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# 2007 National Oral Health Conference and the 19<sup>th</sup> Annual Meeting on Special Care Dentistry

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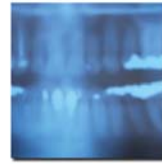
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# 2007 National Oral Health Conference

Advancing Access & Taking Action for the Nation's Oral Health

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

**April 30 - May 2, 2007 - Marriott Denver Tech Center - Denver, Colorado  
Pre-Conference Sessions - April 27 - 29, 2007**

Co-Locating with the 19th Annual Meeting  
on Special Care Dentistry | May 2-5, 2007

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2007 NATIONAL ORAL HEALTH CONFERENCE:  
APRIL 30 - MAY 2, 2007, MARRIOTT DENVER TECH CENTER - DENVER COLORADO

## Highlights: AAPHD 70th Anniversary Celebration

In July 1937 several dental directors founded the American Association of Public Health Dentists at the annual ADA meeting in Atlantic City, New Jersey. It was founded to provide a forum to discuss mutual problems of directing a state dental public health program. Membership in the early years was limited to state dental directors, their assistants and USPHS dental consultants who worked closely with "state health authorities". In 1944 membership was expanded to include as associate members directors of local dental programs and dental members of state boards of health. In 1948 membership was further expanded to include all dentists working in local programs. A one-day annual meeting was held in conjunction with the American Dental Association.

In 1948, the dental directors felt the need for an organization devoted solely to their role as state dental directors and established the Association of State and Territorial Dental Directors (ASTDD).



*AAPHD Past Presidents gathered to celebrate the organization's 70<sup>th</sup> anniversary.*



*Presidents Atchison and Evans Cut the Cake!*



*70<sup>th</sup> Anniversary Ice Sculpture*

## AAPHD President's Remarks at the Opening Session

**Kathryn Atchison, DDS, MPH**

It is fitting that the site of the 2007 National Oral Health Conference (NOHC) take place in Denver, Colorado, the state in which Dr. Frederick McKay initiated an investigation into what was called "Colorado stain" on the teeth of children from the Pikes Peak region.

The National Oral Health Conference is the 8<sup>th</sup> Annual Joint Meeting of the American Association of Public Health Dentistry (AAPHD) and the Association of State and Territorial Dental Directors (ASTDD). The theme for the conference, "Advancing Access & Taking Action for the Nation's Oral Health," embraces McKay's 1909 goal of improving oral health for ALL people. These two organizations have a substantial reach in terms of membership and of advocacy for improving oral health. But, with a goal of expanding our partnerships and furthering our knowledge regarding disadvantaged subsets of the public, we have joined this year with the Special Care Dentistry Association (SCDA) for an overlap day featuring programs that will be of interest to all three organizations. The theme for the SCDA annual meeting is "The Aging of Special Needs Populations; Access, Advocacy, Education and Clinical Care" so you can see how well the organizations align in mission. We hope that you will take advantage of the opportunity to explore the educational program at the SCDA meeting.

This NOHC celebrates the 70<sup>th</sup> anniversary of the American Association of Public Health Dentistry. As we examine ways to solve the current public health needs these next few days through advocacy, policy, and research, we can also reflect on the many advances that have occurred in public health dentistry over the past 70 years! Thanks to the diligent efforts of our AAPHD and ASTDD planning team, there are outstanding sessions planned to prepare you to better address the current public health challenges.

This conference would not be possible without the strong support of our major sponsors, the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) who provide both monetary and visionary support to the conference. I also deeply appreciate our corporate partners and exhibitors for their support, not only of this conference, but also of their dedication in making products available to allow public health professionals to achieve their vision of improved oral health. Please take time to visit with the exhibitors to thank them for their support of the NOHC.

Finally, I recognize that this conference offers the opportunity to refresh and to reunite with friends and colleagues. Welcome to Denver! On behalf of the officers and executive committee of AAPHD, it is our hope that you find the NOHC a time to rejuvenate your public health aspirations of improving the public's oral health through inspirational partnerships, new knowledge, and a hefty dose of fun!

Kathryn Atchison, DDS, MPH  
President, AAPHD



*Kathryn Atchison, DDS, MPH*





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## ASTDD President's Remarks at the Opening Session

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**Steven J. Steed, DDS**



*Steven J. Steed, DDS*

Welcome to Denver and the 2007 National Oral Health Conference (NOHC). This is also the 8<sup>th</sup> Annual Joint Meeting of the American Association of Public Health Dentistry (AAPHD) and the Association of State and Territorial Dental Directors (ASTDD). The theme for the conference is "Advancing Access & Taking Action for the Nation's Oral Health". We are especially pleased that the Special Care Dentistry Association (SCDA) is holding their annual meeting in conjunction with NOHC this year and look forward to an outstanding week of education. Wednesday, May 2, will be an overlap day with programs that will be of interest to all. The theme for the SCDA annual meeting is "The Aging of Special Needs Populations: Access, Advocacy, Education and Clinical Care." Since many attending belong to more than one of the participating organizations, this is an excellent opportunity to be involved with two premier conferences being held at the same location.

I would like to thank our major sponsors, the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA), for their support in this endeavor. Their contribution has helped to assure the success of this conference. I would also like to thank our corporate partners and the many exhibitors for their continued involvement. Please take time to visit with

the exhibitors to thank them for their support of the NOHC.

I would like to recognize the ASTDD and AAPHD planning team that have spent a great amount of time during the past several months putting together this year's exceptional program. We face many challenges during these times of great public health needs and intense competition for public resources. Sessions have been planned to enable attendees to interact with researchers, practitioners, and policy makers to help address these challenges. Your active involvement is essential to the success of these sessions.

For many this meeting is a reunion with friends and colleagues. Many have long histories of association. Take this opportunity to expand your network. Welcome first time attendees and be considerate to others who may not have as many acquaintances. Introduce yourself and invite people who you do not know into your discussions. Let's make everyone feel included and welcome in our public health community.

On behalf of the officers and executive committee of ASTDD, welcome to Denver. It is our hope that you find the NOHC to be memorable, inspiring, productive and enjoyable.

Steven J. Steed, DDS  
President, ASTDD

2007 NATIONAL ORAL HEALTH CONFERENCE:  
APRIL 30 - MAY 2, 2007, MARRIOTT DENVER TECH CENTER - DENVER COLORADO

## Highlights

Sunny spring weather welcomed 782 registrants to beautiful Denver, Colorado for the 2007 National Oral Health Conference. The theme of the eighth annual joint meeting of the American Association of Public Health Dentistry (AAPHD) and the Association of State and Territorial Dental Directors (ASTDD) was *“Advancing Access and Taking Action for the Nation’s Oral Health.”* The Centers for Disease Control and Prevention and the Health Resources and Services Administration of the U.S. Department of Health and Human Services also sponsored the conference.

The American Board of Dental Public Health offered its Board Examination before the conference, as is the custom. Other partner organizations held preconference sessions, among them the American Association for Community Dental Programs, the State Medicaid/SCHIP Dental Association, the National Institute for Dental and Craniofacial Research, and the Pacific Basin Dental Association. In addition, the Military Section meeting brought together dental public health professionals from all of the U.S. uniformed services.

On Monday, April 30, the opening ceremony included presentation of the U.S. flag by a color guard comprised of Denver area Girl Scouts, who had the opportunity to earn an oral health merit badge available for the first time this year. AAPHD President Kathryn Atchison, DDS, MPH, and ASTDD President Steven J. Steed, DDS, gave welcome messages and introduced many distinguished guests to the conference.

The American Board of Dental Public Health sponsored the Opening Plenary Session, *“Will Today’s Dental Public Health Workforce Meet Tomorrow’s Needs?”* to respond to the Institute of Medicine’s 2002 report, *“Who Will Keep the Public Healthy: Educating Public Health Professionals for the 21<sup>st</sup> Century.”* Presenters David Nash, DDS, MS, EdD and Amid Ismail, DDS, DrPh and moderator Mark Siegal, DDS, MPH examined the ability of the dental public health workforce to meet present and future public needs and challenged the specialty to demonstrate the leadership and vision



*Girl Scouts present the colors during the opening of the NOHC.*

necessary to remain relevant to meet the oral health needs of all Americans.

Three concurrent sessions followed. David Krol, MD, MPH, FAAP moderated *“American Academy of Pediatrics Efforts in Promoting National and Local Partnerships between Primary Care Providers and the Dental Community.”* Presenters included Suzanne Boulter, MD, FAAP, Paula Duncan, MD, FAAP, VCHIP and Martha Ann Keels, DDS, PhD. This session described the AAP initiatives and the process to make oral health risk assessment a focus for pediatricians and other primary health care providers who see children for health supervision visits. Information was provided about strategies to promote collaboration between pediatricians, family physicians and dentists to improve oral health in their communities.

A joint session sponsored by AAPHD and the American Association of Community Dental Programs was titled, *“Advancing Access to Oral Health Services: An Update on Recent Initiatives.”* A panel discussed the Alaska Dental Therapist Program, the Advanced Dental Hygiene Practitioner proposed by the American Dental Hygienists Association and other solutions proposed to solve the access to oral healthcare problem. Panel members

included Ron Nagel, DDS, MPH, Marge Green, RDH, MS, Peter Milgrom, DDS, MPH and Dr. Peter Cooney. Myron Allukian, DDS, MPH and Kathryn Atchison, DDS, MPH served as moderators.

Alice Horowitz, PhD from the National Institute for Dental and Craniofacial Research, moderated *“Advances in Oral Cancer Prevention: Applications in Public Health.”* Brian Hill, Miriam Rosin, PhD, David T. Wong, DDS, PhD and Duskanka V. Kleinman, DDS, MscD updated the audience on the changing demographics of oral cancers related to recently identified viruses, research regarding the role of saliva and genetic markers in the early detection of oral cancer, and use of such tools in public health programs, clinics and private dental practice.

During the AAPHD Awards Luncheon, which was open for all conference participants, a number of people were recognized for their accomplishments in dental public health. Details can be found on pages ??

Concurrent sessions that followed gave conference participants additional educational opportunities. Jim Sutherland, DDS, MPH of the Health Resources and Services Administration moderated *“A Perfect Storm: Engaging State Oral Health Programs in Disaster Preparedness and Response.”* Christopher Halliday, DDS, MPH, RADM, Renee Joskow, DDS, MPH, Nicholas Mosca, DDS and Emanuel Finn, DDS, MS described their experiences in extraordinary event readiness, response and recovery at the federal, state and local levels.

During *“Updating Recommendations for School Sealant Programs,”* Barbara Gooch, DMD, MPH, Susan Griffin, PhD, Margherita Fontana, DDS, PhD and Julie Frantsve-Hawley, RDH, PhD discussed the evidence-based review conducted by the Center for Disease Control and Prevention and the implications for public health practice and policies. Moderators were Gary Rozier, DDS, MPH and William Bailey, DDS, MPH.

*“A National Perspective on Oral Health Coalitions: Current Status and Future Directions”* featured results of a 2007 national survey of state-based oral health



*Dr. David Nash addresses NOHC in the ABDPH's Plenary Session.*



*Dr. Roseann Mulligan, President SCD, greets conference participants on Joint Day of Programming.*

coalitions. Oral Health America conducted the data analysis that the Centers for Disease Control and Prevention funded. Judy Feinstein, MSPH was the moderator. Presenters included Sue Dodd, RDH, BA, Beth Hines, MPH, Julie Janssen, RDH, MA and Gordon Empey, DMD, MPH.

Six contributed papers were presented in "Advancing Oral Health Care for Persons Living with HIV/AIDS," which Victor Badner, DMD, MPH, and Robert Trombly, DDS, JD moderated. Abstracts of the papers are available on pages ??

"NHANES New Measures for Oral Health, Quality of Life, and Latest Trends 1999-2004" brought the group together for a plenary session moderated by Ruth Nowjack-Raymer, MPH, PhD and Barbara Gooch, DMD, MPH. This session focused on the Vital and Health Statistics Series 11 Report, the first CDC National Center for Health Statistics in nearly 30 years on oral health from the Third National Health and Nutrition Examination Survey. Presenters Bruce Dye, DDS, MPH, Professor James G. Steele, Professor Julie Nunn and Helen Gift, PhD described trends in oral diseases and conditions and new measures introduced in NHANES 2003-04 that allowed an expanded assessment of adult oral function and well-being.

The day concluded with a scientific session comprised of 45 poster presentations. An abstract of each is included beginning on page 45.

Diplomates of the American Board of Dental Public Health gathered for the annual invitation only dinner on Monday

evening. New Diplomates were honored and officers for 2007-08 were installed. Minutes of the business meeting and details of the celebration are on pages ??

Tuesday, May 1 began with a continental breakfast with exhibitors and the plenary session, "Starting Early: Does Earlier Prevention Pay?" Jessica Lee, DDS, MPH, PhD, Andrew Snyder, MPA, and Peter Damiano, DDS, MPH discussed contradictory findings about dental costs from studies of children with Medicaid who had their first dental visit by age one compared to those whose first dental visit was after age one. Bob Isman, DDS, MPH served as moderator.

Conference participants could choose from four concurrent sessions for the remainder of the morning. Shelia Semler, PhD, RDH moderated "Does Health Education Work? Theory and Practice." A panel of experts that included Kelli McCormack Brown, PhD, CHES, Marian Huhman, MPH, Tom Sims, MA and Michelle Revels, MA explained the efficient development, implementation and evaluation of effective health education programs.

"Promising Models to Increase the Dental Public Health Infrastructure" highlighted models of dental public health workforce development from four different perspectives. Presenters were Robert Russell, DDS, MPH, Susan Bauer, MA, MPH, Russell Maier, MD and Jack Dillenberg, DDS, MPH, Robert Weyant, DMD, DrPH and Donald W. Marianos, DDS, MPH moderated the session.

Lori Cofano, RDH, BSDH, Rebecca S. King, DDS, MPH and Sangeeta Wadhawan, BDS, MPH shared field experiences and strategies used in states without a Centers for Disease Control (CDC) infrastructure grant in "Surveillance Strategies: From Nothing to Something and Beyond." Serving as moderators were Lauri Barker and Emanuel Finn, DDS, MS. Brad Whistler, DMD was reactor.

Jane Steffensen, MPH, CHES and Theresa Anselmo, RDH, BS introduced six authors of papers contributed for the session "Expanding Capacity to Improve Access to Care." Abstracts are published on pages ??

ASTDD hosted all attendees for Tuesday's luncheon to present their annual awards, to install the 2007-08 association officers and to recognize water fluoridation accomplishments throughout the nation. Detail and photographs are on pages ?? and pages ??, respectively.

Following lunch, four concurrent sessions provided educational opportunities. Chris Callahan, MS moderated "Analysis for Action: Using Data to Drive Public Health Action to Improve Oral Health." Presenters Matt Crespin, RDH, Donna Altshul, RDH, BS, Joan O'Connell, PhD and Kim Kimminau, PhD described analyses from the fields of epidemiology, economics and evaluation, and effective use of results to prompt public health action or a change of course.

The American Dental Hygienists Association sponsored "New Frontiers: Dental Public Health in Head Start." The session featured a panel of dental hygienists



who work to improve the oral health of low-income children and families by partnering with Head Start. Speakers included Valerie Orlando, RDH, MEd, Bev Jackson, EdD, Lisa Nelson, RDH and Colleen Lampron, MPH. Kathy Geurink, RDH, MA was moderator.

In "Taking Action & Advancing Your Program," Rene Lavinghouze, Jay Kumar, DDS, MPH and Theresa Anselmo, RDH, BS discussed their success in the development of state oral health plans. The moderator was Burton Edelstein, DDS, MPH.

Mark D. Macek, DDS, DrPH and Diane Brunson, RDH, MPH were moderators for "Addressing Oral Health across the Lifespan," which include six contributed papers. Abstracts are available on page ??

AAPHD held its Annual Business Meeting on Tuesday afternoon. New Officers and Executive Council Members were elected. Meeting minutes are published on page ??

The social highlight of the conference was AAPHD's 70th Anniversary Celebration. The evening, sponsored by Aseptico, included a reception with libations, dinner, music, a sparkling birthday cake and a look back at the illustrious history of the organization.

Special Care Dentistry (SCD) joined the NOHC on Wednesday, May 2 for joint meeting sessions. Approximately 250 SCD participants were registered for the first time event.

The day began with remarks from SCD President Roseann Mulligan, BA, DDS, MS, and Dr. Robert Klaus, CEO of Oral Health America.

Next on the agenda was a plenary session co-sponsored by the Dr. Edward B. Shils Entrepreneurial Education Foundation. Former U.S. Surgeon General Richard Carmona addressed the group about his experiences as Surgeon General during the Bush administration and on how the community of dental public healthcare can affect the health of the nation. After his remarks, AAPHD President Cas Evans presented Dr. Carmona with the 2007 AAPHD Public Service Award to a standing ovation.

The concurrent sessions that followed included "Re-inventing the Institutional Dental Program to Serve People with Disabilities Living in the Community."

Three programs directors, Ray Lyons, DDS, Donna Spears, DDS, MPH and Paul Burtner, DMD, described approaches used to provide access to dental care for people with disabilities who live in the community. Eileen Forlenza, BS, a parent advocate and Kim McFarland, DDS, MHSA, State Dental Director from Nebraska, spoke about the importance of these programs from the family and state perspective. Jay Balzer, DMD, MPH moderated questions from the audience.

The Herschel S. Horowitz Symposium for the year, "The New ADA Caries Prevention Recommendations: Advancing the Nation's Health" reviewed the American Dental Association Council on Scientific Affairs development of new guidelines on professionally applied fluorides and dental sealants. Amid Ismail, DDS, DrPh, Alice M. Horowitz, PhD and Mark Siegal, DDS, MPH also discussed the science supporting the recommended regimens and how to transfer these recommendations into practice in public health settings. The Moderator for the session was Myron Allukian, Jr., DDS, MPH.

The noon Lunch and Learn provided the opportunity for each registrant to select two sequential roundtable facilitated discussions by topical experts.

Presenters for the afternoon plenary session, "Making A Difference: Strengthening Oral Health Advocacy," included Jack Bresch, Monette McKinnon,

Greg Folsie, DDS and Gina Luke. This session was designed to help dental advocates understand the federal policy making process and how to actively influence policy to enhance oral health through grassroots advocacy. Paul Glassman, DDS, MA, MBA served as moderator.

Two concurrent sessions completed the afternoon. "ICF - New International Classification for Disability- Descriptions, Applications, Research - A Changing View of the Oral Health Universe" featured Clive Friedman, DDS, John Hough, DrPH and Oscar Suarez-Sanchez, DDS describing the ICF model and how it is currently being used in healthcare settings and research.

Nicholas Mosca, DDS moderated "Fostering Collaborative Partnerships to Improve Oral Health for Persons with ND/ID" in which speakers representing state oral health programs, SCD educators, and Title V Children with Special Health Care Needs programs (CSHCN) programs described collaborations to leverage their program's impact on access to care and improved oral health for persons with neurodevelopmental or intellectual disabilities (ND/ID). David F. Fray, DDS, MBA, Charlotte Connick Mabry, RDH and Mark Greer, DDS were speakers.

The final event of the NOHC was a barbeque in the western tradition hosted by DNTLworks Equipment Company.



*AAPHD President Cas Evans presented Dr. Richard Carmona the Public Service Award for his role as U.S. Surgeon General.*

## AAPHD Presidents Look Back on Their Presidential Year on the Occasion of AAPHD's 70th Anniversary

*At the invitation of President Kathryn Atchison, several AAPHD Past Presidents shared some insights to the highlights and issues experienced during their year of service. Some just said hello and others commented on the current issues.. Here is a sampling of received comments and pictures.*



**Charles W. Gish  
1969**

"I became President in 1969 but one of the highly significant times was when I was Sec-Treasurer in the early 1960's. The Association was essentially out of money to print the Journal or anything. Dave Striffler and some of the group said; "Chuck, we need to do something. So, 2 or 3 of us got together and quickly designed a good fluoridation pamphlet – which was needed. I went to a printing company in Indianapolis and found 3-5 million pamphlets didn't cost much more than buying 500,000. I don't remember if I ordered 3 million or 5 million pamphlets with no money and no place to store them – can you imagine how much storage room that takes!

I must have had an honest face, for the company printed and stored them in a warehouse. Letters went out and orders came immediately – like 50,000 to New York; 30,000 to Minnesota; 30,000 to Wisconsin; 100,000 to California, etc. Money flowed in and the Association stayed alive. We sold them all.

Hello to everyone and have a great meeting. I wish I could be there to tell some of my good old stories that are too old for you to have heard. I'll be 84 in June and going strong – retired on our farm in Indiana. Just built a new lake with about 6 or 7 acres of surface water. Fishing good!"

Your ol' Past President,  
Chuck Gish

P.S. I was no. 1 in my dental school class and one of the fastest operators – and chose Public Health. If I had to do it over, I'd do the same thing – so you're lucky people – give it all you have and the satisfaction is terrific!



**J. Earl Williams, 1972**

"AAPHD has always been my favorite organization and I was honored to serve as its President. Regrettably the celebration comes at a time when I cannot attend though I am very appreciative of the consideration you have offered to me and Kathy. The 70th Celebration is a great idea and I predict it will be most enjoyable and productive. Thanks for remembering me. The picture I am attaching is not the usual and may not be 'publishable', but it depicts some of the fun I am having in retirement."



**Myron  
Allukian, Jr.,  
1985**

I was AAPHD president in 1985 and we had a very productive year accomplishing the following:

- We passed four resolutions, one each on: infectious diseases (AIDS and Hepatitis B), smokeless tobacco, sealants, and the health benefits employees tax.

- Developed a 20-page position paper to support AAPHD's national initiative on infectious diseases.

- Our AIDS resolution with back-up documentation was mailed to 25,000 decision makers in health, dentistry, public health, and the federal government and resulted in CDC coming out with their infection control guidelines.

- Developed an AAPHD exhibit for use at other national dental meetings, including the ADA.

- Wrote a new fluoridation brochure to educate the public about fluoridation.

- Promoted the placement of a staff dental person at the National Center for Health Statistics.

- Had a 30% increase in new members in one year, the largest ever, going from 465 to 605 members, even though we had a dues increase.

- Changed the format of our Annual Meeting from 1 day to 2 1/2 days with sponsors, round tables, and poster sessions for the first time, held at the famous Latha Hotel. Our annual attendance went from 30-50 attendees to 211.

- Sensitized the dental and public health communities to the oral health needs of people with HIV/AIDS.

I also remember, successfully having dental public health re-certified as a recognized Specialty by the ADA. This was a very intense two year effort, which included many strategic activities in developing our position paper and a national groundswell of support for dental public health as a Specialty. As part of this activity, for the first time, we had an ADA president speak at our national meeting; Dr. Abe Kohbren of New York, strongly supported dental public health as an important Specialty for impacting the oral health of our nation.

None of the above would have been accomplished without everyone tirelessly working together.

### Joseph Doherty, 1987

I really think my contribution to the Association started with my term as Secretary-Treasurer. Just before I was elected we had hired Cate Corporation to administer the Association's administrative affairs. This turned out to be very expensive and we had to terminate the contract. With the approval of the Officers and Executive Council we hired my wife, Helen to do the job. The national office was moved to our home and remained there for the next 14 years. We were able, with help of everybody, to get the Association back on a sound financial footing. Over those years we saw an increase in the number of new members, journal subscribers and a growth and profitability for the annual meeting.

