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

Presented by:

Celebrating 75 Years of Public Health Dentistry

Join over 700 dentists, dental hygienists, and other health professionals at the premier conference on Dental Public Health Issues.

For more information, visit: www.nationaloralhealthconference.com

Funding for this conference was made possible in part by cooperative agreement 5U58DP001695-04 from the Centers for Disease Control and Prevention (CDC). The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.
The AAPHD Foundation

Since its formation in 1997, the AAPHD Foundation has solicited support from AAPHD members. Thank you to those who have answered the call! To date, the Foundation has awarded eight Herschel S. Horowitz Scholarships and will present the 3rd Foundation Grant during the NOHC in Milwaukee.

Special thanks to our founding members and 2011 Contributors.

You can help the AAPHD Foundation do even more by joining your colleagues and making your pledge. Stop by the AAPHD Foundation Booth and sign up!

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Thank you to our supporters for 2011!

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2012 Herschel S. Horowitz Scholarship Recipient

Dr. Julie Reynolds
University of Iowa

Contributions may be made online at www.aaphd.org by clicking on the AAPHD Foundation tab. Or, call the AAPHD Office at 217-529-6941. MasterCard and Visa accepted.
Special Thanks to our 2012 Program Planning Committee

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Margaret (Peg) Snow, DMD, MPH, MBA

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Catherine Hayes, DMD, DrPH
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Tammy Corley, PhD

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The National Oral Health Conference is sponsored by the:
Association of State and Territorial Dental Directors
American Association of Public Health Dentistry
Centers for Disease Control and Prevention

Conference Partners Include:
American Association for Community Dental Programs
American Dental Association
American Dental Hygenists’ Association
DentaQuest Foundation

Corporate Partners Making Significant Contributions to the Conference:
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Welcome to the National Oral Health Conference and the 75th anniversary of the American Association of Public Health Dentistry! What a celebration is in store for attendees. We have a great deal of success to reflect upon in improving the oral health of the public. Founded in 1937, the sentiment expressed was “the position of dentistry in the field of public health has been definitely established.” Dental Public Health has brought the science of improving oral health for the public-at-large to fruition through advancements including community water fluoridation, infection control guidelines, sealants in school-based settings, quantifying the efficacy and cost-effectiveness of interventions, assessing the prevalence of oral disease, and promotion of oral health as part of overall health. We are pleased to partner once again with the Association of State and Territorial Dental Directors in bringing together a dynamic program of presentations, posters, scientific papers, and roundtable topics to pique our interest and spur our commitment to Dental Public Health for the next 75 years!

We also welcome the American Board of Dental Public Health, the Dental Public Health Residency Directors, and the American Association of Community Dental Programs. Through their individual meetings and designated symposia, there are opportunities to learn about training opportunities, scientific advancements, as well as promising practices at the local level. We are excited to welcome representatives from the eleven AAPHD Student Chapters from around the country, and congratulate the student award winners who are our Dental Public Health stars of tomorrow! We also want to acknowledge the support we receive from a variety of colleagues, including the Centers for Disease Control and Prevention; members and staff of the Council on Access, Prevention, and Interprofessional Relations (CAPIR) of the ADA; the American Dental Hygienists’ Association, to name a few; and the many foundations and state coalitions who move this country in a unified direction toward improved oral health for all.

This premier conference would not happen without the support of our exhibitors! There will be many opportunities to visit with them, thank them for their participation, and learn what is new and exciting in equipment, educational materials, services, and products. You will hear about new efforts in mentoring and pledge opportunities through our Foundation, and ways to become involved with the new strategic direction of the organization. You can now follow us on Facebook and Twitter to keep a finger on the pulse of latest events and developments!

Milwaukee is a fabulous city to explore! From the architecture, the museums, to the places to find great food and drink, our host city is ready for you to relax, engage with Dental Public Health colleagues, and become re-energized in a profession that is a passion for all of us. Welcome!
On behalf of the American Association of Public Health Dentistry (AAPHD) and Association of State and Territorial Dental Directors (ASTDD), I would like to welcome you to Milwaukee for the 2012 National Oral Health Conference, the 13th Annual Joint Meeting of our two great dental public health professional associations.

The National Oral Health Conference (NOHC) is arguably the best dental public health meeting of its kind. The reason for its success is because of the assorted and diverse contributions of the eclectic group of registrants, presenters, and exhibitors who come to this meeting from all over the globe. Simply said - there is something at the NOHC for everyone. There are opportunities galore to discover the latest in evidence-based or burgeoning research, state and community best practices, and local grassroots efforts at one of the many plenary conferences, smaller concurrent sessions, poster assemblies, preconference workshops, symposia, sponsor exhibits, and the roundtable luncheon. And “in between” all these activities, you have the chance to engage in conversation, network, conduct business, or just share anecdotes and stories with old and new friends over dinner or a beer.

And speaking of beer, I am sure you can find the time to explore Milwaukee, fondly nicknamed “The Brew City,” to enjoy the many varieties of beer and cheese that the city and state has to offer and become an honorary Wisconsin “Cheesehead.” But don’t eat and drink too much since you will want to use the time to discover the many sights Milwaukee has to offer such as the Milwaukee Art Museum, Mitchell Park Conservatory (the Domes), Pabst Mansion, and Water Street, among many other places to see. And, as part of our NOHC festivities, our Tuesday evening reception will be held at the Harley-Davidson Museum. As they say about motorcycles “four wheels move the body; two wheels move the soul.” Hopefully you will bring both body and soul for a fun time.

ASTDD would like to express its deepest appreciation to the Centers for Disease Control and Prevention (CDC) whose continued support, collaboration and belief in ASTDD has made the success of our organization and of this great meeting possible. We also wish to earnestly thank our many organizational and corporate partners and their exhibitors who enrich our conference through their generous support, association, and participation. Please be sure to find the time to stop by and visit with the exhibitors during the conference.

Finally, it is important to recognize the incredible perseverance, commitment and efforts of the meeting organizers and planning committee and the organizations they represent to make the NOHC the seminal meeting that it is. Planning for each meeting begins well over a year before the actual event occurs and ranges from choosing the appropriate hors d’oeuvres to selecting the best oral and written presentations from the vast and varied amount of outstanding submissions. It is a huge undertaking and these individuals deserve our appreciation and gratitude.

While there are many stories and folklore about how Milwaukee attained its name and current spelling there is general consensus that it has Native American origins lending to a multitude of names that refer to a “good, fine, or rich land.” So we hope and trust that your experience at the Milwaukee NOHC gathering place is a good one, that you walk the fine line between enlightenment and enchantment, and that you are richer for the time you spent here in our collective goal to move our nation’s oral health agenda forward.

On behalf of the ASTDD Board of Directors, we welcome you to Milwaukee and the 2012 NOHC and invite you to help us make this conference a memorable and successful meeting.

Harry Goodman, DMD, MPH
President, ASTDD
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THURSDAY, APRIL 26
8:00 a.m. – 5:30 p.m.  ABDPH Board Meeting and Oral Examinations.................................................................................................................. Miller

FRIDAY, APRIL 27
7:00 a.m. – 7:00 p.m.  ABDPH Board Oral Examination ....................................................................................................................... Miller
1:00 p.m. – 5:00 p.m.  ASTDD BOD Meeting................................................................................................................................................. Walker

SATURDAY, APRIL 28
8:00 a.m. – 5:00 p.m.  AAPHD Executive Council Meeting...................................................................................................................... Wright B
8:00 a.m. – 12:00 p.m.  ASTDD BOD Meeting................................................................................................................................................. Walker
8:00 a.m. – 6:00 p.m.  ABDPH Board Oral Examination & Board Business Meeting ..................................................................................... Pabst
     ABDPH Written Examination......................................................................................................................................................... Oak
11:00 a.m. – 5:00 p.m.  Registration Desk Open..................................................................................................................................... 4th Floor Foyer
12:00 p.m. – 1:30 p.m.  ASTDD & AAPHD BOD/EC Joint Lunch................................................................................................................. Mitchell
1:00 p.m. – 4:00 p.m.  AACDP Executive Board Meeting...................................................................................................................... Miller
1:00 p.m. – 3:00 p.m.  ASTDD Workshop I – Moving From Oral Health Policy to Practice – CDE 2.0 ................................................................. Wright C
     Sponsored by ASTDD and the National Oral Health Policy Center
     Workshop sponsored by DentaQuest Foundation
3:30 p.m. – 5:30 p.m.  ASTDD Workshop II - What Does Periodontitis Have to Do with Being Fat and/or Pregnant? – CDE 2.0 ................. Wright C
     AACDP Session: Nuts and Bolts of Sustainability – CDE 2.0 ................................................................................................. Oak
6:00 p.m. – 7:00 p.m.  ASTDD/AACDP Member Reception....................................................................................................................... Regency

SUNDAY, APRIL 29
7:00 a.m. – 5:00 p.m.  Registration Desk Open..................................................................................................................................... 4th Floor Foyer
7:30 a.m. – 1:00 p.m.  AAPHD Executive Council Meeting...................................................................................................................... Wright B
7:30 a.m. – 5:30 p.m.  AACDP Annual Symposium – CDE 8.0.................................................................................................................... Monarch
8:00 a.m. – 1:00 p.m.  ABDPH Board Oral Examination & Board Business Meeting ..................................................................................... Pabst
8:00 a.m. – 11:45 a.m.  ASTDD BOD Meeting........................................................................................................................................... MacArthur
9:00 a.m. – 12:00 p.m.  Military Session - CDE 3.0................................................................................................................................. Juneau
12:00 p.m. – 4:00 p.m.  ASTDD Member Lunch, Annual Business Meeting and Strategic Planning Session......................................................... Empire
1:00 p.m. – 4:00 p.m.  Dental Public Health Residency Director’s Meeting............................................................................................... Juneau
3:00 p.m. – 5:30 p.m.  American Network of Oral Health Coalitions Annual Meeting .................................................................................... Mitchell
3:30 p.m. – 5:00 p.m.  AAPHD Annual Business Meeting...................................................................................................................... Regency
4:00 p.m. – 5:00 p.m.  ASTDD BOD Meeting with ASTDD Consultants ................................................................................................. Wright B
5:30 p.m. – 9:00 p.m.  American Network of Oral Health Coalitions Reception & Dinner ........................................................................... Walker
6:00 p.m. – 8:00 p.m.  Opening Reception.................................................................................................................................................. Crystal

Sponsored by Medical Products Laboratories, Inc.
Pre-Conference Schedule
April 28-29, 2012

THURSDAY, APRIL 26
8:00 a.m. – 5:30 p.m. ................................................................. Miller
ABDPH Board Meeting and Oral Examinations

FRIDAY, APRIL 27
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ABDPH Board Oral Examination
1:00 p.m. – 5:00 p.m. ................................................................. Walker
ASTDD BOD Meeting

SATURDAY, APRIL 28
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ABDPH Board Oral Examination & Board Business Meeting
ABDPH Written Examination.................................................... Oak
11:00 a.m. – 5:00 p.m................................................................. 4th Floor Foyer
Registration Desk Open
12:00 p.m. – 1:30 p.m. ................................................................. Mitchell
ASTDD & AAPHD BOD/EC Joint Lunch
4:00 p.m. – 6:00 p.m. ................................................................. Miller
AAPD Executive Board Meeting
All interested community-based oral health program personnel
are invited to attend.
1:00 p.m. – 3:00 p.m. ................................................................. Wright C
ASTDD Workshop I – Moving From Oral Health Policy to Practice – CDE 2.0
Sponsored by ASTDD and the National Oral Health Policy Center
Marcy Frosh JD; Kimberlie Yineman RDH BA; Harry Goodman DMD MPH; Colin Reusch MPA
Policy, systems, and environmental (PSE) interventions are
a core strategy for chronic disease prevention and health
promotion. Like strategies for other chronic disease areas,
policies and systems to improve the nation’s oral health can
make healthy options available population-wide while also
providing economic benefits through reduced health spending
and increased productivity. A policy assessment tool developed
 collaboratively by the Children’s Dental Health Project and the
Centers for Disease Control and Prevention offers a framework
for aggregating stakeholder input on policy and systems
strategies that relate to public health objectives for better oral
health across the age span. Learn how the policy assessment
process can effectively incorporate review of current policies
and systems and epidemiology and surveillance data to inform
stakeholders and assist with critical thinking about priorities and
planning. Examples are provided to illustrate stakeholder policy
development activities that educate and cultivate oral health
champions and sustain stakeholder engagement over time. The
session references current polices and rules that are pertinent
for state oral health programs, coalitions and other stakeholders
working on policy development. Pre-registered attendees only.

