



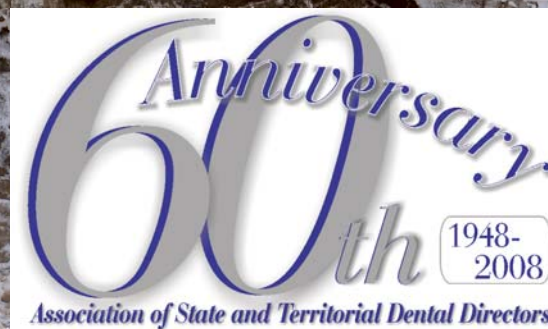
## 2008 National Oral Health Conference

Pursuing Excellence in Dental Public Health

**9<sup>th</sup> Annual Joint Meeting of the  
American Association of Public Health Dentistry (AAPHD) &  
Association of State and Territorial Dental Directors (ASTDD)**

**April 28 – 30, 2008**  
Hilton Miami Downtown  
1601 Biscayne Boulevard - Miami, Florida

Pre-Conference Sessions  
**April 26 – 27, 2008**



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

Official Program







# 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 Berkeley 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](http://www.aaphd.org).

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calling the AAPHD Office at 217-529-6941.

# 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  
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Medicaid/SCHIP Dental Association  
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Caswell Evans Jr., DDS, MPH

## AAPHD President's Welcome

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  
President, AAPHD



Steven J. Steed, DDS

## ASTDD President's Welcome

Welcome to Miami and the 2008 National Oral Health Conference (NOHC). This is also the 9<sup>th</sup> 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 60<sup>th</sup> 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

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# 2008 National Oral Health Conference

Pursuing Excellence in Dental Public Health

## Pre-Conference Schedule At-A-Glance

### THURSDAY, APRIL 24

8:00 a.m. – 5:00 p.m.	ABDPH Board Meeting	Alto
8:00 a.m. – 1:00 p.m.	ABDPH Board Examination	Soprano

### FRIDAY, APRIL 25

8:00 a.m. – 5:00 p.m.	ABDPH Board Examination	Soprano
1:00 p.m. – 5:00 p.m.	ASTDD Executive Committee Meeting	Tenor

### SATURDAY, APRIL 26

8:00 a.m. – 4:00 p.m.	Conference Registration	Foyer
8:00 a.m. – 12:00 p.m.	ASTDD Executive Committee Meeting	Tenor
8:00 a.m. – 5:00 p.m.	ABDPH Board Examination	Soprano
9:00 a.m. – 12:00 p.m.	Framing Oral Health: Communication Strategies for Oral Health Advocates	Concerto B
9:00 a.m. – 12:00 p.m.	MSDA Board Meeting	Alto
1:00 p.m. – 4:00 p.m.	Joint MSDA/AACDP Meeting State Medicaid/SCHIP & Local Promising Practices for Oral Health	Concerto A
1:00 p.m. – 2:00 p.m.	ASTDD New Member Orientation	Picasso
2:00 p.m. – 5:00 p.m.	ASTDD Business Meeting	Picasso
4:00 p.m. – 6:00 p.m.	AACDP Board Meeting	Alto
4:30 p.m. – 5:30 p.m.	Need Oral Health Information? Contact the Oral Health Resource Center <i>Sponsored by Medicaid/SCHIP Dental Association</i>	Concerto A
5:00 p.m. – 6:00 p.m.	ASTDD Member Reception	Market
6:30 p.m. – 8:30 p.m.	Pacific Basin Dental Association Meeting	Metronome

### SUNDAY, APRIL 27

7:00 a.m. – 8:15 a.m.	AAPD Breakfast Session - By Invitation Only	Market
7:30 a.m. – 5:00 p.m.	Conference Registration	Foyer
8:00 a.m. – 12:00 p.m.	ASTDD Member Breakfast & Networking	Picasso
8:00 a.m. – 12:00 p.m.	Military Session	Soprano
8:00 a.m. – 3:00 p.m.	AAPHD Executive Council Meeting	Tenor
8:00 a.m. – 5:00 p.m.	ABDPH Board Meeting	Metronome
8:30 a.m. – 5:00 p.m.	AACDP Annual Seminar	Concerto A
8:30 a.m. – 5:00 p.m.	Medicaid/SCHIP Dental Association Symposium	Concerto CD
12:00 p.m. – 5:00 p.m.	DPH Residency Directors' Meeting	Market
1:00 p.m. – 5:00 p.m.	ASTDD National Oral Health Leadership Institute - By Invitation Only <i>Sponsored by ASTDD</i>	Alto
1:00 p.m. – 5:00 p.m.	National Dental Public Health Leadership Institute Cohort 1; CDC Policy Tool	BRD 624
6:00 p.m. – 8:00 p.m.	Opening Reception <i>Sponsored by Medical Products Laboratories</i>	Poolside





# 2008 National Oral Health Conference

Pursuing Excellence in Dental Public Health

## Pre-Conference Sessions

April 24 - 27, 2008

Hilton Miami Downtown - Miami, Florida

### THURSDAY, APRIL 24

8:00 a.m. – 1:00 p.m. .... Alto  
ABDPH Board Meeting

8:00 a.m. – 5:00 p.m. .... Soprano  
ABDPH Board Examination

### FRIDAY, APRIL 25

8:00 a.m. – 5:00 p.m. .... Soprano  
ABDPH Board Examination

1:00 p.m. – 5:00 p.m. .... Tenor  
ASTDD Executive Committee Meeting

### SATURDAY, APRIL 26

8:00 a.m. – 4:00 p.m. .... Foyer  
Conference Registration

8:00 a.m. – 12:00 p.m. .... Tenor  
ASTDD Executive Committee Meeting

8:00 a.m. – 5:00 p.m. .... Soprano  
ABDPH Board Examination

9:00 a.m. – 12:00 p.m. .... **Concerto B**  
**Framing Oral Health: Communication Strategies for Oral Health Advocates**

CDE 3.0 **Pre-registered attendees only.**

Do you want to make oral health a priority with the public and with policymakers? This 3-hour limited attendance workshop will provide participants with tools to develop messaging strategies to communicate the problem of dental disease and to link oral health with overall health. Faculty will help participants gear the messages for different audiences.

Moderator: Martha Dellapenna, RDH, MEd

Speakers: Kate Vaughan, MSW  
Wendy Frosch, EdM

**Educational Objectives:**

1. Understand the basic structure of general health and oral health messages derived from research on public perceptions.
2. Develop appropriate messages to reflect achievable outcomes for a particular target audience.
3. Learn to collaborate with partners to create strong, sustainable messages that reach a broad audience.

9:00 a.m. – 12:00 p.m. .... Alto  
MSDA Board Meeting

1:00 p.m. – 4:00 p.m. .... **Concerto A**  
**Joint MSDA/AACDP Meeting State Medicaid/SCHIP & Local Promising Practices for Oral Health**  
CDE 3.0 **Pre-registered attendees only.**

This program will include information that is relevant to State and community dental programs or to individuals. A panel of 6 presenters will highlight how changes in specific State and local programs have resulted in increased access to care for children and/or families. Three State and two community-based programs will present data demonstrating how positive changes in legislation, policy, workforce expansion or innovative initiatives have served to expand dental care to their populations.

Moderators: Janelle Garrison, RN, BSN  
Nance Orsbon, RDH  
Maureen Oostdik, RDH

Speakers: Linda Altenhoff, DDS  
Meg Booth, MPH  
Martha Dellapenna, RDH, MEd  
Lawrence Hill, DDS, MPH  
Carrie Stempksi, RDH, BS

**Educational Objectives:**

1. Identify how changes in specific State and local programs have resulted in increased access to care for children and/or families.
2. Identify how changes in legislation, policy, workforce expansion or innovative initiatives have served to expand dental care to State and community dental populations.
3. Assess if other State/community dental programs initiatives can be applied to one's own State or practice entity.

1:00 p.m. – 2:00 p.m. .... Picasso  
ASTDD New Member Orientation

All current and potential members are invited to attend.

2:00 p.m. – 5:00 p.m. .... Picasso  
ASTDD Business Meeting

4:00 p.m. – 6:00 p.m. .... Alto  
AACDP Board Meeting



# Pre-Conference Sessions - April 26 - 27

4:30 p.m. – 5:30 p.m. .... **Concerto A**  
**Need Oral Health Information? Contact the Oral Health Resource Center**

*Sponsored by Medicaid/SCHIP Dental Association*  
 CDE 1.0

This presentation will describe the activities of the National Maternal and Child Oral Health Resources Center, the purpose of which is to help states and communities improve the oral health of children, adolescents and their families by making needed information accessible. In addition, they will describe their interaction with both the MSDA and AACDP.

Moderator: Chris Farrell, RDH, MPA  
 Speakers: Katrina Holt, MPH, MS, RDH  
 Sarah Kolo

**Educational Objectives:**

1. Describe the National Maternal and Child Oral Health Resource Center's (OHRC's) mission, target audience, and partners, including MSDA and AACDP.
2. Describe OHRC's services, including collecting programmatic information, responding to information requests, developing and disseminating materials, administering e-mail discussion lists, and maintaining a Web site to provide easy access to information.
3. Be able to navigate OHRC's Web site and locate information related to data, Early Head Start/Head Start, links, materials, and regional and state summits.

5:00 p.m. – 6:00 p.m. .... **Market**  
**ASTDD Member Reception**

6:30 p.m. – 8:30 p.m. .... **Metronome**  
**Pacific Basin Dental Association Meeting**  
*By Invitation Only*

## SUNDAY, APRIL 27

7:00 a.m. – 8:15 a.m. .... **Market**  
**AAPD Breakfast Session - By Invitation Only**

7:30 a.m. – 5:00 p.m. .... **Foyer**  
**Conference Registration**

8:00 a.m. – 12:00 p.m. .... **Picasso**  
**ASTDD Member Breakfast & Networking**

8:00 a.m. – 12:00 p.m. .... **Soprano**  
**Military Session**

CDE 4.0

The Military Section Meeting of the National Oral Health Conference (NOHC) brings together dental public health specialists from all the United States' uniformed Services. It is an opportunity to share new information regarding dental studies, surveys, and information systems relating to military populations. The meeting is open to all interested parties.

Moderator: LTC Georgia dela Cruz, DMD, MPH

Speakers: LTC Georgia dela Cruz, DMD, MPH  
 CAPT Thomas M Leienecker, DDS, MPH  
 COL (Ret) James E Tupa  
 Col Gary C Martin, DDS, MPH  
 COL Bruce B Brehm, DMD, MPH  
 CDR Jonathan Stahl  
 LTC Jeffrey Chaffin, DDS, MPH, MBA  
 Col Susan Mongeau, DDS, MPH

**Educational Objectives:**

1. Be able to use information from review of AHLTA "dental module" for military's electronic health record and lessons learned from the medical deployment, to assist with process development identification, thereby contributing to the successful deployment to the military dental community.
2. Gain insight into the progress of the 2007 Armed Forces Oral Health Survey study and the strategies that are being used for data collection from recruits entering the armed forces during 2007-2008.
3. Describe development of the CAHPS Dental Survey, and understand how to use survey results to improve dental patient satisfaction.
4. Describe criteria for choosing remineralization as a treatment strategy, and why the Navy is considering changing its Risk Management Guidance, and participate in discussion on barriers to increasing prevention therapies in military.
5. List at least three oral health promotion initiatives that Army Dental Corps Officers have attempted to incorporate into the Combat Feeding system, and prioritization of future combat feeding-related oral health promotion initiatives.
6. Summarize the conclusions of the Military Medicine Supplement on Dental Emergencies and the Dental Classification System and describe the implications for the design of future studies on dental emergency rates during deployment.





