with HIV in urban and rural areas and other underserved populations.

Abstract #: 34

ORAL HEALTH EDUCATIONAL PROGRAM FOR HIV(+) MOTHERS

Author(s): María Elena Guerra* Pediatric Dentist, Vilma Tovar Oral Pathologist; Ana Rodriguez General Dentist: Centro de Atención a Pacientes con Enfermedades Infecciosas Facultad de Odontología Universidad Central de Venezuela

Objective: To describe a training program for HIV(+) mothers to self detect opportunistic infections and prevent dental caries in mother and child.

Methods: By Venezuelan law, all pregnant women should be tested for HIV 3 times during pregnancy. From 2003, 2007 HIV(+) pregnant women were recruited at the Hospital Universitario de Caracas. At the first visit each mother was interviewed and examined by a dentist. Then, mothers receive an interactive educational program on the clinical manifestations of HIV-related opportunistic infections and dental caries. The training focuses on early identification of lesions, seeking appropriate care once lesions are detected and in-home preventive practices. The program is provided at the first visit and refreshers at each pre and post-partum visit, every 3 months

Results: 123 mothers have regular participation in the program (missed <4 visits). In addition, 43 had emergency visits due to pain, 34 mothers missed >4 visits. After training mothers were capable of detecting early signs of disease (HIV infection and dental caries).

Conclusions: The capacity to detect and monitor the intraoral manifestations of HIV provides a feeling of empowerment, and lesions are detected and treated early. In addition, preliminary data shows a secular trend towards less prevalence of dental caries in their children. A follow-up of missing mothers indicate that the most common barrier is transportation to the hospital.

Abstract #: 35

CHALLENGES, SUCCESSES, AND ACCIDENTAL QUIRKS IN ESTABLISHING HIV ORAL HEALTH PROGRAMS

Author(s): Helene Bednarsh, RDH, MPH, Boston Public Health Commission; Jane Fox, MPH, Boston University School of Public Health; Timothy Martinez, DDS, SPNS Evaluation and Support Center.

Objective: In September 2006 HRSA funded 15 demonstration sites (urban and rural) to develop and implement oral health programs for persons living with HIV. HRSA funded one evaluation and support center to provide training/technical assistance and multi-site evaluation.

Methods: Barriers to oral health care are well defined. Models of care to increase access also experience barriers and these may apply to other programs for underserved populations. The challenges in developing these programs will be described as well as the successes achieved in the first 18 months of the programs. Unanticipated events, negative or positive, are of use in evaluating design and recommending models of care.

Results: Program start-up barriers fall into three major categories: 1. Staffing and training; 2. Developing

linkages and clinic set-up; and 3. Unanticipated events. The challenges experienced by these programs and the interventions to abate them would be of assistance to others developing models of care. Projects have also encountered a variety of successes especially in relation to patient recruitment.

Conclusions: Barriers facing underserved populations are similar. PLHIV face additional barriers such as stigma, confidentiality, and concern over disclosure. These innovations in care can be applied across the population and not be limited to programs increasing access to oral health care for PLHIV.

Abstract #: 36

THE ORAL HEALTH-RELATED ACCESS TO CARE, QUALITY OF LIFE AND ATTITUDES OF THE HOMELESS POPULATION

Author(s): Niel Nathason MPH MA, Hazem Seirawan DDS MPH MS, Roseann Mulligan DDS MS

Objective: The aim of this study is to measure the homeless' access to dental care, oral health-related behaviors, quality of life (OHRQOL) and attitudes towards oral health.

Methods: A convenience sample of homeless subjects was recruited from the Union Rescue Mission (URM) of Los Angeles County before their dental treatment at the USC + URM Dental Clinic located inside the mission. The study outcomes were measured using instruments that were previously cited in the literature. Access to care was measured using the ASTDD instrument, and OHRQOL was measured using OHIP-14 questionnaire (Slade et al.). Bilingual personnel (English/Spanish) were trained to interview each subject individually.

Results: The study recruited 152 adult homeless with an average age of 46 years, 79% were males; 52% were African-American and 23% were Hispanic. About half of the sample (52%) reported having a toothache in the last six months, 51% reported a need for dental care in the last year but they were not able to see a dentist. The subjects' OHRQOL averaged 54 points and only 8% had an optimum (highest level) of OHRQOL. Nearly all subjects reported that they brushed their teeth with 32% reported brushing once-a-day. The majority of the subjects 77% strongly agreed that the appearance of their teeth is important, 59% that sweet products are generally poor for teeth and 70% that tobacco is poor for teeth (61% were current smokers). About two thirds of the subjects (67%) strongly agreed that brushing prevents tooth decay and 65% that it results in healthier gums. The results were not significantly different by gender or ethnicity.

Conclusions: Homeless do not have adequate access to dental care despite their higher needs, suffer poor OHRQOL, and a large segment of them have poor knowledge/attitudes toward oral health.

Abstract #: 37

ORAL HEALTH NEEDS AND RESOURCES IN THE AFTERMATH OF HURRICANE KATRINA

Author(s): Robin Knowles, RDH, MPH, Asst. Prof. of Dental Hygiene, Tunxis Community College; Julie Nocera, RDH, MS, Asst. Prof. of Dental Hygiene, Tunxis Community College

Objective: A retrospective evaluation of challenges faced by providers and clients of oral health care services following the devastation of Hurricane Katrina in New Orleans La.. An examination of the rapid response efforts of a faith based organization in providing oral health care services to survivors of the disaster as well as to those who arrived to assist in the recovery.

Methods: In the wake of Hurricane Katrina, many residents found themselves without access to oral health care services for a variety of reasons. Volunteers were recruited from across the country to provide basic restorative, hygiene and oral surgery care to anyone who arrived at the door of a newly established free clinic. The program was managed and funded solely by a faithbased organization. Staff and volunteers worked to meet not only the dental needs of clients, but social and emotional needs as well.

Results: The program began providing services in a cargo container situated in a parking lot, utilizing portable equipment, generators and bottled water. After a few months, services were delivered from a trailer in a complex that included medical and pharmacy services. Millions of dollars of free dental care was provided to members of the community. After two years, the oral health infrastructure of New Orleans was taking shape and clients began integrating back into the system.

Conclusions: Following a large scale disaster, oral health may be considered by some to be a low priority need; however, the issues associated with the absence of services to an entire community contributed to the overall social and emotional challenges of this population. This program demonstrated the ability of one organization to quickly mobilize volunteers to provide interim oral health services to a vulnerable population.

Abstract #: 38

HEALTH LITERACY AND SMOKING: A DENTAL CLINIC-BASED NEEDS ASSESSMENT

Author(s): Angie Chin, BA; Carol Kunzel, PhD; Erin Patterson, MPH; Piyumika Kularatne, MPH, CMES, EdDCe, Columbia University College of Dental Medicine, New York, NY

Objective: To conduct an assessment of the health literacy, attitudes and knowledge related to tobacco use among patients at the dental clinics of the Columbia University College of Dental Medicine (CUCMD), preliminary to developing literacy-level and culturally-appropriate smoking cessation educational reading materials.

Methods: Patients were eligible to participate if they were current adult smokers, English speaking, Hispanic or African American, dental clinic patients, and not currently enrolled in a smoking cessation program. A convenience sample of 41 dental patients agreed to complete the Test of Functional Health Literacy in Adults (TOFHLA), and the CUCDM Smoking Questionnaire.

Results: Literacy: 29% had marginal or inadequate levels. Smoking knowledge: 76% believed that chewing tobacco and snuff can cause cancer; 68% believed there is a very strong connection between smoking and

ill or bad health. Desire to quit: 68% definitely wanted to quit smoking. Self-efficacy: 65% were somewhat or not at all confident they would be able to quit.

Conclusions: Over two-thirds of the study's subjects knew that smoking was bad for their health and wanted to stop smoking. A similar proportion lacked the firm sense of self-efficacy frequently needed to change behavior. Nearly 30 percent had inadequate or marginal literacy and would potentially benefit from a "plain talk" approach. This needs assessment will aid in the development of a literacy-level appropriate, tailored self-help resource for this target audience.

Abstract #: 39

A SURVEY OF ORAL RELATED BEHAVIORS OF CHILDREN WITH AN AUTISM SPECTRUM DISORDER

Author(s): Ronda R. DeMattei, RDH, MEd, PhD & Sherri M. Lukes, RDH, MEd; both from Southern Illinois University Carbondale

Objective: The purpose of this study was to contribute to the body of knowledge regarding oral health of children with an autism spectrum disorder (ASD). Moreover, it investigated behaviors that may negatively impact oral wellness of children with an ASD.

Methods: A survey was used to elicit information from parents/guardians regarding behaviors that may impact the oral health of children with an ASD. Surveys were collected for 91 subjects from 4 different schools.

Results: Descriptive data revealed the following frequencies reported for children with an ASD: 54% resist having teeth brushed; 33% are disturbed by touch to the face or head; 28% are able to verbally communicate their needs; 27% display self-injurious behaviors; 56% consume soda daily; 48% have teeth brushed thoroughly daily; 45% receive annual dental exam; 28% receive annual dental cleaning; 71% have had dental treatment sometime in their life; 61% receive an exam when a problem is suspected; and 26% have been put to sleep for dental procedures.

Conclusions: Use of a nonprobability sample limits the generalizability of results. Results corroborate previous reports indicating that individuals with disabilities often possess unique barriers to oral care. Behavioral management strategies are needed to promote oral wellness in this population along with effective educational programs for dental professionals, parents, and other direct caregivers.

Abstract #: 40

ORAL HEALTH AND QUALITY OF LIFE OF AGRICULTURAL WORKERS' CHILDREN

Author(s): Ginelle Sakima, DDS, Susan Hyde, DDS, MPH, PhD, Stuart A. Gansky, DrPH, UCSF Center to Address Disparities in Children's Oral Health, Hillary L. Broder, MEd, PhD, University of Medicine and Dentistry of New Jersey, Jane A. Weintraub, DDS, MPH, UCSF Center

Objective: To describe oral health and oral health-related quality of life (OHRQoL) of the children of agricultural workers.