3:30 p.m. – 5:30 p.m. ................................................................. Wright C
ASTDD Workshop II – What Does Periodontitis Have
to Do with Being Fat and/or Pregnant? – CDE 2.0
Workshop sponsored by DentaQuest Foundation
Wenche Borgnakke DDS MPH PhD
The goal of this session is to draw attention to the associations
between periodontitis and two highly prevalent adverse health
outcomes that severely impact quality of life and are immensely
costly for the US, measured both economically and in human
suffering. The majority of adults are affected by periodontal
disease. Two-thirds are overweight or obese, causing the presence
of chronic, low-grade inflammation. One in eight babies—a
whopping 12.3%–of US deliveries occur preterm, amounting to
over 500,000 annually. There is currently much debate regarding
whether oral health care providers can help prevent unwanted
pregnancy outcomes in mother and baby. Dr. Borgnakke will
provide an update of the evidence for associations between
periodontitis, inflammation, obesity, and adverse pregnancy
outcomes. Importantly, she will critically review the evidence
regarding the effect of routine periodontal treatment on preterm
delivery, the most common undesirable pregnancy result. Pre-
registered attendees only.
SATURDAY/SUNDAY - CONTINUED

4:00 p.m. – 6:00 p.m. ......................................................... Oak

AACDP Session
Nuts and Bolts of Sustainability – CDE 2.0
Wayne Cottam DMD MS; Greg Nycz; Judy Gelinas RDH BS
This is an interactive session where audience participants will be able to discuss their problems with and solutions to sustaining Community Oral Health Programs. Participants will include Dr. Wayne Cottam, President, National Network for Oral Health Access (NNOHA), and Greg Nycz, Executive Director, Family Health Center of Marshfield, Inc., among others.

6:00 p.m. – 7:00 p.m. .......................................................... Regency

ASTDD/AACDP Member Reception
ASTDD Members and Associate Members and AACDP Members are invited to meet, mingle, and get to know one another.

SUNDAY, APRIL 29
7:00 a.m. – 5:00 p.m. ......................................................... 4th Floor Foyer
Registration Desk Open

7:30 a.m. – 1:00 p.m. ......................................................... Wright B
AAPHD Executive Council Meeting

7:30 a.m. – 5:30 p.m. .......................................................... Monarch

AACDP Annual Symposium - CDE 8.0
Matt Crespin RDH MPH; William Bailey DMD MPH; Renee Joskow DDS MPH PAGD; Lynn Mouden DDS MPH; Lynn Bethel RDH MPH; Paul Glassman DDS MA MBA; Pam Quinones RDH; Stephanie Woods DHAT; David Jordan; Cathy Harding; Sarah Wovcha JD MPH
This symposium provides up-to-date information on new and/or effective population-based dental programs, policies and best practices that will be helpful to oral health personnel from city, county and local health departments, neighborhood health centers, community-based dental programs and other non-profits and private practitioners who provide dental care to underserved populations. The morning sessions look at innovative programming in our host state of Wisconsin, sponsored by Medical Product Labs, 2 complimentary drink tickets will now offer a cash bar. However, thanks to our reception sponsor, Medical Product Labs, 2 complimentary drink tickets will be offered to each participant this evening. (Drink tickets will be distributed as you enter the reception.)

8:00 a.m. – 1:00 p.m. .......................................................... Pabst
ABDPH Board Oral Examination & Board Business Meeting

8:00 a.m. – 11:45 a.m. ....................................................... MacArthur
ASTDD BOD Meeting

9:00 a.m. – 12:00 p.m. ....................................................... Juneau

Military Session - CDE 3.0
CAPT Tom Leindecker DDS MPH; COL Jeff Chaffin DDS MPH MBA MHA; COL Georgia delaCruz DMD MPH; COL Chad Martin DDS MPH
The Military Session brings together dental public health specialists from all of the United States uniformed services. It is an opportunity to share new information regarding dental studies, surveys and information systems relating to military populations. The meeting is open to all interested parties.

12:00 p.m. – 4:00 p.m. ....................................................... Empire
ASTDD Member Lunch, Annual Business Meeting and Strategic Planning Session

1:00 p.m. – 4:00 p.m. ......................................................... Juneau
Dental Public Health Residency Director’s Meeting

3:00 p.m. – 5:30 p.m. ......................................................... Mitchell
American Network of Oral Health Coalitions Annual Meeting

3:30 p.m. – 5:00 p.m. ......................................................... Regency
AAPHD Annual Business Meeting

4:00 p.m. – 5:00 p.m. ......................................................... Wright B
ASTDD BOD Meeting with ASTDD Consultants

5:30 p.m. – 9:00 p.m. ......................................................... Walker
American Network of Oral Health Coalitions Reception & Dinner

6:00 p.m. – 8:00 p.m. ......................................................... Crystal
Opening Reception
We kick off the 2012 NOHC with our Opening Reception. Always a “fan favorite,” this mixer is a must every year. You don’t want to miss this first opportunity to see old friends and meet a few new colleagues. Networking, food, drink, good conversation and YOU are the highlight of the evening.

Ticketed Event – Must present ticket for entry.

Sponsored by
Medical Products Laboratories, Inc.

Please note: Due to changes in liability insurance, NOHC events will now offer a cash bar. However, thanks to our reception sponsor, Medical Product Labs, 2 complimentary drink tickets will be offered to each participant this evening. (Drink tickets will be distributed as you enter the reception.)
Invited Pre-Conference Presenters

William Bailey DMD MPH
USPHS - Oral Health Division CDC
Atlanta GA

Lynn Bethel RDH MPH
Massachusetts Dept of Public Health
Office of Oral Health
Boston MA

Wenche S Borgnakke DDS MPH PhD
University of Michigan School of Dentistry
Ann Arbor MI

COL Jeff Chaffin DDS MPH MBA MHA
TRICARE Management Activity
Falls Church VA

Wayne Cottam DMD MS
Arizona School of Dentistry & Oral Health AT Still University of Health Sciences
Mesa AZ

Matt Crespin RDH MPH
Children's Health Alliance of Wisconsin
Milwaukee WI

COL Georgia delaCruz DMD MPH
Army Office of the Surgeon General
Falls Church VA

Marcy Frosh JD
Children's Dental Health Project
Washington DC

Judy Gelinas RDH BS
St. Christopher’s Foundation for Children
Philadelphia PA

Paul Glassman DDS MA MBA
Professor of Dental Practice and Director of Community Oral Health
University of the Pacific
San Francisco CA

Harry Goodman DMD MPH
Maryland Department of Health and Mental Hygiene
Baltimore MD

Cathy Harding MA
Kansas Association for the Medically Underserved
Topeka KS

David Jordan
Community Catalyst
Kellogg Foundation
Boston MA

Renee Joskow DDS MPH FAGD
Health Resources and Services Administration
Rockville MD

CAPT Tom Leieniecker DDS MPH
Tri-Service Center for Oral Health Studies
Bethesda MD

Col Chad Martin DDS MPH
Tri-Service Center for Oral Health Studies
Bethesda MD

Lynn Mouden DDS MPH
Center for Medicaid CHIP and Survey & Certification (CMCS)
Woodlawn MD

Greg Nycz
Family Health Center of Marshfield Inc.
Marshfield WI

Pam Quinones RDH
American Dental Hygienists’ Association
Chicago IL

Colin Reusch MPA
Children's Dental Health Project Washington DC

Stephanie Woods DHAT
Manilaq Association
Kotzebue AK

Sarah Wovcha JD MPH
Children's Dental Services in Minnesota
Minneapolis MN

Kimberlie Yineman RDH BA
North Dakota Department of Health
Bismark ND

Special thanks to our Conference Bag Sponsor:
**Schedule at-a-Glance**

**MONDAY, APRIL 30**

- 7:00 a.m. – 5:00 p.m. Registration Desk Open
  - 7:00 a.m. – 8:00 a.m. Continental Breakfast with Exhibitors
- 7:00 a.m. – 8:00 a.m. Continental Breakfast with Exhibitors
- 7:00 a.m. – 10:00 a.m. Opening Ceremony and Keynote
- 9:30 a.m. – 11:00 a.m. Opening Plenary - CDE 1.5
- 10:00 a.m. – 10:30 a.m. ASTDD Awards
- 11:00 a.m. – 11:30 a.m. AAPHD Special Merit and Student Awards
- 11:30 a.m. – 1:30 p.m. Roundtable Lunch - CDE 1.5
- 11:30 a.m. – 11:45 p.m. Afternoon Plenary - CDE 1.5
- 1:45 p.m. – 3:15 p.m. Afternoon Plenary - CDE 1.5
- 3:15 p.m. – 5:00 p.m. Break with Exhibitors
- 5:00 p.m. – 6:00 p.m. CDC Water Fluoridation Session
- 5:15 p.m. – 6:00 p.m. ABDPH Future Examination Orientation
- 6:00 p.m. – 8:00 p.m. ASTDD School and Adolescent Oral Health Committee – by invitation only
- 6:30 p.m. – 8:30 p.m. ABDPH Annual Diplomates' Dinner and Meeting – by invitation only

**TUESDAY, MAY 1**

- 7:00 a.m. – 5:00 p.m. Registration Desk Open
- 7:00 a.m. – 8:00 a.m. Continental Breakfast with Exhibitors
- 7:00 a.m. – 8:30 a.m. ADHA Breakfast Reception
- 7:00 a.m. – 8:00 a.m. CDC/DOH Cooperative Agreement Grantees Meeting
- 7:00 a.m. – 9:15 a.m. Opening Plenary - CDE 1.5
- 9:15 a.m. – 9:30 a.m. Break
- 9:30 a.m. – 11:00 a.m. Opening Plenary - CDE 1.5
- 10:30 a.m. – 11:00 a.m. Break with Exhibitors
- 11:00 a.m. – 11:59 p.m. Registration Desk Open

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Evening Open for All Participants – Dinner on your own

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**Functions with a (CC) are being held at the Convention Center**

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**Keynote Presenter presentation title**
## Schedule at-a-Glance - Cont.

### TUESDAY, Continued

<table>
<thead>
<tr>
<th>Time</th>
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</table>
| 2:00 p.m. – 3:30 p.m. | Concurrent Sessions - CDE 1.5  
  ■ How to Engage Community Groups and Organizations to Work Together in a Collaborative and Coordinative Manner to Improve Oral Health of the Community through the State Oral Health Coalition .................................................................................101 (CC)  
  ■ Building and Strengthening Oral Health Program Infrastructure – The Road to Sustainability ..........................................................................................................................102B (CC)  
  ■ How Dental Therapists (Alternative Dental Providers) Can Improve Population Health .........................................................................................................................102D (CC)  
  ■ Creative Liaisons: A Partnership to Sustain School Sealant Programs .................................................................................................................................103 (CC)  
  ■ Oral Presentations .................................................................................BR C (CC) |
| 3:30 p.m. – 5:00 p.m. | Break with Exhibitors ...........................................................................BR D (CC)  
  ■ Poster Session II – CDE 1.5 ..................................................................BR D (CC) |
| 3:30 p.m. – 4:30 p.m. | Indian Health Service Meeting ..................................................................Pabst |
| 4:00 p.m. – 5:00 p.m. | HRSA Grantees Meeting - For current HRSA State Oral Health Workforce grantees only .........................................................Walker |
| 6:15 p.m.       | Bus circles for Harley Davidson Museum ................................................Hotel Lobby |
| 6:30 p.m. – 7:00 p.m. | Tuesday Evening Reception ......................................................................Harley Davidson Museum |