# Pre-Conference Sessions - April 27 Continued

7. Discuss possible solutions to service-specific issues relating to Dental Patient Satisfaction, Dental Readiness, Dental Health Promotion, or other hot topics

8:00 a.m. – 3:00 p.m. ..... **Tenor**  
**AAPHD Executive Council Meeting**

8:00 a.m. – 5:00 p.m. ..... **Metronome**  
**ABDPH Board Meeting**

8:30 a.m. – 5:00 p.m. ..... **Concerto A**  
**AACDP Annual Seminar**

CDE 6.75. **Pre-registered attendees only.**  
 Join the American Association of Community Dental Programs (AACDP) for presentations and interactive discussions including:

- Federal Activities and Their Impact on the Local Level
- Getting a Head Start on Achieving Optimal Oral Health
- Data: Friend or Foe? Collecting Data for Planning and Evaluation
- State Practice Act Workforce Issues and How They Impact Access

Moderators: Lawrence Hill, DDS, MPH  
 John Rossetti, DDS, MPH  
 Myron Allukian, Jr, DDS, MPH

Presenters: Chris Halliday, DDS, MPH  
 Bill Maas, DDS, MPH  
 Jay Anderson, DMD, MHSA  
 Mark Nehring, DMD, MPH  
 Jared Fine, DDS, MPH  
 Deborah Jacobi, RDH, MS  
 Lisa Bell, RDH  
 Mark Doherty, DMD, MPH, CCHP  
 Kathy Phipps, DrPH  
 Shelly Gehshan, MPP  
 Tammi Byrd, RDH  
 Elizabeth Mertz, MA  
 Mary Williard, DDS  
 Beverly Litchfield, RDH

**Educational Objectives:**

1. Participants will learn about federal and state initiatives affecting the policies, operations, reimbursement, and hiring practices of dental prevention and treatment programs for the underserved.
2. Participants will learn about local dental programs providing care to children ages birth to 5 including exams, assessments and fluoride varnish application and how to implement such programs in their communities.
3. Participants will learn how to collect data from their local programs and use it to enhance their activities and funding.

During the Seminar, AACDP will present the AACDP Myron Allukian Jr. Award for Outstanding Lifetime Achievement in Community Dental Programs. The 2008 recipient is Jared Fine, DDS, MPH.

8:30 a.m. – 5:00 p.m. .... **Concerto CD**  
**Medicaid/SCHIP Dental Association Symposium**  
 CDE 4.75 **Pre-registered attendees only.**

This daylong program will include the MSDA General Business Meeting and program presentations. Jean Moody-Williams from CMS will present highlights on the CMS Quality Initiatives. Representatives from Doral Dental, Delta Dental Plans and Blue Cross will provide updates on how they are addressing the need to incorporate oral health benefits into medical plans. In addition, State Medicaid Program updates will be shared along with time for questions and comments.

Moderators: Conan Davis, DMD, MPH  
 Chris Farrell, RDH, MPA  
 Nance Orsbon, RDH  
 Sandra Brown, MSW

Speakers: Jean Moody-Williams, RN, MPP  
 Max Anderson, DDS, MSMEd  
 Robert Compton, DDS  
 Carl Stoel, DDS

**Educational Objectives:**

1. Learn how CMS and other states have looked at initiatives for quality improvement measures for dental performance.
2. Learn how insurers and Medicaid programs are integrating oral health into medical programs.
3. Learn about initiatives that states are implementing for innovative payment practices, provider participation and increasing access to oral health services.

12:00 p.m. – 5:00 p.m. .... **Market**  
**DPH Residency Directors' Meeting**

1:00 p.m. – 5:00 p.m. .... **Alto**  
**ASTDD National Oral Health Leadership Institute**

**By Invitation Only**  
**Sponsored by ASTDD**  
 CDE 4.0

Moderator: Don Altman, DDS, MPH, MBA, MA  
 Speaker: Linda Stiles, MS

**Educational Objectives:**

1. Discover what your leadership style is and how to best use it to your group's advantage.
2. Quickly and rationally make the most appropriate decisions for your organization.
3. Confidently oversee and guide all levels of employee performance.

1:00 p.m. – 5:00 p.m. .... **BRD 624**  
**National Dental Public Health Leadership Institute Cohort 1; CDC Policy Tool - By Invitation Only**

6:00 p.m. – 8:00 p.m. .... **Poolside**  
**Opening Reception**

**Sponsored by Medical Products Laboratories**

Join us poolside for this first opportunity to reconnect with friends and colleagues as well as meet new ones.

**Sponsored by:**



# 2008 National Oral Health Conference

## Pursuing Excellence in Dental Public Health

### Invited Pre-Conference Presenters

- Linda Altenhoff, DDS  
Texas Department of Health  
Austin, TX
- Max Anderson, DDS, MS, MEd  
Delta Dental Plans Association  
Sequim, WA
- Jay Anderson, DMD, MHSA  
Health Resources and Services Administration  
Rockville, MD
- Lisa Bell, RDH  
Bureau of Community Health Promotion, Wisconsin  
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Lexington, SC
- USA LTC Jeffrey Chaffin, DDS, MPH, MBA  
Office of the Surgeon General, Dental Affairs  
Falls Church, VA
- Robert Compton, DDS  
Doral Dental USA  
Boston, MA
- USA LTC Georgia dela Cruz, DMD, MPH  
Army Dental Public Health, Tri-Services Center for  
Oral Health Studies  
Bethesda, MD
- Martha Dellapenna, RDH, MEd  
Rhode Island Department of Human Services  
Cranston, RI
- Mark Doherty, DMD, MPH, CCHP  
Dorchester House Multi Service Center  
Dorchester, MA
- Jared Fine, DDS, MPH  
Office of Dental Health, Alameda County Public  
Health Dept  
Oakland, CA
- Wendy Frosh, EdM  
FrameWorks Institute  
Hampton, NH
- Shelly Gehshan, MPP  
National Academy for State Health Policy  
Washington, DC
- Chris Halliday, DDS, MPH  
RADM, US Public Health Service  
Rockville, MD
- Lawrence Hill, DDS, MPH  
CincySmiles Foundation  
Cincinnati, OH
- Katrina Holt, MPH, MS, RDH  
National Maternal and Child Oral Health Resource  
Center, Georgetown University  
Washington, DC
- Deborah Jacobi, RDH, MS  
Apple Tree Dental  
Minneapolis, MN
- Sarah Kolo  
National Maternal and Child Oral Health Resource  
Center, Georgetown University  
Washington, DC
- USN CAPT Thomas M Leiendecker, DDS, MPH  
Tri-Service Center for Oral Health Studies (TSCOHS),  
Uniformed Services University of the Health Sciences  
(USUHS)  
Bethesda, MD
- Beverly Litchfield, RDH  
Prevention Partners, Inc, Dental Hygiene Services  
Anchorage, AK
- William Maas, DDS, MPH  
Division of Oral Health, Centers for Disease Control  
and Prevention  
Atlanta, GA
- USAF Col Gary Martin, DDS, MPH  
TRICARE Operations Division, TRICARE Mangement  
Activity  
Falls Church, VA
- Elizabeth Mertz, MA  
Center for Health Professions, University of California,  
San Francisco  
San Francisco, CA
- USAF Col Susan Mongeau, DDS, MPH  
Tri-Service Center for Oral Health Studies (TSCOHS),  
Uniformed Services University of the Health Sciences  
(USUHS)  
Bethesda, MD
- Jean Moody-Williams  
Centers for Medicare and Medicaid Services,  
Division of Quality Evaluation  
Windsor Mill, MD
- Mark Nehring, DMD, MPH  
Health Resources and Services Administration  
Rockville, MD
- Kathy Phipps, DrPH  
Morro Bay, CA
- USN CDR Jonathan Stahl  
Naval Medical Center San Diego  
San Diego, CA
- Carrie Stempski, RDH, BS  
Brown County Oral Health Partnership  
Green Bay, WI
- Linda Stiles, MS  
University of Phoenix  
Houston, TX
- Carl Stoel, DDS  
Blue Cross Blue Shield of Michigan  
Southfield, MI
- USA COL (Ret) James E Tupa  
Roll Dental Clinic  
Ft Leonard Wood, MO
- Kate Vaughan, MSW  
FrameWorks Institute  
Roslindale, MA
- Mary E Williard, DDS  
Alaska Native Tribal Health Consortium, Division of  
Community Health Services University of Washington  
DENTEX Training Center  
Scarborough, ME

# 2008 National Oral Health Conference

## Pursuing Excellence in Dental Public Health

### Conference Schedule At-A-Glance

#### MONDAY, APRIL 28

7:00 a.m. – 5:00 p.m.	Registration Desk	Foyer
7:00 a.m. – 8:00 a.m.	State Coalitions Executives Meeting	Picasso
7:00 a.m. – 8:00 a.m.	Continental Breakfast with Exhibitors	Symphony I II
8:00 a.m. – 8:30 a.m.	Opening Ceremony	Concerto BR
8:30 a.m. – 10:00 a.m.	Opening Plenary: Will Universal Health Care Include Oral Health Care?	Concerto BR
10:00 a.m. – 10:30 a.m.	Break with Exhibitors	Symphony I II
10:30 a.m. – 12:00 p.m.	Concurrent Sessions:	
	■ Three Perspectives: Access to Oral Health Care and the Dental Workforce	CBR - A
	■ Oral Health Literacy: Barriers and Solutions to Improving the Public's Oral Health	CBR - B
	■ Oral Health Disparities in Publicly Insured Children	CBR - C
	■ Applying Public Health Law to Improve Oral Health	CBR - D
12:00 p.m. – 1:30 p.m.	ASTDD Awards Luncheon	Symphony III IV
1:45 p.m. – 3:15 p.m.	Plenary Session: The Access Crisis — Changing Laws Changing Times: What's Next? AAPHD Student Merit Award Presentation	Concerto BR
3:15 p.m. – 3:45 p.m.	Break with Exhibitors	Symphony I II
3:45 p.m. – 5:00 p.m.	Concurrent Sessions:	
	■ I-Smile: Iowa's Dental Home Initiative	CBR - A
	■ Contributed Papers	CBR - D
	■ 5 <sup>th</sup> Annual Hershel S Horowitz Memorial Symposium - Fluoridation and Fluorides: A Never-Ending Challenge	CBR - C
	■ State Health Care Reform: How Does Dental Fit In?	CBR - B
3:45 p.m. – 5:00 p.m.	HRSA Meet & Greet	Picasso
5:00 p.m. – 6:30 p.m.	Poster Session	Foyer
5:00 p.m. – 6:00 p.m.	CDC State Water Fluoridation Program	Soprano
5:00 p.m. – 6:00 p.m.	SEALS Users Group Meeting	Alto
5:15 p.m. – 6:15 p.m.	Medicaid/SCHIP 101 Workshop <i>Sponsored by ASTDD &amp; MSDA</i>	Concerto D
5:15 p.m. – 6:30 p.m.	ABDPH Orientation/DPH Residents	Tenor
6:30 p.m. – 8:30 p.m.	ABDPH Diplomates Dinner - By Invitation Only	Market
Time and Location TBD	Oral Health Action Partnership Dinner - By Invitation Only	

