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

For more information, visit:
www.nationaloralhealthconference.com
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 ten Herschel S. Horowitz Scholarships and will be accepting applications for its 6th Small Grant.

Special thanks to our founding members and 2014 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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2015 Herschel S. Horowitz Scholarship
Application Deadline: November 15, 2015 for the scholarship to be awarded for the Fall 2016 semester

2015 Small Grant
Application Deadline: November 15, 2015

AAPHD Foundation
2014 Contributions by Fund:

<table>
<thead>
<tr>
<th>Fund</th>
<th>Amount</th>
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<tr>
<td>Doherty Student Chapter Fund</td>
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<tr>
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<td>Lotzkar (ABDPH) Fund</td>
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<td><strong>Total</strong></td>
<td><strong>$31,350</strong></td>
</tr>
</tbody>
</table>

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 2015 Program Planning Committee

- Mary Altenberg, MS, CHES
- David Cappelli, DMD, MPH, PhD
- Julie Frantsve-Hawley, RDH, PhD
- Bev Isman, RDH, MPH, ELS
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- Kimberly Yineman, RDH, BA

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Welcome to Kansas City and the 16th joint National Oral Health Conference, the joint meeting of the Association of State and Territorial Dental Directors (ASTDD) and the American Association of Public Health Dentistry (AAPHD) and the premier meeting of dental public health. I want to thank everyone who participated in our conference planning especially the members of ASTDD and AAPHD who served as volunteers on the Planning Committee.

Our keynotes and the concurrent sessions offer a wide array of topics addressing areas of interest to our members and up to date information about the rapidly changing health care environment. This meeting also offers an important networking opportunity and a time to renew our shared commitment to dental public health and to improving the oral health of all.

Please join us for our opening reception Sunday night, sponsored by Medical Products Laboratories, and for our Tuesday evening dinner and networking event, sponsored by Aseptico, where you can enjoy Kansas City hospitality.

This year we are continuing the AAPHD Plenary on Monday morning, Celebrating 70 Years of Water Fluoridation and Implementation of New National Water Fluoridation Recommendations. I encourage all to join us and to submit suggestions for future topics for this new AAPHD event at the NOHC.

I want to thank the American Board of Dental Public Health for once again convening a symposium on Tuesday morning.

I encourage you to participate in the Roundtable sessions on Monday and Tuesday featuring various national organizations and topics. This is a great way to have informal discussions in small group settings and to meet and reconnect with others who have common goals and synergistic experiences.

Our Annual Business Meeting on Tuesday afternoon will be an opportunity to discuss and plan for our continued growth and strength after the past few years of turmoil and change. Please join us and make sure that your input and aspirations can be heard.

I also appreciate the many contributions from partner organizations toward conference planning and program implementation, including the DentaQuest Foundation and American Dental Association. I also welcome and extend my deep appreciation for the corporate exhibitors who support this conference. Your innovative product and service solutions are wonders of ingenuity and I encourage attendees to visit our exhibitors.

Please join me in again welcoming the student members of our more than 20 Student Chapters. The input of our new members and their new ideas will help our organization to prosper in the 21st Century.

Thank you all for attending the conference. I hope you have a very productive, informative and enjoyable experience.

Michael P. Monopoli, DMD, MPH, MS
President, AAPHD
Welcome to Kansas City for the 2015 National Oral Health Conference (NOHC)! Kansas City is known as the City of Fountains. The many beautiful fountains make me think (along with water fluoridation) of tossing a penny in for a wish. My wish for the week is that we all have an enjoyable and educational time and go home with new ideas, new friends and a renewed desire to make a difference.

Two dental public health professional associations, the American Association of Public Health Dentistry (AAPHD) and the Association of State and Territorial Dental Directors (ASTDD), have come together to co-host this 16th annual joint meeting. We have planned and prepared an amazing schedule of plenary sessions, workshops, seminars and oral paper presentations.

There are more than 800 dentists, dental hygienists and others interested in oral health and public health joining you at this premier meeting for dental public health. You will be gathering together to learn what’s new in the areas of dental public health research, policy, programs, education and community-based care. I encourage you to take advantage of as many sessions as possible, and to network with other oral health professionals at roundtable lunches and poster sessions.

Of course, don’t forget to have some fun. Enjoy a barbeque with old friends, find time to trade ideas with new friends, or maybe even enjoy some of the vibrant culture and shopping that Kansas City has to offer. Our host hotel, the Sheraton Kansas City Hotel at Crown Center, is near downtown and right in the center of a lot of action. Crown Center boasts 85 acres of shopping, dining and entertainment – all within blocks of our hotel. I would like to thank the meeting organizers and planning committees who make the NOHC the exceptional event that it is. They have been hard at work ever since last year’s conference ended, preparing to provide us with an overflow of engaging and informative sessions. As always, ASTDD would like to thank our very important organizational and corporate partners and exhibitors who bring support and new ideas to our conference through their participation. Please be sure to visit with the exhibitors during the conference and learn what they have to offer.

On behalf of ASTDD, I welcome you all to Kansas City and the 2015 NOHC. I invite you to jump right in and splash around in the fountain of knowledge. Hopefully you will come away with a bucket full of information and ideas that you can share in your states and communities.

I will toss another penny and share another wish. My wish is that each of you find good health and happiness, and that you are inspired to share your skills and wisdom as you work to provide the best policies, programs and care for your citizens and patients.

Kimberlie Yineman
Kimberlie Yineman, RDH, BA
President, ASTDD
of averted cavities and program costs. During the last part of this session, attendees and presenters will discuss how findings can be used. Learning Objectives:

1. Describe how to estimate school sealant program impact and costs with minimal data.
2. Discuss how to interpret findings on averted cavities and costs.
3. Discuss innovative strategies that school sealant programs can use in applying their findings.

Sponsored by ASTDD and CDC

1:30 p.m. – 3:30 p.m. ................................................................. Van Horn C
AACDP Executive Board Meeting

3:00 p.m. – 4:30 p.m. ................................................................. Chicago B-C
State Oral Health Data and HP 2020 Targets - CDE 1.5
Pre-registration required. Attendance is limited to 70 attendees. Registration Fee: $45.00

Mel Lin, MD, MSc; Kathy Philips, DrPh; Merry Jo Thoele, MPH, RDH
This session will include brief presentations from speakers with CDC, ASTDD and a state along with interactive audience participation. The discussion will include: 1) statistical and practical considerations in comparing state oral health indicator estimates with HP2020 targets; 2) differences in select oral health indicator estimates between state and national data sources; and 3) state experiences and challenges in integrating national objectives into state oral health plans. The session will also include a hands-on activity where participants can choose indicators for comparison, identify potential issues with the comparison, and describe how they would communicate challenges and justify methods used to set targets for their states.

Learning Objectives:

1. Discuss statistical and practical considerations in comparing state oral health indicator estimates with HP2020 targets.
2. Identify differences in select oral health indicator estimates between state and national data sources.
3. Share state experience and challenges in integrating national objectives into state oral health plans.

Sponsored by ASTDD and CDC

4:00 p.m. – 6:00 p.m. ................................................................. Chouteau B
AACDP Nuts & Bolts - CDE 2.0
CE for the AACDP Symposium is provided by The Missouri Dental Hygiene Association. Pre-registration required. Registration Fee: $50.00

Michael Helgeson, DDS; Michelle Gross-Panico, RDH, MA, DHSc; Antoinette Kahan, RDH, BA, RDA, CDA
The Nuts and Bolts of Programs that Work, will feature three programs that have met the challenges of providing comprehensive oral health care to specific populations with mobile dental clinics, telodontistry, school linked programs and use of alternate workforce. The panel will address specific questions on the strategies they use to overcome common barriers and the audience will be encouraged to participate in defining problems and solutions. See www.aacdp.com for program agenda.

6:00 p.m. – 7:00 p.m. ................................................................. Van Horn A-B
ASTDD/AACDP Member Reception
Meet and greet state and local health department staff and other community-based program personnel from across the country.
SUNDAY, APRIL 26

7:15 a.m. – 8:00 a.m. ................................................................. Empire B-C
AACDP Continental Breakfast

7:15 a.m. – 5:30 p.m. ................................................................. Empire B-C
AACDP Annual Symposium - CDE 8.0
CE for the AACDP Symposium is provided by The Missouri Dental Hygiene Association. Pre-registration required. Registration Fee: $155.00 - Fee includes session, continental breakfast and roundtable luncheon.
Christie Appelhanz; Ann Hoffman, RDH; RADM Nicholas S. Makrides, DMD, MA, MPH; Renee Joskow, DDS, MPH; Laurie Norris, JD; Erin Major, RDH; Deborah Poerio, APRN, MS, FNP-C; Sarah Wovcha, JD, MPH; Ted Suh, MD, PhD, MHS; David Jordan; Charles C Haynie, MD; Kathryn Phillips, MPH; Amit Acharya, BDS, MS, PhD
Sunday sessions will include state governmental officials sharing oral health efforts in Kansas and Missouri, a panel of oral health program directors sharing best practice tips, a panel of HRSA project grantees that have incorporated comprehensive oral health services into school-based health care, a physician who has successfully responded to an attack on community water fluoridation, and a panel of federal government officials who will provide an update of activities impacting community-based programs.
Speakers will also address efforts to integrate oral health care and medical care, educational standards for and the use of mid-level dental providers in various states, oral health care for seniors and efforts to incorporate oral health into primary care medical homes. The symposium will include lunchtime roundtable sessions to provide attendees an opportunity to meet and interact with experts on a variety of timely topics. See www.aacdp.com for a draft program agenda.

7:30 a.m. – 1:30 p.m. ................................................................. Van Horn C
AAPHD Board of Directors Meeting

8:00 a.m. – 9:30 a.m. ................................................................. Chicago A
Estimating Costs and Impact of School Sealant Programs Using Minimal Data - CDE 1.5
Pre-registration required. Attendance is limited to 25 attendees.
Registration Fee: $45.00
Susan O Griffin, PhD; Shilpa Navaaol, BDS, MPH, MS; Dawn M Arlotta, MPH, CHES
PURPOSE & GOALS: Provide school sealant (SS) coordinators with tools to demonstrate that their school-based sealant programs (SSP) are a good investment of public health dollars. After attending this session, SS coordinators will be able to use these tools to determine the cost effectiveness of their program using minimal data. Additionally they will be able to evaluate their SSP costs using default and program specific data on various resources categories. We will use Microsoft Excel software to demonstrate both tools.
CONTENT: Attendees will need to bring their own laptop to the session with the Excel programs downloaded to their hard drive. During the session, they will input the sample data into these programs and generate estimates of averted cavities and program costs. During the last part of this session, attendees and presenters will discuss how findings can be used.
Learning Objectives:
1. Describe how to estimate school sealant program impact and costs with minimal data.
2. Discuss how to interpret findings on averted cavities and costs.
3. Discuss innovative strategies that school sealant programs can use in applying their findings.
Sponsored by ASTDD and CDC

8:00 a.m. – 11:30 a.m. ................................................................. Chouteau B
Sustaining Programs and Improved Outcomes - CDE 3.5
Pre-Registration is required. Attendance is limited to 50 attendees.
Registration fee is $75.00.
Scott Thomas, PhD
This workshop will focus on how to sustain quality improvements and programs that support oral health. The premise of the sustainability framework that will be presented is that sustainability should be approached with the same attention and focus as project design, planning, implementation, and evaluation. This framework utilizes twelve factors that have the potential to significantly increase the sustainability of an improved quality outcome or program. These factors include such items as Perceived Value, Monitoring and Feedback, Leadership, Shared Models, Organizational Infrastructure and seven others. The framework emphasizes that oftentimes just strengthening two or three of these factors can improve the sustainability of an improved outcome or program and that there is no need to work on all twelve factors to make a positive impact.
Learning Objectives:
1. Explain the concepts related to sustainability.
2. Describe 12 sustainability factors.
3. Apply three sustainability factors to a current project (group activity).
4. Write the sustainability section in grants.
5. Use assessment and planning worksheets.
Sponsored by ASTDD

8:00 a.m. – 11:45 a.m. ................................................................. Van Horn A-B
ASTDD Board of Directors Meeting

8:00 a.m. – 6:00 p.m. ................................................................. Benton B
National Network for Perinatal Oral Health (invitation only)

8:30 a.m. – 12:30 p.m. ................................................................. Benton A
ABD PH Board Meeting

10:00 a.m. – 11:30 a.m. ................................................................. Empire A
Mobilizing Locally for Oral Health: Tools and Tactics for Creating Change - CDE 1.5
Pre-registration required. Attendance is limited to 40 attendees.
Registration Fee: $45.00
Stephen Jennings, BA, MS; Hiroko Iida, DDS, MPH
After a long, divisive battle over community water fluoridation, oral health advocates in rural Jefferson County, N.Y. could easily have felt content to have preserved fluoridation of the county’s largest water system. Instead, local stakeholders viewed the experience as a wakeup call and formed a broad coalition to develop a plan for strengthening oral health prevention efforts targeting the ECC (ages 0-5) population. National and state organizations have teamed up to facilitate the coalition’s work, developing various tools that could benefit other local oral health advocates. This session will explore the coalition’s objectives and the strategies they have used to identify potential allies and put a face on the issue of oral health. Through interactive exercises, participants will be able to use some of the same tools that were developed for Jefferson County.
Learning Objectives:
1. Learn how a crisis can serve as the critical catalyst for building a diverse coalition to make oral health a community priority.
2. Recognize the role that data can play in documenting the community’s oral health challenges.
3. Give participants an opportunity to use tools and assess their value for local organizing and engagement around oral health.
Sponsored by ASTDD and CDHP
11:45 a.m. – 1:30 p.m.  Atlanta
AACDP Lunch with the Bunch

12:00 p.m. – 4:30 p.m.  Chicago B-C
ASTDD Member Lunch, Annual Business Meeting and Member Sharing

1:30 p.m. – 5:30 p.m.  Chicago A
ANOHC Annual Meeting

2:00 p.m. – 5:00 p.m.  Van Horn A-B
DPH Program Directors Meeting

6:00 p.m. – 8:00 p.m.  Terrace & Grand Ballroom Pre-Function
Opening Reception

Always a “fan favorite,” the NOHC Opening Reception is a must every year. You don’t want to miss this first opportunity to see old friends and meet new colleagues. Networking, food, drink, good conversation and YOU are the highlight of the evening.

Sponsored in part by our friends at Medical Products Laboratories, Inc.

**Continuing Education**

The American Association of Public Health Dentistry is an ADA CERP Recognized Provider.

The 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/cerp.

This continuing education activity has been planned and implemented in accordance with the standards of the ADA Continuing Education Recognition Program (ADA CERP) through joint efforts between the American Association of Public Health Dentistry and the Association of State and Territorial Dental Directors.

Conference participants can earn up to 23 continuing education hours, with additional hours granted for pre-conference sessions.

To receive continuing education credit, participants must check in at the conference, attend the sessions, and complete the required evaluation forms. Participants submitting required evaluation forms will receive verification stating credits earned upon completion of all requirements as instructed by each accrediting institution. The formal continuing education programs of this program provider are accepted by the Academy of General Dentistry for Fellowship/Mastership credit.

The current term of acceptance extends from 11/1/2014 through 12/31/2018. Provider ID# 214686

**Disclosure**

All participating faculty, planners and providers are expected to disclose to the conference planners and 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.
YOUR OPINION COUNTS!

Although it is not required we encourage all attendees to complete an Overall Conference Evaluation. Your feedback will assist us in planning for future conferences.

To complete an Overall Conference Evaluation simply go to www.ceevaluations.net The initial screen should prompt you to enter your CDE# and last name as listed on your name badge. Simply click the “Proceed to Overall Evaluation.” When finished, click the “Save/Logout” button.

We appreciate your participation!
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Dr. Harold G. Stone was born in Russia and immigrated to the United States at age five. He was raised in Harrisburg PA, attended Case University in Ohio and graduated Temple University’s School of Podiatry in Philadelphia PA. Post-graduation he moved back to Harrisburg and created a successful practice as a surgeon Podiatrist. He used his pharmacology background to begin formulating his own remedies under the name Medical Products Laboratories (MPL). His love of horses led him to volunteer with the Harrisburg mounted police where he developed medicaments to ease the horses’ pain from saddle sores and cracked hoofs. Most of the products he invented were born from necessity.  

As an example, one night he cut himself shaving and soon after, developed one of the first styptic pencils. This continued until 1947 when he gave up his practice in Harrisburg and with his wife (Sylvia) and their two year old son (Elliot) moved to the booming city of Philadelphia to start a new practice.

In the summer of 1956 during a routine trip to the dentist’s office, Dr. Stone’s gum was accidentally cut and it started to bleed. Unfortunately, dentists of the era did not have any treatment so he went home and was able to create a solution to stop the bleeding in the mouth. The next day he returned to the dentist, bringing with him his new solution for the dentist to try on his next patient, and overnight the first hemostatic solution was born. Not having any significant means or marketing experience, Dr. Stone turned to a friend who introduced him to a dental distributor which became an outlet for many of his inventions that are still on the market today!

Dr. Stone’s reputation for being a manufacturer of quality dental products was growing and in 1960 he received a call from Alice and Hershel Horowitz asking if he could put a pre-measured dose of sodium fluoride powder in a sealed plastic pouch. Dr. Stone and Elliot, who was now involved full time in MPL, made a visit to the NIDR in Bethesda MD where together with the Horowitz’ s they initiated the NaFrinse school-based rinse program. The program was slowly rolled out to many schools throughout the United States helping children in need throughout the entire country.

Both Harold Stone and the Horowitz’s dream and mission was to supply fluoride treatments to the underprivileged, poor, and indigent children who desperately needed dental care. While the fluoride program was primarily focused in non-fluoridated areas throughout the country, all children who needed dental care were invited to participate. Public health and methods to prevent and treat dental decay were always a concern and a priority to Dr. Stone. He continually offered to provide product at no charge to children who could not afford the fluoride rinse or program. This policy still continues to this day. Dr. Stone’s generosity has helped countless children improve their dental health throughout these many years and his ability to speak directly with school personnel, nurses, dentists, school teachers and other dental health care providers as well as personally attending public health conventions to spread his “message” has made expanding these programs not only possible but has achieved major success.

As technology improved, in the early 1980’s Elliot developed more efficient packaging options for the program including a pre-filled liquid unit dose cup so the teacher or school nurse would not have to mix any solution in the classroom. The next major advancement came in 2003 with MPL’s launch of VarnishAmerica. The first generation product was a colophony based, 5% sodium fluoride varnish which took the place of the weekly dosage of rinse programs to only twice per year. This “brush-on” product revolutionized the application process.

Today, VarnishAmerica is available in both natural and white shades, 0.25 and 0.4mL, 32 and 200ct boxes and a variety of flavors. MPL is currently expecting to launch their 4th generation varnish trademarked UltraFluor sometime towards the end of 2014. This new formula boasts the highest fluoride release/uptake of any varnish MPL has manufactured to date.

Elliot is President/CEO of MPL, however, mostly all daily operations are currently being run by his two sons, Scot and Steven Stone who maintain the title of Senior Vice Presidents. After almost 30 years of service, Gerry Beverley has retired from MPL’s Director of Public Health and we are pleased to welcome Peggy Kelly into this position. Although Dr. Stone has passed (February 24, 1997), his philosophy of creating and distributing high quality, affordable products has been instilled in the generations. MPL strives to offer all of their products at the lowest cost possible and often has special pricing for its public health customers.

All MPL products can be found at http://www.mplusa.com/public-health. For more information please contact Peggy Kelly at 800-523-0191 ext. 126.

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<td>VarnishAmerica</td>
<td>$0.75/dose (Available in 0.4/0.25mL and 32/200ct boxes)</td>
</tr>
<tr>
<td>Seal America</td>
<td>$52.00/kit (Light cure and self cure available)</td>
</tr>
<tr>
<td>NaFrinse Kits</td>
<td>$80.85 per kit (Supplies for 75 children for 32 weeks)</td>
</tr>
<tr>
<td>NaFrinse Unit Dose</td>
<td>$20.60 per case (288 doses per case)</td>
</tr>
<tr>
<td>Fluoride Tablets</td>
<td>$47.80 per 5,000ct bottles (Also available in 120ct bottles)</td>
</tr>
<tr>
<td>Fluoride Drops</td>
<td>$41.00 per case (12 X 1oz. bottles per case)</td>
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MONDAY, APRIL 27
7:00 a.m. – 8:00 a.m. Continental Breakfast with Exhibitors ................................................................. Exhibit Hall A
8:00 a.m. – 9:45 a.m. Opening Ceremony, Welcome and Keynote Presentation - CDE 1.5 .................................................. Exhibit Hall B
  ■ ‘And the Band Played On’: How Public Health Responds to Emerging Diseases
9:45 a.m. – 10:00 a.m. Break with Exhibitors ......................................................................................... Exhibit Hall A
10:00 a.m. – 11:30 a.m. AAPHD Opening Plenary - CDE 1.5 ................................................................. Exhibit Hall B
  ■ Celebrating 70 Years of Water Fluoridation and Implementation of New National Water Fluoridation Recommendations
11:30 a.m. – 12:00 p.m. AAPHD/AACDP Awards Presentation ................................................................. Exhibit Hall B
12:00 p.m. – 12:15 p.m. Break with Exhibitors ......................................................................................... Exhibit Hall A
12:15 p.m. – 2:15 p.m. Roundtable Luncheon - CDE 1.5 ................................................................. Gillham Hall
  ■ Exhibits open ........................................................................................................................................ Exhibit Hall A
  ■ AAPHD Student Chapter Session ................................................................................................. Atlanta A
  ■ Posters open for viewing only .................................................................................................... Exhibit Hall A
2:15 p.m. – 2:30 p.m. Break with Exhibitors ......................................................................................... Exhibit Hall A
2:30 p.m. – 4:00 p.m. Plenary Session - CDE 1.5 ........................................................................ Exhibit Hall B
  ■ Putting Teeth into Health Reform: What We Know So Far About the ACA’s Impact on America’s Oral Health
4:00 p.m. – 6:00 p.m. Poster Session - CDE 2.0 ......................................................................................... Exhibit Hall A
4:00 p.m. – 6:00 p.m. Exhibit Hall Open ................................................................................................. Exhibit Hall A
4:30 p.m. – 6:00 p.m. State Performance on Sealant Access: Progress Made, Problems Remain - CDE 1.5 .................................................. San Francisco
5:00 p.m. – 6:00 p.m. CDC Water Fluoridation Update - CDE 1.0 .............................................................. Benton
5:00 p.m. – 6:30 p.m. ABDPH Future Exam Orientation ........................................................................ Fremont
5:30 p.m. – 6:30 p.m. ADHA Networking Reception ............................................................................. Atlanta
6:00 p.m. Dinner on your own
6:00 p.m. – 10:00 p.m. ABDPH Diplomates Dinner & Meeting (By Invitation Only) ......................... Chouteau B
6:30 p.m. – 9:00 p.m. ANOHC Member Dinner (By Invitation Only) ...................................................... Chicago

TUESDAY, APRIL 28
7:00 a.m. – 8:30 a.m. Continental Breakfast with Exhibitors ................................................................. Exhibit Hall A
7:00 a.m. – 8:00 a.m. AACDP Annual Business Meeting ................................................................. Empire B-C
8:30 a.m. – 10:00 a.m. ABDPH Symposium - CDE 1.5 ........................................................................ Exhibit Hall B
  ■ The Crossroads Between Genetics Determinism and Environmental and Social Variation: How Current Developments on Genetics Affect Public Health Practice
10:00 a.m. – 10:15 a.m. Break with Exhibitors ......................................................................................... Exhibit Hall A
10:15 a.m. – 10:45 a.m. ASTDD Awards Presentation ........................................................................ Exhibit Hall B
10:45 a.m. – 11:00 a.m. Break with Exhibitors ......................................................................................... Exhibit Hall A
11:00 a.m. – 12:30 p.m. Concurrent Sessions - CDE 1.5
  ■ Evidence-Based Strategies for Improving Older Adult Oral Health .................................................. Atlanta
  ■ Smart Mouths Smart Kids: a Sustainable Model of School-linked Oral Health Care .................................................. New York
  ■ Fluoride: Policy to Practice in a Changing Environment ................................................................ San Francisco
  ■ Developing Competencies and Curriculum in Dental Public Health for Dental and Dental Hygiene Students .................................................. Chicago
12:30 p.m. – 2:00 p.m. National Organization Roundtable Luncheon – CDE 1.0 ........................................ Gillham Hall
12:30 p.m. – 2:00 p.m. Exhibit Hall Open ................................................................................................. Exhibit Hall A
**TUESDAY, APRIL 28 CONTINUED**

2:00 p.m. – 3:30 p.m.  Concurrence Sessions - CDE 1.5
- Fostering Coordination with Chronic Disease Programs ........................................ Atlanta
- Accuracy versus Advocacy: Pros and Cons of Online Strategies for Fluoridation .......................................................... New York
- Innovations in Integrated Service Delivery for Pre-School Age Children: Improving Performance in Safety Net Clinics .................. San Francisco
- Social Media Matters: Making Oral Health Part of the Conversation .......................................................... Chicago

3:30 p.m. – 5:00 p.m.  Exhibit Hall Open .................................................................................................................. Exhibit Hall A
3:30 p.m. – 5:30 p.m.  AAPHD Annual Business Meeting .................................................................................. Exhibit Hall B
6:00 p.m. – 10:30 p.m.  Tuesday Evening Dinner and Networking Event at Crown Center Square

*Sponsored in part by our friends at Aseptico*

**WEDNESDAY, APRIL 29**

7:00 a.m. – 8:00 a.m.  Continental Breakfast with Exhibitors .................................................................................. Exhibit Hall A
7:00 a.m. – 8:00 a.m.  ASTDD BOD Meeting .............................................................................................................. Boardroom
8:00 a.m. – 9:30 a.m.  Concurrence Sessions - CDE 1.5
- School Partnerships: The Relationship Between Oral Health and Student Performance - Fact or Fiction? ............................. Atlanta
- Emergency Room Referral Models - Success Stories/Strategies ....................................................................................... New York
- Breakthrough Strategies for Preventing Early Childhood Caries .................................................................................. Empire
- Oral Presentations #1 .................................................................................................................................................. San Francisco

9:30 a.m. – 9:45 a.m.  Break ................................................................................................................................................. Grand Ballroom Pre-Function
9:45 a.m. – 11:15 a.m.  Predoctoral Dental Public Health Curriculum Workshop - CDE 4.5 ...................................................... Van Horn A-C
9:45 a.m. – 11:15 a.m.  Concurrence Sessions - CDE 1.5
- Arresting Caries in Children and Adults: Breaking News .................................................................................. Atlanta
- Integrating Oral Health and Primary Care Practice: Transforming Classrooms, Clinics and Care ................................. New York
- Setting Priorities, Securing Consensus: How State Coalitions Can Take the Next Step .................................................. San Francisco
- Oral Presentations #2 ................................................................................................................................................ Empire

11:15 a.m. – 11:30 a.m.  Break ................................................................................................................................................. Grand Ballroom Pre-Function
11:30 a.m. – 2:00 p.m.  Concurrence Sessions - CDE 1.5
- The Perinatal & Infant Oral Health National Initiative .................................................................................. New York
- Updates in Reducing Health Disparities: Healthy People 2020 Oral Health Objectives .................................................. Empire
- The Power of One—Advocacy and You .................................................................................................................. San Francisco
- Oral Presentations #3 ................................................................................................................................................ Atlanta

1:00 p.m. – 2:00 p.m.  Networking Luncheon ................................................................................................................. Gillham Hall
2:00 p.m. – 3:00 p.m.  Concurrence Sessions - CDE 1.0
- Latino Children’s Oral Health Opinion Research & Model Program ................................................................................ Atlanta
- Fluoridation Wins and Losses: Lessons Learned from the Pew Children’s Dental Campaign ................................................... New York
- ROHC TEAMS: How DentaQuest Foundation and Regional Oral Health Convening Teams are moving the Oral Health 2020 Plans forward .................................................................................. San Francisco
- State Oral Health Program Workforce Capacity Development .................................................................................. Empire

**SCHEDULE AT-A-GLANCE**

*The Meeting Rooms* ................................................................................................................................. Northrup and The Boardroom

*The Meeting Rooms* are small meeting rooms available Monday through Wednesday. Each is on a first-come, first-reserved basis. Northrup is set up for up to 12 board room style and is available from 8:00 am -11:59 pm on Thursday through Tuesday. The Boardroom is set up for up to 15 board room style and is available from 8:00 am - 5:00 pm on Wednesday. You must sign in to use the rooms. There will be sign up sheets outside each room. It can be reserved in half-hour increments for up to two hours. The room set cannot be changed.
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MONDAY, APRIL 27

7:00 a.m. – 8:00 a.m. .................................................. Exhibit Hall A
Continental Breakfast with Exhibitors

8:00 a.m. – 9:45 a.m. .................................................. Exhibit Hall B
Opening Ceremony, Welcome and Keynote Presentation
And the Band Played On: How Public Health Responds to
Emerging Diseases - CDE 1.5
Harold W Jaffe, MD, MA
Using the example of the first recognition of
HIV/AIDS as a new disease, this presentation
will explore the role of federal, state and local
public health components in recognizing,
understanding and controlling the disease. It will
also look at how the media impacts this process and the lessons
we can learn in dealing with current emerging pathogens. This
proven epidemiologic approach to disease prevention and control
is currently being used to address the Ebola, Enterovirus D68, MERS
and other outbreaks of infectious diseases impacting global health.

Learning Objectives:
1. Describe the role of public health in addressing emerging infectious
diseases.
2. Discuss the role media can play in communicating public health
information.
3. List some of the public health tools used in outbreak investigations

9:45 a.m. – 10:00 a.m. .................................................. Exhibit Hall A
Break with Exhibitors

10:00 a.m. – 11:30 a.m. .................................................. Exhibit Hall B
AAPHD Plenary Session - CDE 1.5
Celebrating 70 Years of Water Fluoridation and Implementation
of New National Water Fluoridation Recommendations
HHS Representative TBD; Katherine Weno, DDS, JD; Barbara Gooch,
DMD, MPH; Kathleen O’Loughlin, DDS, MPH
2015 marks the 70th anniversary of the beginning of water
fluoridation in the US This has been a remarkable public health
achievement that has markedly improved the oral health of the US
population. This session will review progress and accomplishments
over the past 70 years. The development and release of the HHS
recommendation for fluoride concentration in drinking water for
prevention of dental caries will be reviewed in context of the current
state and federal environment. The challenges and opportunities for
maintaining and expanding water fluoridation in the future will be
presented.