I was involved with just about every activity of the Association for those fourteen years.

Just to mention a few:

- The preparation, under the direction of Ray Kuthy, Secretary-Treasurer, of an application for making the Association a 501(c)(3) or tax exempt organization. This allowed for the formation of the AAPHD Foundation later proposed by Helen and me when we were awarded the Distinguished Service Award.

- The successful completion, under the direction of Skip Collins, President; of an application with HRSA for the conduction of three Residency Continuing Education Workshops.

- Under the direction of the Secretary-Treasurer, I maintained the financial books for the Association.

- Served as publisher of the newsletter under the direction of Marsh Cunningham.

- Celebrated the Association's 50<sup>th</sup> Anniversary and had a very successful meeting due to the efforts of Linda Niessen, Program Chair and Jack Dillenberg, local arrangements. Efforts were made to have all of the past-presidents attend. We even had one of the founding members present.

### Rhys B. Jones, 1995

This was a year where we brought access to care issue to the forefront nationally and with the ADA. *Oral Health: The Primary Care and Prevention Model* was the theme of the Las Vegas meeting. Much of the work this year led to the *Bethesda Conference on Access to Care* that brought in all the major oral health organizations (including, for the

first time, the ADA). This led to a number of recommendations and eventually the *Lake Tahoe Conference on Dental Medicaid*.

The meeting honored the memories of David Striffler, Max Schoen, and Jens Pindborg who all passed away in the previous year.

We also honored Joe Garogiola for all his spit tobacco work for NSTEP with the AAPHD Public Service Award and the US Surgeon General's Medallion, presented by acting Surgeon General Audrey Manley. Joe then gave a rousing speech to a combined AAPHD/Hispanic Dental Association evening dinner audience. It was the biggest crowd ever at an AAPHD event.

Other issues that year included expansion of the meeting sponsorships and institutionalized the process. We initiated continuing education credit for our annual meeting that year too.

### Robert J. "Skip" Collins, 1996

Happy Birthday to AAPHD – an organization that has been a big part of my life for well over 30 years! My Presidency "year" actually started while I was still President-elect in 1996. President Dennis Leverett suffered a recurrence of cancer and asked me to assume his duties. We emailed and spoke on the phone frequently, so that I could keep Dennis updated, and he could offer me his counsel. Before succumbing to the cancer later that year, Dennis taught me a lot about dealing with adversity, constantly asking about the state of AAPHD and other members despite his failing health.

- After many years of dedicated, selfless and high quality service, Joe and Helen Doherty announced that they wanted to relinquish the reins of the National Office.

- Thanks to the hard work of Jane Weintraub and many others, the DPH competency objectives were updated. In follow-up to the *Future of Dental Public Health Report*, AAPHD was a major participant in the conference *Oral Health Access: Public/Private Leadership*, which brought together leaders of public and private dental organizations to examine issues and possible solutions related access to care for vulnerable populations.

- After an exhaustive search process, Jim and Jill Toothaker were selected to assume responsibilities of the National Office. (The process was actually a whole

lot more exciting and stressful than that, but I'd prefer not to relive the experience!)

As noted by Healthy People 2010, we still have work to do to improve oral health. The Surgeon General's report: *Oral Health in America* and subsequent *Call to Action* pointed the way to strategies for achieving oral health. The workforce issue remains a critical one for dental public health. We need to help forge an educational system that will produce adequate numbers of individuals well qualified for leadership positions in dental public health. The pressures on federal funding make this more difficult than ever although the AAPHD Foundation has certainly been a step in the right direction.

### William R. Maas, 2003

The first major challenge of my Presidential term actually occurred immediately upon my election as Vice-President, which was to find a new Executive Director and National Office upon the resignation of Jim Toothaker and Jill Mason. Solicitation of offers generated 6 thoughtful proposals, and we interviewed the "finalists" at the Portland, Oregon meeting in 2001, just the second joint meeting of AAPHD and ASTDD. The Executive Council determined that AAPHD was growing and maturing as a professional organization and needed strong management of the business portion of our operation. The selection of MRSI met not only those needs, but a few years later made it possible for ASTDD and AAPHD to collaborate more closely and efficiently on the management of the National Oral Health Conference, which obviously has been a big success.

The most important achievement was development of a strategic plan in 2003 for the purpose of engaging the membership of AAPHD more fully, encouraging their participation and guiding their efforts. While Executive Committee members provide liaison to the goal committees created by the plan, most of the efforts were and are provided by AAPHD members at large, which not only helps AAPHD achieve its objectives, but prepares goal committee members for other positions of leadership in the Association.

The most exciting achievement was arranging for Surgeon General Richard Carmona to use the occasion of the 2003 NOHC meeting in Milwaukee to release A



*National Call to Action to Promote Oral Health.* This event emphasized public-private partnerships and was attended by leadership of a number of other dental professional associations that had not previously attended the NOHC. The “call to action” was received enthusiastically by all in attendance, and has guided many of the action steps of the AAPHD strategic plan.

Attendees of the NOHC, in any given year as it is held throughout the Nation, represent a microcosm of Public Health Dentistry. Many people are attracted to the challenge of improving oral health and reducing health disparities, the goal of Public Health Dentistry. While their intentions and commitment are sincere, they do not always appreciate the skills needed to identify and implement successful community-based strategies or the science base to support their efforts. The challenge for Public Health Dentistry is to continue to build a relevant science base, support methods to develop those needed skills, and to be open and supportive of those Public Health Dentistry practitioners who are just entering this field, even as we

affirm the importance of and support strategies to develop highly qualified specialists (defined broadly) in this field to conduct the research and education.

#### Jane Weintraub, 2005

I can recall many memorable events during my time as an AAPHD Officer—as President-elect and Program Chair, and as President. Some of them include:

- A Hollywood-themed meeting in Los Angeles, 2004, that broke records for attendance, number of exhibitors and sponsors, and contributed papers and posters, included the AAPHD Foundation’s first fund-raising event with “Cher,” as well as our guest “star” speaker, Rob Reiner.

- Increased AAPHD visibility at the 2004 ADA annual meeting, with Executive Council members testifying at 10 resolution hearings.

- Beginning of the OOHFA campaign, Optimal Oral Health for All, following the 2003 strategic planning process.

- ADA President Richard Haught approaching me and *volunteering* to speak at the 2005 NOHC meeting.

- Presentation of the first AAPHD Herschel Horowitz Scholarship to Lisa Chung at the 2005 NOHC.

- Increased collaboration with other organizations including the Dental Specialty Group, which AAPHD hosted in 2005, ADHA, ADEA, AAPD, NDA, SCD and others, and the establishment of the Partnership Network.

- Wide recognition of the “Access to Care” issue outside of our DPH domain.

- Appointment of an Ad Hoc publication committee, and beginning the process of moving the JPHD to electronic publication.

The biggest challenges for a non-profit organization are the 3 “Ts” – time, talent and treasure. We rely on our membership for their time, talent, and financial resources – all needed to keep up AAPHD’s increasing momentum.



*AAPHD Past Presidents at the AAPHD 50th Anniversary Celebration.*

## 2007 AAPHD Distinguished Service Award Recipient William F. Bird, DDS, MPH, DrPH

**Presented by Robert Weyant, DMD, MPH**

Dr. William Bird began his career in dentistry in 1961 with the United State Public Health Service in South Dakota. During the next 30 years he wove his way across America serving as teacher, researcher and mentor in New Mexico, Kansas, Massachusetts and finally California. Dr. Bird currently is Interim Chairman for the Department of Preventive and Restorative Dental Sciences at the University of California San Francisco's School of Dentistry.

He received his BA from Wabash College in Indiana, his dental degree from Loyola in Chicago, his MPH and Dr.PH at Harvard University in Boston. In between he was a Grad Student at the University of Kansas, a Residency in Staten Island and picked up his American Management Association Certificate in Business/Personnel.

Even though his career has been focused on dental public health, from 1983-1989, Dr. Bird was in private practice in Albuquerque, New Mexico. But even during those years he continued to teach at the University of New Mexico and education eventually became his focus.

Dr. Bird became a Diplomate of the American Board Dental Public Health in 1977. He served on the Association's Executive Council from 1978-1982. From 1995 to 1997 he served the Association as Continuing Education Chairman. Since 1989 he has been an editorial reviewer for the *Journal of Public Health Dentistry*.

Dr. Bird joined the staff of the University of California, San Francisco in 1981 and has served in numerous positions during his tenure. From 1996 - 2005, he was the clinical dean for the school of dentistry, responsible for the clinic scheduling for the dental students, supervising the clinical staff and Clinic Directors and the maintenance for the Clinics Building where approximately 140,000 patient visits occur each year.



*William F. Bird, DDS, MPH, DrPH*

He has been vice Chair for Clinical Affairs for the Department of Preventive and Restorative Dental Sciences for the past 13 years responsible for the direct oversight of the clinical activities of the department's clinical faculty and direct advisor to the Department Chair at the bi-monthly meetings of the department's vice chairs.

He has provided over 40 years of private and Faculty practice patient care up through spring 2000. Since 2002, he has been the director of the UCSF Dental Student Clinical Externship program where he has developed MOUs with over 24 community clinics through out California from the Oregon border to the north to the border of Mexico to the south. Through

this program, to date the dental students under this externship program have provided care to over 90,000 underserved patients in California at an equivalent cost (donated) cost of over \$5 million dollars.

Dr. Bird's current interests and creative outlets lie with preventive dentistry, care delivery and education. He has been recognized by numerous associations, organizations and even government, but in 2007, the American Association of Public Health Dentistry recognizes him as Distinguished Member and as one of our own.

## 2007 AAPHD President's Award Recipient Alice Horowitz, PhD

Presented by Kathryn Atchison, DDS, MPH, AAPHD President

On behalf of the Executive Council and the members of the American Association of Public Health Dentistry, it is my pleasure to congratulate Alice Horowitz on an accomplished career and thank her for all she has done personally to "Optimize the Oral Health of America"!

Alice's personal commitment to dental public health has been demonstrated throughout her career and throughout her personal involvement in a myriad of

organizations. AAPHD is especially grateful for her service to the organization as its President in 1992; her help in establishing the AAPHD Foundation and the Herschel S. Horowitz Scholarship; her active involvement in the planning and implementation of many AAPHD Annual Meetings and National Oral Health Conferences; and especially for her friendship and mentorship to so many AAPHD members.

For this and the many other achievements accomplished in her long career for AAPHD, for NIH, for Dental Public Health, for the US public, and for the world, I am so pleased to say, with all the love and respect she so richly deserves, "Well done, Alice, and thank you!"

## Remarks on Receiving the AAPHD President's Award

Recipient Alice Horowitz, PhD

Madam President, friends, colleagues and family...my granddaughter, Alissa Johnson, is here with me today.

Thank you for this wonderful honor. It is especially rewarding to be recognized by an organization that I hold in high esteem and one with which I have been intimately involved for many, many years. When I first became a member of AAPHD the then American Association of Public Health Dentists, I and other non-dentists were not allowed to vote and we could not run for office. Interestingly, we *were* allowed to work on committees and even chair committees. It took some very special and courageous dentists [Dave Striffler, Hersh Horowitz and Bob Mecklenburg] to advocate for the resolution that allowed non-dentists to vote and run for office. Concomitantly, the organization's name was changed to its' present name, the American Association of Public Health Dentistry. This organization is unique in the U.S. in that it is the sponsoring organization for one of dentistry's specialties—dental public health dentistry—and also allows non-dentist members full voting rights. We have come a long way, and, I believe we will continue to grow and change. We will soon be

challenged again and we will need to step up to the plate what with the call for national health care. Oral health must be included in these efforts. Further, and most importantly, we must focus our efforts on primary prevention. I do not need to remind anyone in this room, we know how to prevent or at least control most oral diseases, but we tend to focus on demanding dental care or treatment. Filling holes simply is not the answer. The appropriate use of fluoride and dental sealants is what we need to foster to reduce dental disparities. My granddaughter, Alissa, will soon be 21. She was born and reared in a non-fluoridated community in Northern California. Neither she nor her older sister has ever had a cavity because they were given dietary fluoride supplements from birth and received sealants at appropriate ages. I had to do a little arm twisting with her dental provider to get the sealants applied. These two regimens work and we are the ones responsible for ensuring that they get



Alice Horowitz, PhD and Kathryn Atchison, DDS, MPH

applied. We have an opportunity and a responsibility to help close the gap in oral health disparities. We are dental public healthers, we are unique. Again, thank you, Kathy, for honoring me.



## 2007 AAPHD Public Service Award Recipient Richard H. Carmona, MD, MPH, FACS

Presented by Caswell Evans, Jr., DDS, MPH

Born to a poor family in New York City, Dr. Carmona experienced homelessness, hunger and health disparities during his youth. The experiences greatly sensitized him to the relationships among culture, health, education and economic status and shaped his future.

After dropping out of high school, Dr. Carmona enlisted in the U.S. Army in 1967. While serving, he earned his General Equivalency Diploma and went on to become a combat-decorated Special Forces Vietnam veteran. After leaving active duty, he was able to attend Bronx Community College of the City University of New York through an open enrollment program for veterans. He earned an associate of arts degree and then attended the University of California, San Francisco, where he received a bachelor of science degree (1977) and medical degree (1979). At the University of California Medical School, Dr. Carmona was awarded the prestigious gold-headed cane as the top graduate.

Originally trained in general and vascular surgery after medical school, Dr. Carmona completed a National Institutes of Health-sponsored fellowship in trauma, burns and critical care. He is a Fellow of the American College of Surgeons. Recruited jointly by the Tucson (Arizona) Medical Center and the University of Arizona, Dr. Carmona started and directed Arizona's first regional trauma care system, became the chairman of the State of Arizona Southern Regional Emergency Medical System, a professor of surgery, public health and family and community medicine at the University of Arizona, and the Pima County Sheriff's Department surgeon and deputy sheriff.

Public Health came as a second career after Dr. Carmona went back to graduate school while working in order to complete a master's degree in public health, his interest stemming from the realization that most of his work as a physician was for reasons that were preventable.



*Dr. Richard Carmona and Dr. Caswell Evans*

In 2002 Dr. Carmona was unanimously confirmed by the Senate to become the 17<sup>th</sup> Surgeon General of The United States. President George W. Bush chose Dr. Carmona for the post because of his extensive experience in public health, clinical sciences, health care management, preparedness and his commitment to prevention as an effective means to improve public health and reduce health care costs while improving the quality and quantity of life.

As Surgeon General, Dr. Carmona had a very diverse portfolio of responsibility that included but was not limited to prevention, preparedness, health disparities, health literacy and global health to include health diplomacy. He also issued many landmark Surgeon General communications during his tenure, including a definitive statement regarding the danger of second-hand smoke.

Dr. Carmona has published extensively and received numerous awards, decorations, and local and national recognition for his achievements. A strong supporter of community service, he has served on community and national boards and provided leadership to many diverse organizations.

After completing his four-year term as Surgeon General in 2006, Dr. Carmona was named to the position of vice chairman for Canyon Ranch, the country's leading health and wellness company for over 25 years. He also serves as chief executive officer of the company's Health Division and oversees health strategy and policy for all Canyon Ranch businesses. He is president of the nonprofit Canyon Ranch Institute and the recipient of the first Distinguished Professorship in Public Health at the University of Arizona's Mel and Enid Zuckerman College of Public Health.

## Best Paper for 2006 *Journal of Public Health Dentistry*, Vol. 66 Recipient Justine Kolker

Presented by Robert Weyant, DMD, DrPH

Robert Weyant presented the award to recognize the best refereed manuscript published in Volume 88, 2006 of *JPHD* to **Justine L. Kolker, DDS, MS, PhD**, primary author of "The Cost-Effectiveness of Large Amalgam and Crown Restorations over a 10-Year Period." Dr. Kolker is an Assistant Professor in the Department of Operative Dentistry at the University of Iowa. The research reported was completed while she was a doctoral student at the University of Iowa and a Research Fellow at the Iowa City Veterans Affairs Medical Center.

Co-authors include Peter C. Damiano, DDS, MPH, Director, Health Policy Research Program Public Policy Center and Professor, Department of Preventive and Community Dentistry, University of Iowa; Stephen D. Flach, MD, PhD, Covance Inc, Drug Development Services, Madison, WI; Suzanne E. Bentler, MS, Program Associate, Human Subjects Office, University of Iowa; Steven R. Armstrong, DDS, PhD, Assistant Professor, Department of Operative Dentistry, University of Iowa; Daniel J. Caplan, DDS, PhD, Associate Professor, Department of Dental Ecology, School of Dentistry, University of North Carolina, Chapel Hill; Raymond A. Kuthy, DDS, MPH, Professor and Head, Department of Preventive and Community Dentistry,

University of Iowa; John J. Warren, DDS, MS, Associate Professor, Department of Preventive and Community Dentistry, University of Iowa; Michael P. Jones, MA,

PhD, Professor, Department of Biostatistics, University of Iowa; and Deborah V. Dawson, ScM, Professor, Department of Preventive and Community Dentistry, University of Iowa.



*Bob Weyant with Justine Kolker and the plaque presented during the Awards Luncheon for the 2006 Best Paper in JPHD.*

## The 2007 Myron Allukian Jr. Lifetime Achievement Award in Community Dental Programs: Recipient Major Tappan, DDS, MPH

Presented by Myron Allukian Jr., DDS, MPH

Presented to Major Tappan, DDS, MPH, Denver, Colorado. Recognizing contributions to local dental programs.



*Dr. Larry Hill, AACDP President, Dr. Tappan and Dr. Myron Allukian*

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# AAPHD and The Dental Trade Alliance Foundation

## 2007 Community Dental Student Recognition Awards

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

### Dental Student Award Recipients:

Kathryn Alderman	University of Nebraska Medical Center
Darryl Baucum	University of Texas Dental Branch at Houston
Jennifer Bell	University of North Carolina
Gina Betita	University of California San Francisco School of Dentistry
Janice Burke Touchstone	University of Mississippi
Steven Chau	The University of British Columbia Faculty of Dentistry
Gina Cozzarelli	Nova Southeastern University
Allison Crawford Lesko	UMKC School of Dentistry
Shannon Dalmao	University of Toronto
Danial Deheshi	University of Saskatchewan
Kristi Elise Donnelly	Indiana University School of Dentistry
Joshua Edward Drais	USC School of Dentistry
Brandi Dupont	UNLV School of Dental Medicine
Laura Geist Snyder	Temple University School of Dentistry
Candace Grace	Howard University School of Dentistry
Matthew Jay Hammons	CWRU School of Dental Medicine
Christian Harteau	Marquette University
LeRoy Horton	University of Washington School of Dentistry
Lindsey Jakubovic	McGill University
Jocelyn Jeffries	New York University College of Dentistry
Lindsey Melissa Keck	University of Buffalo School of Dental Medicine
Justine Kennedy-Frazier	University of Louisville School of Dentistry
Natasha Khurana	University of Maryland, Baltimore
Mark Knott	WVU School of Dentistry
Larissa Leach	University of Southern California
Kevin LeBlanc	Laval University
Veronica Lee	University of Western Ontario
Carlos Longa	University of the Pacific
Daniel Malan	University of Pittsburg School of Dental Medicine
Manav Malik	University of Florida
Angela Manalili	Arizona School of Dentistry & Oral Health at Still Univ. of Health Science School of Dentistry
Brooke McCallum	LSUHSC School of Dentistry
Mark Melendez Christensen	University of Kentucky
Melissa Minger	MUSC College of Dental Medicine
Anne Roisin Mullin-Kuczma	Harvard School of Dental Medicine
Sonya Newstrom	The University of Iowa
Anhphi Nguyen	Boston University School of Dentistry
Gina Orland	Southern Illinois University
Hanh Hieu Phi	University of Colorado School of Dentistry
Scott Phillippi	Ohio State University
Stephanie Potvin	Universite de Montreal



Christina Ramirez	The University of Texas
Amber Sabitus	University of Pennsylvania
Aaron Schwartz	Columbia University
Sangeeta Shenoy Mehta	Tufts University
Kirill Smirnov	Oregon Health and Science University
Michelle Stanislawski	University of Connecticut
Nicole Stewart	University of Maryland Dental School
Carlos Stringer Smith	The University of Michigan
Yvonne Tijerina	Baylor College of Dentistry
Summer Tolbert Wood	Medical College of Georgia
Cassidy Turner	Virginia Commonwealth University
Marissa Zoladz	University of Illinois at Chicago



## Dental Hygiene Student Award Recipients:

Denise Allen	Indiana University School of Dentistry
Nubia Binder	University of the Pacific
Lisa Calabro	University of Detroit Mercy
Amilcar David	New York University
Dana Marie DeGregorio	West Virginia University
Tiffany Feger	St. Petersburg College
Emily Gasser	Oregon Institute of Technology
Laura Marie Greer	University of Louisville School of Dentistry
Brooke Johnson	Southern Illinois University - Carbondale
Ashley Jones	Clayton State University
Kristina Julius	Mount Ida College in Newton Massachusetts
Cameka Keeton	Medical College of Georgia
Angela Kmiecik	Baker College
Jessie Krupkin	University of Maryland Dental School
Rosalinda Molina	Baylor College of Dentistry
Lauren Napolitano	University of New England
May Neussl	University of Bridgeport
Cyndi Ochs	University of Louisiana at Monroe
Season Plato	St. Petersburg College
Jennifer Lynn Riddle	University of Missouri-KC School of Dentistry
Katrina Sanders	University of Minnesota
Carrie Schwerfeger	West Liberty State College
Tammy Shelton	East Tennessee State University
Carrie Simpson	Virginia Commonwealth School of Dentistry
Chelsie Stromski	University of Michigan School of Dentistry
Anna Wanko	LSUHSC School of Dentistry
Carey Web	University of New Mexico
Michelle Wehling	Loma Linda University
Shayla Williams	University College of Bangor
Violetta Zambrano	University of Texas Health Science Center at Houston

*Dr. Marissa Zoladz was presented the American Association of Public Health Dentistry Award at the University of Illinois at Chicago College of Dentistry's recent Honors Day by Drs. Indru Punwani (left) and Larry Salzmann, faculty member in the Department of Pediatric Dentistry at the College. Dr. Zoladz was a May 2007 graduate of the College.*

*Sponsored by*



**American Association of Public Health Dentistry  
Student Recognition Awards for Achievement in  
Community Dentistry and Dental Public Health**



*Sponsored by the  
Dental Trade Alliance Foundation*



**TO: The Inaugural Class  
Arizona School of Dental and Oral Health  
Still University of Health Sciences – School of Dentistry**

**FR: Pamela J. Tolson, CAE, Executive Director**

**DATE May 8, 2007**

On behalf of the Executive Council and the membership of the American Association of Public Health Dentistry, I congratulate you on your graduation and applaud you for your interest in a career in dental public health.

This is a critical period for the health of our nation's citizens as the medical and dental communities begin understanding the connection of good oral health to overall health. It is our hope that you will continue to help the public and other health professionals understand that connection as you go out into the world and share what you have learned from your studies and community projects.

We are excited for you at the opportunities that are opening for graduates, such as yourselves, in the dental public health community. And we are excited about this wonderful program at the Arizona School of Dental and Oral Health.

