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INTERIM EDITOR

Helen C. Gift, PhD

c/o

Journal of Public Health Dentistry
American Association of
Public Health Dentistry
P.O. Box 7536
Springfield, IL 62791-7536
Tel: 217-391-0218; Fax: 217-793-0041

ASSOCIATE EDITOR

FOR COMMUNITY ACTION REPORTS

Myron Allukian, Jr., DDS, MPH

46 Louder's Lane

Boston, MA 02130

Tel: 617-654-8920; FAX: 627-542-0777

E-mail: MyAlluk@aol.com

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HRSA Chicago Regional Division

233 N. Michigan Avenue, Suite 200

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Tel: 312-353-4402; Fax: 312-353-1212

E-mail: sgeiermann@hrsa.gov

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2006 AAPHD OFFICERS AND EXECUTIVE COUNCIL

President

Kathryn Atchison, DDS, MPH
UCLA School of Dentistry
Los Angeles, CA
Phone: 310-825-6544; Fax: 310-764-7734
katchison@resadmin.ucla

President-Elect

Caswell Evans Jr., DDS, MPH
Univ. of Illinois Chicago
College of Dentistry
Chicago, IL
Phone: 312-413-7365; Fax: 312-413-9050
casevans@uic.edu

Vice President

Mark H. K. Greer, DMD, MPH
Hawai'i State Department of Health
Honolulu, HI
Phone: 808-832-5700; Fax: 808-832-5722
mhkgreer@mail.health.state.hi.us

Secretary-Treasurer

Mark Macek, DDS, DrPH
Univ. of Maryland
Baltimore Dental School
Baltimore, MD
Phone: 410-706-4218; Fax: 410-706-3028
MMacek@umaryland.edu

Immediate Past President

Robert Weyant, DMD, DrPH
Univ. of Pittsburgh
School of Dental Medicine
Pittsburgh, PA
Phone: 412-648-3052; Fax: 412-383-8662
rjw1@pitt.edu

Executive Council

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

Diane Brunson, RDH, MPH
diane.brunson@state.co.us

Raul Garcia, DMD, MMSC
rig@bu.edu

Barbara Gooch, DMD, MPH
bgooch@cdc.gov

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

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

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

Editor, *Communiqué*

Becky DeSpain Eden, RDH, MEd
Baylor College of Dentistry
Dallas, TX
Phone: 214-828-8402; Fax: 214-828-8449
bdespaineden@bcd.tamhsc.edu

Historian

E. Joseph Alderman, DDS, MPH
Atlanta, GA
Phone: 404-876-3530
ejalderman@comcast.net

Foundation Chair

Linda Niessen, DMD
Dallas, TX
Phone: 717-849-4465; Fax: 717-849-4471
lniessen@dentsply.com

Executive Director

Pamela J. Tolson, CAE
AAPHD National Office
P.O. Box 7536 - Springfield, IL 62791-7536
Phone: 217-391-0218; Fax: 217-793-0041
natoff@aaphd.org
Website: www.aaphd.org

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Since its founding in 1937, the AAPHD has provided leadership in improving the oral health of the public through the discipline of public health dentistry. Its major goals are to promote effective efforts in disease prevention, health promotion, and service delivery; educate the public, health professionals, and policy makers regarding the importance of oral health to total well-being; expand the knowledge base of dental public health; and foster competency in practice.

AIMS AND SCOPE

The *JPHD* is devoted to the advancement of public health dentistry through the exploration of related research, practice, and policy developments. Three main types of articles are published: *original research articles* that provide a significant contribution to knowledge in the breadth of dental public health, including oral epidemiology, dental health services, the behavioral sciences, and the public health practice areas of assessment, policy development, and assurance; *methods articles* that report the development and testing of new approaches to research design, data collection and analysis, or the delivery of public health services [JPHD 1997; 57:195-6]; and *review articles* that synthesize previous research in the discipline and provide guidance to others conducting research as well as to policy makers, managers, and other dental public health practitioners. Original research and methods papers can be published as *Brief Communications* of 1,500 words or fewer [JPHD 1995; 55:6]. *JPHD* Instructions for Contributors are available at www.aaphd.org, under "Publications."

We also encourage submissions for *Community Action Reports* [JPHD 2001; 61:67], which seek in-depth analyses of initiatives and programs of interest to the dental public health community. Other items of interest to the dental public health community are published: *Guest Editorials* and *Commentaries*; official proceedings of the annual meeting of the American Board of Dental Public Health; selected proceedings from the annual awards ceremony of the Oral Health Section of the American Public Health Association; and the *Archives*, which documents significant professional events in dental public health for the association's historical record, e.g., appointments, promotions, awards, retirements, and obituaries.

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2006 NATIONAL ORAL HEALTH CONFERENCE:
MAY 1-3, 2006, THE PEABODY HOTEL - LITTLE ROCK, ARKANSAS

Highlights

Lynn Douglas Mouden, DDS, MPH

After pinning several hundred attendees at the last year's National Oral Health Conference in Pittsburgh with "little rocks," May of 2006 finally gave folks a chance to experience Little Rock, Arkansas and an incredible National Oral Health Conference. During the recent conference, a reporter for NPR asked me whether people thought of Little Rock as a conference destination. It was easy for me to reply, "I now have more than 600 people that think Little Rock is the perfect place for a national convention."

The 2006 NOHC was a success on so many levels. A total of 622 people from around the world registered for the three-day event and the pre- and post-conference meetings. Twenty-seven exhibitors not only provided information on new techniques and products, but also provided funding that helps support the conference.

Even before the NOHC officially began, three days of pre-conference gatherings included business meetings, Board examinations and a well-attended AACDP session that included a presentation by ADA President, Dr. Robert Brantford. The discussion on improving access to care gave various organizations the chance to promote their vision of expanding the dental team with Dental Health Aide Therapists, Community Dental Health Coordinators, or Advanced Practice Dental Hygienists. The lively discussion once again brought our crisis of access to care in certain populations to the forefront. One fact is clear: everyone recognizes the problem and we must do everything possible to find a solution.

On Sunday evening attendees enjoyed a unique opportunity to visit the Clinton Presidential Center for a reception, hosted by Medical Products



Lynn Douglas Mouden, DDS, MPH, Site Coordinator for the NOHC Planning Committee

Laboratories, and a private tour of the museum. Major General (ret) Bill Lefler provided perspectives on local, state and national oral health issues. Dr. Lefler's background is as extensive as it is diverse. Dr. Lefler, a practicing prosthodontist, served as Commanding General of the US Army Dental Corps. He also led the ADA Washington Office and now serves as Chair of the Arkansas Tobacco Settlement Commission, overseeing the more than \$346 million received from the Tobacco Master Settlement Agreement. Arkansas is unique in that all funds from the tobacco settlement go for health-related activities.

The NOHC kicked off on Monday morning with a welcome from the

ASTDD and AAPHD Presidents as well as Arkansas Attorney General Mike Beebe. The keynote presentation by former US Surgeon General Dr. Joycelyn Elders set the tone for the three days of plenary sessions, concurrent sessions, luncheons, receptions and dinners. Dr. Elders once again showed her passion for public health and her keen understanding of the issues we face in dental public health at the Federal, state and local levels.

Visitors to the conference experienced Southern hospitality at its best. The Arkansas Oral Health Coalition hosted a hospitality suite for three evenings of the conference – a new opportunity that we hope becomes an

NOHC tradition. The Peabody Hotel and its cadre of ducks hosted the many events throughout the hotel. It was amazing to watch an audience of dental professionals, with combined centuries of education, watch as trained ducks marched to their fountain in the hotel lobby.

This year's Tuesday evening event was held in Little Rock's River Market on the banks of the Arkansas River, with support from Aseptico. Perfect weather, wonderful food, great networking and a lively band made for a great evening of fun and friendship. Attendees feasted on whole roasted hogs, chicken, catfish and an amazing assortment of side and dessert items. And for you Yankees, we had hushpuppies and fried okra - those were not fried scallops.

No large conference goes off without any problems, but those disruptions were hopefully minor in comparison to the wonderful time and great programs offered in Little Rock. An unexpected visit by the First Lady of Mexico made for some last minute room changes, but all-in-all the facility proved to be a perfect venue for a large conference with all events within easy walking distance. While not an official part of the conference, we are also confident that attendees enjoyed the many and varied venues for food and entertainment in the nearby River Market District. We hope you enjoyed Little Rock as much as we enjoyed hosting this incredible conference.

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AAPHD President's Remarks at the Opening Session

Robert Weyant, DMD, DrPH

Welcome to Little Rock and the National Oral Health Conference. As usual, we have an exciting and information packed meeting. Please take time to review the meeting-at-a-glance to plan your sessions. I am very pleased to note that Dr. Joycelyn Elders will be providing our Keynote on Monday morning. This is sure to be an inspirational presentation. Additionally, the reception on Monday is being held in the Clinton Presidential Library and Museum. This is for me a first, to visit a presidential library, and at the time of this writing, there is hope that the former president may make a personal appearance. Also of note during the meeting is the very timely update on the NRC Report on Fluoride.

For many long-time NOHC attendees this meeting represents a chance to catch up with old friends. However there are often many newcomers at our meetings and it is important that we make everyone feel welcome. Please try hard to make some new acquaintances and be inclusive in your hallway chats or lunches. New this year is the AAPHD New Member Orientation Breakfast on Tuesday morning. So if you feel you would like to know more about how AAPHD operates, please plan to attend. All are welcome.

I also want to acknowledge our major sponsors, the Centers for Disease Control and Prevention and the Health Resources and Services Administration, for their support in this enterprise. I also wish to thank our corporate partners and the many exhibitors present for their continued support. Be sure to take some time to visit with the exhibitors to thank them for their support of the NOHC.



AAPHD President Robert Weyant, DMD, DrPH

Finally, I would encourage you to think about using the NOHC as a time to consider volunteering this year, either by running for elective office or by participating in one of the standing committees. We are always looking for people to participate on standing committees. This is an especially great way for relatively new

members to become involved in the association and to work on dental public health issues. The meeting is a good time to talk with an officer, board member, or committee chair to see what opportunities exist.

Enjoy the meeting and the city and take away not only some great information but a few new friends as well.

ASTDD President's Remarks at the Opening Session

Lewis N. Lampiris, DDS, MPH

Welcome to Little Rock and this year's National Oral Health Conference. This is the seventh joint annual meeting between the Association of State and Territorial Dental Directors and the American Association of Public Health Dentistry. This year's theme, *Education, Prevention and Access: A Bridge to Optimum Oral Health* is a variation on last year's of the confluence between research, education and practice. Not only do we once again find ourselves coming together in a city that sits on the banks of a river, we also find education central to the conference theme.

In order for us to assure that oral health becomes an integral component of the national discourse on health care access, it is critical that we continue to educate ourselves. The NOHC is designed to encourage cross-disciplinary interaction and education. It is important that you take the time to interact and learn from experts representing a variety of disciplines and interests. You will have the opportunity to learn about current policy efforts and policy dilemmas focused on prevention and access. State, federal and local program efforts to improve prevention and access will be showcased as will methods for program evaluation. Please take the time to attend as many sessions as possible



*ASTDD President Lewis N.
Lampiris, DDS, MPH*

as well as sharing your expertise with others.

I wish to thank those ASTDD and AAPHD volunteers and staff who have devoted an entire year to planning this year's conference. They have done an outstanding job. Join me in thanking ASTDD members **Maija Beyer, RDH**, North Dakota State Dental Director and **Linda Altenhoff, DDS**, Texas State Dental Director who lead the ASTDD volunteer effort and to **Dr. Kathryn Atchison** and **Dr. Caswell Evans** who lead the

AAPHD volunteer effort. Thanks to both executive directors, **Dr. Dean Perkins** and **Pam Tolson**, as well as to **Melissa Bealon** and the entire MRSI team. You will find a list of the entire program planning committee listed on page 4 of the Supplement. Take the time to seek these folks out and offer them a personal word of thanks.

We are especially grateful for the continued support of our major sponsors the **Centers for Disease Control and Prevention** and the **Health Resources and Services Administration**, our corporate sponsors, our exhibitors and our many partners. I encourage you to visit the exhibit booths and express your thanks for their support of the NOHC.

Please don't forget to have some fun. Enjoy the Peabody and don't forget to experience the procession of the Peabody Ducks. Special events have been planned to assure time for relaxation and camaraderie. These include a reception at the Clinton Presidential Library and Museum on Sunday, an ADHA/ASTDD/AAPHD reception on Monday and a Taste of Little Rock on the River Tuesday evening. On behalf of the officers and executive committee of ASTDD, welcome to Little Rock and best wishes for an outstanding conference experience.

Keynote Speaker M. Joycelyn Elders

M. Joycelyn Elders, M.D.

The 2006 NOHC was pleased to have Joycelyn Elders, former US Surgeon General as a Keynote Speaker in Little Rock this Year. Dr. Elders, a favorite Arkansas daughter, was born Minnie Lee Jones in Schaal, Arkansas on August 13, 1933. She received her B.A. in biology from Philander Smith College in Little Rock, Arkansas, and after working as a nurse's aid in a Veterans Administration hospital in Milwaukee for a period, she joined the Army in May, 1953. During her 3 years in the Army, she was trained as a physical therapist. She then attended the University of Arkansas Medical School, where she obtained her M.D. degree in 1960. After completing an internship at the University of Minnesota Hospital and a residency in pediatrics at the University of Arkansas Medical Center, Elders earned an M.S. in Biochemistry in 1967.

Dr. Elders has had a stellar career in medicine, receiving a National Institutes of Health career development award, serving as assistant professor in pediatrics at the University of Arkansas Medical Center, and being promoted to associate professor in 1971 and professor in 1976. Her research interests focused on endocrinology, and she received certification as a pediatric endocrinologist in 1978. She became an expert on childhood sexual development.

In 1987, Dr. Elders was appointed Director of the Arkansas Department of Health by then-Governor Bill Clinton. Her accomplishments in this position included a ten-fold increase in the number of early childhood screenings annually and almost a doubling of the immunization rate for two-year-olds in Arkansas. In 1992, she was elected President of the Association of State and Territorial Health Officers. She became Surgeon General of the US Public Health Service on September 8, 1993, appointed by President Clinton. She was the first

African-American to serve in the position. As Surgeon General, Elders argued the case for universal health coverage, and was a spokesperson for President Clinton's health care reform effort. She was a strong advocate for comprehensive health education, including sex education, in schools. After her term as Surgeon General, she returned to the University of Arkansas Medical Center as professor of pediatrics. Dr. Elders now serves as Professor Emeritus in the UAMS College of Medicine and as a Distinguished Professor in the UAMS College of Public Health.



*Dr. M. Joycelyn Elders, former
US Surgeon General*



*ASTDD President Steven Steed, AAPHD President Bob Weyant,
Dr. M. Joycelyn Elders, and ASTDD Past President Lynn Mouden.*

2006 AAPHD Distinguished Service Award: Linda C. Niessen, DMD, MPH, MPP

Presented by Jane Weintraub, DDS, MPH

It is a great honor and privilege to bestow AAPHD's Distinguished Service award to Dr. Linda C. Niessen. Linda is currently Vice-President for Clinical Education for Dentsply International. There are many words that I can use to describe Linda.

She is a teacher and clinician. She holds professorial and clinical appointments at Baylor College of Dentistry, now part of the Texas A&M Health Sciences Center, where she previously served as Chair of the Dept of Public Health Sciences, and the Veteran's Affairs Medical Center in Dallas, respectively. She is the author of the textbook, *Geriatric Dentistry: Aging and Oral Health* and has over 60 publications.

She is a scholar. Linda received her dental and MPH degrees from Harvard, and was the first dentist to receive a master's degree in public policy from Harvard's Kennedy School of Government. She is the second female diplomate of the American Board of Dental Public Health, an achievement shared with Dr. Dushanka Kleinman, a diplomate of the American Board of Special Care Dentistry, a Fellow in the American Academy of Esthetic Dentistry, the American College of Dentists and International College of Dentists.

She is a leader. She has served as President of the American Association of Public Health Dentistry, American Board of Dental Public Health, the American Association of Women Dentists and the Friends of the NIDCR. She is soon to be installed as the President of the 1300 dentist-member Dallas County Dental Society.

Linda is a fund-raiser extraordinaire. Linda currently serves as Chair of the AAPHD Foundation Committee. I vividly remember the 1997 AAPHD luncheon where, within a span of about 15 minutes, Linda



Left to right: Jane Weintraub, Linda C. Niessen

had 31 of us sign up to be founding members of the foundation, with a contribution of \$1,000 each, and feeling really good about it. Linda is terrific at fund-raising, and AAPHD is literally fortunate to have her voluntarily serving in this role for us. When I called her to tell her I had some good news for her, meaning this award, her immediate exclamation to me was, "You must have found a big donor for the foundation."

I first met Linda when we were graduate students at Harvard and Linda was commuting from Boston to Washington, D.C. monthly to study for the dental public health boards with four colleagues, all four of whom subsequently became Assistant Surgeon Generals – William (Bill) Maas, Robert (Skip) Collins, Steve Corbin, and Dushanka Kleinman. It is hard to imagine a much better study group. This group of five dental public health

experts became known as the fluorite five, shown here in the early days that corresponded with the release of the Star Wars movies (figure 1). This second picture (figure 2) shows the group holding up their lucky charms, or rather, their fluorite crystals. One group member informed me that these crystals were thought to have Jedi-knight-like properties to harness the force for the advancement of dental public health.

Reports received from key informants have told me that Linda has often required her friends and family to participate in exercise and athletic activities prior to meals. In a picture from her years at the V.A. at Perry Point, Maryland, Linda's the one in the middle leading the charge among family and friends. It is no surprise that she has run the Boston marathon with her family.

Linda is a bona fide TV star. Since 1993, Linda has hosted the syndicated Texas TV news report called "Dental Health Check". More than 625 shows have been broadcast throughout the state on dental health and related health topics. A quote from Linda about this broadcast is worth repeating here as it demonstrates her ability to capture a message in a concise and memorable way and embodies successful public health practice.

"For a teacher there isn't anything better than reaching a million people each week." Dr. Linda Niessen

Linda is a dancer. In addition to her many honors and awards, this photo, courtesy of Dr. Alice Horowitz, of Fred [Myron] and Ginger [Linda]

was taken in honor of their being the first recipients of the APHA Flying Feet Award which originated at the Kleinman residence (figure 3). As Alice reports, and I vividly remember, *"At one point Linda was totally horizontal up in the air balanced on one of Myron's hands as he continued to dance! Linda was very, very brave!"*

Linda is a mentor and role model to many. To quote Judy Jones, who was a geriatric fellow with Linda at the VA in Boston and Bedford, *"She has been a mentor to more women than anyone I know... She epitomizes service to the profession, to dentistry, her family and friends."*

Linda is a friend, a daughter, a sister, a mother and wife. To quote Dushanka Kleinman, a member of the

fluorite five, *"She is the most incredible energetic, spirited, creative and entrepreneurial dental 'public-healthier' ever; an amazing, caring friend, daughter, sister, mother and wife; a true leader — forging paths in all directions; a networker par excellence; she will go to the limit for health causes and events, and much more."*

Linda, leader, colleague, role model and friend for so many of us, please accept this plaque and check for \$1,000 as our 2006 Distinguished Service Award Recipient, the highest honor bestowed by this organization, for our appreciation of all your contributions throughout your career, past, present, and future, to the AAPHD and people everywhere who have benefited from your endeavors.

Remarks on Receiving the Distinguished Service Award

Linda C. Niessen, DMD, MPH, MPP

It is indeed an honor to receive the AAPHD Distinguished Service award. I would like to thank AAPHD's Executive Council, my nominator and the Awards Committee. It is always humbling to be recognized by your peers but I must tell you that it has been a joy to serve as a volunteer for AAPHD in whatever role I have served.

As a public health dentist, AAPHD and its members have played a critical role in my career development. I have learned from all of you over the years and look forward to continue to learn from you. As I accept this award, I need to thank some very special people who contributed significant to my career development. First, Dr. Tony Jong, who interviewed me for dental school and asked me, "Have you ever considered a career in dental public health?" As a young dental school applicant, who was very naïve about dentistry in general, I was much too polite to tell you that I had no idea what that was. In fact, I had never heard those 3 words used in a sentence like that. However, he clearly imprinted on me those three words to the point, that I was determined to learn what they meant!

And who better to help me learn about dental public health than Dr. Jim Dunning at Harvard. What an incredible role model for a student-at age 80 years old and an Emeritus Professor—still teaching predoctoral students from his 5x5 foot cubicle at the Harvard School of Dental Medicine, never worrying about academic accoutrements of Professorship, but only about results that improved the public's oral health.

I'd like to thank Dr. Chet Douglass, who served as my graduate program director and who found a postdoctoral stipend that enabled me to return to Boston to pursue a dental public health residency program. (At that time, there was not a Herschel S. Horowitz Scholarship to support dental public health postdoctoral students.) among Chet's first dental public health residents included Jane Weintraub, Rick Valachovic, and Bill Maas to name a few.

I would be remiss if I did not thank the Fluoride Five—Dushanka Kleinman, Steve Corbin, Skip Collins, and Bill Maas—otherwise known as "Four Admirals and Linda." It is not easy being the underachiever in that group. But what a joy to have 4 study

partners, become dear friends as a result of bonding experience called the "dental public health boards."

I must also thank all the Presidents of AAPHD and the American Board of Dental Public Health, and leaders of AAPHD. We stand on their shoulders and benefit from their efforts. I must acknowledge three people who are especially important to me. First, Dr. Polly Ayers. For years, when I reviewed the list of AAPHD and ABDPH presidents, Dr. Ayers was the only woman on this list. By virtue of her name being there, I dreamed that perhaps mine could be there, too.

Second, I'd like to acknowledge Joe and Helen Doherty. Joe and Helen showed us all how to combine love and work. The love of family included not just their own family but their AAPHD family. With volunteer role models like that, who wouldn't want to get more involved? Joe dreamed of a financially stable organization and a viable AAPHD Foundation that would help maintain the vitality of the specialty. Upon his stepping down (one can never say retire when it comes to Joe Doherty) as Executive Director, he saw his dream of

an AAPHD Foundation becoming a reality.

Speaking of dreams, Thomas Friedman in his book, *The World is Flat*, asks, "Does your society has more memories than dreams or more dreams than memories?"¹ As AAPHD prepares to celebrate its 70th Anniversary as an organization, this is a good time to assess AAPHD's "dreams to memories" ratio. While we respect our history and honor our founders, AAPHD clearly has more dreams than memories. Our most important of dreams, -Optimal Oral Health for All- is perhaps the most concise vision of any dental specialty organization. We must continue to share it with anyone who will listen!

I commend the leaders of AAPHD and ASTDD who several years ago dreamed of reinvigorating dental public health's annual meeting. It is in-

credibly exciting to observe the evolution of this organization, experience its vitality and share the energy of an exuberant National Oral Health Conference. This energy, excitement and enthusiasm is critical to the future of a significant profession of dental public health that improves the oral health of the public.