Learning Objectives:
1. Discuss the progress in the implementation water fluoridation as a
public health practice in the US
2. Discuss the role of state health departments in the progress of water
fluoridation as a public health practice in the US
3. Describe the national fluoridation recommendation.
4. Describe two challenges and opportunities for maintaining and
expanding water fluoridation in the US

Sponsored in part by ADI Mobile Health

11:30 a.m. – 12:00 p.m. .................................................. Exhibit Hall B
AAPHD/AACDP Awards Presentation

12:00 p.m. – 12:15 p.m. .................................................. Exhibit Hall A
Break with Exhibitors

12:15 p.m. – 2:15 p.m. .................................................. Gillham Hall
Roundtable Luncheon - CDE 1.5
For all registrants – Box lunch will be provided.
Pre-registration required.
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, abstracts and presenters will
be included in the conference registration packet. Participants will be
able to attend two roundtables during the 2-hour session.

Learning Objectives:
1. To discuss new ideas related to the promotion of oral health.
2. To evaluate specific approaches for improved oral health that may be
applicable for use in one’s work setting.
3. To formulate new ideas related to dental health disparities.

Sponsored in part by Sentry Dental Products

12:15 p.m. – 2:15 p.m. .................................................. Atlanta A
Student Chapter Meeting/Lunch

12:15 p.m. – 2:15 p.m. .................................................. Exhibit Hall A
Posters Open

2:15 p.m. – 2:30 p.m. .................................................. Exhibit Hall A
Break with Exhibitors
At the conclusion of this session, participants will be able to:

1. Summarize the impact of the ACA on access to dental care based on empirical evidence.
2. Describe opportunities where the ACA can be more fully leveraged to improve oral health in the future.
3. Suggest ways in which academia, advocacy groups and “boots on the ground” supporters can influence the ACA to improve oral health.

**Sponsored in part by Premier Dental Products Co.**

### CDC Water Fluoridation Update - CDE 1.0
**Kip Duchon, PE**
The CDC Water Fluoridation Program Update provides new information to state program staff on CDC data applications, training materials, and water fluoridation programs, focusing on engineering and implementation aspects of community water fluoridation. State dental directors, state and local level fluoridation specialists, and others involved in water fluoridation will benefit by attending this session.

**Learning Objectives:**
1. Describe updates and new developments in CDC’s data applications for Community Water Fluoridation.
2. Summarize and identify how to access training materials from CDC.
3. Explain the services and resources provided by the CDC Water Fluoridation Program and current issues.

### ABDPH Future Exam Orientation
5:30 p.m. – 6:30 p.m.  
**Atlanta ADHA Networking Reception**
1. NEW! **HDPE Diplomates Dinner & Meeting (By Invitation Only)**
2. **ANOHC Member Dinner (By Invitation Only)**
TUESDAY, APRIL 28

7:00 a.m. – 8:30 a.m. ....................................................... Exhibit Hall A
Continental Breakfast with Exhibitors

7:00 a.m. – 8:00 a.m. .......................................................... Empire B-C
AACDP Annual Business Meeting

8:30 a.m. – 10:00 a.m. ....................................................... Exhibit Hall B
ABDPH Symposium - CDE 1.5
The Crossroads Between Genetics Determinism and Environmental and Social Variation: How Current Developments on Genetics Affect Public Health Practice
Robert J Weyant, DMD, DrPH; Thomas C Hart, DDS, PhD; Muin Khoury, MD, PhD
This symposium will educate attendees on the current developments in genetics and the effects on dental public health practice and policies. The session will start with a presentation on the interrelationships of environmental and social factors on genetic determinism. The genetic basis for oral diseases such as dental caries, periodontal diseases and oral cancer will be presented and the ramifications of developments on genetic diagnostic testing for these diseases to the practice of dentistry. The setting of public health policies on prevention and treatment based on genetic-based risk assessments will be addressed.
Learning Objectives:
1. Participants will gain familiarity with genetic concepts as applied to oral diseases.
2. Participants will understand the limitations of genetic intervention in the diagnosis and treatment of diseases.
3. Participants will be able to identify the strengths and limitations of diagnostic tests of oral diseases based on genetic material.
4. Participants will learn examples of public health policies influenced by genetics.

Sponsored in part by DNTLworks Equipment Company

10:00 a.m. – 10:15 a.m. ....................................................... Exhibit Hall A
Break with Exhibitors

10:15 a.m. – 10:45 a.m. ....................................................... Exhibit Hall B
ASTDD Awards Presentation

10:45 a.m. – 11:00 a.m. ....................................................... Exhibit Hall A
Break with Exhibitors

11:00 a.m. – 12:30 p.m. ....................................................... Atlanta
Evidence-Based Strategies for Improving Older Adult Oral Health ............................... Mary E Wortsell, MPH; Beth Trueitt, BS; Paul Glassman, DDS, MSA, MBA
The percentage of the US population that are older adults (people aged 65 years or older) is expanding as people live longer and members of the baby-boom generation born 1946-1964 reach age 65. The need for dental services among older adults is increasing even more rapidly due to their retaining more of their natural dentition. Access to oral health services has not kept pace with the demand for services. Policy makers demand evidence-based programs and strategies to maximize investment and reach as many older adults as possible. This seminar will highlight the policy changes currently being implemented at the federal level under the Older Americans’ Act and how these will impact health services, including oral health. As states consider these changes and look for evidence-based programs to comply, two programs will highlight their efforts: Oral Health America’s Wisdom Tooth Project and the Virtual Dental Home.
Participants will be able to:
1. Describe the new rules for evidence-based programs under Title III D of the Older Americans Act, how these impact oral health services, and strategies for oral health care policy.
2. Explain how the OHA’s Wisdom Tooth Project is linking older adults to oral health services and connecting health professionals serving older adults to assure comprehensive health care.
3. Illustrate the components of the Virtual Dental Home project as it applies to improving oral health access for vulnerable older adults.

Smart Mouths Smart Kids: a Sustainable Model of School-linked Oral Health Care ............................... New York
Deborah Foote, MPH; Marcy Bonnett, MPH; Judith Ouellet, MPH
Supported by the DentaQuest Foundation, Oral Health Colorado (OHC0) implemented Smart Mouths Smart Kids (SMSK), a three-year initiative that decreases oral health disparities in Colorado’s children by developing tools to help initiate sustainable school-linked oral health programs and connect children to a permanent dental home. Collaborating communities provided the foundation on which SMSK was built. Communities gave guidance in developing a vision, strategies, and the tools necessary to guide successful and sustainable implementation. OHC0 collaborated with communities of different sizes, locations and maturity of school-linked programs. Two of the most innovative tools in the SMSK Toolkit are a data application (a focused oral health record) that will allow for paperless data collection at school sites, longitudinal surveillance of children’s oral health, and county-level oral health data collection; and a business plan and feasibility calculator that will allow providers to assess both the feasibility and sustainability of initiating a school-linked program.
Learning Objectives:
1. Participants will understand how financially sustainable business models are developed and utilized to provide effective and efficient in-school oral health care.
2. Participants will understand how the Colorado Department of Public Health and Environment, school systems, parent organizations, providers and funders are able to monitor success through data collection and measures.
3. Participants will be able to determine how they might initiate or improve preventive oral health services in their schools.
4. Participants will understand how to readily identify high need areas in their state that will benefit from initiating school-linked oral health programs. Note: Post-seminar evaluations will determine whether or not the educational objectives have been met.
Fluoride: Policy to Practice in a Changing Environment .................................San Francisco Workshop Format - Ticketed Event - Must present ticket for entry. Attendees are encouraged to bring a laptop or smartphone to this session.

Jason Roush, DDS; LeeAnn Hoaglin Cooper, RDH, BS

The goal of this session is to explore how fluoride policy is developed, promoted, adapted, adopted, and evaluated. The ADA, AAP, AAPHD, CDHP and ASTDD have adopted new fluoride-related policies, particularly on community water fluoridation, fluoride varnish, and the use of other topical fluorides for the prevention and control of dental caries. This session will 1) review what these policies are and how and why they have changed and may continue to change; 2) examine what common barriers are to implementing changes in fluoride policy; and 3) describe and explore what strategies and activities are being used to promote, adopt, adopt, and/or evaluate new policy. We will also explore the question of drivers: what comes first, practice or policy? Attendees will participate in a variety of hands on, interactive activities including telebroadcast instant voting, small group discussion and exploration of reputable websites for fluoride information.

Learning Objectives:
1. Describe the substantive changes in fluoride-related policy and their implications for public health practice.
2. Describe at least 3 barriers and 3 solutions for incorporation of new fluoride policy into public health practice.
3. Be able to list 3 reputable resources for fluoride information.

Developing Competencies and Curriculum in Dental Public Health for Dental and Dental Hygiene Students ...............Chicago

Ana Karina Mascarenhas, BDS, MPH, DrPH; Kathryn Atchison, DDS, MPH; Michael Manz, DMD, MPH, DrPH; Vinodh Bhoopathi, BDS, MPH, DScD

This session will present the AAPHD project funded by HRSA with the goal of developing dental public health (DPH) competencies and curriculum for use in pre-doctoral dental and dental hygiene programs in the US to train an oral health workforce that will be better prepared to meet the needs of the entire population, including those groups who are chronically underserved, experience high levels of oral health needs, have poor health literacy, and face barriers to accessing oral health care. By increasing the DPH knowledge and competency of all graduating dental providers from dental and dental hygiene schools in population-based approaches to preventing oral diseases rather than the existing focus of solely treating oral disease, the number of providers who can respond to a population’s unmet needs and challenges, both in private practices and publicly supported clinics, will increase. The session will describe the processes used, the competencies and curriculum developed and the Speaker’s Bureau.

Learning Objectives:
1. Describe the need for developing competencies and curriculum for pre-doctoral dental and dental hygiene programs.
2. Describe the process used to develop competencies and curriculum.
3. List the 8 dental public health competencies.
4. List the major dental public health topic areas around which the curriculum was developed.

Fostering Coordination with Chronic Disease Programs ..................................................Atlanta

Scott M Presson, DDS, MPH; Beverly Isman, RDH, MPH, ELS; Crystal Bruce, MPH; John W Robitscher, MPH

CDC’s National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) is supporting efforts by state health departments to improve coordination among chronic disease programs. This session will review the development of state chronic disease prevention and control state plans, efforts to align services for greater effectiveness and efficiency within NCCDPHP and in state health departments, and give examples of coordination in action. The TIPS from Former Smokers (TIPS) campaign recently conducted by the CDC/NCCDPHP’s Office on Smoking and Health will be presented as an example of opportunities for improved coordination between state oral health programs and state chronic disease prevention and health promotion programs.

Learning Objectives:
1. Describe the chronic disease prevention and control framework used by the National Center for Chronic Disease Prevention and Health Promotion.
2. Describe examples of state chronic disease plans with an oral health component and current efforts by state oral health programs to improve coordination.
3. Identify examples of the use of the consequences of smoking on oral health in the 2014 TIPS campaign.

Accuracy versus Advocacy: Pros and Cons of Online Strategies for Fluoridation ...........................................New York

Hollis Russinof, MUPP; Myron Allukian, Jr, DDS, MPH; Brittany Seymour, DDS, MPH

The goal of this session is to present recent studies on social communication and community water fluoridation (CWF) and to explore and refine agendas for research, intervention, and educational strategies for effective CWF digital communication. CWF continues to be debated, despite scientific consensus about its safety and efficacy. The 2015 US Appropriations Subcommittee draft report states, “The Committee is concerned about conflicting information
in the media regarding the benefits of community fluoridation.* With the rise in user-created online content, the boundaries between expert authority and “junk science” are increasingly blurred. Study results on the use of the Internet and social media by anti-fluoridationists will be presented. A case study will be described which examined the morph of CWF information accuracy as it flows between research dissemination, mass media, and social media. Current theories and innovative social communication strategies will be discussed to help educate decision makers and the public.

**Learning Objectives:**
1. Describe current statistics for Internet and social media use on CWF, and how it may influence CWF decision-making in the United States.
2. Discuss how social media can inform health decision making, specifically around community water fluoridation.
3. Assess the role that online social networks and advocacy groups play in creating, spreading, and reinforcing misinformation; explain why the sociology of these networks may be just as influential in shaping public attitudes and behaviors around CWF as expertly disseminated scientifically valid information.
4. Design innovative CWF social communication strategies that deviate from more traditional broadcast diffusion methods and instead incorporate digital social network analysis, social diffusion potential, and the trend of user-created content.

**Innovations in Integrated Service Delivery for Pre-School Age Children: Improving Performance in Safety Net Clinics**

*San Francisco*

**Workshop Format - Ticketed Event - Must present ticket for entry.**

James J. Crall, DDS, ScD; Colleen Lampron, MPH; Mark Doherty, DMD, MPH

Working in collaborations with Federally Qualified Health Centers and other community-based organization we have designed strategies that address dental caries as a chronic, complex disease. Our presentation will describe important considerations for developing a comprehensive strategy for optimizing the oral health of preschoolers and the role of the primary care medical team in providing coordinated, comprehensive services. This experiential and interactive presentation will provide in depth information on three aspects of the project of particular interest to the audience: the role and sustainability of community dental health coordinators; applying the Institute for Healthcare Improvement Breakthrough Series Collaborative quality improvement model to integrating medical and dental services, and utilizing Safety Net Solutions’ practice enhancement plans, which have been tailored to focus on pregnant women and young children, to create comprehensive systems change to support risk-based care. The presentation will provide real world application and findings from the integrated SNS and Quality Improvement project.

**Learning Objectives:**
1. Describe an innovative system designed to improve care delivery and oral health for young children based on addressing dental caries as a chronic, complex, multi-factorial disease.
2. Highlight applications of quality improvement methods (including the aim, driver diagram, and measurement system), training and skills to promote and integrate risk-based care by dental, medical and community outreach personnel.
3. Describe the training and use of community-based dental coordinators to enhance community outreach and care integration and training programs for medical and dental personnel.

4. Discuss how Safety Net Solutions is applying the Model for Improvement to improve performance in FQHCs and Community Clinics in LA County.

**Social Media Matters: Making Oral Health Part of the Conversation**

*Chicago*

Lynn Bethel, RDH, MPH; Matt Jacob, BA; John Welby, MS

Smartphones are welcome at this session.

Last year, the “ice bucket challenge” drew the nation’s attention to ALS or Lou Gehrig’s Disease like never before. This phenomenon played out mainly on social media and helped drive a dramatic increase in fundraising for the leading ALS advocacy organization and significantly raised public awareness of the disease. How can social media raise the profile of oral health and help you identify new allies outside the oral health field? Learn how oral health advocates are using social media and learn what makes this vehicle an ideal, cost-effective tool. This session will focus more on Twitter and will walk participants through the basic use of this platform, including sending a tweet, understanding and using hashtags, and deciding which accounts to follow.

**Learning Objectives:**
1. Establish a “status quo” profile of the degree to which state oral health programs are using social media.
2. Build an understanding of what makes social media platforms a convenient, inexpensive means for raising the profile of oral health issues.
3. Identify strategies for the effective use of social media with an emphasis on Twitter.
4. Share examples of how a state oral health program is using social media to advance oral health.
5. Familiarize participants with Twitter, the relevance of hashtags and factors to consider in choosing the accounts you wish to follow.

3:30 p.m. – 5:00 p.m. ............................................................... Exhibit Hall A

**Exhibit Hall Open**

3:30 p.m. – 5:30 p.m. ............................................................... Exhibit Hall B

**AAPHD Annual Business Meeting**

6:00 p.m. – 10:30 p.m. ............................................................... Crown Center Square

**Tuesday Evening Dinner and Networking Event**

An evening under the stars is planned at Crown Center Square with live music, dancing and local KC food favorites! Location is a quick walk from the hotel through covered walkways or outside pathways.

*Sponsored in part by our friends at Aseptico*

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 in this event. (Drink tickets will be distributed as you enter the reception).
WEDNESDAY, APRIL 29

7:00 a.m. – 8:00 a.m. .......................................................... Exhibit Hall A
Continental Breakfast with Exhibitors

7:00 a.m. – 8:00 a.m. .......................................................... Boardroom
ASTDD BOD Meeting

8:00 a.m. – 9:30 a.m.  Concurrent Sessions - CDE 1.5

School Partnerships: The Relationship Between Oral Health and Student Performance - Fact or Fiction? .....................................Atlanta
Terri Chandler, RDH; Karen Dreisbach, MPH; Catherine Lesesne, PhD, MPH
Future Smiles (FS) is a school-based, oral health preventive care program operating in Clark County School District (the 5th largest district in the US) in Las Vegas, Nevada. The FS program is evaluating the oral health and school achievement outcomes of program participants. The study compares students who received dental hygiene prevention from FS (subgroups of those with and without referrals for restorative dentistry via a school-based network of case management and care navigation are also examined) to a matched comparison group of similar students not receiving FS services. Oral health status and academic achievement outcomes of these groups were compared. The study sample includes 2,000+ students from 3 elementary schools participating in FS over a 5-4 year time period. Preliminary findings will be presented but initial results suggest a link between preventive and restorative oral health care and academic achievement.

Learning Objectives:
1. Participants will learn about Future Smiles and our different school-based oral health delivery models.
2. Future Smiles will illuminate its school-based network of care management and care navigation that goes beyond traditional dental sealant programs.
3. Participants will learn how the evaluation team determined and analyzed the different “categories of care” within the evaluation design.
4. The evaluation team will share preliminary evaluation of this innovative school impact.
5. Participants will learn how leveraged resources and group collaboration produced a successful evaluation design.
6. Final sharing of “Lessons Learned” with meeting participants.

Emergency Room Referral Models-Success Stories and Strategies ............................................ New York
Samantha Pearl; Jane Grover, DDS, MPH; Dan Ross, DDS, MD, ACEP
The increased use of hospital emergency rooms by adults with dental pain has been documented in recent studies. The purpose of this session is to examine this trend along with successful models of diverting dental pain patients to outcome-based care. The goal of this session is to familiarize attendees with issues regarding ER use for dental pain and explain how successful models developed to cope with this dynamic. The content of this session will include current trends such as the changes in reimbursement structure for hospitals under ACA, while available capacity for dental care is under utilized. This session will explain some of the root causes for the ER usage with the perspective of a dentist-turned ER physician who has staffed a large metropolitan ER for the past 15 years. Also included in this session is a detailed description of a successful ER Referral model which has reduced ER visits for dental pain by 72%. Additional models will be presented with “best practices” for each.

Learning Objectives:
1. Attendees will understand basic cultural root causes for ER usage.
2. Attendees will learn about several types of ER Referral Models, with the focus on one particular model with 7 years of experience and statistics.
3. Attendees will have materials to take home to utilize in their communities.
4. Attendees will have the background documents for articulating the need to implement and evaluate ER models to enhance inter-collaborative care.
5. Financial impact of each model will be discussed and the effect they have on the community.
6. Attendees will gain a deeper understanding of successful collaboration with hospital emergency rooms to improve the health of their communities.

Breakthrough Strategies for Preventing Early Childhood Caries ...................................................... Empire
Jane Kappelman, MPA; ManWai Ng, DDS, MPH; Norman Tinanoff, DDS, MS
Treating caries in the operating room can be seen as the penultimate failure of our dental care delivery system to prevent or catch disease early and avoid needless suffering and cost. Speakers at this session will discuss new findings from a Pew study on Medicaid incidence and costs associated with treating ECC in operating rooms in ten states with the largest Medicaid populations. Innovations in the prevention and treatment of ECC before treatment in an ECC is required, as identified by an October, 2014 conference will be discussed, as well as next steps needed to implement the innovations into dental practice and policies necessary to encourage widespread implementation of these innovations.

Learning Objectives:
1. To give audience new information on Medicaid costs in states with the largest Medicaid populations of covering costs of treating ECC in hospital operating rooms.
2. To offer the audience an overview of what we have recently learned about promising strategies for preventing and treating ECC.
3. To offer a perspective and guide discussion on next steps needed in both dental practice and state policies (regulating practice and payment) to proliferate these models.

Oral Presentations #1 .................................................................................. San Francisco
This session will feature oral presentations of scientific research of interest to attendees. Presentations are listed beginning on page 38.

Please note: The abstracts are not listed in order of presentation

1. SELF-PERCEIVED ORAL HEALTH, NORMATIVE NEED, AND DENTAL UTILIZATION AMONG DENTATE ADULTS IN THE UNITED STATES: NHANES 2011-2012
Sayo Adunola, DDS, MPH; Bruce Dye, DDS, MPH; Timothy Iafolla, DMD, MPH; Shahdokht Boroumand, DMD, MPH; Margo Adesanya, DDS, MPH; Isabel Garcia, DDS, MPH

2. IMPLICATIONS OF CHIPRA: UTILIZATION OF DENTAL SERVICES AMONG YOUNG CHILDREN
Nicole Zautra, MPH; Hsien-Chang Lin, PhD

3. ORAL HEALTH NEEDS AND DENTAL CARE UTILIZATION AMONG OREGONIAN SENIORS
Richie Kohli, BDS, MS; Sandra Nelson, RDH, BS; Eli Schwarz, DDS, MPH, PhD
4. MEDICAID EXPANSION AND CHANGE IN HOSPITAL EMERGENCY DEPARTMENT (ED) VISITS FOR ORAL HEALTH CONDITIONS AMONG RHODE ISLAND ADULTS
   Junhie Oh, BDS, MPH; Laurie Leonard, MS; Safiya Yearwood

5. EMERGENCY DEPARTMENT UTILIZATION FOR NON-TRAUMATIC DENTAL CONDITIONS IN MINNESOTA - REPEAT VISITS & TRENDS IN ASSOCIATED PRESCRIBING PRACTICES
   Sahiti Bhaskara, BDS, MPH candidate 2014; Merry Jo Thoele, RDH, MPH; Jon Roesler, MS

Learning Objectives:
1. Describe utilization of Hospital Emergency Departments (EDs) for non-traumatic dental conditions.
2. Describe changes in Rhode Islands’ Emergency Department (ED) utilization rates among adults with oral health conditions associated with expanded Medicaid coverage under the Affordable Care Act.
4. Identify ways that the Children’s Health Insurance Program Reauthorization Act (CHIPRA) can impact the utilization of dental services by children.
5. Describe the oral health needs, dental access, and dental care utilization issues of adults aged 65+

9:30 a.m. – 9:45 a.m. ................................................. Grand Ballroom Pre-Function Break

9:45 a.m. – 3:00 p.m. ........................................................ Van Horn A-C
Pre doctoral Dental Public Health Curriculum Workshop - CDE 4.5
Workshop Format - Ticketed Event - Must present ticket for entry.
Ana Karina Mascarenhas, BDS, MPH, DrPH; Kathryn Atchison, DDS, MPH; Michael Manz, DDS, MPH, DrPH; Vinodh Bhoopath, BDS, MPH, DScD; Robin Knowles, RDH
This workshop will disseminate the HRSA funded AAPHD curriculum that has been developed for use in pre-doctoral dental and dental hygiene programs in the US. The long-term goal of the program is to train an oral health workforce that is well prepared to meet the needs of the US population. The primary audience for this session is AAPHD members interested in or active in teaching dental public health to dental and dental hygiene students. In this workshop you will learn how you might pick and choose from various lectures, classroom discussions, and student activities to build your ideal curriculum.

Learning Objectives:
1. Describe different DPH modules developed through HRSA funded AAPHD curriculum.
2. Understand the use of student activities across different DPH modules.
3. Instill the ability to create a tailor made DPH course using different lecture presentations, discussions, and student activities available through the AAPHD curriculum.

9:45 a.m. – 11:15 a.m. Concurrent Sessions - CDE 1.5

Arresting Caries in Children and Adults: Breaking News ............................................ Atlanta
Peter Milgrom, DDS; Jeremy Horst, DDS, PhD; Jeff Chaffin, DDS, MPH
The goal of this seminar is to describe new breakthroughs in the science and practice of arresting caries and stabilizing patients. This is particularly important for pre-cooperative children, patients with special health care needs, and the elderly to interrupt the cycle of disease and restoration that occurs when the underlying problem is out of control. As the Patient Protection and Affordable Care Act has expanded insurance coverage and insurers have demanded greater accountability, careful use of scarce resources will require new tools and new thinking to manage population and individual health. This is particularly true as Medicaid moves closer to requiring a managed care model and capitation payments for its programs. This session will address the technologies of silver fluoride and povidone iodine and fluoride and present new findings and clinical applications. Speakers will address the role of these new technologies in population health and how care will be financed.

Learning Objectives:
1. The participant will learn about the established science and clinical application of silver fluorides in the US and other countries with special emphasis on dental public health.
2. The participant will learn about the established science and clinical application of povidone iodine and fluoride varnish in the US with particular emphasis on preventing recurrent disease in children.
3. The participant will acquire a broad understanding of the extent of the problem with special emphasis on insurance coverage and care financing.

Integrating Oral Health and Primary Care Practice: Transforming Classrooms, Clinics and Care .......................................................... New York
Anita Duhl Glicksen, MSW; Judith Haber, PhD, APRN, FC, FAAN; Renée Joskow, DDS, MPH, FAGD; Don Weaver, MD
Access to oral health care for all age groups remains a public health challenge. Our health care system is able to provide care for medical emergencies but continues to struggle to address the need for acute and ongoing oral health care, especially for vulnerable populations. The importance of collaboration between oral health and primary care professionals has long been seen as a successful method to increase access to care. The release of the HRSA report on Integrating Oral Health and Primary Care Practice coincides with the growing momentum and commitment to oral health curriculum development, core oral health clinical competencies dissemination, early detection and preventive interventions, and translating implementation strategies into primary care practice. This session will provide updates for integrated education programs for dental and medical primary care clinicians; examples of implementation efforts in the health center and other clinical settings; and highlight achievements of national and local significance.

Learning Objectives:
1. Describe elements of a successful interprofessional education program.
2. Describe integrating oral health and primary care practice initiative and report recommendations.
3. List opportunities for approaches to system change to increase access to oral health care.

Setting Priorities, Securing Consensus: How State Coalitions Can Take the Next Step................................. San Francisco
Workshop Format - Ticketed Event - Must present ticket for entry.
Bob D Russell, DDS, MPH; Karlene Ketola, MHSA, CAE
In 2008, the Children’s Dental Health Project and the Centers for Disease Control and Prevention developed and tested a process to help states reach consensus on statewide policy and systems...
change priorities. Since then, 22 states have used this facilitated process to choose priorities that have ranged from seeking broader adult dental coverage through Medicaid to expanding school-based sealant programs. Learn how the Policy Consensus Process (PCP) can maximize stakeholder input, build consensus, and help your state coalition advance the changes needed to improve oral health. Participants will have an opportunity to use one of the PCP exercises and see how the priority-setting process is aligned with the landscape in their states.

Learning Objectives:
1. Build awareness of the important role that consensus-building plays in shaping state coalitions’ success.
2. Learn how the Policy Consensus Process has worked in different states to help diverse partners find common ground.
3. Recognize why assessing the existing political and cultural landscape is crucial for coalitions to choose priorities that are most likely to gain traction.

Oral Presentations #2 ...............................................................Empire
This session will feature oral presentations of scientific research of interest to attendees. Presentations are listed beginning on page 38. Please note: The abstracts are not listed in order of presentation
1. DETAILED ANALYSIS OF THE LAC SAFETY-NET DENTAL CLINICS USING GIS MAPS
   Maritza Cabezas, DDS, MPH
2. MOBILIZING YOUTH TO FURTHER AWARENESS, LITERACY, AND SYSTEMS CHANGE IN ORAL HEALTH AT THE COMMUNITY LEVEL
   Katharine Correll, BA, JD
3. USING A HEALTH LITERACY APPROACH WHEN INTEGRATING ORAL HEALTH DATA INTO AN ONLINE PUBLIC HEALTH DATA PORTAL: LESSONS LEARNED FROM THE MINNESOTA ORAL HEALTH SURVEILLANCE SYSTEM
   Genelle Lamont, MPH, PhD Candidate; Merry Jo Thoele, RDH, MPH
4. RANDOMIZED CONTROLLED TRIAL OF THE EFFECT OF LAY HEALTH ADVISOR INTERVENTION ON CHILD’S CARIES PREVENTION BEHAVIORS IN IMMIGRANT MOTHERS
   Hsiao-Ling Huang, DrPH, MPH; Ted Chen, PhD, MPH; Chin-Shun Chang, DDS, MPH, PhD, FICD
5. ORAL HEALTH IN PRIMARY CARE: A FRAMEWORK FOR IMPLEMENTATION
   Jeff Hummel, MD, MPH; Kathryn Phillips, MPH; Catherine Hayes, DMD, SM, DrMedSC; Bre Holt, MPH

Learning Objectives:
1. Describe how Geographic Information System (GIS) mapping can be used to describe a local safety net clinic system.
2. Describe the methodology to engage youth to increase oral health awareness, literacy and systems change within a community.
3. Describe an innovative framework for integrating oral health into primary care.
4. Discuss how the integration of oral health data into an online public health data portal can improve the health literacy of the population.
5. Discuss the findings of a randomized clinical trial of the effect of health advisor intervention on a child’s caries prevention behaviors.

11:15 a.m. – 11:30 a.m. ..................................................Grand Ballroom Pre-Function Break

11:30 a.m. – 1:00 p.m.  Concurrent Sessions - CDE 1.5

The Perinatal & Infant Oral Health National Initiative ..................................................New York
Esther Kim, DMD, MPH; Marty Milkovich, MSW; Jason Roush, DDS; Meg Booth, MPH
The interface of new coverage options and attention to prevention provides a tremendous opportunity to advance maternal and infant oral health systems of care. The federal Perinatal & Infant Oral Health National Initiative was established to pursue sustainable statewide systems of change to improve access to and utilization of quality oral health care for pregnant women and infants in order to reduce health disparities. This session will review the six-year federal initiative; provide an overview of the three-year activities planned of the National Network for Perinatal Oral Health; and progress made by three state Perinatal & Infant Oral Health Quality Improvement grantees.

Learning Objectives:
1. Describe national strategies being implemented to advance perinatal oral health systems of care.
2. Identify opportunities to expand state leadership to improve access to and utilization of dental care services by pregnant women and infants.
3. Recognize state strategies to address key barriers to perinatal oral health care.

Updates in Reducing Health Disparities: Healthy People 2020 Oral Health Objectives ........................................Empire
Gina Thornton-Evans, DDS, MPH; Bruce Dye, DDS, MPH; Harry Goodman, DMD, MPH
Healthy People 2020 marks the fourth iteration of this national initiative to monitor the health of the nation. One of the goals of Healthy People 2020 is to reduce health disparities and achieve health equity for all Americans. Oral Health is one of 42 topic areas within this national framework. This session will focus on updates related to select national oral health objectives from Healthy People 2020 and addressing oral health disparities. These select objectives will include: current estimates of oral diseases among children, adolescents, and adults. In addition, focus on identifying the gaps in knowledge related to advancing the oral health of children and adolescents will be addressed.