Methods: Household enumeration and random sampling was conducted with agricultural worker

families living in rural Mendota, CA as part of a larger, cross-sectional, population-based study. This analysis included families with at least one 8-17 year-old child at home. 133 caregivers were interviewed about their children's oral health. 232 children completed a 0-4 Likert scale (4 most favorable), 5-domain, 34-item self-administered OHRQoL questionnaire, the Child Oral Health Impact Profile (COHIP). Pairs of domains were compared.

Results: The child's mean age was 12 years (SD=3.2); 46% were male; 97% were Latino; and 67% U.S. born. 'Fair' or 'poor' oral health was reported for 29% of the children; 57% visited a dentist during the past year; 15% had a toothache at their last visit; and 10% had never seen a dentist. The overall median COHIP score was 3.1. The median scores for functional (3.5), social-emotional (3.3), and school environment (3.8) domains were more favorable than self-image (2.3) and oral health (2.8) domains. Wilcoxon signed rank tests showed significant differences ($p < 0.001$) in mean scores between these two groups.

Conclusions: The children's OHRQoL was significantly lower in the self-image and oral health domains compared to the other domains indicating lack of self-confidence and attractiveness as related to their teeth, mouth and face.

Abstract #: 41

ORAL HEALTH KNOWLEDGE ATTITUDES AND BEHAVIORS OF MIGRANT AND SEASONAL FARMWORKER PRESCHOOLER PARENTS SERVED BY THREE MIGRANT DENTAL CLINICS

Author(s): Sherri M. Lukes, RDH, MS, Associate Professor, SIUC

Objective: The objective of the project was to establish baseline data about oral health knowledge, attitudes and behaviors of migrant and seasonal farmworker preschooler parents utilizing services at three dental clinics operated by the same agency.

Methods: An oral health knowledge attitudes and behaviors survey was developed and pilot tested in 2006. The resulting 34 item survey was administered by trained promotores de salud (community health workers) to 45 (15 per site) parents of preschoolers served by three dental clinics.

Results: Parents reported 77.8% (35) of the children had their teeth cleaned daily, primarily by the mother. Approximately 58% (26) had a dental in the last 12 months and no pain/problem was the most commonly cited reason for no visit; however, of those who had sought care, an exam was the most common reason for the visit. Sixty percent (27) stopped bottle feeding at 1-1 1/2 years of age while 88% (40) reported believing a child should stop taking the bottle at 1-1 1/2 years. Approximately 18% (8) reported the child currently takes a bottle to bed and cow's milk was most commonly in the bottle. Fruit juice and cow's milk and fresh fruit and cookies were the most common drinks and snacks consumed between meals. Parents reporting their own oral health to be good was 46.7% (21) but 77.8% (35) rated that of their child as good.

Conclusions: More work is needed in educating and serving this difficult to reach population and the impact *promotores de salud* may have in the process.

Abstract #: 42

HEALTH VALUES AND HEALTH LITERACY IN A DENTAL SCHOOL CLINIC

Author(s): Kathryn A. Atchison, DDS, MPH, UCLA School of Dentistry, Claudia Der-Martirosian, PhD, UCLA School of Dentistry, Melanie W. Gironda, MSW, PhD, UCLA School of Dentistry

Objective: Low health literacy, one's limited capacity to obtain, comprehend and act on health information, is described as "the silent health epidemic" (Joint Commission, 2007). Culture is linked to health literacy by the values that shape the perception and processing of health information. This study examines the association between health values and oral health literacy among a dental clinic population.

Methods: Participants included 200 adult patients seeking treatment from the UCLA School of Dentistry Oral Diagnosis Clinic who were at least 18 years old, without cognitive, vision or hearing impairment, and English speaking. Raw scores of an 84-word REALM-D and 48-item Health Values survey were computed using SPSS-14. Nine health values that significantly discriminated between people with high and low dental health literacy ($p < .004$) were entered into a logistic regression analysis, controlling for socio-demographic characteristics.

Results: Patients ranged in age from 19 to 89, 42% were non-white, 28% did not complete high school, and 20% did not use English as their main language. Logistic regression showed three significant predictors: the dentist as appropriate to give health advice, ill health results from carelessness, and the importance of health. None of the socio-demographic characteristics were significant in predicting dental health literacy.

Conclusions: The results highlight that health values, rather than sociodemographic characteristics were associated with dental health literacy. This suggests the importance of assuring that adequate communication takes place so that the health provider understands the patient's health values and their understanding of their treatment needs and treatment plan.

This study was supported by NIDCR R03-PAR-04-117

Abstract #: 43

CONCEPTUALIZATION OF DENTAL PROBLEMS AND CARE SEEKING AMONG LATINO IMMIGRANT CAREGIVERS OF YOUNG CHILDREN

Author(s): Kristin S. Hoeft, MPH, University of California- San Francisco, Erin E. Masterson, BS, University of California- San Francisco, Judith C. Barker, PhD, University of California- San Francisco.

Objective: This study examined Latino immigrant caregivers' perceptions of and behaviors surrounding early childhood caries in their children aged 1-5 years.

Methods: In urban San Jose, CA, a convenience sample of 50 Latino caregivers of young children provided in-depth qualitative interviews in Spanish about their beliefs and experiences surrounding their

children's oral health. Transcripts were independently read and thematically analyzed by researchers using NVivo software.

Results: The most common reason for a child's first dental visit is a parent-noticed problem (24%), followed closely by pediatrician recommendation (18%), school requirement (18%), having an older sibling already going to the dentist (17%), and parental decision for a checkup or cleaning (17%). The age of first visit averaged 2.6-2.8 years except when prompted by "school requirement" (average age 4.1).

Symptoms such as tooth discoloration or disintegration, pain, swelling or trauma alert parents to their child's need for professional dental attention. Parents consider children with 4+ or large carious lesions as having dental "problems." Once caries are completely treated by a dentist, a child with "problems" transitions back to "good teeth."

Conclusions: Parents' recognition and conception of dental problems affect care seeking behavior, including initiating about 24% of first dental visits. Other major determinants in timing of first dental exam are pediatricians, schools, older siblings, and parent initiative.

Abstract #: 44

SOCIO ECONOMICALLY DISADVANTAGED PARENTS AND ORAL HEALTH-RELATED INFORMATION - WHO SEEKS WHAT AND HOW?

Author(s): Marita R. Inglehart, Dr. phil. habil., University of Michigan, Barbara Kritt, MA, University of Michigan, Dan Briskie, Mott Children Health Center

Objective: To determine (a) which information about children's oral health-related topics parents would like to receive, (b) how they gain information about these topics, and (c) whether parents with different characteristics (female/male; black/white; education levels) desire different information and/or use different information sources.

Methods: Data were collected from 508 parents (88.2% female; 53.7% black/37.8% white; Mean years of schooling: 12.56 years) who brought their children to a community dental clinic. The respondents self administered a survey.

Results: The most wanted information about children's oral health-related issues was related to emergency situations followed by information about oral hygiene matters. The most frequently named source of information about children's oral health was the child's pediatrician with family members following as the next most frequently named source. Black parents differed significantly from white parents: They were more interested in most types of information about their children's oral health and were more likely to see their children's teachers and day care providers as a valuable source of information.

Conclusions: Providing parents with oral health-related information is crucial if oral disease should be prevented. However, parents do not consider dentists and dental hygienists as the primary sources for this type of information. This situation needs to be changed.

This research was supported by grant # DE-14887-02 from NIDCR; PI: Inglehart.

Abstract #: 45**DEVELOPING POLICIES AND PROTOCOLS FOR FIRST NATION ORAL HEALTH PROGRAMS**

Author(s): Amir Azarpazhooh (DDS, MSc, Researcher, Community Dental Health Services Research Unit and PhD/Specialty candidate, Department of Endodontics, Faculty of Dentistry, University of Toronto); Patricia A. Main (BDS, DDS, DDPH, MSc, FRCD(C), Associate Professor, Community Dentistry, Faculty of Dentistry, University of Toronto)

Objective: To ensure efficient and effective use of the resources and to enhance the capacity to provide timely policy and planning for the Children's Oral Health Initiative (COHI), Health Canada

Methods: We conducted systematic reviews for sealants and fluoride varnish (FV) (2 of the preventive components of the COHI program) as well as Caries Risk Assessment (CRA) and concerns about BisGMA. Ovid MEDLINE, CINAHL and several others were searched for English and Human articles

Results: The evidence for CRA (34 studies), sealant (38 studies), FV (7 studies) were summarized in evidence-based tables

Conclusions: In conclusion, we were able to confirm some of the existing protocols, edit and update other components and provide a new CRA tool to aid the appropriate use of scarce resources for one of the most vulnerable populations; children of First Nations and Inuit in Canada. In addition, we found that: resin-based sealants should be placed following ongoing prevention strategy based on CRA; should be placed on: all permanent teeth without cavitation; on primary molars of susceptible children; up to 4 years post-eruption for 1st and 2nd molars; but should not be placed on partially erupted teeth. FV protocols should be based on CRA. There is clear evidence of increased efficacy of FV in preventing dental caries in children and adolescents and increased efficacy of biannual applications. Currently the best indicator of CRA is previous/current caries experience. Combination of past caries experience and microbiological tests would make CRA more accurate.

Supported by Health Canada

Abstract #: 46**CONSTRUCTING A NEW SOCIAL INDEX TO DETERMINE ELIGIBILITY FOR A FLUORIDE MOUTHRINSE PROGRAM**

Author(s): Joanne B. Clovis, PhD, Carl Canning, DDS, Dalhousie University, Halifax, Nova Scotia, Heather Christian, Janet Braunstein Moody, Department of Health Promotion and Protection, Nova Scotia

Objective: To develop an index of population health indicators, specifically those related to socioeconomic status, for application as a proxy for caries risk to determine eligibility for the Nova Scotia government mandated school-based fluoride mouthrinse program (FMP).