Therefore, in honor of your achievement the American Association of Public Health Dentistry presents a plaque to the University to be displayed in its halls to forever commemorate your achievement. The plaque reads:

**The American Association of Public Health Dentistry  
in partnership with the  
Dental Trade Alliance Foundation**

**Recognize, Congratulate and Thank  
on behalf of the many recipients touched by your combined community service  
projects**

**The Inaugural Class of the  
Arizona School of Dental Oral Health, Still University of Health Sciences  
for  
Outstanding Achievement in Community Dentistry and Dental Public Health**

**May 18, 2007**

**AMERICAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY**

P.O. Box 11075 ❖ Springfield, IL 62791-1075  
Phone: (217) 529-6941 ❖ Fax: (217) 529-9120 ❖ E-mail: natoff@aaphd.org

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The ARU-01 Portable X-ray - Widely Used in Portable Dentistry

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## AMERICAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY FOUNDATION

Herschel S. Horowitz Scholarship: The AAPHD Foundation has awarded two Herschel S. Horowitz Scholarships and will be announcing the third recipient during the 2007 National Oral Health Conference. The 2004 and first recipient, Dr. Lisa Chung, received her MPH at UC Berkeley in Spring of 2005 and began the one-year dental public health residency program at UCSF in the Fall of 2005. The 2005 recipient, Dr. Tara Esmeili, started the MPH program in the summer of 2005 at the University of California Berkeley. No scholarship was awarded in 2006. The 2007 recipient will be announced at AAPHD 70th Anniversary Celebration. Through an agreement with the Horowitz Family, combined with contributions to the Foundation's Horowitz Scholarship Fund, ten \$25,000 scholarships will be awarded through 2013. Applications and scholarship criteria may be found at [www.aaphd.org](http://www.aaphd.org).

### In Appreciation for their Support of the AAPHD Foundation

#### Founders

E. Joseph Alderman and  
Howard Lee Yarborough  
J. Michael Allen  
Myron Allukian, Jr.  
Kathy Atchison  
Robert Bagramian  
Elizabeth Bernhard  
Ron Billings  
Irene Bober-Moken  
Brian A. Burt  
Robert "Skip" Collins  
Georgia dela Cruz  
Joe and Helen Doherty  
Terri Dolan  
Chester Douglass  
Robert Dumbaugh  
Caswell A. Evans  
Denise Fedele  
Janie Fuller  
Steve Geiermann  
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Harry Goodman  
Ralph Green  
Veronica Greene  
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Lawrence Hill  
Irene Hilton  
Alice and Hersh Horowitz  
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Robert M. Johnson

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George Taylor  
Scott Tomar  
Jeanine Tucker  
Jane Weintraub  
Robert Weyant  
Alex White  
American Board of Dental  
Public Health

#### FY 2006-2007 Contributors

E. Joseph Alderman  
Myron Allukian  
Nancy Arthur  
Steve Arthur  
Victor Badner  
Jay Balzar  
Laurie Barker  
Tegwyn Brickhouse  
Brian A./Elizabeth Burt  
Roosevelt Bush  
Maria Canto  
Ke-wan Chang  
Amit Chattopadhyay  
Lisa Chavez  
Lois Cohen  
Robert Collins  
Thomas Connolly  
Marsha Cunningham  
Georgia dela Cruz  
Joseph Doherty  
Mark Doherty  
Bruce Dye  
Michael Easley  
Caswell Evans  
Robert Faine  
John Featherstone  
Denise Fedele  
Michael Garrett  
Elizabeth Gaskin  
Steven Geiermann  
Barbara Gooch  
Thomas Grabarek  
Carolyn Gray  
Veronica Greene  
Suzanne Hayes  
David Heisel  
Irene Hilton  
Alice Horowitz  
Dick Ito  
William Jasper  
Elvine Jin  
Kim Jin Bom

Donald Johnson  
David/Candace Jones  
Judith Jones  
Renee Joskow  
Linda Kaste  
Rebecca King  
Dushanka Kleinman  
Marsha Larrabee  
Ronald Lejeune  
Steven Levy  
Yihong Li  
Martha Liggett  
Mary Lynch  
William Maas  
John Mahilo  
Dolores Malvitz  
Michael Manz  
Steven Uranga McKane  
Vinod/Kalpana Miriyala  
Richard Moken  
Nicholas Mosca  
Raynor Mullins  
Linda Niessen  
Parivash Nourjah  
P and G Distributing  
Dia Paik  
Children Penobscott  
Edward Peters  
Scott Presson  
James Quartey  
John Rossetti  
Shihoko Sakuma  
Buddhi Shrestha  
Mark Siegel  
Angela Stout  
James Sutherland  
Mary Sutula  
Susan Tengan  
Frances Tourdot  
Jeanine Tucker  
Sy Wachtenheim  
Minoru Yagi

---

## 2007 Herschel S. Horowitz Scholarship Recipient: Dr. Alana Kvichak

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**Presented by Linda C. Niessen, DMD, AAPHD Foundation Chair**

“Congratulations! It is a pleasure to inform you that you have been selected as the 2007 recipient of the AAPHD Foundation Herschel S. Horowitz Scholarship pending acceptance into the MPH Program at the University of California, Berkeley.

The Selection Committee was impressed with your academic credentials and your clear interest and commitment to dental public health during dental school and upon graduation.

This \$25,000 scholarship will be awarded in two payments, one in the Fall and one in the Spring. Each check will be made payable to the University of California, Berkeley unless otherwise informed.”



*Dr. Alana Kvichak*



*Left to Right: Jane Weintraub, Dr. Alana Kvichak, Alice Horowitz and Lisa Chung. Jane and Alice are pictured with the 2007 and 2005 Herschel S. Horowitz Scholarship Recipients, both from UCLA.*

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## AAPHD 2007 Leverett Graduate Student Merit Award for Outstanding Achievement in Dental Public Health

---

**First Place**

*Opinions of Early Head Start Staff about the Provision of Preventive Dental Services by Primary Medical Care Providers*  
**Kavita R. Mathu-Muju, DMD, MPH**  
 University of Kentucky College of Dentistry

**Second Place**

*Fluoride Knowledge in Parents of North Carolina School Children*  
**Larry Myers, DDS, MPH**  
 North Carolina Health Section and NC Division of Public Health

**Third Place**

*Holding Up the Oral Health Safety Net: The Role of NHSC Dentists in North Carolina*  
**Neel Bhatavadekar, BDS, MS**  
 University of North Carolina at Chapel Hill

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## AAPHD 2007 Predoctoral Dental Student Merit Awards for Outstanding Achievement in Dental Public Health

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**First Place**

*Veterans with Mental Illnesses Report More Dental Problems than Veterans without Mental Illnesses*  
**Doron Ringler, DMD**  
 Boston University

**Second Place**

*American Dental Association: Crest Healthy Smiles*  
**Darryl Baucum, DDS**  
 University of Texas San Antonio

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## AAPHD 2007 Dental Hygiene Student Merit Award for Outstanding Achievement in Dental Public Health

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**First Place**

*Assessment of Oral Health Care Needs among Adult Day Care Participants*  
**Rachel Renfro RDH, MS and Allison Bartlett, RDH, BS**  
 East Tennessee State University Dental Hygiene Program and Wise County Health Department



*Student Award winners attending NOHC included Darryl Baucum, Rachel Renfro, Allison Barlett, Doron Ringler, Kavita Mathu-Muju, and Larry Myers.*

*AAPHD Student Awards  
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5% Sodium Fluoride  
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## 2007 ASTDD Outstanding Achievement Award Recipient Lynn Douglas Mouden, DDS, MPH, FICD, FACD

---

**Presented by Don Altman, DDS, MPH, MBA, MA**

Dr. Lynn Mouden has been an ASTDD member / associate member for more years than I know. He was the first Associate Member when working in Missouri and has been a member since taking the position of State Dental Director in Arkansas.

When the Association was in need of a Board member to step forward to assume the office of President – that person was Dr. Mouden. Dr. Mouden served tirelessly as President and is now serving as Immediate Past-President.

From my personal perspective, no one has done more for the Mentoring Committee than Lynn. Not only has Lynn never told me “no” to mentoring a new dental director, but he has actively volunteered to mentor new dental directors before he was even approached by me. I feel this shows Lynn’s desire to better fellow dental directors and in turn better our Association.

For these reasons, and I am sure for many more than I can currently remember, Dr. Lynn Mouden receives the ASTDD Outstanding Achievement Award.



*President Steve Sneed presents Lynn Mouden with the ASTDD Outstanding Achievement Award.*

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## Remarks on Receiving the ASTDD Outstanding Achievement Award

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**Recipient Lynn Douglas Mouden, DDS, MPH, FICD, FACD**

It is definitely an honor to be recognized by your peers. In this case, it was also unexpected. I am certainly grateful to Don Altman for nominating me and for ASTDD in presenting this award. But, I am certainly not used to such surprises and you really caught me off guard.

It is not surprising that my father was my role model. His profession was as an airline pilot. However, he also gave back much to his community as a Boy Scout leader, Civil Aeronautics Board crash investigator, US representative to the UN’s International Civil Aviation Organization, and our church. Of course, all these roles were pro bono. All this is to say that giving back is part of what we do.

In private practice, and even when I moved to public health, I was proud to serve organized dentistry in local, state, and national roles (even when organized dentistry does not seem all that organized). While still with the Missouri Department of Health, I was honored to be asked to serve ASTDD as the very first Associate Member and soon after, as the Editor. Moving to become State Dental Director in Arkansas opened up new possibilities for serving our profession. Serving on the Executive Committee for eleven years, mentoring new dental directors, serving on committees, and even chairing a few of them has certainly meant some long hours and too many nights away from home.

However, it is the hope that giving back has made a difference – a difference for the Association, a difference for the members, a difference for dental public health, and a difference for the millions of people that rely on us to improve their oral health.

I’m honored to be recognized by the Association and equally honored to work with wonderful, dedicated dental professionals. An award for career achievement is not for just one person. What it really honors is all the talented people that I have been blessed to know and work with. I pray that I am worthy of this recognition and hope to continue my efforts in the Association for many years to come. Thank you.

---

## 2007 ASTDD Outstanding Achievement Award Recipient Warren LeMay, DDS, MPH

---

**Presented by Don Altman, DDS, MPH, MBA, MA**

Dr. Warren LeMay has been an ASTDD member for more years than I know. Dr. LeMay serves as the Dental Director for Wisconsin and has for many years.

Warren has served on the Executive Board of the Association in many different positions. He has always performed his duties with a positive attitude and professionalism. He served as chair of the Leadership Committee for many years. In this capacity, he was in charge of organizing and conducting the New Member Orientation meeting held each year at the National Oral Health Conference. I have personally worked with Warren on the Leadership Committee and have found him to be easy to approach and professional. As Mentoring Chair, Warren has helped by being a mentor for Gordon Empey in Oregon.

Only this past year did he relinquish those duties to assume the role as the Editor of the Association's Newsletter, *Oral Health Matters*. In my opinion, the online newsletter appears to be timely and very professional.

Dr. Warren LeMay receives the 2007 ASTDD Outstanding Achievement Award for these reasons and more.



*Warren Lemay, left, holding the plaque that commemorates the Outstanding Achievement Award, poses with Steven Sneed, ASTDD President.*

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## Remarks on Receiving the ASTDD Outstanding Achievement Award

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**Recipient Warren LeMay, DDS, MPH**

It is difficult to express what a truly great honor it is to be a recipient of ASTDD's Outstanding Achievement Award. To receive this award is a highlight of my professional career. I am proud to be a member of ASTDD and I am grateful to have collaborated with so many talented and

committed members for the past 16 years. It has been a pleasure to participate on many of ASTDD's committees and to serve as your newsletter editor. I highly recommend that each of you become involved with the organization, as it is a real learning experience and you will benefit both

professionally and personally. I would like to especially acknowledge ASTDD President Steven Steed and the members of the Awards and Executive Committees. Thank you so much for this award.



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## 2007 ASTDD President's Award: Donald W. Marianos, DDS, MPH

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**Presented by Steven J. Sneed, DDS**

Dr. Donald Marianos has provided exceptional guidance as Coordinator and Consultant for the ASTDD Leadership Committee. Under his guidance, the Leadership Committee developed another two-year work plan, was involved in the development of a framework for a National Oral Health Leadership Institute for state dental directors, and the creation of a joint ASTDD/AAPHD Dental Public Health Workforce Task Force to interface with national partners, address coordination of activities related to curriculum development and evaluation, redefine and market the dental public health workforce, and identify and leverage resources for workforce development initiatives. The Task Force created two sessions for the 2007 NOHC.

After retiring as Director of the CDC Oral Health Division in 1996, Don continues to give of his time and expertise to improve the nation's oral health. His willingness to assist ASTDD as consultant, facilitator, and mentor has proven to be



*Dr. Don Marianos, left, receives the Outstanding Achievement Award from ASTDD President Steven Sneed.*

priceless in helping to encourage and improve its leaders. I have especially been a beneficiary of his generosity.

For these and many more reasons, I present Don with the President's Award.

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## 2007 ASTDD Distinguished Service Award: Lew Lampiris

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**Presented by Steven J. Sneed, DDS**



## ASTDD/ADA/CDC Community Water Fluoridation Awards

### Presented by Judith Feinstein

Judith Feinstein, Chair of the ASTDD Fluorides Committee, presented the 2006 Community Water Fluoridation Awards on May 1, 2007 during the ASTDD Annual Awards Luncheon.

The 2006 awards commemorated David B. Ast, DDS, MPH, a pioneer in community water fluoridation, who passed away February 3, 2007 at the age of 104. Dr. Ast received his dental degree from New York University in 1924 and earned a master's degree in public health from the University of Michigan in 1942. Dr. Ast is known for a ten-year study of fluoridation beginning in 1944 in Newburgh and Kingston, NY. Data from the two Hudson River communities showed that Newburgh, with its fluoridated water supply, had a caries rate in children 60 to 70 percent less than the control community of Kingston with no significant differences in cases of cancers, birth defects, heart, or kidney disease (Ast DB, Finn SB, McCaffrey I. The Newburgh-Kingston caries fluorine study. I. Dental findings after three years of water

fluoridation. *Am J Public Health Nations Health* 1950; 40: 716-724.). He was also an influential advocate for fluoridating New York City's water in 1965. He joined the New York State Bureau of Dental Health in 1938, served as its director and also held the post of assistant commissioner of the state department of health. Dr. Ast was the first recipient of the American Public Health Association's John W. Knutson Distinguished Service Award in Dental Public Health. He received the H. Trendley Dean Memorial Award from the International Association of Dental Research in 1968.



*The Fluoridation Awards were presented by Judith Feinstein at the ASTDD Awards Luncheon.*

### Fifty Year Awards

#### California

Morgan Hill  
Palo Alto  
Rosemont

#### Delaware

Selbyville Water Department

#### Florida

Belle Glade Waterworks  
Ocala  
Orlando Utilities Commission

#### Georgia

Canton  
Cordele  
Eastman  
LaGrange

#### Hawaii

Naval Computer &  
Telecommunications Area  
Master Station Pacific  
Naval Magazine Lualualei  
Schofield Barracks  
Wheeler Army Air Field

#### Illinois

Balmoral Heights Subdivision  
Breese  
Caterpillar Trail Public Water District  
Chicago  
Glencoe  
Jacksonville Mechanicsburg-Buffalo  
Water Commission  
Nashville  
Northbrook  
Northwest Belmont Improvement  
Association  
S. Jacksonville  
Utilities, Inc. Holiday Hills

#### Indiana

Brazil City Water Works  
Carmel  
Fortville  
Gary Northwest Indiana Water  
Corp.  
Logansport Municipal Utility –  
Water Treatment Plant  
Mount Vernon Water Works

#### Kansas

Chanute  
Leavenworth

#### Kentucky

Fort Knox Central A  
Lawrenceburg Water & Sewer

#### Massachusetts

Cohasset  
Hamilton  
Winchester

#### Minnesota

Slayton  
Truman

#### Mississippi

City of Marks

#### Missouri

Festus  
Jackson  
Sikeston  
Slater

#### New Hampshire

Lebanon

**New Mexico**

Raton  
Santa Fe

**New York**

Canandaigua City  
Monticello Village

**North Carolina**

Icard Township  
 Mooresville  
Rutherford College Water  
Corporation  
Thomasville  
Triple Community Water

**North Dakota**

Jamestown  
Minot

**Ohio**

Berea  
Cleveland  
Huron

**Oklahoma**

Ponca City Municipal Water

**Oregon**

Dallas  
Warrenton

**Pennsylvania**

PA-American Water Company-  
Capitol

**Puerto Rico**

Barranquitas  
Cayey  
Fajardo-Ceiba

**South Carolina**

Town of Bishopville

**South Dakota**

Huron

**Tennessee**

Hartsville  
Lebanon  
Ripley

**Utah**

Helper

**Washington**

Forks Municipal Water District  
Fort Lewis  
Longview  
Pullman Water District  
Woodland

**Wisconsin**

Coloma  
Monona  
Shullburg

**State Fluoridation Initiative Awards**

Florida  
Nevada

**Community Fluoridation Reaffirmation Awards****California**

Arcata

**Colorado**

Boulder

**Florida**

Palm Beach

**Iowa**

Hampton

**Maine**

Jackman  
Moose River

**Missouri**

Stockton

**Texas**

Del Rio

**Vermont**

Burlington  
Montpelier  
Bellows Falls

**Wisconsin**

Antigo

**State Fluoridation Quality Awards****Alaska****Connecticut****Delaware****Indiana****Massachusetts****Nevada****North Dakota****Rhode Island****West Virginia****Community Initiative Awards****California**

Arcata  
West Sacramento

**Massachusetts**

New Bedford

**Michigan**

Grand Ledge

**Mississippi**

Guntown  
Lebanon Water Association  
Puckett  
Quincy Water Association

**Missouri**

Keytesville

**New York**

Corning

**Washington**

Skagit County

**Healthy People 2010****Nevada**

Reached for the first time the goal of 75% of state's population with community water supplies receiving fluoridated water



## AAPHD Annual Business Meeting

**Tuesday, May 1, 2007 - Denver Marriott Tech Center, Denver, Colorado**

### Call to Order & President's Report

President Kathryn Atchison called to order the 70<sup>th</sup> Annual Business Meeting (ABM) of the American Association of Public Health Dentistry (AAPHD). She reported that her goals for the past year included 1) electronic publication of the *Journal of Public Health Dentistry* 2) identification of a community outreach program during NOHC and 3) development of a Coalition for the Evaluation of Workforce Models. She was pleased to report the accomplishment of all three.

First, a contract was signed last October with Blackwell Publishing to publish the *JPHD* in both hard copy and electronic format. AAPHD members will continue to receive a hard copy but may also access it electronically. An electronic subscription will be available to non-members of AAPHD.

Second, an outreach program was completed with the Mile High Girl Scout Council during NOHC. Members of the MHGSC earned an oral health patch. They met with AAPHD members to talk about career opportunities in dentistry, dental public health and association management.

Third, a coalition for the Evaluation of Workforce Models has come together and includes representatives from AAPHD, ASTDD, ADA, ADHA, APHA, and AACDP. An abstract has been accepted by all parties as to the objectives of the coalition. Evaluation criteria will include method, metrics and the development of a manual. Under discussion for evaluation by the Coalition are the Alaska Dental Health Aid Therapist Program and the Community Dental Health Therapists.

AAPHD will also be represented by Dr. Atchison on a site visit to Alaska for the DHAT Program in a few weeks. The trip is underwritten by the Rasmussen Foundation in cooperation with the Native Alaskan Tribal Health Consortium.

### Secretary-Treasurer's Report -

Mark Macek reported on the financial status of the organization. Highlights of



his report include:

- The Executive Council has budgeted for as much as a \$45,000 deficit this year mainly due to moving the *Journal of Public Health Dentistry* to Blackwell Publishing. This move affects *Journal* income, cash flow and increases expenses during the fiscal year as the *Journal* fiscal year differs from that of the association. However, in exchange AAPHD members will soon have access to an electronic version of the *JPHD*, a complete electronic archive of all *JPHD* volumes and will implement an on-line manuscript submission process later this calendar year. There was an exchange that the Executive Council felt was worth the impact to the budget.
- At seven months into the fiscal year expenses are below expectations and income is up. It looks as if the projected deficit will not be as large as expected. Also, net receipts from the NOHC look to exceed expectations.
- It has become clear that in order for the Association to reverse the budget results of the past few years, it will be necessary to increase dues and find additional sources of non-dues revenue. Macek then outlined the projected implications of a dues increase on the budget and encouraged members to support the increase.

- A copy of the 2005-06 Audit was distributed to the membership.

### Executive Director Report –

So as not to duplicate Committee Chair Reports, Pamela Tolson took the opportunity to thank the number of AAPHD members who represent the Association on various committees at other Associations. She also pointed out that as the sponsoring organization for a dental specialty the association has obligations to provide volunteers to serve on committees of the Commission on Dental Accreditation. Currently volunteers are needed to fill positions on the CERP Committee and on the CODA Appeals Committee. Members interested in serving must be members of ADA and AAPHD.

### Committee Reports

**A. AAPHD/ASTDD Workforce Task Force – Steve Geiermann** reported the Task Force is evaluating the relevancy of the Dental Public Health Residency Programs. Their objective is to breakdown obstacles and develop clear goals and objectives for the programs.

**B. Oral Health Advocacy & Policy Committee – Nick Mosca** reported on the activities of this busy committee which includes the proposal of the Access to Care Policy Statement and the Fluoride Varnish Resolution which are posted on the AAPHD

website for membership review and comment. (Copies were also distributed at the ABM.) The next step will be a review of comments, final adoption by the Executive Council and a vote taken by the membership.

Mosca also outlined the reasons behind the proposed change to the bylaws that members present will be voting on during the meeting. The bylaw change gives authority to the Executive Council to make interim policy and take positions on issues until confirmed by a vote of the membership.

**C. Education & Science Committee** – **Barbara Gooch**, co-chair of the committee with **Jane Steffensen**, reported that the main activity of the committee is review and selection of abstracts submitted for posters and oral presentations during the NOHC. Over sixty submissions were reviewed by members of the committee this year. However, the committee members feel that representatives from the committee should serve on all other AAPHD committees and provide input into all of the association program areas. This recommendation is under consideration by the Executive Council.

**D. Membership Development Committee** – **James Sutherland** reported the primary activity of the committee was the development and implementation of three membership surveys. Survey #1 focused on the *Journal* and how it was valued and used by the membership. Results of this survey resulted in the Executive Council moving the publishing of the *Journal* to Blackwell Publishing.

The objective of survey #2 was to have the membership identify program spending priorities besides the *JPHD* and to identify the member benefits that had the most value to the membership. The members identified three areas of priority for Association activities and they were: Workforce Issues (40%), Advocacy (33%), and Education & Prevention (27%).

The third survey was posted on the AAPHD website in March. The objective of survey #3 was to have the membership rank the areas of priority for the association identified in survey #2 and to give a clearer definition to the term “advocacy.” Approximately 25% of the membership participated in Surveys 1 & 2. Survey three only had a 10% response rate at the time of the ABM. The survey will remain posted until June and members will be encouraged to participate. A more complete report on the results was distributed at the meeting and will be posted on the website at the completion of Survey #3.

**Items for a Vote** - A paper ballot was distributed to members present and collected for counting at the end of the meeting.

**A. Dues Increase** – A discussion on the proposed dues increase demonstrated a concern about raising dues for students. The Executive Council will discuss the idea of a transition dues level before any implementation of an increase. A new definition of a student may be “still in dental school or one-year out of dental school.”