Learning Objectives:
1. Provide an update on the progress of select oral health objectives toward the Healthy People 2020 targets.
2. Provide highlights of developmental objectives which have become measurable.
3. Highlight how a state oral health program is monitoring and advancing objectives from Healthy People 2020.
4. Identify gaps in the science related to health disparities using children and adolescents as a model.
WEDNESDAY CONTINUED

11:30 a.m. – 1:00 p.m.  Concurrent Sessions Continued

The Power of One—Advocacy and You ................................San Francisco
Workshop Format - Ticketed Event - Must present ticket for entry.
Ann Lynch, BA; Kelli Swanson Jaecs, MA, RDH
Join ADHA President Kelli Swanson Jaecs and Ann Lynch, ADHA
Director of Governmental Affairs for an inside look at maximizing
your advocacy efforts. As a former MN State Senator, Lynch speaks
candidly about how to connect with policymakers and leverage
your efforts. Participants will have an opportunity to prepare and
“practice” for a legislative appointment as well as to observe mock
appointments. Participants will gain understanding about the role
of coalitions in advocacy efforts. Illustration will include the role
of dental hygienists as an integral part of the delivery team in a
community health center.
Learning Objectives:
1. Explore and understand how advocacy paves the way for change.
2. Gain greater understanding of the need for and role of coalitions.
3. Leveraging your voice—The Power of One.
4. Learn how to effectively share your story with policymakers.

Oral Presentations #3 ..................................................Atlanta
This session will feature oral presentations of scientific research of
interest to attendees. Presentations are listed beginning on page 38.
Please note: The abstracts are not listed in order of presentation
Learning Objectives:
1. I-SMILE SILVER: USING THE LESSONS LEARNED HELPING
IOWA’S KIDS TO DEVELOP A PILOT PROJECT FOR IOWA’S
SENIORS
Tracy Rodgers, RDH, BS CPH
2. QUALITATIVE ASSESSMENT OF THE DENTAL PUBLIC HEALTH
COMPETENCIES AND THEIR APPLICATION IN A CURRICULUM
Hend Alqaderi, BDS, DMSc Candidate; Christine Riedy, PhD;
Muhanad Alhareky, MS, DMSc Candidate; Mary Tavares, DMD, MPH
3. UNDERSTANDING THE IMPACT OF STATE POLICY ON DENTAL
SERVICE DELIVERY AT FEDERALLY QUALIFIED HEALTH CENTERS
Hannah Maxey, PhD, MPH, RDH
4. WHAT PREDICTS ATTITUDES TOWARD NEW WORKFORCE
MODELS AMONG UNDERREPRESENTED MINORITY DENTISTS?
Elizabeth Mertz, PhD, MA; Cynthia Wides, MA; Paul Gates, DDS, MBA
5. INCREASING ACCESS TO SEALANTS FOR CHILDREN: A
PRESCRIPTION FOR CHANGES IN STATE POLICIES AND
COMMUNITY OUTREACH
Gloriana Nana Lopez, DDS, MPH; Jane Koppelman, MPA
Learning Objectives:
1. Describe the commonalities of states able to improve high risk children’s
access to dental sealants.
2. Describe the dental public health competencies and their application in
a curriculum.
3. Describe some of the attitudes towards new workforce models among
underrepresented minority dentists.
4. Describe state policies relating to dental service delivery at Federally
Qualified Health Centers (FQHC).
5. Identify strategies used to implement a pilot project for seniors based on
findings from the Helping Iowa’s Kids Program.

1:00 p.m. – 1:45 p.m. ..................................................Gillham Hall
Networking Luncheon
For all registrants. Lunch will be provided. Pre-registration required.

2:00 p.m. – 3:00 p.m.  Concurrent Sessions - CDE 1.0

Latino Children’s Oral Health Opinion
Research & Model Program .............................................Atlanta
Laura Flores Cantrell, JD; Cynarah Ellawala, BA; Adam Thompson, DDS
Latin children have disproportionately higher rates of dental
decay. It is estimated that nearly 50 percent of Latino preschoolers
in Washington State (over 10,000 children) have experienced decay.
To further develop strategies to address this oral health disparity
in Washington, Washington Dental Service Foundation conducted
opinion research by partnering with Latina Creative Agency, a
firm specializing in marketing and communications with Latino
audiences. The research included Latino focus groups of low to
moderate income Latino mothers and teenagers with the aim of
better understanding Latino oral health knowledge, attitudes and
behaviors. This workshop will highlight best practices for similar
Latino opinion research, strategies developed based on the research,
and describe a model community program for Latino engagement,
the “Super Hero” campaign in public schools.
Learning Objectives:
1. The elements of an interview guide and research design considerations
for Latino focus groups, including moderator techniques and other best
practices for Latino opinion research.
2. The learnings/themes from the research, strategies developed and the
potential broader applicability and limitations.
3. Model program for Latino engagement: Yakima Valley Farmworkers
Clinic program in elementary schools.

Fluoridation Wins and Losses: Lessons Learned from the Pew
Children’s Dental Campaign ...........................................New York
William Maas, DDS, MPH; Matt Jacob, BA; Emily Firman, MPH, LICSW
The Pew Children’s Dental Campaign has amassed considerable
evidence and information on effective strategies for protecting and
expanding access to fluoridation through local, state, and national
advocacy. As the Pew project transitions to a greater focus on
other areas of oral health, we would utilize this seminar to review
successful and unsuccessful strategies for protecting and expanding
fluoridation; discuss the impact of our recent fluoridation campaigns;
and identify resources and materials available for fluoridation
advocates. This seminar will provide a crucial opportunity for
participants to learn about these campaign experiences, policies,
tactics, and approaches to fluoridation; gain information on new,
innovative funding streams available to support fluoridation; and
learn about efforts to avert fluoridation rollbacks around the country,
among other topics. Sharing these strategies with NOHC participants
will help ensure continued fluoridation successes in the future.
Learning Objectives:
1. Review successful and unsuccessful strategies utilized in Pew’s state and
national fluoridation campaigns.
2. Discuss tactics that can be employed by grassroots fluoridation
advocates, based on Pew’s experiences.
3. Identify resources that will remain available to fluoridation advocates
after Pew leaves the fluoridation field.
ROHC TEAMS: How DentaQuest Foundation and Regional Oral Health Convening Teams are moving the Oral Health 2020 Plans Forward

San Francisco

Matthew Bond; Tanya Dorf-Brunner, MS; Mona Van Kanegan

DentaQuest Foundation has crafted a bold Oral Health 2020 vision statement and a set of ambitious goals. The movement building strategy is to focus on creating four regional networks across the country. By building regional hubs of activists and advocates, DentaQuest Foundation will be creating connections, fostering collaboration, and developing plans of action that will complement and enhance statewide oral health agendas. The session will describe the regional networks and the activities that are occurring. Members of regional networks will provide an update on their activities related to the Oral Health 2020 goals.

**Learning Objectives:**
1. Describe the DentaQuest Foundation Oral Health 2020 Goals and priorities and role of the networks.
2. Update and inform attendees of the Midwest Regional Oral Health Convening Team and the strategies developed by states.
3. Provide examples of specific state & regional activities and outcomes related to OH 2020 priorities. State activities include ND, SD, IL.

State Oral Health Program Workforce Capacity Development

Empire

Greg McClure, DMD, MPH, MHA; Harry Goodman, DMD, MPH; Jayanth Kumar, DDS, MHP

ASTDD has developed a new Best Practice Approach Report, “State Oral Health Program Workforce Capacity Development.” This session will highlight dental public health infrastructure and how it enables public health agencies to perform their core functions. Three state oral health programs (SOHPs) will share their strategies to establish and maintain the CDC infrastructure elements and the ASTDD competencies. SOHPs vary in size, structure, funding, staffing, and focus. These states will impart their traditional and non-traditional methods to manage various political and resource challenges that SOHPs encounter. They will discuss leadership, staffing, funding, and partnerships and how each of those impacts a SOHP’s ability to perform core functions. Examples include partnerships with internal and external partners, grant acquisition, creative employment arrangements, public-private partnerships, and community engagement. Participants will have a better understanding of the various ways SOHPs operate to optimize their capacity to carry out the core public health functions.

**Learning Objectives:**
1. Interpret state infrastructure competencies and essential elements to gain support for their programs.
2. Recognize and use innovative methods to secure resources for their programs.
3. Explain how commitment of a group of people from different sectors can come together to reach a common goal via collaboration, otherwise known as collective impact.

I am working to improve my people’s oral health

Growing up in the Pascua Yaqui Tribe in Guadalupe, Arizona, I saw firsthand the devastation that untreated dental disease wreaks on people’s health and lives. Kids, adults, elders suffering with painful, disfiguring infections in their teeth and gums.

Now I’m doing something about it. Through an educational program designed by the American Dental Association, I became a Community Dental Health Coordinator. I’m trained to provide the oral health education that empowers families to take charge of their own health. I deliver preventive services like dental sealants and fluoride treatments to stop dental disease before it starts. And I help people who need additional treatment get and keep appointments with dentists.

Native American people deserve the best dental care. I know the barriers that keep people from accessing quality oral health care. As a CDHC, I’m breaking down those barriers. To learn more about Community Dental Health Coordinators, visit ADA.org/cdhc.
April 27-29, 2015
Pre-Conference April 25-26, 2015
Kansas City, Missouri

INVITED SESSION PRESENTERS

Myron Allukian, Jr, DDS, MPH
Oral Health Working Group, World
Federation of Public Health Associations
Boston, MA

Kathryn Atchison, DDS, MPH
University of California At Los Angeles
Los Angeles, CA

Lynn Bethel, RDH, MPH
Association of State & Territorial Dental
Directors
Reno, NV

Vinodh Bhoopathi, BDS, MPH, DSCD
Nova Southeastern University College of
Dental Medicine
Davie, FL

Matthew Bond
Dentaquest Foundation
Boston, MA

Marcy Bonnett, MPM
Colorado Department of Public Health and
Environment (CDPHE)
Denver, CO

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

Crystal Bruce, MPH
National Center for Chronic Disease
Prevention and Health Promotion, CDC
Atlanta, GA

Jeff Chaffin, DDS, MPH
Delta Dental of Iowa
Johnston, IA

Terri Chandler, RDH
Future Smiles
Las Vegas, NV

James J Crall, DDS, SCD
UCLA School of Dentistry
Los Angeles, CA

Matthew Crespin, RDH, MPH
Children’s Health Alliance of Wisconsin
Milwaukee, WI

Mark Doherty, DMD, MPH
Dentaquest Institute
Boston, MA

Tanya Dorf-Brunner, MS
Oral Health Kansas
Topeka, KS

Karen Dreisbach, MPH
Future Smiles
Las Vegas, NV

Kip Duchon, PE
CDC/NCCDPHP/Division of Oral Health
Atlanta, GA

Anita Duhl Glicken, MSW
University of Colorado School of Medicine
NCCPA Health Foundation
Rockville, MD

Bruce Dye, DDS, MPH
NIH/NIDCR/OSPA
Hyattsville, MD

Burton L Edelstein, DDS, MPH
Columbia University, College of Dental
Medicine
New York, NY

Cynarah Ellawala, BA
Latina Creative Agency
Kirkland, WA

Carrie L Farquhar, RDH, BS
Ohio Department of Health
Columbus, OH

Emily Firman, MPH, LICSW
Washington Dental Service Foundation
Seattle, WA

Laura Flores Cantrell, JD
Washington Dental Service Foundation
Seattle, WA

Deborah Foote, MPH
Oral Health Colorado
Nederland, CO

Paul Glassman, DDS, MSA, MBA
University of The Pacific, Arthur A.
Dugoni School of Dentistry
San Francisco, CA

Barbara Gooch, DMD, MPH
CDC Division of Oral Health
Atlanta, GA

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

Jane Grover, DDS, MPH
American Dental Association
Chicago, IL

Judith Haber, PhD, APRN, FC, FAAN
NYU College of Nursing
New York, NY

Thomas C Hart, DDS, PhD
University of Illinois At Chicago
Chicago, IL

Leeann Hoaglin Cooper, RDH, BS
ASTDD Consultant
Terrace, WA

Jeremy Horst, DDS, PhD
University of California, San Francisco
San Francisco, CA

Beverly Isman, RDH, MPH, ELS
Association of State and Territorial
Dental Directors
Davis, CA

Matt Jacob, BA
Children’s Dental Health Project
Washington, DC

Harold W Jaffe, MD, MA
Centers for Disease Control and
Prevention
Atlanta, GA

Renée Joskow, DDS, MPH, FAGD
The Health Resources and Services
Administration
Rockville, MD

*Contributed paper presenters are listed under session information. Poster presenters are listed with their abstract.
<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
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<tr>
<td>Karlene Ketola, MHSA, CAE</td>
<td>Michigan Oral Health Coalition, Lansing, MI</td>
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<tr>
<td>Muin Khoury, MD, PhD</td>
<td>Centers for Disease Control and Prevention, Atlanta, GA</td>
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<tr>
<td>Esther Kim, DMD, MPH</td>
<td>NY State Department of Health, Albany, NY</td>
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<tr>
<td>Robin Knowles, RDH</td>
<td>Tunxis Community College, Farmington, CT</td>
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<td>Jane Koppelman, MPA</td>
<td>Pew Children's Dental Campaign, Washington, DC</td>
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<td>Jayanth V Kumar, DDS, MPH</td>
<td>Bureau of Dental Health, New York State Department of Health, Albany, NY</td>
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<tr>
<td>Colleen Lampron, MPH</td>
<td>UCLA First 5 La Quality Improvement Learning Collaborative, Denver, CO</td>
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<tr>
<td>Catherine Lesesne, PhD, MPH</td>
<td>ICF International, Atlanta, GA</td>
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<tr>
<td>Evelyn Lucas-Perry, DDS, MPH</td>
<td>American Dental Education Association, Washington, DC</td>
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<td>Ann Lynch</td>
<td>American Dental Hygienists' Association, Chicago, IL</td>
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<td>Michael Manz, DDS, MPH, DrPH</td>
<td>University of Michigan, Ann Arbor, MI</td>
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<td>Ana Karina Mascarenhas, BDS, MPH, DrPH</td>
<td>Nova Southeastern University College of Dental Medicine, Davie, FL</td>
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<tr>
<td>Greg McClure, DMD, MPH, MHA</td>
<td>Bureau of Oral Health and Dental Services, Delaware Division of Public Health, Dover, DE</td>
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<tr>
<td>Peter Milgrom, DDS</td>
<td>University of Washington, Seattle, WA</td>
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<tr>
<td>Marty Milkovich, MSW</td>
<td>State of Connecticut Department of Social Services, Connecticut Dental Health Partnership, Farmington, CT</td>
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<tr>
<td>Man Wai Ng, DDS, MPH</td>
<td>Children's Hospital of Boston, Boston, MA</td>
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<td>Kathleen O’Loughlin, DDS, MPH</td>
<td>American Dental Association, Chicago, IL</td>
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<tr>
<td>Judith Ouellet, MPH</td>
<td>University of Colorado Anschutz Medical Campus, Centers for American Indian Alaska Native Health, Aurora, CO</td>
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<tr>
<td>Samantha Pearl, MBA</td>
<td>Community Health Connections- Calhoun County Michigan, Battle Creek, MI</td>
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<td>Scott M Presson, DDS, MPH</td>
<td>CDC Division of Oral Health, Atlanta, GA</td>
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<td>John W Robitscher, MPH</td>
<td>National Association of Chronic Disease Directors, Atlanta, GA</td>
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<td>Dan Ross, DDS, MD, ACEP</td>
<td>Cook County Hospital, Chicago, IL</td>
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<tr>
<td>Jason Roush, DDS</td>
<td>West Virginia Department of Health and Human Resources, Charleston, WV</td>
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<tr>
<td>Bob Russell, DDS, MPH</td>
<td>Iowa Department of Public Health, Des Moines, IA</td>
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<tr>
<td>Hollis Russinof, MUPP</td>
<td>Campaign for Dental Health, American Academy of Pediatrics, Elk Grove Village, IL</td>
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<td>Brittney Seymour, DDS, MPH</td>
<td>Harvard School of Dental Medicine, Boston, MA</td>
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<tr>
<td>Kim Sibilsky, BA</td>
<td>Michigan Primary Care Association, Lansing, MI</td>
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<td>Kelli Swanson Jaecks, MA, RDH</td>
<td>American Dental Hygienists' Association, Salem, OR</td>
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<td>Adam Thompson, DDS</td>
<td>Yakima Valley Farm Workers Clinic, Amazon, WA</td>
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<td>Gina Thornton-Evans, DDS, MPH</td>
<td>CDC, DOH, Atlanta, GA</td>
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<tr>
<td>Norman Tinanoff, DDS, MS</td>
<td>Division of Pediatric Dentistry, University of Maryland School of Dentistry, Baltimore, MD</td>
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<tr>
<td>Beth Truett, BS</td>
<td>Oral Health America, Chicago, IL</td>
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<tr>
<td>Mona Van Kanegan, DDS, MS</td>
<td>Chicago Community Health Forum, Chicago, IL</td>
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<td>Marko Vujicic, PhD</td>
<td>American Dental Association, Chicago, IL</td>
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<tr>
<td>Don Weaver, MD</td>
<td>National Association of Community Health Centers, Bethesda, MD</td>
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<tr>
<td>John Welby, MS</td>
<td>Maryland Department of Health and Mental Hygiene, Baltimore, MD</td>
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<tr>
<td>Katherine Weno, DDS, JD</td>
<td>CDC Division of Oral Health, Atlanta, GA</td>
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<tr>
<td>Robert J Weyant, DMD, DrPH</td>
<td>University of Pittsburgh School of Dental Medicine, Pittsburgh, PA</td>
</tr>
<tr>
<td>Mary E Worstell, MPH</td>
<td>Office on Women's Health, US Department of Health and Human Services, Washington, DC</td>
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### ASTDD Presidents

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<td>2013-15</td>
<td>Kimberlie Yineman</td>
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### AAPHD Presidents

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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. Niessan – 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
George Taylor – 2013
Eugenio Beltran – 2014

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- Frances Kim and Mary Altenberg, Co-Chairs AAPHD Education Committee
- AAPHD Education Committee for coordinating contributed papers/poster session
- Mark D. Macek, Divesh Byrappagari, Scott M. Presson, Michele Junger, Ellen (Cunge) Zheng, Shilpa K. Naval, Sangeeta Gajendra, Donna Morris-Warren, Kristin A. Williams and Vladimir W. Spolsky for reviewing the AAPHD Student Merit Award submissions
- Sena Narendran for organizing student awards/poster session

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

Mary Altenberg, MS, CHES
David Cappelli, DMD, MPH, PhD
Julie Frantsve-Hawley, RDH, PhD
Bev Isman, RDH, MPH, ELS
Frances Kim, DDS, MPH, DrPH
Greg McClure, DMD
Mike Monopoli, DMD, MPH, MS
Carol Smith, RDH, MSHA
Pamela J. Tolson, CAE
Chris Wood, RDH, BS
Kimberly Yineman, RDH, BA

THANK YOU!
# 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.*

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## Distinguished Service Award
*Presented to an individual for excellent and distinguished service to public health dentistry.*

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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.*

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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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<td>Paul Reid</td>
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<td>Naseeb Shory</td>
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<td>Joseph Yacavone</td>
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<td>George Dudney</td>
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<td>1988</td>
<td>Carlos Lozano</td>
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<td>1987</td>
<td>Durward R. Collier</td>
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<td>1986</td>
<td>Charles Gish</td>
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<tr>
<td>1985</td>
<td>Lloyd Richards</td>
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<td>1984</td>
<td>Carl L. Sebelius</td>
</tr>
<tr>
<td>1983</td>
<td>Robert A. Downs</td>
</tr>
<tr>
<td>1982</td>
<td>E. A. Pearson</td>
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Distinguished Service Award
*Presented to an individual or organization for excellent and distinguished service to dental public health.*

<table>
<thead>
<tr>
<th>Year</th>
<th>Recipient</th>
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</thead>
<tbody>
<tr>
<td>2015</td>
<td>Kathy Phipps</td>
</tr>
<tr>
<td>2013</td>
<td>David P. Cappelli</td>
</tr>
<tr>
<td>2012</td>
<td>Jane A. Weintraub</td>
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<tr>
<td>2011</td>
<td>Kathy Geurink</td>
</tr>
<tr>
<td>2010</td>
<td>BJ Tatro</td>
</tr>
<tr>
<td>2009</td>
<td>Sue C. Dodd and Robert Klaus</td>
</tr>
<tr>
<td>2008</td>
<td>Judy Sherman and Reginald Louie</td>
</tr>
<tr>
<td>2007</td>
<td>Lewis N. Lampiris</td>
</tr>
<tr>
<td>2005</td>
<td>Julie Tang and Barbara Gooch</td>
</tr>
<tr>
<td>2004</td>
<td>Beverly Isman</td>
</tr>
<tr>
<td>2003</td>
<td>Rhys Jones and Lawrence Hill</td>
</tr>
<tr>
<td>2002</td>
<td>VADM David Satcher</td>
</tr>
<tr>
<td>2001</td>
<td>Wendy E. Mouradian</td>
</tr>
<tr>
<td>2000</td>
<td>Burton L. Edelstein</td>
</tr>
<tr>
<td>1999</td>
<td>Dolores Malvitz and Donald Schneider</td>
</tr>
<tr>
<td>1998</td>
<td>Gerry Beverley</td>
</tr>
<tr>
<td>1997</td>
<td>Robert A. Sappington</td>
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<tr>
<td>1996</td>
<td>Jack Dillenberg</td>
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<tr>
<td>1995</td>
<td>John Rossetti</td>
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<tr>
<td>1994</td>
<td>Darrell Sanders</td>
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<tr>
<td>1993</td>
<td>Alice Horowitz</td>
</tr>
<tr>
<td>1991</td>
<td>Tom Reeves</td>
</tr>
<tr>
<td>1990</td>
<td>Ken Goff and Jim Collins</td>
</tr>
<tr>
<td>1987</td>
<td>Jim Saddoris and Mary Winkeljohn-Kough</td>
</tr>
<tr>
<td>1984</td>
<td>Cora Leukhart and John Small</td>
</tr>
</tbody>
</table>

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.*

<table>
<thead>
<tr>
<th>Year</th>
<th>Recipient</th>
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<tbody>
<tr>
<td>2015</td>
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<td>Reginald Louie</td>
</tr>
<tr>
<td>2012</td>
<td>John Rossetti</td>
</tr>
<tr>
<td>2011</td>
<td>Jaynath V. Kumar</td>
</tr>
<tr>
<td>2010</td>
<td>Hispanic Dental Association</td>
</tr>
<tr>
<td>2009</td>
<td>Kathy Mangskau</td>
</tr>
<tr>
<td>2008</td>
<td>Joseph M. Doherty</td>
</tr>
<tr>
<td>2007</td>
<td>Donald Mariano</td>
</tr>
<tr>
<td>2006</td>
<td>Beverly Isman, Julie M. W. Tang, Nicholas G. Mosca and Judith A. Feinstein</td>
</tr>
<tr>
<td>2005</td>
<td>Monette McKinnon and Christine Wood</td>
</tr>
<tr>
<td>2004</td>
<td>Nicholas Mosca</td>
</tr>
<tr>
<td>2003</td>
<td>Steven Geiermann</td>
</tr>
<tr>
<td>2001</td>
<td>Stuart Lockwood</td>
</tr>
<tr>
<td>2000</td>
<td>Michael W. Easley</td>
</tr>
<tr>
<td>1999</td>
<td>The Honorable Christopher S. Bond</td>
</tr>
</tbody>
</table>
Exhibit Hall Hours:

**Monday, April 27, 2015**
- 7:00 am – 8:00 am
- 9:45 am – 10:00 am
- 12:00 pm – 2:30 pm
- 4:00 pm – 6:00 pm

**Tuesday, April 28, 2015**
- 7:00 am – 8:30 am
- 10:00 am – 10:15 am
- 10:45 am – 11:00 am
- 12:30 pm – 2:00 pm
- 3:30 pm – 5:00 pm

**Wednesday, April 29, 2015**
- 7:00 am – 8:00 am

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### Exhibitors in Booth Number Order

<table>
<thead>
<tr>
<th>Booth #</th>
<th>Company</th>
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<tbody>
<tr>
<td>1</td>
<td>Association of State and Territorial Dental Directors</td>
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<tr>
<td>2</td>
<td>Lutheran Medical Center</td>
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<tr>
<td>4</td>
<td>American Public Health Association-Oral Health Section</td>
</tr>
<tr>
<td>5</td>
<td>American Network of Oral Health Coalitions/ Missouri Coalition for Oral Health</td>
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<tr>
<td>6</td>
<td>American Academy of Pediatric Dentistry</td>
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<tr>
<td>9</td>
<td>Centers for Disease Control and Prevention</td>
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<tr>
<td>10</td>
<td>Elevate Oral Care</td>
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<tr>
<td>11</td>
<td>Oral Health America</td>
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<tr>
<td>12</td>
<td>National Maternal and Child Oral Health Resource Center</td>
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<td>15</td>
<td>Medical Products Laboratories, Inc</td>
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<td>16</td>
<td>DentaQuest Institute</td>
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<td>17</td>
<td>SciCan, Inc</td>
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<td>Darby Dental Supply</td>
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<td>Aesthetic Porcelain Studios, Inc.</td>
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<tr>
<td>20</td>
<td>Henry Schein</td>
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<td>23 &amp; 24</td>
<td>Aseptico</td>
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<td>25</td>
<td>Pulpdent Corporation</td>
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<td>KaVo Kerr Group</td>
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<td>ADI Mobile Health</td>
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<td>Pride Dental Laboratory</td>
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<td>GC America, Inc</td>
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<td>41 &amp; 42</td>
<td>DNTLworks Equipment Company</td>
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### Exhibitors in Alpha Order

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<tr>
<th>Booth #</th>
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<td>Association of State and Territorial Dental Directors</td>
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<td>Lutheran Medical Center</td>
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<td>American Network of Oral Health Coalitions/ Missouri Coalition for Oral Health</td>
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312-337-2169
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Paul Casamassimo  casamassimo.1@osu.edu
The American Academy of Pediatric Dentistry (AAPD) is the recognized authority on children's oral health. As advocates for children’s oral health, the AAPD promotes evidence-based policies and clinical guidelines; educates and informs policymakers, parents and guardians, and other health care professionals; fosters research; and provides continuing professional education.

BQ Ergonomics LLC
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631-390-8155
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Vance Taylor  vance.taylor@henryschein.com
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704-583-8513
Representatives
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Adam Dickson  adam.dickson@kovokerrgroup.com
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352-302-7138

Representatives
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  - David Block, CDT mrosenberg@pride-enterprises.org

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800-343-4342

Representatives
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  - Nancy Jefferson sales@pulpdent.com

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Booth # 17
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Canonsburg, PA 15317
800-572-1211

Representatives
  - Jeff Ziegler jziegler@scican.com
  - Rich Strader rstrader@scican.com

SciCan is a full spectrum infection control solutions provider working together with industry professionals and regulators to provide the market with the most innovative and effective products available.

**American Association of Public Health Dentistry Foundation**
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Springfield, IL 62703
217-529-6941

**American Network of Oral Health Coalitions/Missouri Coalition for Oral Health**
Booth # 5
606 E Capitol Ave
Jefferson City, MO 65101
573-635-5570

Representatives
  - Gary Harbison gharbison@oralhealthmissouri.org
  - Tanya Dorf Brunner tdorf@oralhealthkansas.org
  - Megan Forman mforeman@oralhealthkansas.org

The American Network of Oral Health Coalitions is a network of 30 State Oral Health Coalitions that advocate for 265 million Americans. ANOHC members are statewide oral health coalitions that promote lifelong oral health by shaping policy, promoting prevention and educating the public. Learn more - anohc.org.

**American Public Health Association-Oral Health Section**
Booth # 4
800 I Street, NW
Washington, DC 20001
339-222-8917

Representatives
  - Kathy Lituri lituri@bu.edu

The American Public Health Association, a diverse community of public health professionals has championed the health of all people and communities for more than 140 years. The Oral Health Section of APHD has nearly 350 members, mostly dentists and dental hygienists, working in public health practice, administration, research, or teaching.

**Association of State and Territorial Dental Directors**
Booth # 1
3858 Cashill Blvd
Reno, NV 89509
775-626-5008

Representatives
  - Christine Wood cwood@astdd.org
  - Bev Isman bev.isman@comcast.net

The Association of State and Territorial Dental Directors (ASTDD) is committed to improving the nation’s oral health by promoting strong state oral health programs, formulating oral health policy, increasing awareness of oral health, and preventing oral disease.
Centers for Disease Control and Prevention
Booth # 9
4770 Buford Hwy, MS F-80
Atlanta, GA 30341
770-488-5301
Representatives
Linda Orgain  lbo6@cdc.gov

DentaQuest Institute
Booth # 16
2400 Computer Drive
Westborough, MA 01581
508-329-2402
Representatives
Dori Bingham  dori.bingham@dentaquestinstitute.org
Danielle Apolsolon  Danielle.apolsolon@dentaquestinstitute.org

The DentaQuest Institute is an improvement organization focused on creating an effective and efficient oral health care delivery system. We work with all types of providers in various settings (private practice, safety net clinics, hospitals, and academia) to achieve optimal oral health outcomes for patients through prevention and disease management.

Lutheran Medical Center
Booth # 2
5800 3rd Ave
Brooklyn, NY 11220
347-786-0583
Representatives
Jay Balzer  jbalzer@lmcmc.com

National Maternal and Child Oral Health Resource Center
Booth # 12
Box 571272
Washington, DC 20057-1272
202-784-9551
Representatives
Jolene Bertness  Jolene.Bertness@georgetown.edu
Sarah Kolo  sk22@georgetown.edu
Beth Lowe  eal38@georgetown.edu

The National Maternal and Child Oral Health Resource Center (OHRC) supports health professionals, program administrators, educators, and others working in states and communities in addressing public oral health issues. OHRC gathers, develops, and shares high-quality information and materials. OHRC is supported by the Maternal and Child Health Bureau.