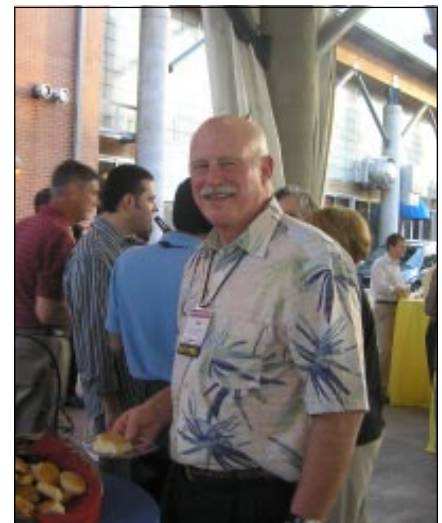
Dental public health has been described as the "conscience of the dental profession." Perhaps, because we are the only dental specialty with the word "public" in our specialty title and by virtue of our activities, we have embraced the community we are privileged to serve to a greater extent than our other specialty colleagues. The 21st Century will identify innovative methods to improve the oral health of the public, using new scientific methods, new delivery systems and new information systems. And as the

world has flattened, the 21st Century will enable us to share our dreams and visions with the public in ways we are just beginning to experience. The public will become a much more active, engaged participant in our oral health activities. The public will question our methods, challenge our beliefs and hold us to higher levels of achievement. To the extent that we embrace this, we will realize our dreams and dream new ones.

So my friends and colleagues, thank you for this Award. Thank you for allowing me to participate in crafting our dental public health dreams. And let's continue to strive to be, in the words of Thomas Friedman, "Dreamers in action, not martyrs in waiting."



Don't forget the fun - Tuesday night Social on the Arkansas Riverfront. Sponsored by Aseptico.



Ken Goff, Aseptico, host/sponsor for the Tuesday Night Social.

2006 AAPHD Special Merit Award for Outstanding Achievement in Community Dentistry - International Thomas Marthaler, DMD

Presented by Jane Weintraub, DDS, MPH

Before I present the AAPHD Special International Award, I would like to relay part of a story that Dr. Alice Horowitz shared with me. She was in Japan visiting some of her many Japanese friends and went to Dr. Yamashita's parents' home. (You may recall, Dr. Yamashita received the AAPHD Community Dentistry International Award posthumously when our meeting was last held in Portland, Oregon. His wife and parents came to our award ceremony.) During Alice's visit, they went to the tomb of Dr. Yamashita. It is a large handsome structure in black granite. When she entered the structure, her eye immediately went to a very familiar item. There in black granite with gold lettering was a 2 by 3 foot replica of the AAPHD community dentistry international award that he had received. The reason for relaying this story is to emphasize that many people in other countries think very highly of this organization and this award.

Today, I am pleased to honor Dr. Thomas Marthaler with the AAPHD Special Merit Award for Outstanding Achievement in Community Dentistry International. Dr. Marthaler is currently Professor Emeritus at the University of Zurich, Switzerland where he has been on the faculty since 1956, teaching, conducting research and public health activities. He has also been an advisor for WHO and several Central European Governments. Dr. Marthaler has had a very distinguished and productive public health career. Beginning in 1958 to 1965, he conducted the first longitudinal dental caries study with schoolchildren.

From 1966 to 1995, he was responsible for supervising the dental health of children and adolescents



Left to right: Jane Weintraub, Thomas Marthaler

(up to age 20) in the Canton of Zurich, with 1.1 million inhabitants. Priority was given to prevention through school-based dental health education programs and use of fluorides, and the school population was surveyed every 4 years in 16 communities.

Among children aged 15 in 1964, before Dr. Marthaler began his work, the DMFT was 13.9. In 1992, after 26 years of Dr. Marthaler's efforts, the DMFT for this age group was only 2.9. These are amazing statistics, and even more amazing when you think of the number of cavities prevented and children who have benefited as a result of Dr. Marthaler's work, not only in his Switzerland, but in many countries throughout the world.

He has also published over 300 scientific papers, primarily related to caries prevention.

He is best known for his important work pertaining to salt fluoridation, its implementation, monitoring of systemic uptake and urinary excretion. He was responsible for the implementation of salt fluoridation in Switzerland. There are now more than 160 million people in 17 countries benefiting from salt fluoridation. Last fall, he organized a scientific conference to mark the 50th anniversary of salt fluoridation. The presentations at this well-attended conference have already been published in a monograph. Dr. Marthaler led a roundtable discussion yesterday about salt fluoridation and is one of the speakers in the session this afternoon. He has worked with PAHO and has lectured in many Central and South American countries about salt fluoridation. I have been told that he learned to speak

Spanish so he could give his presentations without an interpreter, and although he spoke slowly in Spanish, always received a standing ovation.

This award includes a plaque, a check, and assistance with travel to this National Oral Health Conference. Please join me in congratulating Dr.

Thomas Marthaler for his outstanding international contributions to dental public health.

Remarks on Receiving the Outstanding Achievement in Community Dentistry - International Award

Thomas Marthaler, DMD

I feel greatly honored to have been nominated for the 2006 Award of the AAPHD which I herewith accept with great pleasure and gratitude.

Preventive dentistry had just begun to produce tangible results when I took my degree in dentistry in 1953. In fact, my interest for dental sciences started with an internship at the Forsyth Dental Center where I worked for a year in 1954 and had unlimited access to a magnificent library. An unparalleled rise of preventive dentistry was initiated at that time by the increasing adoption of community water fluoridation and the later introduction of fluoride dentifrices which, in conjunction with improved toothbrushing habits, were surprisingly seen to bring about a substan-

tial or even dramatic decline of caries prevalence in entire populations.

However, in less privileged populations, including low socioeconomic strata throughout the world, the impact of preventive dentistry has been minor, insufficient, or even nonexistent. Actually, the majority of the world's population stagnate in this unsatisfactory situation, and tested fluoride toothpastes as well as toothbrushes are frequently unavailable or too expensive in view of monthly incomes below 100 US\$. Community water fluoridation therefore continues to be an important and inexpensive preventive measure for urban areas, while fluoridated salt can be made available to dispersed populations at no cost. Both these community meth-

ods automatically reach all ages and all social strata.

For the past 20 years there has been a tendency in some European dental schools to think that topical fluoride as applied with toothpastes will keep dental decay at a minimum level. Let me point out again that fluoridation of both water or salt are the only inexpensive preventive measures to reach people of all ages and social classes including the millions or rather billions of urban poor, as well as remote and widely dispersed populations. I am confident that you will agree that every child on this planet should have a chance or rather a right to grow up with healthy teeth irrespective of his/her social environment.

Bob Weyant, AAPHD President receives recognition for outstanding service to AAPHD from Kathryn Atchison, President-Elect.



2006 AAPHD Public Service Award Lawrence Tabak, DDS, PhD

Presented by Jane Weintraub, DDS, MPH

I am very pleased to present the AAPHD public service award to Dr. Larry Tabak, the director of the NIDCR. As Director, he provides leadership for a team of about 500 scientists, administrators and support staff with an approximate annual budget of \$389 million. Prior to this appointment, he was the Senior Associate Dean for Research and Professor of Biochemistry and Biophysics at the School of Medicine and Dentistry at the University of Rochester. In preparing for this presentation, I learned that Dr. Tabak grew up in my hometown of Brooklyn, New York. He received his dental degree from Columbia University and PhD and training in endodontics from SUNY Buffalo. He has received prior awards and honors for his research, currently related to biofilms and mucin-glycoproteins. He is a fellow of the National Academy of Sciences.

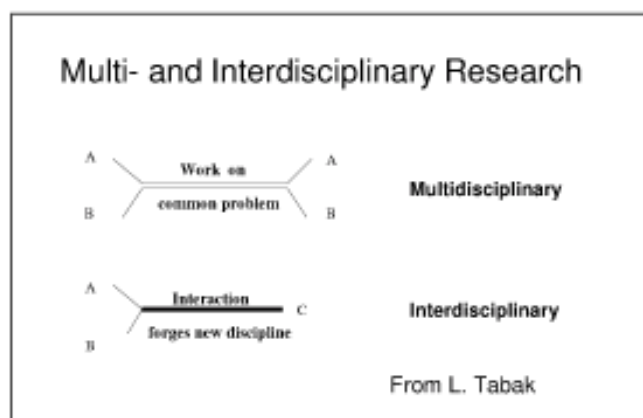
Today we honor him for other reasons. During his tenure at NIDCR, he has been a champion for dental public health in many ways including supporting the Chief Dental Officer with critical fiscal, human and programmatic resources. His support contributed to such activities as the publication and dissemination of the National Call to Action to Promote Oral Health; the Conference on Dentistry's Role in Bioterrorism and Catastrophic Events; the workshop on Oral Health Literacy, activities to achieve and monitor progress toward the 2010 national oral health objectives, and NHANES dental data collection activities. He has given visibility to the benefits of fluoride. Dr. Tabak has supported and encouraged interdisciplinary, translational and clinical research, and the oral health disparities research program. Yesterday, he was a speaker at our conference.



Left to right: Jane Weintraub, Lawrence Tabak

Figure 1

Caption: Multi- and Interdisciplinary Research



A = Dentistry

B = Public Health



C = Dental Public Health

Some of Dr. Tabak's presentations about the NIH Roadmap initiative have included this graphic (figure 1) that explains the difference between inter-disciplinary and multi-disciplinary research.(2) In inter-disciplinary research, colleagues from different disciplines work on a common problem, such as much of the group assembled at this conference. In multi-disciplinary research, a new discipline is forged, such as many of us view the discipline of dental public health. Larry's vision of cross-cutting areas of research is essential for

the success of efforts to reduce the pressing social challenge of oral health disparities. From my personal experience with our UCSF Center for Research to Reduce Oral Health Disparities, research creativity and progress is greatly enhanced through our regular team meetings of scientists from different disciplines. From these types of interactions, expertise in new disciplines are emerging, ranging from dental anthropology to genomic statistics.

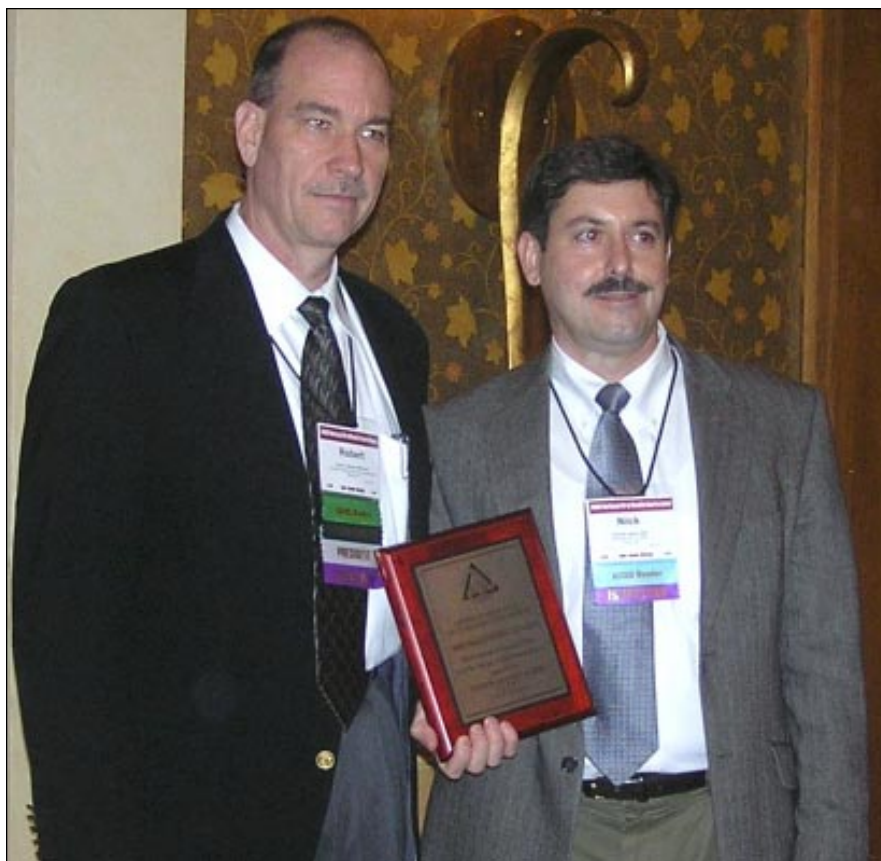
We are glad to have a carbohydrate chemist working with us to help

solve public health problems and be part of our inter-disciplinary, multi-disciplinary and translational efforts. When I spoke to Dr. Tabak on the phone prior to the conference, he modestly said that he felt that he did not deserve this award. Our Association feels otherwise. We greatly appreciate your support in our shared goal of improving the public's health. Please join me in extending our appreciation to Dr. Tabak, our public service award recipient.

2006 AAPHD President's Award Nicholas G. Mosca, DDS

Presented by Robert Weyant, DMD, DrPH

Nicholas G. Mosca, DDS, received the 2006 AAPHD President's Award presented by AAPHD President Robert Weyant at the 2006 NOHC Oral Health Conference.



Left to right - Robert Weyant, Nick Mosca

2006 AAPHD Special Merit Award: Helen Gift, PhD

Presented by Jane Weintraub, DDS, MPH

I hope you are enjoying this opening National Oral Health Conference reception in the Clinton Presidential Library. As Past President of AAPHD, I have the honor of being Chair of the AAPHD Awards and Nominations Committee. Most of the awards will be presented at the AAPHD awards luncheon on Wednesday that you are all invited to attend. However, tonight, I have the privilege of presenting the AAPHD Special Merit Award to Dr. Helen Gift.

We want to particularly recognize Helen for her contributions this past year as interim editor of the *Journal of Public Health Dentistry*. Helen willingly stepped in and took over the helm without any advance notice when an unexpected vacancy occurred in that position. She has kept the journal on track during a somewhat difficult transition period in an exemplary manner. She has picked up the trail of reviewers' comments and resubmissions, and handled increasing numbers of new submissions, scientific reports, brief communications, editorials and commentary. She has assumed these responsibilities in addition to her current position as the Ruth Stafford Conabear Distinguished Service Professor of Sociology and Organizational Systems and Chair of the Division of Social Sciences, Brevard College, North Carolina.

In addition to her contributions as interim editor, I would be remiss if I didn't cite some of Helen's many contributions to dental public health throughout her career. Prior to her current position, she served as Chief, Disease Prevention and Health Promotion Branch of the Epidemiology and Oral Disease Prevention Program at what was then the National Institute of Dental Research (NIDR),



Left to right: Helen Gift, Jane Weintraub

NIH. Helen has been a strong advocate for and expert in oral health promotion and disease prevention activities, and an expert in oral health of aging populations. She spent 11 years at NIDCR and has received many awards for her scientific contributions and service.

One of her colleagues at NIH sent a collage of Helen with her branch at NIDR. The original prairie dog poster came from the Smithsonian, intended for, but never used as a magazine cover. This modified poster of prairie dogs standing on their hind legs, with the faces of the branch members with Helen, was given to Helen from her colleagues after several reorganizations "because she always kept them together...thru her steadfast leadership and support." Her team considered themselves her 'pack' all sticking together as she led them thru the thick and thin of constant re-organization, known in some places as CGRD - Compulsive Government Re-

organization Disorder. (My apologies to any government employees who might find this label offensive.)

From 1973-1981, Helen worked at the American Dental Association's Chicago headquarters, where she designed and directed data gathering activities, usually mailed surveys to the profession; activities that included programming, data analysis, interpretation, and reporting of the results. She interpreted policy, legislative and public relations research for the Association's Board of Trustees, council members and other senior staff.

Helen has been an editor of the textbooks *Aging and the Quality of Life* and *Disease Prevention and Oral Health Promotion - Socio-Dental Science in Action*.

She has published numerous scientific articles and monographs.

According to her friends and colleagues, Helen is famous for the many recipes she follows for the good life.

Among her many publications is also this book *Feeding Generations: Boarding House Fare and Family Oral Tradition: a collection of recipes*, Brevard, North Carolina, 2001, that I'm told includes Helen's Brunswick Stew (p. 114). According to Dr. Ron Anderson, "for over 30 consecutive years Helen has gathered together her Group of disciples to share good food and company at the Annual Brunswick Stew Party. The Group

bonds with their Brunswick Stew uniforms and traditional mint juleps. The motley bunch assembles from far and wide with varying commitment to Public Health Dentistry but total commitment to sharing Helen's recipes for Brunswick Stew and the good life. The Annual Stew Party concludes with each disciple invigorated and Helen already contemplating her recipes for meritorious activities in Public Health

Dentistry and the next (35th) Brunswick Stew event for the coming year. "

So let us raise our "mint juleps" and dedicate a toast to Helen, to her meritorious service to AAPHD, her scientific contributions, and her recipes for a good life.

Helen, please accept this plaque and check from AAPHD as a token of our appreciation of all your work.

Remarks on Receiving the AAPHD Special Merit Award

Helen Gift, PhD

Thank you. Being the named recipient of the AAPHD Special Merit Award is a distinct honor.

Being recognized for lifetime contributions toward improving the public's oral health is a humbling experience, since I'm pretty sure that I'm not old enough or experienced enough to receive such an honor. Over 35 years ago I started working with Comprehensive Health Planning in Chicago. Applying sociology to neighborhood issues and working with community groups and agencies was compelling, yet fun, more so than I expected from sociology textbooks. Years of research at the ADA to improve understanding of the dental profession provided an open stage for applying large-sample methodologies and analysis. Opportunities to share research findings at the local, state, national and international levels were many, so I looked up suddenly and found a weighty list of presentations and publications, and seeming expertise in a miniscule part of the world. But more importantly, I had a cadre of colleagues who made the career path enjoyable and challenging. After another decade in health policy research at NIH, working on projects such as NHIS, NHANES III, National Health Objectives, a Congressionally-mandated Initiative on Aging, behavioral sciences in dental research, a Surgeon General's Report on Aging, and Com-

munity Standards for Oral Health, I chose to return to my mountain roots and teach at a small liberal arts college.

For many of my colleagues in public health dentistry, I had fallen off the map. But, here I am. Examining this career, I see what to me is a meaningful pattern—a career path with focus on different stages of research. Thinking of research as representing conceptualization, planning, data gathering, analysis, interpretation, dissemination, application, and evaluation can be paralleled in a career. While each individual research project represents these stages, so do many of our careers emphasize one stage over the other. When I observe my contributions now (post-NIH), I find myself fully entrenched in the evaluation stage: evidence-based literature reviews, grant reviews for CDC and NIH, manuscript reviews for several journal, evaluator for one site of the RWJ Pipeline Project, and last, but not least, serving as Interim Editor of the JPHD. Any ability I have to do these evaluation tasks objectively, fairly and with substantive expertise builds on the lifetime experiences in all of the previous stages of research in a very multidisciplinary field that encourages exchange among diverse and highly skilled scientists, educators and practitioners.

Certainly, there have been occasions when I have been brought up short about my contributions, usually by the question, "Are you *that* Helen Gift?" Memorable times include the first time in Michigan in 1973 when Bill Maas asked that question at a meeting addressing behavioral sciences in dental education. The next time in the early 1980s, was when Jane Weintraub asked me if I were the Helen Gift whose dental sealant research had been on the recent Board exam. And more recently, the question is most closely translated as "Are you still around?" The answer is yes, as long as I can help in a productive way while doing something that is interesting and challenging to me.

Now I need to respond specifically to the part of the award highlighting the journal.

I need to say that I accept this award for many others. I agreed last summer to coordinate journal activities because a couple of my peers threatened me with bodily harm if I didn't help out for a few months—sort of a Mafia approach to persuasion. I was able to do this only because I had a lot of help. The AAPHD staff members have tolerated and supported me without exception. I inherited a thoughtful strategic plan and a significant pipeline of manuscripts from the previous editor—what an exceptional foundation! Several col-

leagues were available nearly instantaneously to answer my endless questions. The Editorial Board has come to the plate numerous times to help resolve issues of editorial policy and mixed reviews. In addition to the manuscripts already in the pipeline, over 100 manuscripts have been submitted, processed and reviewed dur-

ing the past 10 months. So, this award is in recognition of all of you who are the life blood of the journal—the authors, the AAPHD staff, reviewers, the readers, and subscribers. So, congratulations to all of you; keep up the good work in sustaining your journal. And, about “commitment to a few

months” the few months, and why I am still here, well you know the old saying, “as long as I’m having a good time.”

Thank you all for this award and for making me look good. Thank you for the distinction of being part of the dental public health community.

The 2006 Myron Allukian Jr. Lifetime Achievement Award in Community Dental Programs: Larry Hill, DDS, MPH

Presented by Myron Allukian, DDS, MPH

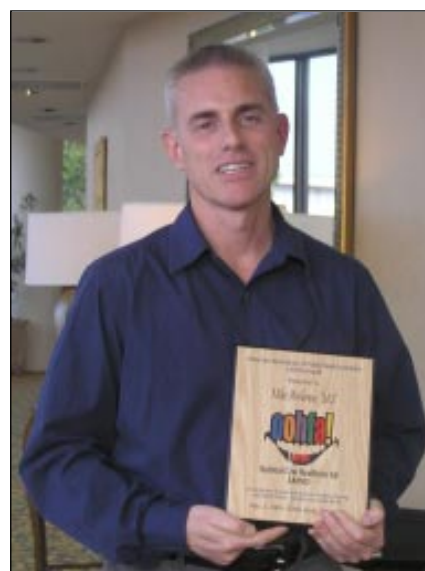
The 2006 Myron Allukian Jr. Lifetime Achievement Award in Community Dental Programs was presented by Myron Allukian to Larry Hill at the 2006 National Oral Health Conference.



Left to right - Myron Allukian and Larry Hill

OOHFA Award

Presented by Robert Weyant, DMD, DrPH



*Michael Ambrose
Recipient of the OOHFA Award
for exemplary service to the
AAPHD membership.*

Best Paper for 2005 *Journal of Public Health Dentistry*, Vol. 65 Racio Quiñonez, DMD, MS, MPH, FRCDC

Presented by Jane Weintraub, DDS, MPH

This year the JPHD Editorial Board had a difficult time selecting among several excellent articles for the best paper of the year. I interpret this difficulty as a good sign, reflecting the quality of our journal. This year's winning paper was written by Rocio Quiñonez and her colleagues at the University of North Carolina (UNC), Steve Downs, Dan Shugars, John Cristensen and Bill Vann. This paper on dental sealants was part of her master's thesis. Accepting this award on behalf of the recipients is Dr. Gary Rozier, also from UNC. Each author will receive a plaque and Dr. Quiñonez will receive a financial award.



*Left to right - Jane Weintraub, Gary Rozier
accepting for Dr. Quiñonez*

Remarks on Receiving the Best Paper Award

Racio Quiñonez, DMD, MS, MPH, FRCDC



Dr. Rocio Quiñonez

I am truly honored to receive this award and would like to thank all those who have inspired me to have a curious mind and pursue my interest in public health. I am most grateful to the co-authors who facilitated the completion of this work as part of my

master's paper. I will use this award as an inspiration for any future work.

Quiñonez RB, Downs SM, Shugars D, Christensen J, Vann WF Jr. Assessing cost-effectiveness of sealant placement in children. *J Public Health Dent.* 2005 Spring;65(2):82-9.

AAPHD 2006 Leverett Graduate Student Merit Award for Outstanding Achievement in Dental Public Health

First Place

Effects of the State Children's Health Insurance Program on Access to Dental Care and Use of Dental Services

Dr. Hua Wang

School of Public Health

University of North Carolina at Chapel Hill

Sponsor: Gary Rozier, DDS

Second Place

Racial Disparity in Oral Cancer Awareness and Examination: 2003 New York State BRFSS

Dr. Junhie Oh

Bureau of Dental Health

New York State Department of Health

Sponsor: Jayanth V. Kumar, DDS, MPH

Third Place

Knowledge, Attitudes and Opinions of Dentists and Hygienists Regarding the Diagnosis and Management of Bioterrorism

Dr. Sangeetha Bansal

Division of Dental Public Health

Boston University Goldman School of Dental Medicine

Sponsor: Ana Karina Mascarenhas, BDS, MPH, DrPH



Student Award Winners with Awards Chair, Sena Narendran (back row, second from right).