**The vote was 99% for a dues increase as proposed and 1% against. The dues increase will take effect for fiscal year October 1, 2007 – September 30, 2008. The new dues rates will be:**

Regular Voting Members	\$150
Contributing Members	\$175
Sustaining Members	\$200
Sponsoring Members	\$250
Associate Members	\$130
Affiliate Members	\$150
Corporate Members	\$150
Student Members	\$50

**B. Bylaw Change** – The discussion resulted in a slight modification to the proposed bylaw change from:

**CHAPTER V – EXECUTIVE COUNCIL, SECTION 8, POWERS AND DUTIES:**

**D. It shall have the power to establish policies between meetings of the Assembly when the policies are clearly essential to the**

**management of the Association. Between meetings of the Assembly, it shall have the power to approve resolutions, make policies or take positions on behalf of The Assembly until such time The Assembly confirms, strikes down or amends such through a vote at an officially called meeting.**

**D. It shall have the power to establish policies between meetings of the Assembly when the policies are clearly essential to the management of the Association.** Between meetings of the Assembly, it shall have the power to approve interim resolutions, make interim policies or take interim positions on behalf of The Assembly until such time The Assembly confirms, strikes down or amends such through a vote at an the next officially called meeting.

**The proposed bylaw change passed unanimously.**

**New Business** – It was moved and seconded for AAPHD to join other organizations in sending a letter and voicing support for the NCHS Budget and work with APHA to include funding for dental public health.

The motion was amended to develop the letter with input from the AAPHD Oral Health Policy and Advocacy Committee and the APHA Oral Health Section and the amendment was approved. However, a vote on the amended motion was defeated.

AAPHD will write a letter in support of the NCHS Budget and collaborate where possible with APHA.

**Recognition of departing officers and council members** – President Atchison thanked Immediate Past President **Robert Weyant** and Executive Council Members **Barbara Gooch** and **Diane Brunson** for their service to the membership.

As her outgoing act as AAPHD President Kathryn Atchison passed the gavel to incoming President **Caswell Evans, Jr.**

**Adjourn** With no further business, the 70<sup>th</sup> Annual Meeting of the American Association of Public Health Dentistry was adjourned by President Caswell Evans.

# ASTDD Annual Business Meeting Minutes

**Saturday, April 28 , 2007 - Denver, Colorado**

Meeting was called to order at 2:10 PM.

I. Opening Remarks: Steven Steed, President

Steve welcomed attendees and recognized Dr. Linda Altenhoff and Dr. Emanuel Finn for their roles as co-chairs on the NOHC planning committee to develop the 2007 conference.

II. Roll Call of Members: Nick Mosca

III. Roll Call of Associate Members: Nick Mosca

IV. Financial Report: Dean Perkins

Dean distributed the financial report to the membership. ASTDD's cooperative agreements with CDC and HRSA contribute to about three quarters of the budget. Dean noted that ASTDD undergoes an annual auditing procedure and he will provide members with additional detailed information on request.

V. Nominating Report: Lynn Mouden

Lynn chairs this committee as immediate-past-president and other members include Joyce Fliieger and Jim Cecil. The committee nominated Gordon Empey (OR) for election as ASTDD Director. Gordon now holds an interim appointment as Director to fulfill the remainder of the departed director's term.

VI. Cooperative Agreement Report: Bev Isman

Bev distributed copies of the 2006 ASTDD Annual Report and she noted that ASTDD is promoting the organization as part of a joint exhibit with MCHRC located in the NOHC Exhibit Hall. Bev reported that ASTDD is in the fourth year of a second CDC cooperative agreement (CA) and in the second year of second HRSA CA. Bev noted that the CDC has released a new RFP to research public health law regarding community water fluoridation. ASTDD is collaborating with Columbia, Georgetown, and Johns Hopkins Universities as a potential sub-contractor on this grant, if funded.

Bev noted that ASTDD is working to increase and improve partnerships with other national organizations. The EC holds meetings at least annually with key national organizations to develop collaborative objectives and activities, including American Dental Association, AAPHD, American Dental Education Association, Special Care Dentistry Association, American Dental Hygienists' Association, Children's Dental Health Project, National Association of Chronic Disease Directors, and Oral Health America. We also link to information on their websites and have increased efforts to exhibit about ASTDD at their national meetings. More information about the ASTDD partnership is available in our newsletter, *Oral Health Matters*. Recently, ASTDD completed an online

mobile and portable dental program manual that will be live in March. ASTDD is also working with NNOHA, the group that represents community health centers. If you have an appointment at an academic dental institution, we recently learned that you can now obtain a free membership to join ADEA through their Open Wide program. You can also join NACDD at no charge if your program is located within the chronic disease program at your agency.

VII. ASTDD Standing Committees Update

*Data Committee.* Brad Whistler (AK) is the chair and Kathy Phipps and Mike Manz are consultants.

*Communications Committee.* Lynn Mouden (AR), Committee Chair, noted that in response to the ASTDD Strategic Communications Report prepared by New Associates, Inc., ASTDD is reorganizing the Communications Committee, which will function with three working subcommittees: Newsletter Subcommittee which Warren chairs and includes all past ASTDD newsletter editors; Website Subcommittee, which Chris chairs; and Strategic Communications Subcommittee that Peg Snow chairs.

*Best Practices Committee.* Lynn Mouden (AR), Committee Chair noted that there have been membership changes to the Best Practices Committee. New members are Irene Hilton (UCSF), Jane Jasek (ADA Foundation), Meg Booth (CDHP), Sue Dodd (OHA), and Rob Selwitz.

Julie Tang reported web usage statistics, noting that the Best Practices Home Page received 5,663 hits in the last 12 months. Julie noted that the collection of summaries section ranks third most often visited webpage on the site and over 270 Best Practices documents were downloaded in the past 12 month.

*State Program Review and Assistance Committee.* Chris Wood chairs the committee and Reg Louie serves as the consultant to this committee. Chris noted that the state program review process and tools developed by this committee have been underutilized by states. States can complete a self-assessment of their programs instead of a full-program review if they choose. Copies of the self-assessment tool were distributed to the members. Dr. Reg Louis will assist members through the whole process.

*School and Adolescent Oral Health Committee (SAOH).* Linda Koskela presently chairs this committee. Linda noted that the committee has four work teams to plan and conduct activities in assessment, promotion, best practices, and partnership building. Linda noted that the best practice team is working with Julie Tang to develop



a framework to integrate oral health in coordinated school wellness programs.

*Children with Special Health Care Needs Coordinating Committee.* Steve Steed noted that a new Best Practices Report on Oral Health Programs for CSHCN is available on the website. This was developed through collaboration of the BP and CSHCN committees.

*Head Start Committee.* Bev noted this committee was so successful it no longer functions as an ASTDD committee but as a national coordinating group. Kathy Guerink serves as the ASTDD Head Start Consultant. A series of “Webinars” have been developed through the Office of Head Start that share one example of innovative oral health programming in each HRSA region. The ASTDD partnership with Head Start has been very successful and we want to sustain this role. Kathy encouraged all remaining eligible states to apply for forum follow-up funding.

*Leadership and Professional Development Committee.* Steve Steed and Lew Lampiris co-chair this committee and the two primary consultants are Don Altman and Don Marianos. Don noted that the new National Oral Health Leadership Institute meets tomorrow, and a follow-up retreat is planned in October at the Arizona School of Dentistry and Oral Health. Dental Directors are currently eligible to participate.

Steve Geiermann reviewed progress made by the *joint workforce committee* and noted that the title of the NOHC opening plenary is “Will Today’s Dental Public Health Workforce Meet Tomorrow’s Needs?” Steve asked members to consider whether the current dental public health residency programs remain valid.

*Oral Health and Medical Response Systems Committee.* Manny Finn is the chair of this committee. The committee is working to develop a handbook that will identify priorities and provide guidance for SOHPs on how to participate effectively with state emergency response planning and preparedness leaders. The chief question that will be answered is “How do we fit in?”

*Fluoridation Committee.* Judy Feinstein chairs this committee, which has been developing a fluoride varnish evidence-based background paper. Judy noted that the annual CDC/ADA/ASTDD awards will be announced at the ASTDD luncheon.

#### VIII. ASTDD President’s Report: Steve Steed

ASTDD continues to build collaborative relationships with other national organizations. We participate in a National Oral Health Action Partnership to enhance our opportunities to increase awareness and promote state oral health programs. Steve noted that we have collaborated with various national organizations on sign-on letters and policy positions. Steve highlighted the impact of oral health surveillance activities in states using BSS by pointing out data from at least four states was cited by members of Congress at a special hearing on access to dental care in March. Steve presented this

information to his own representative from Utah who participated in the hearing on Capitol Hill. We must continue to build relationships with state dental associations about what state oral health program can accomplish. He recognized Lew Lampiris’ recent appointment as the Director of the ADA Council for Access, Prevention, and Interprofessional Relations as an opportunity to foster these relationships. Steve noted that ADA leadership participated in the CDC State Dental Directors Workshop held last August.

The ASTDD Communications Report prepared by New Associates will be used to create strategic communication outcomes for ASTDD to increase the value of our information and programs, and to make them more purposeful to our customers. Steve recognized the work of the ASTDD/AAPHD dental workforce committee to encourage critical thinking for the future of the profession through the opening plenary and other sessions at the 2007 NOHC. He also recognized members of the National Public Health Leadership Institute: Don Altman, Dean Perkins, Chris Wood, and Jane Jasek, for developing a framework for the ASTDD National Oral Health Leadership Institute. Steve congratulated the NOHC Planning Committee on their monumental accomplishment to develop the first-ever Joint NOHC and SCDA conference.

IX. Old Business: None noted.

X. New Business

*School Oral Health Resolution.* Linda Koskela introduced a resolution submitted by the School and Adolescent Oral Health Committee in support of School Oral Health Programs. Copies were distributed and after discussion, it was moved and seconded that we consider a vote to adopt the resolution. Twenty-three members voted to adopt the resolution with no members opposed.

XI. Guest Reports

*HRSA Report.* Dr. Mark Nehring shared challenges he encounters to promote and implement oral health programs at HRSA. Mark noted that the SOHCS grants are in the last year of funding. The new guidance awaits release and he expects higher levels of funding for fewer states through competitive proposals since the total budget will not increase.

Mark noted that the new SOHCS grant will focus on three areas: 1) sealant programs and follow-up care for active disease from sealant programs; 2) establishing the dental home to increase the number of age one dental visits by building interprofessional relationships; and 3) children with special health care needs.

*CDC Report.* Dr. Bill Maas noted that the ASTDD cooperative agreement program officer is Dr. Bill Bailey but he is on an assigned deployment and was unable to attend. CDC is working with the Children’s Dental Health Project to test the new SEALS Software to input data from dental sealant programs and generate cost-effectiveness data. They also have a contract consultant

that will provide technical assistance to use the SEALS software. Bill recognized the value of many of the things that ASTDD is doing through the CA.

Bill noted that the CDC is planning another Dental Director's Workshop in August 2007. The new RFA for capacity building grants will be competitive and will support states that can demonstrate effective ways to improve oral health. Bill encouraged unfunded states to participate in the ASTDD state review self-assessment to help prepare a competitive grant application for their institution. Bill also announced that Dr. Scott Presson will retire soon and the CDC will begin "Position Recruitment" in the near future.

*Donated Dental Services Program (DDS).* Dr. Fred Leviton spoke on behalf of the Foundation of Dentistry for the Handicapped, which is headquartered in Colorado. There are over 12,500 dentists that participate in this volunteer program. Every state that has a DDS program has a coordinator who determines eligibility and coordinates the dental care that is provided as a customer service representative for the dentist. For more information, visit <http://nfdh.org>.

*Pacific Basin Dental Association.* Dr. Ohnmar Tut introduced members from the U.S. Pacific territories that also represent the PBDA. Ohnmar noted that PBDA intends to build collaboration between our two organizations and share issues that are important to oral health programs in the Pacific territories.

## XII. Election of Officers

Steve asked if members had any other nominations for the ASTDD Director position. No additional nominations were made and Steve asked for a motion to accept Gordon Empey's nomination to serve as Director on the Executive Board. Motion was made by Lynn Mouden and seconded by Linda Altenhoff. Gordon was elected by a vote of 23 directors voted in favor and no dissent.

Meeting was adjourned at 5:05 PM.

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## 2007 American Board of Dental Public Health Honorary Diplomate Alice M. Horowitz, RDH, MA, PhD

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**Presented by Alex White and Terri Dolan**

Alice M. Horowitz was recognized as an Honorary Diplomate of the American Board of Dental Public Health (ABDPH) during the Annual Business Meeting on April 30, 2007. Honorary Diplomate Status recognizes individuals who have demonstrated unusual capability in related areas of endeavor and made outstanding contributions to dental public health and could not be board-certified. Horowitz is a world-renowned, dental public health researcher whose studies have addressed the full range of dental public health and public health issues, including dental caries prevention, dental health education, oral cancer prevention and early diagnosis, and health literacy among other topics. Her research, mentoring, and teaching have both domestic and global impact. In recognition of her accomplishments and contributions, she received a desktop clock plaque, an ABDPH pin, and a standing ovation by the members present as she accepted the award.



*Alex White, left, and Terri Dolan, right, presenting the Honorary Diplomate award to Alice Horowitz during the Annual Meeting of ABDPH Diplomates.*

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## Remarks on Receiving Honorary Diplomate Status

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### Recipient Alice M. Horowitz

President White, diplomates, friends and family,

'Thank you' is so insufficient to express my gratitude for this honor. Despite that, I especially thank those individuals who took the time to nominate me and I thank all of you for who you are and what you do. It is both humbling and rewarding to be recognized by members of the American Board of Dental Public Health. I hold this organization in very high esteem. I am fairly familiar with what it takes to become

boarded both because Hersh was president of the organization and because I have worked with many residents during their preparation to become boarded. Recognizing the effort demanded of each of you to become board eligible and a diplomate makes my honorary diplomate status even more special. I only wish Hersh could be here, he would truly enjoy this session, but I know he is here with us in spirit. You may or may not know, I have worked hard to urge dentists to take the

board because I believe in this credentialing process and I will continue to do so. I believe all of us must work to entice more dentists into MPH programs and ultimately to become diplomates. Again, thank you for this extraordinary honor. I will always treasure my honorary diplomate status.



## ABDPH Diplomates 57<sup>th</sup> Annual Meeting and Banquet

**April 30, 2007 - Marriott DenverTech Center, Denver Colorado**  
**Robert H. Dumbaugh, DDS, MPH, Executive Secretary**

- I. Call to Order: President B. Alex White called the 57<sup>th</sup> meeting of the diplomates to order at 7:00 pm and welcomed the 63 members and guests present.
  - II. Introduction of Guests:
  - III. Introduction of Past Presidents:
    - A. There were ten past presidents in attendance. Dr. White recognized Dr. Joe Alderman, Dr. Myron Allukian, Dr. Robert Collins, Dr. Terri Dolan, Dr. Caswell Evans, Dr. Dushanka Kleinman, Dr. Jay Kumar, Dr. Ray Kuthy, Dr. Linda Niessen, and Dr. Gary Rozier.
  - IV. Remembrance of Diplomates who have died since last Annual Meeting:
    - A. Dr. White said that **David Ast, DDS MPH, Laguna Hills, CA** Died: 2/3/07, and
    - B. **Umo Isong, DDS MPH Ph.D., Dept of Preventive and Restorative Dental Sciences, University of California, San Francisco, Died: 2/22/07**
  - V. Introduction of New Diplomates:
    - A. Dr. White introduced the following diplomates, who were certified in 2006, with a short biography and presented them with their Board lapel pins: Dr. Justine Kolker, Dr. Christopher Okunseri, and Dr. Peggy Timothé. A new diplomate recognized but unable to attend was Dr. Timothy Cooke. Dr. Steve Matis, certified in 2005, was also present and recognized.
  - VI. Introduction of Honorary Diplomate:
    - A. Articles of Incorporation allow honorary diplomate status. Dr. Terri Dolan chaired the committee which will recognize a person's outstanding contributions to dental public health
    - B. Dr. Terri Dolan and Dr. Alex White introduced the award of honorary membership. "The American Board of Dental Public Health hereby bestows the title of Honorary Diplomate of the American Board of Dental Public Health to Alice M. Horowitz, R.D.H., M.A., Ph.D. in recognition of her outstanding contributions to dental public health."
  - VII. Approval of Minutes of 2006 Meeting:
    - A. The minutes of the 2006 Meeting of the Diplomates as published on page S34 in the *Journal of Public Health Dentistry*, Volume 66, Number 5 Supplement 1, 2006 were approved. (ABDPH Approved: Motion Dr. Rebecca King, 2<sup>nd</sup> Dr. Reg Louie)
  - VIII. Report of the Executive Secretary:
    - A. Dr. Alderman presented the Membership Report. As of December 31, 2006, there were 156 certified Active diplomates, 29 Life members, and 33 Inactive (retired) diplomates for a total of 218 living diplomates. This represents a net gain of 5 Active diplomates. No members passed away in 2006.
  - B. Reregistration Fees: Registration fees as mandated by the American Dental Association are payable January 1<sup>st</sup> of each year. Notice is sent to active diplomates in December. We still have 6 diplomates who have not paid their re-registration fee for 2006. Diplomates who do not pay their re-registration fee by March 1<sup>st</sup> of the current year are considered to be diplomates "not in good standing" at that time unless there are mitigating circumstances. A membership report is required by the Council on Dental Education and Licensure, ADA, by March 15<sup>th</sup> of each year, and includes membership status of all diplomates. Diplomates were asked to complete their 2006 Continuing Education Reports and mail their 2007 reregistration fees in February. There will be some flexibility with time lines.
  - C. Five candidates took the complete examination this year, and two candidates took the written examination only. We have a total of eight Board eligible dentists; Dr. Victor Alos and Dr. Angel Rivera Torres lost their eligibility at the close of this examination after five years of eligibility without sitting for the examination.
  - D. Three dentists will lose their eligibility if they do not pass the exam in 2008: Dr. Bruce Brehm, Dr. Ron Romero, and Dr. Odalis Patricia Skur
- IX. Report of Officers and Directors:
    - A. Treasurer's and Auditor's Report – Dr. Reg Louie
      1. The financial records have been audited by Dr. Louie, Vice President/Auditor, and were accepted as accurate. The ADBPH changed its fiscal year to align with the calendar year in 2006. The Board began the fiscal year on January 1<sup>st</sup>, 2006 with a total bank balance of \$28,209.46 (1/1/07 \$33,111.60). Income during 2006 year, which consisted of Application and Examination fees, re-registration fees, receipts for the Dinner Meeting, and Certificate amounted to \$34,101.85 (2007 YTD \$11,495.85). Total expenditures for 2006 were \$13,986.88 (2007 YTD \$6,651.91)
      2. Comparing last 12 months: 4/28/05 – 4/27/07 (2006: \$56,599.37 (includes certificate \$12,634.02. [2007: \$53,168.37 (includes certificate \$15,428.68)]. This results in a 6.1% decrease (\$3,476) when comparing 2006 and 2007.

- B. President's Report.
  - 1. 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).
  - 2. The Board Symposium, – Terri Dolan updated the Directors, on the Symposium “**Will Today’s Dental Public Health Workforce Meet Tomorrow’s Needs?**” was planned by Dr. Terri Dolan with the AAPHD Workforce Task Force. The Symposium will be held at 9:00 am, April 30<sup>th</sup>, 2007 at the National Oral Health Conference.
  - 3. Dr. Catherine Hayes will complete a continuing education survey of the ABDPH diplomates. AAPHD and Jim Sutherland are helping with this web-based survey to be administered soon after the NOHC.

X. Old Business:

XI. New Business:

XII. Introduction of New Officers and Directors:

- A. Dr. White introduced the new Officers and Directors of the Board. They are: Dr. Reginald Louie, President, Dr. Catherine Hayes, Vice President-Auditor, Treasurer, Dr. Isabel Garcia, Director, Dr. Rebecca King, Director, Dr. Steven Levy, Director and Dr. Eugenio Beltran, Director-Elect.
- B. Dr. White turned the chair over to the Incoming President Dr. Reginald Louie, who expressed the appreciation of the Board for Dr. White's six years of diligent service, and presented him with the President's Plaque. At this time, Dr. White passed the gavel to Dr. Louie, who opened the floor to questions.

XII. Adjournment:

- A. Dr. Reg Louie adjourned the meeting at 9:45 pm

Approved: ABDPH Conference Call: June 12, 2007

# NOHC 2007 Abstracts

## Oral Presentations

### Advancing Oral Health Care for Persons Living with HIV/AIDS

#### 1 SPNS To Improve Oral Healthcare Access for People Living with HIV

*Helene Bednarsh, BS, RDH, MPH, Boston Public Health Comm.; Carol Tobias, MMHS, Boston University School of Public Health, Boston, MA; Timothy Martinez, DMD, SPNS Evaluation and Support Center, Boston, MA; Sara S. Bachman, Ph.D., SPNS Evaluation and Support Center*

**Objectives:** To describe the Special Project of National Significance (SPNS) funded by HRSA in September 2006 to 15 demonstration sites and one evaluation and support center to expand access to oral health services for people living with HIV. Also to explain how this complements currently-funded oral health programs.

**Methods:** Program design is urban and rural including use of mobile vans, sending providers/equipment to new locations, developing transportation systems to bring patients from broad geographic areas to central care sites, and creating dental reimbursement programs. Many programs include training/education for oral health providers, patients, and medical providers. A subset will implement rapid HIV testing. Evaluation/support center will provide T&TA and analysis.

**Results:** The multi-site evaluation will measure results using quantitative/qualitative methods. Outcomes will be examined at client, program, and systems levels. Evaluation topics include increased access to oral healthcare for target populations; similarities/differences in strategies to increase access to oral health across programs; client improvement in oral health-related quality-of-life; and replicability of strategies to address policy and financing issues.

**Conclusions:** The results of this five-year demonstration/evaluation project should influence the development of sustainable oral health services for people living with HIV in urban/rural areas.

#### 2 HIVDENT: A Commitment for Sustained Multidisciplinary Advocacy and Education

*David Reznik, DDS Grady Health Systems; Helene Bednarsh, BS, MPH, Boston Public Health Commission*

**Objectives:** To provide to the dental public health community a current overview of HIVdent, an internet-based multidisciplinary educational resource focusing on recognition and management of oral diseases seen in association with HIV infection.

**Methods:** Founded in 1997 with the focus of increasing access to comprehensive oral health care services and awareness of the importance of oral healthcare in improving outcomes for people of all ages (adults, adolescents and children) living with HIV disease, HIVdent is a not-for-profit coalition of concerned healthcare professionals committed to assuring access to high quality oral healthcare services. HIVdent (<http://hivdent.org/>) disseminates state-of-the-art treatment information and shares expertise in advocacy, development, training, integration, and evaluation of oral health services for the HIV-infected population.

**Results:** A decade with HIVdent has yielded a non-profit organization that provides internet access to educational materials on all aspects of HIV disease for consumers and providers of care world-wide. The HIVdent Faculty has been involved in technical assistance programs to expand HIV oral healthcare and advocacy to ensure that oral health remains a priority for this vulnerable patient population. In December 2006 the Friends of NIDCR awarded its Media Award of Excellence for the HIVdent accomplishments.