Oral Health America
Booth # 11
180 North Michigan Ave Suite 1150
Chicago, IL 60601
312-836-9900
Representatives
Tina Montgomery  tina.montgomery@oralhealthamerica.org
Dora Fisher  dora.fisher@oralhealthamerica.org
Brittany Wright  brittany.wright@oralhealthamerica.org

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October 15 & 16, 2015
Tucson, AZ ~ Ritz Carlton Dove Mountain
1. SELF-PERCEIVED ORAL HEALTH, NORMATIVE NEED, AND DENTAL UTILIZATION AMONG DENTATE ADULTS IN THE UNITED STATES: NHANES 2011-2012
Sayo Adunola (1), DDS-MPH; Bruce Dye (1), DDS-MPH; Timothy Iafolla (1), DMD-MPH; Shahdokht Boroumand (1), DMD-MPH; Margo Adesanya (1), DDS-MPH; Isabel Garcia (1), DDS-MPH
National Institute of Dental and Craniofacial Research, National Institutes of Health, Bethesda, Maryland, USA (1)

Objectives: Utilization of dental services among adults has been declining since the early 2000s. This study investigates the role of self-perceived oral health and normative need on the utilization of dental services.

Method: We analyzed data on 4,131 dentate adult participants in the National Health and Nutrition Examination Survey (2011-2012). The outcome was dental utilization (within the past year). Self-perceived oral health (poor-excellent) and normative need assessed by a dentist (immediate-early care vs. routine care) were the key independent variables. Select socio-demographic variables were adjusted for in logistic regression models using SAS Survey procedures.

Results: Overall, 63% of adults utilized dental services in the past year. About one-quarter (27%) of adults reported having poor-fair oral health and 48% needed immediate-early dental care. Individuals with poor-fair oral health were more likely to need immediate-early care (79% vs. 28%) compared to those with excellent-good oral health. After adjusting for age, gender, race, income and education, individuals with poor-fair oral health had 78% lower odds of dental utilization compared to those who reported excellent-good oral health (OR=0.22; 95% CI: 0.17-0.28). Individuals with immediate/early needs had 66% lower odds of dental utilization compared to those who needed routine care (OR=0.34 95% CI: 0.27-0.41) after adjusting for sociodemographic factors.

Conclusion: In a sample representative of the 2011-12 US general population, both self-perceived oral health and normative need are associated with dental utilization. Understanding factors associated with dental utilization can help with program planning and policy development and lead to better allocation of resources.

Source of Funding: National Institute of Dental and Craniofacial Research.

2. IMPLICATIONS OF CHIPRA: UTILIZATION OF DENTAL SERVICES AMONG YOUNG CHILDREN
Nicole Zautra (1), MPH; Hsien-Chang Lin (1), PhD
Indiana University, Bloomington, Bloomington, IN, USA (1)

Objective: This study evaluated the impact of the Children’s Health Insurance Program Reauthorization Act (CHIPRA) of 2010 on utilization and cost of dental services among young children.

Method: A retrospective multiple time-series design with a non-equivalent control group was conducted using the nationally representative 2009-2012 Medical Expenditure Panel Survey. Analysis included a logistic regression of whether a dental visit and a linear regression of total dental expenditure using the Heckman two-step selection procedure. Children’s demographics, insurance status, and family income were controlled.

Results: The weighted logistic regression indicated that 0-1 year olds (OR=0.03, 95% CI: 0.02-0.04) and 2-3 year olds (OR=0.13, 95% CI: 0.10-0.17) were less likely to have ≥1 dental visit as compared to 4-5 year olds. Medicaid/SCHIP enrollees were less likely to have ≥1 dental visit as compared to uninsured children (OR=1.60, 95% CI: 1.34-1.91). The linear regression model revealed total dental expenditures for 0-1 and 2-3 year olds are less than 4-5 year olds (β=−231.13 and -97.59; p<.001, respectively). Total dental expenditures were greater among children enrolled in Medicaid/SCHIP as compared to uninsured children (β=110.69, p<.001). Total dental expenditures were higher in 2011 compared to 2010, the year CHIPRA was implemented, (β=29.91, p=0.01).

Conclusions: We observed a strong inverse association between age, dental service utilization, and total dental expenditures. CHIPRA was not found to have increased dental care utilization or decreased total dental expenditures among children age 0-5. Further longitudinal study is necessary to understand the impact of CHIPRA and inform future dental health policies.

Source of Funding: None.

3. ORAL HEALTH NEEDS AND DENTAL CARE UTILIZATION AMONG OREGONIAN SENIORS
Richie Kohli (1), BDS, MS; Sandra Nelson (2), RDH, BS; Eli Schwarz (1), DDS, MPH, PhD
Oregon Health and Science University, Portland, OR, USA (1), Smile All Around, LLC, Portland, OR, USA (2)

Objective: In spite of the increase in the Oregon population aged 65+ years, very limited data exist on their oral health. The objective of this study was to assess the oral health status and dental care utilization of seniors in Clackamas County.

Methods: A cross-sectional study on a sample of seniors at community/meal sites and nursing homes was conducted comprising a self-reported oral health survey and the short-form Oral Health Impact Profile (OHIP-14). Clinical screenings were based on the ASTDD Basic Screening Survey. Bivariate data analysis and logistic regression were conducted using SPSS v20.

Results: The study comprised 206 seniors (40% males and 60% females); mean age: 77.7 years (s.d.=8.4); 53% residing in nursing facilities and 47% affiliated with community sites. Coronal caries and root caries were present in 44% and 26% of the participants respectively; root caries in more than 3 teeth was found in 5%. About 55% of the seniors had some prosthetic need. About 76% (n=148) and 47% (n=86) did not have dental insurance and a regular dentist respectively; 28% had not seen a dentist for more than 5 years. Seniors who were white; had teeth; higher education; and dental insurance were 1.7 to 8 times more likely to having visited the dentist in previous 12 months (p<0.05) compared to non-white; edentulous; lower educated; and uninsured respondents.

Conclusion: Clackamas County seniors have considerable oral health needs, dental access and utilization issues. This county level pilot project can guide a larger state-wide survey of oral health among seniors.

Source of Funding: National Association of Chronic Disease Directors; DentaQuest Foundation.

4. MEDICAID EXPANSION AND CHANGE IN HOSPITAL EMERGENCY DEPARTMENT (ED) VISITS FOR ORAL HEALTH CONDITIONS AMONG RHODE ISLAND ADULTS
Junhie Oh (1), BDS, MPH; Laurie Leonard (1), MS; Safiya Yearwood (1)
Rhode Island Department of Health, Providence, RI, USA (1)

Objective: Report changes in RI adults’ ED utilization with oral health conditions associated with expanded Medicaid coverage under the Affordable Care Act (ACA) in 2014.

Method: From the RI Hospital Discharge Data, adults’ (age 20-64 years) ED encounters that were reported with oral/dental primary diagnoses (i.e. ICD-9-CM codes of 520.0–529.9) that did not result in hospital admission during the first half year of 2014 were collected and compared with the previous years (2010-2013). ED uses were grouped by age (20-34, 35-49, and 50-64 years) and source of payment (Medicaid, commercial insurance, self-pay, and other).
5. EMERGENCY DEPARTMENT UTILIZATION FOR NON-TRAUMATIC DENTAL CONDITIONS IN MINNESOTA - REPEAT VISITS & TRENDS IN ASSOCIATED PRESCRIBING PRACTICES

Sahiti Bhaskara (1), BDS, MPH candidate 2014; Merry Jo Thoele, RDH, MPH; Jon Roesler, MS
Minnesota Department of Health, Saint Paul, Minnesota, USA (1)

Objectives: 1. Describe utilization of Hospital Emergency Department (EDs) for non-traumatic dental conditions with specific attention to care delivered and repeat visits. 2. Model and describe repeat visits by preventability and severity of condition. 3. Describe trends in pain medication prescribing related to non-traumatic dental ED visits.

Methods: Statewide ED visit data from 2008-2013 identified from Minnesota's All Payer Claims Database (APCD), including demographic, diagnostic, procedure, and charge variables are used. Annual, hospital-specific cost-to-charge conversion ratios were obtained from CMS. Adjusted general linear models are used for the cost analysis and adjusted logistic regression models are used to characterize determinants of repeated ED use and prescribing trends.

Results: Previous analyses of hospital discharge data showed a disproportionate burden for preventable and low severity conditions. While ED visits for oral conditions did not increase significantly from 2007-2012 overall, visits for preventable and low-severity conditions were significantly higher in subsequent years compared to 2007. Total costs were $92,494,115 with mean and median cost/visit being $517 and $146 respectively. The hospital discharge dataset did not enable analyses of repeat visits and associated prescriptions. The current study attempts to close this gap in literature. In-depth results from similar analyses of APCD data will be presented.

Conclusions: Growing use of EDs as a safety net is a sensitive indicator of the widening disparity in access to oral health care in Minnesota. While identifying high risk populations for policy and programmatic interventions, this study will also facilitate access to crucial information for systems-level changes around this issue.

Source of Funding: Delta Dental of Minnesota Foundation, Centers for Disease Control and Prevention U58DP004899 (DP13-1307), Health Resources and Services Administration T12HP14659.

6. DETAILED ANALYSIS OF THE LAC SAFETY-NET DENTAL CLINICS USING GIS MAPS

Maritza Cabezas (1), DDS, MPH
Los Angeles County Department of Public Health, Los Angeles, CA, USA (1)

Objectives: Los Angeles County (LAC) has nearly 10 million residents and covers 4,000 square miles. Its safety net system is so complex that it is nearly impossible to visualize areas according to available services, population served and type of facilities. The current infrastructure for low-income adults is comprised of private practitioners groups that provide care on a fee-for-service basis and a safety net made up of public and private clinics. The objective of this presentation is to show how this complex system can be analyzed using GIS maps.

Methods: Maps were created using Geographic Information Systems (GIS). We used data provided by the 211 LAC Hot Line, My Health LA Database, Health Resources and Services Administration data on Federally Qualified Health Centers, and the 2011 LAC Health Survey of the LAC Department of Public Health.

Results: GIS maps demonstrated that the dental safety net coverage is unevenly distributed through LAC. It displayed disparities when correlating available dental services by geographic areas and percentage of adults that couldn't afford dental care. These findings will facilitate raising community support for additional dental sites by highlighting discrepancies and will provide accurate information to city council members and other decision-makers on the location and levels of dental services. It will also aid existing clinics when planning for expansion.

Conclusions: GIS maps clearly illustrate the distribution of dental services and should be standard tools in all communities when planning delivery of dental services and analyzing access to care.

Source of Funding: LAC Department of Public Health.

7. MOBILIZING YOUTH TO FURTHER AWARENESS, LITERACY, AND SYSTEMS CHANGE IN ORAL HEALTH AT THE COMMUNITY LEVEL

Katharine Correll (1), BA
America's ToothFairy: National Children's Oral Health Foundation, Charlotte, NC, USA (1)

Objectives: Add human capital to oral health promotion and advocacy; develop a pipeline of future health leaders with an interest in public oral health; increase community-wide interest and connectivity around oral health.

Method: In 2013, America’s ToothFairy received a large grant from the DentaQuest Foundation to begin a oral health youth movement in high schools and youth organizations. Now in the second year of implementation, initial participation in basic education outreach has developed into four focus areas: Health Professional Shortage Areas, Community Water Fluoridation, Health Disparities, and Collaborative Approaches to Oral Health. By combining dynamic resources (physical and virtual) with structured programming, regular training opportunities, rewards, and incentives youth and their adult advisors are increasingly deepening their participation in oral health as a social justice and community service project.

Results: While initially with modest goals--50 high schools, 500 Boys and Girls Clubs reaching 125,000 youth and children—the receptivity of the program was astounding and helped the program grow to over 400 high schools and 600 Boys and Girls Clubs reaching over 500,000 children within the first 12 months. This increased the overall reach of our organization by 44%, and there is evidence to suggest this percentage increase can be expected at any community level that engages youth.

Conclusions: As with tobacco, texting while driving, HIV/AIDS, etc. oral health can be elevated to a new level through the engagement of youth. Education, training, personalized appeals, ability to connect...
within the community and incentives drive participation and garner results.

**Source of Funding:** Funding for conference participation is taken from our organizational budget. Initial funds for the program were provided by the DentaQuest Foundation; the program continues with support from corporate underwriters and distributed funding from partners like Delta Dental in Oral Health Zones across the country.

8. **USING A HEALTH LITERACY APPROACH WHEN INTEGRATING ORAL HEALTH DATA INTO AN ONLINE PUBLIC HEALTH DATA PORTAL: LESSONS LEARNED FROM THE MINNESOTA ORAL HEALTH SURVEILLANCE SYSTEM**

   Genelle Lamont (1,2), MPH, PhD Candidate; Merry Jo Thoele (1,2), RDH, MPH

   Minnesota Department of Health, Saint Paul, MN, USA (1), University of Minnesota, Minneapolis, MN, USA (2)

   **Objectives:** Increase access to oral health data through the Minnesota Public Health Data Access Portal and integrate best practices in health literacy, numeracy, accessibility and web design to allow greater understandability and usability of data.

   **Methods:** (1) Selected Minnesota relevant oral health indicators based on guidance from the Association of State and Territorial Dental Directors (ASTDD) and Council of State and Territorial Epidemiologists (CSTE). (2) Acquired datasets and reformatted into data queries in accordance with portal standards and CDC Evaluation Framework of usability, feasibility, proprietary and accuracy. (3) Prioritized data needs and portal features based on formative research with potential data users. (4) Content experts, web developers, and portal staff worked closely to develop data queries, GIS maps, graphs, tables and key messages that were accessible (508 compliant) and embodied best practices in health literacy, numeracy and web design. (5) Portal reviews and user testing informed revisions.

   **Results:** Challenges and solutions to using health literacy, accessibility and web design standards in the context of building an online oral health surveillance system will be discussed.

   **Conclusions:** Providing accessible, usable, understandable online oral health data to multiple audiences requires a team of oral and public health professionals, web designers, information technology and communications experts skilled in oral health literacy best practices. Project teams developing an online oral health surveillance system must find a balance between professional/technical language, plain language and numeracy with the communication purpose and audience at center stage.

   **Source of Funding:** Delta Dental of Minnesota Foundation.

9. **RANDOMIZED CONTROLLED TRIAL OF THE EFFECT OF LAY HEALTH ADVISOR INTERVENTION ON CHILD’S CARIES PREVENTION BEHAVIORS IN IMMIGRANT MOTHERS**

   Hsiao-Ling Huang (1), DrPH, MPH; Ted Chen (2), PhD, MPH; Chin-Shun Chang (3), DDS, MPH, PhD, FICD

   Department of Oral Hygiene, College of Dental Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan (1), Department of Global Community Health & Behavioral Sciences, School of Public Health and Tropical Medicine, Tulane University, New Orleans, Louisiana, USA (2), Taiwan Society of Oral Health, Taipei, Taiwan (3)

   **Objectives:** Oral health disparities in immigrant children have become a dental public health issue. Since 2011, the 5-year Lay Health Advisors (LHAs) Approach to Promote Oral Health Project was implemented in Kaohsiung, Taiwan. The goal of the project is to create changes in caries preventive behaviors in immigrant mothers that will result in reduction of oral health disparities related to child's caries.

   **Method:** An experimental design was used; participants were randomly assigned to the LHA intervention or to a brochure-only control group.

   Immigrant women who have 2-6 years old children were recruited. Overall, 29 and 24 mothers were assigned into intervention and control groups. Qualified LHAs used bilingual brochure, dental model and teeth cleaning kit in their outreach. Each LHA taught assigned mother about caries prevention cognitive and oral health care techniques four times at 4-week period. Baseline and follow-up survey was used to collect the data in caries preventive behaviors. The pairwise differences were analyzed between the pre- and post-test data.

   **Results:** The level of caries prevention knowledge was significantly increased after LHA intervention (P<0.05). There was a significant and over two-fold increase in oral hygiene behaviors and an increase of >20% in brushing after sugary intake in LHA group. The mothers in experimental group were more likely to assist in child brushing 3+ times daily (Odds Ratio (OR) = 11.00) and brushing teeth for 3 minutes (OR=2.65) compared to control group.

   **Conclusions:** The LHA strategy was effective in improving immigrant children's caries prevention behaviors.

   **Source of Funding:** This study was supported by the National Science Council of Taiwan.

10. **ORAL HEALTH IN PRIMARY CARE: A FRAMEWORK FOR IMPLEMENTATION**

   Jeff Hummel (1), MD, MPH; Kathryn Phillips (1), MPH; Catherine Hayes (2,3), DMD, SM, DrMedSC; Bre Holt (1), MPH

   Qualis Health, Seattle, WA, USA (1), American Association of Public Health Dentistry, Boston, MA, USA (2), Health Resources in Action, Boston, MA, USA (3)

   **Objectives:** Primary care teams, providing comprehensive care in the context of a patient-centered medical home (PCMH), have the clinical competencies, infrastructure, and relationships necessary to improve oral health status and reduce oral health disparities. Yet few primary care practices include oral health as a component of routine medical care.

   **Methods:** A Technical Expert Panel consisting of primary care and dental care providers and associations; payers; a patient advisor; and public health advocates was assembled to advise the sponsors and authors on opportunities to integrate oral health in primary care. The authors conducted an environmental scan to: 1) identify existing models for oral health integration, and 2) identify applicable learnings from recent efforts to integrate behavioral health services into primary care.

   **Results:** The resulting Oral Health Delivery Framework delineates the oral health activities for which a primary care team would take accountability in a PCMH: 1) Ask about symptoms that suggest oral disease; 2) Look for signs of oral disease; 3) Decide on the most appropriate response based on principles of stepped care; 4) Act by placing orders for preventive measures including education, coaching, and interventions such as fluoride varnish, and coordinated referrals; and, 5) Document the findings so information can be used to provide continuity in patient care within the PCMH, and coordinate care with oral health specialists.

   **Conclusions:** We discuss resources available to support implementation and suggest strategies stakeholders can employ to support oral health integration efforts at the national level.

   **Source of Funding:** National Interprofessional Initiative on Oral Health, DentaQuest Foundation, Washington Dental Service Foundation, and the REACH Healthcare Foundation.
11. **I-SMILE SILVER: USING THE LESSONS LEARNED HELPING IOWA’S KIDS TO DEVELOP A PILOT PROJECT FOR IOWA’S SENIORS**

*Tracy Rodgers (1), RDH, BS, CPH*

*Iowa Department of Public Health, Des Moines, IA, USA (1)*

**Objectives:** Iowa’s elderly population is growing. In 16 years, 22% of the state population will be age 65. Iowa’s Lifelong Smiles Coalition seeks ways to assure optimal oral health for older Iowans. One strategy is support for the I-Smile Silver pilot project to develop community-based systems to improve the ability of older Iowans to prevent disease, access care, and maintain health.

**Methods:** Coalition members recognized successes of the I-Smile program for children (Medicaid-enrolled receiving care from dentists has nearly doubled). Using guiding principles from that program, I-Smile Silver was conceptualized. Backed by the coalition, Iowa Department of Public Health requested funding from Delta Dental of Iowa Foundation for a 2-year pilot project. I-Smile Silver targets Iowans age 60 (residents of nursing facilities, Medicaid Elderly Waiver clients, and those receiving home nursing visits). Local coordinators are liaisons with nursing facilities, community organizations, businesses and dentists, offering trainings and care coordination assistance and promoting oral health.

**Results:** Two projects began in November, and community partnerships and linkages are being made. Quarterly progress reports include successes, needs and barriers; descriptions of contacts with partners; trainings provided; and referrals made.

**Conclusions:** The Lifelong Smiles Coalition was critical for consideration and pursuit of an I-Smile lookalike for older Iowans. Support and interest of multiple organizations will strengthen the project’s potential success. Evaluation of I-Smile Silver will identify: barriers to care and ways to reduce them; policies that may improve the ability of older Iowans to access care; and costs for project expansion.

**Source of Funding:** Delta Dental of Iowa Foundation.

12. **QUALITATIVE ASSESSMENT OF THE DENTAL PUBLIC HEALTH COMPETENCIES AND THEIR APPLICATION IN A CURRICULUM**

*Hend Alqaderi (1), BDS, DMSc Candidate; Christine Riedy (1), PhD; Muhanad Alhareky (1), MS, DMSc Candidate; Mary Tavares (1), DMD, MPH*

*Harvard School of Dental Medicine, Boston, USA (1)*

**Objective:** Dental public health (DPH) field is changing and facing new challenges. Therefore, future DPH specialists need to be equipped with up-to-date skills that qualify them to improve oral health by dealing with varied aspects of their communities. Recent literature suggests that DPH has a small role in the field of dentistry due to the gap between academia and practice. The DPH competencies strongly influence what is learned in DPH residencies. The goal of this project was to solicit evaluations of the competencies and create a seminar using them in program planning projects.

**Methods:** We conducted a focus group of 8 DPH residents. The coordinator addressed 5 main areas: 1) Perceived values and significance of the competencies, 2) Best strategies to acquire new skills that correspond to each competency, 3) Hurdles anticipated when mastering competencies, 4) Suggestions for new competencies. 5) Projects that would add value to the DPH field and if they felt competent working on these projects.

**Results:** There was general agreement of the importance of focusing on the “call to action” competencies rather than analytical competencies, with consistent responses on learning strategy and types of hurdles. Based on feedback, a seminar series was designed, incorporating the competency concepts into structured sessions. Faculty addressed specific competencies at each session, applying them to semi-hypothetical program planning projects. Residents evaluated the seminar at its conclusion.

**Conclusion:** Using the DPH competencies in real-world problem solving exercises can help to bridge the gap between what is taught and what is required in DPH practice.

**Source of Funding:** None.

13. **UNDERSTANDING THE IMPACT OF STATE POLICY ON DENTAL SERVICE DELIVERY AT FEDERALLY QUALIFIED HEALTH CENTERS**

*Hannah Maxey (1), PhD, MPH, RDH*

*Indiana University, Indianapolis, Indiana, USA (1)*

**Objectives:** Federally Qualified Health Centers (FQHCs), important to America’s oral health safety-net, are subject to standard federal criteria, but deliver care in underserved communities with workforce policy environments that vary from state to state. Variations in dental hygiene regulation and policy correlate with access to dental care at the state-level, but impact on underserved communities is unknown. This study seeks to determine whether and to what extent such variations affect availability and access to dental care at FQHCs.

**Method:** Dental service utilization data for 1,135 FQHCs that received community health center funding from 2004 to 2012 were analyzed. Dental Hygiene Professional Practice Index (DHPPi) served as a baseline indicator of the state policy environment. The influence of grantee and state level characteristics and the economic recession were considered. Mixed effects models account for correlations introduced by the multiple hierarchical structures of the data.

**Results:** FQHCs located in states with highly restrictive policy environments were 72% less likely to deliver dental services and, those that do, provided care to 7% fewer patients than those grantees located in states with the most or more supportive policy environments.

**Conclusion:** State policy environment for dental hygienists is likely a predictor of availability and access to dental care in FQHCs. FQHCs located in states with restrictive policy environments were less likely to deliver dental care and provide dental care to fewer patients. These findings demonstrate the need for policy and advocacy efforts at all levels, especially within states with restrictive policy environments.

**Source of Funding:** None.

14. **WHAT PREDICTS ATTITUDES TOWARD NEW WORKFORCE MODELS AMONG UNDERREPRESENTED MINORITY DENTISTS?**

*Elizabeth Mertz (1), PhD, MA; Cynthia Wides (1), MA; Paul Gates (2), DDS, MBA*

*UCSF School of Dentistry, San Francisco, CA, USA (1), Bronx Lebanon Hospital Center Dental Department, Bronx, NY, USA (2)*

**Objectives:** Organized dentistry opposes dental therapists (DTs), but little is known about individual providers’ opinions. This study examines predictors of Underrepresented Minority Dentists’ (URM) attitudes toward DTs.

**Methods:** A 2012 national sample survey was conducted of 4386 Black, Hispanic and American Indian/Alaska Native dentists that assessed professional opinions (34% response rate). Independent variables of theoretical relevance were tested for correlation followed by logistic regression to predict providers’ disagreement with DTs measured as a binary variable (agree=neutral vs. disagree).

**Results:** The preliminary model (n=1152, F-stat 5.21) showed opposition to DTs was predicted for URM dentists in our survey by Hispanic and American Indian/Alaska Native dentists that assessed professional opinions. Additional analyses examined prediction of support for DTs and support/opposition for a dental community health worker.

**Conclusions:** Organized dentistry is a fundamental avenue for providers
Increasing Access to Sealants for Children: A Prescription for Changes in State Policies and Community Outreach

Gloriana Nana Lopez (1), DDS, MPH; Jane Koppman (2), MPA
Community Health of South Florida, Marathon, FL, USA (1), Pew Charitable Trusts, Washington, DC, USA (2)

Objective: To encourage changes that increase proven preventive strategies by reporting regularly on states’ efforts to improve access to sealants for low-income kids and encouraging safety net providers to reach out to children outside the traditional center walls to schools.

Methods: In 2012, the Pew Children’s Dental Campaign released a report that evaluated 50 states and the District of Columbia on their performance in sealing the teeth of low-income children. An updated report is coming out in January 2015 that describes both successful and unsuccessful efforts of states in making progress on this goal over the last two years. The analysis is based on surveys of dental directors and state dental boards. Concurrently, a report on the status of sealants programs provided by safety net providers (Community Health Centers) will be presented.

Results: The results will be presented with a discussion of the progress made since the last report, looking at what were the commonalities in the states that got the highest grades, how improvements were attained, how to encourage improvements on a state and local level.

Conclusion: Progress is being made in reaching the National Health Objective of sealing molars on highest risk children, but many more changes are needed. By keeping our finger on the pulse by reporting progress and encouraging changes we will get closer to and hopefully reach our goal.

Source of Funding: Pew Charitable Trusts.
Below is a list of topics that will be discussed during the Roundtable Luncheon on Monday, April 27, 2015 from 12:15pm-2:15pm. Please take a few moments to review this list and choose at least two topics of interest prior to the luncheon. The number listed next to the title is the table number assigned to that topic. Tables will be arranged in numerical order. Be sure to grab a box lunch before sitting down. Once attendees are settled at their tables, the first discussion will begin. After about 30-40 minutes, the moderator will direct attendees to move to a second table. We suggest that you have more than two topics chosen ahead of time since there is no guarantee you will find an open seat at your first choice. Seating will be first-come, first-seated, and the maximum number of participants at a table is limited to ten.

1. SENIOR OPEN MOUTH SURVEY: DOS AND DON'TS!
   **Presenter:** Jill Moore, RDH, BSDH, MHA, Michigan Department of Community Health

   With the continual aging of the Baby Boomer generation the Silver Tsunami is full force ahead! As the fastest growing population in the US, the elderly population is not only growing older, they are growing older with their teeth, and access to oral health care will benefit their overall health. It is known that being elderly no longer equates to being edentulous, and states must be prepared to address this growing need with access to care. The first step is to understand the need within each state via a reliable open mouth screening of the aging population to collect the pertinent data which will ultimately be needed to fund initiatives to increase access to care; however a successful open mouth screening with the aging population is not always easy. This roundtable will discuss the senior survey data collection process that has taken place in Michigan over two different grant funded projects. Discussed will be the dos and don'ts as the lessons learned are shared all the way from funding a senior survey to gaining access to the oral cavity and ultimately making sense of the data. Join in for a roundtable discussion that will help make your state surveillance on the oral health conditions of the elderly a success!

   **Source of funding:** National Association of Chronic Disease Directors.

2. EXPANDING THE ORAL HEALTH WORKFORCE: FORMAL AND INFORMAL CAREGIVER TRAINING
   **Presenter:** Rita Jablonski, PhD, University of Alabama at Birmingham

   Older adults are living longer, more independent lives than ever before in history. Increasingly adults are having health and social services delivered to their homes rather than enduring lengthy stays in skilled nursing or rehab facilities. Frequently the services provided are medical or nursing related and are often delivered by family caregivers or paid in-home care providers with limited training. For many caregivers delivering oral care is not a straightforward task because their care recipient may have Alzheimer's, limited mobility, or debilitating chronic conditions that make providing care a challenge. This seminar will describe an innovative training that's equipping all types of caregivers with the knowledge, skills, and confidence to provide quality oral care for a wide variety of individuals while respecting their ability level and maintaining their dignity. As a result of this seminar, participants will: Understand key components to include in an oral health for caregiver training (formal and informal caregivers); demonstrate new skills in gaining cooperation from older adults with challenging behaviors; and preview a new set of oral health educational tools for family caregivers caring for loved ones with Alzheimer's Disease.

   **Source of funding:** None.

3. BEST PRACTICES IN MEDICAL/DENTAL COLLABORATION
   **Presenter:** Anne Clancy, RDH, MBA, American Dental Association

   Enhanced systems of collaboration among dental and primary care medical professionals is beneficial to the population's overall health. Poor oral health can be the starting point of various high-cost chronic conditions that are occurring at epidemic proportions in the United States (diabetes, heart failure).

   Besides dental professionals, other primary care providers such as physicians, nurses, physician assistants, and nurse practitioners are easily trained to recognize and refer for conditions such as caries and periodontal disease.

   This roundtable discussion will include best practices that currently exist in medical/dental collaboration including the Smiles for Life curriculum, interprofessional education practices, and pediatrician – pediatric dentist bi-directional referrals.

   **Source of funding:** None.

4. INVGORATING THE DENTAL PUBLIC HEALTH (DPH) SPECIALTY THROUGH EDUCATIONAL INNOVATION IN PRIMARY CARE SETTINGS
   **Presenter:** Jay Balzer, DMD, MPH, Diplomate ABDPH, Lutheran Medical Center, Department of Dental Medicine

   DPH is a small dental specialty with very modest growth in past years. Limited growth of the specialty is due in part to barriers to enrollment in accredited residency programs that are required for board certification. Some of the more significant enrollment barriers include the high cost of tuition-based programs, the limited geographic availability of training sites, and the common requirement of full-time enrollment that excludes many potential candidates who cannot take full-time leave from employment.

   The purpose of this session is to describe a new and innovative DPH residency program sponsored by Lutheran Medical Center that is in the first year of implementation with seven residents. The program eliminates or reduces some enrollment barriers and thus has the potential to significantly increase the nation’s supply of DPH practitioners with advanced (post-graduate) residency training. Some innovative features of this program include: 1) payment of a generous stipend; 2) no tuition or program fees; 3) multiple training sites across the country; 4) half-time enrollment option; 5) training in primary care settings (community health centers) that provide “real world” experience.
and increased potential for employment after graduation; and 6) web-based didactic coursework with nationally recognized DPH experts.

The Program Director will describe the program and take questions from roundtable participants. The recent publication by the National Network for Oral Health Access (NNOHA) regarding dentist training in primary care settings will be discussed. Current residents of the Lutheran DPH residency program will be available to answer questions and give their perspectives.