Methods: The Government of Nova Scotia supported the development of a social index through the Statistics Division of the Department of Finance. Socioeconomic data were extracted from the current Statistics Canada census and applied to school

catchment areas using a geographic information system to map school boundaries. Public health dental hygienists verified school catchment areas in the field. Through an iterative process of applying specific census indicators of education, employment and income to school catchment populations, and then validating these with the Fluoride Mouthrinse Review Committee, three 2001 census indicators were selected to create a composite index. Schools were assigned to quintiles for each of the three social indicators, a value was assigned for each indicator, and the total value for the set of indicators was used to create a ranked list of all elementary schools in the province.

Results: Elementary schools were ranked from -6 to +6. Eligibility for the fluoride mouthrinse program was determined as any negative ranking. Nearly 40 percent of all elementary schools were determined eligible by the new index.

Conclusions: The Fluoride Mouthrinse School Eligibility Index (FMSEI) is a useful surrogate measure of risk and a new method for targeting the FMP. Further validation and refinement of the index is in progress and will contribute to its acceptance.

Abstract #: 47**SCHOOL-BASED ORAL HEALTH SERVICES AS PREDICTORS OF SCHOOL PARTICIPATION IN THE 2006-2007 MASSACHUSETTS ORAL HEALTH SURVEY**

Author(s): Corinna S. Culler RDH MPH, Onolee L. Bock BS, Thalida Dong DMD 2010, Michelle M. Henshaw DDS MPH, Boston University School of Dental Medicine

Objective: Oral health surveillance often involves data collection within public school systems. Our aim was to determine if oral health programs offered in schools affected the schools' participation in the 2006-2007 Massachusetts Oral Health Survey.

Methods: 158 schools were randomly selected to participate, 106 agreed. School nurses were asked to report the school-based oral health services available to their students. Services were categorized by type; no services offered (30% of schools), education only (38%), preventive (18%), and treatment services (15%). Risk ratios were calculated for schools in each category compared to all others.

Results: School participation significantly differed by the type of dental services normally provided at the school ($p=.002$). Schools offering comprehensive treatment programs were the least likely to participate, but had similar rates to those having no oral health services. Schools offering preventive services were more likely to participate. However, schools offering only OH education were the most likely to participate.

Conclusions: The direction of effect of existing OH programs on survey participation was not consistent across service categories. Oral health education alone or sealant programs increased the likelihood of participation, while having treatment programs decreased the likelihood. Given these findings, surveys may overestimate sealant prevalence and untreated decay in states with large numbers of school-based programs.

Abstract #: 48**SECOND YEAR RESULTS OF THE DENTAL EXAMINATION MANDATE OF SCHOOL-AGE CHILDREN IN KINDERGARTEN, 2ND AND 6TH GRADES IN ILLINOIS FOR 2006-07 SCHOOL YEAR**

Author(s): Sangeeta Wadhawan, BDS, MPH, Illinois Department of Public Health, UIC, Julie Janssen, RDH, MA, Illinois Department of Public Health

Objective: To collect and analyze school dental examination data among Kindergarten, 2nd and 6th grade children in Illinois.

Methods: As mandated by Section 27-8.1 of the school code, all children in kindergarten, second and sixth grades are required to have an oral health examination by May 15th of each year in compliance with the rules adopted by the Department of Public Health. In addition, school code requires all school districts submit completed paper-based surveys which is now replaced by an online survey to the Illinois State Board of Education summarizing dental compliance by June 30th each year.

Results: In the 2006-07 school year, the dental compliance level of all students in all reported schools was 80.4%. The compliance level of public schools was 78.8% and of non-public schools was 91.5%. A statewide total of 78,524 reported students (19.6%) of the total reported students (400,443) were in noncompliance with the dental examination mandate. The compliance level of all reported students in Kindergarten was 86.1%, 2nd grade 81.5% and 6th grade 73.8% respectively. Among all examined public and nonpublic school students in K, 2nd and 6th grades, 28.5% had dental sealants, 27.9% were with caries experience, 19.2% had untreated caries and 2.0% needed urgent treatment. Compliance levels as well as dental health indices obtained for nonpublic schools were much higher than those for public schools by overall measure as well as by grade levels.

Conclusions: Collecting mandatory school dental examination data statewide is a viable method for assessing disease burden and access issues around oral health among children and strengthens the oral health surveillance system by providing an ongoing system of data collection and provides trends over time.

Abstract #: 49**CARIES PREVALENCE AMONG LOW-INCOME CHILDREN AGED 0-3 YEARS**

Author(s): Homa Amini, DDS, MPH, MS, Nationwide Children's Hospital, Paul S. Casamassimo, Nationwide Children's Hospital, Beth Noel, RDH, Nationwide Children's Hospital

Objective: To assess the dental caries prevalence rate among children aged 0-3 years in an Infant Clinic in Columbus, Ohio.

Methods: Data were collected from a retrospective chart review of the dental records of 119 children aged 0-3 years who had a new patient visit at Nationwide Children's Hospital between August 2004 and December 2007. Oral health findings and demographic information for each child in the study were recorded. Demographic information included age, gender, race/ethnicity, and type of dental insurance. Oral health information

included child's caries status and the type of treatment modality rendered.

Results: The gender of the children was 46% males and 54% females, with the following race/ethnicity composition: 39% white, 31% African American, 23% Hispanic, and 7% other. Distribution by age revealed 18% of children were of age 1 and younger, 45% were between the ages of 1 and 2 years, and 37% between the ages of 2 and 3 years. The majority (78%) was covered by Medicaid and only 3% were uninsured. Overall, 44% of children had at least 1 decayed tooth. Of the children with dental needs, 69% were treated under general anesthesia and 12% with conscious sedation. Only 19% of children were managed with non-pharmacological techniques. Those with dental caries were significantly older at the first visit ($P < .001$).

Conclusions: Establishing a dental home by age 1 can significantly increase access to preventive and treatment services for very young children and those at risk for dental disease.

Abstract #: 50**ORAL HEALTH STATUS OF HEAD START CHILDREN IN FAYETTE COUNTY, KENTUCKY**

Author(s): Kavita R. Mathu-Muju, DMD, MPH, University of Kentucky, Sherry J. Hamilton RDH, University of Kentucky, Amit Chattopadhyay, PhD, MPH, BDS(Hons), Dip.Journ., DcFM, MSASMS

Objective: To complete a descriptive epidemiological investigation of the oral health status of Early Head Start (EHS) and Head Start (HS) children enrolled in the University of Kentucky Mobile Dental Program (UKMDP).

Methods: A contractual relationship exists between the UKMDP and Community Action Council, which oversees administration of EHS/HS in Fayette County, Kentucky. The UKMDP provides education, dental examinations, comprehensive and preventive treatment for enrolled children. Children were triaged into three streams: preventive care, early care and urgent care. Clinical and demographic data was collected and entered into an electronic tablet after each appointment and subsequently analyzed using standard statistical analysis.

Results: Ninety-five percent of children enrolled in EHS were categorized as having preventive needs and 5% had urgent treatment needs. Sixty-five percent of Head Start children had preventive needs, 22% had early needs, and 9% had urgent treatment needs.

Conclusions: There is high unmet dental need in this population of children. Future studies are needed to investigate the effectiveness of coordinating services from oral health care providers in a community to meet the dental needs of this population.

Abstract #: 51**ORAL HEALTH AND DENTAL REPORTING SYSTEM IN THE NEW YORK STATE HEAD START PROGRAM**

Author(s): Hiroko Iida, DDS, MPH, New York State Department of Health, Junhie Oh, DDS, MPH, Tuba City Regional Health Care, Jayanth V. Kumar, DDS, MPH

Objective: To identify oral health problems among Head Start children and assess the completeness of the dental reporting system in the New York State Head Start program.

Methods: Head Start sites were randomly selected from six stratified State regions based on location and regional characteristics. Dental records and parental questionnaires were collected from 349 participants from 13 Head Start centers and dental screenings were conducted by licensed dental professionals on 232 children. Dental records were examined for their completeness using the review tool developed by investigators. SAS Survey procedures were used to estimate caries experience, untreated caries and dmft with appropriate sample weights.

Results: Overall 41% (SE 4.1) of children had caries experience and 30% (SE 3.7) had untreated caries. The mean dmft was 2.1 (95% CI 1.6, 2.5) while the median was zero. Sixty percent of Head Start centers in the project used the Federal Head Start dental form. Among the dental records reviewed, oral conditions were properly filled only in 13% and left completely blank in about 20% of the records.

Conclusions: Dental caries is a prevalent condition among NY State Head Start children. Dental records in the programs should be improved for Head Start agencies to identify children at risk for dental disease, make appropriate referrals and monitor for progress.

Abstract #: 52

UTILIZATION OF DATA FROM THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC) IN MISSISSIPPI TO ASSESS ORAL HEALTH STATUS AMONG WOMEN IN MISSISSIPPI

Author(s): Sandra Hayes, MPH, Mississippi State Department of Health, Nicholas Mosca, DDS, Mississippi State Department of Health, Lei Zhang, PhD, MBA, Mississippi State Department of Health

Objective: To measure needs, such as source of medical care and source of dental care, and identify nutritional risks that may affect dental disease rates among WIC participants.

Methods: In FY 2007, data was collected from 26,672 women in Mississippi using the WIC program certification form. The certification form is comprised of 67 questions, including a question about source of dental care. Prenatal women were asked whether they experienced symptoms of periodontal disease or tooth decay and nutritional risks were identified. Data was analyzed using SAS version 9.1.

Results: The sample was composed of 56% African American women; 39% Caucasian women; and 5% from other races. The group was varied in terms of years of education completed and income level. Data analysis revealed a statistical significance between race and source of medical care ($p < .0001$) and source of dental care ($p < .0001$). A statistical significance was found between the presence of decay and race ($p < .0001$), the level of education ($p < .0001$), income ($p = .00014$), and source of medical care ($p < .0001$) among women in the study. A statistically significant association was not found between the presence of decay and source of dental care ($p = .0663$). However, when controlling for

race, a statistically significant association was found between the presence of decay and source of dental care among African American women ($p = .0018$).