#### TUESDAY, APRIL 29

7:00 a.m. – 9:00 a.m.	Continental Breakfast with Exhibitors	Symphony I II
7:00 a.m. – 8:00 a.m.	AAPHD New Member Orientation	Alto
7:00 a.m. – 8:00 a.m.	ASTDD Executive Committee Meeting	Market
7:00 a.m. – 8:00 a.m.	HRSA/CMS Activities	Picasso
7:00 a.m. – 8:30 a.m.	ADHA Hosted Breakfast for ASTDD and AAPHD Member Dental Hygienists	Tenor
7:45 a.m. – 8:45 a.m.	CDC Grantee Meeting	Soprano
9:00 a.m. – 10:30 a.m.	Plenary Session: ABDPH Annual Symposium: Health Philanthropy's Role in Transforming Oral Health	Concerto BR
10:30 a.m. – 11:00 a.m.	Break with Exhibitors	Symphony I II



# Conference Schedule At-A-Glance Continued

## TUESDAY, APRIL 29 - *Continued*

11:00 a.m. – 12:30 p.m.	Concurrent Sessions	
	<ul style="list-style-type: none"> <li>■ BEST Oral Health – Bringing Early Education, Screening, and Treatment – A Community Based Preschool Oral Health Program</li> <li>■ Leadership Development: Innovative Approaches to Building “Dental Champions”</li> <li>■ Promoting Oral Health for Older Adults</li> <li>■ Contributed Papers</li> </ul>	<p>CBR - A</p> <p>CBR - B</p> <p>CBR - C</p> <p>CBR - D</p>
12:30 p.m. – 2:30 p.m.	Roundtable Luncheon - For all registrants	Symphony III IV
2:45 p.m. – 4:15 p.m.	Concurrent Sessions	
	<ul style="list-style-type: none"> <li>■ SCHIP Reauthorization and Dental Care: Did We Take a Step Forward?</li> <li>■ Oral Health in Mexico and Brazil</li> <li>■ The Safety Net Solutions Model: A Systems Approach to Improving the Sustainability of Community Oral Health Programs</li> <li>■ Preventing Decay in Primary Teeth</li> </ul>	<p>CBR - A</p> <p>CBR - B</p> <p>CBR - C</p> <p>CBR - D</p>
4:15 p.m. – 4:30 p.m.	Refreshment Break with Exhibitors	Symphony I II
4:30 p.m. – 6:00 p.m.	AAPHD Annual Business Meeting	CBR - D
4:30 p.m. – 6:00 p.m.	Concurrent Sessions	
	<ul style="list-style-type: none"> <li>■ Effectiveness of Salt Fluoridation in Latin America and the Caribbean (LAC)</li> <li>■ Essentials of Workforce Assessment</li> </ul>	<p>CBR - C</p> <p>CBR - B</p>
6:30 p.m. – 10:00 p.m.	ASTDD 60th Anniversary Celebration <i>Reception Sponsored by Aseptico</i>	Symphony III IV

## WEDNESDAY, APRIL 30

6:00 a.m. – 7:00 a.m.	NOHC Fun Run/Walk	Hotel Lobby
7:00 a.m. – 8:30 a.m.	Continental Breakfast with Exhibitors	Symphony I II
8:30 a.m. – 10:00 a.m.	Plenary Session: Evidence-based Guidelines for Sealant Placement in Clinical and School-based Settings	Concert BR
10:00 a.m. – 10:30 a.m.	Break with Exhibitors	Symphony I II
10:30 a.m. – 12:00 p.m.	Concurrent Sessions	
	<ul style="list-style-type: none"> <li>■ Partnerships to Promote the Oral Health of Children with Special Health Care Needs – the Family Voices Experience</li> <li>■ On Ethical Ground: Embracing Corporate Citizenship in Dental Public Health</li> <li>■ Symposium: Practice-Based Research – Practitioner Driven, Evidence Based Dentistry</li> <li>■ Nutrition and Oral Health - Partners in Practice</li> </ul>	<p>CBR - A</p> <p>CBR - B</p> <p>CBR - C</p> <p>CBR - D</p>
12 Noon – 1:30 p.m.	AAPHD Awards Luncheon - For All Registrants	Symphony III IV
1:45 p.m. – 3:15 p.m.	Concurrent Sessions	
	<ul style="list-style-type: none"> <li>■ National Health Information Infrastructure: Ensuring Oral Health Is Included in the Strategy</li> <li>■ Healthy People 2010 and Beyond</li> <li>■ Applications of an Evidenced-Based Oral Health Education Curriculum</li> <li>■ Contributed Papers</li> </ul>	<p>CBR - A</p> <p>CBR - B</p> <p>CBR - C</p> <p>CBR - D</p>
3:30 p.m. – 6:30 p.m.	Lessons Learned from the California Dialog - <i>By Invitation Only</i>	Soprano

## THURSDAY, MAY 1

8:00 a.m. – 12:00 p.m.	AAPHD Executive Council Meeting	Market
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# 2008 National Oral Health Conference

Pursuing Excellence in Dental Public Health

April 28 – 30, 2008

Hilton Miami Downtown - Miami, Florida

## MONDAY, APRIL 28

7:00 a.m. – 5:00 p.m. .... Foyer  
Registration Desk

7:00 a.m. – 8:00 a.m. .... Picasso  
State Coalitions Executives Meeting

7:00 a.m. – 8:00 a.m. .... Symphony I II  
Continental Breakfast with Exhibitors

8:00 a.m. – 8:30 a.m. .... Concerto BR  
Opening Ceremony  
Welcome from the Presidents and Distinguished Guests

8:30 a.m. – 10:00 a.m.  
Opening Plenary  
Will Universal Health Care Include Oral Health Care?

CDE 1.5 Location: ..... Concerto BR  
Universal health care is a major topic of discussion in the political arena today. Will oral health care be included in a final plan, should it be included in such a plan, and will its inclusion depend on the way such a final plan looks? In this session we will take a look at the big picture related to universal care from Earl Fox, a former HRSA Administrator, familiar with the type of high-level negotiations that are necessary for such a plan to become a reality. We will also hear how oral health care was highlighted under his administration and learn about his thoughts on the potential for oral health to be included in any future universal health care plan. We will then hear from the, Senior Vice-President of Government and Public Affairs and Washington Office Director for the ADA. He will discuss the association's thinking on whether oral health care should be included in such a plan and the benefits or drawbacks of inclusion.

Moderator: Conan Davis, DMD, MPH  
Presenters: Earl Fox, MD, MPH  
Bill Prentice

### Objectives:

1. Learn about the negotiation process involved in the development of a broad restructuring of US health care.
2. Learn about the advantages and pitfalls of the potential for inclusion of oral health care in any universal health plan.
3. Learn about the inclusion and greater integration of oral health care into a national health care agency.

10:00 a.m. – 10:30 a.m. .... Symphony I II  
Break with Exhibitors

10:30 a.m. – 12:00 p.m. .... Concurrent Sessions

### Three Perspectives: Access to Oral Health Care and the Dental Workforce

CDE 1.5 Location: ..... CBR - A  
The closely related topics of access to dental care, dental manpower needs, and the composition and distribution of the dental workforce have been under public scrutiny recently, partially in response to the publicized legal action of the ADA with respect to the Alaska mid-level providers and also in regard to the death of a youngster from untreated dental decay. The purpose of this panel discussion is to bring together representatives from three organizations within our profession to compare and contrast different perspectives on these related issues. The underlying goal is increased understanding of, and appreciation for, the various view points within our profession of topics that have at times become politicized and distorted.

Moderator: Patrick Blahut, DDS, MPH  
Speakers: Richard Valachovic, DMD, MPH  
Chris Halliday, DDS, MPH  
Robert Brandjord, DDS

### Objectives:

1. Describe how pre-doctoral dental school enrollment, retirement trends, and other factors influence the dental workforce.
2. Summarize the perspectives of dental education, federal dental programs, and the private sector of dentistry with regard to: dental manpower needs, the composition and distribution of the dental workforce, the appropriate role of the mid-level provider, and access to oral health care.

### Oral Health Literacy: Barriers and Solutions to Improving the Public's Oral Health

CDE 1.5 Location: ..... CBR - B  
The purpose of this session is to provide participants with an update about health literacy and its impact on oral health outcomes. The session will address local, regional and national initiatives to improve health literacy. Oral health professionals have had limited involvement in the health literacy arena. Improvements in oral health literacy will require the dental team and other oral health professionals to go beyond individual health educational and promotional strategies to address the shared function of individual patient skills, ability of a provider to communicate effectively and accurately, and the informational demands placed on patients by health care systems. This interactive discussion will focus on generating

Monday

## Monday, April 28 - Continued

practical suggestions to improve oral health literacy by making recommendations for research, policy, and programs.

Moderator: Scott Lingle, DDS  
Speakers: Rima Rudd, ScD  
Arthur Culbert, PhD  
Linda Neuhauser, DrPh  
Gary Podschun

### Objectives:

1. Identify and discuss local, regional and national initiatives to improve oral health literacy.
2. Describe ways to involve the public and private sectors in coalitions to address oral health literacy.
3. Generate practical suggestions to improve oral health literacy through research, policy and programs.

### Oral Health Disparities in Publicly Insured Children

CDE 1.5 Location: ..... **CBR - C**  
The Virginia Commonwealth University School of Dentistry was awarded a grant last year by the National Institutes of Dental and Craniofacial Research to fund a research project called Oral Health Disparities in Publicly Insured Children. The overall aim of the project is to use a population of children enrolled in North Carolina and Virginia Medicaid programs and examine the effect of differing public health insurance programs on pediatric oral health outcomes. Michigan Medicaid program has contracted with Delta Dental Plan of Michigan to administer the Healthy Kids Dental Program for Medicaid beneficiaries under the age of 21 in 59 counties. Dr. Steve Eklund has been evaluating the data and experience that the Medicaid beneficiaries have had through a commercial dental insurer versus the experience that the beneficiaries have had with the fee for service program. CDE 1.5

Moderator: Christine Farrell, RDH, MPA  
Speakers: Tegwyn Brickhouse, DDS, PhD  
Steve Eklund, DDS, DrPH, MHSA

### Objectives:

1. Provide information on dental benefits administered by insurers.
2. Provide information on dental utilization administered by a state program.

### Applying Public Health Law to Improve Oral Health

CDE 1.5 Location: ..... **CBR - D**  
This presentation will review public health legal principles relating to community water fluoridation, identifying for oral health advocates the legal boundaries and considerations that pervade debates about maintaining or expanding community water fluoridation. Although legislative action to support fluoridation of community water systems is an efficient public health response to the epidemic of dental caries, the legal debate over community water fluoridation continues despite overwhelming scientific evidence and widespread medical and dental support. Given the limited preparation of dental public health professionals in areas of law and public policy, there is

need for an improved understanding of law, including the dynamics of adopting, implementing, and defending public health regulations. This panel will blend expertise in law, public health policy, and dental public health to highlight legal models applicable to fluoridation debates, increasing the legal competencies of oral health professionals to apply law as an effective tool for community water fluoridation.

Moderator: William Bailey, DDS, MPH  
Co-Moderator: Karen Sicard, RDH, MPH  
Speakers: Marcy Frosh  
Dean Perkins, DDS, MPH  
Benjamin Meier, JD, LLM, MPhil

### Objectives:

1. Identify the major subject matter and legislative tenets of community water fluoridation regulations.
2. Assess how policy-makers can apply an accessible database of community water fluoridation laws, legal reforms, and legal challenges in law reform initiatives.
3. Describe the major variables associated with the success or failure of efforts to modernize community water fluoridation laws.