Source of funding: None.

5. ROADS: A RURAL ORAL HEALTH ADVANCEMENT AND DELIVERY SYSTEM
Presenter: Mark Doherty DMD, MPH, CCH, DentaQuest Institute, Safety Net Solutions Program

A partnership between the Medical University of South Carolina Dental School’s Office of Population Health, the South Carolina Office of Rural Health (SCORH) and the Safety Net Solutions Program at the DentaQuest Institute has created a multipronged approach to improving oral health access in rural areas of South Carolina. Building upon a base of creating efficiency and effectiveness in 18 FQHC practice sites while also creating a strategy and framework for the integration of oral health services into the culture of rural health primary care as practiced in rural health clinics is only a part of this fascinating initiative. This roundtable will discuss the strategy, the partnership and the results to date plus describe the plan going forward to utilize an interprofessional approach to integration to improve oral health while including several other state Offices of Oral Health.

Source of funding: None.

6. PUTTING PATIENTS FIRST: DEVELOPING A CULTURE OF PATIENT-FOCUSED CARE
Presenter: Dori Bingham, Safety Net Solutions, DentaQuest Institute

Most safety-net dental programs have way more demand for care than can be met. Trying to keep up with that high demand has led us to focus more on the quantity of care provided, rather than the quality of the patient care experience. How many times have we instituted customer service programs, only to see it fall by the wayside after a few months? Improving the patient experience of care goes far beyond the traditional boundaries of customer service programs. Conducting an objective and thorough assessment of the patient’s experience of care enables dental programs to strategize an approach to care that will help patients become more engaged, which can lead to better clinical outcomes and improved program results. This roundtable will provide a framework for a comprehensive assessment of the patient experience of care and present strategies for developing a culture of truly patient-focused care.

Source of funding: None.

7. DESIGNING A MEDICAID RISK-BASED DENTAL BENEFIT TO PREVENT AND MANAGE EARLY CHILDHOOD CARIES
Presenter: Mary E. Foley, RDH, MPH, Medicaid-CHIP State Dental Association

Dental caries continues to disproportionally affect low-income and other vulnerable young children. Traditional efforts by Medicaid and dental public health programs targeting young children have only been successful for some. As such, states are looking for innovative ways to address this problem. As a result of the many opportunities made available through the ACA, new administrative models have emerged across the states and innovative policies that drive prevention and disease management are taking place. This roundtable will describe the steps necessary to implement a Medicaid and CHIP risk-based dental caries preventive and disease management program for early childhood populations. Strategies for public health professionals, oral health advocates and state Medicaid and Oral Health Program directors will be included. Participants will gain knowledge and skill in Medicaid and CHIP oral health policy and benefit development, including the evidenced based rationale for implementing such a program.

Source of funding: None.

8. ADA’S DENTISTRY IN LONG-TERM CARE INITIATIVE
Presenter: Barbara J Smith, PhD, RDH, MPH, American Dental Association, Council on Access, Prevention, & Interprofessional Relations

The ADA Action for Dental Health, launched in 2013, includes a Dentistry in Long-Term Care Initiative with an ultimate goal of ensuring that every nursing home resident who wants and needs dental care is able to get it. The initiative describes two specific action oriented goals which are that:

1. Through ADA continuing education, train at least 1,000 dentists to provide care in nursing homes by 2020, and increase the number of dentists serving on advisory boards or as dental directors of long-term care facilities.

2. At least ten state dental associations will be committed to implementing a long-term care program to improve the oral health of nursing home residents by 2015.

An online, self-paced 8 module series entitled Dentistry in Long-Term Care: Pathways to Success, was launched via ADA’s Center for Professional Success in November 2014.

Representatives from 15 state dental associations met in face to face meetings with experts in long-term care and ADA staff to create a two-way exchange of information between ADA and the state associations. Resources were developed to meet the needs of the states.

The purpose of this presentation is to familiarize participants with ADA efforts in training dentists and fostering state dental association involvement in long term care. Metrics of registration/participation in the online course will be discussed. Resources provided to states will be highlighted. Examples of emerging state programs in long-term care will be presented.

Source of funding: None.

9. PERINATAL ORAL HEALTH: EXAMINING THE DEVELOPMENT OF A MULTIFACETED MICHIGAN INITIATIVE
Presenter: Emily Carr, MPH, Michigan Department of Community Health, Oral Health Program

The evidence is convincing that the health of childbearing women has an impact on their future newborn children’s health and survival. Yet, many in Michigan do not understand that good oral health is an important component of a healthy pregnancy and as a result, Michigan has launched a comprehensive initiative to address perinatal oral health.

Roundtable attendees will focus on examining baseline data collected from medical and dental providers regarding dental treatment of pregnant women, as well as outlining strategies developed to increase awareness and implement interdisciplinary perinatal oral health curriculum. Participants will leave with increased knowledge of the issues surrounding perinatal oral health, the Michigan data in regards to provider attitudes and practices, as well as strategies and resources to develop perinatal oral health awareness and education. A discussion of best practices and lessons learned will help equip attendees to promote and develop comprehensive perinatal oral health initiatives.

Source of funding: None.
Roundtable Topics

10. IMPROVING THE ORAL HEALTH OF CHILDREN AND FAMILIES IN HEAD START THROUGH HOME VISITING ACTIVITIES
Presenter: Michelle Martin, RDH, MPH, Head Start National Center of Health Dental Hygienist Liaison – State of Utah, Utah Department of Health Oral Health Program

Head Start home visitors deliver important information to Head Start families to help them choose behaviors that will keep them healthy. The Head Start National Center on Health Dental Hygienist Liaison provides training sessions for Head Start home visitors on good oral health practices, to share with families in Head Start. The 12 oral health home visiting messages described in this session, along with related activities to adopt healthy oral health practices are being utilized statewide with Head Start programs in Utah.

It is the intent of this session to share these messages, including resources and successful strategies that can be used to improve the oral health of Head Start families and children enrolled in home visiting programs across the country.

Source of funding: National Center of Health.

11. WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD = LESS ORAL DISEASE
Presenter: Lynn Bethel, RDH, MPH, ASTDD School and Adolescent Oral Health (SAOH) Committee

Studies indicate that in the US, 5 to 17 year-olds miss 1.6 million school-days annually due to acute oral health problems - 3.1 days per 100 students. Low-income children and adolescents have nearly 12 times as many missed school days as do those from families with higher incomes.

One proven strategy for reaching children and adolescents at high-risk for oral disease are school-based prevention programs. Making oral health services available at school enables the student to easily access a broad range of education and clinical services in a safe, familiar environment and usually at little or no cost to their family.

The ASTDD SAOH Committee promotes CDC’s Whole School, Whole Community, and Whole Child (WSCC) model which incorporate oral health into school health through an “e-toolkit” that includes valuable information and resources to improve oral health through education, prevention interventions, and dental treatment services via unique collaborative partnerships at the local, state and national levels.

This roundtable will review the contents of the e-toolkit and through interactive exchanges with fellow participants will gain insight on new partnerships to promote oral health in the school setting and knowledge on how to apply and incorporate the WSCC model to enhance their school-based oral health programs.

Source of funding: None.

12. DENTASEAL: ONLINE DATA COLLECTION FOR SCHOOL-BASED DENTAL SEALANT PROGRAMS
Presenter: Matt Crespin, MPH, RDH, Children’s Health Alliance of Wisconsin, Wisconsin Department of Health Services, Marshfield Clinic Research Foundation

The Wisconsin Seal-A-Smile program has become one of the highly recognized and effective school-based sealant programs (SBSP) in the country. Much of the success in securing funding for a statewide SBSP is a direct result of the emphasis placed on collecting and utilizing statewide data. The data Wisconsin has been able to capture regardless if they move schools, cities or counties. The benefits and efficiencies will be shared with participants along with lessons learned.

Learning Objectives:
- To learn the key features and workflow of DentaSeal;
- To learn the opportunities and challenges involved with the implementation of DentaSeal in state of WI.

Source of funding: Delta Dental of Wisconsin.

13. BUILDING CONSENT RATES FOR A SCHOOL-BASED DENTAL SEALANT PROGRAM
Presenter: Kim Herremans, RDH, MS, Greater Tampa Bay Oral Health Coalition

To improve participation in our school-based sealant program, we developed a multi-level approach to maximize our returned consent rate. We incorporated oral health literacy materials and health communication tools to assist school administrators, teachers, parents and children to obtain, process and understand dental sealants. We developed health promotional materials with the intention to obtain a 90% return rate. We begin with scheduling meetings with principals, social workers and school health resource personnel to help to promote dental health in the school. This meeting builds rapport and support with key personnel. During the meeting, we review an outline detailing a successful sealant program, as well as, distribute consent forms. Visits to the classroom highlight Mojo, an oversized puppet with his oversized companion book that leads the classroom on a fun-filled adventure to get a sealant. Immediately following the visit, each child receives their own ‘Mojo’s Sealant Day’ activity book with a consent form to take home. ‘Mojo’s Sealant Day’ illustrates Mojo’s adventure with simple, easy to read language describing steps in placing a sealant. This interactive book engages the child to learn through reading, coloring, and word games. Children are assigned special homework that day to read their activity books to their parents and to return their signed consent forms to their teacher. Consent forms were condensed to one page using plain language and printed on brightly colored paper to attract attention.

Oral health literacy and better communication has lead to greater participation in our dental sealant program.

Source of funding: None.

14. THE MSDA NATIONAL PROFILE OF STATE MEDICAID-CHIP ORAL HEALTH PROGRAMS
Presenter: Marty Dellapenna, RDH, MEd, MSDA, Center for Quality, Policy & Financing

Medicaid programs and those that work with Medicaid understand that data drives policy. Until recently, no national or state level Medicaid dental program information or data was available. In 2012, MSDA launched 2 initiatives: the Annual Survey Questionnaire of State Medicaid and CHIP Oral Health Programs and the online National Profile of State Medicaid and CHIP Oral Health Programs.

This roundtable will describe the methodology used to conduct the Annual Survey and to design the MSDA National Profile of State Medicaid and CHIP Oral Health Programs. Since 2012, with support from each of the 51 State Medicaid and CHIP Oral Health programs nationwide, the MSDA Center for Quality, Policy and Financing’s Division of Data and Quality maintains a robust, interactive database of State Medicaid and CHIP Dental Program information and data.
Roundtable Topics

Like none other, the online National Profile provides valuable information to government programs, third-party payers and other dental benefits administrators to support business intelligence in design, planning, development, and evaluation. Several online MSDA descriptive reports from the National Profile that focus on dental provider networks, enrollment, FQHC reporting and dental benefits by population group will also be discussed.

Session participants will understand how the MSDA National Profile data and information can benefit public health professionals and oral health advocates as well as state Medicaid and CHIP Oral Health Program directors and other policy-makers. Participants will gain knowledge in key areas around Medicaid and CHIP oral health program administration, benefit design, management and access to care descriptors.

Source of funding: None.

15. ORAL HEALTH EDUCATIONAL RESOURCES FOR HEAD START HOME VISITORS AND FAMILIES: ENVIRONMENTAL SCAN
Presenter: Michelle Landrum, RDH, MED, National Center on Health

There is evidence to support improved oral health outcomes for children whose parents receive ongoing oral health education during pregnancy and/or the early stages of their child’s life. Yet, many home visitors in early childhood programs report a lack of oral health knowledge. In addition, they report that they do not feel comfortable providing oral health information to families without additional resources and training. The Association of State and Territorial Dental Directors Early Childhood Committee, in collaboration with the National Maternal and Child Oral Health Resource Center, conducted an environmental scan on behalf of the National Center on Health to identify oral health educational resources for home visitors to use with pregnant women and children enrolled in Early Head Start and Head Start home-based programs and their families. This information can also be applied in other home visiting models. The environmental scan highlights the needs for oral health educational resources expressed by home visitors and includes an annotated list of such resources for home visiting programs available in print, video, and electronic formats. The committee also identified gaps in available resources and made recommendations for the development of additional needed resources. This roundtable discussion will focus on key findings of the environmental scan.

Source of funding: Office of Head Start, National Center on Health.

16. COMMUNITY CONVERSATIONS ABOUT ORAL HEALTH
Presenter: Matt Jacob, BA, Children's Dental Health Project

When is the last time you sat down with someone in your community, like a school principal or a pediatrician, and listened to their concerns about oral health? In this interactive roundtable, we will show you how the Children’s Dental Health Project has worked with oral health leadership teams in two communities—urban and rural—to help them plan and implement evidence-based early childhood caries reduction strategies. You’ll get an opportunity to figure out how you might approach having these conversations in your community and how to use what you learn in shaping oral health messages that matter. You’ll also learn about CDHP’s system dynamics modeling research that has informed oral health community work. If you’re concerned about public support for oral health, finding and developing allies and working locally to reduce ECC, this is the roundtable for you.

Source of funding: None.

17. ORAL HEALTH AND HEALTH REFORM: RESOURCES FROM NASHP
Presenter: Andrew Snyder, MPA; National Academy for State Health Policy

This roundtable will present findings and resources from the National Academy for State Health Policy’s (NASHP) wide-ranging work to explore policy options to incorporate oral health into state and federal health care reform efforts, and to highlight oral health policy issues for executive and legislative-branch policymakers. Resources include a brief on including oral health in states’ Triple Aim strategies; a primer for Medicaid officials on safety-net providers’ role in providing oral health care; an updated report on dental coverage through the ACA's health insurance marketplaces; and an online toolkit that provides state officials with resources on oral-systemic linkages, state-level experiences with incorporating oral health into reform strategies, and promising local examples.

NASHP staff will also preview upcoming project work, including profiles of states recently expanding adult Medicaid dental benefits. Participants will be invited to engage in a facilitated discussion about future directions for NASHP's oral health work that would be most useful to state officials and to stakeholders.

Source of funding: Washington Dental Service Foundation.

18. IMPLEMENTATION STEPS OF A COUNTY-WIDE ORAL HEALTH BASIC SCREENING SURVEY OF SENIORS
Presenter: Eli Schwarz, DDS, MPH, PhD, Oregon Health & Science University, Department of Community Dentistry

Objectives: In many counties/states, data on oral health of seniors is limited. This may have implications for rational interventions in a demographic which is increasing by 100% over the next 20 years. This presentation will outline and discuss the steps necessary to conduct a county-wide basic screening survey using a dental hygienist and a dentist as examiners.

Process:
1) Identification of existing data and policy documents with relation to seniors’ oral health care
2) Contact state and county agencies on seniors to seek support
3) Identification of funding source
4) Application and approval from Institution Review Board
5) Development of invitation letters, oral health screening forms and surveys
6) Sampling (with the assistance of ASTDD)
7) Organizing screening instruments, equipment, and oral health souvenirs
8) Conduct calibrations; screening; and questionnaire surveys
9) Follow up
10) Analysis and reporting

Conclusions: Although the steps above are ordered sequentially, many challenges in the practical implementation of a community survey abound. These comprise scheduling conflicts; refusals and replacements; competing commitments in the institutions approached; identification of dental variables during the study which were not anticipated (e.g. cervical abrasions); questions around details on oral health (tooth-based or mouth-based assessment).

Altogether, we feel that overcoming these obstacles has provided us with a sound data base that has improved our understanding of the oral health situation in this population and can be used as a component in furthering our community based activities for seniors.

Source of funding: National Association of Chronic Disease Directors; DentaQuest Foundation.
Roundtable Topics

19. MINNESOTA ORAL HEALTH PROJECT (MNOHP) - A COMMUNITY-BASED INTERVENTION FOCUSING ON ORAL HEALTH DISPARITIES AND ORAL HEALTH PROMOTION

Presenter: Dr. Amos Deinard, MD, MPH, Associate Professor, University of Minnesota, Pediatrics

MNOHP is focused on twenty-one counties in Southwest MN with its principal aim being to curb the caries crisis affecting the counties’ high-risk children. The thrust of the project is community-wide oral health education, allowing stakeholders to feel comfortable owning and solving the crisis. Kiwanis, Lions, and Rotary members will be trained about caries prevention in order to become the project’s vocal advocates. Primary care medical providers (PCMP) and dentists will work collaboratively, the former educated to offer caries prevention services (CPS) to all children as part of well-child examinations; the latter to do restorative care. The goal is that every child will ultimately have a dental home.

Anticipated outcomes include: 1) Oral health knowledge will be increased across communities; 2) Stakeholders will be committed to holding PCMP and dentists accountable for the oral health of the high-risk children; 3) Both groups will work collaboratively to provide CPS to all children; 4) Fluoride varnish applications will increase annually (MN’s Department of Human Services’ annual report); 5) MNOHP will strive to meet Healthy People 2020 goal that caries in children under 5 will be reduced by 75%.

This innovative model will prove to be effective, sustainable, and replicable nationwide as PCMP and dentists work collaboratively under the watchful eyes of community stakeholders to reduce the incidence of childhood caries as part of routine oral health care.

MNOHP is brought to the roundtable discussion for critique, emphasis on both strengths and weaknesses, and proposed alternatives to the latter.

Source of funding: Dental Trade Alliance Foundation; UCare.

20. STATEWIDE EXPANSION OF SCHOOL-BASED SEALANT PROGRAMS UTILIZING A DENTAL HYGIENIST DELIVERY MODEL

Presenter: Donna Solovan-Gleason, RDH, PhD, Florida Department of Health, Public Health Dental Program

The Florida Department of Health (DOH), Public Health Dental Program (PHDP) initiated a statewide project in 2014 to expand dental sealant programs in Title I schools through a model utilizing dental hygienists to deliver preventive services in the schools. Through collaboration with the DOH School Health Program, hygienists employed at local health departments worked through school health coordinators to gain entry to the schools and promote the program in areas having the greatest unmet dental needs in children. School-based sealant programs were expanded in more than thirty-six counties throughout the state. The program model faced many challenges during initiation of the project including: gaining entry to the schools; delivering a cost-effective model that is sustainable; and billing for services delivered by a hygienist who lacks provider status to submit claims to managed care plans. A pilot program was implemented across five rural counties having high unmet needs due to the lack of dental services, providers, and resources to initiate a program. Many of the lessons learned from the pilot program will be highlighted as well as helpful tips for initiating new programs and strengthening existing services through innovation, collaboration and developing a system of care.

Source of funding: Maternal and Child Health Block Grant.

21. COMMUNITY WATER FLUORIDATION: A CHAIRSIDE GUIDE FOR DENTAL HYGIENISTS

Presenter: Erin C. Knoe, MPH, New York State Department of Health

Community water fluoridation (CWF) remains a contentious issue in communities across the country despite evidence of its safety and effectiveness. Myths and confusion about CWF have prompted local officials to openly question its need. The claims continue to evolve; therefore, innovative approaches are needed to defend and promote it. Dental practitioners must take a proactive approach to share the science about CWF in clear, concise messages with patients.

The Prevention Agenda 2013-2017: New York State’s Health Improvement Plan, serves as the blueprint for state and local action to reduce disparities and improve the health of all New Yorkers. The Plan identifies the expansion of CWF as a priority because of its benefit to health via the prevention of tooth decay. Recommended interventions for each goal in the Plan were developed according to levels of the Health Impact Pyramid. For the CWF goal, “stress benefits of fluoridation to patients in dental offices and health clinics” was included.

The New York State Department of Health partnered with the New York State Dental Foundation, Children’s Dental Health Project and Orange County Community College Department of Dental Hygiene to develop a Chairside Guide for dental hygienists on the topic of CWF. The Chairside Guide aims to train hygienists on how to effectively communicate with patients face-to-face about CWF.

The roundtable session will discuss the:
- Methodology behind the Chairside Guide approach
- Development of the Guide and corresponding training
- The Chairside Guide and training sessions
- Evaluation of the project and next steps

Source of funding: Health Resources and Services Administration-Grant T12HP19335.

22. STRENGTHENING SCHOOL-BASED DENTAL SEALANT PROGRAMS THROUGH BRANDING, EXPANDING SERVICES, USING INCENTIVES, AND STREAMLINING DATA COLLECTION

Presenter: Amy Umphlett, MPH; Oregon Health Authority, Public Health Division, Oral Health Unit

The Oregon School-based Dental Sealant Program (DSP) has grown every year from its inception, beginning with 11 schools in 2006-07 and expanding to 160 schools in 2014-15. The program has trained eight community programs in the DSP model, resulting in local programs serving an additional 232 schools. These combined efforts now reach 76.7% of the eligible elementary schools in the state.

This roundtable will focus on an ongoing pilot program that has strengthened the DSP through promotional branding, expanding services, improving parent permission return rates, and streamlining data collection. Five appealing characters were created and are used in eye-catch posters, stickers children are excited about, and calendars that engage families in good oral hygiene practices. A case study involving 30 schools determined methods to provide additional services cost-effectively. Three different incentives were tested to determine effective and affordable ways to improve parent permission return rates. Field data was collected via iPads and synced into a central database, preventing the waste of staff time due to cumbersome data entry. Local programs now have the ability to enter aggregate data through a portal, enabling the creation of a statewide report.

Please join us to learn more about:
- Effectively branding a school-based program
- Expanding the services provided by a school-based dental sealant program
- Increasing the parent permission return rate with simple and affordable incentives
Roundtable Topics

23. PERINATAL ORAL HEALTH SURVEILLANCE: EXPECTING A NEW ADDITION
Presenter: Gina Sharps, MPH, RDH; Marshall University Community and School Oral Health Team

Objectives: To describe the development of a perinatal assessment tool to supplement the Basic Screening Survey (BSS) protocol developed by the Association of State and Territorial Dental Directors. The creation of the perinatal assessment tool will serve to 1) provide additional organizations with the perinatal assessment tool 2) allow for interested states to collect data on the perinatal population in a consistent manner and compare their data to other organizations and agencies.

Methods: Recognizing the need to capture community-level oral health status and dental care access data on the perinatal population, Marshall University created and pilot tested a perinatal assessment tool. Consistent with the BSS model, the tool has two basic components: 1) direct observation of a person’s mouth, and 2) questions asked of, or about the individual being screened.

Results: The creation of the perinatal survey instrument has led to the inclusion of pregnant women in the West Virginia Oral Health Surveillance System (WV-OHSS). The perinatal oral health surveillance will be conducted every three years.

Conclusions: The development of the perinatal assessment tool was a vital precursor in the establishment of implementing a perinatal oral health surveillance system. Data collected from the surveillance system will be utilized to measure and monitor the burden of oral disease in the perinatal cohort and to evaluate public policy.

Source of funding: Health Resources Services Administration.

24. ENGAGING IN EVALUATION -- ADDING VALUE TO PARTNERSHIPS
Presenter: Bilquis Khan Jiwani, MSC, MBA, MSC; Minnesota Department of Health, Oral Health Program

This roundtable will describe approaches and methods used to evaluate partnerships including (1) coalition evaluation (2) share experience of engaging stakeholders in the process of partnership evaluation, and (3) understand and utilize the CDC Framework for Program Evaluation to develop a partnership evaluation plan.

Minnesota has a positive experience in developing and working with an active Evaluation Advisory Group. Currently, the advisory group is engaged in evaluating oral an health program partnership between the State Oral Health Plan and the School-Based Sealant Program. The six-steps of the CDC Framework for Program Evaluation will be discussed in the context of partnerships. Participants will gain practical knowledge in applying these steps in their own program and will receive resources to develop their own program’s Partnership Evaluation Plan. Participants will be engaged in a hands-on activity to develop a template that can be used to create their own Partnership Evaluation Plan.

Engaging a stakeholder group in the process of evaluation promotes trust and improves outcomes. Experience of the advisory group in the process of selecting partnerships to be evaluated, benefits of evaluating partnerships, and ways to disseminate evaluation findings will be shared.

Finding and engaging the right people as stakeholders is a challenging process. Once the advisory group is in place, it enhances the scope of evaluation and later makes it easier for the recommendations to be followed and suggestions to be implemented.

Source of funding: Centers for Disease Control and Prevention US8DP001579 (DP08-802) and US8DP004899 (DP13-1307); Health Resources and Services Administration T12HP14659.

25. DENTAL HYGIENISTS AS FLUORIDATION CHAMPIONS
Presenter: Christine Farrell, RDH, BSDH, MPA; Chair, Council on Public Health, American Dental Hygienists Association; Michigan Dept. of Community Health

Community water fluoridation has been called one of the 10 great public health achievements of the 20th century. Nevertheless, 70 years after its introduction in the United States, community water fluoridation is under attack as never before. Opponents of fluoridation continue to advocate for the removal of fluoride from water supplies, employing an array of tactics. Michigan and Wisconsin implemented community water fluoridation campaigns to promote the continuation or implementation of local community water fluoridation programs. Dental hygienists have played a critical role in organizing and mobilizing these local advocacy efforts. A variety of methods to alert the community—dental and medical professionals, community advocates, water engineers, teachers, parents—were employed. This session will demonstrate what dental hygienists did in Traverse City and West Branch, Michigan, and in Milwaukee and Merrill, Wisconsin, to safeguard their communities’ water fluoridation programs. This session will provide tips to engage dental hygienists, especially those working in private practices, on promoting community water fluoridation.

Source of funding: None.

26. STATEWIDE FLUORIDE VARNISH MEDICAL TRAINING PROGRAMS – CONTINUING THE CONVERSATION FROM 2014
Presenter: Hugh Silk, MD, MPH; From The First Tooth, UMass Medical School, Department of Family Medicine and Community Health

Medical providers are now being reimbursed by Medicaid to provide fluoride varnish (and in some cases screening and advice) for pediatric patients in 46 states. The USPSTF gave fluoride varnish application by medical providers a level B recommendation in May 2014 thereby making it a reimbursable service for all children under 6 years of age across the US. Many states already have robust programs for training medical providers in these services; others are just getting started. At the 2014 NOHc meeting a group of representatives from state fluoride varnish training programs from across the country met to discuss best practices and future improvements. Since then a listserv has been formed and resources have been shared. We want to continue that dialogue at this roundtable and address new topics: How is your state doing with private insurers covering fluoride varnish under the ACA? What techniques are you using to engage medical offices and patient demand? Who is training medical education programs (e.g. medical schools, nursing, PA, MA, residencies) and how? What tools are you using to measure impact?

We will present what we are doing to address these questions and lead a discussion to learn from others.

Come join us and bring your latest ideas, statistics, and resources so that we can re-set the bar for best practices for training medical providers about fluoride varnish and pediatric oral health screenings.

Source of funding: DentaQuest Foundation.

27. APPLICATION OF DENTAL PUBLIC HEALTH COMPETENCIES IN A PROGRAM PLANNING SEMINAR
Presenter: Hend Alqaderi, BDS, DMSc Candidate; Harvard School of Dental Medicine, Dental Public Health

The goal of this roundtable presentation is to describe the development and implementation of a 7-week seminar that integrates the dental public health (DPH) competencies into semi-hypothetical program planning projects, allowing DPH residents to apply the
28. **THE MYSMILEBUDDY INTERVENTION: COMBATING EARLY CHILDHOOD CARIES THROUGH TECHNOLOGY-ASSISTED LAY HEALTH WORKERS**

*Presenter: Christie Custodio-Lumsden, PhD, MS, RD; Columbia University College of Dental Medicine, Section of Population Oral Health*

This roundtable will discuss MySmileBuddy (MSB), a technology-based family-level intervention by lay health workers that seeks to suppress Early Childhood Caries (ECC) pathogenesis. The MSB technology is an iPad-based program that supports engagement between lay health workers and families in home, community, or health professional settings through: (1) Parent engagement, education, and training using culturally appropriate videos, images, and interactive software modules; (2) ECC risk assessment using a series of targeted questions and a highly developed “diet widget” that scores dietary cariogenicity through an interactive diet recall activity; (3) Individualized risk score using a built-in modifiable algorithm based on established ECC risk tools and expert input from nationally-recognized cariologists (1-10 score from low to high risk caries activity); (4) Family goal setting using a pre-populated list of goals tailored to the child’s current ECC risk tool and expert input from nationally-recognized cariologists; (5) Family-designed action planning using an open field space for parents, working with lay health workers, to develop their own individualized action plan by specifying who will do what, when, where, and how in order to reach set goals. The development and testing of MSB, as well as future directions for the technology will be discussed.

**Source of funding:** Columbia University NIH Clinical and Translational Research Pilot Award (UL1 RR024156); Center for Research to Reduce Disparities in Oral Health award (U54 DE014264); USDHHS/NIH/National Center on Minority Health and Health Disparities grant (RC1 MD004257); USDHHS/CMS/Center for Medicare and Medicaid Innovation Health Care Innovation Award Round Two (1C12013003564).

29. **HOW TO IDENTIFY AREAS FOR IMPROVEMENT USING DATA AND A SELF-ASSESSMENT SURVEY TOOL**

*Presenter: Danielle Apostolon, BA; DentaQuest Institute, Safety Net Solutions*

This roundtable will demonstrate how to analyze your dental program by completing a self-assessment survey. The survey was developed for community health dental programs to be able to identify areas that are in need of improvement by reviewing processes and all aspects of dental operations including finance, access, productivity and quality.

**Objectives:**
- Review of the self-assessment survey questions
- Identify what data will be necessary to answer some of the questions
- How to identify opportunities for improvement

At the end of this roundtable participants will be able to go back to their program and complete a self-assessment to identify areas in need of improvement and will receive resources to help them find potential solutions.

**Source of funding:** DentaQuest Foundation.

30. **THE MINAMATA CONVENTION ON MERCURY: A STATUS REPORT**

*Presenter: Linda M Kaste, DDS, MS, PhD, Diplomate ABPDH; UIC, COD*

An ad-hoc working group with a dental public health focus on the US has formed in response to the 2013 United Nations Environment Programme led Minamata Convention on Mercury. This ad-hoc group is multi-disciplinary in scope and includes: Helene Bednarsh, RDH, MPH; Linda Kaste, DDS, MS, PhD, Diplomate ABPDH; Cathy Lituri RDH, MPH; Dan Meyer, DDS; Mark Mitchell, MD, MPH; Peter Orris, MD, MPH, FACP, FACOEM; Howard Pollick, BDS, MPH, Diplomate ABPDH; and Scott Tomar, DMD, MPH, DrPh, Diplomate ABPDH. The group strives to disseminate information about the need for and implementation of this global Convention and contributed materials for this Roundtable. As of January 5, 2015, the Convention has been adopted for 452 days with 128 signature and 9 ratification countries/parties. The 6th session of the Intergovernmental Negotiating Committee (INC6) was held in Bangkok, November 3-7, 2014 “to prepare a global legally binding instrument on mercury.” As provided for in the Convention, discussions at INC6 delivered initial preparation for enactment of the Convention on such topics as methodologies for acquiring monitoring data and information to be used to identify development of inventories. The topics relate to matters required by the Convention and which will be decided at the first meeting of the “Conference of the Parties” as part of the entry into force following ratification by 50 parties. This roundtable will review background, approval processes and implementation of the Minamata Convention as well as include examples of steps being taken regarding possible implications for the dental community.