### WEDNESDAY, MAY 2

<table>
<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>6:00 a.m. – 7:00 a.m.</td>
<td>NOHC Fun Run/Walk</td>
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<tr>
<td>7:00 a.m. – 5:00 p.m.</td>
<td>Registration Desk Open .........................................................................4th Floor Foyer</td>
</tr>
<tr>
<td>7:00 a.m. – 8:00 a.m.</td>
<td>ASTDD BOD Meeting ................................................................................MacArthur</td>
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<tr>
<td>7:00 a.m. – 8:30 a.m.</td>
<td>Continental Breakfast with Exhibitors .................................................BR D (CC)</td>
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<tr>
<td>7:00 a.m. – 8:30 a.m.</td>
<td>AACDP Business Meeting ...........................................................................Walker</td>
</tr>
<tr>
<td>7:00 a.m. – 11:59 p.m.</td>
<td>The Meeting Room* ....................................................................................Miller</td>
</tr>
</tbody>
</table>
| 8:30 a.m. – 10:00 a.m. | Concurrent Sessions - CDE 1.5  
  ■ Improving Perinatal and Early Childhood Oral Health through Partnerships with MCH Programs .................................................................................101 (CC)  
  ■ Progress Implementing Dental Provisions in Health Reform: From DC to Your State Capitol .........................................................................................102B (CC)  
  ■ Ignoring the Evidence: How 20 States Get in the Way of Sealant Programs ..................................................................................................................102D (CC)  
  ■ Oral Presentations .................................................................................BR C (CC) |
| 10:00 a.m. – 10:30 a.m. | Break with Exhibitors .............................................................................BR D (CC) |
| 10:30 a.m. – 12:00 p.m. | Concurrent Sessions - CDE 1.5  
  ■ Integrating Oral Health into Primary Medical Care ..................................101 (CC)  
  ■ 2011 IOM Reports: Implications for Measuring & Improving Quality in the Oral Health Care Delivery System ..................................................102B (CC)  
  ■ Staying on Target - Implications of Revised Water Fluoridation Recommendations ..................................................................................102D (CC)  
  ■ New and Proven Products and Technology that Aid Oral Health Assessment and Interventions ................................................................................BR C (CC) |
| 12:00 p.m. – 1:00 p.m. | Networking Luncheon ..................................................................................Crystal |
| 1:15 p.m. – 2:45 p.m. | Concurrent Sessions - CDE 1.5  
  ■ Age at First Dental Exam: Determinants, Maternal Behavioral Factors and the Role for CHCs ..................................................................................101 (CC)  
  ■ When Abstinence is Evidence-Based: The Case Against Prophylactic Third Molar Extractions .............................................................................102B (CC)  
  ■ Fluoridation Communication Strategies and Tools .........................................102D (CC)  
  ■ The Role of Social Determinants of Oral Health in Implementing People 2020 Oral Health Objectives ......................................................BR C (CC) |
| 3:00 p.m. – 4:30 p.m. | Closing Plenary - CDE 1.5  
  ■ Community-based Interventions and Partnerships Related to Reducing Global Oral Health Inequalities ......................................................BR C (CC) |

*The Meeting Room*

“The Meeting Room” is a small meeting room available Monday thru Wednesday from 7:00am – 11:59pm. It is on a first-come, first-reserved basis. It is set up for up to 15 board room style. There will be a sign up sheet outside the room. You must sign in to use the room. It can be reserved in half-hour increments up to two hours. The room set cannot be changed.
MONDAY, APRIL 30

7:00 a.m. – 5:00 p.m. .................................................. 4th Floor Foyer
Registration Desk Open

7:00 a.m. – 8:00 a.m. .................................................. BR D (CC)
Continental Breakfast with Exhibitors

7:00 a.m. – 11:59 p.m. ............................................................ Miller
The Meeting Room

8:00 a.m. – 9:15 a.m. .................................................. BR C (CC)
Opening Ceremony, Welcome and Keynote Speaker - CDE 1.0
Welcome: AAPHD & ASTDD Presidents

Greetings from the Centers on Disease Control and Prevention:
Thomas R. Frieden, MD, MPH, Director,
Centers for Disease Control and Prevention,
Administrator, Agency for Toxic Substances and Disease Registry

Ursula E. Bauer PhD, MPH
Director, National Center for
Chronic Disease Prevention and Health Promotion

Keynote presenter:
Michael S. Sparer PhD, JD
Professor and Chair, Department of
Health Policy and Management
Mailman School of Public Health
Columbia University

Dr. Sparer studies and writes about the politics of health care with a particular emphasis on the health insurance and health delivery systems for low-income populations, and the ways in which inter-governmental relations influence policy. He will lay the groundwork for continuing discussions around dental public health within the new health care environment.

9:15 a.m. – 9:30 a.m. ........................................................... Break

9:30 a.m. – 11:00 a.m. .................................................. BR C (CC)
Opening Plenary - CDE 1.5
After the Institute of Medicine Reports, What Comes Next?
Beth Mertz MA PhD; Paul Glassman DDS MA MBA; Marcia Brand PhD; Caswell Evans DDS MPH
Over the past 12 months, the Institute of Medicine (IOM) has released two major reports with recommendations on oral health that could have a significant impact. Will federal and state officials seize the opportunity and begin translating the IOM recommendations in these reports into public policy and practice? This session will review the recommendations of these two IOM reports. Then the session will explore progress to implement them to date and opportunities to do more in the future. Speakers will highlight existing models and ideas that could serve as examples for policy makers and practitioners as they seek to act on the IOM recommendations on access, workforce, education, prevention and other issues.

11:00 a.m. – 11:30 a.m. .................................................. BR C (CC)
AAPHD Special Merit and Student Awards

11:30 a.m. – 1:30 p.m. .................................................. Crystal
Roundtable Lunch - CDE 1.5
The luncheon will be around small tables with facilitated discussion on scientific research, program planning and evaluation, community-based interventions, partnerships and other topics related to dental public health. A complete list of topics and presenters are included in the Abstract Program. Participants will be able to attend two roundtables during the 2-hour session.

Ticketed Event – Must present ticket for entry.

Student Chapter Session ............................................ Mitchell
Interested in starting a Student Chapter at your school? Join representatives of AAPHD’s eleven student chapters to learn about how they got started. A special presentation from the AAPHD UI-C Student Chapter on starting a student run dental clinic will be included. This program is specifically designed for student networking and sharing, but all interested parties are welcome to participate.

Exhibits Open.......................................................... BR D (CC)
For the first time ever! Exhibits will be open during the lunch break. Grab a bite and visit with our industry partners.
1:45 p.m. – 3:15 p.m. ......................................................... BR C (CC)
Afternoon Plenary - CDE 1.5

**Successful Private/Public Collaborations to Improve the Public’s Oral Health**
Lindsey Robinson DDS; Michael Helgeson DDS; Kathleen O’Loughlin DMD MPH

At the 2011 ABDPH Symposium, it was emphasized that all Americans deserve optimal oral health. The sharing of experiences and building of trust between the public and private sectors must occur at all levels to achieve this goal. Communication is essential. This session provides three striking examples of public/private collaboration making a difference: the role of the California Dental Association in partnering with the public health community to expand water fluoridation in California from 16% in 1995 to 62% currently, finding common ground to address the increasing oral health concerns of the elderly through ADA Resolution 5H-2006, and engaging the Ad Council to raise public awareness about oral health as important to overall health. Representatives of the California Dental Association, the ADA's National Eldercare Advisory Committee, and the Partnership for Healthy Mouths, Healthy Lives will illustrate the effectiveness of collaborative efforts in these monumental endeavors and answer your questions.

3:15 p.m. – 5:00 p.m. ......................................................... BR D (CC)
Break with Exhibitors

3:15 p.m. – 5:00 p.m. ......................................................... BR D (CC)
**Poster Session I - CDE 1.75**
Posters based on submitted abstracts of topics of interest

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### TUESDAY, MAY 1

7:00 a.m. – 5:00 p.m. ......................................................... 4th Floor Foyer
Registration Desk Open

7:00 a.m. – 8:00 a.m. ......................................................... BR D (CC)
Continental Breakfast with Exhibitors

7:00 a.m. – 8:30 a.m. ......................................................... Regency
ADHA Breakfast Reception

7:00 a.m. – 8:00 p.m. ......................................................... Walker
CDC/DOH Cooperative Agreement Grantees Meeting

7:00 a.m. – 11:59 p.m. ......................................................... Miller
The Meeting Room

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8:30 a.m. – 10:00 a.m. ......................................................... BR C (CC)
ABDPH Plenary Session - CDE 1.5

**American Board of Dental Public Health Symposium: Oral Health Disparities Emerging in Older Adults**
Judith Jones DDS MPH DScD; Elisa M Ghezzi DDS PhD; Robyn I Stone DrPH

The United States population is aging and becoming increasingly diverse. Evidence indicates that the growth of this “new” older population has resulted in an increasing degree of health disparities affecting their oral health and impacting their quality of life, and vice versa. These disparities may also affect us personally, as dental public health practitioners and as caregivers. This symposium will examine these emerging (oral) health disparities in older populations, the demands they place on existing health care systems and potential solutions. Presenters will discuss existing and potential opportunities focused on prevention and early diagnosis allowing the older populations to maintain a functional oral health status in an environment with limited resources and significant changes in life style.
**Oral Health Workforce: New Professional Partners to Extend Access to Care and Preventive Services** .......................................................... 102D

*Tracy Garland MA; Anita Gicken MSW; Judith Haber PhD APRN BC FAAN*

This session will present the new and emerging roles of Physician Assistants and Nurses and, by description, other health professions categories in the oral health and disease prevention domain. The Physician Assistants have held two national leadership summits devoted to oral health. The national leadership in Nursing has also convened a national summit devoted to oral health. Each group is considering their education, training, accreditation, publication and research agendas and assessing options for appropriate modification intended to invigorate their respective roles in oral health. Other health professions are moving in similar directions. These developing initiatives will be described and discussed. The National Interprofessional Initiative on Oral Health (NIIOH), funded by three foundations, is helping to support these endeavors. The role of the NIIOH will also be discussed.

**Collaborative Models for School-based Prevention Programs** ......................................................... 103

*Elizabeth Lense DDS MSHA; Mary Tavares DMD MPH; Julie Collett RDH*

School-based dental prevention programs reduce disease burden in children but the current economic climate threatens public health programs. As resources become scarce, collaboration and leveraging new resources become increasingly important. This session highlights three school-based prevention programs that were developed and expanded through unique partnerships. University of Florida College of Dentistry launched a school-based dental sealant program in 2010 in collaboration with Oral Health America, United Way, county health departments, and local school districts. ForsythKids developed partnerships with schools, growing from four to >50 schools in more than 15 communities in four years, and expanded its partnerships to include community health centers and local dentists to facilitate continuity of care. Kids in Need of Dentistry (KIND), celebrating its 100th birthday in 2012, expanded its school-based sealant program from one elementary school in 1998 to 79 schools in 2011 and also providing comprehensive care through fixed and mobile school-based clinics. The experiences of these programs provide useful lessons in growth during challenging times.

**Infection Prevention and Safety for Patients, Populations and Providers: Role(s) of State Oral Health Programs** ................................................. 102B

*Don Marianos DDS MPH; Kathy Eklund RDH MHP*

Recent reports of actual and potential cross contamination in dental settings underscore the need for strong, integrated policies and vigilance in infection prevention and safety. With support from the Centers for Disease Control and Prevention (CDC), the Association of State and Territorial Dental Directors (ASTDD) and the Organization for Safety, Asepsis and Prevention (OSAP) collaborated on an Infection Prevention & Safety Program (IPSP). The IPSP assessed the status of infection control in state oral health programs and developed recommendations to integrate current resources and policies into ASTDD projects, programs and emergency response activities. This presentation will relate the assessment findings and describe the updates that were integrated into documents, policies and program implementation and evaluation. Examples of how the IPSP helped state dental directors contend with the recent flooding will be presented along with trusted resources and strategies that participants can use to ensure the safe delivery of oral healthcare.

**Milwaukee Smart Smiles: Connecting National and Regional Resources to End Oral Health Disparities** .......................................................... 101

*Elizabeth Nelson MA BSSW; Martha Bergren DNS RN NCSN FNASN FASHA; Paul Batley; Matt Crespin MPH RDH*

Oral Health America's Smiles Across America® (SAA) program connects communities to resources to improve oral health for more than 350,000 children in 34 states and two U.S. territories. SAA assists local communities in expanding promising program models, including Smart Smiles in Milwaukee, WI. Milwaukee has the fourth highest rate of child poverty in the United States, and over 60% of Milwaukee's children have untreated caries. In response, a diverse community of stakeholders, including volunteers, a hospital system, school system and a corporation joined forces for healthy mouths. The outcome? Smart Smiles is increasing access to care, and has been recognized as a promising practice by the Wisconsin Division of Public Health, Minority Health Program and the University of Wisconsin Population Health Institute. Learn from OHA's national program perspective and Smart Smiles' community partners about what and how they contribute to ensuring that Milwaukee's children get the care they need.