Conclusions: The link between good oral health and good nutrition has long been established. With the appropriate questions, WIC certification may provide an opportunity in states to identify oral health care needs and risks for low-income populations. Improving the oral health of pregnant women in Mississippi may reduce the bacteria that can be transmitted to the child and improve the decay rate among children in Mississippi as well.

Abstract #: 53

UNMET DENTAL NEEDS IN A RURAL, NON-FLUORIDATED, UNDERSERVED FLORIDA COUNTY

Author(s): Evan B. Rosen, MPH; Scott L. Tomar, DMD, DrPH; University of Florida College of Dentistry

Objective: To assess self-rated oral health status, use of dental services, and perceived unmet need for dental care among adult residents of Union County, FL, a rural county with high levels of poverty, no community water fluoridation, and few dentists.

Methods: A 22-item survey instrument was developed by using items from previous reliable surveys. Questionnaires were distributed by dental students from U Florida to persons aged 18 years and older near the only supermarket in Union County. Questionnaires were self-completed or, in cases of illiteracy or impaired vision, administered by a student.

Results: Surveys were completed by 513 adults (230 male, 283 female) age 18-88 years (median=46 years). 48.8% rated the condition of their teeth as fair or poor, 36.3% experienced a toothache within the past 6 months, and 41% of dentate adults had their teeth cleaned within the past year. 48.3% reported unmet need for dental care within the past 12 months due to cost and 66.5% perceived a current need to dental treatment.

Conclusions: Relative to the state and the nation, disease experience and unmet need for dental care is very prevalent among adults in this non-fluoridated underserved county in north central Florida. Increased access to preventive and restorative services would improve their quality of life.

Abstract #: 54

DENTAL VISITS AND INCREASED BODY MASS INDEX IN CHILDREN AND ADULT

Author(s): Karin Herzog, Columbia College New York, NY

Objective: Studies do not consistently show an association between weight and dental caries. The purpose of this study was to examine the relationships among the number of dental visits, fillings and body mass indexes in adults and children, while controlling for age, race, gender, region, poverty status, education, marital status, insurance, employment and health status.

Methods: Using the 2005 consolidated household file and the 2005 dental visits file found in the Medical Expenditure Panel Survey, regression analysis was conducted on a sample of 17,808 adults. Analysis was

also conducted on a sample of 8,487 children using the 2004 consolidated household file and the 2004 dental visits file in MEPS.

Results: For children below 100% of the federal poverty line, child body mass index is not a risk factor for having a filling (p-value 0.992); however, a higher BMI is positively correlated with the number of dental visits (p-value 0.067). For adults below 100% of the federal poverty line, a higher body mass index is also not a risk factor for having filling (p-value 0.706); however, it is positively correlated with the number of dental visits (p-value 0.06).

Conclusions: Body mass index is not a risk factor for having a filling for adults and children below 100% of the federal poverty line. A higher body mass index for both children and adults is correlated with increased dental visits. More prospective studies are needed to understand the association between oral health and obesity.

Abstract #: 55

THE EFFECTS OF MULTIPLE SCLEROSIS ON THE ORAL HEALTH STATUS

Author(s): Aida A. Chohayeb, DDS, MSD, Researcher Women's Network Collective; Rafi K. Saatcyian, DDS, Private Practice, New York City; Jacquelynn M. Wozniak, Program Analyst; Sharon M. Cadis, Ed.D, Women's Network Clinical Consultation, New York City

Objective: Multiple Sclerosis is a chronic neurological inflammatory disorder of the Central Nervous System with unknown etiology. This research project was conducted to provide knowledge about the oral health status of MS patients.

Methods: Those attending a Network Collective meeting were recruited and consented to participate in this study. Thirty three women (24 Caucasians [C] , 7 African Americans (AA), and 2 Hispanics (H)) and seven men (5 C and 2 AA) were examined in a private practice in New York City. The PI (C) recorded the education , income level, frequency of dental visits , oral hygiene habits, and smoking history. The years since they were diagnosed with MS were recorded. Data were divided into 3 groups – Group A, 1-5 years; Group B, 6-10 years;

Group C, 11 years or more. Oral examination recorded decayed, missing and restored teeth as well as the periodontal health status.

The data were analyzed by means of SPSS and Excel.

Results: (1) Group A experienced the MS effects on oral health more frequently, had a higher incidence of caries and bleeding gums, and had the only individual with periodontal pockets. (2) Groups B and C reported better oral hygiene, but had more calculus deposits, grinding of teeth, and burning mouth syndrome. (3) All men together with Groups A and B of women had near equal numbers of missing teeth, but Group C women had three times the number of missing teeth.

Conclusions: (1) The socio-economic status of the MS patients had no effects on the results of this pilot study. (2) Proper oral health care should be stressed for patients suffering from MS to include annual dental visits as well as smoking cessation. (3) Further research is needed on a larger population of MS patients.

Abstract #: 56

VALIDITY OF THE QUESTIONNAIRES IN PREDICTING THE PREVALENCE OF PERIODONTITIS

Author(s): Dong-Hun Han, DDS, MSD, Seoul National University, Hyun-Duck Kim, DDS, MSD, PhD, Seoul National University

Objective: The purpose of this study was to provide the validity of perceived periodontal status questions in predicting the prevalence of clinically assessed periodontitis among elderly in welfare institutions in Seoul, Korea.

Methods: All 443 subjects aged 60 or more in 6 welfare institutions were selected using cluster sampling. This study was a cross-sectional survey consisted of self-reporting questionnaires and the clinical examination performed by a trained dentist. Periodontal status was examined by community periodontal index. All 443 subjects provided written informed consent. The questionnaires included six questions to screen for periodontal disease and five demographic/health history questions that represented traditional risk indicators for the disease. Binary logistic regression models were constructed using six screening questions, five traditional risk indicators, and all 11 variables.

Results: Based on clinical findings, 12.2% of the subjects were classified with periodontitis. Among the questionnaires, subjective perceived oral health was significantly associated with periodontitis.

Conclusions: Six screening questions except subjective perceived oral health and five conventional risk indicators cannot be used readily in large population surveys, yielding insufficient levels of validity in predicting the prevalence of periodontitis. Further study is required to develop valid instrument.

Abstract #: 57

DENTAL IMPLANTS AS THE STANDARD OF CARE FOR TOOTH LOSS: INEQUALITIES IN THE PROVISION OF DENTAL IMPLANTS AMONGST ADULTS IN THE UNITED STATES

Author(s): Christopher Okunseri, Marquette University, School of Dentistry and Nicholas M Pajewski, Medical College of Wisconsin, Division of Biostatistics

Objective: To estimate the proportion of adults in the United States who had dental implant placed and to compare the socio-demographic profile of adults receiving dental implants with that of those with tooth loss.

Methods: We analyzed data from the Medical Expenditure Panel Survey (MEPS) and National Health and Nutrition Examination Survey (NHANES) for 1999 to 2004.

Results: Overall, 0.3% of US adults, or approximately 511,700 adults had implant placed within a given year. The majority of adults who received implants were from middle (23.7%) to high (60%) income. Asian-Americans (45.8%), whites (42.4%), accounted for the highest percentage of adults receiving implants followed by Hispanics (8.1%), African-Americans (2.1%), and Native Americans (1.3%). Although African-American and Hispanics account for 10.2% of new implant placements, these two racial/ethnic groups comprise 24.6% of US

adults with missing teeth. They also represent 30.8% of non-tobacco using US adults with missing teeth, a demographic group with a high likelihood for successful implant placement.

Conclusions: An income driven disparity in dental implants placement among adults was identified. Given that implants are not covered by most dental insurance plans, this suggests that either they should be, or that costs need to be lowered. Otherwise, it is unlikely that dental implants can be considered a "standard" treatment option for US adult with missing teeth.

Abstract #: 58

ORAL CANCER AGE-ADJUSTED INCIDENCE AND MORTALITY RATES AMONG ADULTS IN NEW JERSEY FROM 1996-2004.

Author(s): Rufus L. Caine, Jr., DDS, MPH/ Department of Dental Public Health, School of Public Health, UMDNJ

Objective: To determine trends for oral cancer age-adjusted incidence rates and ratios from New Jersey State Cancer Registry (NJSCR) and to determine trends for oral cancer age-adjusted mortality rates and ratios from NJSCR.

Methods: The sample size was 2,947 cases for mortality rates from 1996-2003 and 2,933 cases for incidence rates from 1996-2004. The sampling elements were adults with cancer of the oral cavity and pharynx. A case series study design utilized a convenience sampling approach. The secondary data source was the NJSCR. The study design was a case series. Univariate statistical analyses were determined.

Results: There was a general decline in the incidence and mortality rates. Black males had the highest incidence rates at the tongue ($X = 5.4333$) and tonsil ($X = 3.0778$). Black males had the highest mortality rates at the tongue ($X=1.715$) and the gums and other parts ($X = 0.8163$). The largest increase in incidence rates was 300% at the hypopharynx for all females. The largest decrease in incidence rates was at the salivary gland (95.2%) for all males and followed by the tonsil (62.5%) for white males. The highest incidence rate ratio was at the hypopharynx (12.3638) for black male/black female groups. Black males had the highest mortality rate at the tongue ($X=1.715$). All males had the greatest decrease in mortality rates (70%) at the hypopharynx. The black male/black female mortality rate ratio was the highest (13.7647).

Conclusions: There was a general decline for all groups except black males. The study indicated that health disparities still exist for black males and black females in both incidence and mortality rates. There is a need to increase access to dental care with oral cancer screening, dental health insurance and oral health promotional programs for dentists and consumers.

Abstract #: 59

YEAR-TO-YEAR VARIATION IN ORAL CANCER INCIDENCE AND MORTALITY AMONG AMERICAN INDIANS & ALASKAN NATIVES: 1995-2004.