**Source of funding:** None.

31. **VALUE-BASED INCENTIVES: THE KEY TO IMPROVING ORAL HEALTH FOR UNDERSERVED POPULATIONS**

*Presenter: Paul Glassman, DDS, MA, MBA; University of the Pacific School of Dentistry, Dental Practice*

Attempts to improve the oral health of underserved populations through innovations in workforce, delivery systems, or program design will all fall short of hopes and expectations of their proponents as long as providers continue to be rewarded by “volume-based” payment systems. The “Movement of Payment from Volume to Value” has been recognized as a critical ingredient of health reform. It is a critical part of the ACAS and is showing significant results in general health care system.

The oral health care system remains almost entirely bound to volume-based payment systems where providers are rewarded for doing
more: procedures in fee-for-service, visits in encounter-based systems, and enrollees in capitated systems.

The Pacific Center for Special Care at the University of the Pacific Arthur A. Dugoni School of Dentistry, with funding from HRSA and the DentaQuest Foundation, has designed a “Value-based Inventive” pilot for the California Dental Medicaid system that rewards providers based on the oral health of the population. This session will describe the process and outcome of the pilot design and provide participants with a vision for what a value-based inventive system for oral health could look like and how it could operate.

Source of funding: HRSA, DentaQuest Foundation.

32. THE MIGHTY MOUTH CAMPAIGN – INFLUENCING ORAL HEALTH ATTITUDES AND CHANGING BEHAVIORS
Presenter: Nancy J. Hammond, MPA; Washington Dental Service Foundation
The Mighty Mouth Campaign is a statewide social marketing campaign in Washington state to change the way people think about and value oral health. The long-term goal is to influence behavior change so that more people are getting regular checkups, brushing, flossing and eating healthy snacks. Baseline research (including a statewide survey and numerous focus groups) was conducted to assess existing knowledge, attitudes and beliefs about oral health and identify barriers to good oral health practices. Based on this research, The Mighty Mouth Campaign was launched in early 2014. Targeting adults 25+ with a blend of humor, testimonials and compelling messages, the campaign objectives are to increase oral health knowledge, build awareness that oral health is essential to overall health and motivate people to take action to improve their oral health. A follow-up survey will be conducted in 2015.

The campaign is reaching people in a variety of ways including through paid and earned media, promotional events, community partnerships, social media and retail point-of-service initiatives. A website, infographics, floss giveaways and online quizzes are also part of the mix. Key strategies are to place oral health in settings where people are already thinking about taking care of their health, fitness and appearance, and use trusted sources (such as physicians, nurses and fitness trainers) to validate the message that oral health is important. During the roundtable discussion presenters and participants will have the opportunity to share strategies, challenges, successes and lesson learned related to social marketing campaigns targeting oral health.

Source of funding: Washington Dental Service Foundation.

33. CLEARING UP THE PATIENT COMMUNICATION CHANNELS
Presenter: Laura Skaret, RDH, BS; Safety Net Solutions, DentaQuest Institute
Do you have trouble getting your patients to cooperate with your policies such as broken appointments, late arrival, or payment policies? Do your patients return time and time again with little to no improvement in their home care? Perhaps the problem is in the communication with your patients. While language barriers may be the key struggle for some; it could also be that your policies are unclear, too lengthy and patients do not read them, written in too high of a reading level, or even that your staff does not understand your policies and therefore are explaining them incorrectly. Also, if your patients are returning time and time again with new or worsening dental decay perhaps the oral hygiene instruction (OHI) section of your patient visit needs to be strengthened, extended, or revamped. This roundtable will address all of these potential patient communication issues and share best practices to help create clear communication channels. Participants will leave this session with a renewed understanding for the need of strong clear policies, participate in a brief interactive discussion on creating front desk scripting, and reevaluate the OHI portion of their visits.

Source of funding: None.

34. INCREASING ORAL HEALTH ACCESS USING PARTNERSHIP FOCUSED, COMMUNITY-BASED INTERVENTIONS: A FUNDER’S PERSPECTIVE
Presenter: Cynthia P. Hayes, MA, MHA; Program Officer, Missouri Foundation for Health, Program Officer
Oral health has consistently been a high need health care issue across the Missouri Foundation for Health (MFH) region. Adult oral health Medicaid benefits were discontinued in 2005. As a result, there are more than 850,000 adults in Missouri without insurance coverage for oral health services. Accessing oral health care is very difficult for all low-income populations in Missouri, including those living in rural areas of the state.

In 2013, MFH established a multi-year initiative to address oral health access in our region. This initiative includes three (3) approaches: increasing touchpoints for the underserved; increasing number of providers; and expanding oral health coverage and acceptance. Two of the funding programs have been community initiated and partnership focused with the goal of identifying gaps, developing innovative strategies and creating new opportunities or improving existing opportunities for underserved populations to access oral health services. MFH will use data derived from this initiative to drive decision making at the state level with the overall goal of reinstatement of adult oral health Medicaid benefits.

This roundtable will give an overview of approximately four to six of eleven grantees including baseline and evaluation data, lessons learned by grantees and MFH, program adjustments and foundation involvement. Evaluation data will vary according to program, ranging from six months to one year. Time will be allotted for questions and discussion.

Source of funding: None.

35. WHY, WHEN, AND HOW TO EVALUATE YOUR PARTNERSHIPS AND OTHER COLLABORATIVE ACTIVITIES
Presenter: B. J. Tatro, PhD, B. J. Tatro Consulting, ASTDD
Few successful initiatives can be undertaken by one agency working alone, so partnerships and collaborative activities are increasingly common in oral health today. This roundtable will provide guidance on the benefits of evaluating these partnerships and collaborative activities, the points at which evaluation is most important, and the approaches and tools best suited to the different stages of partnership development.

Source of funding: Funding is provided in part by CDC Cooperative Agreement 1U58DP004919-02.

36. MAKE METRICS COUNT: COLLECTING, INTERPRETING, AND UTILIZING DATA IN DENTAL PUBLIC HEALTH PROGRAMS
Presenter: Annaliese E. Cothron, MS; University of Texas Health Science Center at San Antonio, Dental School, Comprehensive Dentistry
Collecting reliable and standardized data in dental public health programs is essential to measure disease prevalence, assess risk, monitor trends, evaluate program outcomes, target interventions, and affect policy change at local, state, and national levels. This session will focus on metrics that are promoted by national organizations, including the Association of State and Territorial Dental Directors (ASTDD) and the Centers for Disease Control and Prevention (CDC). Using the Miles of Smiles-Laredo school-based oral health promotion program as a framework, the roundtable will examine data collection options including the SmilesMaker® software system, and explore decision-making processes for data collection. Various methods of data collection, including electronic data capturing systems will be discussed and compared. Specific examples of data analysis, interpretations, and use of data to improve programmatic outcomes will be provided. The aim of this session is to facilitate discussion and identify tangible steps to implement more reliable, standardized data collection, analysis, and
interpretation of information. The session will describe how results from data analysis can be utilized in dental public health programs. Effective data utilization can enhance program impact, community awareness, and support. Participants will be encouraged to share their experiences with data collection and learn from various dental public health programs.

Source of funding: DentaQuest Foundation.

37. A METHODOLOGICAL APPROACH TO IMPLEMENT AND MAINTAIN A SCHOOL-BASED ORAL HEALTH PROGRAM ALONG THE TEXAS-MEXICO BORDER
Presenter: Magda A. de la Torre, RDH, MPH; University of Texas Health Science Center at San Antonio, School of Dentistry, Comprehensive Dentistry

School-based oral health programs are recognized as evidence-based methods to improve access to oral health care and reduce the oral disease burden in children. These programs are recognized as effective by national organizations including the American Dental Association (ADA) and the Centers for Disease Control and Prevention (CDC). The Miles of Smiles-Laredo program is a successful school-based oral health program that has operated along the Texas-Mexico border for nine years. Using the Miles of Smiles-Laredo program as a model, this roundtable will provide a methodological approach to planning, developing, and implementing a school-based oral health program. Sustainability of the program has been maintained by cultivating connections in the community, spearheading key partnerships, utilizing innovative resources, collecting effective data for programmatic implementation, evaluation, and advocacy. The Miles of Smiles-Laredo program has improved the oral health of elementary school children living along the Texas-Mexico border as demonstrated by a reduction in dental caries over the past four years. The significance of social and cultural dimensions of health are continuously assessed to improve program effectiveness and better serve the community. The case management component to Miles of Smiles-Laredo refers children who experience urgent dental needs to a provider in the community. Community stakeholders who are vital for the program’s success include school administration, school nurses, teachers, parents, dental professionals, and oral health advocates. The session will share experiences from the Miles of Smiles-Laredo program and will focus on affecting long-term change through evidence-based practice using a targeted, culturally appropriate intervention.

Source of funding: DentaQuest Foundation.

38. REINVENTING ORAL HEALTH: A MIDWEST COLLABORATIVE INITIATIVE – BUILDING LOCAL ORAL HEALTH COALITIONS
Presenter: Patti Ulrich, RDH, BS; Michigan Oral Health Coalition


The three statewide coalitions are members of the American Network of Oral Health Coalitions and have partnered in areas related to community water fluoridation, Medicaid, and the Affordable Care Act. The connectedness of the coalitions will provide a robust learning community and advocacy voice which represents 18.5 million Americans.

Source of funding: DentaQuest Foundation.

39. TOOTH WISDOM: GET SMART ABOUT YOUR MOUTH: COMMUNITY-BASED ORAL HEALTH EDUCATION FOR OLDER ADULTS
Presenter: Dora Fisher, MPH; Oral Health America, Older Adult Programs

Tooth Wisdom: Get Smart About Your Mouth (TWGSAYM) is a brand new, first-of-its-kind oral health education curriculum for community-dwelling older adults to be delivered at settings where they naturally congregate such as senior centers, libraries, and places of worship. In 2013, OHA conducted a review of existing resources and determined there was no nationally-available oral health education program for community-dwelling older adults. OHA created and piloted TWGSAYM in 2014.

The workshop content takes a symptoms-based approach to daily oral health care and aims to improve the participants’ sense of self-efficacy for their oral health. Workshop leaders are volunteer dental hygienists trained in health education, group facilitation skills, communicating with older adults, and cultural competency. Pre- and post-tests are administered along with post-workshop focus groups.

In Chicago in 2014, over 200 older adults participated. 180 pre- and post-tests were completed and 66 older adults attended focus groups. 72% of participants improved their knowledge of oral health following the program, and 93% of participants indicated that they now feel more confident in managing their oral health. Focus groups revealed a positive response to the workshop with new information learned about daily oral care and the importance of their oral health.

Based on the pilot results, TWGSAYM has the potential to improve oral health outcomes for community-dwelling older adults. The positive response from both participants and community partner organizations have led OHA to pursue a larger roll-out of the program in 2015.

Source of funding: Aspen Dental and OHA self-funded.

40. PARTNERING TO PRESERVE FLUORIDATION
Presenter: Megan Foreman, Oral Health Kansas, Inc

2014 was the year of the fluoride battle in Kansas—from an anti-fluoride bill in the state legislature to a November ballot initiative in one of the state’s largest cities—and public health advocates were victorious. The key to these wins were solid relationships between national, state and local oral health stakeholders. The roundtable will offer an overview of the successful collaborative efforts and some tips for preserving fluoridation in your own community. The discussion will feature the dentist who ran the Salina campaign locally, and Oral Health Kansas, who was an integral member of the Salina campaign team and also organized the fight against the anti-fluoride legislation.

Source of funding: None.

41. UNIQUE CONSIDERATIONS FOR MEDICAID AUDITS OF PEDIATRIC DENTAL PRACTICES
Presenter: Paul Casamassimo, DDS; Nationwide Children’s Hospital

Dr. Paul S. Casamassimo will discuss a report issued in 2015 by the Pediatric Oral Health Research and Policy Center of the American Academy of Pediatric Dentistry. Pediatric dentists often treat Medicaid patients who are younger, at higher risk for dental disease, and require more complex treatment. A “one-size-fits-all” approach to Medicaid audits simply doesn’t fit. As a result, pediatric dentists providing necessary treatment to large numbers of at-risk patients may be lumped in with general dentists. Although elimination of abuse in Medicaid is supported, the report notes that auditing practices may discourage pediatric dentists from providing care through Medicaid, which will have a substantial negative impact on children’s access to oral health.
Roundtable Topics

care. (Approximately 70 percent of pediatric dentists currently accept Medicaid patients and over 20% of their practices comprise Medicaid patients.) The report includes case studies to support the impact of Medicaid audits on access to care, as well as recommendations to make Medicaid audits work: consistent, objective audit methods grounded in sound clinical practice, such as the methodology utilized by the US Department of Health and Human Services Office of the Inspector General; report cards issued to dentists regarding their services compared to other dental providers; an analysis of the number and type of local dentists; and comparisons between the proportion of children who receive diagnostic and preventive services and the proportion of children who receive comprehensive and hospital-based care.

Source of funding: None.

42. A COLLABORATIVE APPROACH TO IMPROVING ORAL HEALTH CARE FOR LOW-INCOME CHILDREN

Presenter: Stacey Chazin, MPH, CHES; Center for Health Care Strategies, Inc.

While oral health care is included in Medicaid’s EPSDT benefit, less than half of the nation’s 32 million Medicaid-enrolled children receive any dental service in a given year. In response, the CMS Oral Health Initiative (OHI), launched in 2010, prompted states to consider both new evidence-based approaches designed to:

1. Increase by 10 percentage points the proportion of children enrolled in Medicaid or CHIP who receive a preventive dental service over a five-year period ending in 2015; and

2. Increase by 10 percentage points the proportion of children ages 6 to 9 enrolled in Medicaid or CHIP who receive a dental sealant on a permanent molar tooth (target date TBA).

Since March 2013, seven state Medicaid agency teams have been working toward these goals with support from CHCS’ Medicaid Oral Health Learning Collaborative (OHLC). With funding from the DentaQuest Foundation, the OHLC has engaged teams from Arizona, California, Minnesota, New Hampshire, Texas, Virginia, and Washington in a collaborative learning model that incorporates peer-to-peer exchange, access to subject-matter experts, and training in CHCS’ quality-improvement framework.

The objective of this roundtable session will be to share with Medicaid oral health stakeholders examples of successful approaches to improving oral health care for low-income children, including:

- The range of interventions pursued by the participating Medicaid agency teams to meet the two CMS goals;
- The learning collaborative model used to advance the states’ progress;
- Key challenges and successes observed;
- Factors important to state progress; and
- Participating states’ plans to build upon early successes.

Source of funding: DentaQuest Foundation.

43. DENTAL COVERAGE AND ACCESS FOR ADULTS IN MEDICAID: OPPORTUNITIES FOR STATES

Presenter: Rachel Augustin; Center for Health Care Strategies, Inc.

Because dental coverage for adults is an optional Medicaid benefit for states, it is often among the first programs to be trimmed in tight fiscal times: 10 states have either eliminated or substantially cut funding for adult dental services in Medicaid in recent years. While 47 states now offer some dental benefit to Medicaid-enrolled adults, only 32 cover services beyond emergency care, and only 16 offer extensive dental coverage. Under the Affordable Care Act (ACA), 27 states and the District of Columbia have expanded adult Medicaid eligibility, but only 11 of those states offer an extensive benefit to the expansion population.

This presents a significant barrier to oral health care for low-income adults, who often cannot afford to pay out-of-pocket and have no options other than sporadic charity dental services. This often leads to high rates of dental disease, costly oral health-related hospital visits, and missed work days.

As more adults gain Medicaid coverage under the ACA, it is a highly opportune time for advancing oral health care access for this population. The objective of this roundtable is to provide Medicaid oral health stakeholders with an overview of adult dental coverage in Medicaid, highlighting key opportunities, challenges, and strategies in advancing access among low-income adults. Lessons will be drawn from the Center for Health Care Strategies’ recent scan of state Medicaid adult dental benefits, and its current technical assistance initiative, funded by the DentaQuest Foundation, to support states in improving oral health care access and quality for low-income adults.

Source of funding: DentaQuest Foundation and The Robert Wood Johnson Foundation.

44. TAKING THE ADA FOUNDATION’S “GIVE KIDS A SMILE” FROM A PROGRAM TO A NATIONAL MOVEMENT

Presenter: Nicole Catral, RDH, MHS; ADA Foundation

After 13 years of great success, it’s time to take Give Kids A Smile (GKAS) to the next level. In order for us to do this we need your help. We realize that those attending the NOHC are responsible for most of that past success because they deliver care 365 days a year. This roundtable will present the ADA Foundation’s ideas for increasing the impact of GKAS, and offer an opportunity to seek feedback and suggestions for growth from those who are most responsible for providing care. The long-term goal is to move from an “activity-based” program to an “outcomes-based” program. This will include several key components: 1) Education; 2) Screening & Prevention; 3) Treatment; 4) Dental Home and 5) Research. We know we can learn from those of you who already have “best practices” in these 5 crucial areas. Please come by to share your history, thoughts, and suggestions for helping us refine, refocus, and take GKAS to the next level.

Source of funding: None.
National Organization and Federal Agency Roundtables
Tuesday April 28, 2015 12:30 - 2:00 pm

If presenter’s intent to participate was not received prior to printing, it is possible that some abstracts listed will not be printed.

AMERICAN ACADEMY OF PEDIATRICS AND CAMPAIGN FOR DENTAL HEALTH
Hollis Russinof, MUPP, Program Manager, Campaign for Dental Health, American Academy of Pediatrics

The American Academy of Pediatrics educates pediatricians about oral health and advocating for improved oral health services for children, including collaboration between the medical and dental homes. The AAP achieves these goals by providing a robust web site (www.aap.org/oralhealth) with practice tools and resources and educational offerings. Each of the AAP State Chapters has a Chapter Oral Health Advocate who works to train others in his state and advocates for oral health at the local level. In addition to this main goal, the AAP also administers the Campaign for Dental Health, an effort to preserve and support community water fluoridation. The web site for this effort (www.ilikemyteeth.org) strives to provide positive information online and in general about the practice of water fluoridation.

AMERICAN ASSOCIATION FOR COMMUNITY DENTAL PROGRAMS
Nancy Rublee, RDH, CDHC, President, American Association for Community Dental Programs

The American Association for Community Dental Programs (AACDP) is a national organization comprised of oral health professionals and other interested individuals who work in local and county health departments and community-based oral health programs. Our vision is to promote and protect oral health in the United States by stimulating, improving and maintaining city, county and community-based oral health programs. The Association strives to accomplish this vision by providing resources and opportunities for grassroots efforts and advocacy at local, state and national levels.

AMERICAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY: AN OVERVIEW
Frances M Kim, DDS, MPH, DrPH, Executive Council Member, American Association of Public Health Dentistry

Founded in 1937, the American Association of Public Health Dentistry (AAPHD) provides a focus for meeting the challenge to improve oral health among the public. AAPHD membership is open to all individuals concerned with improving the oral health of the public. AAPHD is the sponsoring organization for the American Board of Dental Public Health. To meet the challenge of improved oral health for all, the AAPHD is committed to:

- Defining and promoting competency in public health dentistry and developing education and training programs to increase knowledge and improve skills.
- Developing and sustaining diversity in the practice of public health dentistry.
- Advocating for evidence-based policies and practices that increase access for the dentally underserved and achieve optimal oral health for the population.
- Foster growth and development of leaders in dental public health and encourage engaged leadership that promotes DPH at the local, state, and national levels.

This roundtable will provide an overview of the mission and activities of AAPHD.

AMERICAN DENTAL ASSOCIATION: ACTION FOR ORAL HEALTH—TAKING IT TO THE COMMUNITY
Kathleen O’Loughlin, DMD, MPH, Executive Director, American Dental Association

Improving the oral health of the public is a top priority for the ADA and our members. In fact, for years, many of our members, through their own efforts and/or through their state dental associations, have been committed to working with local community leaders to identify and advance solutions that improve oral health. Following the lead of our members, the ADA is refocusing the discussion on access to oral health care through promotion of a suite of active policy initiatives, which aim to prevent disease, provide oral care to underserved populations, use the safety-net effectively and increase oral health literacy. The ADA’s Action for Dental Health has eight initiatives that offer real answers to real problems. They strive to be evidence-based, affordable and measurable solutions to improve access. The initiatives address: long-term care, emergency room diversion, expanding Medicaid coverage for children and adults, community water fluoridation, involving elected officials with Give Kids A Smile and Mission of Mercy programs, expanding the use of community dental health coordinators, encouraging Federally Qualified Health Centers to contract with private dentists, and increasing collaboration with medical professionals. After two years, there are success stories to tell, but there are challenges as well. Fluoridation referendums still arise, state dental Medicaid programs are underfunded and often overly burdensome. Where can the public and private sectors make a difference together in these areas? Come, listen and share your thoughts about how the ADA can better improve the oral health of the public through grass roots collaboration.

THE AMERICAN DENTAL ASSOCIATION FOUNDATION – OPPORTUNITIES FOR COLLABORATION IN PROVIDING C.A.R.E.
Gene Wurth, JD, MBA, American Dental Association Foundation

The mission of the ADA Foundation is exemplified by the acronym C.A.R.E., designating the four areas of our work. Come learn how these programs can help your organization. Charitable Assistance: Providing financial assistance to dentist in need by Emergency Disaster Assistants Grants and Financial Relief Grants. Access to Care: Support for outstanding access to care programs nationwide by grants to student-run programs and community-based efforts through the E “Bud” Tarrson Dental Student Community Leadership Award, the Dr. Thomas J. Zwemer Award, and the ADAF Give Kids A Smile. Research: Working to advance oral health through basic and clinical research, and at the ADAF Dr. Anthony Volpe Research Center on the campus of National Institute of Standard and Technology. Also, by encouraging future generations of researchers by the annual ADAF/Colgate Dental Student Conference of Research for dental students across the US and Canada, and though our Summer Scholars Fellowship Program, the Dr. Ray Bowen Student Research Award, and Intel International Science and Engineering Fair Special Awards – all designed to encourage students who are aspired to pursue a career in dental research.
AMERICAN DENTAL HYGIENISTS’ ASSOCIATION: LEADING THE WAY
Kelli Swanson Jaecks, MA, RDH, ADHA President, American Dental Hygienists’ Association
In June 2013 the American Dental Hygienists’ Association (ADHA) celebrated the 100th anniversary of the dental hygiene profession. ADHA President, Kelli Swanson Jaecks, will share how ADHA is leading the transformation of the profession. The presentation will outline ADHA’s objectives, which include education, alliances, and advocacy. President Swanson Jaecks will provide an update on state efforts to establish innovative workforce models. Join Ms. Swanson Jaecks to learn more about the ADHA and its commitment to improve the public’s oral and overall health.

AMERICAN NETWORK OF ORAL HEALTH COALITIONS: SUCCESSFUL LOCAL AND STATE ADVOCACY PARTNERSHIPS
Tanya Dorf Brunner, MS, American Network of Oral Health Coalitions
The American Network of Oral Health Coalitions (ANOHC) exists to create a reliable place for state oral health coalitions to share information, ask questions, and leverage time and resources. ANOHC members are statewide oral health coalitions that promote lifelong oral health by shaping policy, promoting prevention, and educating the public. With 39 member states, ANOHC is the voice of state-level advocates in national oral health policy debates. The relationship between state oral health coalitions and local advocates is a pivotal one. This roundtable discussion will address the key partnership between local and state advocates in working on issues from water fluoridation to setting up school-based services to developing a state oral health plan. State advocates will offer tips and best practices in establishing successful partnerships between local and state advocates. Each has a role to play, and state oral health coalition leaders will demystify the roles of each in supporting each other.

AMERICAN PUBLIC HEALTH ASSOCIATION, ORAL HEALTH SECTION: POLICY IN ACTION
Kathy M Lituri, RDH, MPH, Chair, American Public Health Association, Oral Health Section
The American Public Health Association (APHA) is a diverse community of public health professionals who have championed the health of all people and communities around the world for more than 140 years. The Oral Health (OH) Section of APHA is comprised of nearly 400 members, mostly dentists and dental hygienists, working in public health practice, administration, research, or teaching. The OH Section strives to promote oral health to a large multidisciplinary audience, partners with other health care providers, integrates oral health with overall health, provides input into environmental and health care delivery issues, and disseminates research findings to a diverse audience. This roundtable will present the policy formulation process within APHA and discuss recent policy initiatives including amalgam’s phase-down, Community Water Fluoridation, the Alaska Dental Health Aide Therapist, the prophylactic removal of third molars, fluoride varnish and the elimination of human subjects in dental/dental hygiene licensing exams. The OH Section has two representatives on the APHA Governing Council, the primary mechanism whereby the Section has a voice in this large, multidisciplinary organization and the ability to influence policy development. Through the APHA governing process, the OH Section submits its own resolutions and provides input into other relevant resolutions. APHA staff and lobbyists actively promote APHA resolutions into state and national policies. In an effort to recognize promising new public health professionals, the OH Section sponsors pre and post-professional awards. Through its inter-disciplinary scientific program, the OH section promotes collaboration and fosters advocacy in oral health related issues.

AMERICA’S TOOTHFairy: NATIONAL CHILDREN’S ORAL HEALTH FOUNDATION INCREASING COMMUNITY ENGAGEMENT THROUGH YOUTH. AMERICA’S TOOTHFairy SUPPORT, PROGRAMS AND RESOURCES
Katharine Correll, JD, America’s ToothFairy: National Children’s Oral Health Foundation
Youth can change communities. Tobacco. Bullying. Texting and Driving. Drug and alcohol abuse. These are all health issues youth have embraced because of impact on their lives and the lives of those in their communities. While oral health is an extremely important issue, history indicates that youth—as a whole—have not been engaged. In July 2013, America’s ToothFairy: National Children’s Oral Health Foundation initiated, developed, and launched the My Smile Matters Youth Movement to change the trajectory of youth involvement in oral health. NCOHF disseminated resources and opportunities aimed at fostering youth’s connection with oral health, passion for preventing pain and suffering caused by tooth decay, and understanding of the importance of a healthy smile. In doing so, youth not only began to view dental disease as a social justice issue rather than simply a matter of personal responsibility, but also began to appreciate the power they have to make a difference in the world. Since then, we have empowered over 500 high schools, close to 900 Girl/Boy Scout Troops, and over 600 Boys and Girls Clubs with incentives, education, and programming to introduce or enhance youth leadership activities. At this roundtable, you will learn about resources, trainings, and national partnerships with HOSA: Future Health Professionals, SkillsUSA, National Association of School Nurses, Special Olympics, Boys and Girls Clubs of America, and local Girl Scout/Boy Scout Troops and Councils that we can leverage for you to start engaging youth in your own oral health mission.

ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS
Krisa Granger, MPH, Program Manager, Data and Assessment, Association of Maternal & Child Health Programs
For nearly 70 years, AMCHP has been an advocate, resource, and partner for state MCH programs and affiliated agencies and organizations. AMCHP is the only national organization representing state and territorial public health leaders responsible for implementing Title V of the Social Security Act. The AMCHP mission is to support state MCH programs and provide national leadership on issues affecting women and children. AMCHP members are champions for MCH, linking state-level policy with local service delivery to protect and promote the health of women and children and the systems that can affect perinatal oral health. AMCHP members span governmental, non-governmental, and academic institutions that operate at the state and local/community levels and that are representative of many of the systems that impact those that can positively affect perinatal oral health. AMCHP is currently involved in The National Network for Perinatal Oral Health, a consortium of four organizations aimed at supporting systemic changes to the health care system to improve the oral health of women and infants. Together the Network Consortium provides a comprehensive approach to building leadership capacity through collective learning, data-support for systematic change, and a national strategy to improve perinatal oral health. Visit this roundtable to find out how you and your program can learn from The National Network for Perinatal Oral Health. Consider becoming an AMCHP member to gain access to MCH resources, legislative updates, best practices, technical assistance initiatives and skills-building programs, and much more!

ASSOCIATION OF STATE AND TERRITORIAL DENTAL DIRECTORS: RESOURCES GALORE
Kimberlie Yineman, RDH, BA, President, Association of State and Territorial Dental Directors
The Association of State and Territorial Dental Directors is a professional association that provides leadership to promote a governmental oral health presence in each state and territory, to formulate and promote sound oral health policy, to increase awareness of oral health issues, and to assist in the
development of initiatives for prevention and control of oral diseases. ASTDD's Members and Associate Members are dedicated public health professionals. Through various funding sources, ASTDD committees and consultants have developed competencies, guidelines, best practices, communication plan templates, evaluation tools, policy statements, basic screening surveys for various age groups, and other significant resources. Visit this roundtable to find out how you and your program can access and use these resources. Why not join the organization so you can have access to additional members' only resources and participate in developing new resources?

**CDC DIVISION OF ORAL HEALTH: NATIONAL LEADERSHIP IN ORAL PUBLIC HEALTH**

*Scott Presson, DDS, MPH, Senior Advisor for Special Projects, CDC Division of Oral Health*

Located in the National Center for Chronic Disease Prevention and Health Promotion at the Centers for Disease Control and Prevention (CDC) in Atlanta, the Division of Oral Health (DOH) works to prevent and control oral diseases and conditions by building the knowledge, tools, and networks that promote healthy behaviors and effective public health practices and programs. This roundtable will focus on current and future DOH leadership activities. Topics to be discussed include advances related to the National Oral Health Surveillance System, Healthy People 2020, the National Health and Nutrition Examination Survey, as well as the development of state oral health program infrastructure and prevention programs within the four chronic disease domains. DOH supports community-based preventive programs, specifically community water fluoridation and school-based/school-linked sealant programs. Collaborations within the Department of Health and Human Services (HHS), within CDC, and with national partner organizations that enhance national and state surveillance efforts and support for state infrastructure and prevention programs will also be discussed.

**CENTER FOR HEALTH CARE STRATEGIES**

*Stacey Chazin*

The Center for Health Care Strategies (CHCS) is a nonprofit health policy resource center dedicated to improving health care access, quality, and cost effectiveness for low-income populations. It works with state and federal agencies, health and dental plans, providers, and consumer groups to develop innovative programs that better serve beneficiaries of publicly financed care, especially those with complex, high-cost needs. CHCS has worked with state Medicaid agencies, their contracted plans, and other oral health stakeholders for over a decade to improve oral health care coverage, access, and quality for Medicaid beneficiaries. Current programs include:

- An initiative to support agencies/organizations working to expand access to dental services for low-income adults;
- A retrospective analysis of dental service utilization among Medicaid-enrolled adults, examining factors such as beneficiary, community, and delivery system characteristics;
- Leadership of two separate learning collaboratives that are supporting groups of state Medicaid agencies around their pursuit of the CMS children's oral health improvement goals; and
- Development of a dental Performance Improvement Project template and guide for use by state Medicaid agencies with their contracted plans.