12:00 p.m. – 1:30 p.m. .... **Symphony III IV**  
**ASTDD Awards Luncheon**  
For All Registrants

1:45 p.m. – 3:15 p.m.  
**Plenary Session**  
**The Access Crisis — Changing Laws**  
**Changing Times: What's Next?**

CDE 1.5 Location: ..... **Concerto BR**  
This session is co-sponsored by the American Association for Community Dental Programs (AACDP) and AAPHD and is a follow-up to last year's co-sponsored session on the Alaska Therapist, Access and Workforce. The purpose of the session is to discuss the many changes that have occurred on the national and state levels in regard to the oral health workforce. The advantages and disadvantages of these changing laws and initiatives will be presented and discussed. CDE 1.5

Moderator: Myron Allukian, Jr, DDS, MPH  
Speakers: Larry Hill, DDS, MPH  
Jean Connor, RDH  
Mark Feldman, DMD  
Caswell Evans, Jr., DDS, MPH

### Objectives:

1. To understand how the access problem influences changes in the dental workforce.
2. To describe improvements in access due to changing state practice acts.
3. To describe and understand the future direction of the dental workforce by organized dentistry and dental hygiene.

**AAPHD Student Merit Award Presentation**

*Sponsored by:*





## Monday, April 28 - Continued

3:15 p.m. – 3:45 p.m. .... **Symphony I II**  
**Break with Exhibitors**

3:45 p.m. – 5:00 p.m. .... **Concurrent Sessions**

### I-Smile: Iowa's Dental Home Initiative

CDE 1.5 Location: ..... **CBR - A**  
I-Smile is an initiative developed as a result of a legislative mandate that all Medicaid-enrolled children in Iowa have a dental home. In cooperation with the Iowa Department of Human Services and other partners, the Iowa Department of Public Health created the I-Smile project, using a conceptual dental home model. Multiple providers are involved, including physicians, nurses, and dental hygienists to assure regular preventive oral health care is provided to children by the age of one. Dental hygienists, serving as I-Smile Coordinators, are located within 24 locations to facilitate referrals to dentists for restorative care and regular exams.

Moderator: Sarah Schlievert, RDH, BS  
Speakers: Tracy Rodgers, RDH, BS  
Jen Badger, RDH  
Bob Russell, DDS, MPH

#### Objectives:

1. Understand the I-Smile conceptual dental home model.
2. Discuss the use of multiple health care providers for children's oral health care services.
3. Identify best practice strategies for implementing I-Smile at the community level.

### Contributed Papers

CDE 1.5 Location: ..... **CBR - D**  
This session will feature scientific oral presentations of interest to dental public health professionals.

Moderator: Karen M. Yoder, MSD, PhD  
Co-Moderator: Amit Chattopadhyay, MDS, MPH, PhD

#### Objectives:

1. Discuss national, regional, state, and local initiatives to build partnerships that promote oral health in Head Start.
2. Describe key oral health strategies and promising practices that can be replicated by Head Start and oral health programs.
3. Identify data sources and measures for program evaluation that can be used for strategic oral health planning with Head Start.

#### Contributed Papers:

1. Maternal and Child Health Bureau and Office of Head Start Collaborate to Address Oral Health Priority  
*John Rossetti, National Lead/Head Start Oral Health Consultant, Maternal and Child Health Bureau, Health Resources and Services Administration*
2. Oral Health Promotion Strategies for Low Income Families: Lessons From the Head Start Oral Health Initiative  
*Patricia Del Grosso, M.S.Ed., Mathematica Policy Research, Inc; Sandra Silva, M.M., Altarum Institute*

3. Fostering A Responsive Dental Workforce: Linking Dental Students and Head Start Through Service-Learning

*Karen M. Yoder, MSD, PhD, Head Start Oral Health Consultant, Region V, Chicago*

4. Setting the Direction for the Future: One State's Commitment Toward the Vision of Optimum Oral Health for Children

*Lawrence W. Walker, DDS, MPH, OHS, Region VII, Kansas City*

5. Evaluation of Minnesota's Community Collaborative Practice Head Start Model

*Deborah Jacobi, RDH, MA, Apple Tree Dental*

6. Head Start Oral Health PIR Trends: Considerations for Strategic Planning

*Reginald Louie, DDS, MPH, OHS, Region IX, San Francisco*

### 5<sup>th</sup> Annual Hershel S Horowitz Memorial Symposium - Fluoridation and Fluorides: A Never-Ending Challenge

CDE 1.5 Location: ..... **CBR - C**  
This session will describe the most recent national initiatives and activities opposing fluoridation and fluorides and how best to communicate to the public and decision makers about the safety and benefits of fluoride. Effective strategies and available resources to promote fluoridation on a national and state level will be described and discussed.

Moderator: Myron Allukian, Jr., DDS, MPH  
Speakers: Michael Easley, DDS, MPH  
Suzanne Hayes, DDS  
James Hyde, MA, SM  
Lewis Lampiris, DDS, MPH

#### Objectives:

1. To describe the most recent national initiatives and activities opposing fluoridation and fluorides.
2. To understand the principles of risk communication and oral health literacy.
3. To describe effective strategies and available resources to promote fluoridation on the state and national level.

### State Health Care Reform: How Does Dental Fit In?

CDE 1.5 Location: ..... **CBR - B**  
This session will highlight the ways in which states are addressing (or omitting) dental services in the comprehensive health care reforms being undertaken across the country. A speaker from the National Academy for State Health Policy will give an overview of the extent of states' inclusion of dental services in their plans, and present a set of models for benefit design that were developed for Kansas' health care reform deliberations. A speaker from Massachusetts' oral health coalition will discuss the political and financing discussions that led Massachusetts to extend dental coverage only to those under the federal poverty level. Finally, a speaker from California's oral health coalition will give insight into how that state's

## Monday, April 28 - Continued

fiscal situation is affecting its health care reform efforts generally, and dental services specifically.

Moderator: Shelly Gehshan, MPP

Speakers: Michael Monopoli, DDS  
Andy Snyder, MPA  
Wynne Grossman, MSW

### Objectives:

1. Provide an overview of state comprehensive health care reform efforts that have recently been implemented, concentrating on their treatment of dental services.
2. Discuss how states can include a dental service component in a comprehensive health care reform model.
3. Provide insight into how oral health is discussed in the state policymaking process.

### HRSA Meet & Greet

Location: ..... **Picasso**

Stephen R. Smith, Senior Advisor to the Administrator, HRSA will be available for questions.

5:00 p.m. – 6:30 p.m.

### Poster Session

CDE 1.5 Location: ..... **Foyer**

Approximately 65 posters based on submitted abstracts of interest to dental public health professionals will be available for viewing and discussion.

### Objectives:

1. Describe processes and tools to conduct and address challenges in oral health assessments.
2. Identify interventions and programs to promote oral health and prevent oral diseases that can be implemented by communities.
3. Discuss the development of strategies to expand oral health capacity and advance clinical prevention and treatment services for diverse populations.

5:00 p.m. – 6:00 p.m. .... **Soprano**

**CDC State Water Fluoridation Program**

5:00 p.m. – 6:00 p.m. .... **Alto**

**SEALS Users Group Meeting**

5:15 p.m. – 6:15 p.m.

### Medicaid/SCHIP 101 Workshop

*Sponsored by ASTDD & MSDA*

CDE 1.0 Location: ..... **Concerto D**

This session will provide an overview of the Medicaid Program including the federal statutes, regulations and administrative rules. The topics to be covered fall within three categories: the populations that are eligible, including those that are mandatory and optional; the services that are covered, including those that are mandatory and optional; the funding mechanisms, including the Federal Financing Participation, block grants and waivers. In addition, it will include how dental services fit within the Medicaid Program.

Moderator: Chris Farrell, RDH, MPA

Speakers: Jean Moody-Williams, RN, MPP  
Cynthia Ruff

### Objectives:

1. Understand the mandatory and optional eligibility categories for Medicaid.
2. Understand the financing mechanisms between the states and federal agencies.
3. Understand the service delivery options and how dental fits into the Medicaid program.

5:15 p.m. – 6:30 p.m. .... **Tenor**

### ABDPH Orientation/DPH Residents

Information will be presented regarding the DPH Board Certifying Examination and other issues of interest to DPH residents and others seeking board certification.

6:30 p.m. – 8:30 p.m. .... **Market**

**ABDPH Diplomates Dinner  
By Invitation Only**

Time & Location TBD

**Oral Health Action Partnership Dinner  
By Invitation Only**

**Evening Open for All Participants – Dinner On Your Own**



# TUESDAY, APRIL 29

7:00 a.m. – 9:00 a.m. .... **Symphony I II**  
**Continental Breakfast with Exhibitors**

7:00 a.m. – 8:00 a.m. .... **Alto**  
**AAPHD New Member Orientation**

7:00 a.m. – 8:00 a.m. .... **Market**  
**ASTDD Executive Committee Meeting**

7:00 a.m. – 8:00 a.m. .... **Picasso**  
**HRSA/CMS Activities**

7:00 a.m. – 8:30 a.m. .... **Tenor**  
**ADHA Hosted Breakfast for ASTDD and AAPHD Member  
Dental Hygienists**

7:45 a.m. – 8:45 a.m. .... **Soprano**  
**CDC Grantee Meeting**

9:00 a.m. – 10:30 a.m.  
**Plenary Session**  
**American Board of Dental Public Health  
Annual Symposium: Health Philanthropy’s  
Role in Transforming Oral Health**

CDE 1.5 Location: ..... **Concerto BR**

In its 2001 report entitled Crossing the Quality Chasm: A New Health System for the 21st Century, the Institute of Medicine’s Committee on the Quality of Health Care in America called for fundamental changes in the organization and delivery of health care in the U.S. The session will explore the various roles for health philanthropies in supporting oral health activities aimed at supporting such change. Specific initiatives currently underway in several states will be highlighted. Attendees will have ample opportunity to discuss how such approaches might be applicable in their states or communities.

Moderator: Alex White, DDS, DrPH

Speakers: Ralph Fuccillo  
Tracy Garland  
Patricia Baker

**Objectives:**

1. Examine the meaning of and need for oral health system transformation and the goals that guide such efforts.
2. Gain knowledge about grantmakers’ perspectives on oral health philanthropy and their role as agents of change in fostering system transformation.
3. Learn about specific philanthropic activities aimed at oral health system transformation.
4. Better understand how such efforts can improve oral health literacy, access to dental care, and population oral health.
5. Examine the ways in which health funders effectively engage key stakeholders in stimulating change.

10:30 a.m. – 11:00 a.m. .... **Symphony I II**  
**Break with Exhibitors**

11:00 a.m. – 12:30 p.m. .... **Concurrent Sessions**

**BEST Oral Health – Bringing Early Education, Screening, and Treatment – A Community Based Preschool Oral Health Program**

CDE 1.5 Location: ..... **CBR - A**

This session will present the coalition-building process and subsequent program design and implementation activity for reducing Early Childhood Caries at a population level, so that preschool students in Hampden County, Massachusetts in 2010 start Kindergarten having seen a dentist, with positive oral health, and ready to learn. BEST Oral Health is an emergent solution to the rise of caries in US preschoolers and an intervention for improving the oral health status of preschool populations so that it mirrors the overall improvement of oral health in other age groups and the general population. BEST is an acronym for Bringing early Education, Screening, and Treatment. BEST Oral Health is a community-based and collaborative approach to delivering preventive dental measures to infants, toddlers, and preschoolers.