AAPHD 2006 Predoctoral Dental Student Merit Awards for Outstanding Achievement in Dental Public Health

First Place

Identification and Description of Mobile Dental Programs

Mr. Brian Carr

Division of Oral Epidemiology and Dental Public Health

University of California, San Francisco

Sponsor: Jane A. Weintraub, DDS, MPH

Second Place

HIPAA Notice of Privacy Practices (NPP) Used in U.S. Dental Schools: Factors Related to Readability or Lack Thereof

Ms. Anh Ha

School of Dentistry

University of California, San Francisco

Sponsor: Stuart A. Gansky, MS, DrPH

AAPHD 2006 Dental Hygiene Student Merit Awards for Outstanding Achievement in Dental Public Health

First Place

Smiles for a Lifetime: Dental Hygiene Meets Child Development

Rachel Noblitt

School of Dentistry

University of the Pacific

Sponsor: Cindy Lyon, RDH, DDS

Third Place

A Head Start Dental Outreach Program

Laura Teran

Dental Hygiene Program

East Tennessee State University

Sponsor: Deborah Dotson, RDH, BS, MA

Second Place

CPR for the Treasure Lake Job Corps Smoking Cessation

Barbara George

Dental Hygiene Program

East Tennessee State University

Sponsor: Deborah Dotson, RDH, BS, MA

Fourth Place

Oral Health Care for the Intellectually Disabled

Trudy Schuckers

Baccalaureate of Science Dental Hygiene Program

Community College of Southern Nevada

Sponsor: Sharon Peterson, RDH, M.Ed

National Recognition Award for Senior Dental Students 2006

Senior Dental Student Awardees 2006

Sean Abrams	Univ of Illinois at Chicago College of Dentistry
Kendra Jane Fryer	Univ at Buffalo School of Dental Medicine
Lindsay R. Rhodes	West Virginia Univ School of Dental Medicine
James A. Wealleans	Nova Southeastern Univ / College of Dental Medicine
Saleem K. Josephs	Columbia Univ College of Dental Medicine
Ruth "Candy" Tan-Chi	Univ of the Pacific Arthur A. Dugoni School of Dentistry
Lina Naseri, DMD	Faculte de medecine dentaire, Univ de Montreal
Gaston Toolo	Univ of Kentucky College of Dentistry
Jacob Lawrence Kitson	Univ of Alabama School of Dentistry
Dr. Jayne M. Matt	Marquette Univ School of Dentistry
Priya Ashwin Madhiwala	Harvard School of Dental Medicine
Lesley J. Salvaggio	Univ of Connecticut School of Dental Medicine
Megan N. Fulcher	Temple Univ School of Dentistry
Cristina Caridad Dominguez	Tufts Univ School of Dental Medicine
Michael Glenn Foust	Indiana Univ School of Dentistry
Ghazal Ataian Ringler	Oregon Health & Science Univ School of Dentistry
Jessica Figueroa	New York Univ College of Dentistry
Jason A. Olsen	Univ of North Carolina School of Dentistry
Cesar Acosta	Univ of Nevada, Las Vegas, School of Dental Medicine
Emily Elizabeth Abbott	Baylor College of Dentistry
Katharine J. Riniker	Univ of Iowa College of Dentistry
Dr. David Paul Blackburn	Boston Univ, Goldman School of Dental Medicine
Rachel M. Yorita	Univ of Southern California School of Dentistry
Thomas Christian Guernsey	Univ of Michigan School of Dentistry
Nicole Nicolas	McGill Univ Faculty of Dentistry at Montreal
Jason Link	Univ of Pittsburgh School of Dental Medicine
M. Allison Harper	Univ of Florida College of Dentistry
Fahad Ashraf, DDS	Univ of Maryland, Baltimore College of Dentistry
Mana Mozaffarian	Univ of Pennsylvania School of Dental Medicine
Lauren S. Thurmon	Louisiana State Univ School of Dentistry
Felipe Avery-Miranda	Oklahoma Univ College of Dentistry
Melissa A. Stevens	Univ of Nebraska College of Dentistry
Alice Luan	Univ of Texas Dental Branch at Houston
Khalfani Walker	UMDJN, New Jersey Dental School
Robert A. Lane	Medical College of Georgia School of Dentistry
Ava Lauren Hood	Southern Illinois Univ School of Dental Medicine
Tiffany Noel Nightengale	Univ of Louisville School of Dentistry
Teresita L. Alston	Medical Univ of South Carolina, College of Dental Med
Marie C. Halbur	Creighton Univ Medical Center, School of Dentistry
Debra A. Wilkinson	Univ of Missouri-Kansas City School of Dentistry
T. Jay Robinson	Case School of Dental Medicine
Andrea L. White	Meharry Medical College, School of Dentistry
Anna Bieging	Univ of Washington School of Dentistry
Taylor Cotton	Univ of Texas Health Science Center at San Antonio Dental School

National Recognition Award for Senior Dental Hygiene Students 2006

Senior Dental Hygiene Student Awardees 2006

Sarah Lauinger	Univ of Detroit Mercy School of Dentistry
Ashley Brulotte	Univ of New England Dental Hygiene Program
Cara Theos	Univ of New England Dental Hygiene Program
Meghan McCullough	Oregon Institute of Technology, Dental Hygiene Prgrm
Sheila K. Bennett-Moore	Indiana Univ School of Dentistry, Dental Hygiene Prgrm
Suzan DiDonna	Farmingdale State Univ of NY, Dept of Dental Hygiene
Brenda Moss	Clayton State Univ School of Health Sciences
Doug Hayes	West Liberty State College Dental Hygiene Department
Laura Coy	Univ of Louisiana at Monroe, Dept of Dental Hygiene
Danielle Steinhebel	Baker College Dental Hygiene Program
Catherine Young	Baylor College of Dentistry, Texas Univ SHSC
Rasheeda Butts	New York Univ College of Dentistry / Dental Hygiene
Laurel Murakami	Northern Arizona Univ School of Health Professions, Dental Hygiene Department
Michelle McAllister	Old Dominion Univ School of Dental Hygiene
Angela Moore	Tennessee State Univ College of Health Sciences, Department of Dental Hygiene
Darcy McCormick	Univ College of Bangor Dental Health Program
Lanette Wedell	Univ of Minnesota School of Dentistry, Division of Dental Hygiene
Kimi Kan	Univ of the Pacific, Arthur A Dugoni School of Dentistry, Dental Hygiene Program
Tara M. Anstey	Univ of Tennessee Health Science Center, Department of Dental Hygiene
William S. Kretchman	Univ of Maryland Dental School, Dental Hygiene Prgrm
Annamarie Maloy	Artnstrong Atlantic State Univ, Dental Hygiene Prgrm
Michelle Zava	East Tennessee State Univ, College of Public & Allied Health, Dental Hygiene Program
LuAnne Alvord	Medical College of Georgia, School of Allied Health Sciences, Dental Hygiene Program
Robin Diann Zeigler	Univ of Missouri-Kansas City School of Dentistry, Dental Hygiene Program
Jonathan Adam Turner	West Virginia Univ School of Dentistry, Division of Dental Hygiene
Yung Kang Lang	Mount Ida College, Dental Hygiene Program
Rachelle Roe Cressall	Weber State Univ College of Health Professions, Dental Hygiene Program



Lynn Mouden, NOHC Local Site Coordinator with Gerry Beverly, Medical Products Laboratories, Inc. MPL was the sponsor for the opening reception at the Clinton Presidential Library, pictured above.

2006 ASTDD President's Award: Judith A. Feinstein, MSPH

Presented by Lewis N. Lampiris, DDS, MPH

One of the perks of serving as ASTDD President is the opportunity to recognize individuals and groups for their exemplary service. I have two President's awards to present this afternoon — one to an individual member and another to the members of an ad hoc committee.

You've just seen Judy Feinstein in action in her role as Chair of the Fluorides Committee present the fluoridation awards. Gathering the data, working with partners, and identifying recipients of the awards is simply one component of the responsibilities assigned to this committee. Judy has served as chair of the committee for the past three years.

Under her leadership and nurturing, the Fluorides Committee has blossomed. She's expanded the membership and has brought an international flair to the work they do by having Micheal Levy, from Canada come on board. She's a stern taskmaster and the committee now meets regularly, immersing itself in the area of fluoridation. You've heard the expression "Just Say YES." Well Judy just does not say NO. When asked to step up to the plate, she does. The status quo doesn't stand a chance when she takes on new responsibility.

Judy provided the organizational leadership for the Roundtable portion of the National Oral Health Conference for two years — when the program was just under development. Building upon what was already in place; Judy continued to expand the tables and the topics. And she trained us — as Pavlov did with his dogs — instead of a mad dash and chaotic wandering from table to table, we heard her bell and calmly moved to the next table of our choice. Now the Roundtable session is one of the highlights of the conference.

One more thing about Ms. Feinstein — unlike every other full time state dental director, Judy is neither a dentist nor a dental hygienist. And yet, be it amalgam, fluoride, access, or any other aspect of oral health, the folks in Maine ask hard questions and expect answers. Judy doesn't crumble under this kind of public scrutiny! She finds the experts, gets their advice and meets the challenges head on.

When we talk about "expanding the oral health workforce" — we sometimes can't see past our own noses — so let's not forget that we already have a "model that works" — Judy Feinstein. She clearly has what

it takes to impact the oral health of a state or for that matter...the nation.

Judy, thank you for your service to ASTDD.

The next President's award goes to a group of individuals who have worked tirelessly over the past two years. This Association could not get its work done without volunteers coming forward and serving on committees and task forces. Nick Mosca, Julie Tang, Bev Isman and Dean Perkins volunteered to serve as our website committee. In conjunction with our partners at the CDC, this group completed many of the Phase I recommendations for website redesign that emerged from initial usability testing of the site in 2005. I don't know if you've had a chance to visit the new site, which was launched in February, but when you do, you'll see for yourselves why these folks deserve this award. Thank you for a job well done.

By the way, Dean, in his role as Executive Director orders the plaques for the awards, and I was not about to have him make a plaque for himself. Therefore, Dean, in appreciation for his service, and perhaps something his new grandbaby will very much enjoy, gets a Peabody Duck.



Remarks on Receiving the President's Award

Judith A. Feinstein, MSPH

This is a complete surprise and a tremendous honor. My state public health association surprised me like this a few years ago, and that's the only reason I can be prepared at all to thank you for this award. Without the hard work, dedication, and

enthusiasm of all of you for the work that you do at home, in your own communities and states, and that we do together, I could not do what I do — and I thank you very, very much.

2006 ASTDD Distinguished Service Award: A. Conan Davis, DMD, MPH

Presented by Stuart A. Lockwood, DMD, MPH

It is a distinct pleasure to nominate A. Conan Davis, DMD, MPH, for ASTDD's Outstanding Achievement Award.

A public health dentist in the Alabama Department of Public Health for 13 years, the last 11 years as State Dental Director (and ASTDD member), Dr. Davis served the people of Alabama outstandingly from 1986-1999. Early in his tenure as State Dental Director, Dr. Davis conducted a representative survey of oral disease among schoolchildren in the state, something only a few states were doing at the time. His leadership in conducting this survey of over 5,000 schoolchildren was notable. Publication of the findings of the survey was made in the Alabama Dental Journal, and population-based targeting for preventive measures in his state were identified.

Further, efforts during his tenure as Dental Director were to increase dental access by establishing dental clinics in rural health departments. At the time of his departure from state service, some 82% of the people on public water in Alabama were drinking fluoridated water. His service at the state level included Deputy Director of the Bureau of Family Services, Acting State Director of the Alabama WIC Program, and State Dental Consultant to the Alabama Medicaid Agency. He also served on the Governor's Commission on Welfare Reform, and the Committee on Domestic Violence. He was editor of the ASTDD newsletter, and a member of the ATDD Executive Committee.

Dr. Davis' passion for public service and public policy is illustrated by a two-year absence from public service, and a return to private practice. Realizing this move was a mistake, Dr. Davis applied for and was accepted into the American Dental Association Congressional Fellowship



Left to right: Conan Davis and Stuart Lockwood

program. Few dentists have been so honored for selection into this unique program. Serving on the staff of Senator Tim Hutchinson, his accomplishments (and education) were many as he researched and prepared reports on health policy issues, coordinated speakers for Senate Hearings, prepared speeches, briefing materials and talking points for the Senator. Dr. Davis also had a key leadership/contributor role as he prepared background briefing materials for the first ever dental-related Senate Hearing which was held before the Senate Subcommittee on Public Health in 2002. The hearing addressed the Children's Dental Health Improvement Act of 2001.

As a result of his Congressional experience and achievements in Health policy at the state and national levels, Dr. Davis was selected as the Chief Dental Officer for the federal Centers for Medicare and Medicaid

Services (CMS) in 2003. National dental policies with which he deals are numerous and significant. Located in the Office of Clinical Standards and Policy, Dr. Davis serves as CMS's consultant on dental related issues, working on Medicaid State Plan Amendment changes and waivers that have an impact on dental care delivery. His contribution to oral health policy at the federal level includes resolution of numerous specific problems related to dental care and regulations in both the Medicare program and the state Medicaid programs. His participation and contributions as the CMS liaison to numerous national oral health communities significantly influence oral health policy at the state and federal levels.

For outstanding achievement at the both the state and federal levels, it is an honor to nominate Dr. A. Conan Davis for ASTDD's Outstanding Achievement Award.

Remarks on Receiving the Distinguished Service Award

A. Conan Davis, DMD, MPH

What an honor. I am truly surprised and humbled to receive this award from such a prestigious group of folks. Let me just say that this award really means a lot to me. I think we all labor away in our positions attempting to make a difference in the world and for the people we serve. Sometimes we might think about re-

ceiving a reward like you've given me today, but most of the time we're not really expecting such recognition. That's not why we do what we do, but when it happens it is especially nice. I am truly thankful. It has been a great pleasure for me to have had the opportunity to work with many of

you in various capacities over the years. You are a wonderful, dedicated group of folks that I am proud to know. I want to urge you to keep up the good work. It really is worth it.

Best wishes to you for this coming year and beyond!

Thanks again so much.

Awards for 2006

President's Award

For exemplary service on the ASTDD Website Committee

Beverly Isman RDH, MPH, ELS

Julie M.W. Tang, DMD, MPH

Nicholas G. Mosca, DDS

For exemplary service as Chairperson of the ASTDD Fluorides Committee

Judith A. Feinstein, MSPH

Outstanding Achievement

A. Conan Davis, DMD, MPH

For outstanding achievement at both the state and federal level.

ASTDD Past President's Plaque

Lewis N. Lampiris, DDS, MPH

President 2004-2006

Lynn Douglas Mouden, DDS, MPH

For Service on the Executive Committee as Immediate Past-President

2004-2006

Brad Whistler, DMD

For Service as ASTDD Secretary 2002-2006

Stuart A. Lockwood, DMD, MPH,

For Service as ASTDD Director 2003-2006

Cheri E. Seed, RDH, BA

For service as an ASTDD Director 2004-2006

ASTDD/ADA/CDC Community Water Fluoridation Award Merit Award: Dr. Jayanth V. Kumar

Presented by Judith A. Feinstein, MSPH

Dr. Jay Kumar is Director of the Oral Health Surveillance & Research Unit, Bureau of Dental Health at the New York State Department of Health. He also holds an appointment as an Associate Professor in the Department of Health Policy, Management, and Behavior at the School of Public Health of the University at Albany, State University of New York. His research interests are in exposure to fluoride, its effects on oral health, and health promotion and disease prevention strategies. He has worked to expand fluoridation in New York State.

Dr. Kumar received his dental degree from Bangalore University, his M.P.H. from Johns Hopkins University, and a post-doctoral certificate in dental public health from the New York State Department of Health. He is a Diplomate and a past President of the American Board of Dental Public Health.

Dr. Kumar has been a member of the American Dental Association's National Fluoridation Advisory Committee since 1999 and participated in the publication of the 2005 edition of *Fluoridation Facts*. He was also a member of the CDC's Fluoride Recommendations Work Group that developed the *Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States 2001*.

Dr. Kumar, a nationally known researcher, has many publications to his credit. Of particular interest is his continuing follow-up on the effect that fluoridation has had on the original 1945 fluoridation trial communities of Newburgh and Kingston.

While Dr. Kumar is deserving of the Fluoridation Merit Award for all the reasons noted above, his participation on the National Research Council's (NRC) Toxicologic Risk of



Jay Kumar

Fluoride in Drinking Water Subcommittee demonstrates his deep commitment to his profession, research and the search for the best oral health for the public. He served nearly three and a half years on this project, which will have long lasting effects on the health of the public. We commend him for his unfaltering dedication to this project, which required many extra hours of effort, analysis of numerous studies, and multiple Subcommittee

meetings. He worked tirelessly to bring an objective, evidence-based approach to the Subcommittee's deliberations and recently released final report, which will have direct impact on the Nation's policies regarding fluoride in drinking water. The Fluoridation Merit Award recognizes Dr. Jayanth Kumar for his longstanding dedication and service to the public in his work to promote water fluoridation.

ASTDD/ADA/CDC Community Water Fluoridation Award Merit Award: Division of Oral Health National Center for Chronic Disease Prevention and Health Promotion

Presented by Judith A. Feinstein, MSPH

The Fluoridation Merit Award is presented to the Division of Oral Health in recognition of the Division's co-sponsorship of the 2005 National Fluoridation Symposium and making it the success that it was, and for its work at a national level in support of states and state oral health programs to promote water fluoridation.

This award is meant to recognize the Division as a whole – an “ensemble cast” of dedicated individuals whose work together has made a substantial contribution in the promotion of fluoridation and to the progress of fluoridation at a national level. Projects such as a resource guide on community water fluoridation for state dental directors and the organization of several national presentations and conference calls are among recent additions to the “body of work” for which the Division deserves acknowledgment. We recognize hereby name those who have worked particularly on these issues, but know also that there are others who provide invaluable support for these individuals to do the work they do.

William Bailey, DDS, MPH

Laurie K. Barker, MSPH

Eugenio D. Beltrán, DMD, DrPH

Steven J. Cahill, MPH

Kip Duchon, PE

Barbara F. Gooch, DMD, MPH

Susan O. Griffin, PhD

William G. Kohn, DDS

William R. Maas, DDS, MPH

Linda S. Orgain, MPH

Scott M. Presson, DDS, MPH

Karen Sicard, RDH, MPH

Claudia Vousden, RN, MPH



Left to right - Nicole Stoufflet, Coordinator, Fluoridation and Preventive Health Activities with the ADA; Scott Presson and Judith Feinstein



Exhibit Hall

AAPHD Annual Business Meeting

May 2, 2006 - Little Rock, Arkansas

President Robert Weyant called to order the 2006 Annual Meeting of the AAPHD. Weyant reported that actions by the Executive Council this past year were guided by the Strategic Plan. AAPHD is receiving more invitations to participate and provide public health input by other organizations that increase the visibility of the association and the brand of the National Oral Health Conference. Increased participation has had an impact on the budget, but the EC believes it will be a positive impact over the next few years. Committees are exploring areas of partnerships, programs, and products that may result in non-dues revenue.

Secretary-Treasurer Mark Macek reported on the current financial status and the goal of ending the year with a balanced budget. The Finance

Development Committee is struggling with corporate support and has made suggestions that will be discussed at the next EC meeting. Copies of the recent audit were available for members to review.

Foundation Committee Chair **Linda Niessen** reported that Foundation has a current balance of \$106,000. The Foundation has finalized an endowment agreement with the Horowitz Family to ensure the awarding of eight more \$25,000 Herschel S. Horowitz Scholarships over the next eight years. Activities to date include awarding two \$25,000 Scholarships and co-sponsoring the Fluoridation Conference in Chicago last summer with ADA, AAPHD, ASTDD, and ABDPH. The Foundation has also made a commitment to the American Board of Dental Public Health for up to

\$10,000 in developing and implementing their strategic plan when needed.

Executive Director Pamela Tolson confirmed that the year has brought many collaborate partnerships for the association, which are opening new opportunities for dental public health input into education and workforce issues. She thanked the members of the EC, Committee Chairs and members of committees for their time and commitment to implementing the goals of the Strategic Plan. Tolson also reported on the Oral Health Action Partnership.

President-Elect Kathryn Atchison reported on proposed by-law changes, copies of which were distributed to those present. The recommendation for changes came from the Oral Health Policy and



2006-2007 AAPHD Executive Council

Advocacy Committee as a result last year's proposed resolution and the process for passage. The proposed changes will give the EC the option of expediting the process in order to be more responsive and take positions on issues. An expedited process is still being developed, but a change in bylaws will be necessary in order for the EC to have the authority to act in these situations. Later this summer, the membership will be asked to vote on the proposed bylaw changes. The OHPA Committee is proceeding with a process to review, revise, retire, or identify new resolutions, policies, and position papers. Members are invited to volunteer to serve on these sub-committees.

Weyant then recognized the members of the AAPHD Executive Council who finished their terms this year, **Jane Weintraub**, **Mary Foley**, and **Linda Kaste**.

Weyant then presented the "OOHFA Award" to **Mike Ambrose** for his efforts on behalf of the

association in chairing the Media Sub-Committee for two years. The Sub-Committee has coordinated press conferences at the last three NOHCs and has been working with the CDC to make available to the membership a Media Tool-Kit, which will be posted on the AAPHD website this summer.

Weyant then installed the new Officers and Executive Council Members. A complete list and contact information is included on page 5.

Weyant then introduced 2006-07 **President Kathryn Atchison**. Atchison lined out the key components for her year as president. Atchison would like to see more emphasis put on 1) the value of services, 2) the value of dental public health as a leader in program evaluations, 3) the value of membership, and 4) the value of service to others. She intends to explore even more opportunities for the association to partner with other organizations to address the workforce issues and to offer service.

Atchison recognized Weyant for his service to the association during his time on the EC and as president.

Under New Business, the membership raised several issues that will be addressed by the EC during the next year. These included:

- ♦ Including a program on the Alaskan Dental Health Aid Therapist Program through the National Oral Health Conference.

- ♦ The possibility of using reserves to address the dental public workforce crisis.

- ♦ Working with other organizations to lobby for Title 1 and Title 7 and participating in the Dental Access Coalition.

- ♦ How do we change the priority of linkages when "googling" for fluoride so that individuals are directed to the ADA, CDC, ASTDD and others?

There being no further business, the meeting was adjourned.



Fulfilling their three year term on the AAPHD Executive Committee, Mary Foley and Linda Kaste.

ASTDD Annual Business Meeting Minutes

April 29, 2006- Little Rock, Arkansas

Meeting was called to order at 2:15 pm.

I. Roll Call: Present at the meeting were the dental directors from 30 states and the District of Columbia and 15 associate members. New Members and Associate Members were introduced. New State Dental Directors were: Ardell Wilson (CT); Steve Arthur (VT); and Christine Veschusio (SC). New Associate Members were: Rene Lavinghouze, Jean Spratt, Paul Dirk, Brad Hutchins, Mary Foley, Jay Balzer and Paula Bates.

II. ASTDD Financial Report (Dean Perkins): Dean presented a profit/loss summary for ASTDD for calendar year 2005. Members can request a more detailed financial report from the central office if they are interested. Dean indicated the EC receives and reviews the detailed budget reports quarterly.

Dean reported the 2005 tax return for the organization is due May 15th and the accountants have prepared that return for submission. Dean will be working on getting the accountants started on the audit done for 2005 – to be completed by September 1, 2006.