**Conclusions:** As the challenges of oral healthcare for persons living with HIV continue, it is important that the public health and care communities remain aware of resources for optimizing oral and general health for all.

#### 3 Academic HIV/AIDS Oral Healthcare: RWCA Mechanisms Within One Dental School

*Linda M. Kaste, DDS, PhD, UIC COD; Michael Oliphant UIC COD; Danny Hanna DDS, UIC COD OMDS; Larry Salzman DDS, UIC COD; Mona Van Kanegan DDS, MS, Heartland Alliance*

**Objectives:** To contrast and compare the mission, operations, care provision and training experiences of the dental programs associated with HRSA Ryan White Comprehensive AIDS Resources Emergency (CARE) Act funding at a Midwest public dental school to inform others contemplating similar programs.

**Methods:** The University of Illinois College of Dentistry receives funding through different HRSA mechanisms for oral healthcare provision for persons living with HIV/AIDS: On-campus: 1) Title 1 funds through the City of Chicago award and 2) Dental Reimbursement Program (Part F); and Extramural: Community-based Dental Partnership funds awarded directly for the Chicago AIDS Network for Community Outreach (CAN-DO).

**Results:** The on-campus program at UIC provides training experiences for volunteer pre-doctoral dental students, with faculty members as the primary health care providers, along with participation from the postgraduate Endodontics, Oral Surgery and Periodontics programs. The CAN-DO program provides a mandatory 4 day rotation for all 4th year dental students as part of a special needs course. Four students can opt for an additional 20-day rotation.

**Conclusions:** A number of different programs, enabled by HRSA funds, strive to increase access to dental care for persons living with HIV. Dental school-associated programs provide the means of long term return by raising the comfort level of the next generation of private practitioners as they provide care under a number of different educational practice settings.

#### 4 Community-Dental School Partnerships

*David Rosenstein, DMD, MPH, Oregon Health and Science University*

**Objectives:** To review the history of collaboration between a community-based program, with a focus on care for HIV positive clients and a dental school, as well as share lessons learned.

**Methods:** The Russell Street Clinic has had more than \$13.4 million in grants awarded to it since opening in 1975, including two NIH grants. The project has been cited as a "national model for treating the poor, homeless and HIV-infected." The program has been an evolution, with the establishment of a partnership between the dental school and a community-based site serving populations with limited access to dental care.

**Results:** Sustainability of the program over the years has required commitment from the providers (all clinic dentists and hygienists are OHSU faculty - many introduced to the clinic as dental students), diversity of funding (it became a Ryan White Title 1 Service Provider in 1995), passion and adaptation to the changing funding streams. Key to success for partnerships between community/dental schools is the recognition that productivity concerns be addressed along with educational objectives.

**Conclusions:** This history of HIV/AIDS is a relatively short one. However, the impact of the community-based program on both the patient population as well as the students trained to provide care to this population has been significant. The face of AIDS has changed over the past decade, and the training of our students similarly has changed.

#### 5 Salivary Diagnostics: Potential Benefits of HIV Testing in Dental Settings

*Jennifer Cleveland, DDS, MPH, Centers for Disease Control and Prevention, Health and Human Services; Susan O. Griffin PhD; Laurie K. Barker MSPH, Division of Oral Health, CDC; Raul A. Romaguera DDS MPH, Division of HIV/AIDS Prevention, CDC; Lauren L. Patton DDS, School of Dentistry, University of North Carolina.*



**Objectives:** To discuss the evolution of CDC guidelines on HIV counseling and testing, potential benefits and feasibility of HIV testing in dental clinics, and future directions for the use of salivary diagnostics to screen for other infectious and chronic conditions.

**Methods:** CDC guidelines on HIV counseling and testing were reviewed; data from the National Surveillance System for Healthcare Workers (NaSH) and NHANES 99-04 were analyzed to determine benefits and cost for HIV testing in dental clinics; and, a 1999 survey of dental schools on student's training and willingness to screen for HIV and two meetings in 2006 of stakeholders to discuss the feasibility were conducted.

**Results:** CDC guidelines recommend screening for HIV in alternative venues, such as dental settings. NaSH data suggest that using a rapid HIV test of source patients following occupational exposures could reduce the number of unnecessary days on postexposure prophylaxis among exposed personnel. NHANES data indicate that routine testing of dental patients in community health centers could decrease undiagnosed HIV prevalence among persons infected with HIV. The survey among dental schools and the meetings among stakeholders identified benefits and barriers to HIV testing in dental settings.

**Conclusions:** Rapid oral tests make HIV-testing in alternative venues such as dental offices potentially feasible and cost-beneficial. The availability of salivary diagnostics is helping shift the traditional role of dentists toward an enhanced participation in the diagnosis of systemic diseases and conditions.

## 6 Is Smoking a Risk Factor for Oral Candidiasis in HIV-1 Infected Persons?

*Amit Chattopadhyay, PhD, MPH, MDS, BDS (Hons)/ Assistant Professor, Department of Epidemiology, University of Kentucky College of Public Health, Lexington, KY, USA; Lauren L. Patton DDS/ Professor, Department of Dental Ecology, School of Dentistry, University of North Carolina*

**Objectives:** Association of smoking with oral candidiasis (OC) is controversial. We aimed to examine if smoking is associated with greater risk of OC among HIV-1 infected persons.

**Methods:** The cross-sectional part of this study evaluated 631 adult dentate HIV-1 seropositive persons (race: White and Black only) examined for OC from 1995 - 2000 at the University of North Carolina Hospitals in Chapel Hill, NC. In the second part, some 283 individuals who were free of HIV-associated oral diseases at baseline were followed up for two years to assess incident OC events. Data collected from medical record review, interview questionnaires and clinical examinations were analyzed using chi-square tests, t-tests, and non-parametric tests. Multivariable analysis examined OC alone as well as OC occurring together with oral hairy leukoplakia (OHL). Unconditional logistic regression and proportional odds models were developed for prevalent disease, employing the likelihood ratio test, and Poisson regression models were developed for examining cumulative incidence of OC. Independent variables included: age, race, sex, sexual orientation, smoking, recreational drug use, CD4+ cell count, antiretroviral medication use, and antifungal medication use.

**Results:** Thirteen percent of participants had OC only; 4.6% had OC with OHL; and 69.7% had neither. Smoking was associated with OC in all models [prevalent OC - current smokers: logistic regression - OR (95% CI) = 2.5 (1.3, 4.8); proportional odds - OR = 2.3 (1.4, 3.8); Incident OC - ever smokers: Poisson regression (main effects model) - incidence rate ratio (95% CI) = 1.9 (1.1, 3.8)]. Other Poisson regression models suggested evidence for effect modification between smoking and CD4 cell count in the incident OC analysis.

**Conclusions:** Smoking is a risk factor for development of OC in HIV-1 infected persons.

## Expanding Capacity to Improve Access to Care

### 7 Quality Assessment of Dental Treatment Provided by Dental Health Aide Therapists in Alaska

*Kenneth Bolin, DDS MPH, Baylor College of Dentistry, Department of Public Health Sciences*

**Objectives:** The specific aim of this study is to determine by chart review if Dental Health Aide Therapists (DHATs) currently practicing in rural Alaskan communities are delivering dental care that is within their scope of training, is safe, and meets the generally accepted standard of care of the dental profession.

**Methods:** Charts of patients treated by DHATs and dentists in three Alaskan health corporations were audited to assess quality of care and the incidence of adverse events during or following treatment. Reviews of dental operative and surgical procedures performed by dentists, DHATs under direct supervision, and DHATs working with general supervision were conducted in July and August 2006. Charts or electronic records were examined according to criteria adapted from Indian Health Service QA documents. Frequency analyses were performed on selected variables and statistical tests were performed.

**Results:** Out of 640 comparable operative and surgical dental procedures, 171 were performed by dentists, 218 by DHATs under direct supervision, and 251 by DHATs under general supervision. Overall frequencies were: SOAP notes present 99.7%; radiographs adequate 86.1%; treatment code recorded consistent with diagnosis 98.4%, and complications present 2.3%. There was no difference in percentages of procedures resulting in complications between the three groups. One way ANOVA between groups was not significant (0.788)

**Conclusions:** In charts audited from 5 dental clinics in 3 different Alaskan health corporations employing DHATs, dental treatment was found to be within the scope of training, was delivered in a safe manner, and met the standard of care of the dental profession. For comparable operative and surgical dental procedures, there was no statistical difference in the amount of complications resulting from treatment delivered by dentists vs. DHATs.

### 8 Examination of Dental Hygienists' Increasing Role in Improving Access to Care

*Elizabeth A Mertz, M.A., Center for the Health Professions, University of California, San Francisco*

**Objectives:** This study examines current components of Registered Dental Hygienists' (RDH) practice which enhance access to care comparative to the preliminary practice characteristics of newly implemented Registered Dental Hygienists in Alternative Practice (RDHAP) in California.

**Methods:** A stratified random sample survey of licensed dental hygienists in California was conducted from October 2005-January 2006, with a 73% response rate. Comparative analyses of demographics and practice data were computed using chi-square and t-tests.

**Results:** Overall, RDHs in California report very little public health oriented work. RDHAPs are significantly more likely ( $p < 0.05$ ) to work with young children, medically compromised patients, consult with non-dental health care providers, apply sealants or fluoride in a public health program, volunteer services, work in non-traditional settings, and express a desire to work with underserved patients and communities.

**Conclusions:** While a relatively small proportion of the workforce, RDHAPs show a greater propensity for public health oriented work than RDHs, confirming the initial success of this policy change aimed at increasing access by enhancing the dental workforce. However, RDHAPs are few in number, so significant changes in access are not expected in the near future. Funding: CDA, HRSA 5U76MN10001-02, US DHHS NIH/NIDCR U54 DE 142501

## 9 Effects of Preventive Dental Care in Medical Offices on Access to Care for Young Children Covered by Medicaid

*R. Gary Rozier, DDS, MPH, UNC-Chapel Hill; Sally C. Stearns, Ph.D.; Bhavna T. Pabel, BDS, MPH; Rocio Quinonez, DMD, MS, MPH; Jeongyoung Park, MPH, UNC-Chapel Hill*

**Objectives:** Dental decay is the most common preventable chronic disease among preschool children in the U.S. Physicians typically provide a dental assessment and oral health counseling of parents during well-child visits. In January 2000, North Carolina initiated a comprehensive preventive dental program for Medicaid-enrolled children from birth through 35 months of age (Into the Mouths of Babes, or IMB). IMB services, which include a fluoride varnish application in addition to screening, risk assessments and counseling, are offered in medical offices by providers trained through continuing medical education. This study assesses the effects of the IMB program on access to preventive dental care.

**Methods:** The analysis uses Medicaid claims and enrollment data from the NC Division of Medical Assistance for all Medicaid-enrolled children from 6 - 35 months of age from January 2000 to June 2003. The observational longitudinal analysis uses child-month indicators of IMB visits in medical offices and dental visits (preventive and restorative) in dental offices. A difference-in-differences regression approach is used because the program was implemented gradually throughout the state over several years.

**Results:** The IMB program led to a substantial overall increase in access to preventive dental care without reducing preventive care by dentists. The program increased identification of existing disease and referral to dentists for treatment.

**Conclusions:** Dentists are in short supply in many areas, and access to preventive dental care historically has been very poor for young Medicaid-eligible children. Expanding access to preventive dental care in medical offices does not decrease use of dentists for preventive care and improves dental health through referrals to dentists.

## 10 Determining Whether or Not Dental Students Will Immediately Enter Private Practice Upon Graduation

*Raymond Kuthy, DDS, MPH, University of Iowa College of Dentistry, Preventive and Community Dentistry; Sarah Allen, Fang Qian, University of Iowa College of Dentistry*

**Objectives:** To determine potential predictor variables for ascertaining whether dental students will immediately enter private practice upon graduation.

**Methods:** Questionnaires were administered to University of Iowa students. The survey focused on: personal information; educational debt; work experience; interactions with dentists; career desires upon entry into school; reasons for pursuing dentistry; and comfort level with managerial and business roles in dental office. Bivariate and logistic regression analysis was used to determine predictors for immediately entering private practice upon graduation.

**Results:** 280 of 300 students returned questionnaire. Regression analysis demonstrated that students who plan to enter private practice immediately after graduation had a higher level of certainty for career plans ( $p=.0244$ ), a higher level of desire to be a general dentist upon entry into school ( $p<.0001$ ), a lower level of willingness to explore different career options within dentistry ( $p<.0001$ ), a higher level of family dentist influence ( $p=.0057$ ), a higher level of anticipated educational debt ( $p=.0303$ ), and more influenced by a larger community ( $p=.0465$ ) when compared with their counterparts.

**Conclusions:** Findings suggest that several variables help predict whether or not students will immediately enter into private practice. Information is useful for further educational and public policy research.

## 11 The Capacity of Community Clinics for Dental School Partnerships

*Paul Glassman DDS MA MBA, University of the Pacific School of Dentistry; Paul Subar DDS, University of the Pacific School of Dentistry*

**Objectives:** To determine the capacity of community clinics in California to act as rotation sites for dental students and dental residents. Rotations to community clinics have the potential to improve student understanding of diverse underserved populations and provide care for clinics that often cannot

meet the demand for care and have trouble hiring an adequate number of providers. However, the capacity of clinics to host rotations was previously unknown.

**Methods:** A survey was conducted of all community clinics in the state of California. The survey plus follow-up focus groups addressed the availability of dental services, the kinds and quantity of dental services rendered, the experience with and barriers to hosting dental student and resident rotations, and plans for future delivery and expansion of dental services.

**Results:** 61% of 212 clinics with dental facilities not associated with dental education institutions responded to the survey. The responding clinics had a wide variety of organizational structures, clinic funding mechanisms, patient payor mix, and patient composition. The average clinic had a 28 day waiting list for a new patient examination. Although there were many clinics that indicated interest in forming partnerships with dental schools and indicated capacity to host rotations, only 25% of clinics had previous experience with dental student or resident rotations. Those with experience were very positive about the value of these rotations.

**Conclusions:** It is clear that there can be significant mutual benefit from closer cooperation between the dental schools and clinics. Clinics have a serious need for help with general workforce, specialist consultation, and practice management improvement. Schools need additional experiences for their students to train them to meet the needs of an increasingly complex population.

## 12 Developing RIte Smiles - A Managed Care Dental Program for Young Children

*Martha Dellapenna, RDH, BS, MEd, RI Dept. of Human Services, Center for Child and Family Health, ACS State Healthcare Solutions*

**Objectives:** To increase access to dental care for children born on or after May 1, 2000 enrolled in RI Medicaid and to improve their dental outcomes from an early age that will, over time, reduce the need for high cost dental procedures.

**Methods:** RI DHS collaborated with numerous community organizations and assembled a special advisory workgroup as part of the development of this unique model. Grant money from the Robert Wood Johnson Foundation as part of the State Action for Oral Health Access Project funded the program's development in a budget neutral environment. A federal 1915 (b) waiver was also approved which gave RI the necessary authority. In 2006, DHS contracted with UnitedHealthCare Dental-RIte Smiles to administer a dental managed care program statewide.

**Results:** Enrolled all 30,000 eligible children in a phased process starting in Sept. 2006 and ending in November 2006. Provider network went from approximately 27 high volume practices to over 120 participating RIte Smiles providers (and growing) across the state thanks to the support of the RI Dental Association and focused recruitment from United's staff. Program growth will occur as eligible children age into RIte Smiles rather than fall off when they turn age six. New parent education initiatives, PCP and general dentist education programs are designed to link oral health & overall health.

**Conclusions:** Careful program development along with strong community relationships and collaborative efforts with stakeholders were keys to the successful implementation of the first Medicaid dental managed care program in RI. United has a true partnership with DHS as the one consistent, accountable entity responsible for the improvement of oral health access for RI's youngest and most vulnerable population.

### Current topics: Addressing Oral Health Across the Lifespan

## 13 Longitudinal Fluoride Exposures, Dental Caries and Dental Fluorosis

*John J. Warren, DDS, MS; Steven M. Levy, DDS, MPH; Barbara Broffitt, MS, The University of Iowa*

**Objectives:** Recommendations for use of fluorides must be made carefully to optimize caries prevention and minimize fluorosis risk. The purpose of these analyses was to describe longitudinal fluoride exposures from different sources for children with no history of caries or fluorosis and compare their exposures to others.

**Methods:** Data are from the Iowa Fluoride Study which recruited a birth cohort and has longitudinally collected fluoride exposure and other data at

regular intervals for over 700 children currently aged 12-15 years. Analyses provide mean fluoride exposures from infant formula, water, dentifrice, supplements, and combined from birth to 8.5 years. Dental examinations for caries and dental fluorosis were conducted at ages 4-5 and 8-9 years. Study subjects were grouped based on any dental caries experience by age 8-9 and permanent tooth dental fluorosis at age 8-9 (incisors and first molars) as having neither condition, caries only, dental fluorosis only, or both.

**Results:** Children with fluorosis or both fluorosis and caries had slightly, yet consistently higher mean fluoride intake (mg F) from water beginning at 6 months of age. Mean fluoride exposure from dentifrice was similar for the 4 groups up to 24 months; thereafter, those with fluorosis only had markedly higher exposures. Overall mean fluoride intake from infant formula was markedly higher for those with fluorosis or both caries and fluorosis, with this finding much stronger for boys. Children with caries only generally had lower fluoride exposures or intakes compared to the other groups for all sources and combined.

**Conclusions:** These analyses highlight the difficulties in making clear-cut fluoride recommendations in order to achieve the optimal outcome of a dentition free of both dental caries and dental fluorosis.

## 14 Evaluating Colorado's School-Based Sealant Program and SEALS Implementation

*Megan Martinez, MPH, Colorado Department of Public Health and Environment, Oral Health Department; Mathew Christensen, Ph.D., and Theresa Anselmo, BSDH*

**Objectives:** The delivery system and development of a coordinated school-based sealant program for Colorado is evaluated to identify practices and opportunities for improvement and expansion of sealant delivery to children in greatest need of oral disease prevention.

**Methods:** Data come from three sources. (1) After each school visit, contractors entered service-data into SEALS (Sealant Efficiency Assessment for Locals and States). (2) Contractors were interviewed about their program, technical assistance needs, and about using SEALS software. (3) The state sealant coordinator was interviewed about the process of coordinating and improving the program, and future directions.

**Results:** From 2004 to 2005 the percent of eligible schools participating doubled from 9% to 18%; the number of children served increased by 55%. In 2005-2006 2,533 2nd graders and 60 6th graders were screened for sealants; 2,148 received 7,263 sealants (3.4 per child). There were an estimated 2,199 cavities averted. There were 67 school-based events and 88 school-linked events.

**Conclusions:** In 2005-2006 the school-based sealant program developed in capacity (contractors, coordinator, schools, students); uniform data reporting (SEALS coordinating all contractor activities); and meeting the greatest oral health needs (disparities reduced, disease averted, cost savings). Contractors and the state coordinator reported areas of growth and improvement and identified further needs.

## 15 Fluoride Varnish Improved the Financial Viability of a School-Based Sealant Program in Boston, Massachusetts

*Natalie Hagel, RDH, MS, Boston University School of Dental Medicine, Health Policy and Health Services Research; Michelle M. Henshaw, DDS, MPH, Brandon Leickly, BS; Lynn A. Bethel, RDH, BSDH, MPH, MA DPH; Kathryn Dolan, RDH, MEd, Tufts Univ.; Michael Monopoli, DMD, MPH, MS, DSM-Delta Dental of MA*

**Objectives:** This paper evaluates the financial impact of incorporating fluoride varnish (FV) applications into a school-based sealant program.

**Methods:** Costs were calculated based on 2005-2006 school year expenditures. The incremental cost of the FV application was calculated by adding the salary costs (2 min of dental hygienist time and dental assistant time/ FV application) to the additional supplies that are needed to apply FV at the time of sealants. For a conservative estimate of income from fluoride varnish, we used the Massachusetts Medicaid fee schedule, \$20.37 per fluoride application, and applied this fee to all participants who had dental insurance.

**Results:** The net income was calculated as the difference in the income and cost. The total cost of labor and supplies per FV application was \$2.70, with 73% of the cost attributable to labor. The net income equaled \$17.66 /FV

application. Of the program participants, 60% had Medicaid and 19% had private insurance, for a total of 79% insured. The total cost for fluoride applications was \$4197, the total billable income was \$18,952 with the program realizing a net income of \$14,755.

**Conclusions:** The results of this study showed that fluoride varnish application contributes a positive net income of \$17.66/FV application, when a school-based program is already applying sealants and billing for that service. In addition to preventive benefits of FV, FV can have a positive impact on program sustainability. Support: National Institute of Dental and Craniofacial Research U54 DE 14264 and the Oral Health Foundation.

## 16 Dental Caries Risk in the U.S. Air Force

*Gary C Martin, DDS, MPH, TRICARE Management Activity, Joseph a Bartoloni, DMD MPH, Lackland AFB, Texas*

**Objectives:** Background: This study describes the dental caries risk in the active duty United States Air Force population from October 2000 through September 2004 across selected demographic variables.

**Methods:** This investigation used data collected from two United States Air Force databases (personnel and dental files) by cross-referencing Social Security numbers from both databases with date.

**Results:** During this study period, the percentages of people at high and moderate risk of developing caries decreased by 31 percent and 12 percent, respectively, while the percentage of people at low risk of developing caries increased by 9 percent. Among Air Force members who were enrolled continuously during the study period, the percentages at high and moderate risk of developing caries decreased by 57 percent, and 18 percent, respectively while the percentage at low risk for developing caries increased by 14 percent. The authors observed improvement in caries risk in 83 percent and 73 percent of the people at high and moderate caries risk, respectively, for those continuously enrolled. High caries risk was related inversely to age, rank, education and years in service. Also, tobacco users had an elevated risk for dental caries.

**Conclusions:** The United States Air Force Dental Service has made great strides in improving the oral health of the Air Force population. The results of this study suggest that caries risk is decreasing in the Air Force population, but oral health disparities still exist and require further evaluation.

## 18 Developing a Plan to Improve Access for Kentucky Elders: Kentucky Elder Oral Health Survey

*Robert G. Henry, DMD, MPH, University of Kentucky College of Dentistry; Lisa R. Durham, PhD, Western Kentucky University, Institute for Rural Health Development and Research; James C. Cecil, DMD, MPH, Kentucky Department for Public Health, Oral Health Program*

**Objectives:** Assess the oral health status and treatment needs of well elders compared to functionally dependent (nursing home and homebound) elders to identify factors which affect dental access for Kentucky elders.

**Methods:** The Kentucky Elder Oral Health Survey (KEOHS), a statewide survey (2001-2005), was administered via interview questionnaire and clinical screening exam. A total of 1,386 elders stratified into three groups based on living situation (well elders living in own home [WE], nursing home [NH] and homebound elders [HB]) were surveyed to determine their oral health status and oral health access beliefs.

**Results:** The majority of elders need routine care (53.8%) and the greatest treatment urgency was found in the HB and NH elders where 23.7% and 21.6% respectively need early or immediate care. Major barriers reported for obtaining dental care or services include no dental insurance (56.5%), can't afford (53.3%), no way to get there (25.2%) and limited mobility (22.4%). The main recommendations for improving elders' access to oral health services include: make dentistry more affordable (55.5%); provide mobile clinic/van (28.4%); provide house calls (22.2%); make offices more handicapped-accessible (15.2%).