Author(s): Amit Chattopadhyay PhD, MPH, MDS, BDS/ University of Kentucky Colleges of Dentistry and Public Health; Sharmila Chatterjee, MBBS, DNB(I)/ Advanced Medicare and Research Institute, Kolkata, India; Oscar

Arevalo, DDS, ScD, MBA, MS/ University of Kentucky College of Dentistry

Objective: Health disparities involving American Indians and Alaskan Natives (AIANs) are substantial, as they have poorer health status facing severe difficulties in accessing healthcare and obtaining appropriate treatment in a timely fashion. We assessed year to year variations in oral cancer (OC) incidence and mortality rate disparities in AIAN group compared to others.

Methods: We used public use SEER data from 1995 to 2004 including age-adjusted oral cancer incidence and mortality rates and assessed annual percentage changes (APC) during the study period. All adjustments used the 2000 US population as the reference standard. We compared OC age adjusted incidence, and mortality rates across racial categories using SEER-stat program (v6.2.4 Built August 9, 2006). We calculated annual percentage change from the previous year's data designating 1995 annual percentage change as zero.

Results: There are substantial differences in the annual changes of OC incidence and mortality rates in AIANs (overall & for women and men). These annual fluctuations were distinctly different compared to all other races where the curves were "smoother" indicating less annual changes. For example, comparing AIANs vs. Whites, overall APC Incidence for OC: 1995-1996: -40.9% vs. 0.35%; Mortality: -24.9% vs. -3.15%; Incidence 2002-2003: -6.6% vs. 160.9%; Mortality: -2.2% vs. -2.2%.

Conclusions: OC annual percentage changes for AIAN are substantially greater compared to other race/ethnic groups for which several possible reasons exist.

Abstract #: 60

EVALUATION OF ORAL HEALTH IN NORTHWESTERN MADAGASCAR

Author(s): Samia Omar (MPH, Stony Brook University)

Objective: To assess the oral health status, behavior, and risks of patients during the 2007 Madagascar Ankizy Fund (MAF) dental clinic in select villages in Madagascar.

Methods: A survey was administered to all 423 patients who attended the clinic, assessing oral hygiene, behavior, diet, and illness experience. Patients were then examined to assess treatment needs. Statistical analyses for categorical variables were carried out using the chi-square test, the ANOVA test for grouped variables, and multiple regression analyses to confirm observed correlations by controlling for gender, age and location ($\alpha = 0.05$).

Results: An average of 4.35 ± 4.17 teeth were extracted per patient and 1.78 ± 2.46 restored. Treatment was predicted by location, while the number of extractions was predicted by gender, location, seeing a dentist in the past year, frequency of cleaning teeth ($P = 0.040$, $R = 0.1356$), and toothpaste use ($P = 0.029$, $R = 0.1398$). Age was the best predictor for both extractions and restorative procedures. Although high consumption of both sugar and starch was related to treatment needed, the relationship was not statistically significant.

Conclusions: Despite the progress made in reducing dental problems in the area through the MAF Dental Mission, the population remains at great risk of

developing dental caries, especially children and adolescents; thus demanding more efforts in prevention. The findings were useful in providing recommendations for a school-based oral health education program in the region.

Abstract #: 61

DELIVERING EFFECTIVE ORAL HEALTH CARE THROUGH COLLABORATIVE PARTNERSHIPS IN HEAD START

Author(s): Bea Hicks, RDH, MA; Michelle Landrum, RDH, BS

Objective: To develop collaborative partnerships that deliver an effective oral health care program to Head Start children, parents, and staff in the areas of prevention, education, and access to care.

Methods: The Office of Head Start awarded an Oral Health Initiative Grant to Parent Child Inc. (PCI), the local Head Start delegate agency in San Antonio, Texas. As a result, collaborative partnerships were formed with the San Antonio Metropolitan Health District and The University of Texas Health Science Center at San Antonio's Department of Dental Hygiene. The goal of the grant is to deliver effective oral health care in the areas of prevention, education, and access to care for Head Start children and their families. Utilizing the Basic Screening Survey, initial data was collected at 89 PCI centers on 4,815 children, ages six months to five years. Follow-up phone interviews were conducted with parents to assess treatment barriers. In addition, a pre-test questionnaire was administered to parents and PCI staff to determine their dental knowledge.

Results: Based on assessment outcomes, strategies were implemented to develop a dental referral network, reduce barriers to establishing a dental home, and provide effective preventive and fluoride varnish services. Implementation of educational resources for children, parents, and staff was conducted in a culturally sensitive manner.

Conclusions: Through collaborative partnerships, a model oral health program in PCI has been established. This program is creating awareness of the importance of oral health in the PCI community, linking PCI families to dental homes, and providing valuable preventive services to this at-risk population.

Abstract #: 62

COLLABORATION CAN IMPROVE ORAL HEALTH FOR HEAD START/EARLYHS CHILDREN & FAMILIES

Author(s): E. Joseph Alderman, DDS, MPH, Region IV Head Start Oral Health Consultant, Atlanta, GA; Lilli J. Copp, Director, Florida's Head Start State Collaboration Office, Tallahassee, FL

Objective: To learn about the Office of Head Start's (OHS) contract that seeks to improve the Oral Health (OH) of HS/EHS children (i.e. Inter-Agency Agreement (IAA), MCHB/OHS, with Regional Head Start Oral Health Consultants (RHSOHC), and how FL has addressed HS/EHS access to oral health services.

Methods: Collaboration between OHS Region IV, State Collaboration and State OH Offices, the dental community and HS/EHS staff/families/caregivers have resulted in plans to address oral health issues. The FL HS

Collaboration Office's (FHSCO) effort to work with organizations to address Early Childhood Caries (ECC), and access to care will be highlighted.

Results: The IAA/RHSOHC Contract addresses HS/EHS access to care issues, helps ensure exams and necessary dental services are provided and explores ways to improve the OH of children and pregnant women. The FHSCO has had significant input into the overall FL OH Plan, "Oral Health Florida" and completing the "HS Oral Health Plan" that help develop OH solutions to address challenges at the grass root and state level.

Conclusions: The OHS IAA/RHSOHC Contract addresses OH issues including access to oral health services, education, prevention and treatment and ends around February 2008. The FHSCO is a partner with state organizations that have addressed access to oral health care issues, helping ensure dental homes are provided and ways to improve the OH of HS/EHS children in FL.

Abstract #: 63

PREVENTION OF ECC AMONG AMERICAN INDIAN CHILDREN THROUGH APPLICATION OF A CHLORHEXIDINE COATING TO THE MOTHER'S DENTITION.

Author(s): Junhie Oh, DDS, MPH, Tuba City Regional Health Care Corp., Shelli Ryczek, BS, RDH, Tuba City Regional Health Care Corp., D.L. Robertson, MD, MPH, Pediatrics and Health Research, Kathy Phipps, DrPH, Tuba City Regional Health Care Corp.

Objective: American Indian children have a higher prevalence and severity of early childhood caries (ECC) than non-Indian children. This study attempts to reduce ECC by reducing cariogenic bacteria in the mother's mouth, thereby preventing or delaying transmission of bacteria to the child.

Methods: This double-blind, placebo-controlled trial is being conducted under FDA Investigational New Drug permit (#45,466) for use of a 10% chlorhexidine dental coating. Mothers with a history of caries were recruited in 4 American Indian communities. The first application of the dental coating to the mother's teeth is done before the child is 6 months old, followed by three more weekly applications, and a single application 6 months and 12 months later. The outcome variable is net caries increment at age 24 months. The study will end in July 2009.

Results: To date, 123 children have completed their 18 month-old calibrated exam, and 95 children their 24 month-old exam. At age 18 months, 19% of the children had caries (mean dmfs = 0.8, SD=2.25). At 24 months, the prevalence of caries was 44% (mean dmfs = 2.4, SD=3.95).

Conclusions: Because of the blinded design, it is not known whether children in the treatment group had less caries than those in the control group. The study population as a whole is at 400% higher risk for caries when compared with the national caries prevalence of 11% at age 2 (NHANES, 1999-2002). This study is a novel approach to reducing ECC in American Indian children and, if successful, could lead to a new paradigm for ECC prevention in high risk children.

Abstract #: 64**DENTAL SEALANTS AND CARIES PREVENTION IN SCHOOL CHILDREN WITH LIMITED ACCESS TO DENTAL SERVICES**

Author(s): Anjum Khurshid, MBBS, MPAff, PhD, Department of Health Management & Informatics, University of Missouri - Columbia

Objective: To collect and analyze empirical data for measuring the effect of presence of dental sealants on dental caries occurrence in school children in rural and dental professional shortage areas of Texas

Methods: We conducted a written survey of the parents of all 1500 children in a school district in south Texas and combined the results with dental examination findings to calculate the effect of presence of dental sealants on prevalence of dental caries.

Results: Of 760 children whose parents completed the survey, only 19% had any dental sealants while 43% had at least one untreated carious lesion. Only a fifth (19%) of the students with dental sealants had any dental caries, while half (49%) of those without any sealants had caries. Probit regression models show statistically significant effect of dental-sealant presence on reducing the probability of any caries in the children. Household income and parent's health insurance status also had statistically significant effect in reducing caries in this population.

Conclusions: Timely application of dental sealants is an effective prevention strategy for dental caries in school children who have limited access to dental services.

Abstract #: 65**RACIAL AND ETHNIC DISPARITIES IN DENTAL SEALANTS AMONG KANSAS CHILDREN**

Author(s): Kim S. Kimminau, PhD, University of Kansas Medical Center, Department of Family Medicine, Katherine Weno, DDS, JD, Kansas Department of Health and Environment, Office of Oral Health

Objective: As part of a statewide effort to conduct oral health surveillance among children, dental sealants are included as one indicator of effective preventive health services. Of particular interest is the examination of the oral health status of Kansas minority children who have been shown in previous studies to have greater access challenges and delayed care seeking behaviors compared to the majority population.