III. Cooperative Agreements (CAs) Report (Bev Isman): Bev distributed a handout and highlighted committee activities and consultant work under the CAs:

IV. Committee Reports:

Reports from all the ASTDD committees are available to the members through request to Central Office. Reports from the Committees at the Business Meeting were as follows:

Governance Committee: Committee developed by-law changes for the Associate Member EC position – changes were approved by the EC and by the majority of Members with electronic voting. There will now be a voting Associate Member on the EC – post the election of that position.

The Governance Committee also undertook actions related to the discussion at last year's business meeting on terms of office for the president-elect and president positions. The Committee conducted a member survey and based on the survey the Committee recommendation is not to change the current terms of office.

Nominating Committee:

Nominations are submitted as follows:

Steven Steed for President
Chris Wood for President-elect
Nick Mosca for Secretary
Bobby Russell for Treasurer
Linda Altenhoff for Director

Gordon Empey, who President Lampiris had previously appointed to fill the vacant Director position (vacated by Cheri Seed), was nominated to complete the term of that Director (west representative) position.

Bob Isman and Linda Koskela are the nominees for the Associate Member EC position.

There were no nominations from the floor for the EC positions.

V. President's Report (Lew Lampiris):

Lew highlighted the following in his report:

- ♦ Sunday Member breakfast extended to four hours to allow more networking
- ♦ EC focus on strategic planning and goals to meet the needs of SOHPs. Activities to enhance state infrastructure; information sharing – Best Practices; and nurture and expand partnerships.
- ♦ Networking and interaction of leadership of other organizations. Other organizations are more aware of ASTDD as a result of these activities. Trying to position ASTDD as a leadership organization in dental public health and oral health policy.
- ♦ SOHP 101: Presentations to highlight the need for adequate SOHP infrastructure – what SOHPs do for states (presentations at ADEA, ADHA, ADA, Chronic Disease and American Academy of Pediatric Dentistry meetings). Lew invited members to use the templates for advocacy/education in their states.
- ♦ First state dental director Capital Hill visits at the February CDC meeting for funded-states. Activities to raise awareness of SOHP and state oral health capacity – importance of enhancing CDC funding for other states. Plans to continue advocacy this year (need for ASTDD to take a role than relying on other organizations to be champions of SOHPs).
- ♦ CDC support and technical assistance to all states using tools/materials developed in the funded state CAs (webcasts). CDC new member orientation to CDC last year – plans for another orientation for all members this year.

- HRSA SOHCS grantee meeting in December 2005 – inclusion of a mid-year ASTDD meeting/training. Plans to do this again at the next SOHCS grantee meeting.
- Strategic Communications Plan: New Associates completed the plan April 1st – doing a brief presentation at this business meeting. Plan covers activities over the next five years to increase visibility, increase influence, enhance partnerships, enhance internal and external communication activities and enhance sustainability of ASTDD and SOHPs.
- Greatest challenge may be work on public dental health workforce – combining ASTDD work group with AAPHD Workforce Committee. Lew noted needs in dental public health for both those doing direct services, academic positions and management/administration roles.
- Lew personally acknowledged Julie Janssen for her work supporting the Illinois SOHP while he served in the ASTDD President role – without Julie's assistance Lew could not have devoted as much time to ASTDD business as he had the past two years.
- Finally, Lew thanked the ASTDD Membership for the opportunity to serve as President of the organization.

VI. Strategic Communication Plan (New Associates LLC – Neil and Vicki Weisfeld)

New Associates has had the opportunity to work with ASTDD/EC on the development of the plan over the last six months. Neil explained that a strategic communication plan is a means to tightly focus the organization messages (communication activities to move organizational goals and objectives forward). Further, the activities serve to increase influence, strengthen relationships and manage perceptions about the organization. New Associates did some original research with the project in reviewing media messages on oral health; survey ASTDD membership/EC, state dental association executive directors, federal oral health agencies and foundations; review of ASTDD organizational goals and objectives; and a review of existing ASTDD communication vehicles (e.g., website and newsletter) in development of the communications plan.

The EC plans to move forward with development of a strategic communications planning team (StratCom) – this committee will work on implementation of the plan.

VII. Old Business: (Resolution on Change of EC Leadership Terms of Office):

Mark Mallatt presented the resolution to reduce terms of office from 2-years to 1-year for EC leadership positions (president-elect and president).

Resolution was defeated 19 to 11.

VIII. New Business:

Associate Member Director to the EC: The EC voted yesterday to amend the bylaws to provide for electronic voting on the Associate Member Director within 15 days of Dean posting the ballot out for electronic voting. However it requires a bylaws change approval of the Membership at this business meeting. Dean reviewed the bylaw changes for the Members.

Lynn/Warren moved to change the bylaws for the Associate Member Director elections as noticed in the proposed bylaw changes (electronic voting to occur within 15 days of Dean posting the ballot for Associate Member voting).

Motion passed unanimously. Dean will post the ballot in next week.

Ad Hoc Group on Emergent Issues:

Gordon Empey and Julie Tang discussed the ad hoc group and trying to meet needs on emergent issues that come up for SOHPs. . .

State Synopsis Review:

Diane Brunson asked the Data Committee to discuss the State Synopsis Survey in terms of the length of the survey

Guest Reports - CDC Presentation (Bill Maas): Bill expressed satisfaction with ASTDD progress on the CA. He also provided Members with the current contact information for CDC DOH staff and provided the outline of the CDC DOH Program Review (provided to Dental Directors earlier this year).

- There will be a CDC orientation for ASTDD Members August 29-30th – the orientation will be less comprehensive but more in depth on specific issues than done in the New Member orientation last year. The ASTDD Leadership Committee will be consulted to identify topics.

XI. Election of Officers:

Lynn Mouden/Mark Mallatt moved to accept the slate of EC officers/directors with the exception of the AM Director (to be voted on electronically by Associate Members in May). Motion passed unanimously.

XII. Adjournment:

The meeting adjourned at 4:55 pm.

ABDPH Diplomates Meeting

56th Meeting, May 1st, 2006, Peabody Little Rock, Little Rock, Arkansas

Robert H. Dumbaugh, DDS, MPH, Executive Secretary

- I. Call to Order: President Teresa A. Dolan called the 56th meeting of the diplomates to order at 7:20 pm and welcomed the 64 members and guests present.
 - A. There were 11 past presidents in attendance. Dr. Dolan recognized Dr. Joe Alderman, Dr. Myron Allukian, Dr. Brian Burt, Dr. Robert Collins, Dr. Bob Dumbaugh, Dr. Caswell Evans, Dr. Robert Faine, Dr. Jay Kumar, Dr. Ray Kuthy, Dr. Linda Niessen, and Dr. Gary Rozier.
 - B. Introduction of Diplomates: Dr. Dolan introduced the following diplomates, who were certified in 2005, with a short biography and presented them with their Board lapel pins: Dr. K. Anthony Bolin, Captain Kathy L. Hayes, Commander Renée Joskow, and Dr. Wanda Wright. New diplomates recognized but unable to attend: Dr. Joseph Bartoloni, Dr. Bruce A. Dye, and Dr. Steven A. Matis.
 - C. Dr. Dolan said that there were no known deceased members.
 - D. The minutes of the 2005 Meeting of the Diplomates as published on page S45 in the Journal of Public Health Dentistry, Volume 65, Supplement 1, 2005 were approved.
 - E. Reregistration Fees: Dr. Dolan reminded the diplomates that registration fees as mandated by the American Dental Association are payable January 1 of each year. Notice is sent to active diplomates in December. We still have 15 diplomates who have not paid their reregistration fee for 2006. Diplomates who do not pay their reregistration fee by March 1 are considered to be diplomates "not in good standing" at that time unless there are mitigating circumstances. A membership report is required by the Council on Dental Education and Licensure, ADA, by March 15 of each year, and includes membership status of all diplomates. Diplomates were asked to complete their Continuing Education Reports and mail their reregistration fees in January.
- II. Report of the Executive Secretary.
 - A. Dr. Dumbaugh presented the Membership Report. As of December 31, 2005, there were 157 certified Active diplomates, 29 Life members, and 27 Inactive (retired) diplomates for a total of 213 living diplomates. This represents a net gain of 5 Active diplomates. No members passed away in 2005.
 - B. Five candidates took the examination this year. We have a total of 12 Board eligible dentists; Dr. Frank Flores and Dr. Michelle Henshaw lost their eligibility at the close of this examination after 5 years of eligibility without sitting for the examination.
 - C. Three dentists will lose their eligibility if they do not pass the exam in 2007: Dr. Victor Alos, Dr. Kishore Shetty, and Dr. Angel Rivera Torres.
- III. Treasurer's Report – Dr. Reg Louie
 - ♦ The financial records have been audited by Dr. Louie, Vice President/ Auditor, and were accepted as accurate. The budget format that compares revenues expenses over the past three years was distributed to the diplomates. The Board began the fiscal year on April 23, 2005 with a total bank balance of \$38,660.26. Income during the year, which consisted of Application and Examination fees, reregistration fees, and receipts for the Dinner Meeting, amounted to \$22,640.00. The opening bank balance plus income amounted to \$56,644.37. Total expenditures for the year were \$17,289.91. The result is a checking account balance of \$44,010.35 or a \$5,350.09 increase over last year.
 - ♦ In addition to the checking balance, the Board also carries a Certificate of Deposit of \$12,634.02. Income from interest in FY 2005 was \$361.94. Thus, the total funds available to the Board are \$56,644.37, which is \$5,712.03 higher than last year.
- IV. President's Report.
 - A. Items:
 - ♦ Dr. Bob Dumbaugh will be leaving as Executive Secretary at the end of the 2006 examination session. Dr. Joe Alderman has been appointed as the new Executive Secretary. The Board looked at roles and responsibilities and what could be delegated to AAPHD, and what should be performed by the Board. A special thanks to the American Association of Public Health Dentistry (AAPHD) and Pam Tolson, Executive Director, AAPHD for assisting the ABDPH by providing up to 200 hours for administrative support for the Board.

- ♦ The Board Symposium, "Dental Public Health Workforce, Prepared for the Future, or Trapped in the Past" was planned by Dr. Skip Collins. The Symposium will be held at 9:00 am, May 2nd, 2006 at the National Oral Health Conference.
 - ♦ Dr. Catherine Hayes completed a survey of the Dental Public Health Residency Directors. There was good participation of the Board and Residency Directors at the Residency Directors' Workshop April 30th, 2006.
 - ♦ Board will develop a candidate's guide to post on the ABDPH page, AAPHD website. Examination content, process, and education criteria for Board eligibility will be addressed.
 - ♦ A policy change will disaggregate the written portion of the examination from the other four parts. The candidate will be given the option of sitting for the written component, prior to being certified Board eligible. If successful in passing the written examination, the remaining parts of the examination could be completed at a subsequent session of the Board. The alternative method would be to complete the entire examination at one sitting, as the format has been in the past. The Board believes that the option of disaggregating the written might offer an incentive for some candidates to begin the examination process at a slower pace.
 - ♦ The handout, "ABDPH Eligibility Criteria Table," was discussed. More flexibility within the requirements of the appropriate agencies that must approve changes was the goal. The Board will inform Council of Dental Education and Licensure, American Dental Association (ADA), who will inform the ADA House of Delegates as an information item, then the criteria will be adopted. Results will be posted on the ABDPH page, AAPHD website.
 - ♦ Articles of Incorporation allow honorary diplomate status. Dr. Catherine Hayes will Chair the committee to develop the process.
 - ♦ Recertification has been a challenge, and adjustments are needed. Dr. Catherine Hayes, Dr. Ray Kuthy, and Dr. Terri Dolan will form a committee to make recommendations.
 - ♦ The History of the American Board of Dental Public Health from 1973 – 2003 was accepted in the Board archives. The Board recognized the efforts of Dr. Stan Lotzkar in writing that document, and hopes to find a person to help edit the document. Diplomates may request a copy from the Executive Secretary when available.
- B. The Board recognized Dr. Bob Dumbaugh for service to the ABDPH. ABDPH honored him with a donation in his name to the Lotzkar Fund, AAPHD Foundation. The Board provided \$500, and Directors provided \$1,600 for a total of \$2,100. Other Diplomates are encouraged to donate.
- C. Dr. Dolan introduced the new Officers and Directors of the Board. They are: Dr. B. Alexander White, President, Dr. Reginald Louie, Vice President-Auditor, Dr. Catherine Hayes, Treasurer, Dr. Isabel Garcia, Director, Dr. Rebecca King, Director, and Dr. Steven Levy, Director-Elect.
- D. Dr. Dolan turned the chair over to the incoming president Dr. Alex White, who expressed the appreciation of the Board for Dr. Dolan's seven years of diligent service, and presented her with the President's Plaque. At this time, Dr. Dolan passed the gavel to Dr. White, who opened the floor to questions.
- V. Dr. White adjourned the meeting at 9:45 pm.

2006 AAPHD Foundation Silent Auction

The Foundation held its first silent auction during NOHC and raised just under \$4,000. Items included weekend retreats, sail boat excursions and a variety of jewelry, artwork and publications. The Foundation Committee met and agreed to divide the proceeds

among the three funds with 50% going to the Foundation's General Fund, and 25% to both the Lotzkar and Horowitz Funds. Over \$1500 has been donated to date to the Lotzkar Fund in honor of Robert Dumbaugh who stepped down this summer as Execu-

tive Secretary for the American Board of Dental Public Health.

Thank you to the following individuals for their contributions in donating an item for the auction and/or purchasing an item!

Silent Auction Donors

Aida Chohayeb
Brian Burt
Joe and Helen Doherty
Mark Macek
Marilyn Woolfolk
James Quartey
Cherry Gochev
Pam Tolson
Linda Lenzini
Kathryn Atchison
Jane Weintraub
Alice Horowitz
Dushanka Kleinman
Kerry Maquire
Roosevelt Bush
Gary Podschun
Hermine McLeran
E Joseph Alderman
Rob Selwitz
Myron Allukian

Silent Auction Purchasers

Ana Karina Mascarenhas
Carol Bruce
Carol Hanson
Clare Larkin
Dan Mulvihill
Dawn McGlasson
Dolores Malvitz
Elizabeth Barrett
Forrest Peebles
Joanne Leah
Julie Janssen
Karen Yoder
Kathy Atchison
Linda Kaste
Lynn Bethel
Megan Martinez
Melissa Bealon
Melody Scheer
Mike Manz
Nancy McKenny
Nancy Rublee

Pam Tolson
Patrick Blahut
Sangeeta Gajendra
Scott Tomar
Sheila Semler
Teresa Cunningham
Thayer Scott
Tom Leindecker
Valerie Orlando



Caswell Evans (left), AAPHD Vice President chats with Kevin Thomas, President of Omni Oral Pharmaceuticals.



*Bag Sponsor - Omni Oral Pharmaceuticals
Randy Parker and Kevin Thomas.*

NOHC 2006 Abstracts

1. Elizabeth A Mertz, M.A. Public Affairs, Center for the Health Professions, UCSF. Kevin Grumbach, MD, Chair, Department of Family and Community Medicine, UCSF.

DEVELOPMENT OF A SURVEY OF DENTAL HYGIENISTS IN CALIFORNIA

OBJECTIVES: Develop and implement a survey of the current demographics, practice settings, education, scope of work, and professional opinions of the registered dental hygiene (RDH) workforce in California to fulfill a need for data to inform policy debates about the role of RDHs in addressing access to care.

METHODS: Survey content areas were based on a literature search, policy review, and over 25 expert interviews. The survey was field tested through a six member focus group and five phone interviews. The finalized survey was sent to a random sample of 3802 licensed RDHs in California.

RESULTS: The literature review found two similar efforts to collect workforce data through RDH surveys (most RDH information is collected from dental office data). Both were two decades old, and only one focused on alternative practice settings. Field testing revealed a complex set of practice patterns, and a mixed interest of RDHs in practicing outside a dental office, primarily due to concerns about quality of care.

CONCLUSIONS: The survey results will inform policy makers about the pipeline, practice realities, and professional ambitions of the RDH workforce. In particular, the data will address the issues of scope of practice, supervision requirements, and RDH practice in alternative and public health settings.

Funding: NIH U54 DE 142501, HRSA 5U76MN10001-02, CDA

2. Timothy T. Brown, PhD, UC Berkeley School of Public Health; Tracy L. Finlayson, PhD, UC Berkeley School of Public Health; Richard M. Scheffler, PhD, UC Berkeley School of Public Health

AN ECONOMIC ANALYSIS OF THE LABOR MARKET FOR DENTAL HYGIENISTS AND DENTAL ASSISTANTS IN CALIFORNIA: 1997-2005

OBJECTIVES: To determine if there was a shortage in the labor markets for registered dental hygienists (RDHs) or dental assistants (DAs) in California anytime in 1997-2005.

METHODS: We examined demand for dental services (state expenditures, percent with visits and insurance) and supply and market-determined wage data for RDHs and DAs. Rising average inflation-adjusted wages indicated a labor shortage. Counts of workers quality of care and wage data were from the Occupational Employment Statistics (OES) Survey.

RESULTS: Demand for services increased 11.2% from 1997 to 2004. State dental expenditures rose 18.6% from 1995 to 2000. Between 1995-2003, the percentage with dental insurance increased 18.1%. From 1999-2002, wages for RDHs increased by 48% then stabilized at a higher level, indicating a fairly severe RDH shortage. There was little supply response in the population-adjusted number of RDHs. Wages for DAs increased 13.9% between 1997-2001. There was a large supply response in the population-adjusted number of DAs to this wage increase. Their numbers rose 28% from 1997 until

their peak in 2003, resulting in wages returning to 1997 levels by 2005.

CONCLUSIONS: Inflation-adjusted wages increased for both RDHs and DAs, suggesting there were labor shortages during this time period. Labor markets for these professions behaved differently, and the DA shortage was corrected by increasing supply. Study results have implications for understanding and responding to labor market changes for RDHs and DAs in California.

3. David Born PhD, University of Minnesota School of Dentistry, Christopher Okunseri BDS, MSc, Marquette University School of Dentistry Gayle Kelly B.S, MS, Minnesota Head Start Association, Inc.

TRAINING EARLY HEAD START HOME VISITORS TO PERFORM DENTAL SCREENING AND PREVENTIVE HOME CARE

OBJECTIVES: To develop a training program that would (a) enable Home Visitors to explain basic dental development and oral health practices to caregivers, and (b) enable Home Visitors to conduct an oral health risk assessment of children up to three years of age.

METHODS: The program consisted of a day long, intensive workshop with instructions in tooth development, early childhood dental caries, oral trauma, examination techniques, and anticipatory guidance and prevention, referrals, and treatment modalities. A Risk Assessment form was created for use during home visits, primarily for the purpose of guiding Home Visitors and alert them to factors deserving attention during home visits with caregivers.

RESULTS: Over a two year period, 67 Home Visitors were trained in three sessions. Knowledge assessments conducted prior to and one month following the training showed statistically significant ($p < .001$) differences for all three groups of trainees. A program evaluation (five items and comments) completed by participants revealed a high level of satisfaction and a strong desire for additional training. Within the first year that "trained" Home Visitors were in the field, over one hundred children and their caregivers had been seen, many on multiple occasions. While the dental screenings were not precise enough to identify oral health changes in the time available, many children were identified initially as needing treatment. Perhaps as important, caregiver families showed positive gains (significant at the $<.008$ level) in oral health awareness and in more positive attitudes toward dental care.

CONCLUSIONS: The training program has enabled Home Visitors to move forward confidently in promoting positive oral health behaviors, to identify genuine oral health problems in children, and to help caregivers improve preventive practices in the home.

4. Victoria Evans, MPH, University of Arkansas for Medical Sciences, Martha M. Phillips, PhD, Arkansas Division of Health, Rhonda Sledge, MHSA, Arkansas Division of Health

SCHOOL NURSES VERSUS DENTISTS: A COMPARISON OF BSS SCREENING RESULTS

OBJECTIVES: To assess the comparability of dental screening completed by dentists and school nurses.

METHODS: In 2003 dentists associated with the Arkansas Division of Health's Office of Oral Health completed a state-wide dental screening for third graders, including students attending schools in the Little Rock School District. In 2004 third graders in the same Little Rock schools were screened by school nurses. The results of the two screenings were compared to assess comparability of methods.

RESULTS: Screening completed by dentists resulted in 18.3% untreated caries [95% confidence interval (CI) 12.1 – 26.0] and 59.5% caries experience (50.6 – 68.0). Screening completed in the same schools by school nurses one year later indicated 26.4% untreated caries (19.0 – 34.8) and 55.4% caries experience (46.4 – 64.1). Nurses were more likely to identify untreated caries than dentists, although the outcomes were not statistically different.

CONCLUSIONS: School nurses can be trained to complete dental screenings and obtain results comparable to those obtained by dental professionals. Nurses may be more likely to document untreated caries, perhaps because of lack of experience in discriminating stains, debris, and caries. Other explanations will be explored as well.

5. Lewis N. Lampiris, DDS, MPH, Illinois Department of Public Health, Sangeeta Wadhawan, BDS, MPH, Illinois Department of Public Health, University of Illinois at Chicago, Sridhar Meda, BDS, MPH, Julie A. Janssen, RDH, MA, Illinois Department of Public Health

UTILIZING THE LICENSURE RENEWAL PROCESS AS A METHOD FOR COLLECTING DENTAL WORKFORCE DATA

OBJECTIVES: To assess the practicality of collecting dental workforce data through the licensure renewal process.

METHODS: In response to the Illinois Oral Health Plan workforce data was collected through collaboration between the Division of Oral Health (DOH), Illinois Department of Public Health (IDPH) and the Department of Financial & Professional Regulations (IDFPR). The DOH developed survey instruments with input from Illinois dental schools and the dental society. Survey instruments were included as part of the licensure renewal process and sent to all the registered dentists and dental hygienists in Illinois by IDFPR in the fall of 2004. The instruments were returned to IDPH for analysis.

RESULTS: The response rate for those renewing was 62 percent for dentists and 70 percent for dental hygienists. The average ages for Illinois dentists and dental hygienists are 50 and 40 years respectively. Thirty percent of dentists work part-time compared to 53 percent of dental hygienists. The racial and ethnic characteristics of dentists and dental hygienists do not align with that of the population in Illinois. Thirty seven percent of currently practicing dentists plan to stop practice in the next 10 years. Thirty three percent of currently practicing dentists graduated from Illinois schools that are no longer open.

CONCLUSIONS: Collecting workforce data through the licensure renewal process is a viable method for assessing dental workforce characteristics. If mandated by the licensing Act and done on a regular basis it would ensure adequate response rate and analysis of trends over time.

6. Karen M. Yoder, MSD, PhD, Indiana University School of Dentistry, Indianapolis; Nancy Swigonski, MD, MPH, FAAP Indiana University School of Medicine, Indianapolis; Gerardo Maupome, BDS, MSc, PhD, Indiana University School of Dentistry, Indianapolis; Mark E. Mallatt, DDS, MSD, Indiana State Department of Health

FLUORIDE KNOWLEDGE AND PROTOCOLS OF INDIANA DENTAL PROFESSIONALS

OBJECTIVES: This study was conducted to determine knowledge and protocols of Indiana dental professionals regarding the use of fluoride prior to and following the 2001 release of Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States by the Centers for Disease Control and Prevention.

METHODS: During 2000 and again in 2005 survey questionnaires were mailed to all Indiana dentists and dental hygienists. Respondents were asked to report on their understanding of the mode of action of fluoride, their office protocols for use of fluoride products, and issues related to fluorosis.