**Conclusions:** Underserved elders, defined in the KEOHS as the NH and HB elders, have oral health needs which are much greater than the WE group. The results of this survey are currently being used to develop a model program to improve access to oral health services targeting NH and HB elders in Kentucky.



## Poster Presentations

### Prevention and Partnerships: Promoting Oral Health of Pregnant Women and Children

#### 19 CenteringPregnancy® with Smiles: Integrating oral health with group prenatal care in a collaborative delivery system

Judith Skelton, PhD; Robert Kovarik, DMD, MS; Sharlee Burch, RDH, MPH; M. Raynor Mullins, DMD, MPH; Jeffery Ebersole, PhD-University of Kentucky College Of Dentistry; LeAnn Todd, RN; Sara Womack, RDH-Trover Women's Health Center

**Objectives:** To develop, implement and evaluate a regional translational research partnership involving a small group delivery model to improve prenatal care, oral health and birthing outcomes in rural, underserved pregnant women.

**Methods:** In 2005, the University of Kentucky Center for Oral Health Research, Hopkins County Health Department and Trover Women's Health Center in Madisonville (TWHC), worked collaboratively to develop an integrated health care delivery model, combining Centering Pregnancy®, a national prenatal group care model, with oral health education and treatment to control oral infections.

**Results:** In 1/2006, the TWHC converted its midwifery practice to the Centering Pregnancy with Smiles® model. To date 134 of the study mothers have delivered babies; 93 received dental treatment; 6(4.5%) were premature (KY rate 15.8%); 5(3.7%) were low birth weight (KY rate 8.5%, targeted rural counties 9.6%). Based on these results, the TWHC was recently selected as an intervention site for a major March of Dimes demonstration project in Kentucky. Participant and staff response to the Centering Pregnancy with Smiles prenatal care model were very positive.

**Conclusions:** Collaborative partnerships between rural and university based programs can be successfully implemented leading to innovative, integrated, sustainable team approaches to delivery systems. This project has provided a translational research model that serves as a prototype for sites across Kentucky. Supported by HRSA grant 1 D1ARH0565653-01-00.

#### 20 The Potential Role of Breastfeeding and Other Factors in Helping to Reduce ECC: A Case-Control Study

Lee Caplan, MD, MPH, PhD, Morehouse School of Medicine, Prevention Research Center; Katherine Erwin, DDS, MPA, Morehouse School of Medicine; Elizabeth Lense, DDS, MHS; James Hicks, Jr.

**Objectives:** Tooth decay is the most common chronic disease in US children. Early childhood caries (ECC) is particularly virulent and can interfere with a child's ability to eat, grow, speak and communicate. Breastfeeding has been promoted as providing several benefits including reduced risk of dental disease, but studies on whether breastfeeding reduces ECC have been inconclusive. This study was done to further explore this issue.

**Methods:** A case-control study was done with 175 children, aged 1-5, receiving dental care at Hughes Spalding Children's Hospital in Atlanta, GA. Cases were children meeting the American Academy of Pediatric Dentistry's definition of ECC (1 or more decayed, missing or filled teeth surfaces (DMFS) in children under 6), while controls had no decay. Participants had a dental exam, chart data abstraction and a personal interview with their mother.

**Results:** Our study yielded too few exclusively breastfed children to adequately study our issue, but we were able to compare the children exclusively bottlefed for long periods of time with those who also had some breastfeeding but for well short of a year. The children exclusively bottlefed 1.5 years with no breastfeeding had a mean of 10 DMFS compared to only 6 in the additional children who also had some breastfeeding, and the children who bottlefed over 1.5 years without any breastfeeding had a mean of 25 compared with only 16 in the additional children who also had some breastfeeding. In addition, no bottle at night, mother brushing child's teeth, adequate dental care in mother and choice of formula seemed to reduce ECC.

**Conclusions:** Our results suggest that breastfeeding, as well as several other measures, might reduce the risk of ECC. Medical providers need to discuss oral health with new mothers and provide education on the important role they can play in keeping their babies' teeth healthy.

#### 21 Neighborhood Smiles: An Early Oral Health Assessment and Intervention Program

Joan Lowbridge, RDH, BS, Massachusetts Department of Public Health-Office of Oral Health; Lynn A. Bethel, RDH, BSDH, MPH, Massachusetts Department of Public Health

**Objectives:** State health department dental programs have the advantage of collaborating with other public and private agencies to improve access and develop prevention programs for populations at high-risk for dental disease. The goal of Neighborhood Smiles is to improve the oral health of young children 0-5 years of age at high-risk for dental disease.

**Methods:** The Massachusetts Department of Public Health Office of Oral Health (MDPH-OOH) collaborating with public and private agencies implemented an oral health risk assessment (OHRA) for children 0-5 years of age enrolled in the Early Intervention Program (EI). The OHRA involves non-dental professionals who have scheduled, long term relationships with Early Intervention (EI) children and their families. These non-dental professionals, trained by the DPH-OOH to complete a written oral health assessment with EI parents and a visual oral screening of the EI child, provide education (via a tool kit with anticipatory guidance cards) tailored to the family's needs to decrease the risk of dental disease. If it is determined that the EI child needs an assessment by a dental professional, they are referred to a dental hygienist (RDH) experienced in treating children with special health care needs (CSHCN).

**Results:** Evaluation of the OHRA is designed to answer two basic questions: 1. If offered, will parents accept oral health risk assessment, oral health screening and referral services provided by non-dental health professionals; and 2. Will oral health risk assessment, along with screening and referral improve the oral health of high-risk children?

**Conclusions:** Non-dental professionals may be effective in improving the oral health of children with special health care concerns 0-5 years of age.

#### 22 Healthy Teeth, Happy Teeth - An Educational Oral Health Program for Head Start

Julie Nocera, RDH, MS, Tunxis Community College, Dental Hygiene; Jane Gutowski, RDH, Joanne Emanuel, RDH; Robin Knowles, RDH, MPH

**Objectives:** To develop and implement an oral health program into an inner-city Head Start setting that aligns with the Head Start principles of health, education, nutrition and socialization to promote school readiness.

**Methods:** An assessment was conducted to define the problem and establish a need. Primary and secondary data were used to develop a community profile of the target population. Pre-tests were administered to establish a baseline of oral health knowledge among students. Head Start administrators and faculty were interviewed as well as local pediatric dentists. Existing programs from across the country were evaluated to identify potential obstacles.

**Results:** Based upon the findings, an oral health component was developed and integrated into two Head Start programs serving over 400 preschool children annually. The program utilizes cognitive, psychomotor and affective learning to promote optimal oral health.

**Conclusions:** This innovative approach to oral health education for preschool children has become an integral part of the Head Start curriculum in the two target communities. The repetition of this standardized and consistent message supports the principles of Head Start by providing faculty, children and families with opportunities to improve oral health.

#### 23 Achieving the Impossible: Minnesota's Collaborative Head Start Model

Deborah Jacobi, RDH, MA, Apple Tree Dental; Clare Larkin RDH MEd CDHC RF, Normandale Community College; Gayle Kelly, MS, Minnesota Head Start Association; Patricia Glasrud, RDH, MPH, Minnesota Dental Association

**Objectives:** To meet the Head Start dental performance standards by implementing a comprehensive Community Collaborative Practice Oral Healthcare System for Minnesota Head Start children.

**Methods:** In 2006, the Minnesota Head Start Association, Minnesota Dental Hygienists' Association, Minnesota Dental Association and Apple Tree Dental jointly proposed a Community Collaborative Practice model for Head Start.



Minnesota dental hygienists may legally enter into a collaborative agreement with a dentist to provide prevention and education services for uninsured and Medicaid recipients in settings other than the traditional dental office. Collaborative practice hygienists who have been calibrated in use of the Association of State and Territorial Dental Directors' Basic Screening Survey will offer onsite assessment, triage and, for those children with early or urgent treatment needs, referral to dental offices.

**Results:** The Minnesota Department of Human Services established that this approach meets Minnesota's DHS dental examination standard. The Region V Office of Head Start affirmed that it therefore fulfills the federal Head Start dental exam performance standard.

**Conclusions:** This innovative approach provides onsite prevention and education, allows earlier identification of disease and creates needed linkages for local dentists to treat Head Start children.

### 23a Early Childhood Caries (ECC) Disparities in a Four County Appalachian Head Start Program

*Robert Kovarik, DMD, College of Dentistry, University of Kentucky; Nikki Stone, DMD, College of Dentistry, UK Center for Rural Health; Baretta Casey, MD, College of Medicine, UK Center for Rural Health; M. Raynor Mullins, DMD, MPH, College of Dentistry, University of Kentucky; Judy Skelton, PhD, College of Dentistry, University of Kentucky; Oscar Arevalo, DDS, ScD, MBA, MD, College of Dentistry, University of Kentucky; James Cecil, DMD, MPH, College of Dentistry, University of Kentucky.*

**Objectives:** Document the prevalence of ECC and estimated treatment needs in rural children enrolled in a four county Head Start (HS) program in East Kentucky.

**Methods:** ECC prevalence estimated treatment needs and demographic data were recorded for children enrolled in 18 Head Start Centers using Kentucky Children's Oral Surveillance System protocols and a tablet PC based electronic record. The children were enrolled in a new comprehensive dental outreach program that is developing dental homes for underserved children at the UK North Fork Valley Community Health Center at Hazard, Kentucky.

**Results:** Four hundred and sixty three (76%) of all (606) HS children were screened. The prevalence of untreated ECC was 51% (versus 37% statewide) were also found. Ninety-four children (20%) were dentally uninsured (compared to a state rate of 13%). 306 children (66%) had Medicaid/KCHIP benefits and 62 children (13%) had other dental insurance.

**Conclusions:** This pilot study indicates a high prevalence of ECC in Head Start children in Appalachia resulting in substaining treatment needs, including care of pain and infection that can adversely affect learning and normal development. Many children had no dental insurance. However, 79% had dental benefits to help reduce financial access barriers. Establishing a dental home to improve case management is essential to help reduce these disparities. Supported by HRSA I DIARH0565653-10-00.

### 23b Establishing a Dental Home for Underserved Children Using a School Dental Outreach Model

*M. Raynor Mullins, DMD, MPH, University of Kentucky, College of Dentistry; Nikki Stone, DMD, University of Kentucky, UK Center for Rural Health; Baretta Casey, MD, College of Medicine, UK Center for Rural Health; George Bailey, DMD, UK Center for Rural Health; Kavita R Mathu Muju, DMD, MPH, College of Dentistry, University of Kentucky; James Cecil, MPH, DMD, College of Dentistry, University of Kentucky*

**Objectives:** Establish a dental home for financially disadvantaged school children by developing a comprehensive dental outreach program for a federally qualified community health center in East Kentucky.

**Methods:** The University of Kentucky Colleges of Medicine and Dentistry have implemented a Ronald McDonald Care Mobile Program for the UK North Fork Valley Community Health Center (NFVCHC) in Perry County, Kentucky. Needs were appraised using Kentucky Children's Oral Health Surveillance System protocols. School-based prevention and treatment services are being offered for preschool and elementary children (PS-Grade 5). An intergrated delivery model coordinating the mobile program with the dental clinic at NFVCHC and with Family and Youth Service school staff were designed.

**Results:** Eleven county schools are participating (100%). Needs appraisal and preventive care have been completed at 7 schools. Of 1425 enrolled children, 1079 were screened (76%). Of those screened, 574 (52%) returned consents to participate in the new program. Of those, 32% were dentally uninsured and 49% had Medicaid/KCHIP dental benefits. The need for urgent care (14%) was very high compared to the 2001 state rate (4%).

**Conclusions:** Initial participation rates indicate establishing a dental home for underserved children in a rural community health center using an outreach model is both feasible and needed. Supported by HRSA ID IARH0565653-10-00.

### 24 Forsyth Kids School-Based Caries Prevention Program: Concepts, Methods, Outcomes

*Richard Niederman, DMD; Ellen Gould, RDH, MPA; Max Goodson, DDS, PhD, Forsyth Institute, Boston, MA*

**Objectives:** To implement an evidence-based, longitudinal elementary school-based, demonstration, comprehensive caries prevention program that: increases oral health access, improves oral health, and is financially sustainable.

**Methods:** Massachusetts schools and school systems with >50% of children participating in free/reduced lunch programs and local community health centers were solicited for participation. Six schools in 3 school systems were selected. Twice yearly: calibrated DDS and RDH provided an examination, prophylaxis, sealants, glass ionomer temporary restorations, fluoride varnish, toothbrushes, fluoride toothpaste, and hygiene instruction. Primary data evaluation was by analysis of covariance.

**Results:** 1,196 children provided informed consent. 86% participated in the free/reduced lunch program. The average age was 7.1, 8.2 and 9.2 years for grades 1, 2, and 3 respectively. The effect of a single round of preventive treatment was evaluated 6 months later by comparing those receiving prevention at baseline (693) with those who were examined but not treated (503). A single prevention cycle increased the number of deciduous molars by 0.38 teeth ( $p = 0.0001$ ). As well: dft and DFT were reduced by 4.13% ( $p = 0.004$ ) and 1.1% ( $p = 0.16$ ); Occlusal d and D were reduced by 9.0% ( $p = 0.00003$ ) and 3.3% ( $p = 0.04$ ); Smooth surface d and D were reduced by 2.3% ( $p = 0.04$ ) and 1.6% ( $p = 0.005$ ). Multiple treatments were also evaluated, and suggests that caries incidence was reduced approximately 10-fold (from ~10% to <1%) after 3 rounds of prevention.

**Conclusions:** These results indicate that the preventative program used in this study produced a dramatic effect on deciduous teeth and significant effects on occlusal and smooth surface caries in permanent teeth. This work was supported, in part, by Delta Dental Plan of Massachusetts.

### 25 School Oral Health Program, Kuwait-Forsyth: Improving Access to Dental Care for Kuwaiti Children

*Jitendra R Ariga, BDS, MDS, School Oral Health Program Kuwait-Forsyth; Ana Karina Mascarenhas, BDS, MPH, Dr PH, Division of Dental Public Health, Boston University Goldman School of Dental Medicine; Pramod M. Soparkar, BDS, DMD, Forsyth Research Institute*

**Objectives:** To improve Kuwaiti children's access to dental care by developing a school-based oral health prevention and treatment program.

**Methods:** The Ministry of Health, Kuwait in collaboration with Forsyth Research Institute, USA developed a School Oral Health Program, Kuwait-Forsyth to provide educational, preventive and restorative oral health services to Kuwaiti school children.

**Results:** The School Oral Health Program started in 1983 as a pilot project, today serves the oral health needs of 250,000 Kuwaiti school children ranging in age from 4 to 15 years. It comprises of about 150 dentist and 350 allied dental staff. Major components of this program are: 1) Administration; 2) Training; 3) Prevention; 4) Treatment; 5) Evaluation; and 6) Research and Policy. Continuous monitoring of the program shows that the School Oral Health Program has contributed significantly to improve the oral health status with stabilization of caries levels among Kuwaiti school children, to/with a DMFT of 2.8 at age 12.

**Conclusions:** International collaborations and school-based program such as the School Oral Health Program, Kuwait-Forsyth are effective in improving access to care and oral health of children.

## 26 Implementing a Model of In-School Dental Hygiene Programs

*Robin Knowles, RDH, MPH, New Britain Oral Health Collaborative*

**Objectives:** Implementing In-School Dental Hygiene Programs eliminates barriers to oral health care faced by uninsured or publicly insured children. The poster presentation describes the partnership between healthcare organizations, community social service and child-focused organizations, private dentists, and schools that led to the development and implementation of a portable dental hygiene program in the community's public schools.

**Methods:** The Oral Health Collaborative partnered with school administrators, the Board of Education, a community health center, and private dentists to provide dental hygiene services in schools utilizing portable dental equipment, a licensed dental hygienist, and bilingual Care Coordination staff. Students requiring restorative treatment are connected to appointments at the Community Health Center or with private dentists that are members of the Collaborative.

**Results:** The data results from the four pilot schools are included in the poster presentation. Data includes number of students receiving exams, cleanings, fluoride treatments, and sealants. The rates of decay are analyzed as well as the insurance status of the students served in the program.

**Conclusions:** The partnership between the education community, CHC, private dentists, and collaborative members led to a successful pilot program that has been replicated in all of the city's schools. The model has been replicated in other public schools, pre-school settings, and other communities throughout the state of Connecticut.

### Oral Health Needs of Diverse Populations

## 27 Association Between Length of Residence and Hispanic Oral Health Access in Rural Illinois

*Alejandra Valencia, DDS, MPH Candidate 2007, School of Public Health, University of Illinois at Chicago*

**Objectives:** Many rural communities in Illinois are experiencing an outstanding growth in their Hispanic population resulting not only in an important demographic change but also in a social and economic transformation. The objective of the study was to perform an assessment of the oral health needs affecting Hispanic immigrants living in rural Illinois and to compare and describe the oral health needs of Hispanics who have newly arrived and those who were already established.

**Methods:** The study is part of an ongoing project that is using a Community Based Participatory Action Research (CBPAR) approach; the CBPAR project involves three main stages: Assessment, intervention, and evaluation. The study focused on the assessment stage that implicated the conduction of a health care needs survey, which in itself included the assessment of oral health needs. Convenience sample techniques were used to collect data from Hispanic participants living in seven non-metropolitan Illinois counties between 2005 and 2006.

**Results:** Several key barriers to oral health access associated with lengths of residence were found; among them are reduced frequency of dental visits, lack of a regular resource of dental care, lack of dental insurance, and language barriers.

**Conclusions:** Newly arrived immigrants were found to be more vulnerable, not only to the oral care resources challenges that a rural community often have, but also to the acculturation barriers that Hispanic communities generally faces.

## 28 Access to Dental Care for the Immigrants in Central Ohio

*Homa Amini, DDS, MPH, MS, Columbus Children's Hospital, Dentistry; Paul Casamassimo, DDS, MS; Beth Noel, RDH; Jeffrey Price, BA, Columbus Children's Hospital.*

**Objectives:** To describe the need and ability to access needed dental services of a group of immigrants residing in Central Ohio.

**Methods:** A face-to-face interview and a clinical oral screening was performed on a convenience sample of immigrants (n=80) enrolled in adult literacy programs at multiple locations in Columbus, Ohio.

**Results:** 51.9% of the respondents reported a history of toothache when biting or chewing during the past 6 months. 45.6% reported that there was a

time when they could not get the needed dental care during the past 12 months. The main reason for not being able to get the needed dental care was lack of insurance and inability to afford dental care. Language barrier was not a major factor in accessing dental services. Only 30% had a dental visit within the past year. Clinical screening revealed 24.7% required emergency dental treatment, 53.1% needed early or non-urgent care, and 22.2% had no obvious problem.

**Conclusions:** The results of this study indicate that access to dental care is a problem for immigrants in Central Ohio, and there is a need to develop affordable oral health prevention and treatment programs for these populations.

## 29 Parental Perception of Access and Utilization of Dental Services in Special and Mainstream Education: A Qualitative Analysis

*Yogita Butani, BDS, MS; Sarah B. Horton, PhD; Jane A. Weintraub DDS, MPH; All from University of California, San Francisco, Center to Address Disparities in Children's Oral Health*

**Objectives:** To gain information about access to dental services by children enrolled in special education (S) and mainstream (M) classrooms, qualitative thematic analyses of parental survey responses were conducted.

**Methods:** Self-administered surveys were sent to parents of 270 children in 34 S classes and 437 children in 16 M in public elementary school classrooms in San Mateo, CA. The surveys included space to add optional written comments that were analyzed using qualitative thematic coding, and content analysis.

**Results:** The overall response for the survey was 60.5% (166/270 and 250/437 respectively). A subset of 46 completed surveys, 34 from S and 12 from M, provided additional written comments in English or Spanish. The responses were classified under major themes. Major themes for S were lack of access to care including fear of the dentist; lack of insurance and provider availability and reports of specific problems with the child's teeth and mouth. Major themes for M were more positive, having access to dental and orthodontic care.

**Conclusions:** This survey provided an outlet, especially for parents of S to express their difficulties finding a dentist they trusted and who was trained to treat special needs children. Supported by US DHHS/NIH/NIDCR T32-DE07306-10 and U54-DE142501.

## 30 Ethnicity and Socio-Economic Influence on Geriatric Women's Oral Health Status and Access to Care

*Aida A. Chobayeb, DDS, MSD, Women's Network Collective; Rafik Saaticyan, DDS, Private Practice, NYC, NY; Sharon M. Cadiz, EdD, Women's Network Collective*

**Objectives:** Objective: This pilot study explored the potential effects of ethnicity and socio-economics on geriatric women's access to oral healthcare and oral health status.

**Methods:** Method: 45 geriatric women attending the Women's Network Collective Conference in New York City consented to participate in this study. The participants included 10 Caucasians (group A), 2 Hispanics, 2 Native Americans, 1 Asian (group B), and 30 African-Americans (group C). Their age range was 65-81 years. The principal investigator examined participants in a private dental practice in Manhattan and compensated each with \$20.00 and an oral hygiene kit. The examiner recorded education and income levels, frequency of dental visits, oral hygiene habits, and smoking history. Missing teeth, coronal/cervical caries and restorations, plaque index, gingivitis, bleeding-on-probing, calculus, periodontal pockets, tooth mobility, bruxism, and TMJ symptoms were also recorded. The socio-economic factors of the participants were compared with their ethnicity using chi-square analysis. Participants' oral health indicators were compared with ethnicity using multiple regression.

**Results:** Results: No statistical difference was found in the socio-economic status of the three ethnic groups of this pilot study. There were, however, statistical differences noted in access to oral healthcare and in oral health status across the three groups.

**Conclusions:** Conclusions: 1) The importance of oral health care should be stressed to geriatric and ethnic populations, to include: annual dental visits, proper oral hygiene habits, and smoking cessation. 2) Further research is needed on larger geriatric populations across the USA.

### 31 Improving Seniors' Oral Health Through Community Collaboration and Research Partnerships

Joanne Clovis, PhD; Debora Mathews, DDS, Diploma in Periodontics, MSc; Mark Filiaggi, PhD; Mary McNally, MSc, DDS, MA, Dalhousie University

**Objectives:** A long-term strategy has been undertaken to assess and improve seniors' oral health in Atlantic Canada, address the paucity of data on seniors' oral health, and increase the limited research capacity in oral epidemiology and population studies. Our objective is to describe this strategy and the progress to date.

**Methods:** A staged long-term plan was developed by building on a qualitative study of barriers to oral care in Nova Scotia and engaging with an established network of stakeholders. Key components of the strategy included workshops to disseminate knowledge and findings to community and research partners, a pilot survey of seniors' oral health status, and exchange with investigators in the Canadian Longitudinal Study on Aging.

**Results:** The pilot study demonstrated the feasibility of conducting a larger population based survey; workshops facilitated the development of consensus regarding research methodologies and community strategies; and, successful collaboration with key research partners and seniors' stakeholder organizations increased capacity for oral epidemiological research. Grants are being sought for next steps.

**Conclusions:** Engagement of key community and research partners at national, regional, and community levels has provided fundamental support for the long-term planning strategy. This strategy may be applied to assessment and intervention for other vulnerable populations.