Moderator: Joan Lowbridge, RDH, BS

Speakers: Frank Robinson, PhD  
Wanda Wright, DDS, MS  
Mark J Doherty, DMD, MPH, CCHP

**Objectives:**

1. Know how the program design process works in building partnerships with preschool centers, families, academic institutions, and faith-based organizations, community and state organizations/agencies.
2. Understand the relationship of public policy change and advocacy in the community-building and community problem-solving process with local and state representatives, legislators, advocates.
3. Understand the how to arrange partnering strategies to implement clinical services such as the collaboration between Tufts Community Dental program and the Oral Health Impact Project.
4. Identify the challenges and success factors necessary for conducting community-based research and evaluation (quantitative and qualitative strategies to document outcomes - reduction of caries, preschool oral health-related quality of life).
5. Learn from our community partners how the BEST Oral Health program really works.

**Leadership Development: Innovative Approaches to Building “Dental Champions”**

CDE 1.5 Location: ..... **CBR - B**

In this session, participants will learn about two state approaches to developing “dental champions.” These “dental champions” are individuals whose interest in oral health has been purposefully developed through leadership training, coalition building and other activities. Once developed, the champions form a cadre of highly trained and motivated individuals that create a network of advocacy support that spans each





of the states. Their advocacy work supports the missions of their respective organizations in the legislative and executive branches of government as well as at the local, regional and state levels.

Moderator: Marcia Manter, MA  
Speakers: Teresa R. Schwab, LMSW  
Laura Smith, MPA

**Objectives:**

1. To increase the knowledge of participants about two approaches to oral health leadership development in the states of Kansas and Washington.
2. To discuss two distinct, but innovative, approaches to developing state-levels oral health leaders, or "dental champions".
3. To discuss how "dental champions" provide capacity for improving oral health, both at the state policy level as well as at the local level through community-based strategies.
4. To increase the knowledge of participants about how to replicate each of the approaches in their home states.

**Promoting Oral Health for Older Adults**

CDE 1.5 Location: ..... **CBR - C**  
With the baby boomers approaching retirement, it is all the more essential to promote oral health in older adults. Access to care is an issue for many seniors. Preventing decay in older adults is often given little consideration, even though recent estimates indicate that the incidence of decay in older adults is equal to or greater than that seen for children. Collaborative efforts targeting the health of older adults need to include oral health.

Moderator: Susan Hyde, DDS, MPH, PhD  
Speakers: Judith Jones, DDS, MPH, DScD  
Susan Griffin, PhD  
John Robitscher, MPH

**Objectives:**

1. Describe the access to care challenges faced by older adults and the public health implications.
2. Provide current estimates of decay in older adults and describe the prevented fraction of caries in adults that can be attributed to fluoride.
3. Describe some collaborative approaches taking place between the chronic disease and oral health programs within the state health department and the state unit on aging to improve the health of older adults.

**Contributed Papers**

CDE 1.5 Location: ..... **CBR - D**  
This session will feature scientific presentations of interest to dental public health professionals. CDE 1.5  
Moderator: Sue Reed, DDS, DrPH  
Co-Moderator: Moncy Mathew, DDS, MPH

**Objectives:**

1. Discuss educational approaches that can be adopted across professional disciplines to improve oral health access and outcomes.
2. Describe key components of innovative oral health models to increase and enhance professional capacity.

3. Identify strategic partners to advance education efforts at the undergraduate, graduate, and professional levels.

**Contributed Papers:**

7. Tobacco Cessation Activities by Dental Students: Disseminating USPHS Guidelines  
*David A. Albert, DDS, MPH Columbia University College of Dental Medicine and the Mailman School of Public Health*
8. The Arizona State Dental Services Pilot Program  
*Maureen Romer, DDS, MPA*
9. Clinical Competencies of AEGD Fellows Caring for People Living with HIV/AIDS  
*Victor Badner (DMD, MPH/ North Bronx Healthcare Network)*
10. CHC Multidisciplinary Model Aimed at Preventing Early Childhood Caries: The Colorado Experience  
*Mary Foley, RDH, MPH*
11. Methamphetamine Information: Kentucky Dentists' Needs Assessment  
*Ershal Harrison, DMD, RPH, Assistant Professor, Department of Oral Health, University of Kentucky College of Dentistry*
12. Innovative Training Program for Dental Health Aide Therapists to Provide Midlevel Dental Care in the Alaska Bush  
*Marco Alberts, DMD, MPH, DENTEX program-MEDEX Northwest, U. of Washington*

12:30 p.m. – 2:30 p.m. .... **Symphony III IV Roundtable Luncheon**  
For all registrants

2:45 p.m. – 4:15 p.m. .... **Concurrent Sessions**

**SCHIP Reauthorization and Dental Care: Did We Take a Step Forward?**

CDE 1.5 Location: ..... **CBR - A**  
This session will examine the dental provisions in legislation considered by Congress in 2007 to reauthorize the State Children's Health Insurance Program (SCHIP), focusing on a proposal from a broad coalition of dental organizations supporting: a) a dental guarantee; b) a dental "wrap around" benefit; and c) improved data reporting on dental services. Attendees will gain an understanding of specific dental changes in SCHIP and an evaluation of their intended impact and likelihood of success. Also analyzed will be how the dental-related death of 12 year old Maryland child Deamonte Driver influenced how Congress viewed dental issues and affected the dental provisions included in the final SCHIP reauthorization bill.

Moderator: Scott Litch, MA, JD, CAE  
Speakers: Judy Sherman  
Meg Booth, MPH

**Objectives:**

1. Understanding of the key dental issues in SCHIP.
2. Obtain ideas for future evaluation of the effectiveness of SCHIP dental programs.

**Oral Health in Mexico and Brazil**

CDE 1.5 Location: ..... **CBR - B**  
 This session will present an overview of the burden of oral disease, practice and opportunities in Mexico and Brazil.

Moderator: Enrique Acosta-Gio, DDS, PhD  
 Speakers: Isabela Almeida-Porteus, DDS, MSc  
 Javier de la Fuente-Hernández, DDS, MSc  
 Enrique Acosta-Gio, DDS, PhD

**Objectives:**

1. Participants will learn epidemiological aspects of oral diseases in Brazil and Mexico.
2. Participants will know current interventions to increase access to oral health in these countries.
3. Participants will identify challenges and opportunities for population-based prevention and community-based research. Participants will gain insight into the diverse aspects of dental practice in the Mexican side of the US/Mexico border.

**The Safety Net Solutions Model: A Systems Approach to Improving the Sustainability of Community Oral Health Programs**

CDE 1.5 Location: ..... **CBR - C**  
 Community-based oral health programs comprise the bulk of the oral health safety net, providing critically needed services to vulnerable populations that would otherwise not have access to care. Many community-based oral health program struggle to achieve or maintain financial sustainability, which can threaten their existence and this essential access. Over the past two years, Catalyst Institute’s Safety Net Solutions program has provided technical assistance to over 25 community oral health programs. Safety Net Solutions has developed a systems approach to improving the efficiency, effectiveness and overall financial sustainability of oral health programs that is both unique and highly replicable. The purpose of this session is to describe this dynamic and highly effective model for oral health systems improvement, including results to date, case studies and plans to spread the model through the development of a nationwide network of technical assistance resources.

Moderator: John Rossetti, DDS, MPH  
 Speakers: Mark J. Doherty, DMD, MPH, CCHP  
 Kathie Norwood  
 Charlie Homer, MD, MPH

**Objectives:**

1. Understand the model for analyzing and improving community oral health programs.
2. Understand the key interventions that can lead to improved efficiency, effectiveness and financial sustainability.
3. Understand how the model can be used to undertake oral health systems improvement initiatives at the local, statewide, regional and national levels.

**Preventing Decay in Primary Teeth**

CDE 1.5 Location: ..... **CBR - D**  
 With limited resources, dental public health programs have difficulty deciding which prevention activities to fund. This session focuses on the current evidence of risk factors that contribute to decay in the primary dentition, discusses the acceptability of various interventions, and provides an example of what one state has implemented to reduce decay in young children.

Moderator: William Maas, DDS, MPH  
 Speakers: Susan Hyde, DDS, MPH, PhD  
 Gary Rozier, DDS, MPH  
 Jay Kumar, DDS, MPH

**Objectives:**

1. Provide an overview of the evidence on risk factors for dental caries in primary teeth.
2. Discuss which interventions used to prevent decay in young children are the most acceptable to Hispanic parents.
3. Describe innovative strategies that can be employed to reduce decay in young children.

4:15 p.m. – 4:30 p.m. .... **Symphony I II**  
**Refreshment Break with Exhibitors**

4:30 p.m. – 6:00 p.m. .... **CBR - D**  
**AAPHD Annual Business Meeting**

4:30 p.m. – 6:00 p.m. .... **Concurrent Sessions**

**Effectiveness of Salt Fluoridation in Latin America and the Caribbean (LAC)**

CDE 1.5 Location: ..... **CBR - C**  
 Oral health care is not accessible to the majority of people living in the Latin America and Caribbean (LAC) region. It is localized to urban centers, lacks adequate manpower, and is expensive. In the 1980’s, WHO reported that LAC had the highest DMFT worldwide. The success of water fluoridation in the United States and other parts of the industrialized world was difficult to replicate in Central and South America and the Caribbean where many communities are poor, geographically isolated and did not have access to a clean water supply. Two community trials done by PAHO and the NIH using fluoridated salt in Colombia demonstrated a 50% reduction in dental decay compared to no intervention. Since then, PAHO and the Kellogg Foundation have worked hard to incorporate fluoridated salt into legislation and national policy.

Moderator: Emanuel Finn, DDS, MS  
 Speakers: Saskia Estupinan-Day, DDS

**Objectives:**

1. Demonstrate the efficacy of salt fluoridation to reduce dental caries.
2. What’s required to run a salt fluoridation program and where.
3. Discuss difficulties in accessing low-income and/or rural communities.

## Tuesday, April 29 - Continued

### Essentials of Workforce Assessment

CDE 1.5 Location: ..... **CBR - B**

Faced with continuing access issues and declining dentist workforce, the states are keen on assessing the ability of their oral healthcare workforce to address the current need for care and to meet the future demands. This session presents the sample survey and population survey methodologies employed by the ADA and the Utah Medical Education Council (UMEC) respectively. The information presented will encourage discussions that will in turn benefit other states with similar project interests.

Moderator: Lynn Powell, DDS

Speakers: Tom Wall

David Squire, MPA

#### Objectives:

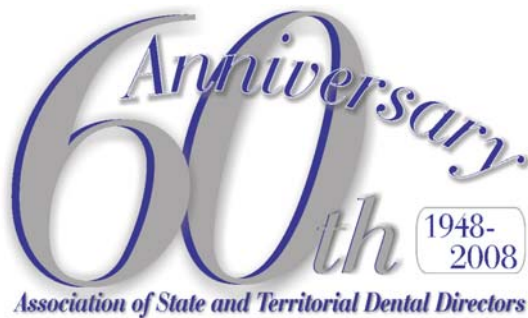
1. We need data! What data should be collected?
2. Short is not always sweet for surveyors! How can we keep it long and still get a great response rate?
3. States are not photo copies of the nation! How can we make adjustments for the state level data variables that are not always comparable to the existing national level data variables?
4. Together Everyone Achieves More! How can we create a buy-in with other entities that share our interests and build a successful coalition?
5. We have data! How can we use data mining and craft it into great data?