**Quality Improvement Learnings From An Early Childhood Caries Management Collaborative** ..........................BR C (CC)

*Man Wai Ng DDS MPH; Gene Beck DDS; Richard Scoville PhD; Cindy Hannon MSW*
2. The Relationship Between Patients’ Oral Health Literacy And Failed Appointments  
   Jennifer Holtzman DDS MPH; Melanie Gironda MSW PhD; Kathryn Atchison DDS MPH

3. A Sustainable Model For Preventive Services In Schools  
   Bobbi Muto RDH BS; Stephanie Montgomery Richard Crespo PhD

4. Eruption Of Deciduous Teeth In American Indian Children  
   Katherine Kramer PhD MA MA; Deborah Dawson PhD MS; John Warren DDS MS; Kathy Phipps DrPH; Delores Starr BS RDH; Teresa Marshall PhD; David Drake MS PhD

5. Long-Term Outcomes Of A Dental Post-Baccalaureate Program  
   Cynthia Wides MA; Harvey Brody DDS ME; Alexander Charles PhD; Stuart Gansky DrPh; Elizabeth Mertz PhD MA

12:30 p.m. – 1:45 p.m. .......................................................... Crystal Celebrating AAPHD and 75 Years of Dental Public Health Luncheon  
   William Maas DDS MPH MS; Barbara Gooch DMD MPH; Joseph Doherty DDS MPH; Brittany Seymour DDS MPH
   A panel of discussion celebrating 75 years of AAPHD and Dental Public Health will highlight significant events of our past in improving the oral health of the public, followed by a reaction of where we are, and need to be, headed in the future. Open for All registrants.

   Ticketed event - must present ticket for entry.

2:00 p.m. – 3:30 p.m. ......................... Concurrent Sessions - CDE 1.5

How to Engage Community Groups and Organizations to Work Together in a Collaborative and Coordinated Manner to Improve the Oral Health of the Community through the State Oral Health Coalition ............................................. 101 (CC)  
   Claude Earl Fox MD MPH; Bob Russell DDS MPH; Penny Anderson MSW
   Through the generous support of the DentaQuest Foundation, the Florida Public Health Institute (FPHI) launched a statewide messaging campaign in Florida. The campaign was initiated through a series of workshops with the FrameWorks Institute. FPHI developed an oral health messaging campaign with the focus Healthy Mouth, Healthy Body. This campaign is a plan of action to improve oral health communications throughout Florida. This plan promotes and inspires the expansion of other coalitions to join the effort and share expertise and experience. In May 2011 the state oral health coalition transitioned from the Florida Department of Health to its FPHI partner. This transition is one that will expand the state coalition and build a broader group of partners that share one common mission, to improve the oral health of all Florida residents. In addition to Florida, this panel will explore how other states such as Maryland and Iowa engage their communities to build a statewide oral health coalition.

Building and Strengthening Oral Health Program Infrastructure—The Road to Sustainability .............................................. 102B (CC)  
   Kisha-Ann Williams MPH CHES; Cassandra Martin Frazier MPH CHES; Reginald Louie DDS MPH
   The Division of Oral Health (DOH) at CDC seeks to improve oral health by building the infrastructure and capacity of state oral health programs. DOH provides funding and technical assistance (TA) to state oral health programs to strengthen program leadership, develop a state surveillance system, create statewide coalitions, establish partnerships, develop state oral health plans and policy initiatives, and institutionalize evaluation. To better understand the impact and assess the outcomes of the infrastructure program, DOH conducted a mixed methods evaluation that examined the progress on infrastructure development from 2003 - 2008, effects of infrastructure activities, and impact of funding and technical assistance on funded states. Since 1999 CDC has funded ASTDD to develop resources and provide TA to state oral health programs to help build oral health infrastructure and capacity. CDC funded ASTDD, in 2000, to develop recommendations for infrastructure building, and also in 2010, to document progress on state oral health program infrastructure and capacity. This session will discuss the key results of the CDC evaluation and the ASTDD ten-year review including the benefits and challenges of infrastructure development, necessary resources, influence on prevention programs and policy, and lessons learned and recommendations for future infrastructure and capacity development and sustainability efforts.

How Dental Therapists (Alternative Dental Providers) can Improve Population Health .............................................. 102D (CC)  
   Frank Catalanotto DMD; David A Nash DMD MS EdD; Stephanie Woods DHAT
   As efforts to increase access to care by adding dental therapists to the dental team are discussed, one issue that is overshadowed is how dental therapists improve population health. The session will illustrate how dental therapists impact the health of the communities they serve. Dr. Mascarenhas will moderate the panel and explain the importance of culturally competent care, the need to better understand the role of dental therapists, and her experiences. Session presenters will highlight the country’s unmet oral health needs, the need to add new providers in Dental Health Professional Shortage Areas (DHPSA), and explain how dental therapists enhance the ability to deliver care to underserved patients. The session will highlight the importance of dental therapists being from the community and providing culturally competent care and prevention/promotion services for residents. The
session will highlight how dental therapists’ involvement in the treatment, prevention and promotion of oral health leads to improved population health.

Creative Liaisons: A Partnership to Sustain School Sealant Programs.................................................103 (CC)
Lynn Ann Bethel RDH MPH; Brent D Martin DDS MBA; Christine Farrell RDH MPA

Historically, state oral health programs (SOHP) have contracted with agencies/institutions to manage/implement school sealant programs. Rarely do they provide direct care due to limitations with infrastructure, workforce and financial resources to sustain these programs. In response to a court ruling for Massachusetts to increase access to dental services for children with Medicaid benefits in 2007 the Office of Oral Health (SOOH) implemented a sealant program in one school. The program, now serving 120 high-need schools in nine communities, relies on direct reimbursement from Medicaid for sustainability. This presentation will focus on the partnership between the Massachusetts OOH and the Medicaid Dental Program with discussion on the pros/cons of operating a sealant program within a SOHP, creation of a retained revenue account, and the financial impact that directly reimbursing a sister agency has on a Medicaid dental program budget. Reactors’ comments will follow.

Oral Presentations .............................................. BR C (CC)

This session will feature oral presentations of scientific research of interest to attendees. Abstracts for Oral Presentations are listed beginning on page 28.

6. Factors Associated With Receiving Treatment For Dental Decay For Medicaid-Enrolled Children Under 12
Leah Zivlersmit MPH Candidate

7. Emergency Department Use For Dental Conditions: National Trends Over 10 Years
Asthia Singhal BDS MPH; Peter Damiano DDS MPH

8. Dental Procedures Received By Children Enrolled In Wisconsin Delta Dental And Medicaid Programs
Pradep Bhagavatula BDS MPH MS; Qun Xiang MS; Aniko Szabo PhD; Frederick Eichmiller DDS; Raymond Kuthy DDS MPH; Christopher Okunseri BDS MSc MLS

9. A Comparison Of Disparities In Access To Preventive Dental Care Among Children In The United States
Myra Rosen-Reynoso EdM PhD; Ngai Kwan MA

10. Non-Patient Factors Associated With Nontraumatic Dental Condition Visits To Emergency Departments: A National Perspective
Christopher Okunseri BDS MSc MLS FFDRCSI; Elaye Okunseri BL MBA MSHR; Qun Xiang MS; Aniko Szabo PhD

3:30 p.m. – 5:00 p.m. .................................................BR D (CC)

Poster Session II – CDE 1.5
Posters based on submitted abstracts of topics of interest to attendees will be available for viewing and discussion. Posters 64-113 are presented today. Poster abstracts are listed in numerical order. Copies of the presented abstracts are available for review in the Abstract Program.

3:30 p.m. – 4:30 p.m. ............................................... Pabst Indian Health Service Meeting

4:00 p.m. – 5:00 p.m. ..............................................Walker HRSA Grantees Meeting
For current HRSA State Oral Health Workforce grantees only

6:15 p.m. ......................................................... Hilton Hotel Lobby
Depart from Hilton Hotel Lobby for the Harley Davidson Museum.

Ticketed event – must present ticket for entry.

6:30 p.m. – 11:00 p.m. ..................Harley Davidson Museum

Tuesday Evening Reception
It’s time to rev up your engines, take a walk on the wild side and head out for a heart-pounding adventure. The Harley Davidson Museum beckons us to take a glimpse into the history and culture of a true American legend. Whether you’re wild, mild or somewhere in between, it will be an unforgettable, unpredictable, mildly unruly, rockin’ good time! Dress: casual.

Sponsored by Aseptico

Ticketed event – must present ticket for entry.

Walking Directions
1. Start out going west on W Wisconsin Ave toward N 6th St.
2. Turn left onto N 6th St.
3. Turn left onto W Canal St.
4. 410 W CANAL ST is on the left
Enter through the Café Racer Doors.
A bus will loop from the Hilton Hotel to/from the Harley Davidson Museum for those who are unable to walk.

Please note: Due to changes in liability insurance. NOHC events will now offer a cash bar. However, thanks to our reception sponsor, Aseptico, 2 complimentary drink tickets will be offered to each participant this evening. (Drink tickets will be distributed as you enter the Museum.)
Implementation of health reform, including its dental provisions, is actively underway even as the fate of the law remains unsettled. Federal authorities are promulgating regulations; state authorities are in full planning mode; and insurers are strategizing. The law’s purview extends beyond dental benefits to dental workforce, safety net programs to expand their impact by integrating oral health content into early childhood and perinatal programs, including Children and Youth with Special Health Care Needs (CYSHCN). The goals of the session are: 1) to identify the range of MCH programs that focus on early childhood and pregnant women, with emphasis on the Maternal, Infant, and Early Childhood Home Visiting program, the Early Childhood Comprehensive Systems (ECCS) Initiative, and ASTDD’s proposed Strategic Framework for Improving Perinatal Oral Health; and 2) to describe broad strategies that incorporate oral health content into early childhood and perinatal programs.

Progress Implementing Dental Provisions in Health Reform: From DC to Your State Capitol ............................................ 102B (CC)
Burton Edelstein DDS MPH; Bill Kohn DDS; Christine Barber
Implementation of health reform, including its dental provisions, is actively underway even as the fate of the law remains unsettled. Federal authorities are promulgating regulations; state authorities are in full planning mode; and insurers are strategizing. The law’s purview extends beyond dental benefits to dental workforce, safety net expansions, public oral health education, and state oral health infrastructure and surveillance. Translating these legal provisions into programs involves a host of decisions that will impact the public’s oral health and oral health care. This session provides a status update on the Affordable Care Act from three viewpoints: (1) an overview of health reform implementation in the states by a health advocate; (2) details of controversies and actions taken on the dental provisions by an oral health policy activist; and (3) information on how the dental insurance industry is responding to the law by an industry expert.

Ignoring the Evidence: How 20 States Get in the Way of Sealant Programs ............................... 102D (CC)
Julie Stitzel MPA; Mark Siegal DDS MPH; Charles Hoffman DMD
Currently 20 states have laws or policies that unnecessarily restrict the ability of dental hygienists to place sealants in schools or other public health settings. By requiring a dentist’s exam before a hygienist can place sealants on a child’s teeth, these states are hindering states’ ability to maximize the benefits of this proven preventive oral health strategy. Moreover, the prior exam requirement is at odds with the findings of the Centers for Disease Control and Prevention and the American Dental Association’s Council on Scientific Affairs. This session will review these findings and explore how oral health advocates can build consensus for sound state policies that expand the reach of sealants.

Oral Presentations.................................................... BR C (CC)
This session will feature oral presentations of scientific research of interest to attendees. Abstracts for Oral Presentations are listed beginning on page 28.