RESULTS: In 2000 2,846 (43%), and in 2005 2,398 (38%) Indiana dental professionals completed and returned anonymous questionnaires. In 2000 and again during 2005 the majority of respondents did not correctly identify fluoride's predominant mode of action, the concentration of fluoride in products, and many had less than optimal protocols for fluoride use. Compared with the baseline survey, the 2005 survey showed no significant improvement in Indiana dental professionals' knowledge of fluoride or protocols related to the appropriate use of fluoride following the release of new recommendations.

CONCLUSIONS: Educational efforts are needed to update dental professionals' knowledge about current information related to fluoride's predominant mode of action in caries prevention and appropriate decisions for the use of fluoride based on risk of caries and risk of enamel fluorosis.

Contributed Papers 7 - 12: Using Data: Local to National Perspectives

7. Monica A Fisher, DDS, MS, MPH, PhD, Case Western Reserve University; George W Taylor, DMD, DrPH, University of Michigan; Brent J Shelton, PhD, University of Kentucky

SMOKING AND DIABETES: SMOKERS MISCLASSIFIED AS NONSMOKERS IN NHANES III

OBJECTIVES: To compare misclassification of smoking status by age, and race-gender categories for adults with and without diabetes.

METHODS: 7529 adults 45+ years of age were identified in the National Health and Nutrition Examination Survey III (NHANES). Misclassification of smoking status was defined as cotinine-determined smokers self-reporting as non-smokers. To quantify the association between misclassification of smoking status and race-gender categories and diabetes status the odds ratios (OR) and 95% confidence interval (CI) were calculated using multiple logistic regression modeling, taking into account the complex survey design and sample weights.

RESULTS: Among adults with diabetes, overall misclassification was 16%, ranging from 4% for 65+ year old Mexican-American males to 40% for 65+ year old Non-Hispanic Black (NHB) females. Among adults without diabetes, overall misclassification was 8%, ranging from 3% of 45-64 year old Non-Hispanic White (NHW) females to 34% of 65+ year old NHB females. Among 45+ year olds, those with diabetes were more likely to be misclassified (OR=1.97; 1.08-3.58), and NHB females were more likely to be misclassified than both NHW females (OR=3.62; 95% CI: 2.03-6.47) and NHB males (OR=6.76; 3.16-14.49).

CONCLUSIONS: Validity of self-reported smoking was associated with diabetes and race-gender categories. This misclassification of cotinine-determined smokers based on self-reported non-smoking status raises questions regarding the validity of use of self-reported smoking status.

Research Support: NIH/NIDCR 7K08DE016031-02.

8. *Teresa Marshall, Ph.D, Department of Preventive and Community Dentistry, University of Iowa, Steven Levy, DDS, MPH, Department of Preventive and Community Dentistry, University of Iowa, Michael McCuniff, DDS, MS, Department of Dental Public Health, University of Missouri-Kansas City, Moncy Mathew, BDS, MPH, Department of Dental Public Health, University of Missouri-Kansas City*

COEXISTENCE OF OBESITY AND DENTAL CARIES IN CHILDREN AGED 2-6 YEARS IN THE UNITED STATES: NHANES 1999-2002

OBJECTIVES: Childhood obesity and dental caries are hypothesized to occur more frequently in the same children. We assessed associations between obesity and dental caries in young children participating in a national survey.

METHODS: Subjects included 1388 children aged 2-6 years who participated in NHANES 1999-2002 and received dental examinations, had at least 10 primary teeth and were free of disease. Decayed/filled teeth (dft) were assessed and weight and height were measured. Body mass index (BMI; kg/m²) was calculated, and subjects were categorized using age and gender specific criteria as normal (<85th %), at risk for overweight (>85th and <95th %), and overweight (>95th %). Relationships between DFT and BMI were evaluated using Kruskal-Wallis and multivariable logistic regression.

RESULTS: Eighty-three % of children were classified as normal weight; 6% as at risk for overweight and 11% as overweight. Eighty-five % of children did not have caries; 11% of children had 1-5 dft and 4% had >5 dft. Mean DFT for normal, at risk for overweight, and overweight BMI were 0.27, 0.38, 0.87 at 24-36-months of age (p=0.030); 0.46, 1.17, and 0.57 at 36-48-months of age (p=0.381), and 0.69, 0.33, and 1.89 at 48-60 months of age (p=0.001), respectively. In multivariable logistic regression models adjusted for age, race and poverty level, BMI was a significant predictor for DFT (p=0.035). Age (p<0.001) and poverty level (P<0.001) were also significant predictors, but race was not.

CONCLUSIONS: The association between childhood obesity and dental caries differs across age groups. Additional studies are needed to better understand this relationship.

9. *Martha M. Phillips, PhD, Arkansas Division of Health, D. Lynn Mouden, DDS, Arkansas Division of Health*

SURVEILLANCE ON THE CHEAP

OBJECTIVES: To describe one state's experience with designing and implementing a surveillance plan with limited resources.

METHODS: The Office of Oral Health (Division of Health, Arkansas Department of Health and Human Services) devised a comprehensive surveillance plan to monitor the status of oral health in Arkansas, utilizing existing data and with minimal new data collection. The process of identifying areas for surveillance, targeting subgroups within the population, devising surveillance indicators, and identifying existing data and gaps in the data will be described.

RESULTS: The resulting surveillance plan will be presented, including surveillance components, report formats, and examples of current status on key indicators. Strengths and weaknesses of the approach will be presented, along with anticipated modifications to the plan.

CONCLUSIONS: Comprehensive surveillance of oral health on a statewide level can be accomplished without diverting substantial resources from program efforts.

10. *Sangeeta Wadhawan, BDS, MPH, Illinois Department of Public Health, University of Illinois at Chicago, Lewis N. Lampiris, DDS, MPH, Julie A. Janssen, RDH, MA, Illinois Department of Public Health, Linda M Kaste, DDS, PhD, University of Illinois at Chicago*

ILLINOIS ORAL HEALTH SURVEILLANCE SYSTEM (IOHSS)

OBJECTIVES: To describe the Illinois Oral Health Surveillance System (IOHSS) and how it addresses the Healthy People 2010 Objective 21-16: to "Increase the number of states and the District of Columbia that have an oral and craniofacial health surveillance system."

METHODS: Illinois has been developing the IOHSS since 2002. Development of the IOHSS is based on a logic model of "Inputs", "Activities", "Intermediate Outcomes" and "Distal Outcomes". An advisory board provides input and the system has been developed through collaboration between the state health department, state dental and dental hygiene schools, dental society and others.

RESULTS: The IOHSS is a multi-purpose system designed to help monitor the burden of oral disease, use of the oral healthcare delivery system, the status of community water fluoridation, feed state information into national datasets, and will be used to generate the state's document of oral disease burden following the CDC Burden Document template.

CONCLUSIONS: A systematic approach to state capacity building, including an epidemiologist, logic model and workplans, provides a model for developing state oral health surveillance systems. The ultimate success indicators are a vibrant surveillance system, accomplishment of data collection projects, and use of the oral health status information in efforts to improve the oral health of the state's population.

This project is funded in part by CDC Oral Health Infrastructure Development Cooperative Agreement Program Announcement Number 03022.

11. *Mathew Christensen, PhD, Diane Brunson, BSDH, MPH, Theresa Anselmo, BSDH, Megan Martinez, MPH, Bill Letson, MD*

PARENTS' PERCEPTIONS OF CHILDREN'S ORAL HEALTH INFLUENCES ACCESS TO NEEDED DENTAL CARE AMONG COLORADO'S CHILDREN

OBJECTIVES: To understand the factors that influence children's access to needed dental care by examining parents' self-reported data in comparison to clinical data.

METHODS: Four sources of oral health surveillance data collected in Colorado in 2003-2004 are compared: Behavioral Risk Factor Surveillance System (BRFSS); Colorado Child Health Survey (CHS), which is linked to BRFSS; National Survey of Children's Health (NSCH); Basic Screening Survey (BSS).

RESULTS: BSS found 40% of 8 and 9 year olds, and 30% of 5 and 6 year olds had oral health problems that needed dental treatment. Twenty five percent of both age groups had untreated dental decay in at least one quadrant of their mouths. About 12% of parents reported that the condition of their children's teeth was either "fair" or "poor". Eight percent of parents reported that their children needed dental care in the past 12 months but did not get it (Logistic Regression outcome).

CONCLUSIONS: Parents perceptions of the condition of their children's teeth are two times as likely to underestimate disease as compared to a clinical assessment survey (BSS) conducted by health care providers. Parents' perception are the strongest predictor of children receiving dental care when it is needed. Public health programs may be able to improve access to dental care for children with the greatest need by reminding parents and primary care providers to look in children's mouths.

12. *Daniel Briskie, DDS, Mott Children Health Center, Flint, MI., Robert A. Bagramian, DDS, PhD, University of Michigan & Marita Rohr Inglehart, Dr. phil. habil. University of Michigan*

SAME NEIGHBORHOODS BUT DIFFERENT SCHOOLS - SOCIOECONOMIC FACTORS AND CHILDREN'S ORAL HEALTH

OBJECTIVES: To explore how elementary school children in socio economically disadvantaged neighborhoods differ from children in less socio economically disadvantaged schools in the same county in (a) their oral health, (b) their oral health-related quality of life, and (c) oral health care utilization.

METHODS: Oral health data were collected from 3549 children and face to face interviews were conducted with 3871 children in 35 elementary schools in Genesee County, Michigan. Approximately half of the children were girls (51.4%), and half of the children were Black (52.2%). The percentage of free school lunches ranged from a low of 31.70% to a high of 97.50%. 43.3% of the children attended schools with less than 75% of children on free school lunches.

RESULTS: A comparison of the oral health data of the children from schools with less than 75% of children on free school lunches with the children in schools with more than 75% of the children in the free school lunch program showed that the children in the poorer neighborhoods were more likely to be Black (75.6% vs. 18.6% white). They had poorer oral health (DMFT score for permanent teeth: .78 vs. .64; $p=.02$; average number of abscesses on primary teeth: .04 vs. .02; $p<.001$), fewer primary filled teeth (.73 vs. .89; $p=.002$), and fewer sealed teeth (.25 vs. .39; $p<.001$) and lower oral health-related quality

of life scores than the children in the less disadvantaged neighborhoods.

CONCLUSIONS: Comparisons of oral health, oral health-related quality of life and oral health care utilization of children in socio economically more or less disadvantaged schools in one county show the powerful influence of socio economic factors.

Contributed Papers 13 - 16: Dental Public Health Policy: Development and Implementation

13. *Claudia Vousden, RN, MPH, Centers for Disease Control and Prevention, Scott M. Presson, DDS, MPH, Centers for Disease Control and Prevention*

MODELING OF FACTORS ASSOCIATED WITH FLUORIDATION REFERENDA OUTCOMES

OBJECTIVES: To explore factors that may influence fluoridation campaign decisions, their interrelationships, and their effect on campaign outcomes.

METHODS: An exploratory, qualitative study was conducted by performing a literature review, convening an expert panel, analyzing local newspaper coverage, and interviewing 53 key individuals in 8 locations. Cities were 50,000 to 300,000 in size, with four approving and four rejecting fluoridation proposals in 2000 or later.

RESULTS: A model was developed to illustrate the relationships among the campaigns, opinion leaders and voters, and the processes associated with those relationships. Factors identified included: local context and history; proponent and opposition campaign characteristics, e.g., spokespeople, strategies, and resources; referenda characteristics; communication factors; and ballot wording. Campaigns may influence voter decisions directly and through opinion leaders. Communication factors included debates, messages and their appeal, and message frames.

CONCLUSIONS: Fluoridation campaigns are dynamic, complex events. Understanding of the dynamics of fluoridation referenda may assist communities in their health promotion efforts.

14. *Debra J Kane, PhD; Iowa Department of Public Health, Des Moines, IA, Nicholas Mosca, DDS; Mississippi Department of Health, Jackson, MS; Marianne E Zotti, DrPH, MS, FAAN; Centers for Disease Control and Prevention, Atlanta, GA.*

THE RELATIONSHIP OF ROUTINE PREVENTIVE TO DENTAL CARE ACCESS FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS: IMPLICATIONS FOR DENTAL HEALTH POLICY IN THE AMERICAN DENTAL ASSOCIATION'S 5TH DISTRICT

OBJECTIVES: Current literature suggests that a relationship exists between children's access to routine care and access to dental care; however this relationship has not been defined for children with special health care needs (CSHCN) who reside in southern states with high poverty levels. In this study, we examine this relationship.

METHODS: We used data from the 2001 National CSHCN Survey; respondents from the ADA 5th District (Alabama, Georgia, and Mississippi; $n=2092$). We used bivariate analyses to examine unmet need for dental care by socio-demo-

graphic factors and receipt of routine care. We used logistic analyses to assess the independent effect of socio-demographic factors on the likelihood of having an unmet need for dental care. The model included variables significant at the .05 p level in the bivariate analyses.

RESULTS: 76% of District CSHCN reported a need for dental care. Of these, 13.1% did not receive care. Among those that did not receive dental care, having a lower income (all income levels <400 % FPL had OR> 10; CI= 3.2-45.4) was associated with failure to obtain dental care. Failure to obtain dental care was also associated with failure to obtain routine care (OR=6.6; CI = 1.8-23.6).

CONCLUSIONS: Incomes even up to 399% FPL appear to be a barrier to obtaining dental care. Since failure to obtain needed routine may be a risk factor for failure to obtain dental care, providers of routine care appear to play an important role in linking CSHCN to dental care. Dental care access for families of all income levels needs to be assured.

15. *Julie Ann Janssen, RDH, MA, CDHC, Illinois Department of Public Health, Lewis Lampiris, DDS, MPH, Illinois Department of Public Health*

ILLINOIS' DENTAL SEALANT GRANT PROGRAM: TWENTY YEARS IN RETROSPECT

OBJECTIVES: Developing community-specific, school based/linked dental sealant programs – a historical overview.

METHODS: A historical analysis of successes and challenges faced by a state oral health program in assuring access to preventive oral health care for school children.

RESULTS: The Illinois Department of Public Health Division of Oral Health coordinates complex systems (organizations, fiscal, socio-political) in order to assure access to preventive oral health care for Illinois school children. Key components of the program include: (1) administration; (2) reporting; (3) training; (4) quality assurance; (5) technical assistance; (6) surveillance; and (7) evaluation and continuous quality improvement. Illinois has made significant progress toward meeting the Healthy People 2010 oral health objective for sealants assuring improved oral health for every school child.

CONCLUSIONS: In its commitment to Illinois communities, the Division of Oral Health develops policies and interventions that respond to environmental influences and engage local stakeholders to create community-based oral health programs.

16. *René Lavinghouze, MA* Centers for Disease Control, Division of Oral Health, Patricia Rieker, PhD, Boston University, Ann Price, PhD, Community Evaluation Solutions, ECB Inc.*

CELEBRATING PUBLIC ORAL HEALTH PROGRAM SUCCESS

OBJECTIVES: To describe how the collecting of success stories with stakeholders can facilitate the education of decision-makers, promote greater collaboration among stakeholders, and highlight early successes identified in funded states focusing on building core infrastructure.

METHODS: CDC in collaboration with funded states and evaluation consultants engaged in an effort to collect and develop program success stories. Success stories are typically developed to educate decision-makers about the impact of programs and demonstrate that funds are well spent. The

tool is most effective in personalizing the program and providing the decision-maker with something tangible they can relate to. This presentation will describe activities developed to collect success stories as well as highlight program successes identified through this process.

RESULTS: Benefits realized beyond the one-page story included increased morale, expanded collaborations and early recognition of true changes in program approaches by the state oral health program and its partners.

CONCLUSIONS: A systematic approach to the collection of success stories that includes a broad range of stakeholders can result in benefits beyond the one-page story developed. The activity itself can impact the program and increase opportunities. One immediate benefit is the recognition of preliminary successes already achieved that might not receive the spotlight due to heavy workload.

Contributed Papers 17 - 21: State-based Tools and Activities

17. *Elizabeth A Hines, MPH, RDH, Scott L Tomar, DMD, DrPH, Lisa R Levy, MPH,*

THE BURDEN OF ORAL DISEASE - A REFERENCE TOOL FOR CREATING STATE DOCUMENTS

OBJECTIVES: To provide a practical reference and tool for use by state oral health programs in creating burden of oral disease documents.

METHODS: The CDC, Division of Oral Health funds 12 states and 1 territory through a cooperative agreement to produce a burden of oral diseases document. CDC worked in collaboration with these states to review components and to evaluate the usefulness of the tool. National data sets and a recommended framework were included in this tool along with examples of documents in formats targeted to specific audiences e.g., policy makers. The concept was presented at workshops, conferences and via a CDC Web conference for all state oral health programs.

RESULTS: Comments from reviewers were used to refine and format the tool as a notebook that will include current national data as it becomes available. The final version has been distributed to the states that have a cooperative agreement with CDC/DOH. An electronic version was produced or all state oral health programs. This is available on the CDC/DOH web site.

CONCLUSIONS: States funded by the current CDC cooperative agreement will be participating in an evaluation of the tool in 2007. The tool will be updated in collaboration with stakeholders including states. The tool will be a working document that will be periodically updated with current national data and available in electronic form to all states on the CDC/DOH web site.

18. *Theresa M. Anselmo, BSDH, Diane Brunson, BSDH, MPH, Helene Kent, RD, MPH, Evaluation Consultant, Mathew Christensen, PhD, Colorado Department of Public Health and Environment, Oral Health Program*

USING TECHNOLOGY INNOVATION IN DEVELOPMENT OF A STATEWIDE ORAL HEALTH PLAN FOR COLORADO

OBJECTIVES: To develop a statewide oral health plan with input from geographically and representatively diverse stakeholders.

METHODS: Oral Health Awareness Colorado! led the development of the oral health plan and assembled strategic partners from a wide variety of sectors beginning with an Oral Health Summit November 2004. Videoconferencing, electronic flipcharts, keypad polling, virtual meetings on WebIQ®, and structured facilitated agendas were used to build consensus, draft and finalize the plan.

RESULTS: Over 150 stakeholders from Metropolitan Denver and representing 8 regional sites around the state participated in the various stages of plan development. Broad "outcomes" focused in six pre-defined topic areas – financing, health promotion, policy/advocacy, promising practices, systems of care and workforce. WebIQ® sessions collaboratively developed strategies, recommended actions steps and identified partners needed for the successful implementation of the plan.

CONCLUSIONS: This process coalesced a committed group of stakeholders to support the implementation of the plan. Technology was advantageous in gathering input from geographically and representatively diverse stakeholders. Face-to-face interactions were limited and stakeholders with lower comfort levels with computer technology needed more coaching and encouragement to complete the tasks. A balance between technology and personal interaction is the key to the successful development of and subsequent implementation of a plan.

19. *John Justice, Mississippi Department of Health, Kathy Phipps, DrPh, Association of State and Territorial Dental Directors, Nicholas Mosca, DDS, Jung Hye-Lee, MPH, ScD, Lei Zhang, PhD, Mississippi Department of Health*

2004-2005 SCHOOL-BASED SURVEY OF ORAL HEALTH IN MISSISSIPPI'S CHILDREN

OBJECTIVES: To determine the caries experience, untreated caries, treatment urgency and sealant prevalence in third-grade children in Mississippi during the 2004-2005 school-year.

METHODS: During the 2004-2005 school-year, the Mississippi Department of Health conducted a statewide oral health survey of third-grade children enrolled in Mississippi's public elementary schools. Dental professionals screened 2,824 third-grade children in 48 randomly selected elementary schools using disposable dental mirrors and penlights. Data was entered into a secure web-application database, and analysis was completed using Epi. Info version 3.2.2. Data was adjusted for non-response within each school.

RESULTS: Sixty-nine percent have dental caries and/or fillings (decay experience). Thirty-nine percent have untreated tooth decay. Ten percent need urgent care due to pain or infection. Twenty-six percent have at least one dental sealant on a permanent first molar tooth. Additional data, including clinical indicators by gender, race, and Mississippi' Public Health District will be presented.

CONCLUSIONS: Dental decay is a significant problem for Mississippi's third grade children. Many Mississippi children attend school with pain or infection. Children from low-income schools have poorer oral health and less access to preventive care. Mississippi now has a state oral health plan to improve children's oral health.

20. *Lisa Bilbrey, RDH, BS, IFLOSS Coalition, Julie Ann Janssen, RDH, MA, CDHC, Illinois Department of Public Health, Lewis Lampiris, DDS, MPH, Illinois Department of Public Health, Andrea Schroll, RDH, BS, CHES, Illinois Department of Public Health, Ray Cooke, MPH, IFLOSS Coalition*

IMPROVING ORAL HEALTH THROUGH WIC AND HEAD START PROGRAMS

OBJECTIVES: To integrate preventive oral health care into MCH programs and to decrease the prevalence of Early Childhood Caries (ECC) among children participating in the WIC and Head Start (birth to five.)

METHODS: In response to the Illinois Oral Health Plan, the Division of Oral Health (DOH) completed a statewide study of ECC in children participating in the WIC Program and found 33 percent of the children had ECC. DOH designed a three phase approach to ultimately institutionalize oral health care in MCH programs introducing education as the first step. DOH conducted a survey of WIC providers to determine their oral health education needs and focus groups to evaluate potential educational tools.

RESULTS: Oral health education tools and training targeting WIC and Head Start Health providers were created and are being implemented in all Illinois WIC and Head Start sites. The IFLOSS Coalition is assisting DOH to expand the education program to other MCH providers.

CONCLUSIONS: The oral health education component displays innovative techniques to deliver appropriate preventive education to at-risk populations. A systematic approach to integrate oral health into existing state services is a viable way to help reduce the burden of oral disease.

This project is funded by the Health Resources and Services Administration, grant number H47 MC01935.

21. *Nancy McKenney, RDH, MS, WI Department of Health and Family Services, John Doyle, DDS, University of WI Medical School, Warren LeMay, DDS, MPH, WI Department of Health and Family Services, Kathy Phipps, DrPH, Epidemiologist, Nancy Rublee, RDH, CDHC, Price County Health Department, Linda Spaans Esten, RD, MS, WI Department of Health and Family Services*

BEYOND LIP SERVICE: INTEGRATING ORAL HEALTH INTO PUBLIC HEALTH

OBJECTIVES: 1) integrate oral health data into the Secure Public Health Electronic Record Environment (SPHERE); 2) include county oral health data into community health improvement plans; 3) improve access to preventive services.

METHODS: Local health departments and tribal health centers applied for one or more oral health mini-grants: 1) surveillance, and 2) fluoride programs. SPHERE enhancement included oral screening and services. Basic Screening Survey and DHFS Integrating Preventive Oral Health Measures into Healthcare training was used to survey and train staff.

RESULTS: Six health departments and a tribal health center were funded. Four county surveys screened 423 children. The tribe purchased fluoridation equipment, (4,000 residents), a

health department expanded a fluoride mouth rinse program, and fluoride varnish programs were implemented in five counties. Preliminary SPHERE reports show 813 children were provided screening and prevention services.

CONCLUSIONS: Beyond Lip Service integrated oral health data into SPHERE, community plans and reports; and increased access to primary prevention.

Contributed Papers 22 - 32:

Dental Education: Advancing Diversity, Literacy and Community Health

22. *Matthew Richards BS, Christopher Okunseri BDS, MSc, FFDRCSI, Ruta Bajorunaite MS, PhD, Patrick Lynch BSc, Anthony Iacopino DMD, PhD; Marquette University School of Dentistry*

PRELIMINARY RESULTS ON RACIAL DISPARITIES IN THE USE OF DENTAL PROCEDURE

OBJECTIVES: 1) To determine trends in the use of dental procedure by adults and 2) to assess the association between use of dental procedures and race/ethnicity in a teaching dental facility.