### 32 Periodontal Disease is Associated with Decreased Kidney Function in NHANES III

Monica A Fisher, DDS, MS, MPH, PhD, Case Western Reserve University; George W Taylor, DMD, DrPH, University of Michigan; Kenneth A Jamerson, MD, University of Michigan; Mabbob Rahman, MD, MS, Case Western Reserve University; Akinlolu O Ojo, MD, PhD, University of Michigan

**Objectives:** To determine the association between decreased kidney function (DKF) and periodontal disease (PD).

**Methods:** 11879 adults 18+ years of age with information on kidney function and periodontal status were identified in the Third National Health and Nutrition Examination Survey. DKF was a glomerular filtration rate < 60ml/min per 1.73m<sup>2</sup>. PD was 1+ sites with both 4+mm attachment loss and bleeding. Diabetes status was defined as no diabetes, diabetes with good control (hemoglobin A1c <7), and diabetes with poor control (hemoglobin A1c ≥7). High C-reactive protein (CRP) was > 3.0 mg/dL. The main outcome measure was the odds ratio and 95% confidence interval (OR; 95%CI) for the association between DKF and PD, adjusting for other potential explanatory variables. The ORs were estimated using univariable and multivariable logistic regression modeling, accounting for the complex survey design and sample weights.

**Results:** 301 adults (1.9%) had DKF, and 1355 (6.8%) had PD. In multivariable analysis, adults with PD were significantly more likely to have DKF (OR<sub>adj</sub>=1.57; 1.04-2.37), while simultaneously adjusting for the following recognized explanatory factors: age, race/ethnicity, gender, hypertension, diabetes, CRP, macroalbuminuria, annual physician visit, income, and smoking.

**Conclusions:** PD was associated with DKF in US adults, after simultaneously adjusting for other recognized factors. Further longitudinal investigation will help assess whether PD is a risk factor for DKF. Research Support: NIH/NIDCR 5K08DE016031-03.

### 33 Health Literacy and Follow-Up Appointments for Dental Clinic Patients

Kathryn A. Atchison, DDS, MPH, UCLA School of Dentistry; Melanie W. Girona, MSW, PhD, UCLA School of Dentistry; Claudia Der-Marterosian, PhD, UCLA School of Dentistry; Diana V. Messadi, DDS, DMSc., UCLA School of Dentistry

**Objectives:** It is estimated that 90 million American adults have difficulty understanding and acting upon health information due to low literacy. The purpose of this study is to investigate the association between health literacy and follow through on a dental health care sequence. This study examines

both dental and medical health literacy constructs using a dental health literacy score (REALM-D), constructed by modifying the Rapid Estimate of Adult Literacy in Medicine (REALM) to incorporate 6 dental words at each of the three levels.

**Methods:** The study sample included 108 new patients from the Oral Diagnosis Clinic at the UCLA School of Dentistry. Almost 40% of the patients never returned after their first visit although they underwent a screening examination by a dentist, were informed about the types of dental services needed, and expressed interest in receiving care. To test for group differences between non-returnees and those who returned for care, non-parametric Mann-Whitney tests were conducted since health literacy scores computed for each difficulty level were not normally distributed.

**Results:** Among the non-returnees, 60% were non-Caucasian, and 61% completed at least one year of college. Non-returnees had significantly lower mean ranking for level 2 (p=.020) and level 3 (p=.028) dental literacy scores. For medical literacy scores findings illustrate significant group difference for level 3 only (p=.038).

**Conclusions:** Study patients who did not return for dental visits had less dental knowledge compared to patients who returned, suggesting that the modified REALM-D might be a more sensitive discriminating factor of oral health knowledge. More research is needed to better evaluate the new REALM-D construct. This study was supported by NIDCR R03-PAR-04-117.

### 34 Evaluation of Consumer Use of an Oral Health Web-Site

David A. Albert, DDS, MPH, Columbia University College of Dental Medicine; Vimla Patel, M., PhD, DSc, Columbia University College of Physicians and Surgeons; Angela Ward, RDH, MS, Columbia University College of Dental Medicine; Sharifa Williams, Columbia

**Objectives:** To conduct an on-line survey to assess consumer use of an oral health web-site.

**Methods:** A survey was conducted to assess the population utilizing an oral health consumer website. The baseline survey included questions on demographics, and Internet use. Recruitment of survey subjects commenced in May, 2006 and terminated in January, 2007. 309 subjects completed the Internet usage survey. The recruitment sources included weekly e-mail messages to Aetna Intellihealth Dental participants, and a direct and prominently displayed link on the main web page of the Simple Steps for Dental Health.com site.

**Results:** 80% of respondents were previously self-registered to receive oral health electronic mails from a consumer oriented oral health web site (Simple Steps to Better Dental Health.com). 66.3% of the respondents were female. 72.5% were age 50 or older 71.3% were female. 78.6% have completed education beyond high school. 94% use the Internet daily, and this use is typically conducted from home (76.7%). 81.7% have used the Intellihealth web site for more than one year. They seek medical information frequently (95.1%), with lower numbers requesting dental information (54.7%). Although the majority of respondents already participate in an electronic mail update on dental health, only 33% expressed interest in receiving an online consultation or communication with a dentist. 14.1% of the respondents self-reported current tobacco use. 58.1% of this group has used the Internet to obtain information about quitting tobacco use.

**Conclusions:** The Internet is a growing resource for oral health care information by dental consumers. This survey established the demographics for a sample of users of this web-site. Web-based interventions, including focused electronic messages can subsequently be targeted to consumers with specific health care needs and concerns.

## Advances in Service-Learning and Professional Development

### 35 Pilot Study: Patient Response to Tobacco Cessation Information in the Dental School Clinic Setting

Margaret Howell, Case Western Reserve University, School of Dental Medicine, c/o Dr. Kristin Victoroff Margaret Uhrich Howell, Class of 2009, Case Western Reserve University School of Dental Medicine, Kristin Z. Victoroff, DDS, PhD, Case Western Reserve University, Department of Community Dentistry

**Objectives:** To determine dental school clinic patients' quit-tobacco needs and response to tobacco cessation information provided by student dentists.



**Methods:** Fourteen senior dental students volunteered to participate in a pilot study. Each student kept a log of all patients seen over a two-week period, invited patients who were self-reported tobacco users to participate in the study, administered an 18-item questionnaire to each patient participant, and provided each patient with quit-tobacco information as appropriate. Questionnaire items focused on the patient's readiness to quit, prior quit attempts, and preferences for quit-tobacco information. A follow-up questionnaire was administered by telephone one month later to determine the patient's response to information provided by the student dentist.

**Results:** 27% (46/172) of patients were self-reported tobacco users. 37% (17/46) of self-reported tobacco users participated in the study. Participants were 53% Caucasian and 47% African American, 59% male and 41% female, mean age 51±12 years. 75% (12/16) reported interest in quitting. 88% (14/16) had never tried to quit. Nearly half (8/17) had not heard of the Ohio Tobacco Quit Line, and most (14/17) were not aware of support groups in their area. The majority (13/17) were interested in receiving quit-tobacco information from their student dentist. Follow-up rate was 65% (11/17). At follow-up, nearly all patients (10/11) rated their student dentist as very knowledgeable about strategies and resources for quitting.

**Conclusions:** The majority of dental school clinic patients in this pilot study were interested in quitting tobacco use. Many were not aware of resources to help them quit. Patient response to tobacco cessation information from student dentists was positive. Further studies with larger numbers of participants are needed.

### 36 Assessment of a Preventive Care Program for Developmentally Disabled Patients

*Carol Nguyen BS, RDH, University of Texas Health Science Center at San Antonio, Department of Dental Hygiene; Sharon Barbieri, MS, RDH, University of Texas Health Science Center at San Antonio, Department of Dental Hygiene; Kathleen Geurink, MA, RDH, Dept. of Dental Hygiene; David P. Cappelli, DMD, MPH, PhD, Dept. of Community Dentistry, U. of Texas Health Science Center at San Antonio*

**Objectives:** Persons with developmental disabilities are at greater risk for oral diseases and access to care is a critical issue for special needs patients. This project measures the impact of preventive services provided to residents of the Willows Developmental Center, San Antonio, TX.

**Methods:** A retrospective chart audit was conducted from a sample of 32 residents who received care from the Department of Dental Hygiene, University of Texas Health Science Center at San Antonio (UTHSCSA) for three consecutive years. This educational program offers a screening, periodontal therapy, and referral. Study variables included demographics, DMFS, ambulatory status, diet consistency, periodontal health, dental home status, patient cooperation level, and number of dental visits and referrals.

**Results:** Over three years, the number of scaling procedures performed decreased by almost 50%. Limited scaling procedures followed a similar trend. Residents with a dental home increased from 12.5% to 78.1% over 3 years. An increase in the number of residents on textured diet (16-22%) compared to processed diet was noted. Referrals and completed referrals doubled over the three years. The number of patients diagnosed with severe periodontal disease and the number of decayed teeth increased while diagnoses of moderate periodontal disease decreased.

**Conclusions:** While providing a service-learning experience for students, this project led to better oral health status and facilitated partnerships enhancing access to care. Reported increase in disease may reflect an increase in access to care. As residents found a dental home, screenings were replaced with dental examinations resulting in better detection of disease. This observation is underscored by a decrease in preventive services needed for the patients.

### 37 Community Based Dental Education Program at University of Kentucky - a Preliminary Report

*Oscar Arevalo, DDS, ScD, MBA, MS, Assistant Professor & Chief, Division of Dental Public Health, Department of Oral Health Sciences, University of Kentucky College of Dentistry, Lexington, KY, USA; Amit Chattopadhyay, PhD, MPH, MDS, BDS (Hons)/ Assistant*

**Objectives:** To describe the modification of the Community Based Dental Education Program (CBDEP) at the University of Kentucky (UoK).

**Methods:** Initiated in 1970, the UoK had the first outreach program of any dental school in the US. In 2006 the program was converted into a mandatory CBDEP for senior dental students. The CBDEP is constructed as a 6-credit, 4 consecutive week, required course (CDE 841).

**Results:** The first batch of 52 students underwent the CBDEP last summer. Didactic preparation, conceptual models and course goals are presented and coordinated with a didactic course where advanced concepts in dental public health are presented. The outreach centers include community health centers in rural KY (N = 17 centers), Lexington (n=15); rural practices serving a large number of the un-/ underinsured (N=7); and federal agencies (N=11). Students learn by active participation in patient care, practice management systems, and the health care delivery system. We encourage discussions with patients, staff, faculty, community residents, and health/school officials. Depending on the site, experiences may involve discipline-specific clinical competencies. The course director and preceptor(s) evaluate students using the usual letter grades based on projects, assignments, clinical treatment quality, knowledge, reflective learning assignment, and professional demeanor.

**Conclusions:** Successful establishment of the CBDEP at UoK will improve students' appreciation of community issues and problems, and improve and refine clinical skills resulting in a work-force better prepared to treat disadvantaged individuals, contributing to improve access to dental care for KY residents.

### 38 Improving Access to Underserved Populations: Community-Based Dental Education. The Boston University Experience

*Ana Karina Mascarenhas, BDS, MPH, DrPH, Boston University School of Dental Medicine; Michelle M. Henshaw, DDS, MPH, Boston University School of Dental Medicine; Judith A. Jones, DDS, MPH, DSc, Boston University School of Dental Medicine; Madalyn L. Mann, RDH, BS, MS, Boston University School of Dental Medicine*

**Objectives:** Community-based dental education programs such as externship programs have become an integral component of dental school education. These programs are also assumed to improve access to care to underserved populations. The current study investigates the clinical care (defined as dental procedures) provided to underserved populations by Boston University School of Dental Medicine (BUSDM) students who completed 10-week general dentistry externships.

**Methods:** In 2002, BUSDM received the Robert Wood Johnson Foundation (RWJF) funded Pipeline, Profession, and Practice: Community-Based Dental Education that expanded our longstanding general dentistry externship program to a 10-week program for all senior students. The majority of our externship sites are at community health centers. Other sites include VA hospitals, US Coast Guard facilities, and correctional institutions. As part of the RWJF funded program, BUSDM developed a custom designed interactive web based application to collect data on the clinical care or dental procedures performed by the students while on externship.

**Results:** Each year, our students (N=115) provide about 19,300 patient visits, and about 30,500 clinical procedures while on externship. The majority of services provided in the 10-week externship are oral examinations, intra-oral radiographs, prophylaxis, extractions, and 2-surface amalgams. The longer externships allowed for students to perform more complex procedures such as prosthodontic procedures toward the latter part of their externship.

**Conclusions:** Community based dental education enhance not only the educational experience of students, but also increase access to underserved populations. Further the longer 10-week externships increase access to advanced services like prosthodontic procedures.

### 39 Trends in Publication, Citations and Impact Factor of the Journal of Public Health Dentistry

*Scott L. Tomar, DMD, DrPH, University of Florida College of Dentistry; Helen C. Gift, PhD, Brevard College; R. Gary Rozier, DDS, MPH, University of North Carolina School of Public Health*

**Objectives:** To characterize trends in the *Journal of Public Health Dentistry* (JPHD) in the number of papers published annually, citations by other journals, *Journal Impact Factor* (JIF), and *Cited Half-Life*.

**Methods:** Data were from the Scientific Citation Index, *Journal Citation Report* (Institute for Scientific Information). Data for 1989-1998 were from print and microfiche records; 1999-2005 were from an online database. JIF was



the number of cites to articles published in *JPHD* in the preceding 2 years divided by the number of articles published in *JPHD* during that time. The Cited Half-Life for *JPHD* was the median age of its articles cited in a given year.

**Results:** The number of papers published per year in *JPHD* ranged from 25 to 56 in 1989–2005 (median=31) and exceeded 40 in 5 years, all of which included special issues. The number of citations to *JPHD* articles showed a positive linear trend during that time period (R-squared=.9252), increasing from 191 in 1989 to 649 in 2005. *JIF* showed no clear trend during the time period, ranging from 0.338 to 1.266 (median=0.767). *JPHD*'s percentile rank of *JIF* among dental journals also showed no clear trend, ranging from 4.0 to 81.8 (median=40.5). The Cited Half-Life of articles published in *JPHD* increased from 5.2 years in 1989 to 8.4 years in 2005 (R-squared=.8339).

**Conclusions:** The number of papers published in *JPHD* was relatively constant during 1989–2005, but citations by other publications and the half-life of published articles clearly increased. *JIF* may not be a stable or reliable measure for journals publishing a relatively small number of articles each year, and may not fully capture the impact of *JPHD* on its field.

#### 40 Identify Resistances of Dental Clinicians in Knowledge Transfer of ICDAS-2

*Jacques Véronneau, DMD, PhD, Cree Nation of James Bay Area, Department of Public Health*

**Objectives:** To assess the resistance of clinicians and policy-makers in the adoption of evidence-based index in caries detection such the international caries detection and assessment system (ICDAS).

**Methods:** A grant for knowledge transfer of a new caries detection index (ICDAS-2) has been obtained by the Cree Department of Public Health in 2006 and their public health dentist became the first ICDAS trainer in Canada. He proposed, with evidence-based approach, to train dental hygienists involved in caries detection by the provincial school children dental public program, to train dentists of Cree territory and to train third year students of the faculty of dentistry of McGill University. Parallel to these proposals, a self-administered questionnaire with items on some practical aspects and potential resistances toward the new index was proposed and data collected.

**Results:** Four groups of interest were investigated – clinicians, policy makers, dental students and academic responsible – and five groups of resistance were identified 1- Perception of no additional benefit; 2- Longer detection; 3- No need to change; 4- Lack of control of their practices; 5- Diverse.

**Conclusions:** Evidence-based approaches to implement, hit often politic and practical resistances among professionals. This unique assessment in dental field provide basis to understand, to adapt and realize more effectively the relevant transfer.

#### 41 Survey of Systemic Health Issues in Community Dental Clinics

*Daniel Morris, BS, Community Dentistry, Case Western Reserve University; Catherine Demko, PhD, Community Dentistry, Case Western Reserve University*

**Objectives:** To determine what behaviors and discussions around the oral-systemic health link are occurring in Federally Qualified Health Center (FQHC) dental clinics serving at-risk populations, including diabetes, cardiovascular disease, and preterm birth. We were also interested in the provision of oral cancer screening by dental care providers.

**Methods:** We identified 770 FQHCs with dental clinics from the US Department of Health and Human Services website. Clinics received a 66-item survey measuring providers' attitudes, knowledge and current behaviors regarding screening for oral and general health problems.

**Results:** 242 clinics (31%), from 46 states, responded to the survey. Clinics reported that on average 70% of patients were adults, 25% of visits were for emergency treatment and 53% for primary care. Dentists reported having positive attitudes concerning screening and educating patients about oral-systemic health links. However, deficiencies were found in dentists' knowledge of screening tools, pathology and access to patient education resources.

**Conclusions:** This research provides evidence that there is a desire among community health center dentists to screen and educate patients about oral-systemic health issues and oral cancer. These measures are critically important to the at-risk populations treated in these clinics. The major reported barriers to the services are provider knowledge and lack of educational materials.

## Oral Health Assessment in Children and Adolescents

### 42 Self-Reported Smoking and Toothbrushing Among Finnish Adolescents

*Sisko Honkala, DDS, PhD, Finnish Dental Society Apollonia, Finland; Eino Honkala, DDS, PhD, Institute of Dentistry, University of Turku, Finland; Lasse Pere, MSc, Tampere School of Public Health, University of Tampere, Finland; Arja Rimpelä, MD, PhD, Tampere School of Public Health, University of Tampere, Finland*

**Objectives:** The aim of this study was to determine if there exists any association between frequent smoking and unfavorable toothbrushing habits among adolescents in Finland.

**Methods:** Nationally representative samples of 12-, 14-, 16- and 18-year-old Finns were drawn from the Central Population Registry. A total of 6,503 adolescents took part in the mail survey with structured questionnaire. The response rate was 66%. The chi-square test and a logistic regression model were used for analyses.

**Results:** At the age of 12 years 0.4% reported smoking daily, among 14 years 8.5%, 16 years 25.1% and 18 years 33.1%. A total of 14.2% of the adolescents reported brushing their teeth less than once a day, 45.6% once a day, and 40.2% more than once a day. Among 14-year-olds, 6.4% belonged to the risk group of smoking daily and not brushing according to the recommendation, among 16-year-olds 17.5% and among 18-year-olds 21.4%. Among boys, the strongest predictors for these unfavorable habits were the adolescent's low school performance (below average, OR 4.2 / average, 4.0) and father's low level of education (primary school only, 2.8). Low school performance (below average, 9.6 / average, 4.9) was also the strongest predictor among girls, followed by mother's low level of education (primary school, 2.6).

**Conclusions:** Frequent smoking and unfavourable toothbrushing seemed to be strongly associated. Both smoking cessation and good oral hygiene habits should be emphasized in oral health education of the adolescents.

### 43 Toothbrushing Frequency in Relation to Smoking Experimentations Among Adolescents in Finland

*Eino Honkala, DDS, PhD, Institute of Dentistry, University of Turku, Finland; Sisko Honkala, DDS, Dr PhD, Finnish Dental Society Apollonia, Finland; Lasse Pere, MSc, Tampere School of Public Health, University of Tampere, Finland; Arja Rimpelä, MD, PhD, Tampere School of Public Health, University of Tampere, Finland*

**Objectives:** The aim of this study was to ascertain whether there is an association between smoking experimentations and unfavourable toothbrushing habits among 12- and 14-year-old adolescents in Finland.

**Methods:** Nationally representative samples of 12- and 14-year-old Finns were drawn from the Central Population Registry. A total of 4,403 adolescents took part in the survey, the response rate being 71%. A 12-page structured questionnaire was posted to the adolescents to be filled in and returned in the enclosed pre-paid envelope. The chi-square test and a logistic regression model were used for analyses.

**Results:** At the age of 12 years 14.2% of the respondents had tried smoking and among 14-year-olds, 34%. Altogether 16.2% of the adolescents reported brushing their teeth less than once a day, 46.6% once a day, and 37.1% more than once a day. One third (27.2%) of boys and one fifth (19.9%) of girls belonged to the risk group of brushing less than twice a day and had tried smoking. The strongest predictor was the adolescent's own school performance: among boys the risk (below average, OR 14.1 / average, 5.3), and among girls 9.0 and 4.1, respectively.

**Conclusions:** Quite a big proportion of adolescents belonged to a risk group with smoking experiences and unfavourable toothbrushing habits. Dentists should receive more education on smoking prevention, and they should have a broader view on health education in general.

#### 44 Parental Perceived Needs of Oral Health Services

Carrie Janszen, RDH, M.Ed., Northern Kentucky Health Department; Keith A. King, PhD, CHES, University of Cincinnati; Rebecca A. Vidourek, M.Ed., University of Cincinnati; James Cecil, D.M.D., M.P.H., Kentucky Department for Public Health

**Objectives:** To examine parental perceptions of children's oral health behaviors, parent health behaviors and utilization of oral health services based on level of insurance including Medicaid, private insurance, and no insurance.

**Methods:** Northern Kentucky Health Department distributed surveys to 2nd and 6th graders in Northern Kentucky public schools via a school-based dental sealant program. A sample of 783 parents completed a two page survey assessing their child's oral health behaviors as well as access to care and level of insurance information. The survey consisted of the following items: overall child oral health, child oral health behaviors, overall parent oral health, parent health behaviors, level of insurance (i.e. Medicaid, private, none, etc.), and barriers to oral health care.

**Results:** More than one in three (33%) parents reported their child brushed his/her teeth daily. Almost 70% of parents did not know if their child flossed. Of parents, 60% reported their child last visited the dentist for a check-up. One in three (33%) parents reported their child was covered by private insurance, 24% by Medicaid, and 23% had no insurance coverage. More than 15% of parents reported there was a time their child needed dental care, but could not obtain services. Overall, 10% of parents reported it was the cost of dental services, which prevented their child from obtaining care.

**Conclusions:** Lack of insurance and cost of services are barriers to obtaining dental health services. Implications and recommendations for future research will be offered.

#### 45 Barriers to Addressing Urgent Dental Care Needs of Appalachian Schoolchildren

Nikki Stone, DMD, College of Dentistry, UK Center for Rural Health; M.Raynor Mullins, DMD, MPH, College of Dentistry, University of Kentucky; Baretta Casey, MD, College of Medicine, UK Center for Rural Health

**Objectives:** Identify urgent care needs and insurance status of rural Appalachian children in 11 elementary schools in Perry County, Kentucky.

**Methods:** Need for urgent care (pain and/or infection) was appraised using the Kentucky Children's Oral Health Surveillance System protocols. Insurance status was determined via a phone system designed to schedule visits and assist with transportation implemented by the staff at the UK North Fork Valley Community Health Center (NFVCHC).

**Results:** Screenings have been completed at 7 schools. In these schools, 149 children (14%) had urgent care needs. This need is high compared to the 2001 state rate (4%). Report cards were sent home. After 3 phone attempts, only 55% of families were reached. Of those, 32% of families had no dental insurance. Reasons included being ineligible for Medicaid/KCHIP due to existing medical insurance or being slightly over qualifying income.

**Conclusions:** This pilot study found a high need for urgent care in schoolchildren in one rural Appalachian county and indicates substantial barriers, including a lack of dental insurance and difficulty reaching parents by phone, exist that will complicate case management of this population.