11. Demonstration Of A Dental Rounds Model In Dental Public Health
Savannah Smolinski Joon-Jae Park Adam Panono; Bradley Wurm; Christopher Dix DDS; Fred Sutkiewicz PhD; Christopher Okunseri BDS MSc

12. The Impact Of Cuts To Adult Medicaid Dental Benefits On The Oral Health Safety-Net Workforce In California
Cynthia Wides MA; Sonia Rab-Alam MPH; Tsai Carrie DMD MPH; Elizabeth Mertz PhD MA

13. A Methodology For Evaluating The Impact Of Dental Therapists And Advanced Dental Therapists In Minnesota
Leslie Nordgren PhD MPH RDH; Merry Jo Thoele RDH MPH

14. Adherence Of Primary Care Physicians And Extenders To Oral Health Screening And Referral Guidelines
Kelly Close RDH MHA; Larry Myers DDS MPH; Mark Casey DDS MPH; Rocio Quinonez DMD MS MPH; Gary Rozier DDS MPH

15. Predictors Of Alternative Practice Patterns Of Dental Hygienists
Cynthia Wides MA; Joanne Spetz PhD; Elizabeth Mertz PhD MA

10:00 a.m. – 10:30 a.m. .........................................BR D (CC)
Break with Exhibitors
Integrating Oral Health into Primary Medical Care .............................................. 101 (CC)  
Mark Doherty DMD, MPH, CCHP; Suzanne Boulter MD, FAAP; Tracy Garland, MA  
This session will make the case for integrating oral health into primary care and provide an overview of national and local efforts to improve the continuity of care between the dental and medical homes. This will include a discussion on different models of care, the National Interprofessional Initiative for Oral Health and its successes and challenges, and the American Academy of Pediatrics’ efforts to use quality improvement (QI) tools and programs to spur oral health integration into practice. Practical recommendations will be discussed to assist attendees in implementing the models. The goal of the session will be to shed light on this as a strategy that can impact access to oral health preventive and treatment services for populations that are not served by the existing delivery system. The session will also assist participants in understanding how this strategy fits into payment and delivery reform discussions that are occurring at national and state levels and opportunities to use quality improvement.

2011 IOM Reports: Implications for Measuring and Improving Quality in the Oral Health Care Delivery System ........................................... 102B (CC)  
Elizabeth Mertz PhD; Paul Glassman DDS MA MBA; Irene Hilton DDS MPH; Meg Booth MPH  
The recent IOM recommendations call for oral health delivery systems to develop and adopt measures to improve quality and lower costs of delivering oral health care. This parallels the trends in general health care. The purpose of this session is to review general health care activities and health reform provisions in quality improvement and use these to explore quality improvement activities in oral health. The Kellogg report, “Oral Health Quality Improvement in the Era of Accountability” to be published January 26, 2012, will serve as background. This session will review the meaning of quality in oral health, challenges the oral health delivery system has in measuring and improving quality and opportunities to measure and improve quality in oral health as the U.S. moves into the “Era of Accountability.”

Staying on Target - Implications of Revised Water Fluoridation Recommendations .............. 102D (CC)  
Barbara Gooch DMD, MPH; Kip Duchon PE BS MS; Linda Orgain MPH; Rebecca S King DDS MPH  
HHS will be finalizing a new recommendation for the adjusted fluoride concentration in drinking water to prevent dental caries. The new recommendation and updated guidance on related engineering and administration practices will impact program operation. This session will present information on the status of the proposed recommendation and guidance, reasons for the proposed changes, and the communications issues involved.

New and Proven Products and Technology that Aid Oral Health Assessment and Interventions ................................. BR C (CC)  
Andrea Hight BS; Steve Jensen BS  
Recent years have seen many new oral health treatment and diagnostic products enter the market. How do you determine what products will most cost-effectively and effectively address your purposes? This presentation will provide a review of products across manufacturers, recently introduced preventive products, comparing product features and applications, including pricing points to help clinicians and outreach managers better determine the most appropriate choices for their setting.

12:00 p.m. – 1:00 p.m. ............................................................. Crystal Networking Luncheon  
Ticketed event – must present ticket for entry.

1:15 p.m. – 2:45 p.m. ...................... Concurrent Sessions - CDE 1.5  

Age at First Dental Exam: Determinants, Maternal Behavioral Factors and the Role for CHCs .................................................. 101 (CC)  
Raymond Kuthy DDS MPH; Natoshia Askelson PhD; Donald Chi DDS PhD  
This session will present the results from a study concerning the disparities in need, use, and behavioral factors associated with the time of a Medicaid-enrolled child’s first comprehensive dental exam. These presentations are part of a study funded by a National Institute of Dental and Craniofacial Research (NIDCR) Challenge grant to take a multifactorial view of this issue. Three components of the study will be discussed: 1) the determinants of the age at which a child receives their first dental exam, including well child exams, 2) a review of care in community health centers, which a child receives their first dental exam. These presentations are part of a study funded by a National Institute of Dental and Craniofacial Research (NIDCR) Challenge grant to take a multifactorial view of this issue. Three components of the study will be discussed: 1) the determinants of the age at which a child receives their first dental exam, including well child exams, 2) a review of care in community health centers, and 3) maternal knowledge and attitudes about the age at which children should receive their first dental exam.

When Abstinence is Evidence-Based  
The Case Against Prophylactic Third Molar Extractions ................................................. 102B (CC)  
Jay W Friedman DDS MPH; Thomas Dodson DMD MPH; Scott L Tomar DMD MPH DrPH  
The case against prophylactic third molar extractions illustrates evidence-based practice. The American Public Health Association (APHA) adopted a policy against prophylactic extractions, but many health agencies, insurance administrators, and dental educators are reluctant
to follow suit. The goals of this session are to: (1) further the adoption of evidence-based practice by example of the third molar issue—abstinence in the absence of compelling evidence to perform treatment; (2) raise public and professional health literacy to further promote evidence-based practice; (3) avoid injury and save funds spent for unnecessary surgery by consumers, insurance companies, community health centers and Medicaid that could be more effectively spent on needed dental care. Our session will discuss: (1) the scientific literature, risks and injuries of third molar surgery, and economic costs; (2) ethical responsibility of the profession, educators, and public health dentistry; (3) politics of change—overcoming professional resistance and institutional inertia towards adopting evidence-based practice.

Fluoridation Communication Strategies and Tools .................................................. 102D (CC)
Matt Jacob; Jay Kumar DDS MPH; Jane McGinley RDH MBA; Laurie Rich JD

Are we reaching the public with accurate, understandable information regarding the safety and benefits of water fluoridation? The Internet, for example, is a powerful medium for transfer of information, whether science-based or not. This session will prepare participants to more effectively collaborate with others in promoting water fluoridation. The session will present emerging and innovative communication strategies and tools to promote the practice of community water fluoridation.

The Role of Social Determinants of Oral Health in Implementing Healthy People 2020 Oral Health Objectives .............................................. BR C (CC)
Gina Thornton Evans DDS MPH; Anu Tate DMD; Kathleen Ann Mangskau RDH MPA

Healthy People 2020 (HP2020) expands on past decades of federal Healthy People Initiatives by addressing a broad range of health determinants in addition to specific disease conditions. These determinants include: 1) policymaking; 2) social risk factors; 3) health services; 4) individual behavior; and 5) biology and genetics. As an ecological approach to disease prevention and health promotion, this structure crosses traditional disease-specific boundaries and extends to oral health as well as general health. This expansive approach presents many challenges to the dental public health community because substantive research evidence on social determinants of oral health is limited and because oral health is often excluded from multi-factorial risk studies of multiple diseases. This session will consider the dental literature and evidence on social determinants of oral health and will describe challenges and opportunities for states as they move forward with strategies to reach HP2020 Oral Health Objectives.

3:00 p.m. – 4:30 p.m. ....................................................... BR C (CC)
Closing Plenary – CDE 1.5
Community-based Interventions and Partnerships Related to Reducing Global Oral Health Inequalities
David Williams BDS MSc PhD FDS RCS RSCP FRCPATH; Robert J Weyant BDS MSc PhD FDS RCS DrPH; Jane Weintraub DDS MPH

To reduce oral health inequalities, the International Association of Dental Research (IADR) Global Oral Health Inequalities Research Agenda (GOHIRA) recommended a collective paradigm shift in the thinking of the dental community—to think about oral health in the wider context of general health. More research is needed on social determinants of health by integrating oral health promotion approaches with noncommunicable diseases using a common risk factor approach. This session will provide a summary of the current work related to GOHIRA. The leader of the GOHIRA, Prof Williams, will discuss the role of the research community and members of health professions. Professor Weyant will draw attention to the chasm between what is known and what is being implemented to address this gap. Professor Weintraub will speak about the oral health inequalities agenda and what is being done to address inequalities.

Continuing Education Credits
There are two types of CE credit available at the NOHC, ADA (American Dental Association) and AGD (Academy of General Dentistry). There are specific requirements to obtain each type of CE credit. An instruction sheet with directions on how to obtain ADA and/or AGD CE credit is available at the conference registration desk. Please be sure to review the process for the CE applicable to you.

AAPHD is an ADA CERP Recognized Provider.

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at www.ada.org/goto/cerp.

Session Objectives
Objectives for each session will be posted/announced prior to the start of each session. They will also be listed appropriately on the session evaluation.

Disclosure
All participating faculty are expected to disclose to the audience any significant financial interest or other relationship with:

1) the manufacturer of any commercial products and/or provider of commercial services discussed in an educational presentation, and
2) any commercial supporters of the activity.
### Invited Session Presenters

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<td>Penny Anderson MSW</td>
<td>Dental Action Coalition</td>
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<td>Natoshia Askelson PhD</td>
<td>University of Iowa Public Policy Center and College of Public Health</td>
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<td>Marcia Brand PhD</td>
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<td>Donald Chi DDS PhD</td>
<td>University of Washington Department of Oral Sciences</td>
<td>Seattle WA</td>
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<td>Julie Collett RDH</td>
<td>Kids in Need of Dentistry (KIND)</td>
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<td>Matt Crespin MPH RDH</td>
<td>Children's Health Alliance of Wisconsin</td>
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<td>Thomas B Dodson DMD MPH</td>
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<td>Jay W. Friedman DDS MPH</td>
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<td>Tracy Garland MA</td>
<td>National Interprofessional Initiative on Oral Health</td>
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<td>Elisa M. Ghezzi DDS PhD</td>
<td>University of Michigan School of Dentistry Coalition for Oral Health for the Aging</td>
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<td>Judith Haber PhD APRN BC FAAN</td>
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<td>Michael Helgeson DDS</td>
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<td>Irene Hilton DDS MPH</td>
<td>National Network for Oral Health Access</td>
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<tr>
<td>Charles Hoffman DMD</td>
<td>Past President Florida Dental Association</td>
<td>Jupiter FL</td>
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<td>Association of Maternal and Child Health Programs</td>
<td>Washington DC</td>
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<td>Hiroko Iida DDS MPH</td>
<td>UNC School of Dentistry</td>
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<td>Matt Jacob</td>
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<td>Boston University Henry M. Goldman School of Dental Medicine</td>
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<td>North Carolina Oral Health Section</td>
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<td>Delta Dental Plans Association</td>
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<td>Jaymar Kumar DDS MPH</td>
<td>NYS Dept of Health Bureau of Dental Health</td>
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<td>Michelle Landrum RDH BS</td>
<td>Association of State &amp; Territorial Dental Directors (ASTDD)</td>
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*Contributed paper presenters are listed under session information. Poster presenters are listed with their abstract.*
### AAPHD Presidents

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<td>Carl L. Sebelius</td>
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<td>1952</td>
<td>Philip E. Blackerby, Jr.</td>
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<td>1951</td>
<td>William A. Jordan</td>
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<td>1950</td>
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<td>1949</td>
<td>John T. Fulton</td>
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<td>Frank P. Bertram</td>
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<td>Edward Taylor</td>
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<td>Frank G. Cady</td>
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<td>1945</td>
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<td>James G. Williams</td>
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<td>1943</td>
<td>Allen O. Gruebel</td>
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<td>Ernest A. Branch</td>
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<td>1941</td>
<td>R. C. Dalgleish</td>
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<td>1940</td>
<td>Leon R. Kramer</td>
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<td>1939</td>
<td>Vern O. Irwin</td>
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<tr>
<td>1937</td>
<td>Richard C. Leonard</td>
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ABDPH Past Presidents