Methods: A stratified sample of public schools using the percent of children eligible for the federal free and reduced price lunch program was drawn to conduct the "Smiles Across Kansas" project. Oral health screenings were conducted by dental hygienists among third grade students using the Basic Screening Survey developed by the ASTDD. Data were entered into a database, and SAS statistical software was used to generate bivariate comparisons and to complete logistic regression for multivariate comparisons.

Results: Thirty-six percent of children in the study had dental sealants, a statewide finding that remains well below the Healthy People 2010 goal of 50 percent. African American and Hispanic/Latino children have statistically significantly fewer sealants compared to their white counterparts, and this difference persists for

African American children after controlling for socioeconomic differences within the sampled population.

Conclusions: Dental sealants are widely accepted as an effective decay preventive treatment. African American children, regardless of income, had a statistically significant lower rate of dental sealants. The authors offer six possible explanations for this finding and steps to address sealant disparities for the state.

Abstract #: 66**ORAL HEALTH EDUCATION CURRICULUM DEVELOPMENT - PUBLIC HEALTH, DENTAL AND DENTAL HYGIENE EDUCATION COLLABORATION**

Author(s): Julie Ann Janssen, RDH, MA, Sangeeta Wadhawan, BDS, MPH, Kathleen Thacker, RDH, BS, Illinois Department of Public Health

Objective: To develop oral health education lessons that enhance existing K – 12 curriculum while building relationships with dental and dental hygiene schools and providing public health teachable moments for dental and dental hygiene students.

Methods: Based on surveys of teachers piloting a curriculum; lesson plans for older grades were inadequate. The Illinois Department of Public Health (IDPH) engaged the Illinois Public Health Association to develop a project with dental and dental hygiene students to create new lesson plans for middle and high school students. A scholarship program was created. Schools must provide time with the students for IDPH to explain the project. The description stresses issues of health literacy, society and culture, as well as age appropriateness and motivating teens and pre-teens to make positive choices and maintain healthy behaviors. The students are encouraged to develop lessons that link oral health to other subjects such as sociology or science. The criteria for a good lesson includes measures to determine if teens are learning and changing behaviors and not merely entertained by a clever classroom presentation.

Results: Response rates have increased each of the four years of the scholarship. In 2007, a total of 109 entries were received from 13 dental hygiene and 2 dental schools. The winning entry was copied on CD Rom and provided to all IDPH community school programs. The project was recognized and awarded a grant from the Illinois State Dental Society.

Conclusions: Working closely with the dental and dental hygiene students enhances and strengthens relationships between public health and schools. It also provides an opportunity to expose students to public health and oral health education as something more than puppet shows and health fairs.

Abstract #: 67**IMPROVING ORAL HEALTH AND HEALTHCARE IN HOMECARE RECIPIENTS IN NYC**

Author(s): Kavita P. Ahluwalia, DDS, MPH, Columbia University, Mildred Ramirez, PhD, Hebrew Home for the Aged, Tracey Sokoloff, RN, MPH, Isabella Homecare, Fanteema Barnes, MPH, Columbia University

Objective: To determine the relationship between oral health, oral care needs, functional status and

systemic health in older adults receiving homecare services.

Methods: 160 older adults receiving homecare services in NYC consented to participate in this study. Oral health measures, cognitive function (MMSE), functional deficits (ADLs), medical conditions and assistance with daily care needs were determined by a combination of examination, observation, chart review and face-to-face survey. Descriptive analyses and regression analyses were conducted.

Results: This Medicaid-eligible sample had poor oral health (44% were edentulous, mean DMFT was 23.5), and reported difficult access to dental care (average time since last dental visit was 3.5 years and only 50% were aware of dental benefits through Medicaid). A majority of subjects needed assistance with ambulation, bathing, and eating. The top five medical diagnoses were hypertension, asthma, arthritis, diabetes, and depression. Preliminary analyses suggest that access to and utilization of dental services, and daily care assistance needs impact oral health outcomes to a greater extent than functional and systemic status.

Conclusions: While improving homecare providers' oral health-related training, daily care requirements and oversight may improve oral health outcomes in this population, barriers to accessing and utilizing dental services must be examined if gains in oral health are to be sustained through the lifespan.

Abstract #: 68

ORAL HEALTH PREVENTION IN PRACTICE (PIP) REPORT: A COMMUNITY DISSEMINATION TOOL

Author(s): Constance M. Bayles, Ph.D.Center for Healthy Aging (CHA), University of Pittsburgh; Margaret Kuder Hamilton, MHPE, CHES, School of Dental Medicine, University of Pittsburgh; Howard Tolchinsky, DMD, Public Health Dentist. Pennsylvania Department of Health

Objective: Assess oral health behavior, knowledge in older adults; complete data analysis to determine needs, information gaps, use; design an intervention.

Methods: Thirty-five adults (65+) in the CHA "10 Keys to Healthy Aging" Community Ambassador Course participated in oral health project. Included were 12 questions developed by the National Association of Chronic Disease Directors. Investigators introduced survey, explained consent process, and collected data. Educational intervention was developed.

Results: Mean age 72.7; 80% female; 63% graduated high school with 34% college graduate or higher; 70% percent reported brushing twice a day, while 24% brushed once a day; 76% had seen a dentist in past year. Majority reported having a dentist or dental clinic (86%) and 55% reported having insurance. Curriculum developed included oral hygiene information, local sources of reduced cost dental care, and the importance of oral health. Fluoridated toothpaste and toothbrushes were distributed. A newspaper article was published and information was posted on CHA website. An Oral PIP Report was developed to distribute to Family and Friends.

Conclusions: Oral health is an important part of the Course. Adults can be oral "health ambassadors" to improve oral health knowledge and access to care in

underserved populations. The knowledge and the resources gained by the participants of this project were of significant benefit.

Abstract #: 70

ORAL CANCER: A CONSIDERATION OF CERVICAL CANCER GUIDELINES INCLUDING HPV STATUS

Author(s): Susan G. Reed, DDS, DrPH, Department of Stomatology, Jeffrey E. Korte, PhD, Department of Biostatistics, Bioinformatics, & Epidemiology, Terry A. Day, MD, Department of Otolaryngology, Head & Neck Surgery, Medical University of South Carolina

Objective: The major objective is to review the evidence of screening and treatment guidelines for HPV associated cancers of two anatomic sites: the cervix and the oral cavity.

Methods: This initial review of the literature includes the domains of 1) incidence & prevalence of cervical cancer and oral cavity cancer with a focus on HPV related disease, 2) current screening and treatment guidelines for each cancer, 3) evidence of the association of HPV & cervical cancer and HPV & oropharyngeal cancer, 4) specimen collection and transport considerations, 5) sensitivity & specificity of diagnostic methods for cervical HPV & oro-pharyngeal HPV, 6) screening and treatment guidelines based upon HPV results for cervical specimens, 7) usefulness of the comparison of HPV related cancers of the two anatomical sites, and 8) public health considerations for oral cancer and HPV.

Results: The results will provide relevant evidence for development of screening & treatment guidelines for HPV associated oro-pharyngeal cancer based upon existing HPV cervical cancer information.

Conclusions: Additional research is necessary to support development of guidelines for HPV associated oro-pharyngeal cancer screening and treatment.

Abstract #: 71

THE INTERSECTION OF DENTAL EDUCATION AND COMMUNITY SERVICE: THE U.S. VIRGIN ISLANDS OUTREACH

Author(s): Neal G. Herman, DDS, FAAHD and Jill B. Fernandez, RDH, MPH; New York University College of Dentistry (NYUCD)

Objective: Provide educational, preventive and treatment services to Head Start (HS) / Early Head Start (EHS) children in the US Virgin Islands (USVI). Provide an outreach experience to NYUCD pediatric dentistry residents in an alternative, community-based venue. Develop a long term and sustainable strategy to ensure improved oral health outcomes in the USVI.

Methods: A collaboration between the USVI, Region II and NYUCD has been formed and will work together to provide education, preventive and restorative care. A formal Partnership Agreement was signed in March 2007 providing sustainability for the next few years. A team from NYUCD twice a year will examine, triage, and provide fluoride varnish treatments and follow-up services to EHS/HS children. Ongoing oral health education and workshops are provided to EHS/HS children, parents and staff. CE training for the general

dentists and other pediatric health providers was conducted

Results: Overall, 30% of the children needed follow-up for either restoration or extraction of teeth. 5/06: 347 were examined and treated with fluoride varnish applications. 4/07: 423 were examined and treated. 118 children received restorations/extractions. 10/07: 468 were examined and treated. 96 children received restorations or extractions.

Conclusions: An effective oral health collaboration can be developed in a relatively short time frame between parties with a common goal and the willingness to be flexible and sensitive to each others needs. A long term plan must be developed to serve the needs of children in the EHS/HS programs.

Abstract #: 73

GROW A HEALTHY SMILE CAMPAIGN

Author(s): Robert H. Selwitz, DDS, MPH, Duval County Health Department/University of Florida; Colleen J. Kalynych, MSH, EdDc, University of Florida Health Science Center/Jacksonville; Trisha Howell, RD LD/N, Northeast Florida Area Health Education Center

Objective: To develop/implement a multifaceted program for improving the oral health (OH) of high-risk children birth to school age, residing in a low-income area of Jacksonville.

Methods: Through collaborative efforts involving the Duval County Health Department, University of Florida, NE FL Area Health Education Center, and others, physicians, parents, and children were provided with OH education about age-appropriate OH care, disease prevention, and the importance of establishing a Dental Home.

Results: More than 60 local pediatric residents/mentors participated in seminars covering a number of topics related to children's OH; 66 emergency medicine residents received training on managing oral injuries. A program was implemented at the UF & Shands Jacksonville Hospital to include OH care information in anticipatory guidance given to parents of newborns. A curriculum on OH/oral disease prevention was developed and provided to more than 1,600 2nd graders living in low-income city neighborhoods. Educational materials for the Campaign were developed, evaluated, and disseminated to parents, children, schools, businesses, health department clinics, healthcare professionals, and others emphasizing the importance of OH and oral disease prevention/treatment. Major themes for the Campaign-value of OH and of taking care of one's teeth/soft tissues, and need for establishing a "Dental Home" - were organized around a saber-toothed tiger mascot named Saver Tooth.