#### 46 Oral Health Status of Third Grade Children in New York City

Kumar Gajapathi, BDS MPH, Bureau of Dental Health, NY State Dept. of Health; Herbert Kenigsberg, DDS, New York City Department of Health and Mental Hygiene; Jayanth Kumar, DDS MPH, Bureau of Dental Health, NY State Dept. of Health; Donna L Altshul, RDH, BS, Bureau of Dental Health, NY State Dept. of Health

**Objectives:** To assess progress toward Healthy People 2010 and Maternal and Child Health Block Grant (MCHBG) Performance measure, a survey of third grade school children in New York City was undertaken.

**Methods:** Data on caries experience, sealant prevalence, enamel fluorosis, dental visit, insurance coverage and several other indicators were obtained from 1,935 children attending 59 schools as part of oral health surveillance efforts. A questionnaire was used for gathering non-clinical data. Screenings

were conducted by trained dental personnel. Data were recorded using Epi-Data. Analyses were performed using SAS and SUDAAN softwares.

**Results:** The prevalence of dental caries was 56% (SE 1.6) and 38% (SE 7.3) among lower and higher income groups respectively. Although 86% reportedly had dental insurance coverage and 65% visited a dentist, the prevalence of sealants was 12% (SE 1.3). Untreated caries was 40% (SE 1.3) and 26% (SE 6.3) among lower and higher income groups respectively. Enamel fluorosis was observed in 2% (SE 1). Among first permanent molars, 58% of all carious lesions occurred on the occlusal surface.

**Conclusions:** The results show that the use of sealants was well below the MCHBG performance measure of 50%. Despite the low use of sealants, children in New York City had lower caries experience compared to that of rest of New York State. School-based programs have the potential to increase sealant prevalence and reduce untreated disease.

#### 47 Cost-Effectiveness Analysis of the Indices Used in Taiwan National Oral Health Surveillance System

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**Objectives:** Despite the widespread applications and academic advantages of the DMFT index, it might be impracticable in oral health surveillance for general population. The purpose of this study was to evaluate the cost-effectiveness of those indicators used in Taiwan National Oral Health Surveillance System (TNOHSS)

**Methods:** 720 third grade children and 110 adults from 10 primary schools took part in our study. Half of them received oral health examination with DMFT index and the other half with TNOHSS indicators by a local dentist and a dentist of TNOHSS separately. Standardization workshops were held for all the examiners. Time used in individual examination was measured and recorded. Information regarding the costs needed for the workshops, oral health examination exercises, and data analysis were also collected and analyzed.

**Results:** The average time needed to examine a school child and an adult with DMFT index were 107 and 80 seconds respectively, while it took 26 and 43 seconds respectively with TNOHSS indicators. It revealed that the cost for identifying one school children who needed dental care was US\$1.4 for TNOHSS while for DMFT it cost US\$7.7. The ratio was 1:5.5.

**Conclusions:** The TNOHSS indicators had shown to be simpler, swifter, and more economic than DMFT index, and were more suitable in population oral health surveillance activities. Nevertheless TNOHSS indicators are not designed to replace DMFT index, both of them should be complimentary to each other.

#### 48 Is TMD a problem for elementary school age children?

Marita R. Inglehart, Dr. phil. habil., University of Michigan; Sven-Erik Widmalm, DDS, Dr. odont., University of Michigan & Dan Briskie, DDS Mott Children Health Center, Flint.

**Objectives:** The objectives of this study are (a) to assess whether children in Kindergarten and grades 1 through 5 in elementary schools report symptoms of TMD, (b) whether these children's self reported TMD symptoms are a function of the their gender, socio-economic status, and ethnic background, and (c) whether these symptoms persist over a one year period.

**Methods:** During the academic year 2004/05, face-to-face interview data concerning TMD symptoms were conducted with 3,871 children and during the academic year 2005/2006, interviews were conducted with 4,616 children. 1,041 children participated in both years.

**Results:** Over 20% of the children in each year reported to experience pain when they open their mouth wide, to hear a noise when they open and close their mouth, and / or to have pain on the side of their face when they chew on tough food. Girls were more likely to report these TMD symptoms than boys, and African American children were more likely to report these symptoms than white children. Students in schools with more than 50% of the children on free school lunches had higher rates of TMD symptoms than schools with fewer than 50% of the students on free school lunches. A comparison of the responses of the children who participated in the study in both years showed that approximately 60% of the children did not report any symptoms in either year. However, for each of the three indicators, about 5% to 6% of the

children reported these symptoms at both points in time. Approximately equal proportions of children reported to either have the three symptoms only in Year 1 or only in Year 2.

**Conclusions:** TMD is rarely studied in elementary school age children, and dentists rarely address this issue when conducting oral examinations. These data show that research on TMD in children is needed and that recommendations for treatment should be developed.

## 50 Oral Health Disparities in the Treatment Need and Demand in an Appalachian Population

*Richard J. Crout, DMD, PhD, West Virginia University School of Dentistry; Chris A. Martin, DDS, MS, West Virginia University School of Dentistry; Daniel W. McNeil, PhD, West Virginia University School of Dentistry; Hilda R. Heady, MSW, West Virginia University*

**Objectives:** There are significant oral health disparities affecting individuals in West Virginia and elsewhere in Appalachia. While oral diseases such as caries are a major problem, little is known about the occlusal status of this underserved group. The objective of this study therefore was designed to provide information about the orthodontic treatment need and demand of this group.

**Methods:** There were 58 young people (12-17) and 78 of their parents who were randomly selected from a list of active and inactive patients of a primary care medical center serving two rural West Virginia counties. An orthodontic examination was conducted as part of a larger study on oral health. Index of Treatment Need ratings were made by two orthodontists. Participants were interviewed regarding their demand for, and history of, orthodontic care.

**Results:** Parents were found to have severe problems with tooth loss with 19.2% being partially and 5.1% being completely edentulous. There were 59.6% of the children identified as needing orthodontic care but only 29.3% who have or are now receiving this treatment. The youth were similar to national norms (NHANES III) in terms of history and need, but lower in demand ( $z = 1.88, p < .05$ ).

**Conclusions:** While there are generational differences in more history of orthodontic care, and less unmet need in these Appalachian youth, relative to their parents, less recognition of the necessity of treatment suggests possible future oral health problems and lower oral health quality of life. Issues of orthodontic access and utilization need to be addressed through public policy, and in the development of culturally-sensitive psychosocial methods of promoting oral health service utilization. The preparation of this poster was supported in part by NIH/NIDCR grant # R01-DE014899.

## 51 Association of Race/Ethnicity and Socioeconomics on the Prevalence of Orthodontic Visits Among Children in the United States

*Christopher Okunseri, BDS, MSc, DDPHRCSE, Marquette University School of Dentistry; Nicholas M. Pajewski, BS; Emily L. McGinley, MS, MPH; Raymond G. Hoffmann, PhD, Medical College of Wisconsin*

**Objectives:** To examine the prevalence of orthodontic dental visits among children and to investigate the effect of race/ethnicity and socioeconomic factors on the prevalence of pediatric orthodontic visits in the US.

**Methods:** We analyzed data from the Medical Expenditure Panel Survey, 1996-2004. Descriptive and multivariate analyses were performed to examine the effect of race/ethnicity and socioeconomic variables on the probability of having had at least one orthodontic dental visit during the year.

**Results:** Prevalence of orthodontic visits in children varied from 8.5% in 1998 to 10.1% in 2004. Multivariate analyses revealed significantly lower odds of orthodontic visit for Blacks and Hispanics in all years as compared to Whites. Children 12-18 years of age were 3 times more likely to have had an orthodontic dental visit than 4-11 year olds. Females, children with private insurance, and those from middle to high income families were also more likely to have had an orthodontic visit.

**Conclusions:** Substantial racial/ethnic disparities in having an orthodontic dental visit exist for African American and Latino children, as well as socioeconomic disparities for children from lower income families and those without insurance

## 52 Dental Examination Results of School-Age Children in Kindergarten, 2nd and 6th Grades in Illinois for 2005-06 School Year

*Sangeeta Wadhawan, BDS, MPH, Illinois Department of Public Health, University of Illinois at Chicago; Julie A. Janssen, RDH, MA, CDHC, Illinois Department of Public Health*

**Objectives:** To collect and analyze school dental examination data among K, 2 and 6 grade children in Illinois.

**Methods:** As mandated by Section 27-8.1 of the school code, all children in kindergarten, second and sixth grades in Illinois are required to have an oral health examination by May 15th of each year in compliance with the rules adopted by the Department of Public Health. In addition, school code requires all school districts submit completed surveys to the Illinois State Board of Education summarizing dental compliance by June 30th each year. This poster provides the analysis of the first year data from the dental examination in school year 2005-06.

**Results:** In the 2005-06 school year, the dental compliance level of all students in all reported schools was 80.3%. The compliance level of public schools was 78.8% and of non-public schools was 90.6%. A statewide total of 78,732 reported students (19.7% of the total reported students were in noncompliance with dental examinations. The compliance level of Kindergarten was 85.3%, 2nd grade 81.5% and 6th grade 74.2% respectively. Compliance levels obtained for nonpublic schools were much higher than those for public schools by overall measure as well as by grade levels.

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

## Program Evaluation and Policy

### 53 Oral Health Status of Kentucky Residents: A Mid-Course Evaluation Towards 2010 Objectives

*Nishita Matrani, BDS, College of Public Health, University of Kentucky, Department of Epidemiology Amit Chattopadhyay, PhD, MPH, MDS, BDS (Hons)/ Assistant Professor, Department of Epidemiology, University of Kentucky College of Public Health, Lexington, KY, USA; Oscar Arevalo, DDS, ScD, MBA, MS/ Assistant Professor & Chief, Division of Dental Public Health*

**Objectives:** This study aims to compare national Kentucky (KY) state-specific oral health status estimates as a mid-course review towards achieving the year 2010 oral health objectives. Historically, KY has been characterized by high poverty levels, low educational levels, and high health disparities. Oral health indicators for KY are not encouraging as documented by state/regional oral health surveys.

**Methods:** We examined national oral health surveillance system derived estimates from national surveys to obtain KY-specific estimates for various oral health indicators (1999-2004) and compared those with national estimates and the 2010 objectives. We statistically evaluated the null hypothesis that differences between national and KY average did not differ significantly by subtracting the national mean from the KY-mean and dividing the difference by the pooled standard error yielding a 'z' statistic based test.

**Results:** About 99.7% of KY had water fluoridation ranking 2nd highest in the US. KY ranked 24th in the US for adult dental visits (69.8% people with dental visit compared to national average: 69%). Some 38% of the elderly population was edentulous (national: 20.5%). Compared to other states, KY ranked high for teeth cleaning and dental sealants, but had greater caries experience and untreated caries among children. These patterns remained even in socio-demographic factor subgroup analysis. Most of these indicators improved from 1999 to 2004.

**Conclusions:** Despite major national emphasis in oral health improvement and better than national average annual dental visit proportion, the oral health of KY residents is poorer than the rest of the nation. Educated policy making and additional resources for program planning and implementation are required to improve the oral health status of KY residents.



## 54 Mandatory School Dental Examinations: Evaluating Policy Development and Implementation

*Julie Ann Janssen, RDH, MA, CDHC; Sangeeta Wadhawan, BDS, MPH, Illinois Department of Public Health*

**Objectives:** At the end of this presentation participants will be able to: list two critical components to successful policy development; articulate strategies to evaluate the policy implementation; and develop a plan for developing a similar policy in their jurisdiction.

**Methods:** The Illinois Oral Health Plan (2002) called for mandating school dental examinations as an opportunity for improving the oral health status of Illinois children. This presentation will report evaluation results after the first year of the mandatory school dental examination mandate and subsequent plans to implement program improvements that will address stakeholders needs.

**Results:** Data analysis will describe compliance with mandate reporting requirements. The mandate was established and implemented adequately and yet challenges associated with administering the requirement remain. The new requirement has provided a mechanism for tracking access to care in every school in the state that reports and provides important information about areas where dental access and utilization may be a problem. The oral health status of participating children was not captured in the first year. This lent additional policy development hurdles.

**Conclusions:** Ultimately, the mandate has expanded school-based oral health services and has become a useful tool in the armamentarium of oral health public health programs in Illinois. It can serve as a model for other jurisdictions.

## 55 Oral Health Planning Efforts in Illinois: Findings from a Statewide Evaluation

*Karen E. Peters, DrPH, University of Illinois at Chicago, School of Public Health; Linda Kaste, DDS, PhD, University of Illinois at Chicago, College of Dentistry; William Baldyga, DrPH, University of Illinois at Chicago, Institute for Health Research and Policy*

**Objectives:** To evaluate statewide efforts in the conduct of assessments and surveillance activities, infrastructure improvements, stakeholder mobilization and development of a state oral health plan.

**Methods:** The Illinois Department of Public Health, Division of Oral Health contracted with the Illinois Prevention Research Center to conduct a comprehensive evaluation of the statewide efforts involved in the planning and creation of the second State Oral Health Plan. The Centers for Disease Control and Prevention's (CDC) Framework for Program Evaluation in Public Health along with technical assistance provided by the CDC's Dental Public Health Program Infrastructure Development and Technical Assistance document were utilized in the evaluation planning efforts.

**Results:** The results are based on findings from a series of statewide Stakeholder Forums, a statewide oral health development and implementation survey and the input of oral health advocates in Illinois. Findings reveal that the Stakeholder Forums provided opportunities for participants to identify oral health priority areas, steps and action plans to address the priority areas and the ability to assign 'responsibility' for each priority. The survey results indicated the strong need for additional outreach to underserved populations with limited access to oral health service provision in the state and the need to identify 'baseline' indicators within the second Oral Health Plan

**Conclusions:** The evaluation of activities and documents has led to improved processes and outcomes in oral health in Illinois. In addition, the usefulness of a comprehensive evaluation of statewide oral health activities provides a 'roadmap' to guide similar initiatives in other states.

## 56 51 Ways to Improve Access to Oral Health and Dental Care

*Frances M. Kim, DDS, MPH, Harvard School of Dental Medicine and Cambridge Health Alliance; Michelle A. Graham, DMD, MHSE, MPH, MS, Harvard School of Dental Medicine; Peggy Timothe, DDS, MPH, Harvard School of Dental Medicine; Chester W. Douglass, DMD, PhD*

**Objectives:** To identify the three major strategies for improving access to dental care, identify different programs for improving demand for dental care, and develop public health programs that include the factors related to the supply of dental care.

**Methods:** Using the "Framework for Action" outlined in the U.S. Surgeon General's report on Oral Health in America, a model is presented that is able to include 51 strategies for reducing need, increasing demand and improving supply.

**Results:** Fifty-one programs and strategies are presented that public health professionals can use to improve access to oral health and dental services. By improving various components of the delivery system (SUPPLY) such as provider types and practice setting locations; increasing the ability to pay (DEMAND) such as targeting high risk groups with public and private dental insurance programs; increasing awareness of the importance of oral health (DEMAND) with public education campaigns; and employing numerous strategies for prevention (NEED) through the use of new technologies for early prevention and high risk group identification, access to oral health can be improved.

**Conclusions:** There are many ways to reduce the NEED, increase the DEMAND, and improve the SUPPLY for dental care. The appropriate combination of strategies in any community will depend on the population, economy, and health professional workforce in that community. Thus, there may not be a single best solution to the access problem. Public health programs should include strategies in all three areas- need, supply, and demand.

## Student Merit Award Winners

### 57 Veterans with Mental Illnesses Report More Dental Problems than Veterans Without Mental Illness

*Doron Ringle, DMD Boston University School of Dental Medicine, Michelle B. Orner, BA, MPH, VA Center for Health Quality, Carolyn J. Wehler, RDH, MPH, Boston University School of Dental Medicine, Judith A. Jones, DDS, MPH, DScD, Boston University School of Dental Medicine*

**Objective:** An estimated 26.2 percent of Americans ages 18 and older suffer from mental disorders in a given year. The aim of our project is to assess the oral health status and need for dental care in veterans with mental illnesses, from both the clinical and the patient perspective.

**Methods:** The study is a secondary analysis of an existing study of oral health and quality of life in veterans. The sample consists of 513 users of the Veteran Affairs outpatient medical clinics. The primary outcomes of interest are summary and individual items in three OQOL questionnaires (GOHAI, OH -1, New Brief measure of OQOL). We describe clinical and self-reported oral health and need for care parameters as a function of the mental illness state.

**Results:** Compared with veterans without mental illnesses, veterans with mental illnesses reported more: limitations in kinds/amount of food eaten, trouble biting, trouble swallowing, limited contact with others, taking medication to relieve mouth pain, worry, being self-conscious and nervous because of problems with their teeth gums and dentures, being uncomfortable eating in front of others, avoiding going out, difficult to relax, and worse health of teeth and gums. However, we found that they have better retention and stability of their dentures, and didn't find differences in their need for any dental care.

**Conclusions:** Veterans with mental illness report of more problems and limitations attributed to their oral health. However, on clinical examination their dental care needs were not different than the group of veteran without mental illnesses. Further analysis is required in order to discern which, if any, of the different mental illnesses had more impacts, and to understand the differences between the clinical and self-reports of patients with and without mental illnesses.

### 58 The University of Texas Dental Branch-Houston Crest Healthy Smiles

*Darryl C. Baucum, DDS, University of Texas Health Science Center; Kishone Skelty, DDS, MS, MRCS, University of Texas Health Science Center*

The UTDB Houston branch of The American Student Dental Association participates in a community service project aimed at providing care to patients which reside in underserved parts of the community. A health fair is organized



at a local Boys and Girls Club where students, faculty and volunteers provide oral screening, oral hygiene instructions, preventative care and an assortment of crafts and entertainment for the children and parents that seek treatment. This year our project was able to serve over 100 children and parents with over 30 volunteers from our institution. The Dental Branch successfully organizes the Crest Healthy Smiles event annually in order to provide dental education and preventative treatment to children without access to consistent dental care.

### 59 Opinions of Early Head Start Staff about the Provision of Preventive Dental Services by Primary Medical Care Providers

*Kavita R. Mathu-Muju, DMD, MPH, University of Kentucky, Leslie P. Zeldin MSUP, MPH, University of North Carolina, Jessica Y. Lee, DDS, MPH, PhD, University of North Carolina, R. Gary Rozier, DDS, MPH, University of North Carolina*

This study investigates the opinions of Early Head Start (EHS) staff about physicians and nurses providing preventive dental services for children in EHS.

A cross-sectional survey was undertaken of EHS staff having contact with families in EHS programs in North Carolina (NC). A self-completed questionnaire solicited their opinions (agree, disagree, don't know) about whether physicians and nurses can "provide preventive dental care" and "identify dental problems" in infants and toddlers. Staff knowledge (4 items) and attitudes (5 items) were tested for their association with whether staff had an opinion (agree/disagree vs. don't know) and if so, what that opinion was (agree vs. disagree) using the General Estimating Equations method.

Questionnaires were completed by 476 staff (98% response) in 18 programs (100% response). Most staff believed that physicians and nurses can provide preventive dental services (66%) and identify dental problems (52%). Staff placing importance on ensuring access to dental care and knowledgeable about fluoride uses were more likely to have an opinion. Among staff with an opinion, those familiar with the NC program where these services are provided in medical offices were more likely to agree that physicians and nurses can provide preventive services (OR=2.39; 95% CI=1.10, 5.15) and identify problems (OR= 3.35; 95% CI=1.19, 9.43).

Opinions of most EHS staff would not be a barrier to primary medical care providers offering preventive dental care. Education of staff about this approach to the provision of preventive dental services is needed.

### 60 The Fluoride Knowledge In Parents of North Carolina School Children

*Larry P. Myers DDS MPH, NC Oral Health Section, Rebecca S King DDS, MPH, NC Oral Health Section, R. Gary Rozier DDS, MPH, Dept. of Health Policy and Administration, School of Public Health, University of North Carolina at Chapel Hill*

**Objective:** To determine fluoride (F) knowledge in parents of North Carolina (NC) school children and factors associated with that knowledge. We also explored whether potential exposure to F information during use of preventive dental services improves parents' knowledge and if its effects are modified by parents' literacy levels

**Methods:** The study is a secondary data analysis of information from questionnaires completed by parents in a cross-sectional dental survey conducted in 2003-04. A stratified, probability sample of classrooms (n=400) identified 7,577 students in grades K-12 of whom 5,957 participated (78.6% response). F knowledge was measured by 4 CSC-developed F knowledge questions. Possible F sources included supplements, mouthrinse at home or school, toothpaste, professional application, dental visits and fluoridated water. Associations were tested with bivariate and logistic regression analyses.

**Results:** 49.6%, 28.3% and 22.1% correctly answered 0,1, and 2-4 F questions, respectively. Parents of children who ever used F toothpaste, lived in a F community and had a recent dental visit were more likely to answer correctly 2-4 F questions. Parents of the most disadvantaged children had the least F knowledge. Literacy modified the effect of F information on knowledge.

**Conclusions:** NC parents have low F knowledge, particularly those with children having the greatest need for preventive services. Dental public health should ensure that educational programs include F information and accommodate the public's literacy skills.

### 61 Holding Up the Oral Health Safety Net: The Role of NHSC Dentists in North Carolina

*Neel Bhatavadekar, B.D.S, M.S., Gary Rozier, D.D.S, M.P.H, School of Public Health, University of North Carolina at Chapel Hill, T.R.Konrad PhD, Cecil Sheps Center for Health Services Research, UNC-CH.*

**Objective:** Access to oral health care among low income populations is a growing problem. The National Health Service Corps (NHSC) might increase the supply of dentists motivated to provide services for this population. To determine if North Carolina dentists who completed a service obligation with the NHSC in 1990-99 continued to provide care for underserved populations and if they differ from non-NHSC alumni primary care dentists who started practice in the state during that same period

**Methods:** All 19 NHSC alumni and 50 comparison dentists were surveyed by mail. NHSC alumni also responded to selected items in a telephone follow-up interview. The 2 groups were compared using difference of means tests and multivariate linear and logistic regression models.

**Results:** NHSC alumni were more likely to be African-American, work in "safety net practices" (84% vs. 23%), see more publicly insured patients (60% vs. 19%), and have lower incomes (\$121K vs. \$166K) than comparison dentists. Yet their job satisfaction was comparable to non-NHSC alumni dentists. Regression analyses suggested that current level of participation in public insurance programs and practice in safety net settings is affected by dentists' race, altruistic motivations and previous NHSC participation.

**Conclusions:** Targeted recruitment of African-American dentists and others wanting to work in underserved communities could amplify the effectiveness of the financial incentive of NHSC loan repayment and induce dentists to remain in "safety net" settings.

### 62 Assessment of Oral Health Care Needs Among Adult Day Care Participants

*Rachel Renfro, RDH, BS; Allison Bartlett, RDH, BS, Wise County Health Department*

**Objective:** To assess the oral health of adult day care participants and render basic oral health care instructions, incorporating accommodations for physical barriers to self-care for all participants.

**Methods:** Program was implemented in three stages: screening, instruction, and positive reinforcement. Dental hygiene students performed oral cancer screenings and a DMFT index on all participants. Participants were given individualized oral health care instruction and positive reinforcement by means of receiving prizes and a certificate of achievement.

**Results:** The subject population demonstrated an eagerness to participate in this project. The majority of participants were in need of oral health education and would benefit from further involvement with the dental hygiene students.

**Conclusions:** This project provided dental hygiene students with valuable experience in handling patients with developmental disabilities and establishing a rapport with challenging patients.