Walter J. Pelton 1950-1955
William A. Jordan-1956
Walter J. Pelton-1957
John W. Knutson-1958
Phillip E. Blackerby-1959
Robert A. Downs-1960
Chester V. Tossy-1961
Donald J. Galagan-1962
John T. Fulton-1963
Arthur Bushel-1964
Polly Ayers-1965
Norman F. Gerrie-1966
John K. Peterson-1967
Albert L. Russell-1968
David F. Striffler-1969
Wesley O. Young-1970
Wesley O. Young-1971 (Acting)
Harry W. Bruce Jr.-1972
Frank E. Law-1973
David A. Soricelli-1974
Naham C. Cons-1975
John C. Greene-1976
John T. Hughes-1977
Quentin M. Smith-1978
William T. Johnson-1979
Edward M. Campbell-1980
Stanley Lotzkar-1981
John E. Butts-1982
Herschel S. Horowitz-1983
Durward R. Collier-1984
Richard F. Murphy-1985
J. Earl Williams-1986
Richard D. Mumma-1987
Robert C. Faine-1988
Richard C. Graves-1989
Joseph M. Doherty-1990
Gene P. Lewis-1991
Chester W. Douglass-1992
Dushanka V. Kleinman-1993
Myron Allukian Jr.-1994
R. Gary Rozier-1995
E. Joseph Alderman-1996
Linda C. Niessen-1997
Stephen B. Corbin – 1998
Jayanth Kumar – 1999
Jayanth Kumar - 2000
Robert H. Dumbaugh - 2001
Brian A. Burt - 2002
Caswell A. Evans - 2003
Raymond A. Kuthy – 2004
Robert J. Collins, Jr. – 2005
Teresa A. Dolan – 2006
B. Alexander White, Jr. – 2007
Reginald Louie - 2008
A. Isabel Garcia - 2009
Catherine Hayes – 2010
Rebecca S. King – 2011
Steven M. Levy - 2012

Special Thanks to the following:

- Davd Cappelli and Warren LeMay, CoChairs AAPHD Education and Science Committee
- AAPHD Education & Science Committee for coordinating contributed papers/poster session
- The ADA CAPIR Council for program support
- Joe Alderman, Warren LeMay and Eugenio Beltran for conference photographs
- Ana Karina Mascarenhas for coordinating AAPHD Special Merit Awards
- Sena Narendran for organizing student awards/poster session
- Linda Ferraro and Jason Roush for serving on the Roundtable selection committee
- Claudia Serna for social media coordination

Thank you to the following for their efforts to create an exceptional program.

Myron Allukian, Jr., DDS, MPH
Diane Brunson, RDH, MPH
Harry Goodman, DMD, MPH
Larry Hill, DDS, MPH
Nicholas Mosca, DDS
Margaret (Peg) Snow, DMD, MBA, MPH
Pamela Tolson, CAE
Chris Wood, RDH
# Recipients of Awards of the American Association of Public Health Dentistry

## Public Service Award

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Recipient</th>
<th>Year</th>
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<th>Recipient</th>
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<tbody>
<tr>
<td>2009</td>
<td>Mary Otto</td>
<td>1998</td>
<td>Scott Litch and</td>
<td>1989</td>
<td>The Honorable</td>
</tr>
<tr>
<td>2006</td>
<td>Lawrence A. Tabak</td>
<td>1995</td>
<td>Kennedy and Assembly</td>
<td>1986</td>
<td>The Honorable Claude Pepper</td>
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</tbody>
</table>

## Distinguished Service Award

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Recipient</th>
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<tbody>
<tr>
<td>2011</td>
<td>William Maas</td>
<td>2001</td>
<td>Brian Burt</td>
<td>1993</td>
<td>Dennis Leverett</td>
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<tr>
<td>2009</td>
<td>Burton Edelstein</td>
<td>1999</td>
<td>Alice Horowitz</td>
<td>1991</td>
<td>Irwin D. Mandel</td>
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<td>2008</td>
<td>Helen Gift</td>
<td>1998</td>
<td>Naham C. Cons and</td>
<td>1990</td>
<td>Stanley Lotzkar</td>
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<tr>
<td>2004</td>
<td>Scott L. Tomar</td>
<td>1996</td>
<td>John C. Greene</td>
<td>1986</td>
<td>David Soricelli</td>
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<tr>
<td>2002</td>
<td>Myron Allukian Jr.</td>
<td>1994</td>
<td>Martha Liggett</td>
<td>1984</td>
<td>Donald J. Galagan</td>
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## President’s Award

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

<table>
<thead>
<tr>
<th>Year</th>
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<tr>
<td>2008</td>
<td>Eugenio Beltran</td>
<td>2003</td>
<td>Stuart Lockwood</td>
<td>1997</td>
<td>Raymond Kuthy</td>
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<td>2006</td>
<td>Nicholas Mosca</td>
<td>2001</td>
<td>James Toothaker</td>
<td>1994</td>
<td>Stephen B. Corbin</td>
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<td>2005</td>
<td>Steven Geiermann</td>
<td>1999</td>
<td>Teresa Dolan</td>
<td>1984</td>
<td>Donald J. Galagan</td>
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## Special Merit Award

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

<table>
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<tr>
<th>Year</th>
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<tr>
<td>2008</td>
<td>James Sutherland</td>
<td>1999</td>
<td>Jane A. Weintrab</td>
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<td>Gregory C. Connolly</td>
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<td>2006</td>
<td>Helen Gift</td>
<td>1998</td>
<td>Marsha Cunningham</td>
<td>1990</td>
<td>Daniel Whiteside</td>
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<td>2005</td>
<td>Dolores M. Malviz</td>
<td>1997</td>
<td>Donald Marianos</td>
<td>1989</td>
<td>Corrine H. Lee</td>
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<td></td>
<td>Caswell A. Evans</td>
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## Special Merit Award for Outstanding Achievement in Community Dentistry - International

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

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<tr>
<th>Year</th>
<th>Recipient</th>
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<tr>
<td>2005</td>
<td>Prathip Phantumvanit</td>
<td>2002</td>
<td>Patricia Main</td>
<td>1999</td>
<td>Mario de Magalhaes Chaves</td>
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Recipients of Awards of the Association of State and Territorial Dental Directors

Outstanding Achievement Award

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

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<thead>
<tr>
<th>Year</th>
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Distinguished Service Award

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

<table>
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<tr>
<th>Year</th>
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<tr>
<td>2007</td>
<td>Lewis N. Lampiris</td>
<td>1990</td>
<td>Beverly Isman</td>
<td>2001</td>
<td>Wendy E. Mouradian</td>
<td>1984</td>
<td>Cora Leukhart and John Small</td>
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President’s Award

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

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<tr>
<th>Year</th>
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<tbody>
<tr>
<td>2011</td>
<td>Jaynath V. Kumar</td>
<td>2004</td>
<td>Nicholas Mosca</td>
<td>2003</td>
<td>Steven Geiermann</td>
<td>2001</td>
<td>Stuart Lockwood</td>
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</table>
Abstracts for Oral Presentations

1. QUALITY IMPROVEMENT LEARNINGS FROM AN EARLY CHILDHOOD CARIES MANAGEMENT COLLABORATIVE

Man Wai Ng (1,5), DDS, MPH; Gene Beck (4), DDS; Richard Scoville (3), PhD; Cindy Hannon (2), MSW
Children’s Hospital Boston, Boston, MA (1)
DentaQuest Institute, Westborough, MA (2)
Institute for Healthcare Improvement, Cambridge, MA (3)
Neighborcare Health Inc; Seattle, WA (4)
Harvard School of Dental Medicine, Boston, MA (5)

Objective: To test the feasibility of implementing a disease management (DM) protocol for early childhood caries (ECC) in diverse practice settings.

Methods: A DM protocol for children younger than age 60 months with ECC was implemented in 7 safety net practices across the US using a learning collaborative model. Established evidenced-based prevention and treatment practices were instituted, including having care providers partner with and engage families to make behavioral changes necessary to address disease etiology. Principles from the Institute for Healthcare Improvement’s Model for Improvement and the Chronic Care Model were used to test and implement changes within the practice’s oral health care delivery systems. Quarterly face-to-face learning sessions, monthly conference calls and expert faculty support practice redesign and change in patient care management protocol.

Results: After 9 months, all practices have implemented DM beginning with a few care providers and patient types. Some practices have been able to institute segmentation to more providers and greater patient populations. Monthly run charts show that sites are documenting caries risk, self-management goals and having patients return for more frequent preventive visits based on risk. Most sites report improving caries risk status in their ECC patients.

CONCLUSIONS: Early experiences find that DM of ECC can be implemented into diverse practice settings. Quality improvement strategies are useful in directing and supporting paradigm shifts in care approaches.

Funding: DentaQuest Institute

2. THE RELATIONSHIP BETWEEN PATIENTS’ ORAL HEALTH LITERACY AND FAILED APPOINTMENTS

Jennifer Holtzman (1), DDS, MPH; Melanie Girona (1), MSW, PhD; Kathryn Atchison (1), DDS, MPH
University of California, Los Angeles, Los Angeles, California, USA (1)

Objective: The purpose of this study was to understand the relationship between oral health literacy and patients’ failure to show up for scheduled dental appointments among a diverse sample of dental clinic patients.

Methods: Data was collected from 200 adults seeking initial care at UCLA School of Dentistry’s dental clinic. Oral health literacy (REALM-D20), sociodemographics, health values, method of payment for treatment, and health information seeking behavior were collected from subject report. Number of failures at scheduled dental appointments over the first 6 months after acceptance to clinic was determined from the electronic patient chart. Bivariate and regression analyses were conducted using failed appointments as the dependent variable.

Results: Subjects were primarily male (55.9%), white (56.9%), and 67.5% had completed more than 12 years of education. There were 85 failed appointments (mean 62, range 0-8 no-shows) generated by the 200 subjects. REALM-D20 was positively skewed, with a mean of 17.28, s.d. 3.252). In bivariate analysis, failed appointments were not significantly associated with race, gender, health values, type of dental payment, or health seeking behaviors, and were weakly correlated with the REALM-D20 (r=-0.126, p=0.075). A multivariate regression analysis of the same variables confirmed that only REALM-D20 was significantly associated with failed appointments (Standardized Beta -.154, p=0.040).

Conclusions: In this analysis, oral health literacy was the only patient characteristic significantly associated with failed appointments, providing a potential screenable factor that, if addressed, could reduce failures to show for dental visits. Dental providers could then tailor interventions to improve dental attendance for those so identified.

Funding: Supported by NIDCR research grant #R03-04-077

3. A SUSTAINABLE MODEL FOR PREVENTIVE SERVICES IN SCHOOLS

Bobbi Muto (1), RDH, BS; Stephanie Montgomery (1); Richard Crespo (1), PhD
Marshall University School ofMed, Huntington, WV, USA (1)

Objective: To describe a sustainable model for providing oral health preventive services to West Virginia school children and to demonstrate a web-based system for efficient data entry and management, based on the CDC/ASTDD survey instrument.

Methods: This project is a partnership between the Appalachian Regional Commission, the Claude Worthington Benedum Foundation, Marshall University and 28 school-community partnerships. Main goal being mobilize community resources to create sustainable preventive oral health programs within the school setting. A secondary goal is establishment of a dental home for all students. With grant funding, Marshall issues a call for proposals from local partnerships comprised of a school, local dentist, and other community organizations. The school-community partnerships conduct screenings and provide preventive services in the school. They receive start-up funding with expectations to create a sustainable program.

Results: With only start-up funding, 13 of the 17 original communities continue to expand programs after three years. Of these 13, six have expanded services to other schools with no additional funding. Key findings in 2010-11 there were 5,200 visits, 649 sealants were applied, and 74 children were referred for immediate care. In the fall of 2011 eleven new school-community partnerships began implementing programs. The web-based data management system allows for all 28 communities to enter real time data for the children served.

Conclusions: Providing only initial start up funding, 13 of 17 communities within WV have established a sustainable school oral health delivery model. Using a web-based data management system makes data entry quick and efficient, and contributes to developing a statewide database.