6:30 p.m. – 10:00 p.m. .... **Symphony III IV**

### ASTDD 60th Anniversary Celebration

#### Reception Sponsored by Aseptico

Celebrate ASTDD's 60th anniversary at a "Diamond Jubilee" party. Enjoy great food and music and dance the night away at a 40's theme party! (Black or white attire preferred).



Reception Sponsored by:



## WEDNESDAY, APRIL 30

6:00 a.m. – 7:00 a.m. .... **Hotel Lobby**  
**NOHC Fun Run/Walk**

7:00 a.m. – 8:30 a.m. .... **Symphony I II**  
**Continental Breakfast with Exhibitors**

8:30 a.m. – 10:00 a.m.

### Plenary Session

### Evidence-based Guidelines for Sealant Placement in Clinical and School-based Settings

CDE 1.5 Location: ..... **Concert BR**

Over the past few years ADA and CDC have each assembled expert panels to summarize the state of the science on the effectiveness of sealants for caries prevention and related topics, including indications for sealant placement, appropriate caries assessment and placement techniques that could improve retention and caries prevention. Based on the state of the science, the ADA expert panel developed recommendations for clinical sealant use, and the CDC expert panel updated selected aspects of existing guidelines for school-based sealant programs – last updated in 1994. The effectiveness of sealants in preventing progression of carious lesions was of particular interest. This session will review key findings from the reviews of evidence, guidelines for sealant placement in clinical and community settings, and implications for policy and practice. Reaction from the state and professional perspective will be provided.

Moderator: Mark Siegal, DDS, MPH

Speaker: William Maas, DDS, MPH

Julie Frantsve, RDH, PhD

Lewis Lampiris, DDS, MPH

#### Objectives:

1. Understand key questions addressed by the ADA and CDC guideline and evidence review processes.
2. Briefly describe key findings from reviews of evidence.
3. Discuss implications of final guidelines for public health policy and practice.

10:00 a.m. – 10:30 a.m. .... **Symphony I II**  
**Break with Exhibitors**

This is your last chance to visit with exhibitors on the exhibit floor. Make your final visits now.

10:30 a.m. – 12:00 p.m. .... **Concurrent Sessions**

### Partnerships to Promote the Oral Health of Children with Special Health Care Needs – the Family Voices Experience

CDE 1.5 Location: ..... **CBR - A**

This session will explore the intersection of oral health and family empowerment. It will illustrate how Family Voices (FV) has partnered with oral health professionals to promote the Framework for Action of the Surgeon General's Report on Oral Health. FV is a national organization, with a network of state chapters, that supports families that have children with special health

## Wednesday, April 30 - Continued

care needs. This session will describe how FV promotes the Framework for Action by: 1) using public-private partnerships to improve oral health; 2) reducing barriers between children/youth and oral health services; and 3) changing public, provider and policy perceptions of the family role in oral health promotion. Session participants will discuss: 1. The FV partnership with ASTDD to conduct state oral health forums in Rhode Island, Alaska, Virginia and New Jersey. 2. FV efforts to reduce barriers to oral health services by raising family awareness of oral health issues via teleconference, surveys, and direct assistance to families. 3. FV efforts to promote the family perspective among oral health professionals and policymakers, through participation in state forums and national conferences.

Moderator: Jay Balzer, DMD, MPH

Speakers: Betsy Anderson  
Beth Dworetzky

### Objectives:

1. Session participants will understand family empowerment as a strategy to promote the oral health of children and youth.
2. Session participants will learn about Family Voices and its activities that promote oral health.
3. Session participants will learn how they can develop partnerships with FV organizations in their states.

### On Ethical Ground: Embracing Corporate Citizenship in Dental Public Health

CDE 1.5 Location: ..... **CBR - B**  
From Ben and Jerry's to Bill Gates, the complementary resources of public and private enterprise have been employed to impart social justice and tackle societal challenges such as food security and global warming. Building public/private partnerships can be an innovative strategy to put ideas into action to address the complex socioeconomic and behavioral challenges that affect access to dental care. This panel of corporate representatives will describe efforts to improve access to dental care via emerging models of corporate citizenship in partnership with dental education and public health. The goal of this program is to explore how public/private partnerships can facilitate dental public health leaders to address complex access to dental care challenges in a free market society. Panel participants include representatives of the U.S. arm of the Global Children's Dental Health Taskforce.

Moderator: Christine Miller, RDH, MHS, MA

Speakers: Steven W. Kess  
Kerry Maguire, DDS, MSPH  
Marsha Butler, DDS

### Objectives:

1. Describe the role of core values and emerging models of corporate citizenship to develop initiatives with dental education and public health programs.
2. Describe strategies and models used by corporations to support community-based activities to improve access to oral health care, including diversity campaigns to reduce disparities.

3. Discuss how dental public health and academic communities have inspired corporate collaborations to build social capital for the common good.

### Symposium: Practice-Based Research – Practitioner Driven, Evidence Based Dentistry

CDE 1.5 Location: ..... **CBR - C**  
Practice-based research holds great potential for answering questions that practitioners face daily in the routine care of their patients. This presentation will focus on important aspects of the conduct of oral health research in a general dental practice. The Dental Practice-Based Research Network (DPBRN; www.DPBRN.org) is a NIDCR-funded network coordinated by the University of Alabama at Birmingham that conducts clinically relevant research studies in practitioners' offices. The network director and two dental practitioners-investigators from DPBRN will provide an overview of an active dental practice-based research network highlighting the tremendous potential and significant challenges involved in conducting networked research in general dental practices.

Moderator: Donald DeNucci, DDS, MS

Speakers: Donald DeNucci, DDS, MS  
Gregg Gilbert, DDS, MS  
Paul L. Benjamin, DMD  
Martha Wallace, DMD, MPH, MS

### Objectives:

1. Understand the rationale for conducting oral health research in the dental practice setting.
2. Understand the challenges associated with recruitment and training of practitioners.
3. Gain an appreciation for the opportunities and challenges associated with conducting networked practice-based research.

### Nutrition and Oral Health - Partners in Practice

CDE 1.5 Location: ..... **CBR - D**  
Collaboration between dietetics and dental professionals is recommended for oral health promotion and disease prevention and intervention. Scientific and epidemiological data suggest a lifelong synergy between nutrition and the integrity of the oral cavity in health and disease. Paralleling this cross-disciplinary trend, with an emphasis on evidence-based practice, is a change in the health care system toward a patient-centered, interdisciplinary, team-based approach that requires collaborative effort among health care providers. Inclusion of both didactic and clinical practice concepts that illustrate the role of nutrition in oral health is essential in both dental and dietetic education programs. Collaborative endeavors between dietetics and dentistry in research, education, and delineation of health provider practice roles are needed to ensure comprehensive health care to persons with oral infectious disease and/or oral manifestations of systemic diseases.

Moderator: Pamela Vodicka, MS, RD

Speakers: Connie Mobley, PhD, RD  
Riva Touger-Decker, PhD, RD, FADA



## Wednesday, April 30 - Continued

### Objectives:

1. Identify opportunities to create a conceptual framework that integrates optimal oral and nutrition health care into improved oral, nutritional, and systemic health status.
2. Identify didactic and practice components of a curriculum model for dental and dietetic education programs to promote collaboration and multiskilling in oral health and nutrition.
3. Identify collaborative research opportunities which can further advance oral health and nutrition in practice and education.

12 Noon – 1:30 p.m. .... **Symphony III IV  
AAPHD Awards Luncheon  
For All Registrants**

1:45 p.m. – 3:15 p.m. .... **Concurrent Sessions**

### **National Health Information Infrastructure: Ensuring Oral Health Is Included in the Strategy**

CDE 1.5 Location: ..... **CBR - A**  
The Office of the National Coordinator (ONC) under HHS is coordinating a diverse group of stakeholders in the development and implementation of a national Health Information Technology (HIT) infrastructure, focusing on electronic medical health records (EHR), consumer empowerment and chronic care. They are now defining ways to make health records digital and interoperable while assuring privacy and security. Dental public healthcare stakeholders are largely absent from this process. This session will provide participants with information on current initiatives intended to improve the quality, safety and efficiency of health care and improve consumer's ability to manage their own information and care. Low income and underserved populations stand to gain significantly from an HIT infrastructure. Ways the dental public health community can be involved will be identified and explored.

Moderator: Wynne Grossman, MSW  
Speaker: David Hunt, MD, FACS  
William J. Rudman, PhD

### Objectives:

1. Understanding of the overall importance of a national HIT infrastructure, particularly electronic medical health records (EHR) - why they are needed and how they will benefit the public.
2. Understanding of how a national HIT infrastructure and EHRs can specifically benefit low-income populations.
3. Identification of where dental public health stakeholders can participate and influence the development and implementation of the HIT infrastructure.

### **Healthy People 2010 and Beyond**

CDE 1.5 Location: ..... **CBR - B**  
This session will highlight the 2nd Round Progress Review for the Oral Health focus area. National estimates will be provided for the objectives where data is available and the progress toward the 2010 targets will be discussed. This session will also highlight some of the challenges and strategies in achieving the oral health objectives. And finally, an update of the current status on the developing framework for HP 2020 will be provided.

Moderator: Timothy Iafolla, DDS, MPH  
Speakers: Gina Thornton-Evans, DDS, MPH  
Debra Nichols, MD, MPH  
Jay Anderson, DMD, MHSA

### Objectives:

1. To provide the conference participants with a data update of the oral objectives and progress toward the 2010 targets.
2. Discuss the challenges, strategies and current initiatives to address the progress to reach the 2010 targets and eliminate oral health disparities.
3. Provide an update on the developing framework for HP 2020.

### **Applications of an Evidenced-Based Oral Health Education Curriculum**

CDE 1.5 Location: ..... **CBR - C**  
The dental profession has always been the most advanced healthcare profession in providing preventive education to the public. However we have fallen short of packaging its delivery in a way that is clearly understood and changes behavior. This session will provide information on an innovative educational curriculum, present different ways it can and has been implemented, and discuss preliminary results of outcomes research testing. The Toothfairy Island (TFI) oral health educational curriculum contains lessons developed according to evidence based science protocols. Created by teachers and oral health professionals, all lesson plans support and enhance established national educational objectives across multiple subject levels and meet the dental health objectives of the Academy of General Dentistry. With emphasis on the connection of the oral-systemic health link, TFI provides a strong consistent oral health and wellness message that results in positive behavioral changes.

Moderator: Sandra Boucher-Bessent, BS, RDH  
Speakers: Jan Nelson, MSED  
Jonelle Grant, DDS  
Kate Mills, RDH

### Objectives:

1. To learn new and creative evidence-based ways of delivering oral health education that result in learning retention and behavioral change.
2. To learn ways of providing consistency in messaging by adapting the delivery of oral health information in audiences with different levels of understanding (age, education level, SES, culture, etc.)

## Wednesday, April 30 - Continued

3. To learn various modes and models of delivering educational oral health services to economically disadvantaged children and their families.

### Contributed Papers

CDE 1.5 Location: ..... **CBR - D**  
This session will feature scientific oral presentations of interest to dental public health professionals.  
Moderator: Christopher Okunseri, BDS, MSc, DDPH  
Co-Moderator: Christine Veschusio, RDH, MA

#### Objectives:

1. Outline a collaborative approach for planning and implementing a state-wide needs assessment of children enrolled in Head Start.
2. Discuss the attitudes, experiences, and behaviors of caregivers about oral health and young children.
3. Describe the appropriateness of treatment services received by a population enrolled in Medicaid.