Conclusions: This multifaceted approach to educating parents of newborns and older children, health professionals, and educators about the importance of OH/oral disease prevention has heightened community awareness of the problems associated with oral diseases and actions all concerned should take to prevent/control the diseases' impact on both individuals and society.

Student Abstract #1

KNOWLEDGE, ATTITUDE AND USE OF FLUORIDES AMONG DENTISTS IN TEXAS

Author(s): Ritu Bansal, BDS, MPH, Dept. of Public Health Sciences, Baylor College of Dentistry

Objectives: The Centers for Disease Control and Prevention recommendations on fluoride use were published in 2001. This study examines how information from the recommendations has diffused to practicing dentists and the level of fluoride knowledge and use among Texas dentists.

Methods: A questionnaire was sent out to dentists who self-identified as being in pediatric (343), dental public health (72) and general practices (980); a 12% sample of registered dentists in Texas

Results: Response rate was 42.9%. About 90% of surveyed dentists reported using fluorides routinely. Only 18.8% reported fluoride varnish as the professionally applied topical fluoride most often used. About 2.4% of the respondents did not know whether patients had access to fluoridated tap water and 57% incorrectly identified the primary effect of fluoride. "Makes enamel stronger while tooth is developing prior to eruption" was the most commonly cited wrong answer by 44%. Only 5% identified that post-eruptive effect exceeds any pre-eruptive effect, and 70% could accurately identify approximate concentrations of fluoride in commonly used fluoride products.

Conclusions: Despite the evidence for fluoride varnish preventing and controlling dental caries being Grade 1, low fluoride varnish use is not surprising since it took sealants 20 years to be commonly used. Dentists are expected to be knowledgeable about products they use, but this study reflects lack of understanding about fluoride's predominant mode of action. More accurate understanding enables dentists to make informed and appropriate judgment on treatment options and leads to effective use of fluoride based on risk assessment of dental caries.

Student Abstract #2

A SURVEY OF KENTUCKY'S PEDIATRICIANS REGARDING THEIR ROLE IN CHILDREN'S ORAL HEALTH

Author(s): Mark Casafrancisco, DMD, MPH, Division of Pediatric Dentistry, University of Kentucky, David Nash, DMD, MS, EdD, Division of Pediatric Dentistry, University of Kentucky

Objectives: To determine the differences between the oral health-related knowledge, attitudes, and professional experiences of pediatricians in Kentucky and a U.S. sample as reported in 2000.

Methods: A census of 526 general pediatricians providing primary and well-child care in Kentucky was conducted using a questionnaire of 47 items to measure provider and practice demographics, oral health-related knowledge, attitudes, and professional experiences.

Results: Of 468 eligible participants, 83(18%) responded. Kentucky's pediatricians were similar to, but differed significantly from pediatricians of 2000 study in that: 1) a greater proportion were located in rural areas; 2) they exhibited a greater level of oral health

knowledge including the role of milk- or sugary beverage-containing bottle use, bacteria in the dental caries process; 3) they were less likely to assess a child's fluoride intake; 4) a greater proportion agreed with referring a patient to the dentist by 12 months of age; 5) a greater proportion observed clinically visible dental caries in school-aged children at least once per week; 6) there was greater familiarity with fluoride varnish as a dental preventive technology; and, 7) a greater proportion of Kentucky's pediatricians received no oral health instruction if medical school training was in versus outside of Kentucky. Response rate, and recall and response biases are limitations.

Conclusions: Kentucky's pediatricians are different from their national counterparts in oral health-related knowledge, attitudes and professional experiences. They have a potential role and are willing, but educational, practice-based, and health care workforce barriers stem greater participation. Studies to increase involvement are warranted.

Student Abstract #3

THE ASSOCIATIONS BETWEEN DIETARY INTAKE FROM 36 TO 60 MONTHS OF AGE AND NON-CAVITATED CARIES IN THE PRIMARY DENTITION

Author(s): Oitip Chankanka, DDS, MSc, PhD candidate, Department of Preventive and Community Dentistry, University of Iowa, Steven M. Levy, DDS, MPH, Preventive and Community Dentistry, University of Iowa, Teresa A. Marshall, Preventive and Community Dentistry, University of Iowa

Objectives: To examine the role of age 36 to 60 months dietary intake on primary tooth non-cavitated caries, after adjustment for cavitated caries experience.

Methods: With the Iowa Fluoride Study cohort, dietary data at 36, 48 and 60 months old were collected using abstracted 3-day dietary diaries, with dental exams conducted at age 5. Univariable and multivariable logistic regression analyses were conducted.

Results: In univariable logistic regression, cavitated caries experience, greater regular soda pop intake, and greater unprocessed starches intake at snacks were risk factors, while higher SES, greater daily tooth brushing frequency and greater all sugars and starches intake at meals were protective factors for non-cavitated caries. In multivariable logistic regression using dietary frequency (occasions) data, greater juice drink intake at snacks was a significant risk factor, after adjustment for cavitated caries experience, SES and tooth brushing frequency. In multivariable logistic regression using dietary quantity (ounces) data, greater juice drink intake at snacks was a significant risk factor and greater milk intake at meals was a significant protective factor, after adjusted for cavitated caries experience, SES and daily tooth brushing frequency. Juice drink intake at snacks was not a significant risk factor for cavitated caries.

Conclusions: Non-cavitated caries could have different risk factors from those for cavitated caries. Future research studies that investigate risk factors for both non-cavitated caries and cavitated caries are needed.

Student Abstract #4

DETERMINANTS OF A DENTAL HOME IN EARLY HEAD START FAMILIES

Author(s): Rhonda L. Kearney, DDS; Jessica Y. Lee, DDS, MPH, PhD; R. Gary Rozier, DDS, MPH; Leslie Zeldin, MSUP, MPH and William F. Vann Jr., DMD, MS, PhD (University of North Carolina at Chapel Hill Schools of Dentistry and Public Health, Chapel Hill, NC)

Objectives: The concept of a dental home (DH) is new to dentistry and few studies have examined factors associated with young children and their families having a DH. We sought to identify determinants of a family DH, including the role of Early Head Start (EHS), as measured by the UNC Family Dental Home Index (FDHI).

Methods: A cross-sectional survey was undertaken of NC-EHS families. A 66 item, self-completed questionnaire for parents solicited knowledge, attitudes and practices about dental health. Our dependent variable was the recently developed 21-item FDHI that used the Family Medical Home Index as a template. The FDHI includes six domains of care: accessible, usual source, family-centered, comprehensive, compassionate and culturally competent. The overall index is the mean of the domains (scored 0-100). Higher scores suggest more characteristics associated with a DH. Major predictor and socio-demographic variables were analyzed. Bivariate and multivariate Ordinary Least Squares (OLS) regression analyses were completed using STATA 9.0.

Results: Questionnaires were completed by 795 families (RR=64.2%) in 18 programs (RR=100%). The mean FDHI score was 52.3 (SD±21.5). A significant association ($p<0.05$) was found between FDHI scores and the following variables in the bivariate analysis: parental education, child's dental health status, parental dental insurance, trust in dentists, dental neglect and assistance from EHS in finding a dentist. Families who had better dental health and knowledge, more trust in dentists, less dental neglect and assistance from EHS had higher FDHI scores in the regression analysis ($p<0.05$).

Conclusions: The EHS program, dental knowledge, trust in dentists, better dental health status and dental neglect play an important role in establishing a DH for EHS families.

Student Abstract #5

SCHOOL NURSES AND THEIR ROLE IN THE ORAL HEALTH OF SCHOOL-AGED CHILDREN

Author(s): Kecia Leary, DDS, MS; Karin Weber-Gasparoni, DDS, MS, PhD; Peter Damiano, DDS, MPH; John Warren, DDS, MS; Fang Qian, PhD; University of Iowa College of Dentistry. Ann Marie McCarthy, PhD, RN, PNP, FAAN; University of Iowa College of Nursing

Objectives: Identify what factors play a role in Iowa school nurses' actions regarding oral/dental health of school-aged children. In addition, assess the availability of dental protocols to school nurses, as well as oral health problems and barriers to dental care encountered by school nurses.

Methods: An 84-question survey instrument investigating school nurses' actions, observed oral health problems, barriers to dental care and availability of dental protocols were mailed to 902 Iowa school

nurses. Chi-square, Wilcoxon rank-sum tests and general linear regression models were used to analyze data ($P < 0.05$).

Results: Response rate was 34%. More frequent actions were observed among nurses who were from larger school districts, larger communities and had more students enrolled in free/reduced meal programs. Having had oral health continuing education, being responsible for more students, and having more students enrolled in free/reduced meal programs were associated with higher action scores according to GLM ($P < 0.05$). Only 46% of nurses reported having protocols for trauma. The most common oral health problems observed weekly to daily were loose teeth and poor oral hygiene. Dental care not being a family priority and finding private funds for dental care were common barriers reported.

Conclusions: School nurses play an important role in school-aged children's oral health by identifying problems and barriers to dental care, and also assisting children in obtaining dental care. Dental protocols are frequently not available.

Student Abstract #6

HEALTHY SAN FRANCISCO: SFDPH PERSONNEL'S VIEWS ON DENTAL CARE IMPORTANCE

Author(s): Christian Yee, BS, UCSF School of Dentistry, Samantha Stephen, MS, RDH, Director of Dental Services San Francisco Department of Public Health (SFDPH), Devin Lopez, BA, Post-Baccalaureate Student, San Francisco State University, Judith C. Barker, PhD, Dept of Anthropology, History, and Social Medicine, UCSF School of Medicine

Objectives: The purpose of the study was to assess both San Francisco Department of Public Health (SFDPH) dental and medical staff's knowledge and attitudes about the role of dental services in the new Healthy San Francisco (HSF) program, which is designed to provide health care to uninsured poor residents of the city and county.