CHCS Senior Program Officer Stacey Chazin will describe the above programs, highlighting the approaches and partners that have been most successful in advancing this work. Ms. Chazin will also share her thoughts and lead a discussion around barriers to be addressed for additional significant progress to be made in oral health care access and outcomes in the Medicaid delivery system.

**CENTERS FOR MEDICARE & MEDICAID SERVICES: THE CMS ORAL HEALTH INITIATIVE AND STATE ORAL HEALTH PROGRAMS**

*Lynn Douglas Mouden, DDS, MPH, Chief Dental Officer, Centers for Medicare & Medicaid Services*

CMS is the largest payer of dental services in the US. As such, efforts to increase access to care for Medicaid beneficiaries are important for both state Medicaid programs and public health dental directors. The CMS Oral Health Initiative is nearing the end of its scheduled timeframe. However, CMS technical assistance efforts will continue in the identified focus areas of dental sealants and other prevention dental services. CMS works with oral health leaders across the country to help develop and implement planning efforts through learning collaboratives, and “Learning Lab” webinars, as well as other technical assistance initiatives. As the health care system continues to evolve in the US, Medicaid/CHIP and public health leaders need to work together to ensure the optimum access to oral health care services, including planning efforts that affect both areas. The successes of the CMS Oral Health Initiative and future efforts will be discussed as well as giving attendees opportunity to suggest how CMS can best work with various state entities.

**CHILDREN’S DENTAL HEALTH PROJECT: TOOLS FOR POLICY CONSENSUS IN CHANGING TIMES**

*Patrice Pascual, Executive Director, Children's Dental Health Project*

The Children’s Dental Health Project develops tools, resources and training to help state oral health programs and state oral health advocates achieve their goals. This roundtable will focus on tools -- existing and evolving -- for building consensus with diverse oral health stakeholders in times of change. We’ll draw on the experience of working with 22 states (with CDC support) and our recent adaptation of the policy tool for use with local communities. Evaluations show this process works; we’ll discuss ways to make it a “living tool” as circumstances, leadership and resources change. If you’ve had experience with the tool, tell us how you would improve it. If you haven’t, bring tough questions about building consensus among your stakeholders. Set the stage for positive change!

**HEALTH RESOURCES AND SERVICES ADMINISTRATION ORAL HEALTH CARE WORKFORCE OVERVIEW AND DISCUSSION**

*Renée Joskow, DDS, MPH, FAGD, FACD, Health Resources and Services Administration*

To produce a health care workforce of sufficient size and skill to meet the Nation's health care needs requires complete data on the current health workforce and a profound understanding of how changes in population will affect future demand. The Health Resources and Services Administration's (HRSA) National Center for Health Workforce Analysis (NCHWA) helps to build that body of knowledge by estimating the supply and demand for health workers in the US and developing tools and resources to inform decision-making on health care workforce investments. This roundtable will provide an overview of NCHWA's activities and resources including an update on the Oral Health Workforce Research Center, a review of the Area Health Resources Files, and an overview of estimates of supply, demand and distribution of oral health care workers.

**MEDICAID-CHIP STATE DENTAL ASSOCIATION**

*Mary E Foley, RDH, MPH, Executive Director, Medicaid-CHIP State Dental Association*

The Medicaid-CHIP State Dental Association (MSDA) is the national non-profit membership organization that represents all state Medicaid and CHIP dental programs, directors and staff. MSDA's strategic plan and its Center for Quality, Policy and Financing (QPF) direct activities to: (1) provide state and national leadership in the development of sound public health and Medicaid/CHIP oral health policy; (2) provide a support system to state and national public health and Medicaid/CHIP dental program representatives;
(3) encourage innovation and collaboration among state and national public health and Medicaid/CHIP dental program representatives; (4) promote integration of oral health/primary care in public health and Medicaid/CHIP programs; and (5) promote an appropriate balance of cost effective prevention and treatment services of oral diseases and conditions. As a result of changes that have taken place across the states due to mandates within the Patient Protection and Affordable Care Act (ACA) and other environmental influences, MSDA’s efforts have expanded to engage and collaborate with a broader group of stakeholders. These new non-traditional partners include Managed Care Organizations, Accountable Care Organizations and contractors that focus on program integrity, benefits, and other Medicaid/CHIP policies and administrative functions. This session will highlight the new wave of partners and changes in Medicaid administration at the state level, and will forecast upcoming changes that may impact the greater dental public health and oral health delivery systems and the communities they serve.

NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS: INTEGRATING ORAL HEALTH AND CHRONIC DISEASE

John Robitscher, MPH, CEO, NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS

The National Association of Chronic Disease Directors (NACDD) is a non-profit public health organization committed to serve the chronic disease program directors of each state and US jurisdiction. Founded in 1988, NACDD connects more than 3,000 chronic disease practitioners to advocate for preventive policies and programs, encourage knowledge sharing and develop partnerships for health promotion. Since its founding, NACDD has been a national leader in mobilizing efforts to reduce chronic diseases and their associated risk factors through state and community-based prevention strategies. We are an entrepreneurial organization that has raised over $3 million in nonfederal revenue to work on new and innovative projects. We want to work on the integration of oral health and chronic disease prevention and are looking for partners to assist with increasing oral cancer screening, diabetes and heart disease prevention.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH: ORAL HEALTH DISPARITIES RESEARCH A PRIORITY

Ruth E Nowjack-Raymer, RDH, MPH, PhD, Director, Health Disparities Research Program, National Institute of Dental and Craniofacial Research

Despite improvements in the oral health of many, not everyone has benefited equally. Oral, dental and craniofacial conditions remain among the most common health problems for low-income, disadvantaged, disabled and institutionalized individuals across the life span. Dental caries, periodontal disease, and oral and pharyngeal cancer are of particular concern. The National Institute of Dental and Craniofacial Research (NIDCR) places priority on research to eliminate oral health disparities and inequities and devote one of its four strategic goals to this concern. Intervention research that evaluates or informs clinical practice, public health policy, health care provision, community and/or individual action is a priority as are studies that provide essential information to guide the development of tailored/targeted interventions. Given the complexity of factors that contribute to disparities including those that are upstream, studies often require multidisciplinary teams, community engagement, and multilevel and multisectoral approaches in varied care delivery and community settings. Studies with strong conceptual models and that are grounded in theory are needed. Building a cadre of researchers from diverse disciplines and backgrounds as well as the appropriate dissemination and implementation of research findings are essential to the achievement of NIDCR’s goal. At the conclusion of the roundtable participants will understand: 1) the NIDCR health disparities and inequalities goal, 2) funding opportunities for research, career development and training, 3) the type of research funded, and 4) how to access resources.

NATIONAL NETWORK FOR ORAL HEALTH ACCESS: WORKING TO IMPROVE THE ORAL HEALTH OF UNDERSERVED POPULATIONS WITH A FOCUS ON FQHC

Phillip Thompson, MS, MA, Executive Director, National Network for Oral Health Access

The National Network for Oral Health Access (NNOHA) is a national organization that works to address the needs of oral health professionals and other staff with a focus on the unique needs of Federally Qualified Health Centers and other safety net programs. Activities of NNOHA include a National Oral Health Learning Institute (NOHLI) designed to develop excellence in leadership among new Dental Directors; projects with the Pew Charitable Trusts in the areas of fluoridation, sealants and workforce models; and the Strengthening the Oral Health Safety Net Initiative (SOHSN). Funded by the DentaQuest Foundation, SOHSN addresses the challenge of preparing the dental safety net for handling the increased volume of individuals who are seeking care as a result of healthcare reform, with support at the national, state/regional, and community levels. NNOHA is a proud partner of the initiative, along with DQI’s Safety Net Solutions, NACHC, and Massachusetts League of Community Health Centers. Together the partners provide technical assistance via in-person and web-based trainings to participating Primary Care Associations and health centers. NNOHA holds an annual conference where oral health professionals from FQHCs and other safety net programs can come together to learn, share experiences and build strong networks. This year at our annual conference, November 15-18 in Indianapolis, NNOHA and DentaQuest Institute are collaborating on a special training section for FQHC administrators and financial directors on building financially sustainable oral health programs for the underserved. Come by our table to learn more.

NATIONAL ORGANIZATION OF STATE OFFICES OF RURAL HEALTH: PARTNERING WITH YOUR STATE OFFICE OF RURAL HEALTH

Gloria Vermie, Director, Iowa State Office of Rural Health

Participants in this roundtable would learn about the National Organization of State Offices of Rural Health (NOSORH), which was established to help State Offices of Rural Health (SORH) in their efforts to improve access to, and enhance the quality of, health care for America’s 61 million rural citizens. Participants in this session will learn who SORHs are and how to build relationships with them to promote enhanced collaboration around oral health and rural health issues, such as dentist recruitment and retention. The discussion will highlight previous and current SORH and NOSORH partnerships and projects around oral health.

ORAL HEALTH AMERICA’S PROGRAMS ACROSS THE LIFESPAN: WISDOM TOOTH PROJECT & SMILES ACROSS AMERICA

Dora Fisher, MPH, Older Adult Programs Manager, Oral Health America

Oral Health America changes lives by connecting communities with resources to increase access to care, education, and advocacy for all Americans, especially those most vulnerable. At this roundtable, participants will learn about OHA’s older adult and children’s programs and how they can collaborate with us on our initiatives to serve these vulnerable populations. Every day in the US, 10,000 adults reach age 65. Only 2% do so with a dental benefit, and Medicare doesn’t help them pay for dental care. The Wisdom Tooth Project™ (WTP) changes the lives of older adults through five strategies: 1) our web portal, toothwisdom.org; 2) educating older adults in four regions with our workshop Tooth Wisdom: Get Smart About Your Mouth; 3) hosting professional meetings such as a conference on Medicare and a training for pharmacists; 4) advocating for older adults by releasing a third edition of A State Of Decay; and 5) completing demonstration projects throughout the country that fit OHA’s mission. Smiles Across America® (SAA) increases access to dental services in school-based or school-linked settings for children most at risk for developing dental caries and oral disease. SAA identifies promising, local community efforts and supports these local programs in the development, implementation, promotion, and expansion of programs,
with a particular emphasis on disease prevention. Participants will have the opportunity to learn more about OHA’s aging and youth programs and about opportunities to partner with the organization.

ORGANIZATION FOR SAFETY, ASEPSIS AND PREVENTION (OSAP):
ENSURING THE SAFEST DENTAL VISIT – PATIENT & PROVIDER SAFETY RESOURCES
Kathy Eklund, RDH, MHP, Director of Infection Control and Occupational Health, and Research Subject and Patient Safety Advocate, Forsyth Institute

Over three decades ago a group of academicians and corporate representatives incorporated an organization to address truth in advertising. They named the organization OSAP and it has evolved through the years to become a diverse membership association spanning public health, academia, consulting, clinical practice and the dental trade. OSAP provides a real focus on infection prevention and safety and advocates both nationally and internationally for the safe and infection-free delivery of oral healthcare. In dentistry, risk is real and several highly public infection control breaches support the need for an organization that focuses on infection prevention and patient and provider safety. This roundtable is designed to introduce NOHC participants to valuable training and informational resources for dental safety. Participants will be asked to provide their thoughts as to why compliance with infection control remains problematic. Elements of a new program called The Safest Dental Visit™ also will be highlighted.

PEW CHARITABLE TRUSTS. PEW CHILDREN’S DENTAL CAMPAIGN EFFORTS TO BOLSTER ORAL HEALTH PREVENTION AND IMPROVE THE DENTAL WORKFORCE TO EXPAND ACCESS TO CARE FOR THE UNDERSERVED
Jane Koppelman, MPA, Pew Charitable Trusts, Children’s Dental Campaign
Launched in 2008, the Pew Children’s Dental Campaign works to improve state and local policies that strengthen oral health prevention efforts such as sealants and community water fluoridation, as well as ensure an adequate workforce to care for low income people through state authorization of mid-level dental providers. Join Pew staff to learn more about our accomplishments and efforts underway in each of these areas. Discussion will include Pew’s development of a cost calculator for public clinics and private practices to estimate the impact on income and productivity that can occur after hiring a dental therapist.

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Some presenters were unable to attend the NOHC Conference to present their abstracts. Therefore, there is some inconsistency in the numbering of the Posters.

Poster Number: 2

RESULTS AND IMPLICATIONS OF THE 2014 NEW HAMPSHIRE OLDER ADULT ORAL HEALTH SURVEY
Nancy Martin (1); Heather Brown (1); Stephanie Kelly (1); Ludmila Anderson (1)
NH DHHS, Concord/NH, USA (1)

Objectives: Little is known about the prevalence of oral diseases and treatment needs among New Hampshire older adults. To gather evidence for the program planning and service delivery, the Oral Health Program implemented the Basic Screening Survey among older adults attending randomly selected senior centers and congregate meal sites statewide.

Methods: A random sample of 25 out of 32 eligible sites was selected. Trained dental hygienists assessed the presence of caries, root fragments, denture use, periodontal disease, and the need for dental care. Prevalence estimates and 95% confidence intervals were calculated with subgroup analyses by sex, age, site location, and socioeconomic status.

Results: Twenty-five sites and 610 site attendees 60 years old or older participated in the screenings. Altogether, 16% were edentulous, 42% had an upper or lower denture, and 19% were in need of dental care. Among dentate adults, 25% had untreated decay or root fragments, and 9% had gingivitis. Significant differences were found by urban versus rural site locations, and by socioeconomic status.

Conclusions: Older adults living independently within our communities have substantial unmet oral health needs. Older residents living in rural areas and those with lower incomes have a higher prevalence of dental disease and a greater need. The Oral Health Program has begun addressing these needs in collaboration with their public and private partners.

Source of Funding: This project was supported by a grant from the National Association of Chronic Disease Directors and the Centers for Disease Control and Prevention.

Poster Number: 4

DENTAL PATIENTS WHO WERE SCREENED FOR DIABETES AT THE DENTAL VISIT: THEIR PERSPECTIVES ON THE SCREENING’S ADVANTAGES AND DRAWBACKS
Sheila Strauss (1) PhD, MA, BS; Mary Rosedale (1) PhD, PMHNP-BC, NEA-BC
New York University, New York, New York, USA (1)

Objectives: Although some studies have examined patients’ views on chairside medical screening in a dental setting, there is limited research on the views of patients who have actually undergone such screening. To inform successful screening implementation, we therefore elicited the perspectives of patients who underwent diabetes screening at dental visits.

Methods: Adult patients (N=364) who appeared for regularly scheduled dental care at university-based dental clinics, were at risk for diabetes, and whose gums bled on probing had blood collected from their fingers and gums at chairside for diabetes screening. Immediately following their dental visits, they were surveyed concerning their views on the screening’s advantages and drawbacks. Their open-ended responses were categorized and tallied.

Results: 83.2% (N=303) of the patients endorsed the dental visit as a good place to have blood collected for glucose testing. The most frequently expressed advantages were convenience (N=78); availability and advantage of using oral blood for the collection (N=35); ease, simplicity, speed (N=29); good attributes of the dental environment - e.g., sterile (N=24); the presence of an alternate diabetes screening venue (24); and the frequency of dental visits, especially relative to physician visits (N=23). Those who were unsure or did not endorse the dental visit as a good place for this blood collection (N=61) most frequently cited their preference for/acustomed to blood collection at a physician’s office (N=8) and its interference with/excess time used at the dental visit (N=8).

Conclusions: Most dental patients welcome and perceive a variety of advantages to diabetes screening at dental visits.

Source of Funding: National Institute of Dental and Craniofacial Research of the National Institutes of Health (grant 1R15DE023201).

Poster Number: 5

MICHIGAN ORAL HEALTH SCREENING PROJECT FOR THE AGING POPULATION
Beth Anderson (1), MPH; Jill Moore (1), RDH, BSDH, MHA; Chris Farrell (1), RDH, BSDH, MPA
Michigan Department of Community Health, Lansing, Michigan, USA (1)

Objectives: The number of Michigan residents aged 65 years and older continues to increase each year. It is important to assess their oral health status to best tailor health programs to appropriately provide the necessary oral health care for seniors. The project objective was to find best practices for an open-mouth senior survey and to assess the oral health of this population.

Methods: The Association of State and Territorial Dental Directors Basic Screening Survey for Older Adults toolkit was used for data collection. Screenings were held in a variety of locations in two regions. Screenings were completed by dental hygienists and data was collected on paper forms and entered electronically after the events.

Results: In total, 747 seniors received an open mouth screening. This screened population had several poor oral conditions including substantial oral debris (20.5%), and untreated decay (16.5%). Over 57% had more than half their natural teeth remaining. Forty percent of screened seniors reported not having dental insurance and 36.8% did not receive dental care because of cost in the past year. One-third of screened seniors had ever been checked for oral cancer.

Conclusions: The data demonstrated that many seniors in Michigan still have natural dentition that requires access to a dentist which insured and uninsured seniors had difficulty accessing. A complete statewide survey is needed to provide additional data on the oral health status of the aging population in order to initiate policy recommendations that can provide additional and necessary oral health care resources to seniors.

Source of Funding: National Association of Chronic Disease Directors.

Poster Number: 6

FACTORS ASSOCIATED WITH FOLLOW-UP FOR DENTAL CARE
Homa Amini (1), DDS, MPH, MS; Kristin Lawson (1), DDS, MS; Beth Noel (1), RDH, BS
Nationwide Children’s Hospital, Columbus, OH, USA (1)

Objective: To assess patient characteristics associated with likeliness of returning for follow up care.

Methods: A retrospective chart review (n=6,286) of a hospital-based Baby Dental Clinic was conducted. Children ages 0-3 ½ years of age were included. Variables studied were demographic information, dental and social history. Statistical analysis through chi square analysis and logistic regression was performed.

Results: Four factors were found to be associated with patient’s likelihood to return for follow up visits: behavior at initial visit, ethnicity, first visit type, and presence of pain at initial visit. Behavior at first visit correlated to number of visits where children with definitely negative and negative behavior showed less likelihood of having higher visit
counts. Hispanic population showed a trend toward higher visit counts along with the Asian population showing a slight increasing trend in number of visits. Patients who came as an emergency visit for their first visit type were less likely to return for follow up appointments. Patient who presented with pain at their initial visit were also less likely to return compared to patient who had no pain upon their initial visit.

**Conclusion:** Identifying factors that may influence patient care seeking patterns will be helpful for health promotion planning.

**Source of Funding:** None.

**Poster Number: 7**

**Abstract: DENTAL STUDENTS’ WILLINGNESS TO TREAT LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUEER OR QUESTIONING (LGBTQ) PATIENTS**

Michelle McQuistan (1) presenting, DDS, MS; Nicole Major (1), BS University of Iowa, Iowa City, IA, USA (1)

**Objective:** To assess which variables are associated with dental students' willingness to treat LGBTQ populations.

**Methods:** A 26-item survey was developed and distributed to all pre-doctoral dental students (D1-D4; N=324) during the 2013-14 academic year. It included questions pertaining to their perceived willingness to treat LGBTQ populations 5 years after graduation (yes vs. yes, but limited # of patients/unsure/no); feelings, comfort and competence treating LGBTQ patients; professional and personal experiences interacting with LGBTQ populations; and demographic and other questions pertaining to the student. Bivariate analyses were used to determine trends (p<0.2) and statistically significant associations (p<0.05) between willingness to treat and the predictor variables. IRB approval was obtained.

**Results:** 235 respondents (88%) stated they would treat LGBTQ populations post-graduation (n=275; 85% response rate). In general, students who have had positive professional and personal experiences with LGBTQ populations and feel comfortable and competent treating LGBTQ populations are the most likely to anticipate treating LGBTQ populations post-graduation (p<0.05). Trends (p<0.2) were observed showing that students who identified as having liberal political viewpoints, were less spiritual, had positive family interactions pertaining to treating underserved populations, and perceived their family economic status as middle or upper middle class were more likely to state they would treat LGBTQ populations compared to classmates with different responses.

**Conclusions:** Personal and professional experiences are associated with dental students’ willingness to treat LGBTQ populations. Dental schools should provide training to dental students to help them feel more comfortable and competent addressing the needs of patients who identify as LGBTQ.

**Source of Funding:** University of Iowa, Dental Research Grant.

**Poster Number: 8**

**Abstract: INCIDENCE OF CANCERS OF THE ORAL CAVITY AND PHARYNX AMONG AMERICAN INDIANS AND ALASKA NATIVE MALES IN CONTRACT HEALTH SERVICE DELIVERY AREA COUNTIES, 2000-2011**

Eleanor Fleming (1), PhD, DDS; Megan Quinn (1), DrPH, MSc East Tennessee State University, Johnson City, TN, USA (1)

**Objectives:** Our objective is to examine oral cancer incidence rates (IR) among American Indian/Alaska Native (AI/AN) males in geographic areas where Indian Health Services pays for health services provided to members of identified Indian communities.

**Method:** Oral cancer data were obtained from the Surveillance, Epidemiology, and End Results (SEER) Program using SEER 13 Registry Research Data linked to county attributes. Primary oral cancer site was selected for ten anatomic sites. Cases were selected by Race, Sex, Contract Health Service Delivery Area County regions, and year of diagnosis (2000-2011). Frequency and rate sessions were conducted using SEER-Stat Software version 8.1.5. Cancer incidence rates were expressed per 100,000 persons, age-adjusted with the 2000 US standard population. Rates and 95% confidence intervals (CI) were generated.

**Results:** From 2000-2011, the Alaska region had the highest oral cancer IR for AI/AN males (19.0, CI 14.0, 25.3). In all regions, most oral cancers were found on the tongue (range: 19.1%-32.4%). By anatomic site and region, the highest IR was cancers in the nasopharynx (6.7, CI 3.9-10.7) in Alaska. Comparing IRs between AI/AN and non-Hispanic White males, the highest rate ratio was in cancers of the oropharynx (2.83) in the Northern Plains.

**Conclusions:** The Alaska region has a significant burden of oral cancers among AI/AN males. While variation in IRs occur by regions and anatomic sites, understanding the extent of the disparities is important. More complete data is needed to help public health programs better target their resources for maximum impact to address these disparities.

**Source of Funding:** None.

**Poster Number: 10**

**Abstract: DENTAL STUDENTS’ ASSUMPTIONS PRIOR TO BEGINNING COMMUNITY-BASED CLINICAL EXPERIENCES**

Nicole Major (1) presenting, BS; Michelle McQuistan (1), DDS, MS University of Iowa College of Dentistry, Iowa City, IA, USA (1)

**Objective:** To determine what assumptions dental students have prior to beginning community-based clinical experiences.

**Methods:** All fourth-year students participate in community-based clinical experiences. At the end of their experiences, they must write a guided reflection paper detailing what assumptions they had prior to beginning their rotations, and how those assumptions were fulfilled and challenged. The papers from three graduating classes (2011-13, N=218) were analyzed by two researchers, using Dedoose software, for common assumption themes. IRB approval was obtained prior to conducting the study.

**Results:** Students had a variety of both positive and negative assumptions about their rotations. They were apprehensive about working with potentially challenging patients (e.g. elderly patients with complicated medical histories and disabilities, children, non-English speaking patients, difficult patient management), performing procedures for which they have had none to little experience, and working too slowly or treating several patients per day. In contrast, they looked forward to improving their clinical and patient management skills, knowledge, and speed. Many assumed they would enjoy treating underserved populations and looked forward to “making a difference for people.” Other assumptions included those about the site, such as: equipment/facility would be outdated, protocols and procedures would be similar to the dental school, and that they would have more independence than at school.

**Conclusion:** Students expressed a variety of assumptions relating to their emotions, patients they expected to treat, procedures they would perform, and details about the specific site. Educators should consider assumptions students may have to help better prepare them for their community-based dental rotations.

**Source of Funding:** None.

**Poster Number: 11**

**Abstract: SCHOOL-BASED DENTAL SEALANT PROGRAMS IN RURAL NEBRASKA: DENTAL STUDENTS’ REFLECTIONS**

Preethy Nayar (1), MD, PhD; Kimberly MacFarland (1), DDS, MSHA; Aastha Chandak (1), BTech; Van Do (1), MD; Niodita Gupta (1), MD, MPH; Ashley Merritt (1), BA, BS; David Brown (1), PhD; Brian Lange (1), PhD University of Nebraska Medical Center, Omaha, USA (1)

**Objective:** The objective of this study was to examine the reflections of dental students volunteering in school-based dental sealant programs in rural Nebraska.

**Methods:** The experiences of 26 dental students who volunteered...
for Dental Sealant Programs at three schools in rural Nebraska were assessed through a survey. The survey had open-ended questions regarding their reasons for volunteering, learning experiences, challenges faced, most valuable experiences and reflections upon those experiences. The qualitative data were analyzed for thematic content using QSR NVivo software. 

**Results:** The students volunteered for the program because of their interest in pediatric dentistry and public health dentistry and to gain experience working with children in the underserved communities. They learned important skills such as placing a sealant well and also skills to deal with pediatric patients. They reported facing challenging situations of handling nervous or uncooperative children and also problems with equipment that they were not used to, while working in less-than-ideal circumstances. They reflect that their best experiences were working and interacting with children, as well as working with other students, learning new techniques such as the use of isolight. Most of the student volunteers valued the opportunity to give back to the community. When reflecting upon the experiences, the volunteers realized the importance of preventative services and working in a rural community.

**Conclusions:** Dental students are enthusiastic to work with under-served communities and find the school-based dental sealant programs to be a rewarding learning experience. 

**Source of Funding:** The project described was supported by Grant # D85HP20046 from Health Services and Resources Administration (HRSA).

*Disclaimer:* The conclusions drawn are solely the responsibility of the authors and do not necessarily represent the official views of the HRSA, Bureau of Health Workforce.

Poster Number: 12

**DENTAL STUDENTS’ EXPERIENCES WITH SERVICE LEARNING PROGRAMS: A QUALITATIVE ANALYSIS**

Preethy Nayar (1), MD, PhD; Kimberly MacFarland (1), DDS, MSHA; Nidodita Gupta (1), MD, MPH; Aastha Chandak (1), B Tech; Ashley Merritt (1), BA, BS; Brian Lange (1), PhD; David Brown (1), PhD

University of Nebraska Medical Center, Omaha, Nebraska, USA (1)

**Objectives:** The objective of this study was to examine dental students’ experiences with service learning programs (SLPs).

**Methods:** Three focus groups were conducted with 43 students who had participated in at least one SLP (Dental Day, Sharing Clinic, Extramural rotations, School Based Sealant Program) at the College of Dentistry, University of Nebraska Lincoln. Content analysis of the focus groups data was done with QSR NVivo software to examine the SLP experiences of the students. 

**Results:** Of the 43 students, 22 were males and 21 females. The majority (39) were Caucasian and in the 25 to 30 age group. The benefits of SLPs as perceived by the students included the opportunity to work with under-served communities and find the school-based dental sealant programs to be rewarding learning experiences. The qualitative data were analyzed for thematic content using QSR NVivo software. When reflecting upon the experiences, the volunteers realized the importance of preventative services and working in a rural community.

**Conclusions:** Dental students are enthusiastic to work with under-served communities and find the school-based dental sealant programs to be rewarding learning experiences.

**Source of Funding:** The project described was supported by Grant Number D85HP20046 from Health Services and Resources Administration (HRSA).

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Poster Number: 13

**ORAL HEALTH PREVENTION STRATEGIES IN HEAD START VERSUS NON-HEAD START CHILD CARE CENTERS IN FLORIDA**

Vinodh Bhoopathi (1), BDS, MPH, DscD; Ajay Joshi (2), DDS, MSD; Robin Jacobs (3), MSW, PhD

Nova Southeastern University College of Dental Medicine, Fort Lauderdale, FL, USA (1), Indiana University School of Dentistry, Indianapolis, IN, USA (2), Nova Southeastern University College of Osteopathic Medicine, Fort Lauderdale, FL, USA (3)

**Objective:** (1) To assess if oral health prevention strategies (OHPs) are being practiced in Florida Child Care Centers (CCCs) and (2) to determine if there is a difference in the number of OHPs implemented between Head-Start/Early Head-Start (HS/EHS) centers and non-Head Start/Early Head Start Centers.

**Methods:** In this cross-sectional study we surveyed 5147 Florida Child Care Center Directors (CCCDs) working primarily in licensed CCCs through an online portal using a 45-item pre-tested questionnaire. Descriptive and bivariate statistics analyses were conducted using SAS analysis software.

**Results:** 877 CCCDs responded to the survey. On average only two out of eight OHPS were implemented. CCCDs working in HS/EHS centers reported to have implemented a higher number (5.1±2.3) of OHPS compared to those working at non HS/EHS centers (1.9±1.8). CCCDs working in HS/EHS were willing to implement more OHPS in the near future compared to those working at non HS/EHS centers (Odds Ratio: 3.5; 95% CI: 1.1-11.8; p=0.02).

**Discussion:** CCCDs in HS/EHS centers had already implemented a higher number of OHPS in their centers, and are willing to implement more prevention strategies in the future compared to those in non-HS/EHS. These differences in practices and willingness between these two groups of directors needs to be further explored.

**Source of Funding:** Nova Southeastern University Health Professions Division Research Grant - 335548.

Poster Number: 14

**FACTORS ASSOCIATED WITH PERCEIVED UNMET DENTAL NEED AMONG HISPANIC/LATINO ADULTS: HISPANIC COMMUNITY HEALTH STUDY/STUDY OF LATINOS**

Marushka L Silveira (1), BDS, MPH, PhD; Bruce Dye (1), DDS, MPH; Shahdokht Boroumand (1), DMD, MPH; Margo Adesanya (1), DDS, MPH; Timothy Iafolla (1), DMD, MPH; A. Isabel Garcia (1), DDS, MPH

National Institute of Dental and Craniofacial Research, National Institutes of Health, Bethesda, MD, USA (1)

**Objectives:** To identify factors affecting prevalence of perceived unmet dental need among Hispanic/Latino adults.

**Methods:** Cross-sectional analyses were conducted using data (2008-2011) from 13,464 self-identified Hispanic/Latino participants (18-74 years) in the Hispanic Community Health Study/Study of Latinos. Unmet dental need was defined as self-perceived current need for dental treatment but no dental visit within the past year. Multivariable logistic regression was used to calculate odds of unmet dental need according to socio-demographic, behavioral, psychosocial, and clinical factors.