#### Contributed Papers:

13. Head Start "Healthy Smiles – Healthy Growth" Survey in New Hampshire – A Collaborative Approach  
*Nancy Martin, RDH, MS*
14. Cariogenicity of Soft Drinks, Milk, and Fruit Juice in Low-Income African American Children: A Longitudinal Study  
*Sungwoo Lim, MA, MS, University of Michigan*
15. Treatment of Dental Caries Over Two Year Period Among Medicaid Enrolled African American Children in Detroit  
*Woosung Sohn, DDS, PhD, DrPH*
16. Early Childhood Caries Prevention: Understanding Reasons for Parental Treatment Preferences  
*Susan Hyde, DDS, MPH, PhD*
17. Factors affecting the oral health of Early Head Start children: A qualitative study of staff, parents and pregnant women  
*Mahyar Mofidi, DMD, PhD, Health Resources and Services Administration*
18. Shades of Decay: The Meanings of Tooth Discoloration to Latino Immigrants  
*Erin E. Masterson, BA, University of California-San Francisco*

3:30 p.m. – 6:30 p.m. .... **Soprano**  
**Lessons Learned from the California Dialog**  
*By Invitation Only*

## THURSDAY, MAY 1

8:00 a.m. – 12:00 p.m. .... **Market**  
**AAPHD Executive Council Meeting**

### SPECIAL THANKS

- Eugenio Beltran & Joe Alderman – NOHC photographers
- Medical Products Laboratories – Opening Reception Sponsor
- Judith Feinstein – coordination of ASTDD Fluoridation Awards
- Steven Geiermann – production of ASTDD 60th Anniversary photo montage
- Aseptico – Tuesday Evening Event Sponsor
- Beverly Isman – coordination of pre-conference workshops
- Barbara Gooch & Jane Steffensen – coordination of oral presentations and poster session
- Scott Tomar and Shiela Semler – coordination of roundtable luncheon
- Sena Narendran – coordination of AAPHD Student awards
- OMNI Preventative Care – sponsorship of AAPHD Student Awards
- GC America – travel for Dr. Walsh
- ASTDD 60th Anniversary Celebration Committee Chair, Chris Wood and Committee Members: Sheila Semler, Manny Finn, Joe Doherty, Mike Morgan

# 2008 National Oral Health Conference

## Pursuing Excellence in Dental Public Health

### Invited Conference Presenters\*

Enrique Acosta-Gio, DDS, PhD  
School of Dentistry, National  
University of Mexico  
Mexico, DF Mexico

Isabela Almeida-Porteus, DDS, MSc  
School of Dentistry, Federal  
University of Minas Gerais  
Belo Horizonte, Minas Gerais

Betsy Anderson  
Family Voices at The Federation of  
Children  
Boston, MA

Jay Anderson, DMD, MHSA  
HRSA, Division of Community and  
Migrant Health, Division of Oral  
Health  
Rockville, MD

Jen Badger, RDH  
New Opportunities, Inc  
Carroll, IA

Patricia Baker  
Connecticut Health Foundation  
New Britain, CT

Paul L Benjamin, DMD  
DPBRN Executive Committee  
Miami, FL

Meg Booth, MPH  
Children's Dental Health Project  
Washington, DC

Robert Branjord, DDS  
American Dental Association  
Eden Prairie, MN

Tegwyn Brickhouse, DDS PhD  
Dept of Pediatric Dentistry, Virginia  
Commonwealth University School of  
Dentistry  
Richmond, VA

Marsha Butler, DDS  
Colgate-Palmolive Company  
New York, NY

Jean Connor, RDH  
ADHA  
Cambridge, MA

Arthur Culbert, Ph.D  
Missouri Foundation for Health  
St Louis, MO

Javier de la Fuente-Hernandez, DDS, MSc  
Dean of the School of Dentistry,  
National University of Mexico,  
Presides the Mexican Federation of  
Dental Schools: President elect of  
IADR's Mexican Division  
Mexico, DF Mexico

Donald DeNucci, DDS, MS  
NID CR/NIH  
Bethesda, MD

Mark J Doherty, DMD, MPH, CCHP  
Catalyst Institute  
Boston, MA

Beth Dworetzky  
Family Voices of Massachusetts  
West Kingston, RI

Michael Easely, DDS, MPH  
Florida Dept of Health  
Tallahassee, FL

Steve Eklund, DDS, DrPH, MHSA  
University of Michigan, School of  
Public Health  
Ann Arbor, MI

Saskia Estupinan-Day, DDS  
Pan American Health Organization,  
World Health Organization  
Washington, DC

Caswell Evans, Jr, DDS, MPH  
University of Illinois at Chicago,  
College of Dentistry  
Chicago, IL

Mark Feldman, DMD  
American Dental Association  
Chicago, IL

Earl Fox, MD, MPH  
University of Miami, Dept of  
Epidemiology and Public Health  
Miami, FL

Julie Frantsve, RDH, PhD  
American Dental Association,  
Council on Scientific Affairs  
Chicago, IL

Marcy Frosh  
Children's Dental Health Project  
Washington, DC

Ralph Fuccillo  
Oral Health Foundation  
Boston, MA

Tracy Garland  
Seattle, WA

Gregg Gilbert, DDS, MS  
University of Alabama at Birmingham  
Birmingham, AL

Jonelle Grant, DDS  
UNC School of Dentistry  
Chapel Hill, NC

Susan Griffin, PhD  
Centers for Disease Control and  
Prevention, Division of Oral Health  
Atlanta, GA

Wynne Grossman, MSW  
The Dental Health Foundation  
Oakland, CA

Chris Halliday, DDS, MPH  
Indian Health Service  
Rockville, MD

Suzanne Hayes, MD  
Tennessee State Health Department  
Nashville, TN

Larry Hill, DDS, MPH  
AACDP  
Cincinnati, OH

Charlie Homer, MD, MPH  
National Initiative for Children's  
Health Care Quality  
Cambridge, MA

David R Hunt, MD, FACS  
U.S. Department of Health and  
Human Services, Office of the  
Secretary, Office National  
Coordinator, Health Information  
Technology  
Washington, DC

James Hyde, MA, SM  
Tufts Medical School  
Boston, MA



# Invited Conference Presenters\*

Susan Hyde, DDS, MPH, PhD  
UCSP School of Dentistry  
San Francisco, CA

Judith Jones, DDS, MPH, DScD  
Boston University, Department of  
Health Policy & Health Services  
Research  
Boston, MA

Steven W Kess  
Henry Schein, Inc  
West Allis, WI

Jay Kumar, DDS, MPH  
New York State Department of  
Health  
Albany, NY

Lewis Lampiris, DMD  
American Dental Association  
Chicago, IL

William Maas, DDS, MPH  
Centers for Disease Control and  
Prevention  
Atlanta, GA

Kerry Maguire, DDS, MSPH  
Tom's of Maine  
Kennebunk, ME

Benjamin M Meier, JD, LLM, MPhil  
Columbia University, Center for  
Health Policy, Dept of Sociomedical  
Sciences  
New York, NY

Kate Mills, RDH  
Washington State Smile Partners  
Bainbridge Island, WA

Connie Mobley, PhD, RD  
University of Nevada Las Vegas  
School of Dental Medicine  
Las Vegas, NV

Michael Monopoli, DDS, MPH  
Dental Service of Massachusetts  
Boston, MA

Jean Moody-Williams  
Centers for Medicare and Medicaid  
Services, Division of Quality  
Evaluation  
Windsor Mill, MD

Jan Nelson, MSED  
Toothfairy Island  
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**\*Contributed paper presenters  
are listed under session  
information. Poster presenters are  
listed with their abstract.**





## ASTDD Past Presidents

2006-08	Steven J. Steed	1989	C. Michael Fitzgerald	1970-72	John Peterson
2004-06	Lewis N. Lampiris	1988	Gregory Connolly	1968-70	Charles Gish
2002-04	Lynn Mouden	1987	Michael Morgan	1966-68	E. A. Pearson, Jr
2000-02	Diane Brunson	1986	Joseph Doherty	1964-66	Lloyd Richards
1998-00	Kathleen Mangskau	1985	Paul Reid	1962-64	Linwood Grace
1995-98	M. Dean Perkins	1982-85	Carlos Lozano	1958-62	Henry Ostrow
1994	Richard Hastreiter	1980-82	Nazeeb Shory	1956-58	William Jordan
1993	E. Joseph Alderman	1978-80	Durward Collier	1954-56	Carl Sebelius
1992	Robert Isman	1976-78	Fred Lewis	1952-54	James Owens
1991	John Daniel	1974-76	William Johnson	1950-52	Richard Leonard
1990	William Maurer	1972-74	Naham Cons	1948-50	Ernest Branch

## AAPHD Past Presidents



2007	Kathryn Atchison	1984	W. Thomas Fields	1961	William P. Kroschel
2006	Robert Weyant	1983	Robert C. Faine	1960	David B. Ast
2005	Jane Weintraub	1982	M. Raynor Mullins	1959	Polly Ayers
2004	Candace Jones	1981	Gene P. Lewis	1958	Roy D. Smiley
2003	William R. Maas	1980	John T. Hughes	1957	Thomas L. Hagan
2002	Kimberly McFarland	1979	John L. Elliott	1956	Franklin M. Erlenback
2001	Rebecca King	1978	Kenneth R. Elwell	1955	Fred Wertheimer
2000	Dushanka V. Kleinman	1977	Richard F. Murphy	1954	Francis A. Bull
1998	B. Alex White	1976	Robert E. Mecklenburg	1953	Carl L. Sebelius
1997	Robert J. Collins	1975	Durward R. Collier	1952	Philip E. Blackerby, Jr.
1996	Dennis Leverett/ Robert J. Collins	1974	Edward B. Gernert	1951	William A. Jordon
1995	Rhys B. Jones	1973	Ernest A. Pearson, Jr.	1950	Robert A. Downs
1994	Hermine McLeran	1972	J. Earl Williams	1949	John T. Fulton
1993	Jack Dillenberg	1971	David A. Sorcelli	1948	Frank P. Bertram
1992	Alice Horowitz	1970	Gerald R. Guine	1947	Edward Taylor
1991	E. Joseph Alderman	1969	Charles W. Gish	1946	Frank G. Cady
1990	R. Gary Rozier	1968	John K. Peterson	1945	William R. Davis
1989	Linda C. Niessen	1967	John R. Zur	1944	James G. Williams
1988	Michael Easley	1966	Albert H. Trithart	1943	Allen O. Gruebbel
1987	Joseph M. Doherty	1965	Charles J. Gillooly	1942	Ernest A. Branch
1986	James Beck	1964	David R. Wallace	1941	R. C. Dalgleish
1985	Myron Allukian, Jr.	1963	David C. Witter	1940	Leon R. Kramer
		1962	Charles L. Howell	1939	Vern O. Irwin
				1937	Richard C. Leonard

# Recipients of Awards of the Association of State and Territorial Dental Directors

## Outstanding Achievement Award

*Presented to a past or present member for significant contributions to ASTDD and dental public health.*

2007	Lynn Douglas Mouden and Warren LeMay	1999	M. Dean Perkins	1991	Naseeb Shory
2006	A. Conan Davis	1998	Raymond Flanders	1990	Joseph Yacavone
2005	Don Altman	1997	Raymond A. Kuthy	1989	George Dudney
2003	Diane Brunson	1996	Mark D. Siegal	1988	Carlos Lozano
2002	Greg Connolly	1995	E. Joseph Alderman	1987	Durward R. Collier
2001	Kathleen Mangskau	1994	William Maurer	1986	Charles Gish
2000	Robert Isman	1993	Joseph Doherty	1985	Lloyd Richards
		1992	Paul Reid	1984	Carl L. Sebelius
				1981	Robert A. Downs
				1980	E. A. Pearson