Methods: In five SFDPH clinics, 31 open-ended interviews were conducted with 17 dental and 14 medical staff about their perceptions of dental need among the clientele likely to be served with the advent of HSF.

Results: When asked specifically, most (19 of 23) respondents expressed that relative to health concerns, dental concerns were also very important. Ten of 12 medical respondents said their patients are often in need of or very interested in receiving dental care. Few medical, but all dental staff knew dental services are not covered by this new program, but the majority (22 of 26) of respondents from both the medical and dental clinics felt that dentistry should be included in HSF. To meet the expected increase in demand for services, 21 out of 27 respondents want to see increased provider hours and staff.

Conclusions: Already short on staff, and on both medical and dental provider hours, the SFDPH clinics may have difficulty implementing the new program as planned or addressing all needs. Although dental care is not presently included, HSF is likely to influence dental utilization and increase demand for services and should be included in the program.

Student Abstract #7

A PILOT STUDY TO PROMOTE MATERNAL AND INFANT ORAL HEALTH

Author(s): Demetress L. Davis, BS., RDH - Third Year Dental Student Meharry Medical College

Objectives: *Mutans streptococci* are the principal bacteria associated with early childhood caries. Little is known about prenatal factors associated with *Mutans streptococci* and their transmission to infants. The purpose of this study is to investigate social, medical and dental factors associated with *Mutans streptococci* in low-income pregnant women.

Methods: Pregnant women with high *Mutans streptococci* were recruited from a Community Health Center to participate in a study to reduce *Mutans streptococci*. Women were screened using Dentocult SMO kit and those having $< 10,000$ CFU were excluded. Colonies (CFUs) were counted and those with too numerous to count were > 300 CFUs. Participants completed a baseline questionnaire and demographics and oral health behaviors. Charts were abstracted to collect data on medical conditions. ANOVA and multiple regression analyses assessed the effects of demographics, oral health behaviors and medical conditions on *Mutans streptococci*.

Results: Of 109 women screened, 67 (61%) met the inclusion criterion and 63 had data for this analysis. The average age was 25.3 years, 73.7% were Hispanic, 40.4% spoke only Spanish and 38.8% had $<$ high school education. 80% brushed twice and 52.6% flossed once a day; 36.8% had a dental visit in the past 6 months. Participants were an average of 14 (SD=52) weeks pregnant, 19.7% used an asthma inhaler 52.5% reported hyperemesis. 37.7% had 300 or more CFUs with a mean of 197.2 (SD=93.5). Multivariable analysis showed that those with higher education, fewer weeks pregnant, spoke Spanish and did not use an inhaler had lower CFUs ($p < 0.02$).

Conclusions: *Mutans streptococci* are high among low-income pregnant women. Those with low education and who have become acculturated seem to be at greatest risk.

Student Abstract #8

Epidemiology of Dental Caries of Adults in a Rural Area in India

Author(s): Ami M. Maru, Junior Dental Student, School of Dental Medicine, Case Western Reserve University, Cleveland, OH

Objectives: Data on oral health status from rural parts of the Indian subcontinent appears to be sparse. The purpose of the study was to assess the oral health status and dental treatment needs of a rural Indian population.

Methods: The study population consisted of 189 volunteer subjects from the village of Kachchh, with a mean age of 34.9+14.2 years and 54% males. Dental caries experience was assessed by decayed, missing due to caries and filed teeth (DMFT) and tooth surfaces (DMFS). Structured interviews collected information about the participants' perception of health including oral health, tooth brushing and snacking habits.

Results: While only 38.1% perceived themselves to be in good or very good dental health, nearly 85% felt the same about general health. Although, more than 80% reported brushing their teeth at least once a day, very small proportion used dental floss (0.5%) or mouth rinse (1.56%). The most common sugar exposure was through sweetened tea, with 75% of respondents consuming the beverage at least once a day. More than 80% of the study participants had untreated caries and the mean DMFT and DMFS scores were 5.1+3.9 and 13.8+17.8, which did not show any gender differences. The dental treatment needs ranged from 16.9% two-surface fillings to 60.8% one-surface fillings; 23.8% crowns or bridges and 37.6% extractions. The proportion of D/DMFT in the study sample was 56.4%. Those who perceived themselves to be in better oral health had significantly lower DMFT (4.0+3.2 vs. 5.9+4.1) and DMFS (8.4+11.7 vs 17.1+20.0) scores ($p < 0.05$). A similar trend was observed between perception of general health and DMFT (4.8+3.4 vs 7.0+5.6) as well as DMFS (11.9+13.7 vs. 24.1+30.7) scores.

Conclusions: Results indicate high levels of dental caries as well as dental treatment needs among a rural East Indian population.

Student Abstract #9

The Influence of Acculturation on Measures of Oral Health Practices for Mexican-American Mothers Attending the CHRISTUS Santa Rosa Children Hospital, WIC Clinic in San Antonio, TX

Author(s): Moshtagh R. Farokhi, DDS, MPH, FAGD, Department of Community Dentistry, University of Texas Health Science Center, San Antonio, TX

Purpose: The purpose of this project was to examine associations between maternal oral health practices and their acculturation levels and to identify risk factors for Early Childhood Caries (ECC) for Mexican-Americans attending a Women Infant and Child Clinic (WIC) in San Antonio, TX.

Objectives: To determine if acculturation would be a predictor of oral health practices of Mexican-American mothers and their children living in San Antonio and to establish any associations between maternal acculturation and practices of oral health in a sample of predominantly Mexican-American women, attending the WIC at the CHRISTUS Santa Rosa Children Hospital (CSRCH).

Methods: A sample of 204 Mexican-American mothers and their children were enrolled in the study. After the approval of the study and consent forms by University of Texas Health Science Center at San Antonio (UTHSCSA) and CSRCH's Institutional Review Boards (IRB), a validated questionnaire based on Knowledge, Attitudes, Beliefs and Behaviors (KABS²) and a self-reporting acculturation questionnaire titled Acculturation Rating Scale for Mexican Americans II (ARSMA II) were administered in English or Spanish to qualified mothers. Children underwent an oral screening by one dentist using the "lift the lip" technique and in the knee-to-knee position.

Results: Mothers from the slightly to strongly Anglo oriented levels were more likely to be high school educated in the United States, visited the dentist for

the first time around elementary school, gave their children tap water and breast-fed their infants. Even though statistically significant associates could not be shown, children of mothers with higher acculturation levels tended to have a decreased prevalence of ECC.

Conclusions: Within the conditions of this study feeding practices, maternal educational levels and maternal early dental visits effected the oral health status of children attending WIC. Acculturation is a factor worthy of consideration in San Antonio's future oral health programs.

Student Abstract #10

Oral Cancer Screening

Author(s): Julie Warburton, School of Allied Health Dental Hygiene, Southern Illinois University at Carbondale

Can dental hygiene students make a difference? I used to be a skeptic, until my dental hygiene program made a significant difference in our community. As the current SADHA president at Southern Illinois University Dental Hygiene Program, I wanted to take a different approach to the way out students, my classmates used their SADHA membership.

When I began the dental hygiene program in 2005, our SADHA program did not perform any community events. At first, I was not fazed by this. However, when I became an active officer in 2006, I knew something was missing from our agenda. As a junior, I began a Relay for Life team, in hopes to give back to our community. As rewarding as this experience was, I found myself seeking more. In the spring of 2007, I ran for SADHA president with high hopes to improve our program.

Fall came quickly and ideas for my presidency began to evolve. The number one goal on my list was to give back to the community, just as many fraternities and sororities did at our university. My SADHA advisors and I began brainstorming and we quickly came up with a solution. One of my advisors, Mrs. Miller, belonged to an African American congregation, the New Zion Church. She suggested that we focused our attention on the African American community. According to the U.S. Census 2000, Carbondale has an African American population of 5,247. This was an opportunity to help a lot of people. We unfalteringly decided to do an oral cancer screening (OCS) project due to the fact that oral cancer is most common in African American males. Our community event would be held October 28, 2007 at the New Zion Church.

Shortly after we initiated the OCS, we were made aware that our county health department was also attempting to launch a project called "Healthy Body and Soul." The Healthy Body and Soul project was a promotional mission founded by the American Cancer Society. It's purpose was to help African American Churches and Communities take steps to lowering the risk of developing certain cancers through healthy eating. Luckily, we helped the ACS by kicking off their even with our oral cancer screening.

In preparation for the OCS, we first chose a food committee. We knew if there was food, they would come! Secondly, we selected a menu. Complying with the JCHD Healthy Body and Soul program, we opted for health foods. Our menu consisted of fresh fruits, vegetables, ham and turkey sandwiches (without the

mayo), multigrain crackers on fresh cheese platters, pinwheels, and bottled water to drink.

Naturally, we wanted our OCS to include oral cancer screenings, but what else could we do to benefit the citizens of our community? Promoting oral health is a major part of a dental hygienists career, which gave us the opportunity to further educate participants.

We now had two stations for our participants to visit, but I wanted more. Why not give the community everything we could? With six of us brainstorming, we came up with monitoring the participants' blood pressures before they received their screening. We also decided to clean dentures for patients that were applicable.

Finally, we began to delegate positions for the different classes of students. We required the SADHA students to sign up for one of two shifts. Then the students were given a sheet of paper explaining their assigned positions. Seniors were assigned to cleaning dentures, and patient education. Juniors were en route for the intra/extra oral examinations. Last but not least, the sophomore students would take the patients' blood pressure and control the food station. After positions were assigned to every class, we assigned faculty. The faculty would be there to assist the students in any way possible. Examples of the print outs the students received are on the following three pages.

Student Abstract #11

Inaugural Student Chapter Project Goldies Place

Objective: Describe process of establishing first student chapter of AAPHD including the steps, processes and issues involving its formation

Methods: presentation or poster session

Results: Established student chapter

Conclusion: Establishing student chapter and project of student-run dental clinic