Source of Funding: The Appalachian Regional Commission and the Claude W. Benedum Foundation
4. **ERUPTION OF DECIDUOUS TEETH IN AMERICAN INDIAN CHILDREN**

Katherine Kramer (1), PhD, MA; Deborah Dawson (1), PhD, MS; John Warren (1), DDS, MS; Kathy Hippiops (2), DrPH; Delores Starr (3), BS, RDH; Teresa Marshall (1), PhD; David Drake (1), MS, PhD

University of Iowa College of Dentistry, Iowa City, IA, USA (1)
Consultant, Morro Bay, CA, USA (2)
Indian Health Service, South Dakota, USA (3)

**Objective:** To assess the eruption patterns of deciduous teeth in American Indian children.

**Methods:** Subjects were recruited as part of an ongoing longitudinal study of risk factors for caries in American Indian children recruited from a Northern Plains Tribal community. Mothers and/or caregivers were interviewed and children had dental examinations at 1, 4, 8, 12, and 16 months of age (± 30 days). Tooth eruption was documented by trained dental hygienists at scheduled visits.

**Results:** Tooth eruption was documented for 229 children who participated in every visit out of a total of 239 children (95.82%). Natal teeth (present at birth) were observed in 4 children (1.75%). By visit 2 when children were approximately 4 months, another 14.41% of children had teeth (N=33). By visit 3 at approximately 8 months, an additional 71.18% (N=163) of the sample had teeth; i.e., 87.49% of all children had teeth by visit 3. At visit 4, at approximately 12 months of age, all but one child (99.56%) had teeth; this last child had teeth by Visit 5, when she was 14.9 months old.

**Conclusions:** Tooth eruption patterns in this American Indian sample are suggestive of a pattern of early tooth eruption among at least some American Indian children. This in turn suggests one possible factor contributing to the high levels of decay in deciduous teeth in this population: increased eruption among at least some American Indian children. This study's short-, mid-, and long-term outcomes demonstrate success of the program's goals of improving the diversity of the dental school population and improving access for underserved populations.

Source of Funding: NIH Grant RO1-DE017736

5. **LONG-TERM OUTCOMES OF A DENTAL POST-BACCALAUREATE PROGRAM**

Cynthia Wides (1), MA; Harvey Brody (1), DDS, MEd; Alexander Charles (2), PhD; Stuart Gansky (1), DrPh; Elizabeth Mertz (1), PhD, MA

UCSF, San Francisco, CA, USA (1)
UCLS, Los Angeles, USA (2)

**Objectives:** The University of California, San Francisco (UCSF) Dental Post-baccalaureate Program was established in 1998 to provide reapplication assistance to students from economically and/or educationally disadvantaged backgrounds that were denied admission to dental school. The Program’s goals were to improve the diversity of the dental workforce and to improve access to care. This study assesses the program’s outcomes and the participants’ practice patterns.

**Method:** Data on the participants’ pre/post DAT scores and post-program dental school admission results were used to assess the short- and mid-term program outcomes. Changes in DAT scores were analyzed using a pre/post design of paired t-tests and Wilcoxon signed rank tests. To assess longer term outcomes, participants who had completed dental school and been in practice for at least two years were surveyed between 2009-2011, with a 94% response rate. Survey responses were examined using descriptive statistical techniques, and the results were compared to nationally available data for new dental graduates.

Results: Program participants (n=94) increased their DAT scores by an average of 2 points, and 98% of the participants were accepted to dental school. The survey respondents (n=53) were all actively practicing dentistry, and 81% are serving underserved populations. Post-bac participants treat more Medicaid recipients than do most new dentists, and their patient population is more diverse than the general population.

Conclusions: The study's short-, mid-, and long-term outcomes demonstrate success of the program's goals of improving the diversity of the dental school population and improving access for underserved populations.

Source of Funding: None

6. **FACTORS ASSOCIATED WITH RECEIVING TREATMENT FOR DENTAL DECAY FOR MEDICAID ENROLLED CHILDREN UNDER 12**

Leah Zivlersmit (1) presenting, MPH Candidate
Emory University, Atlanta, GA, USA (1)

**Objectives:** Medicaid enrolled children receive screenings for tooth decay through the Iowa Department of Public Health’s (IDPH) I-Smile program. To determine if children screened obtained treatment, we matched Medicaid paid claims to children’s dental screening records for January through April 2010. The purposes of the study were to 1) determine the proportion of children who received treatment after screening positive for having tooth decay and 2) explore the characteristics that were associated with children having received dental care after screening positive for decay.

**Method:** Using a probabilistic method, we linked Medicaid paid claims to screening data. The final sample size was n=16,109. We used chi squared analysis to compare the characteristics of children with decay who obtained treatment and those who did not. Because the factors associated with receipt of care may not be independent from one another, we are in the process of completing multivariate analyses.

**Results:** Of the children screened, 1,816 (11.3%) had signs of decay. Of those, 434 (23.9%) obtained dental care based on a match to a Medicaid paid claim. Public health region of residence, rurality, race/ethnicity, gender, having a medical home, and having a dental home were significantly associated with receipt (or no receipt) of dental care.

**Conclusions:** The information from the analysis can be used by IDPH to recognize children in their program who are at-risk for not receiving treatment. Further research on barriers is needed to fully understand barriers to dental care for Iowa children.

Source of Funding: None

7. **EMERGENCY DEPARTMENT USE FOR DENTAL CONDITIONS: NATIONAL TRENDS OVER 10 YEARS**

Asthya Singhal (1,2), BDS, MPH; Peter Damiano (1,2), DDS, MPH

Department of Preventive and Community Dentistry, University of Iowa, Iowa City, IA, USA (1)

Public Policy Center, University of Iowa, Iowa City, IA, USA (2)

**Objectives:** To understand the trends in emergency department (ED) use for dental conditions over 10 years and identify the characteristics of patients who seek care at EDs for dental conditions.

**Methods:** Ten years of National Hospital Ambulatory Medical Care Survey- a national probability sample survey of
hospital ED visits conducted by the NCHS, CDC, were utilized from 2000-2009. Ten year trends in ED visits for dental conditions as a proportion of total ED visits were estimated. Multivariable logistic regression was used to assess risk factors associated with having an ED visit for a dental condition.

Results: A significant linear increase in ED visits for dental conditions as a percent of total ED visits was found from 2000-2009 (Spearman correlation=0.91, p-value=0.0002). Compared to year 2000, racial minorities and those with public insurance or uninsured were more likely to have an ED visit for a dental condition in 2009. More than 90% of patients who had an ED visit for dental conditions received a prescription for medication and referral for follow-up. Less than 12% of ED visits for dental conditions resulted in a medical procedure being performed.

Conclusion: Significant increasing trend in proportion of ED visits for dental care, especially by racial minorities, uninsured and Medicaid enrollees highlights the increasing disparities in access to oral healthcare. Only palliative treatment, most often only medications are provided at EDs for dental problems. Future research should investigate whether these patients ultimately receive complete resolution of the dental problem that caused them to visit the ED.

Source of Funding: None

8. DENTAL PROCEDURES RECEIVED BY CHILDREN ENROLLED IN WISCONSIN DELTA DENTAL AND MEDICAID PROGRAMS

Pradeep Bhagavatula (1), BDS, MPH, MS; Qun Xiang (2), MS; Aniko Szabo (2), PhD; Frederick Eichmiller (3), DDS; Raymond Kuthy (4), DDS, MPH; Christopher Okunseri (1), BDS, MSc, MLS
Marquette University School of Dentistry, Milwaukee, WI (1)
Medical College of Wisconsin, Milwaukee, WI (2)
Delta Dental of Wisconsin, Stevens Point WI (3)
University of Iowa College of Dentistry, Iowa City (4)

Objective: We examined whether differences exist in the patterns of different types of dental procedures received by children enrolled in public (administered by HMOs) and private insurance plans (fee-for-service) living in inner-city and suburban Milwaukee.

Methods: We analyzed claims data for 0-18 year old children enrolled in Wisconsin Medicaid and Delta Dental Insurance (2002-2008). Children were categorized into 4 groups based on insurance carrier and zip code of residence into Inner-city Medicaid (ICM), Suburban Medicaid (SM), Inner-city Delta Dental (ICDD), and Suburban Delta-Dental (SDD) groups. Descriptive and multivariable analysis using Poisson generalized estimating equation modeling were performed to test for differences in the number of dental procedures provided to children in each category, after adjusting for age and year of treatment.

Results: Overall, 195, 270 and 384, 770 children were enrolled in Medicaid and Delta Dental, respectively. Approximately 21%, 38%, 50% and 68% of ICM, SM, ICDD and SDD children had at least one dental visit in a year, respectively. Compared to children in ICM group, children in the other three groups were significantly more likely to receive all dental procedures examined. For example, children in the SDD group had more than four times and eleven times as many diagnostic and preventive procedures, respectively, when compared to children in the ICM group.

Conclusions: Children enrolled in Delta Dental were more likely to have received preventive and diagnostic procedures and to have a dental visit when compared to Medicaid enrollees.

Source of Funding: Supported, IN PART, by a Grant from Faye McBeath Foundation, Milwaukee and by grant 1UL1RR031973 from the Clinical and Translational Science Award (CTSI) program of the National Center for Research Resources, National Institutes of Health

9. A COMPARISON OF DISPARITIES IN ACCESS TO PREVENTIVE DENTAL CARE AMONG CHILDREN IN THE UNITED STATES

Myra Rosen-Reynoso (1), EdM, PhD; Ngai Kwan (1), M.A.
University of Massachusetts, Boston, MA (1)

Objectives: We sought to understand disparities in access to preventive dental care among US children considering variables such as age, race/ethnicity, insurance and socioeconomic status.

Methods: Cross-sectional data from the National Survey of Children's Health (2007) were analyzed (N= 73,448,305). Crosstabs and multiple logistic regression analysis were used.

Results: Hispanic children were more likely than any other group to have not received preventive dental care in the past year. Children who lacked dental insurance and whose families lived under the poverty threshold were less likely to have received preventive care. Non-Hispanic White children had the highest rates of preventive dental care. However, overall, children with special health care needs had better access to preventive dental care.

Conclusions: Disparities in access to preventive dental care are evident by race/ethnicity, insurance and socioeconomic status. Our study adds new information regarding the access to preventive dental care needs for children of diverse racial/ethnic backgrounds.

Source of Funding: Maternal and Child Health Bureau

10. NON-PATIENT FACTORS ASSOCIATED WITH NONTRAUMATIC DENTAL CONDITION VISITS TO EMERGENCY DEPARTMENTS: A NATIONAL PERSPECTIVE

Christopher Okunseri (1), BDS, MSc, MLS, FFDRCSI; Elaye Okunseri (1), BL, MBA, MSHR; Qun Xiang (2), MS; Aniko Szabo (2), PhD
Marquette University School of Dentistry, Milwaukee, WI (1)
Division of Biostatistics, Institute for Health and Society, Medical College of Wisconsin, Milwaukee, WI (2)

Objective: We examined non-patient factors associated with receiving prescriptions for medication for nontraumatic dental conditions (NTDCs) in emergency departments (EDs) in the United States.

Methods: We analyzed data from the National Hospital Ambulatory Medical Care survey (NHAMCS-ED) from 1997 to 2007. We performed descriptive statistics and used a multivariate multinomial logistic regression to examine the odds of receiving a prescription in an ED for an NTDC visit. All analyses were adjusted for the survey design and patient-level factors.

Results: Of the estimated 16.4 million NTDC visits to emergency departments within the study period, 41% occurred in the Southern part of the United States, 71% in voluntary non-profit emergency hospitals, and care was provided by a medical doctor (MD) in 84% of these visits. MDs prescribed medication in 88% of NTDC visits. Reported pain level was a significant predictor of receiving a prescription for medication for NTDC visits: in NTDC visits where severe pain was reported, medications were prescribed 94% of the time. In terms of non-
patient factors, ED ownership and region were not associated with receiving prescriptions for medication in EDs for NTDCs. Compared to MDs, other ED providers were significantly less likely to prescribe medication for NTDC visits.

Conclusions: Nationally, reported pain level was significantly associated with receiving medication for NTDCs in EDs, and a high proportion of NTDC visits were in the south and in voluntary non-profit EDs. ED ownership and region were not associated with receiving a prescription for medication in an ED for NTDCs.

Source of Funding: The project was supported by grant #1R15 DE021196-01 from the National Institute of Dental & Craniofacial Research, a division of the National Institute of Health.