METHODS: Data from 2001-2003 in axiUm (database) at the dental institution were analyzed. Procedures codes were grouped according to the ADA categories of preventive, diagnostic, restorative, endodontic, periodontics, prosthodontic (removable), prosthodontic (fixed) surgical, orthodontics, and others.

RESULTS: Overall 29,975 patient records, 882 people in 2001, 1281 in 2002 and 2948 in 2003 were included in the analysis. Age range was approximately 18.6-60.5 years in 2001, 2002, and 2003, with mean ages of 43.5 years, 41.7 years and 38.4 years respectively. The patient population consists of Whites 41-57%, African-Americans 20-23%, Hispanics 5-6%, and females 55-57% in 2001-2003. Preventive and diagnostic (PD) procedures were most commonly used by patients in all 3 years. Whites use the most restorative procedures from 2001-2003, and PD procedures were used the most by Hispanic (89%) in 2001, Whites (85%) in 2002 and African Americans (91%) in 2003. Race/ethnicity was associated with restorative, prosthetic (removable) and surgical procedure use in all three years, endodontic and periodontal procedure use in 2002, 2003 and diagnostic and preventive in 2001 at the bivariate level and were statistically significant ($p < 0.05$).

CONCLUSIONS: Conclusions: A substantial amount of racial and ethnic disparities were seen in the use of dental procedures in this study, supporting other earlier reports. Further studies will be required to evaluate the effect of potential confounding factors.

23. *Homa Amini, DDS, MPH, MS, Paul S. Casamassimo, DDS, MS, John R. Hayes, PhD, Beth H. Noel, RDH, Columbus Children's Hospital.*

ORAL HEALTH LITERACY PILOT PROJECT

OBJECTIVES: To develop and implement a health literacy training program for dental students and assess their perceptions after training

METHODS: A 15-minute presentation designed to educate dental students about the importance of health literacy and its impact on oral health was incorporated in the pediatric dentistry training of senior dental students at Columbus Children's

Hospital. During this pilot project, the curriculum was given to 20 dental students and each completed a post-training health literacy questionnaire.

RESULTS: Overall, 67.9% of students find the training to be useful and 79% reported that this information was somewhat new to them. As the result of this training: 94.8% of dental students agreed that they will be more aware of literacy issues with their patients, 89.5% reported that they will try to use less dental terminology and more simple words to communicate with patients, and 79% reported increased awareness of cultural considerations when communicating with patients.

CONCLUSIONS: Results suggest that inclusion of a health literacy awareness program in the dental education curriculum is beneficial and easy to implement. Many health professionals are not aware of the magnitude of health literacy problems and effects on their relationships with patients. Continued efforts in health literacy education will help train and create a more competent group of future dental professionals.

24. *Vanessa Schiff, BA, University of Southern California, Jennifer Holtzman, DDS, MPH, University of Southern California Dental School, Hazeem Seirawan, DDS, MPH, MS, University of Southern California Dental School, Sarah Dial, BA, University of Southern California Dental School*

USING SEQUENCING EXERCISES TO EVALUATE ORAL HEALTH PROMOTION PROGRAMS IN ELEMENTARY SCHOOLS

OBJECTIVES: To evaluate dental knowledge, specifically the carious process, among elementary school students using multiple educational evaluation methods, and to determine the method which is the most developmentally appropriate and accurate to evaluate health education programs among children.

METHODS: Dental students from The USC Dental School adapted the NIH "Open Wide and Trek Inside" curriculum for implementation among 415 second and third grade students at one of the inner city elementary school in Los Angeles over a two month period in a predominantly Hispanic population. Two different measures were used before and after the program to assess the children's dental knowledge: a short quiz and a sequencing exercise suggested by the NIH curriculum. Observation and interaction with the children were used to evaluate the sequencing exercise.

RESULTS: Although the multiple choice tests indicated an 18% improvement in the students' dental knowledge ($p = .03$), the NIH sequencing exercise provided inconclusive results and was determined inappropriate in its current design to those students. None of the elementary school students were able to understand or complete the exercise correctly.

CONCLUSIONS: Though sequencing exercises have been found to be a valuable tool to evaluate understanding of concepts, the exercise used in this study was developmentally inappropriate for children at this age. With modification, a sequencing exercise of this kind could be a valuable tool in evaluating the understanding of oral health concepts in young children.

25. Michael McCunniff, DDS, MS, UMKC School of Dentistry, Moncy Mathew BDS, MPH, UMKC School of Dentistry

RURAL OUTREACH CLINICAL OUTCOMES FOR FALL 2005: UMKC SCHOOL OF DENTISTRY

OBJECTIVES: This evaluation was undertaken to quantify the clinical procedures that are accomplished while the dental students are on rural outreach in FQHC/CHC dental clinics.

METHODS: Dental students in UMKC School of Dentistry have to complete 2 weeks of outreach rotation, one in junior and one in senior year. These rotations are four working days each and are located in FQHC/CHC dental clinics, all over the state of Missouri. Each clinic site has an affiliation agreement with the School of Dentistry and the supervising dentists have the status of Adjunct Faculty.

RESULTS: Treatment logs for 25 students were compiled over 9 different outreach locations during Fall Semester 2005. The students completed or partially completed a total of 449 ADA-coded procedures over the semester, for an individual average of about 18 procedures for each student. There were a total of 84 amalgam restorations, 109 composite restorations, 111 extractions, 143 periodontal procedures on adult teeth, and 88 procedures on pediatric teeth.

CONCLUSIONS: Outreach for dental students in FQHC/CHC dental clinics provides an excellent exposure to diverse populations and dental needs in Missouri. In addition to experience gained delivering dental care in a public health setting, this is also a valuable opportunity for learning clinic skills.

26. Katharine J. Riniker, Raymond A. Kuthy, Michelle R. McQuistan, Fang Qian, Keith E. Heller

COMFORT CHANGES FROM STUDENT TO PRACTITIONER IN TREATING TRADITIONALLY UNDERSERVED GROUPS

OBJECTIVES: This study compares comfort in treating traditionally underserved groups at two points in time: immediately after extramural rotations; and later as a practitioner.

METHODS: University of Iowa senior dental students (classes of 1992 through 2002) completed written surveys immediately after two, consecutive, five week extramural rotations. In 2003, a similar survey was mailed to alumni, providing 273 matched pairs. Respondents ranked comfort level on a 5-point Likert scale. Student to alumni scores were collapsed to 2 categories: improved/same versus worse. Bivariate analyses assessed relationships between changes in comfort level in treating 12 population groups and students' gender, years since graduation, and extramural rotations attended.

RESULTS: Males were more likely to have either improved/ remained the same in comfort from student to practitioner for homebound patients ($p=0.006$). More recent graduates were more likely to have either improved/ remained the same in comfort in treating homeless ($p=0.031$) and Title XIX patients ($p=0.002$). Students who had attended the two largest programs were more likely to have improved/ remained the same in comfort for treating frail elderly ($p=0.017$). Remaining groups showed no statistical significance of change in comfort for gender, years in practice, or program combinations attended.

CONCLUSIONS: This study shows some differences in comfort changes from student to alumni in treating underserved groups. Further research is needed to determine if comfort influences practitioners' willingness to treat these groups.

27. Michelle R. McQuistan, DDS, MS, Raymond A. Kuthy, DDS, MPH, Fang Qian, PhD, Katharine J. Riniker, Keith E. Heller, DDS, DrPH, Preventive and Community Dentistry, University of Iowa.

PRACTITIONERS' COMFORT IN TREATING UNDERSERVED POPULATIONS

OBJECTIVES: To determine University of Iowa alumni's comfort levels in treating traditionally underserved populations after participation in 2,5-week senior year extramural experiences.

METHODS: A written survey was developed and mailed to all alumni who graduated between 1992-2002 ($N=745$). Respondents were asked to rank their comfort levels in treating 12 underserved populations on a 5-point Likert type scale (5=No problem; 1=Will not). Bivariate and logistic regression model analyses were performed to examine statistically significant ($p<0.05$) associations among comfort and 6 predictor variables.

RESULTS: Alumni ($n=372$) were most comfortable treating other ethnic, low income, non-English speaking, and HIV+/ AIDS populations and least comfortable treating incarcerated and homebound populations. Logistic regression models most frequently identified the following variables to be statistically significantly associated with alumni's comfort in treating each underserved population: 1) perception that the rotations had great/ much value; 2) practice located in larger communities; and 3) non-solo practitioners. Gender, years since graduation and program combinations were rarely statistically significantly associated with alumni's comfort.

CONCLUSIONS: The perceived value of the rotation was more strongly associated with dentists' comfort levels in treating underserved populations than specific program assignments. Future studies should be conducted to determine which variables contribute to the perception of a valuable extramural experience and how value relates to treatment.

28. Daniel Mulvihill MLS, Aljeron Bolden DMD MPH, Christine Hryhorczuk DDS MSPH, Division of Public Health and Preventive Sciences, Department of Pediatric Dentistry, University of Illinois College of Dentistry

CREATING AND USING A DATABASE OF ORAL HEALTH PROGRAMS AT COMMUNITY HEALTH CENTERS IN THE MANAGEMENT OF AN EXTRAMURAL EDUCATION PROGRAMS FOR THE UNIVERSITY OF ILLINOS COLLEGE OF DENTISTRY

OBJECTIVES: Directories, databases, and resources from various dental societies, public health organizations, and government bodies provide information about community health centers. Detailed information about oral health programs, procedures, staff, and operator units, however, is often lacking. In the course of developing a community-based program, we were confronted with challenges of identifying, organization, and updating information about community health centers in our search for and evaluation of potential partnerships.

METHODS: We used a variety of methods (inquiry forms, telephone inquiries, 'word-of-mouth' and internet research) to collect information about health centers and related organizations. A Microsoft Access relational database was built for storing and retrieving information about dental services offered at various health centers.

RESULTS: The database has become a valuable resource for identifying sites that offer comprehensive as well as preventive and educational services to underserved populations. Information from more than 100 locations throughout the state of Illinois have been included so far. The database helps in identifying future partnerships and improves productivity, allowing us to retrieve information quicker, and aids in activities such as mailing workshop invitations and e-mail communications.

CONCLUSIONS: The database may serve as a model for similar educational programs that require detailed information about health centers. The use of the database also underscores a need for a centralized repository of information about programs and services offered at health centers and other organizations.

29. Christine Hryhorczuk, DDS, MSPH; Aljeron J. Bolden, DMD, MPH; Daniel Mulvihill; G. William Knight, DDS, MS; Indru Punwani, DDS, MSD; Caswell Evans, DDS, MPH, Division of Public Health and Preventive Sciences, Department of Pediatric Dentistry, University of Illinois at Chicago College of Dentistry

CREDENTIALING OF ADJUNCT DENTAL SCHOOL FACULTY/PRECEPTORS FOR EXTRAMURAL ROTATIONS

OBJECTIVES: To establish a standardized process for evaluating and credentialing extramural clinical adjunct faculty. The Extramural Education Program at the UIC College of Dentistry was charged with developing partnerships with community-based oral health programs throughout Illinois. These programs are to be used for clinical rotations for 4th year dental students, relying on the utilization of the dentists employed at the community site as preceptors. While internal dental school faculty undergo rigorous periodic review of their teaching, research and clinical skills as part of academic promotion, there is no standardized process for evaluating these skills for adjunct faculty.

METHODS: Clinical credentialing processes for various health care organizations in Illinois were reviewed and adapted from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). This process includes obtaining, verifying and assessing the qualifications of health care practitioners to provide clinical services. The adopted credentialing model requires prospective preceptors to submit a cover letter explaining why they want to serve as student preceptors, complete a standard clinical credentialing form, provide proof of licensure, DEA license, and CPR certification. Prospective preceptors are interviewed by our Director of Extramural Education. The credentialing packet is reviewed by our Dental School's Credentialing Committee which was established for this process.

RESULTS: All candidates for adjunct status are reviewed through this process. It is also used in appointment of all College of Dentistry faculty who hold clinical teaching appointments less than 50%.

CONCLUSIONS: This process has established a standardized method for credentialing adjunct faculty for extramural community rotations.

30. Bolden A, Hryhorczuk C, Noorallah K, Evans C, Punwani I, Pendleton D, Knight GW. Division of Public Health and Preventive Sciences, Department of Pediatric Dentistry, University of Illinois at Chicago College of Dentistry

CONSIDERATIONS IN ESTABLISHING DENTAL STUDENT COMMUNITY-BASED CLINICAL TRAINING EXPERIENCES

OBJECTIVES: The Extramural Education Program (EEP) at the UIC College of Dentistry was created and charged with the task to establish, implement and sustain community-based educational training. The initial focus was to develop clinical community based training experiences for 4th year dental students. In order to accomplish this task, many factors had to be considered. These included developing processes for community partnership, identifying community sites, site assessment, student placement, extramural clinical faculty credentialing, and development, and constituency support both internal and external to College of Dentistry (COD).

METHODS: Considerations, rational and "lessons learned" in development of a model for students' community-based clinical experiences with a minimum external community-based history will be discussed. General factors which were considered included developing a method of approaching potential community-based sites for partnering, and developing methods of information decimation and public relations. Discussions on the rationale for processes, protocols and instruments utilized for information-retrieval, management system, site assessment, affiliation agreements, preceptor credentialing, student placement, and student/site/program evaluation will be presented.

RESULTS: EEP has been successful in developing, establishing, and utilizing a model which has been successful to date in establishing over 12 new community-based partnerships, and establishing a college-based preceptor credentialing committee and a student rotation selection committee.

CONCLUSIONS: Many challenges and considerations needed to be addressed in the development of a new mandatory model for student community-based clinical training experiences. We have completed our 1st year utilizing the model. Long-term sustainability and success will need to be evaluated.

31. James T. Spiger B.S., Catherine A. Demko PhD, Meghan C. Halley B.A., James A. Lalumandier DDS, MPH

DENTAL STUDENTS' PERCEPTIONS AND THEIR CHOICE OF DENTAL SPECIALTIES

OBJECTIVES: The purpose of this study was to investigate dental students' perceptions of choosing a specialty and how their perceptions change as they progress through dental school.

METHODS: The study population consisted of 75 first year dental students and 72 fourth year students. Data were collected on 74 first year students and 63 fourth year students by self-administered questionnaires consisting of 16 items for the first year students and 17 for the fourth year students. Data analyses consisted mainly of descriptive statistics.

RESULTS: Seventy-six percent of the first year students indicated an interest in specializing while 71% of fourth year students indicated that they were interested in specializing during their first year of dental school. The three most popular specialties for both groups were orthodontics, oral surgery,

and endodontics. Twenty-eight percent of first year students were not familiar with the specialties of public health and oral pathology. Only three first year students and one fourth year student listed public health as one of their top three choices of specialty. None of the fourth year students indicated an intention to specialize in public health. Forty-six percent of fourth year students changed their mind about specializing while in dental school. Seventy-four percent reported that faculty members or clinical experience was instrumental in changing their choice of specialty.

CONCLUSIONS: Results indicate that faculty members acting as role models as well as clinical experience play a major role in dental students' choice of specialization.

32. Colleen M. Brickley RDH, RF, EdD and Clare E. Larkin RDH, RF, BA, CDHC

ORAL HEALTH ACCESS: PROMOTING COLLABORATIVE AGREEMENTS

OBJECTIVES: In 2001, the Minnesota Legislature passed Statute 150A.10 which includes "Limited Authorization for dental hygienists, commonly referred to as the "collaborative agreement", authorizing dental hygienists to serve as "gateways" to oral health promotion and primary preventive services in alternative settings. A dental hygienist utilizing a collaborative agreement must partner with a Minnesota licensed dentist. After the legislation was enacted, it became apparent that dissemination of information to health professionals and the public was needed.

METHODS: Normandale Community College's efforts to increase dental care access in Minnesota have been accomplished through the implementation of a Collaborative Agreement Forum, creating an online information and continuing education clearinghouse to educate licensed dental hygienists statewide in the use of teledentistry and collaborative agreements. Through these efforts dental hygienists learn how to extend the settings in which they can practice, resulting in increased access to care for underserved populations.

RESULTS: Measurement of success:

- Attendance at programs and website
- Response to training and education
- Number of collaborative agreements

CONCLUSIONS: The online clearinghouse utilizes a new delivery system for oral health care education. The site contains information on collaborative agreements, contacts, continuing education programs and much more. The website meets the information and educational needs of the practicing dental hygienists throughout Minnesota.

Contributed Papers 33 - 40

Partnerships and Prevention Promote Children's Oral Health

33. Anne Hopewell, M.S.W. Health Systems Research, Inc., Sandra Silva, M.P.H., Health Systems Research, Inc., Jane Steffensen MPH, CHES, Department of Community Dentistry, University of Texas Health Science Center at San Antonio

MAXIMIZING PARTNERSHIPS BETWEEN HEAD START PROGRAMS AND PROFESSIONAL DENTAL ORGANIZATIONS

OBJECTIVES: To inform oral health stakeholders of effective strategies to develop and/or strengthen partnerships between Head Start programs and professional dental organizations.

METHODS: As one component of the IntraAgency between the Maternal and Child Health Bureau (MCHB) and the Head Start Bureau (HSB), Health Systems Research, Inc. conducted focused daylong discussions with selected members from each of three major professional dental organizations: the American Dental Association, the American Dental Hygienists' Association, and the American Academy of Pediatric Dentistry. Representatives of these professional organizations were asked to provide insight into strategies for building and sustaining partnerships between their members and local Head Start programs. In 2005, HSR synthesized the outcomes of these discussions into a final report of recommendations that were submitted to the MCHB and the HSB.

RESULTS: The professional dental organizations provided examples of concrete strategies that could be implemented at the State and local levels to enhance the ability of their members to contribute to the improved oral health of Head Start/Early Head Start children.

CONCLUSIONS: Professional dental organizations perceive a variety of barriers to effectively partnering with Head Start/Early Head Start Programs. By learning about these barriers and developing strategies to mitigate them, oral health stakeholders can take actions to improve these partnerships, thereby enhancing the ability of Head Start/Early Head Start programs to access and utilize oral health services for enrolled children.

34. Giuseppina Romano-Clarke, MD, Dorchester House Multi Service Center, Julie Dunn, MPH, BU School of Public Health, Sangeetha Bansal, BDS, MSD, Dorchester House Multi Service Center, Mark Doherty, DDS, MPH, Dorchester House Multi Service Center

HEALTHY TEETH FOR TOTS: ADDRESSING PEDIATRIC ORAL HEALTH DISPARITIES WITH A PARTNERSHIP BETWEEN DENTAL AND MEDICAL PROVIDERS

OBJECTIVES: Primary Tooth decay affects 20% of young American Children. Poor and minority children bear the burden of disease. One third of children in Early Head Start programs screened in Massachusetts need dental treatment. The Healthy Teeth for Tots Program (HTT) is a community-based model implemented at Dorchester House Multi-Service Center in Boston, Massachusetts with the aim to prevent and expedite treatment of primary tooth decay in a high risk population.

METHODS: The HTT project promotes a close collaboration between dental and medical providers. An Oral Health Curriculum for medical providers fosters competency and the integration of a cavity risk assessment, oral screening, fluoride varnish application, and oral health anticipatory guidance in routine pediatric care of children age 0-3 year. Culturally appropriate oral health education materials are provided to parents and other young children caregivers. Children with disease are referred promptly to a local dentist and all children are booked for a routine first dental visit at 3 year.

RESULTS: The HTT model allows early identification of a child's risk for cavities, intensifies preventive efforts, increases consumers' awareness about oral health, and expedites disease treatment.

CONCLUSIONS: The HTT program can be easily replicated in other community health center settings and represents an effective strategy to increase access to oral health services to high risk children.

35. Veronneau JE, PhD, McGill University, Quebec, Canada

RETROSPECTIVE COHORT STUDY ABOUT ASSESSING THE CARIES PROTECTIVE LONG TERM EFFECT ASSOCIATED WITH A SCHOOL CHILDREN PROGRAM

OBJECTIVES: The purpose of the study was to evaluate the association (protective long term effect) between exposure to the Quebec School Children Program and dental caries prevalence among children aged 12 years. The main hypothesis suggested that the 12 years old children found at risk for dental caries at age five and who did not benefit from any preventive intervention (the control group) will have an average d3efs + D3EFS greater by five units or more compared to that of children of the same age and caries risk but who received preventive interventions (the intervention group) in the PDHPSP.

METHODS: A retrospective cohort design with cross-sectional data collection was used. A convenience and non-representative sample of 1 191 children of 12 years old was used. Data were collected directly from the children in a school environment by three dental hygienists, and by mail from their parents and their private dentist. Questionnaires were used to collect data concerning knowledge and behavior associated with dental caries incidence. The study primary dependent variable was the average d3efs + D3EFS and this was collected blindly using standard protocols.

RESULTS: The average d3efs + D3EFS of children in the control group (8.21 (5.9)) to that of children from the intervention group (7.07 (5.8)) revealed a difference of borderline significance (p-value: 0.07). Caries free averaged proportion by concurrent comparison between the same groups gave respectively, 8.9% for the intervention group and 11.8 % for the control one.

CONCLUSIONS: The results suggest that may be slightly reduced caries levels in children three years after completion of the program (i.e. at 12 years old).

36. Tho Bui, BA, Stuart A. Gansky, MS, DrPH, University of California, San Francisco

COMPARING 2 CARIES RISK ASSESSMENT TOOLS IN CALIFORNIA ORAL HEALTH NEEDS ASSESSMENT PRESCHOOLERS

OBJECTIVES: The high prevalence of early childhood caries (ECC) in some groups has lead to developing different risk assessment screening tools. These tools include the Caries risk Assessment Tool (CAT) (AAPD) and Caries Management By Risk Assessment (CaMBRA) (Featherstone). This retrospective cross-sectional study attempts to analyze the predictive value of both risk assessment tools.

METHODS: Data derived from the 1993-94 California Oral Health Needs Assessment preschooler examination survey was applied to the risk assessments (N=2250). Risk assessment components were derived from available questionnaire and examination data to produce low, moderate or high risk classifications. Risk classification was compared to actual number of decayed, extracted or filled tooth surfaces (defs) >0 (ECC, Drury et al., 1999) for validation.

RESULTS: The CAT identified 95% of preschoolers as moderate or high risk, while the CaMBRA showed 29% at this same level. Receiver operating characteristic curves showed combined sensitivities and specificities were poor.

CONCLUSIONS: In this particular survey, both assessment tools were unsuccessful in accurately predicting risk. For

CaMBRA, this may have resulted from lack of microbiological data emphasized in that model. However, CAT would have yielded an even greater high risk classification with microbiological data. Thus, CaMBRA should be assessed with microbiological data, but CAT needs to be revised.

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37. Tracy E. Garland, Washington Dental Service Foundation

THE ABCD PROGRAM: PREVENTING AND TREATING DENTAL DISEASE IN EARLY CHILDHOOD IN WASHINGTON STATE

OBJECTIVES: To increase access to early preventive services and restorative care for Medicaid-eligible children up to age six in Washington.

METHODS: The Access to Baby and Child Dentistry program encourages general dental offices to provide a dental home for young children who are covered by Medicaid. The program identifies and enrolls eligible children and matches them with an ABCD dentist. The dental offices are specially trained in pediatric techniques and preventive services. ABCD partners include the Medical Assistance Administration, the University of WA Dental School, health departments, dental societies, and WA Dental Service Foundation. The model has grown to include primary care medical providers, many of whom have been trained to provide oral health screenings, risk assessment and fluoride varnish application during young children's medical visits.