## Distinguished Service Award

*Presented to an individual or organization for excellent and distinguished service to dental public health.*

2007	Lewis N. Lampiris	1997	Robert A. Sappington
2005	Julie Tang and Barbara Gooch	1996	Jack Dillenberg
2004	Beverly Isman	1995	Dr. John Rosetti
2003	Rhys Jones and Lawrence Hill	1994	Darrell Sanders
2002	VADM David Satcher	1993	Alice Horowitz
2001	Wendy E. Mouradian	1991	Tom Reeves
2000	Burton L. Edelstein	1990	Ken Goff and Jim Collins
1999	Dolores Malvitz and Donald Schneider	1987	Jim Saddoris and Mary Winkeljohn-Kough
1998	Gerry Beverley	1984	Cora Leukhart and John Small

## President's Award

*Presented at the discretion of the President to individuals or organizations who have contributed to the advancement of state dental programs and dental public health.*

2007	Donald Marianos
2006	Beverly Isman, Julie M. W. Tang, Nicholas G. Mosca and Judith A. Feinstein
2005	Monette McKinnon and Christine Wood
2004	Nicholas Mosca
2003	Steven Geiermann
2001	Stuart Lockwood
2000	Michael W. Easley
1999	The Honorable Christopher S. Bond

## Recipients of Awards of the American Association of Public Health Dentistry

### Public Service Award

*Presented to an individual for substantial contribution through action related to public health dentistry issues.*

2007	Richard H. Carmona	1998	Scott Litch and Judy Sherman	1990	Julius Richmond
2006	Lawrence A. Tabak			1989	The Honorable John David Waihee, III
2005	Sen. Susan Collins	1997	The Honorable Steny Hoyer		Marian Wright Edelman
2004	Rob Reiner	1996	The Honorable Edward Kennedy and Assembly woman Jackie Speier	1988	C. Everett Koop
2003	Sen. Raymond A. Rawson			1986	The Honorable Claude Pepper
2002	Sen. Jeff Bingaman	1995	Joe Garagiola	1985	The Honorable Henry Waxman
2001	VADM David Satcher	1991	Kay Johnson	1984	President Jimmy Carter

### Distinguished Service Award

*Presented to an individual for excellent and distinguished service to public health dentistry.*

2007	William Bird	1998	Naham C. Consand John K. Peterson	1991	Irwin D. Mandel	1982	Polly Ayers
2006	Linda Niessen			1990	Stanley Lotzkar	1981	Frank E. Law
2005	Dushanka Kleinman	1997	Joseph M. Doherty and Helen K. Doherty	1989	Max H. Schoen	1980	John W. Knutson
2004	Scott L. Tomar			1988	David Edward Barnes	1979	James Morse Dunning
2003	Lois Cohen	1996	John C. Greene	1987	Herschel Horowitz	1978	Ernest A. Pearson, Jr.
2002	Myron Allukian Jr.	1995	Robert E. Mecklenberg	1986	David Soricelli	1977	David F. Striffler
2001	Brian Burt	1994	Martha Liggett	1985	John T. Hughes	1975	Charles W. Gish
2000	R. Gary Rozier	1993	Dennis Leverett	1984	Donald J. Galagan	1973	John T. Fulton
1999	Alice Horowitz	1992	Durward Collier	1983	Albert L. Russell	1972	Kenneth Eastlick

### President's Award

*Presented at the discretion of the President to an individual for significant contributions to the welfare of the Association.*

2007	Alice Horowitz	2003	Stanley Lotzkar	1997	Raymond Kuthy	1988	Edward N. Brandt, Jr. and Crystal Gayle
2006	Nicholas Mosca	2001	James Toothaker	1996	Robert J. Collins		
2005	Steven Geiermann	1999	Teresa Dolan	1994	Stephen B. Corbin	1987	Robert E. Mecklenburg
2004	Joseph Doherty and Stuart Lockwood	1998	Jane A. Weintraub	1989	Richard D. Mumma, Jr. and Joseph M. Doherty		

### Special Merit Award

*Presented to an individual for special meritorious service to public health dentistry.*

2006	Helen Gift	1999	Jane A. Weintraub	1992	Robert Faine	1982	Janet Jester
2005	Dolores M. Malvitz	1998	Marsha Cunningham	1991	Gregory C. Connolly	1969	Walter J. Pelton
2004	Anthony R. Volpe	1997	Donald Marianos	1990	Daniel Whiteside	1968	Kenneth J. Ryan and F. Gene Dixon
2003	Donald A. Schneider	1996	Hermine McLeran	1989	Corrine H. Lee		
2002	Robert Weyant	1995	Howard M. Field	1988	Alice Horowitz	1967	Franklin Foote, Albert Heutis, Robert Jans, and Bruce Keyworth
2001	Robert J. Collins and Caswell A. Evans	1994	Jay W. Friedman and John Scott Small	1987	Myron Allukian, Jr.		
2000	Rhys B. Jones	1993	R. Gary Rozier	1986	David F. Striffler		
				1985	Helen K. Doherty		

### Special Merit Award for Outstanding Achievement in Community Dentistry - International

*for dental public health contributions of individuals outside the United States*

2006	Thomas M. Marthaler	2003	Aubrey Sheiham	2001	Fumio Yamashita	1999	Mario de Magalhaes Chaves
2005	Prathip Phantumvanit	2002	Patricia Main	2000	John J. Clarkson	1998	Johng-Bai Kim
2004	Roberto Beltran						

# 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](http://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 MIDDLE LEVEL 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 Crespino, RDH, BS, CDHC, Children's Health Alliance of Wisconsin, Karen Ordians, 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-operator 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 Kahlenbeck, 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 Infectocontagiosas Facultad de Odontología Universidad Central de Venezuela

**Objective:** To describe an 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, MSED, PhD & Sherri M. Lukes, RDH, MSED; 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. Girona, 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. Hoefft, 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  $4.35 \pm 4.17$  teeth were extracted per patient and  $1.78 \pm 2.46$  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 & oro-pharyngeal 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  $> 300$  CEFUs. 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 filled teeth (DMFT) and tooth surfaces (DMFS). Structured interviews collected information about the participants' perception of health including oral health, too 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 associates 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 (KABS<sup>2</sup>) and a self-reporting acculturation questionnaire titled Acculturation Rating Scale for Mexican Americans II (ARMA 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 unflinchingly 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. Its 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 hygienist's 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 Awards Program

These awards are made possible through a generous grant from  
OMNI Preventative Care, A 3M ESPE Company.

### *Leverett Graduate Student Merit Award 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**

Demetress Davis  
School of Dentistry, Dental Public Health  
Meharry Medical College  
Title: A Pilot Study to Promote Maternal and Infant Oral Health  
Sponsor: Angel Rivera Torres, DDS, MPH, MSPH, PhD

### *Predocutorial Dental Student Merit Award for Outstanding Achievement in Community and Preventive Dentistry*

#### **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: SFPDP Personnel's Views of Dental Care Importance  
Sponsor: Jane A. Weintraub, 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

### *Dental Hygiene Student Merit Award For Outstanding Achievement in Community Health Dentistry*

#### **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, Ed.D

#### **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

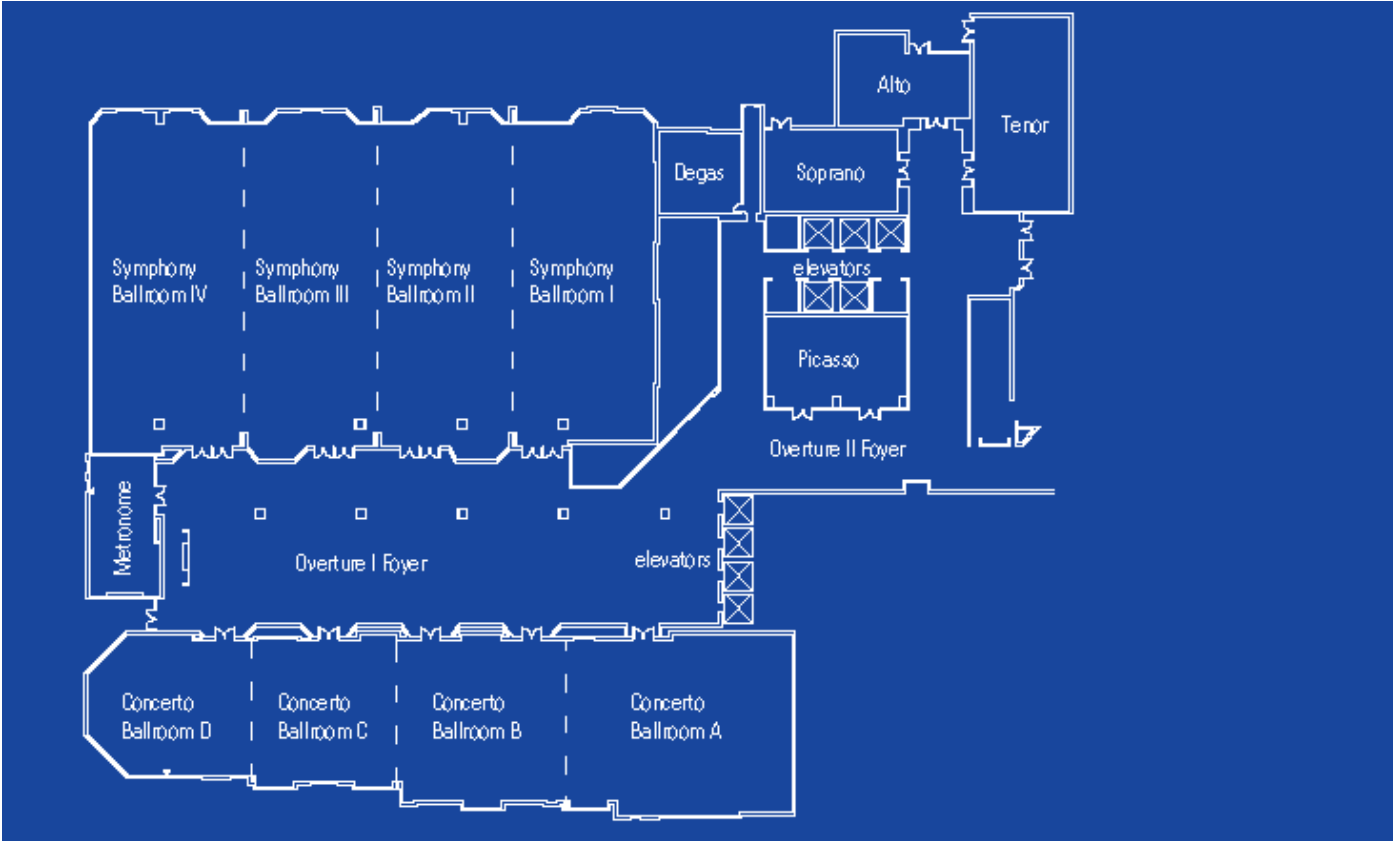
#### **Kecia Leary**

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











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Hilton Pittsburgh  
(600 Commonwealth Pl)  
Pittsburgh, PA

**American Association of Public Health  
Dentistry (AAPHD)**



**Association of State and Territorial Dental Directors  
(ASTDD)**