11. DEMONSTRATION OF A DENTAL ROUNDS MODEL IN DENTAL PUBLIC HEALTH

Savannah Smolinski (1); Joon-Jae Park (1); Adam Pasono (1); Bradley Wurm (1); Christopher Dix (1), DDS; Fred Sutkiewicz (1), PhD; Christopher Okunseri (1), BDS, MSc

Marquette University School of Dentistry, Milwaukee, WI (1)

Objective: To adapt a medical rounds model that integrates students’ knowledge of basic sciences and evidence-based care into dental public health (DPH) practice.

Method: Students at Marquette University School of Dentistry are placed in vertical teams of four students, one from each year. The students use a clinical case to extract possible dental public health implication for population-based care. Working with the group leader and specialist, students are assigned specific responsibilities that match the curricular content they are actively engaged in at the time. The D4 is responsible for selecting the case and clinical/DPH question; the D3 is responsible for researching an evidence-based PICO (Problem-Intervention-Comparison-Outcome) question; the D2 is assigned a dental service utilization question; while the D1 presents on a basic science issue related to DPH aspect of the case.

Results: The D4 student generated the following DPH question: Is water fluoridation effective in reducing dental caries in children? The D3 student then created a PICO format: P=Children with Medicaid, I= Water Fluoridation, C= Non-Fluoridated Water, O= Dental Caries. The D1 question (What is access to care?) and D2 question (What is Medicaid?) provided rounds attendees with foundational knowledge relevant to the DPH question. Students provided a written and oral presentation of material to peers and faculty and were able to answer key questions during discussion.

Conclusions: The Dental Rounds Model approach represents an innovative model which allows students to engage in active learning by weighing evidence from primary sources to answer key questions related to dental public health.

Source of Funding: None

12. THE IMPACT OF CUTS TO ADULT MEDICAID DENTAL BENEFITS ON THE ORAL HEALTH SAFETY-NET WORKFORCE IN CALIFORNIA

Cynthia Wides (1), MA; Sonia Rab-Alam (1), MPH; Tsai Carrie (1), DMD, MPH; Elizabeth Mertz (1), PhD, MA

UCSF, San Francisco, CA (1)

Objectives: In July 2009, California eliminated funding for most adult non-emergency Medicaid dental benefits (Denti-Cal), followed by a 10% provider rate cut in 2011. This study assesses the impacts of the Denti-Cal cuts on the oral health safety-net workforce.

Method: The study is a qualitative inquiry into changes in utilization, finances, and operations at the organizational level and the impacts of these changes on the workforce. Study sites included public health clinics, community health center dental clinics, dental schools, Native American health clinics, and private providers. Data were collected through eleven telephone interviews, three site visits, and a short administrative data form and were analyzed using thematic coding in Atlas.ti. Inclusion criteria required that interviewees’ tenure at their site pre-date the cuts in 2009.

Results: The cuts have resulted in significant changes to Medicaid-eligible adults’ utilization of dental care and to safety-net clinic finances, operations, ability to refer, and use of ancillary dental businesses. Safety net providers report a decrease in utilization by formerly Denti-Cal-eligible adults who now primarily seek emergency services. Providers have reduced staffing and shifted their focus to pediatric and privately-insured patients. Children’s service utilization is increasing, an important trend given the dental benefit expansion and mandate in 2014.

Conclusions: The Denti-Cal cuts have resulted in significant job losses throughout the safety-net workforce. The outcome is the effective dismantling of the oral health care safety-net system that had been in place for 40 years in California.

Source of Funding: California Department of Public Health & National Institute of Dental & Craniofacial Research Award # P30DE020752.

13. A METHODOLOGY FOR EVALUATING THE IMPACT OF DENTAL THERAPISTS AND ADVANCED DENTAL THERAPISTS IN MINNESOTA

Leslie Nordgren (1), PhD, MPH, RDH; Merry Jo Thoele (1), RDH, MPH

Minnesota Department of Health, St. Paul, MN (1)

Objectives: To describe the evaluation methodology planned for measuring the impact of dental therapists and advanced dental therapists on the delivery of care and access to dental services as required by Minnesota law.

Methods: The process for evaluating the impact of dental therapists and advanced dental therapists in terms of patient safety, cost-effectiveness, and access to dental services will be described. The process will focus on the following outcome measures: the number of new patients served; reduction in waiting times for needed services; decreased travel time for patients; impact of emergency room usage for dental care; and costs to the public health care system.

Results: All new patients treated by dental therapists and advanced dental therapists will be surveyed. Data collection will include the time it took to get an appointment with the dental therapist, how far the patient previously had to travel to an alternative dental clinic site, and the number of times they visited a hospital emergency room for non-traumatic oral health care. Data will be collected and reported from the Minnesota Department of Human Services pertinent to claims for patients with Minnesota Public Insurance Programs. The number of complaints to the Minnesota Board of Dentistry will be reported to describe patient safety.

Conclusions: Definitions are necessary for each variable to measure the impact of dental therapists and advanced dental therapists on access to and delivery of dental services.

Source of Funding: State of Minnesota
14. ADHERENCE OF PRIMARY CARE PHYSICIANS AND EXTENDERS TO ORAL HEALTH SCREENING AND REFERRAL GUIDELINES

Kelly Close (1), RDH, MHA; Larry Myers (2), DDS, MPH; Mark Casey (2), DDS, MPH; Rocio Quinonez (3), DMD, MS, MPH; Gary Rozier (4), DDS, MPH

Oral Health Section, Division of Public Health, NC Department of Health and Human Services, Raleigh, North Carolina (1)
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Departments of Pediatric Dentistry and Pediatrics, Schools of Dentistry and Medicine, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina (2)
Department of Health Policy and Management, Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina (3)

Objective: To determine oral health screening and referral practices of primary care physicians practicing in the North Carolina CHIPRA Quality Improvement (Part C) Initiative and their adherence to guidelines recommended by the American Academy of Pediatrics.

Methods: Primary care providers (n=72) in 10 pediatric practices were asked to complete a 93-item questionnaire. Vignettes presented screening results for an 18-month-old child with: no risks or caries (CASE 1); behavioral risk factors (CASE 2); and behavioral risks in combination with either white spot lesions (CASE 3) or untreated cavitated lesions (CASE 4). Respondents assigned a risk classification (low, moderate, high) to each case and specified referral recommendations assuming an adequate and inadequate workforce (refer to a dentist now; at 3 years but continue screening; at 3 years but continue screening and preventive services), yielding 3 measures of overall adherence for each case (risk classification, referral with or without adequate dentist supply).

Results: Fifty-two providers (72.2%) responded to the survey. Almost all providers (>96%) assigned the correct risk classification. A large percentage were not adherent to referral guidelines, but the percent increased after assuming an adequate supply of dentists versus an inadequate supply (CASE 1: 2% to 16%; CASE 2: 16% to 41%; CASE 3: 43% to 90%; CASE 4: 80% to 100%). Overall adherence was lowest for CASE 2 (3.9%) and highest for CASE 4 (78.4%).

Conclusions: Provider training and quality improvement initiatives need to address barriers to guideline adherence and focus on children at elevated risk or with incipient disease.

Source of Funding: This research was supported by Grant No. H47MC08654 from BMCH, HRSA.

15. PREDICTORS OF ALTERNATIVE PRACTICE PATTERNS OF DENTAL HYGIENISTS

Cynthia Wides (1), MA; Joanne Spetz (1), PhD; Elizabeth Mertz (1), PhD, MA
UCSF, San Francisco, CA (1)

Objectives: In California, Registered Dental Hygienists (RDH) may be employed in non-traditional settings (NTS) or they may gain additional licensure to practice independently as Registered Dental Hygienists in Alternative Practice (RDHAP). This study explores the personal, professional, and structural predictors of dental hygiene practice in NTS.

Method: A stratified random sample survey of licensed dental hygienists in California was conducted from October 2005 to January 2006, with a 73% response rate. The survey obtained data on demographics, education, practice characteristics and professional preferences and opinions. Characteristics of hygienists reporting paid employment in NTS were examined to find predictors of non-traditional practice. Odds ratios (ORs) and 95% confidence intervals (CIs) were computed using logistic regression.

Results: Paid employment in NTS for active, clinical dental hygienists (n=1,725) was positively significantly associated with being unmarried (OR=2.90), gaining job satisfaction from autonomy (OR=2.12), preferring to work in underserved areas (OR=2.00) or with other types of health care professionals (OR=3.00), and holding an alternative practice license (OR=4.20). Paid NTS employment was negatively associated with job satisfaction gained from advancement and professional growth within dental hygiene (OR=0.48).

Conclusions: Dental hygienists working in NTS have distinctive personal characteristics and motivations. Hygienists rarely have full independence in choosing their practice location. Those seeking work in alternative settings are constrained by licensure restrictions and available job opportunities in their communities. Expanding non-traditional opportunities for motivated individuals may expand access to preventive oral health care.

Source of Funding: Funding: National Institute of Dental & Craniofacial Research Award # P30DE020752.

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AAPHD Student Merit Awards Program

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

**First Place**
Vinodh Bhoopathi, BDS, MPH, DScD
Boston University Goldman School of Dental Medicine
Title: High costs and fewer healthy days gained in using an oral cancer adjunct compared to conventional oral examination
Sponsor: Dr. Ana Karina Mascarenhas

**Second Place**
Ismail Jolalso, BDS, MPH
NYS Dental Public Health Residency Program
Title: Does Fluoride In Drinking Water Delay Tooth Eruption?
Sponsor: Dr. Jayanth Kumar

**Third Place**
Uvoh Onoriobe, BDS, MPH
University of North Carolina at Chapel Hill
Title: Impacts of Enamel Fluorosis and Dental Caries on the Oral Health-Related Quality of Life of Children and Families in North Carolina
Sponsor: Dr. R Gary Rozier

**Honorable Mention**
Jacqueline Hom, DMD
University of North Carolina at Chapel Hill
Title: Oral Health Literacy and Knowledge Among First-time Pregnant Women
Sponsor: Dr. Jessica Y. Lee

Mohamed Bamashmous, BDS, DScD
Boston University Goldman School of Dental Medicine
Title: School Lunch Program Status a Marker for High Risk Caries?
Sponsor: Dr. Ana Karina Mascarenhas

**Predoctoral Dental Student Merit Award for Outstanding Achievement in Community Dentistry**

**First Place**
Tesha Grangaard, Noor Khaki & Megan Willis
Oregon Health & Science University School of Dentistry
Title: Comparative Study of Oral Health of Rural Children in the Khumbu Valley, Nepal
Sponsor: Dr. Eli Schwarz

**Second Place**
Colleen Greene
Harvard School of Dental Medicine
Title: Enhancing the Dental Safety Net
Sponsor: Dr. Mary Tavares

**Third Place**
Jennifer Logigian
A.T. Still University, Arizona School of Dentistry & Oral Health
Title: Dental Public Health Education in the US And UK: A Comparative Analysis of the Ways in Which Dental Public Health is Being Incorporated into The Curriculum at Two Dental Schools
Sponsor: Dr. Jack Dillenberg

**Honorable Mention**
Patricia McClory
Harvard School of Dental Medicine
Title: Waiting for Oral Health: Oral Health Education in the Setting of Pediatric Primary Care Waiting Areas
Sponsor: Dr. Elsbeth Kalenderian

Elif Aksoylu, A.T. Still University, Arizona School of Dentistry & Oral Health
Title: Pan American Health Organization Summer 2011 Internship: Integrated Oral Disease Prevention and Management Modules
Sponsor: Dr. Jack Dillenberg

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

**First Place**
Jennifer Cullen
University of Michigan Dental Hygiene Program
Title: Oral Health Promotion Program for Alzheimer’s Care Facility
Sponsor: Professor Anne Gwozdek

**Second Place**
Ashley Copus & Julia Johnson,
University of Michigan Dental Hygiene Program
Title: Diabetes and Periodontal Disease Education at the Federal Correctional Institution in Milan, MI
Sponsor: Anne Gwozdek

**Third Place**
Kimberly Newman
Northern Arizona University
Title: Public Health Project: Prevention and Education of Early Childhood Caries Using Teledentistry
Sponsor: Maxine Janis

**Honorable Mention**
Amanda Kimball & Alison Van Vleck
Old Dominion University School of Dental Hygiene
Title: Fighting Oral Disease in Six Weeks
Sponsor: Sharon C. Stull
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