RESULTS: Nearly 500 dentists and 400 physicians have been trained. More than 58,000 children and their families have participated in the program. Since 1997, in ABCD counties, the rate of Medicaid dental service use by eligible children has risen 55% faster than in non-ABCD counties.

CONCLUSIONS: The ABCD program is successful in increasing access to dental care. The model is based on solid partnerships that show it can be replicated in rural and urban settings and is sustainable through creative community solutions.

38. Charla J. Lautar, RDH, PhD; Dwayne G. Summers, DMD; Faith Y. Miller, CDA, RDH, MEd, Dental Hygiene, School of Allied Health, College of Applied Sciences and Arts, Southern Illinois University, Carbondale

A LONGITUDINAL STUDY OF A RURAL SCHOOL-BASED DENTAL SEALANT PROGRAM

OBJECTIVES: To assess the effectiveness of a school-based sealant program serving a rural southern Illinois community.

METHODS: Dental examinations and sealants were completed on elementary schoolchildren. Demographics were entered on the subjects regarding race/ethnicity, gender, birthdate, and grade. Oral health information included caries experience, number of sealants present, and number of sealants placed at the time of site visit. Data were analyzed using Excel.

RESULTS: There were 627 dental examinations conducted on children in grades pre-school to 8th grade between Spring 2001 and Spring 2005. Fifty-two percent of the subjects were female (n=329) and 48% were male. Sixty-three percent of this group were Black; 31% White; 4% Hispanic; and 1% other. During this time period 1355 sealants were placed on six and twelve-year molars. In only a few cases were premolars sealed. Among those children examined or treated, a total of 486

teeth had either active decay or had been restored. Among those children seen a total of 619 sealants were present at the time of the examination. Children requiring routine care (defined as at least one restoration) totaled 33.8% (n=212); and those requiring urgent care (advanced disease state, i.e., abscessed teeth, nerve exposure) totaled 4.5% (n = 28).

CONCLUSIONS: There is still a need for school-based sealant programs to identify those children who need preventive and restorative services earlier in the stage of teeth eruption. This is one mechanism to ensure the goals of Healthy People 2010 are achieved.

39. Ella Oong, DMD, MPH; Susan Griffin, PhD; Barbara Gooch, DMD MPH; William Kohn, DDS

EFFECTIVENESS OF DENTAL SEALANTS IN REDUCING BACTERIA IN CARIOUS LESIONS

OBJECTIVES: To examine the effectiveness of dental sealants in managing carious lesions in the pits and fissures of posterior teeth.

METHODS: We systematically reviewed the literature for studies that compared total bacteria counts (proxy for caries activity) in sealed (S) and unsealed (NS) carious lesions. Our inclusion criteria were: 1) sealant material was resin based or glass ionomer cement and 2) sealants were applied to known carious lesions in permanent posterior teeth. For each study, we calculated the prevented fraction (Mean Bacteria CountS-Mean Bacteria CountNS)/ Mean Bacteria CountNS) and the difference in proportion of samples with no viable bacteria.

RESULTS: Seven studies published from 1975 to 1993 were included in the final body of evidence – two non-randomized trials, one retrospective cohort study, one before/after study, and three randomized control trials. The non-randomized trials and one of the randomized trials did not have concurrent controls. All studies diagnosed caries with a visual/tactile exam (explorer catch/stick); four radiographically confirmed caries into dentin. All studies found that bacteria counts in S were lower than in NS; four studies showed that the difference was statistically significant and three did not test for significance. The prevented fraction (4 studies) ranged from 50.8% to 99.9% and increased with time since sealant placement. The proportion of samples with no bacteria (five studies) was significantly higher for S than for NS in all studies with follow-up times greater than one year.

CONCLUSIONS: Although quality of study design and execution were limited, all studies consistently demonstrated that sealing caries resulted in lower bacteria counts.

40. Yao-Hui, Huang DDS, MDSc, Dental Science Institute, National Defense Medical Center, Taiwan, The Association of Family Dentistry, R.O.C. School of Oral hygiene, Taipei Medical University. Hsiu-Hsien, Chen MDSc, Dental Science Institute, National Defense Medical Center, Taiwan, The Association of Family Dentistry, R.O.C.; Jenn-Hua, Yao DDS, MPH, Dental Science Institute, National Defense Medical Center, Taiwan, The Association of Family Dentistry, R.O.C.

THE CHANGE OF URINARY CONCENTRATIONS AFTER FLUORIDE VARNISH APPLICATION TO HANDICAPPED CHILDREN

OBJECTIVES: The application of fluoride varnish to those high risk groups of dental caries was getting popular during these decades on account its continuous releasing of fluoride

and easy application properties. The purpose of this study was to monitor the urinary concentrations after fluoride varnish application among handicapped children.

METHODS: Thirty-five handicapped children, aged 3-6, were selected intentionally from two handicapped schools at Taipei City. The fluoride varnish was applied biannually. Three urine samples, from first spot-urine, 2 hours after, and 4 hours after fluoride varnish application were collected on the application day during the period from Dec., 2004 to Jun., 2005. Urinary fluoride concentration was determined with a fluoride ion specific electrode (Orion Model 96-6). All data were processed with Student's t-test and pair-t test by SPSS 10.0.

RESULTS: The urinary concentrations of 2 hours after were significantly higher than the concentrations of the first spot-urine of the day ($p < 0.05$). Both the urinary concentrations of the first spot-urine and 2 hours after were significantly higher than the concentrations of 4 hours after on the application day ($p < 0.05$).

CONCLUSIONS: Further research should be focused on the effectiveness of caries prevention and fluoride retention after fluoride varnish among these high risk groups of caries.

Contributed Papers 41 - 43

Children's Oral Health in Specific Communities

41. Corinna Culler RDH MPH, Michelle Henshaw DDS MPH, Miguel Tabares DDS, Marta Becker DDS, Carmen Garcia MD DMD, Boston University School of Dental Medicine, & Ana Zea DDS, Saida Abdi MA, Massachusetts General Hospital, Chelsea Health Center

AN ORAL HEALTH PROGRAM FOR RECENTLY SETTLED SOMALI BANTU REFUGEE CHILDREN

OBJECTIVES: 32 Somali Bantu families, who never had access to dental care, recently settled in Chelsea, MA. These families have difficulty accessing dental services in the US due to cultural/language barriers and are at risk for caries due to adoption of a Western diet. Our goals were to introduce oral health concepts, assess dental needs, and provide prevention & treatment for Somali children.

METHODS: BUSDM partnered with MGH, Chelsea Health Center's Immigrant & Refugee Health and Adolescent & Pediatric Medicine Units to plan the Somali Dental Health Fair. An educational video was created in the Somali language. Dentists, hygienists, physicians, translators & volunteers conducted education & screening. After determining need, Somali patients were integrated into our school-based dental center. MGH translators confirm patients and accompany families to appointments.

RESULTS: 98% of those invited attended the dental fair. 111 children, age 2-18, were screened. 31% of children had untreated decay, ranging from 1 to 9 decayed teeth. One-third had missing primary canines due to traditional healing practices. To date, 47 children have received clinical services during 104 visits.

CONCLUSIONS: Despite challenges, efforts to create a culturally appropriate introduction to oral health for Somali families were successful. Participants showed great interest in the education, prevention, & treatment programs established for them. The partnership created during this project continues to develop & expand, resulting in improved dental services for non-Somalis as well.

42. Kathy Lituri, RDH, MPH, Boston University School of Dental Medicine, Sarah Frielich, BS, Boston University School of Dental Medicine, Cynthia Davis, Associated Early Care and Education, Karine Martirosyan MD, PhD, MPH, ABCD Head Start, Tracey Moore, Crispus Attucks Children's Center, Michelle Henshaw, DDS, MPH, Boston University School of Dental Medicine

EARLY CHILDHOOD CARIES AMONG INFANTS AND TODDLERS ENROLLED IN THREE ABCD EARLY HEAD START (EHS) PROGRAMS AND TWO NON-EHS EARLY CHILDHOOD EDUCATION PROGRAMS THAT SERVE PRE-SCHOOL CHILDREN OF LOW-INCOME WORKING FAMILIES IN BOSTON

OBJECTIVES: To compare the oral health findings of infants and toddlers enrolled in 3 EHS Programs and 2 non-EHS Programs in Boston.

METHODS: 719 children, age 0-6 years, from 8 childcare locations, were invited to receive oral health screenings. Positive consent was obtained from 526 (73%) children. 432 (60%) were screened, including 163 infants and toddlers. A modified version of the ASTDD Basic Screening Survey (BSS) was used to record caries experience, untreated decay, non-cavitated and cavitated early childhood caries (ECC) and treatment urgency.

RESULTS: Among all children age 0-6 years of age screened, non-cavitated ECC and cavitated ECC were found in 23% and 12% of children, respectively. Among the infants and toddlers screened, non-cavitated ECC and cavitated ECC were found 46/163 children (28%) and 14/163 children (8.6%). Children enrolled in EHS presented with less non-cavitated ECC 21/83 (25%) and less cavitated ECC 4/83 (4%) compared to those enrolled in the two non EHS programs where collectively non-cavitated ECC and cavitated ECC were found in 25/80 (31%) and 10/80 (12.5%) of infants and toddlers, respectively. None of the infants and toddlers screened were considered to have urgent dental needs or a recommendation to be seen by a dentist within 24 hours.

CONCLUSIONS: Dental screenings of infants and toddlers in urban settings reveal a large unmet oral health need that can benefit from prevention, early identification, and intervention of dental disease.

Support by the National Institute of Dental and Craniofacial Research U54 DE 14264

43. Lisa H. Chung DDS, MPH, University of California, San Francisco (UCSF), Samantha Stephen RDH, MS, San Francisco Dept of Public Health, Jane A. Weintraub, DDS, MPH, Center to Address Disparities in Children's Oral Health, UCSF.

ORAL HEALTH STATUS OF KINDERGARTEN CHILDREN ATTENDING SAN FRANCISCO PUBLIC SCHOOLS, 2000-2005

OBJECTIVES: 1. To determine the prevalence of dental caries and oral health disparities in San Francisco (SF) kindergarten children.

2. To assess changes during a 5-year period. 3. To compare findings to other surveys.

METHODS: The SF Dept. of Public Health in partnership with the SF Dental Society, and assistance from the National Dental Association, has been conducting annual dental screenings of kindergarten children enrolled in the SF Unified School District (public schools). Yearly, 20-25 dentists conducted screenings using tongue blades and penlights. Prevalence of

children's caries experience (dft, DFT), untreated caries, and treatment needs were assessed from 2000-2005.

RESULTS: Of 76 eligible schools, 62-72 participated and 86-92% of enrolled children were screened yearly. Although there were small decreases over time, in 2005, about half the children had caries experience; 29% had untreated caries and 7% had urgent treatment needs. Each year caries experience and untreated caries was greatest for Asian children, usually followed by Hispanic, African-American and White children. The disease prevalence is similar to nearby counties, and is higher than the Healthy People 2010 objective.

CONCLUSIONS: Although there are signs of improvement, many 5-6 year old kindergarten children have already experienced caries despite the availability of city public dental clinics, two dental schools, and overall favorable DDS:population ratio. There are other barriers to be explored.

Supported by AAPHD H. Horowitz Scholarship, HRSA D13 HP30009, and NIH U54 DE142501.

Contributed Papers 44 - 47 Children's Oral Health and Overall Health: Exploring the Linkages

44. Jalaima Graham, MPH, Lauren Rhee, MS, RD, Amy Cha, BA, Anupama Tate, DMD, Children's National Medical Center; Janis Johnson, BA, Raul Garcia, DMD, MMSc, Martha Nunn, DDS, PhD, Center for Research to Evaluate and Eliminate Dental Disparities, Boston University School of Dental Medicine; Catherine Hayes, DMD, DMSc, CREDD, Harvard School of Dental Medicine

THE CORRELATION BETWEEN SKINFOLD THICKNESS MEASUREMENTS AND BODY MASS INDEX IN YOUNG MINORITY

OBJECTIVES: To assess the relationship of skinfold thickness measurements and body mass index (BMI) in a study evaluating the effect of severe early childhood caries (S-ECC) on growth in young minority children.

METHODS: Skinfold thickness measurements and BMI were compared in children aged 2 to 6 years receiving dental care at Children's National Medical Center (n=124). Two trained examiners obtained triceps and subscapular skinfold thickness measurements with a Lange caliper, and mid-arm circumference with a measuring tape. BMI was derived from height and weight measurements.

RESULTS: The mean age of all children was 3 years 9 months. Most were female (56%) and African American (87%). Significant correlations were found for all skinfold measurements and BMI ($p < 0.001$), and were not affected by race, ethnicity, or caloric intake.

CONCLUSIONS: Further studies must explore the correlation between skinfold thickness measurements and BMI in young minority children who have S-ECC, as well as anthropometric techniques and prediction equations feasible for use with this population.

(This study is supported by NIDCR and NCMHD NIH Cooperative Agreement U54 DE14264 and NIDCR Minority Supplement).

45. Marita R. Inglehart, Dr. phil. habil., University of Michigan, Daniel Briskie, DDS, Mott Children Health Center, Flint, MI. & Ruawaida Tootla, DDS, PhD, University of Michigan

CHILDREN ORAL HEALTH AND ASTHMA IN CHILDREN - PARENT AND CHILD PERSPECTIVE

OBJECTIVES: to assess whether socio economically disadvantaged children with vs. without asthma differ in their oral health, oral health-related quality of life (as perceived by the child and the parent), and oral health-related behavior.

METHODS: Data were collected from 521 socio economically disadvantaged children (51.8% female/ 8.2% male; 50.4% black/ 46.7% white / 2.9% other; average age= 7.76 years; SD = 1.797; range = 4 to 11 years). 59 children had asthma and 462 did not have asthma. Oral health status was determined in oral exams. Oral health-related quality of life was assessed with the Michigan Oral Health-related Quality of Life Scale - Child Version and Parent version. Oral health-related behavior was assessed in interviews with the children and parents.

RESULTS: The children with and without asthma did not differ in age. Children with asthma had fewer abscesses on primary and permanent teeth, fewer missing teeth and crowned teeth, and a lower DMFT score for permanent teeth than children without asthma. Compared to children without asthma, the children with asthma had better oral health-related quality of life. Children with asthma and their parents were less likely to report that the child had a tooth ache at the oral exam, or while in school than children without asthma. However, there was no difference in health behavior (brushing, visiting a dentist).

CONCLUSIONS: These findings suggest that children with asthma had better oral health and quality of life than children without asthma. These findings raise the question whether socio economically disadvantaged children with chronic health problems such as asthma may potentially benefit from receiving general health care services. The relationship between receiving general health care and oral health in socio economically disadvantaged children should be further explored.

46. Wanda G. Wright RN, DDS, MSD, Boston University; Judith A. Jones, DDS, DSc, Sharron E. Rich, MPH, Janis E. Johnson BA, Raul I. Garcia DDS, MMED, Avron A. Spiro III, PhD, Boston University

TEEN ORAL HEALTH RELATED QUALITY OF LIFE INSTRUMENT: TOQOL

OBJECTIVES: Our aim was to examine scales and subscales of a newly developed quality of life instrument for teens and to examine reliability.

METHODS: Data were collected from a convenience sample of 13-17 year old teens. The questionnaire included 32 items organized into symptoms, psychological, physical and social functioning, and health perceptions. Participants were asked to rate their oral health (OH-1) on a 5-point scale-'excellent' (1) 'to poor' (5) and to rate both the frequency and importance of individual items on a 5-point Likert scale. The frequency questions were dichotomized as to whether the teen had or had not experienced the item. Weights were developed based on the importance. The dichotomized score was multiplied by the weight to obtain a score for each question. Correlation analyses were used to assess the association between the OH-1 and the domain subscales and individual items. Cronbach's alpha was calculated overall and between subscales.

RESULTS: The sample included 93 teens; 49% male; mean age 14.7 years. Ethnic representation included 50% Black, 36% White, 11% Hispanic. 15% of the teens rated their oral health as fair or poor. All subscales were significantly correlated with each other. Only the psychological functioning domain was significantly correlated with the OH-1. Cronbach's alpha was .86 for the total score. Subscale alphas ranged from $r=.66$ for symptoms, $r=.69$ for social functioning, $r=.76$ for physical functioning, and $r=.80$ for psychological functioning.

CONCLUSIONS: The TOQOL shows promise for use in teens to assess OHRQOL. Additional validation of the TOQOL will be conducted in subsequent work.

47. Susan Camardese, RDH, BA, Children National Medical Center

ADOLESCENT DENTAL HEALTH PROJECT: A COLLABORATIVE RESEARCH PROJECT ORAL HEALTH, ADOLESCENT HEALTH, AND TEENS AGAINST THE SPREAD OF AIDS (TASA)

OBJECTIVES: To determine General dentists' office policies on the provision of dental services for the low-income adolescent in Washington, D.C. and barriers for accessing care for the teens as well as dental professionals perceptions of adolescents.

METHODS: A phone survey was conducted by four TASA teens to one hundred randomly selected general dental offices in Washington, D.C. regarding access to care for teens including financial arrangements. This was a needs assessment of access to oral health care for the low-income adolescent in D.C. and barriers that may be encountered. This was in support of Healthy People 2010, Objective 21-12: 'to increase the proportion of low-income children and adolescents who receive any preventive dental services...'

RESULTS: Sixty-five offices responded. 83% of offices are located in NW quadrant of the city leading researchers to determine if there was a bivariate association between: NW v all other financial variables. Attitude of personal was subjective per the teen.

CONCLUSIONS: Location is the barrier to accessing care for low-income adolescents. The teen surveyors perceived high percentages of the offices as rude.

Contributed Papers 48 - 56

Adult Oral Health: Needs, Services and Outcomes

48. Scott L. Tomar, DMD, DrPH, Frank A. Catalanotto, DMD, University of Florida College of Dentistry

UNMET NEED FOR DENTAL CARE DUE TO COST AMONG FLORIDA ADULTS

OBJECTIVES: To assess the prevalence, distribution, and sociodemographic correlates of unmet need for dental care due to cost among adults in Florida in 2004.

METHODS: This project developed a five-question module on dental care access for inclusion in the 2004 Florida Behavioral Risk Factor Surveillance System (BRFSS) telephone survey conducted by the FL Dept of Health. One item asked whether there was any time during the 12 months preceding the survey when the respondent needed dental care but didn't get it because he/she couldn't afford it. All prevalence estimates incorporated sampling weights developed by the Florida BRFSS. Analyses were conducted by using SAS v 9.1 and SUDAAN v 9.0.

RESULTS: More than 1 in 5 Florida adults (21%) reportedly were unable to obtain needed dental care during the preceding 12 months because they could not afford it. Unmet need due to cost was more prevalent among women than men (23.4% v. 18.3%; $p=.005$), varied widely by education or income level, and was much more prevalent among Hispanic (34.6%) or black (29.6%) adults than among non-Hispanic white adults (15.4%). Unmet need due to cost tended to be more prevalent among adults in the South Florida than in other districts and was nearly 3 times more prevalent among the dentally-uninsured than among adults with dental insurance (30.2% vs. 11.6%; $p<.0001$).

CONCLUSIONS: Access to dental care services due to cost is a problem for a substantial proportion of the Florida adult population, particularly among certain racial and ethnic groups, adults in lower income households, and those lacking dental insurance.

Supported by the Florida Dental Association (FDA). The views expressed do not necessarily reflect those of FDA.

49. *Georgia dela Cruz, DMD, MPH, US Army Center for Health Promotion and Preventive Medicine, Robyn Lee, MS, US Army Center for Health Promotion and Preventive Medicine*

ORAL HEALTH RELATED QUALITY OF LIFE OF ARMY SOLDIERS

OBJECTIVES: Oral diseases are widespread in the Army population. No information is available on how orofacial pain or problems affect Soldiers' activities or duty performance.

METHODS: Questions regarding the impact of oral conditions on three dimensions: physical pain; impairment of oral functions (eating and speaking); and interference with daily activities (work, relaxation and sleep), were included on the Sample Survey of Military Personnel. 8,883 Soldiers on Active Duty completed surveys, of which 7,207 were usable for analysis. We used backwards stepwise logistic regression to examine the likelihood of having had dental-related pain or activity impairment at least once during the previous year.

RESULTS: Odds of having a dental problem that caused pain or interfered with activities were significantly increased for Soldiers who had been deployed for one year (OR=1.3, 95% CI: 1.1, 1.5) or more than two years (OR=1.4, 95% CI: 1.1, 1.7), and who reported high levels of stress within their unit (OR=1.4, 95% CI: 1.3, 1.6), from long work hours (OR=1.21, 95% CI: 1.07, 1.37), and from their family lives (OR=1.2, 95% CI: 1.1, 1.3). Junior Enlisted and Senior Enlisted were more likely to report having had a dental problem (OR=1.9, 95% CI: 1.6, 2.2 and OR=1.2, 95% CI: 1.1, 1.4), as were females (OR=1.2, 95% CI 1.1, 1.4).

CONCLUSIONS: The 41% of Active Duty Soldiers who have impaired oral health-related quality of life may have fewer opportunities to seek care due to deployments or demanding workloads.

50. *Gary C. Martin, DDS, MPH, Robert H. Mitton, DDS, MPH, TRICARE Management Activity, TRICARE Operations Division, San Keller, PhD, Karen Shore, PhD, Chris Evensen, MS, American Institutes for Research, Health Services Research Division*

MEASURING DENTAL CARE QUALITY USING PATIENT REPORTS

OBJECTIVES: Increased use of dental care (and thus improved dental health of the population) is dependent in part on patient satisfaction. Yet there exists no standard approach to assess satisfaction that can provide comparative data across care delivery systems and track changes in patient perceptions over time. The purpose of this research was to develop a data capture tool that will provide national benchmarks of dental care quality based on patient reports. Project sponsorship is provided by DOD and the tool will be submitted for review to the Agency for Healthcare Quality and Research.

METHODS: Specific features of dental care were identified by a review of the clinical literature, interviews with dental care thought leaders, and focus groups with dental patients. Questions to address each of over 100 unique aspects of dental care were drafted and organized into 20 topic areas. Cognitive testing determined the comprehensibility of the questions which were rewritten or eliminated based on this testing.

RESULTS: A 50-item questionnaire was developed that describes: Dentist Communication, Perceived Technical Quality of Care, Cleanliness of Office/Clinic, Treatment Outcome, Access to Necessary Care, Timely Access to Care, and Quality of Dental Plan.

CONCLUSIONS: Rigorous research supported the development of a content-valid, concise, yet comprehensive tool to provide data on dental care quality from the patient point of view. Results on the statistical precision of this tool will be available in the second quarter of 2006.

51. *Chetan Baddam, BDS Illinois Department of Public Health, Gayle Blair, Illinois Department of Public Health*

NO REASON TO VISIT A DENTIST

OBJECTIVES: To identify major reasons people give for not visiting a dentist and investigate if lack of dental insurance seems to be the most significant factor.

METHODS: The Illinois Department of Public Health in conjunction with the Centers for Disease Control and Prevention conducts telephone surveys for the Illinois Behavioral Risk Factor Surveillance System (BRFSS) from which the data for this study was taken. Analysis was conducted on this data to determine the attitudes and practices of adults 18 years of age and older pertaining to oral health questions asked in 2003.

RESULTS: The reason most often given for not visiting the dentist was "no reason to go (no problems, no teeth)." This was true whether or not the respondent had dental insurance and whether or not multiple oral health risks were present. Influencing factors included age, education, and income levels.

CONCLUSIONS: Oral health education and promotion are urgently needed to inform and convince people that there are compelling reasons for them to go to the dentist at any age, regardless of their perceived oral health status. These interventions should be directed toward both those with and without dental insurance. Teaching the importance of early intervention and preventative measures may help people understand that there are indeed good reasons to visit the dentist.

52. *Abe E Salmoun, PhD, Department of Internal Medicine, University of North Dakota School of Medicine and Science A. Maija Beyer, RDH, North Dakota Department of Health, Gary G. Schwartz, PhD, MPH, PhD, Department of Cancer Biology & Public Health Sciences, Wake Forest University School of Medicine, Winston-Salem, NC*

ORAL PREVENTIVE SERVICES USE BY GENDER: EVIDENCE FROM THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

OBJECTIVES: Describe the characteristics of adults regarding dental hygiene. Examine a possible association between gender and dental cleaning.

METHODS: The BRFSS is a survey of the non-institutionalized U.S. population aged 18 years or older. Univariate data analysis of the association between gender and dental cleaning was performed using chi-squared tests. Multivariable logistic regression was utilized to calculate relative odds adjusted for: age, gender, education level, employment, geographic location, smoking status, and having had permanent teeth extracted. Two-way interactions between gender and other covariates were also included in the analyses.

RESULTS: Of the 2,643 Caucasian respondents, 1,850 (69%) reported having their teeth cleaned within the last year by a dentist or dental hygienist. Compared to men, women were significantly more likely to have had dental cleaning within last year (odds ratio (OR)=0.65, 95% confidence interval (CI): 0.53-0.78). The multivariable logistic regression analysis showed an adjusted OR for women of 0.68 (95% CI: 0.55-0.83). Adults between the ages of 45-64 were less likely to have had dental cleaning within the last year compared to those who were 18-34. College graduates were less likely to have had their dental cleaning within the last year compared to high school graduates. Finally, current smokers were also less likely to have had dental cleaning within the last year.

CONCLUSIONS: Men and current smokers were less likely to report dental cleaning within the last year. Understanding factors which are associated with dental hygiene may help the policy makers to better promote preventive oral services among those most in need.

53. *Robert Dwyer, DDS, Wisconsin Department of Health & Family Services, Warren LeMay, DDS, MPH, Wisconsin Department of Health & Family Services, and Carrie Stempski, RDH.*

ORAL HEALTH STATUS OF CHRONICALLY MENTALLY ILL ADULTS IN NORTHEASTERN WISCONSIN.

OBJECTIVES: To investigate the oral health status of chronically mentally ill adults who live in Northeastern Wisconsin.

METHODS: Two trained and calibrated examiners screened chronically mentally ill individuals receiving services through a community support program in Brown County, WI. Individuals screened were diagnosed with a long term mental illness such as schizophrenia, affective disorder, delusional disorder or other psychotic disorder. The oral health status of individuals was determined using the ASTDD Basic Screening Survey methodology and the Oral Hygiene Index Simplified (OHI-S).

RESULTS: Oral health screenings were performed on 36 chronically mentally ill adults who ranged in age from 23 to 70 (mean age = 44.8). Only 14% of the screened individuals were totally edentulous. The prevalence of untreated caries

was 42%. Almost 17% required urgent care while 39% required early dental care. The mean Debris Index was 0.48 (range = 0-1.83; SD = 0.45). The mean Calculus Index was 0.33 (range = 0-1; SD = 0.32). The mean Oral Hygiene Index was 0.81 (range = 0-2.83; SD = 0.74).

CONCLUSIONS: The results of this study demonstrate poor oral health conditions and a substantial treatment need in a neglected population. Dental management should involve appropriate preventive care involving the support of a caregiver.

54. *Aida A. Chohayeb, DDS, MSD, Women's Network Collective Rafi K. Saatciyan, DDS, Private Practice, New York*

INFLUENCE OF ETHNICITY / EDUCATION ON OPTIMUM ORAL HEALTH

OBJECTIVES: To compare the oral health of women with different levels of education.

METHODS: Twenty nine adult women attending a Conference of the Women's Network Group consented to participate in this study. Education, yearly dental visits, and type of treatment they seek, as well as smoking habit were recorded. Data were analyzed using the SPSS Univariate General Linear model and appropriate Chi-Square tests.

RESULTS: 1. The education level was comparable among all groups. 2. Only few of all the groups brushed 3 times daily, and the rest only twice. 3. Smoking, coronal caries and restorations as well as calculus deposits were more among USA and Romanian women.

CONCLUSIONS: 1) There was no significant difference in education, oral hygiene, annual dental visits among all the groups. 2) Ethnicity as well as never smoked were the major factors for optimum oral health as manifested by the periodontal status, low caries rate of Egyptians and Arabs. 3) Further research is needed on a larger number of these ethnic groups, as well as men from all 5 groups.

55. *Thomas E. Rams, DDS, MHS, Temple University School of Dentistry, Carl E. Misch, DDS, MDS, Temple University School of Dentistry, L. Jackson Brown, DDS, Ph.D., American Dental Association*

ESTIMATED DENTAL IMPLANT TREATMENT POTENTIAL IN UNITED STATES ADULTS

OBJECTIVES: Dental implant treatment potential was estimated from tooth loss patterns in a probability sample representative of 177.6 million USA civilian, non-institutionalized adults aged 18 years and older.

METHODS: Maxillary and mandibular tooth loss patterns in 8,366 adults evaluated in NHANES III-Phase 1 were assessed using the Meskin-Brown Tooth Loss & Prosthetic Treatment (TLPT) typology index (Gerodontology 1988; 4:126-135), from which selected dental implant treatment potential was determined.

RESULTS: Single tooth dental implants were potentially indicated in place of 3-unit fixed partial dentures for approximately 33.7 million persons with one missing tooth surrounded by natural teeth (TLPT arch score = 2). Dental implants in the most distal termination of maxillary posterior sextants, where no natural molar teeth remain (TLPT scores = 6-7), were potentially applicable to approximately 18.4 million individuals.

Potential use of multiple dental implants with an implant overdenture or a fixed implant-supported prosthesis was estimated for 18.6 million fully edentulous persons (TLPT scores = 8), as well as for 12.3 million partially dentate adults with an edentulous maxilla.

CONCLUSIONS: A large dental implant treatment potential exists in United States adults.

56. Amit Chattopadhyay, PhD, MPH, MDS, BDS (Hons), Dept. of Public Health Sciences, Temple University School of Dentistry; Jay G. Ray, MDS, BDS, Dept. of Oral Pathology, Dr. R. Ahmed Dental College & Hospital, Calcutta, India

DNA DAMAGE AND ORAL HABITS IN ORAL CANCER-PRE-CANCER PATIENTS

OBJECTIVES: Single cell gel electrophoresis (SCGE) or 'Comet assay' is a rapid and very sensitive fluorescent microscopic method for detecting various forms of DNA damage and repair at individual cell level and has important applications in a variety of areas including clinical investigations to genetic toxicology and molecular epidemiology. We aim to detect extent of DNA damage (EDNAD) in oral cancer, submucous fibrosis and leukoplakia.

METHODS: Representative area tissue biopsies obtained from a total of 44 patients with oral cancer, leukoplakia and submucous fibrosis (OSMF) and 10 normal epithelia (controls) were assessed for extent of DNA damage (EDNAD) using alkaline SCGE. Analyses were conducted in SAS - multivariable explanatory models used extent of DNA damage (length of tail in SCGE in micrometers) as outcome. Independent variables included: age, sex, occupation, smoking, and smokeless tobacco.

RESULTS: None of the controls were associated with any oral habits. Mean (+SD) EDNAD (in μm) for cancer (24.95+5.09) and leukoplakia (12.96+2.68) were significantly greater than in controls (8.54+2.55, $P<0.05$). After adjustment, well-, moderately-, and poorly differentiated carcinomas had significantly greater EDNAD than controls. Whereas EDNAD of cancer cases was significantly greater than leukoplakia, EDNAD in OSMF (11.03+5.92) was not different from controls. EDNAD for people with any oral habit (19.78+7.77) was significantly greater than those with no habits (8.54+2.55; $P<0.0001$).

CONCLUSIONS: DNA damage measured by SCGE is greater in leukoplakia and squamous cell carcinoma but not in OSMF. Deleterious oral habits are also associated with greater DNA damage.

Contributed Papers 57 - 65 AAPHD Student Merit Award Winners

57. Trudy Schuckers, RDH, AA, AS, Student, Community College of Southern Nevada, Baccalaureate of Science in Dental Hygiene Program; Sharon Peterson, RDH, AS, BSc, MEd, Public Health Track Coordinator, Community College of Southern Nevada, Dental Hygiene Program; Betty Pate, RDH, AS, BSc, MEd, Clinical Professor, Community College of Southern Nevada, Dental Hygiene Program; Mary Ann Haig, RDH, BSc, Clinical Professor, Community College of Southern Nevada, Dental Hygiene Program; Doreen Craig, RDH, BSc, MPA, Director Dental Hygiene Program, Community College of Southern Nevada; Mary Kay Sargent, Advocacy Coordinator, Opportunity Village - Las Vegas, Nevada

INTEGRATION OF ORAL HEALTH CARE SERVICES FOR THE INTELLECTUALLY DISABLED AT OPPORTUNITY VILLAGE WITH SENIOR DENTAL HYGIENE STUDENTS AT THE COMMUNITY COLLEGE OF SOUTHERN NEVADA

OBJECTIVES: To conduct a needs assessment of the Intellectually Disabled and provide an educational experience to the senior dental hygiene students of the Community College of Southern Nevada (CCSN) Dental Hygiene Program. Link people to services and educate the care givers of clients. Evaluate the benefit to the senior dental hygiene students. Assure this population would receive oral health care services.

METHOD: CCSN agreed to develop an assessment/treatment project with the Intellectually Disabled of Opportunity Village in Las Vegas, Nevada. The focus of the project incorporated a collaborative effort from a student in the Baccalaureate of Science in Dental Hygiene, twenty-four senior dental hygiene students and 300 Intellectually Disabled. Identification of their priorities was made through an assessment. Twenty-four selected clients from Opportunity Village became patients to the senior students of CCSN who performed oral hygiene treatment on them at no cost. The other clients were given the option to go to the University of Nevada Las Vegas Community Practice where they were considered for discounted fees for service under their Sliding Scale Program.

RESULTS: Eight percent received free dental hygiene treatment at CCSN. One hundred percent received a referral for discounted dental treatment at the UNLV Community Practice. The periodontal classifications are forthcoming.

CONCLUSIONS: This public health project 1) increased public awareness of the need for oral health care treatment for the Intellectually Disabled, 2) coordinated dental providers to offer their services to the Intellectually Disabled, and 3) created an educational opportunity for dental hygiene students to gain more experience with the Intellectually Disabled.

58. Hua Wang, PhD, National Center for Health Statistics

EFFECTS OF THE STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP) ON ACCESS TO DENTAL CARE AND USE OF DENTAL SERVICES

OBJECTIVES: To provide national estimates of implementation effects of the SCHIP program on dental care access and use for low-income children.

METHODS: The data source is the 1997-2002 National Health Interview Survey. The study design is based on variation in the timing of SCHIP implementation across states and among children observed prior to and after implementation. Two analyses were conducted. The first estimated the total effect

of SCHIP availability on dental care access (unmet need for dental care due to cost in the past year) and dental services use for low-income children (family income below state SCHIP eligibility thresholds) using county and time fixed effects models. The second analysis estimated changes in dental care access and use among those who gained public insurance (mainly SCHIP & Medicaid coverage) due to SCHIP, using instrumental variables regressions to control for selection bias. Both analyses controlled for child and family characteristics.

RESULTS: SCHIP availability for more than one year reduced the likelihood of unmet dental care needs for low-income children by 3.3 percentage points. It increased the probability of having had a dental visit within 6 months by 2.2 percentage points. Compared with their uninsured counterparts, those who obtained public coverage from SCHIP implementation were less likely to report unmet need by 21 percentage points, and more likely to have visited a dentist within 6 months by 49 percentage points. Older children (6-17 yrs.) fared better than younger ones. SCHIP program type had no differential impacts.

CONCLUSIONS: Consistent results from two analytical approaches provide solid evidence that SCHIP implementation significantly reduced financial barriers for dental care and increased use of dental services for low-income children in the U.S.

59. A.T. Ha, DDS Student; S. A. Gansky, DrPH, UCSF School of Dentistry

HIPAA Notices of Privacy Practices (NPPs) in U.S. Dental Schools: Readability or Lack Thereof

INTRODUCTION: The Health Insurance Portability and Accountability Act requires plain language Notices of Privacy Practices (NPP).

OBJECTIVES: Objectives were to test US dental schools' NPP readability; test if region and social capital relate to readability; and draft a plain language NPP supplement.

METHODS: NPPs were obtained from websites or administrators. Hardcopies were scanned with optical character recognition software. Files were prepared and scored for Flesch Reading Ease (FRE) and Flesch-Kincaid Grade Level (FKGL) in MS Word. Federal geographic regions were used. State-level social capital measures of perceived trust, perceived helpfulness, and per capita voluntary organization membership (Kawachi, 1999) were used with US Census lawyers per capita. Analyses used 1-sample t-tests to assess plain language (FRE=60, FKGL=8) and analyses of variance to compare groups. Spearman correlations (r_s) compared social capital measures to NPP readability.

RESULTS: All 56 (100%) US dental schools responded. 48 of 56 schools (86%) had website NPPs. FRE and FKGL were significantly more complex than plain language, overall (both $p < 0.001$, 95% CI: FRE=38, 41; FKGL=11, 12) and by region (all $p < 0.014$). Pacific and Northeast regions did not differ significantly from other regions. Social capital measures moderately related to FRE and FKGL (0.18 = $|r_s|$ = 0.39); perceived helpfulness (reciprocity) was most related (FRE r_s = 0.36, FKGL r_s = 0.39).

CONCLUSIONS: US dental school NPPs are quite complex. Social capital measures moderately correlated with readability.

Support: USDHHS NIH NIDCR, NCMHD U54DE14251

60. Brian R. Carr, BS, BA, Umo Isong, DDS, MPH, PhD, Jane A. Weintraub, DDS, MPH. University of California, San Francisco, Center to Address Disparities in Children's Oral Health

IDENTIFICATION AND DESCRIPTION OF MOBILE DENTAL PROGRAMS

OBJECTIVES: (1) To identify currently operating mobile dental programs in California (CA); (2) To describe the mobile dental programs with regard to program characteristics.

METHODS: No statewide program list was available. Programs were identified by internet searches, personal contact with dental health professionals, mobile dental program administrators, county health officers, local dental society directors and other sources. A cross-sectional survey was mailed to directors of currently operating mobile dental programs, which provide dental services beyond screening and education.

RESULTS: In CA, 33 programs were identified, primarily through the internet and county health officers. The survey response rate is 70%. The programs are serving at least 30 of the 58 CA counties. Hours/year in operation ranged from 100 to 2,080. The types of populations most likely to be served are low-income populations (100%), elementary school (77%) and preschool (68%) children, non-English speakers (64%), and Medicaid-eligible populations (64%). No programs targeted the elderly, and few served adults. Sixty-one percent of program directors indicated that if their program was discontinued it would be "very difficult," and 35% said it would be "difficult" for the target populations to get the dental services provided by the mobile clinic.

CONCLUSIONS: Though mobile dental programs are highly variable, they bring dental care to underserved populations that might not receive it in traditional settings. Supported by NIH T32 07236-09 and U54DE142501

61. Laura Teran, RDH, Student in the ETSU On-line BSDH Program

A HEAD START DENTAL OUTREACH PROGRAM

OBJECTIVES: To present age appropriate dental information to preschool, low income, multi-ethnic children, attending a federally funded Head Start program. This target group was selected based on the Healthy People 2010 forum goals 1 and 2.

METHODS: A needs assessment was conducted to determine the oral health requirements of the target group and develop expected results for the project, incorporating both observation and an interview. The lesson plan collaborated two different cultural backgrounds, Caucasian and Hispanic; with all information and activities delivered in English and Spanish. Pre- and post-tests were used to evaluate the information gained by each child, before and after the implementation of the lesson. The teaching methods used at the presentation included lecture, interaction and demonstration. The specific teaching tools used were: two snake sock puppets, a large toothbrush, typodont, mouth mirror, felt board, felt titles and pictures of healthy and unhealthy foods, pedo toothbrushes, and masks and gloves for each of the children. Four questions were presented, with a goal of 25% improvement: the importance of teeth, which demonstrated a 53% improvement; the number of teeth brushing per day, with only a 5 % improvement; which are healthy foods, with a negative 10% and the number of visits to the dental office per year, with a 42% improvement.

CONCLUSIONS: The lesson was successful and age appropriate, but lengthy. One question showed a negative outcome; possibly since they just celebrated Halloween and cookies are a school snack. Restating the learned outcomes to the children, through questions and answers, helped reinforce the information. A follow-up session, in 1 month, would be recommended to confirm the gained knowledge was retained and support the data collected in this short-term study.

62. *Sangeetha Bansal, BDS, MSD, Department of Health Policy and Health Services, Boston University Goldman School of Dental Medicine*

KNOWLEDGE, ATTITUDES AND OPINIONS OF DENTISTS AND HYGIENISTS REGARDING THE DIAGNOSIS AND MANAGEMENT OF BIOTERRORISM

OBJECTIVES: The aim of this study is to determine the knowledge, attitudes and opinions of dentists and hygienists regarding bioterrorism, including their willingness to provide care during an attack and to assess their need for further training programs on bioterrorism.

METHODS: The study population included 191 dentists and 148 hygienists attending the 2005 Yankee Dental Conference. Data was collected with an 18 question pre-tested questionnaire which measured four broad outcomes- attitudes and opinions, knowledge, knowing where to report an attack, and need for further training.

RESULTS: Both dentists and hygienist had poor knowledge of bioterrorism, with no one able to identify all top four bioterrorism-related diseases, and about 50% not able to identify even one disease correctly. Attitudes and opinions questions showed dentists to be 1.6 times more likely than hygienists to think that dental personnel should be members of the first responder team ($p=0.03$), with 97% of dentists and 85% of hygienists willing to provide care ($p=0.0002$). Around 70-80% of dentists and hygienists knew correctly where to report a suspected bioterrorism attack. A need for bioterrorism training was mentioned by 89% of dentists and 91% of hygienists. Regression analyses showed that years since graduation, prior CE course attendance, and an opinion that bioterrorism is a serious national issue predicted the knowledge, attitudes and opinions, and the need for training programs for dentists and hygienists.

CONCLUSIONS: The findings of this study show that there was no difference in the knowledge, attitudes and opinions about bioterrorism between dentists and hygienists. Both dentists and hygienists showed an equal lack of self-reported and actual knowledge about bioterrorism, and if given proper training were willing to provide care.

63. *Junhie Oh, DDS, MPH, Bureau of Dental Health, New York State Department of Health.*

RACIAL DISPARITY IN ORAL CANCER AWARENESS AND EXAMINATION: 2003 NEW YORK STATE BRFS

OBJECTIVES: This study documents level of oral cancer awareness and examination among New York State adults and evaluates the determinants of disparities in oral cancer detection.

METHODS: The 2003 New York State Behavioral Risk Factor Surveillance System gathered information on current awareness of oral cancer and receipt of oral cancer examination from 5,544 adults. To assess whether the racial factor remains important for the awareness, receipt, and source of

oral cancer examination after controlling other socioeconomic and health care access variables, bivariate and multiple logistic regression analyses were conducted using SAS and SUDDAN.

RESULTS: Even though a majority of State adults (80.4%, 95% CI=79.0%-81.8%) had heard about oral cancer, about three quarters of these adults (74.3%, 95% CI=72.9%-75.7%) had never heard about an oral cancer test or examination. Only 35% of the adults (34.8%, 95% CI=33.3%-36.3%) reportedly received an oral cancer examination in their lifetime. Adults with Hispanic origin were less likely to have heard about and received an oral cancer examination. Regarding the source of the examination, some 70% (71.6%, 95% CI=69.0%-74.2%) of the examinations were conducted by a dental professional; the remaining 30% (28.4%, 95% CI=25.8%-31.0%) were performed by a physician, nurse, or nurse practitioner. Non-Hispanic Blacks were more likely (OR=3.44, 95% CI=2.16-5.49) to have received an oral cancer examination by health care providers other than a dentist or dental hygienist.

CONCLUSIONS: These data suggest the need to improve knowledge and oral cancer examination rate in New York State. Routine examination of the mouth by primary care providers as a part of the physical examination would provide the best opportunity for improving low oral cancer examination rates in minority populations.

64. *Rachel Noblitt*

SMILES FOR A LIFETIME: DENTAL HYGIENE MEETS CHILD DEVELOPMENT

OBJECTIVES: The purpose of the study is to find if there is a disparity in the education of oral health knowledge about the developing oral cavity of a child in child development coursework in one child development class.

METHODS: The design of this study, was to choose information that pertains to the developing oral cavity of a child and then to devise a structured lecture. After the preparation of the lecture, a presentation was delivered through mentorship with First 5 California, to a child development class at Modesto Junior College on October 25, 2005. A pretest and a post test was given to assess the baseline knowledge of the class and if there was knowledge gained from the presentation.

RESULTS: The class scored 72% on the pretest and 98% on the post test. The score increase was 26% in the class after the structured presentation was completed. The questions asked were about main points in the lecture including the correlation of periodontal disease and pre-term low birth weight (PLBW) babies, the fine motor coordination of young children pertaining to when they can complete tooth brushing without assistance, the amount of children suffering from ECC, the inflammatory response and gingivitis, the transfer of cariogenic bacteria from mother to child and xylitol use as prevention of transfer, and nutrition including cariogenic foods and baby bottle tooth decay. There were forty-six child development students participating in the study.

CONCLUSIONS: Preschool teachers and care providers have ability to structure many children's daily routines to include oral hygiene, whereas the dental professional cannot regulate such routines in classrooms. The need is present for dental hygienists to reach out and educate the early child care providers of America in order to stop ECC from effecting so many children's lives.

65. *Barbara George, RDH, AAS*

CPR FOR THE TREASURE LAKE JOB CORPS SMOKING CESSATION PROGRAM

OBJECTIVES: To revive an existing program with the cooperation of the counselors and professional medical staff. Reduce the incidence of tobacco lesions, oral cancer, and periodontal disease among students in a closed population.

METHODS: Data was collected with the use of a multiple-choice questionnaire. 127 surveys were prepared and passed out among the students. The process took four 30- 45 minute visits to each dormitory. The survey was anonymous and asked various questions about age, the amount used, the frequency and length of time they have used tobacco products, their dental health care, and the desire to quit. The questioning of age was to obtain the number of minors smoking on campus.

RESULTS: 127 students were enrolled on campus at the time the survey was given. Due to absences and specific classes only 100 surveys were returned. The survey found that 66 out of the 100 were smoking and 14 out of the 66 were using spit tobacco. The center had a total of 51 minors on site; 29 were surveyed on that day, and a total of 29 indicated tobacco use and only 19 of those were interested in quitting. The total number of students that indicated they were interested in a smoking cessation program was 37.

CONCLUSIONS: The results of the survey show that there is a great need for a stable smoking cessation program at the Treasure Lake Job Corps campus. A series of meetings were set-up and the materials and media available at the wellness center were reviewed and deemed up-to-date. The medical staff ordered nicotine replacement therapy for those students who are not contraindicated for health reasons. Three meetings have been successfully conducted and three more meetings have been scheduled into the new year.



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