**Results:** Overall 42% of Hispanic/Latino adults reported having unmet dental need, with prevalence being higher among younger (18-44 years) versus older adults (45-74 years) (66% vs. 34%). Adults who were of low socioeconomic status (OR=1.6, 95%CI: 1.4-1.9), current cigarette smokers (OR=1.4, 95% CI: 1.2-1.6), obese (OR=1.2, 95% CI: 1.1-1.4), had ≥3 teeth with untreated dental caries (OR=2.0, 95% CI: 1.7-2.5), or had severe periodontal disease (OR=1.5, 95% CI: 1.2-1.8) were more likely to have unmet dental need compared to those of high socioeconomic status.

**Source of Funding:** The project described was supported by grant number D55DP002461 from the National Institute of Dental and Craniofacial Research, National Institutes of Health, Bethesda, MD, USA (1).
status, non-smokers, those with normal/underweight body mass, no untreated caries, or no periodontal disease. Adults with health insurance (OR=0.5, 95% CI: 0.4-0.6) or of Dominican origin (OR=0.7, 95% CI: 0.6-0.9) were less likely to have unmet dental need compared to those without health insurance or of Mexican origin. Anxiety and depression were not significantly associated with unmet need.

Conclusion: In this diverse Hispanic/Latino population, socio-demographic, behavioral, and clinical factors were associated with unmet dental need. Findings can help identify groups with unmet need and guide strategies to improve their situations.

Source of Funding: National Institute of Dental and Craniofacial Research.

Poster Number: 16

TOOLS FOR ADVANCING ORAL HEALTH POLICY, FUNDING, AND DEVELOPMENT WITHIN A STATE
Bobbi Muto (1), MPH, RDH; Richard Crespo (1), PhD; Jason Roush (2), DDS; Teresa Marks (2); Marsha DeLancey (1), RDH; Wendy Mosteller (1), RDH; Richard Allen (1), RDH; Gina Sharps (2), MPH, RDH
Joan C. Edwards School of Medicine, Marshall University, Huntington, WV, USA (1), WV DHHR-Oral Health Program, Charleston, WV, USA (2)

Objective: This poster will provide the audience with an overview of how oral health data management in concert with a state oral health plan can be used to impact policy, funding and program development for dental health projects. This poster session will share the timeline and highlight the essential elements that have led to West Virginia’s success in oral health.

Methods: Prior to 2010, West Virginia lacked data or support to advance oral health efforts. It did not have a full time state dental director, an oral health surveillance system, or a way to assess what few oral health programs were in place. Three tools that enabled the state to move forward were developing a state oral health plan, implementing an oral health surveillance system, and creating a data management system for monitoring and evaluating oral health programs.

Results: These four tools enabled West Virginia to improve the oral health status of its population and enabled it to gain national recognition. Specifically these tools have resulted in: 1) a coordinated strategy for addressing the state’s oral health program and policy needs, 2) the ability to monitor health programs and health status, 3) policy initiatives presented to the state legislature, and, 4) an oral health program infrastructure that enabled the state to receive funding from multiple public and private sources.

Conclusion: These tools gave the oral health program a definite direction and the means with which to follow through with an array of program and policy initiatives.

Source of Funding: Claude Worthington Benedum Foundation and the West Virginia Department of Health and Human Resources.

Poster Number: 17

DEVELOPMENT OF AN ORAL HEALTH TOOLKIT FOR DIABETES COALITIONS
Bobbi Muto (1), MPH, RDH; Marsha DeLancey (1), RDH; Richard Crespo (1), PhD; Gina Sharps (1), MPH, RDH; Wendy Mosteller (1), RDH; Jason Roush (2), DDS; Ashley Logan (1), RDH
Joan C. Edwards School of Medicine, Marshall University, Huntington, WV, USA (1), WV DHHR-Oral Health Program, Charleston, WV, USA (2)

Introduction: The association of poor oral health and uncontrolled diabetes and their bidirectional relationship is fairly common among dental providers. This association is not however commonly addressed at the community level in diabetes education, and in particular in rural Appalachia. This project worked with diabetes coalitions in rural, underserved counties in the Appalachian region to address this problem.

Objective: The objective of this poster is to present an “Oral Health and Diabetes Toolkit” for use by community health workers, and community leaders.

Methods: Pre/Post Surveys, from educational sessions conducted at the diabetes coalition meetings revealed: 1) little understanding of oral health and its relationship to diabetes, 2) specific learning needs, and, 3) a high level of interest in learning about oral health. It was evident that coalition leaders were highly motivated to address oral health issues but that they had no resources to work with. Consequently the authors worked with coalition leaders to develop a resource manual that could be used to strengthen oral health education and outreach in the community.

Results: Diabetes Coalitions throughout the Appalachian Region participated an initial four hour workshop that accompanied the “Oral Health and Diabetes Toolkit” that empowered them with the knowledge to return to their respected communities and positively impact oral health efforts.

Conclusion: Diabetes Coalitions throughout the 13 state Appalachian region have implemented varying types of oral health programs, education and outreach.

Source of Funding: Appalachian Regional Commission.

Poster Number: 18

DENTISTS GENDER AND NATIONALITY PREFERENCE OF PATIENTS IN RIYADH AREA, SAUDI ARABIA
Sahar Bin Huraib (1), BDS, MPH, AEGD, Consultant SCFH; Nadia Alnahas (1), BDS, MSc, Consultant SCFH; Hana Al-Balbessi (1), BDS, MSc, Cert Ortho, SCS Cert; Faida Abu-aljadayl (2), BDS, F.E.T.P; Sajith Vellappally (1), PhD
King Saud University, Riyadh, Saudi Arabia (1), Ministry Of Health, Riyadh, Saudi Arabia (2)

Introduction: Awareness of gender or nationality-driven preconceptions will help dentists to permit a better interpretation of dentist -patient relationships. It is even more noteworthy to understand these predilections in Saudi society where women and men are usually segregated due to religious and culture consideration. This study is one of the first to explore the preference of patients in selection of dentist with respect to gender and nationality of dentist in Riyadh, Saudi Arabia.

Methods: A total of 445 community residents residing in Riyadh were randomly selected for a cross sectional study. The participants completed a 15-item survey questionnaire, designed to assess which personal characteristics factors (gender and nationality) consumers perceive as most relevant in choosing a dentist. Statistical analysis of the data was performed using SPSS 11.5 software.

Results: The female sample did not show any preference with the sex of the dentist where as 40% of the male participants’ preferred male dentist. The study sample favored male dentist in fields of oral surgery (78.9%), implants (74.1%), endodontics (67.5%), orthodontics (65.8%) and prosthodontics (64.2%). An exception to the above was noted in pediatric dentistry favoring female dentists by (52.8%). Also most of the sample (66.1%) didn’t have any preference over the nationality of the dentist.

Conclusion: A general preference towards male dentist is observed and no preference over nationality is seen when patient selects dentist for treatment.

Source of Funding: CDRC Department, College of Dentistry, King Saud University, Saudi Arabia.
**Objective:** To describe the development of a perinatal assessment tool to supplement the Basic Screening Survey (BSS) protocol developed by the Association of State and Territorial Dental Directors. The creation of the perinatal assessment will serve to 1) enable states and other organizations to implement perinatal surveillance, 2) allow states to collect data on the perinatal population in a consistent manner and compare their data with other organizations and agencies.

**Methods:** Recognizing the need to capture community-level oral health status and dental care access data for the perinatal population, Marshall University with consultation provided by Dr. Kathy Phipps, created the perinatal assessment tool. Consistent with the BSS model, the tool has two basic components: 1) direct observation of a person's mouth, and 2) questions asked of, or about the individual being screened.

**Results:** The creation of the perinatal survey instrument led to the inclusion of pregnant women in the West Virginia Oral Health Surveillance System (WV-OHSS). The perinatal oral health surveillance will be conducted every three years. Surveillance results will be reported to the National Oral Health Surveillance System (NOHSS).

**Conclusion:** The development of the perinatal assessment tool was a vital precursor in establishing a perinatal oral health surveillance system. Data collected from the surveillance will be used to measure and monitor the burden of oral disease in the perinatal population and to evaluate public policy.

**Source of Funding:** United States Health Resources Service Administration.

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**Poster Number: 21**

**USING A COMMUNITY-BASED SOCIAL ECOLOGICAL APPROACH TO ENHANCE ORAL HEALTH CARE FOR SENIORS**

Linda Greaves (1), RDH, BA, PBS; Krystina Laychak (2), RN

Vermont Department of Health, Burlington, VT, USA (1), The Manor, Morrisville, VT, USA (2)

**Objectives:** To develop an integrated approach to oral health care in a nursing home using the Vermont Department of Health’s findings from its Older Adult Brief Screening Survey.

**Methods:** The Manor in Morrisville, VT worked closely with a local public health dental hygienist employed by the State to develop an integrated approach using different levels of the social ecological approach, including training nursing staff in oral care, strengthening relationships with the community’s federally qualified health center, and purchasing a mobile dental unit. The hygienist continues to work with the statewide community college system to incorporate dental care into its licensed practical nurse program.

**Results:** Through this intervention, all residents at the Manor have increased access to daily dental care and dental treatment. Preliminary results show that staff report residents with dementia experience less stress related to dental care and exhibit signs of stress for shorter amounts of time following dental appointments. Nursing staff have also become more interested in oral health and have increased their self-efficacy about providing oral health care.

**Conclusions:** The preliminary findings from this project suggest that a community-wide integrated approach to oral health care at nursing homes may be an effective way to improve oral health care nursing home residents, but it requires a coordinated approach. This approach may be especially beneficial for providing oral health care for residents with dementia and other residents for whom changes in routine are challenging.

**Source of Funding:** None.

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**Poster Number: 20**

**ASSESSING ORAL HEALTH STATUS OF NURSING HOME RESIDENTS: FINDINGS AND IMPLICATIONS**

Martha Friedman (1), MPH; Linda Greaves (1) RDH, BA, PBC

Vermont Department of Health, Burlington, VT, USA (1)

**Objectives:** In 2013 the Vermont Department of Health conducted a study to determine the burden of oral disease among nursing home residents.

**Methods:** Site selection was through weighted random sampling and 20% of long-term care facilities within the state were chosen; residents were selected within sites through quota sampling (N=342). Two registered dental hygienists conducted screenings between July 2013 and January 2014 using the Association for State and Territorial Dental Directors’ Older Adult Basic Screening Survey.

**Results:** 38.5% of participants did not have any natural teeth and among the dentate participants the mean number of teeth, including root fragments, was 16.5. 41.9% of all participants required dental care. Among dentate participants 48.3% had untreated decay, nearly 80% had severe gingival inflammation, and 57% were in need of periodontal care. Overall, 47.2% of all participants required either full or partial removable dentures. 24.3% of edentulous participants did not have dentures.

**Conclusions:** The findings from this study confirm the presence of oral health issues among nursing home residents in Vermont. They suggest that Vermont could benefit from adopting a systemic approach to improving dental care in nursing homes, including increased collaboration between medical and dental providers, community health centers, and other stakeholders, as well as training nursing home staff on the importance of oral health. One nursing home used the findings from this study to develop a system to improve residents’ oral health using the social ecological approach. This could be expanded to additional sites around the state.

**Source of Funding:** Office of Women’s Health, Region I, US Department of Health and Human Services.

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**Poster Number: 22**

**DENTAL HYGIENE WORKFORCE AND EDUCATION PROGRAMS IN IOWA**

Julie Reynolds (1), DDS, MS; Raymond Kothy (1), DDS, MPH; Mark Pooley (1), MS; Mary Kelly (1), RDH; Susan McKernan (1), DMD, MS, PhD

University of Iowa, Iowa City, IA, USA (1)

**Objectives:** To examine the current dental hygiene workforce in Iowa, including temporal and geographic trends related to dental hygiene education programs.

**Methods:** We used the following data sources to examine Iowa’s dental hygiene workforce and education programs: a 2012 survey of all licensed Iowa dental hygienists, 2013 Iowa Dental Board relicensure data, and the American Dental Association Survey of Allied Dental Education Annual Reports from 1999-2011. Our study included descriptive and bivariate analyses and geographic mapping.

**Results:** In 2013, 87% of Iowa's 2074 licensed hygienists were actively practicing in Iowa. Iowa’s practicing hygienists work a mean of 27 hours (SD=11) per week, and 51% work full time (≥32 hours/week). One quarter of Iowa’s 99 counties have two or fewer practicing hygienists. Regarding educational attainment, a significantly lower proportion of younger dental hygienists had baccalaureate or higher degrees compared to older dental hygienists. There was substantial variation in the market share of the dental hygiene education programs. Forty-seven percent of hygienists who graduated from an Iowa program work within 30 miles of their alma mater.

**Conclusions:** This study identified several important factors to consider as part of future dental hygiene workforce and education program planning in Iowa: full- vs. part-time status, trends in educational attainment, the location of dental hygiene shortage areas, and geographic clustering near education programs.

**Source of Funding:** Funded, in part, by Health Resources and Services Administration, DHHS (T12HP14992).
Poster Number: 24

SIGNIFICANT CARIES AND INTERACTIVE EFFECTS OF MATERNAL-RELATED ORAL HYGIENE FACTORS IN URBAN PRESCHOOL CHILDREN

Ying-Ling Liu (1), MS; Ying-Chun Lin (2), PhD; Chin-Shun Chang (3), DDS,MPH,PhD,FICD; Hsiao-Ling Huang (1), DrPH

Department of Oral Hygiene, College of Dental Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan (1), School of Dentistry, College of Dental Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan (2), Taiwan Society of Oral Health, Taipei, Taiwan (3)

Objectives: This study examined significant caries (SiC) and interactive effects of maternal-related oral hygiene factors in urban preschool children.

Method: We used a cross-sectional study design to collect data from a cluster randomly selected samples in urban communities. A total of 495 preschoolers completed dental examinations; their mothers completed a self-administered questionnaire. Significant Caries Index expressed the high caries prevalence group. The association between three groups [children with dmft (decayed, missing, and filled teeth) free, non-SiC group and SiC group] and maternal and their child’s factors were examined using polytomous logistic regression analysis.

Results: Among the SiC children, caries experience was most frequently in the mandibular molars (range 64.5% to 84.9%), and almost 50% of these children had central incisor caries. The significant factors associated with SiC children were the lower level of maternal self-efficacy toward oral hygiene (adjusted odds ratio (aOR) = 2.04), no use of fluoride toothpaste (aOR = 2.39), child sugar-sweetened beverage (SSB) intake more than once per day (aOR = 2.27), and child’s irregularly dental checkup (aOR = 2.32). Significant interaction effects were detected among irregular dental checkup children whose SSB intake was 1+ times per day and mothers had lower level of efficacy toward oral hygiene (P for interaction term = 0.034 and 0.004, respectively).

Conclusions: The caries prevention program should enhance the maternal self-efficacy toward oral hygiene, as well as emphasis on messages for child’s dietary management and regular dental checkups for mothers to prevent severe caries at the very early age.

Source of Funding: This work was supported by National Science Council, Taiwan.

Poster Number: 25

ANTIBIOTIC-ASSOCIATED DIARRHEA AND THE OLDER DENTAL PATIENT: HOW DO DENTISTS RESPOND?

Samuel Zwetchkenbaum (1,2), DDS, MPH; Sherry Pomerantz (1), PhD; Kevin Overbeck (1), DO

Rutgers School of Dental Medicine, Newark, NJ, USA (1), Rowan University School of Osteopathic Medicine, Stratford, NJ, USA (2)

Objectives: Gastrointestinal complications from antibiotic use, including Clostridium difficile infection (CDI), can have significant morbidity, especially among older patients. This descriptive study surveyed dentists to find out how they would respond to a patient with signs indicating potential CDI.

Methods: A survey on prescribing medications for older patients was mailed to 1000 dentists in New Jersey. Questions were asked regarding antibiotic selection, probiotic use, and approach to a patient scenario of diarrhea after antibiotic use.

Results: Respondents chose moxicillin most frequently as an antibiotic, and clindamycin if penicillin allergy. When informed their patient had diarrhea, 64.5% advised them to stop the antibiotic. If the patient continued to have diarrhea on follow up, 75.5% contacted the patient’s physician. Most (61.4%) do not prescribe probiotics prophylactically.

Conclusions: Dentists respond appropriately to antibiotic associated diarrhea in advising to stop the antibiotic, and seeking physician involvement if no improvement. Dentists may wish to learn more about benefits of probiotics. Practical Implications: antibiotic therapy can have significant benefits, but also can result in life-threatening complications. Proper guidance by dentists when patients exhibit early symptoms is necessary to limit the morbidity of the problem.

Source of Funding: Geriatric Fellowship Training Program.

Poster Number: 26

IMPLEMENTATION OF COMMUNITY-BASED EDUCATION COURSES AT INDIANA UNIVERSITY SCHOOL OF DENTISTRY

Timothy Treat (1), MS, BS; Esperanza Martinez-Mier (1), DDS, MSD, PhD; Joan Kowolik (1), DDS; Armando Soto-Rolais (1), DDS, MPH; Timothy Carlson (1), DDS, MSD; Karen Yoder (1), PhD

Indiana University School of Dentistry, Indianapolis, IN, USA (1)

Objectives: Students and faculty at Indiana University School of Dentistry (IUSD) engage in many community service programs, both locally and internationally, throughout each academic year. In order to provide greater educational continuity between service experiences, the Division of Community Dentistry at IUSD developed a series of Community-Based Education courses.

Methods: Curricular maps and assessment tools were developed for the courses to enhance student learning. Each course includes sections for elective service, elective service-learning, and elective international service-learning experiences. Fourth year dental students also register for a required service-learning experience, which is utilized to assess their competency in oral health promotion. Enrolled students complete assignments preparing them for the community experience and reflect on their experience after participation utilizing existing learning management software (OnCourse/Canvas). Registration in the courses facilitates tracking and reporting of service hours and acknowledges students spending significant time in the community.

Results: In the spring and fall of 2014, 239 dental students enrolled in the courses. In their reflections, students report that their understanding of the disparities in health care access and health outcomes faced by underserved populations have improved significantly. Faculty from multiple departments are benefiting from pedagogical and logistical support to direct sections of the course and develop robust service-learning experiences.

Conclusion: The successful implementation of Community-Based Education courses has enhanced service-learning opportunities for students and faculty at IUSD.

Source of Funding: Funding received through an Engaged Department Grant from the IUPUI Center for Service and Learning.

Poster Number: 27

PREVALENCE OF ORAL DISEASE AND TREATMENT NEED AMONG ELEMENTARY STUDENTS IN AN URBAN, LOW-INCOME COMMUNITY

Ela Jamiołkowski (1,2); Sharon M. Edwards, MD; Jennifer Chase, MD; Kristen Oliver, MD; Moira Groh, DMD

Columbia University, New York, NY, USA (1), Mount Sinai, New York, NY, USA (2)

Objectives: Preventable oral diseases still afflict the majority of American children. In fact, tooth decay is the single most common chronic childhood disease—more common than asthma, obesity and diabetes. In 2011 the Mount Sinai Pediatric School-Based Health Center (SBHC) Program, which has 4 primary care clinics housed in East Harlem schools and the Mount Sinai department of dentistry implemented a dental initiative to improve access to dental health services by East Harlem students. During 2012-2013 school year, this group collaborated with the school administration at PS 83 and BBMS/PS 182 to hold several classroom-based sessions of oral health screening and fluoride varnish application. This project will review the data collected during these sessions to assess the prevalence of oral disease and treatment need among this community.

Objectives: Describe the findings of a classroom-based oral health screening and fluoride varnish application done at an East Harlem elementary school.
Abstracts for Poster and Student Award Presentations

**Poster Number: 28**

**WILL PUBLIC WATER SYSTEMS FLOW BACKWARDS IN THE FUTURE?**

Gina Sharps (1), MPH, RDH; Wendy Mosteller (1), RDH; Teresa Marks (2), BA; Jason Roush (2), DDS; Richard Crespo (1), MPH, PhD; Bobbi Muto (1), MPH, RDH

**Marshall University, Huntington, WV, USA (1), West Virginia Department of Health and Human Resources, Charleston, WV, USA (2)**

**Objective:** To describe West Virginia's response to the flurry of anti-fluoridation activity. When faced with rollback challenges, the state was seized with no response plan and was forced into a reactive mode. Subsequently the state responded with proactive strategies for community water fluoridation (CWF).

**Methods:** To discuss reactive approaches when opponents of fluoridation challenge public water systems implementing CWF. Reactive strategies include: securing national experts to provide testimony at public meetings and the initiation of partnerships to protect CWF efforts. Proactive strategies include the development of communication and educational materials/activities along with various professional conference presentations.

**Results:** After years of dormant anti-fluoridation activity West Virginia was confronted with six CWF roll back attempts in the span of just over one year. Reactive strategies were quickly put into play to quell anti-fluoridation attempts requiring extensive time and personnel. Out of the six roll-back attempts, only one was successful. The remaining five challenges, served not only as a wakeup call but provided untapped opportunities for future collaboration leading to the protection and expansion of CWF.

**Conclusions:** When faced with anti-fluoridation attempts, reactive strategies are necessary for the protection of CWF. However, they come at a steep cost and often are too late to preserve CWF in existing systems; thus, removing a level of protection to broad bases of the population. Furthermore, the need for a fluoridation plan is highly recommended in states without one to equip partners and allies with tools that protect and advance CWF well before anti-fluoridation challenges, served not only as a wakeup call but provided untapped opportunities for future collaboration leading to the protection and expansion of CWF.

**Source of Funding:** None.

**Poster Number: 29**

**INCIDENCE AND MORTALITY TRENDS IN CANCERS OF THE ORAL CAVITY AND PHARYNX IN THE DISTRICT OF COLUMBIA: A COMPARISON TO THE UNITED STATES AND NEIGHBORING STATES**

Shahdokht Boroumand (1) presenting, DMD, MPH; Darien Weatherspoon (2), DDS, MPH; Margo Adesanya (1), DDS, MPH

**National Institute of Dental and Craniofacial Research, Bethesda, Maryland, USA (1), University of Illinois at Chicago College of Dentistry, Chicago, Illinois, USA (2)**

**Objective:** The District of Columbia (DC) has one of the highest incidence and mortality rates for Cancers of Oral Cavity and Pharynx (COPC) in the United States (US). The objectives are to assess COPC incidence and mortality rates and trends in DC (1999-2011) compared to the US and neighboring states (Maryland and Virginia).

**Method:** The United States Cancer Statistics and States Cancer Registry data (CDC Wonder) were used to assess COPC incidence and mortality rates and to analyze time-trends and disparities across gender and racial groups.

**Results:** In DC, cumulative age adjusted rates [per 100,000 (95% CI)] were:

- **Incidence:** Overall [11.0(10.9-11.0)]; Males [16.5(16.4-16.6)]; Females [6.2(6.2-6.3)]; Whites [11.1(11.0-11.1)]; African-Americans [10.2(10.1-10.3)]
- **Mortality:** Overall [2.6(2.5-2.6)]; Males [3.9(3.9-3.9)]; Females [1.5(1.4-1.5)]; Whites [2.5(2.4-2.5)]; African-Americans [3.4(3.4-3.5)]

COPC incidence and mortality rates are higher in DC compared to the US, Maryland and Virginia. In the US, COPC incidence increased and mortality decreased slightly from 1999 to 2011. However, in DC trends fluctuated over time.

**Conclusions:** In DC, COPC incidence and mortality rates were considerably higher among African-Americans compared to whites. Similar to the US and neighboring states, males are more affected by COPC than females. An in-depth study of healthcare access, behaviors, beliefs and health literacy in DC's population is essential to better understand the underlying causes of high COPC incidence and mortality.

**Source of Funding:** This study has been supported by the National Institute of Dental and Craniofacial Research, National Institutes of Health.

**Poster Number: 30**

**BUILDING HIGH-PERFORMING ORAL HEALTH PROMOTION SYSTEM THROUGH SCHOOL-BASED ORAL HEALTH PROGRAM FOR PRIMARY SCHOOL CHILDREN IN RIYADH SAUDI ARABIA. [INVOLVEMENT OF FEMALE DENTAL STUDENTS AND INTERNS]**

Nadiah Alnahhas (1) presenting

King Saud University, Riyadh, Saudi Arabia (1)

Dental caries affect most of children in Saudi Arabia region which affect their quality of life due to pain and inability to eat. School-based dental health program proved to improve the oral health and reduce the incidence of caries for most of school children. Conducting this program in primary public school with the involvement of dental student and interns will benefit both school children to improve behavior and status related to oral health and help our dental students to implement the principles of public health dentistry.

**Source of Funding:** None.

**Poster Number: 31**

**A COMPARATIVE STUDY ON THE ORAL HEALTH-RELATED QUALITY OF LIFE AND PERIODONTAL STATUS AMONG PREGNANT AND POSTPARTUM INDIAN WOMEN**

Jagan Baskaradoss (1), BDS,MPH; Amrita Geevarghese (2), BDS, MPH; Yousuf Aljehani (3), MS

Case Western Reserve University, School of Dental Medicine, Cleveland, OHIO, USA (1), King Saud Bin Abdulaziz University for Health Sciences, KAMC, National Guard Health Affairs, Riyadh, Saudi Arabia (2), King Saud University, College of Applied Sciences, Riyadh, Saudi Arabia (3)

**Purpose:** The purpose of this study was to compare the oral health-related quality of life (OHRQoL) and periodontal health between pregnant and postpartum women.

**Materials and Methods:** A total of 326 women (166 pregnant and 160 postpartum) who met the inclusion criteria participated in this study. Oral health impact profile-49 (OHIP-49) questionnaire was used to capture the individual's perceived OHRQoL. The periodontal disease assessment was based on the probing depth (PD) and clinical attachment loss (AL). To analyze the distribution of subject data...
characteristics and OHIP scores between pregnant and postpartum women, bivariate analysis and multiple regression analysis were used. 

**Results:** After discarding the incomplete questionnaires, the responses of 150 pregnant women (mean age 23.8 +/- 3.01) and 150 postpartum women (mean age 25.2 +/- 3.35) were analyzed. The overall OHIP score for pregnant women was significantly (p=0.03) higher compared with postpartum women. Fifteen items of the OHIP-49 were higher for pregnant women compared with postpartum women. Higher scores indicate a poorer OHRQoL among the pregnant women. Clinical periodontal variables were significantly poorer among pregnant women. A significant difference in the mean PD was observed between pregnant (3.56 +/- 0.47) and postpartum (2.87 +/- 0.56) women. Also, the AL was significantly higher for pregnant women (2.03 +/- 0.44) compared with postpartum women (1.73 +/- 0.48). Regression analysis showed that periodontitis (p=0.01) and pregnancy status (p<0.01) had a positive relationship with OHIP-49 scores. 

**Conclusion:** The periodontal health and OHRQoL of pregnant women was poorer than postpartum women in this population. 

**Source of Funding:** None.

**Poster Number:** 32

**IMPLANT SUPPORTED FIXED PROSTHESIS FOR A MEDICALLY COMPROMISED PATIENT**

Yousef Aluehani (1), MS; Jagan Baskaradoss (2), BDS, MPH; Amrita Geevarghese (3), BDS, MPH
King Saud University, College of Applied Medical Sciences, Riyadh, Saudi Arabia (1), Case Western Reserve University, School of Dental Medicine, Cleveland, USA (2), King Saud Bin Abdulaziz University, College of Dentistry, KAMC, National Guard Health Affairs, Riyadh, Saudi Arabia (3)

**Objective:** The benefits of full mouth implant reconstruction include increased chewing ability, bone preservation, improved speech, and an improved aesthetic for an edentulous patient. Full mouth rehabilitation for a medically compromised patient is complex and often requires a comprehensive multidisciplinary approach. 

**Methods:** A 62 year old male patient with ill-fitting maxillary and mandibular removable partial dentures was presented for dental implant treatment to replace his existing prostheses. A review of his medical history indicated that the patient had been under medication for hypertension for the past 15 years, and diabetes for the past 30 years. The patient had undergone an open heart surgery 10 years ago and also undergone six by-pass surgeries. His current medical condition was stable and it was decided to rehabilitate the patient with implant-supported fixed prostheses. The maxillary fixed prosthesis was fabricated and four of the maxillary implants were used for retention. The mandibular overdenture was retained with five implants. The prosthesis was loaded immediately and occlusal splints were provided. Functional occlusion and esthetic appearance were restored with maxillary and mandibular implant supported porcelain-fused-to-metal restorations. 

**Results:** There was good primary stability for the implants with minimal bone resorption at the end of the five year follow up period. No adverse events occurred during the treatment phase and the patient was highly satisfied with the final esthetics of the prosthesis. 

**Conclusion:** An excellent predictability was observed between the planned procedures and those obtained post treatment. 

**Source of Funding:** None.

**Poster Number:** 33

**ENHANCING ORAL–SYSTEMIC HEALTH AND INTERPROFESSIONALISM COLLABORATIVE PRACTICE COMPETENCIES IN NURSE PRACTITIONER AND DENTAL STUDENTS THROUGH A STANDARDIZED PATIENT EXPERIENCE**

Project title: Enhanced oral–systemic interprofessional education and practice

Donald Antonson (1), DDS, MEd; Patrick Anders (1), DDS, MPH; Yvonne Nierenberg (2), DNP, FNP-BC; Nancy Campbell-Heider (2), PhD, FNP, NP-C, CARN-AR, FAANP

University at Buffalo School of Dental Medicine, Buffalo, New York, USA (1), University at Buffalo School of Nursing, Buffalo, New York, USA (2)

**Objectives:** The objectives of this innovative educational project were to develop, implement, and evaluate an interprofessional standardized patient exercise (ISPE) to enhance student dentists’ and nurse practitioner students’ interprofessional collaborative practice (IPCP) competencies. 

**Method:** In the Spring of 2014, a standardized patient (SP) scenario was collaboratively designed by an interprofessional faculty team to include multiple chronic medical conditions with an oral-systemic component. NP and student dentist teams assessed the SP’s health problems while faculty observed remotely. Their interactions were videotaped and a debriefing session followed the exercise. Students’ self-rated their clinical performance and were also rated by the SPs. Outcome measures included congruence between SP and student self-evaluations, the quality of student documentation, and most importantly, the evaluation of interprofessional clinical practice (IPCP) competencies. 

**Results:** Eight teams of NP and dental students participated in the exercise. Interprofessional faculty (NP and dental) evaluated the IPCP competencies of the student teams using an IPCP rating tool with four subscales developed. Students scored highest on the Role/ Responsibilities subscale (6.03 = mostly agree), indicating that students were respectful of each other’s roles and expertise and effectively engaged each other to develop strategies to meet patient’s needs. Scores on the three other subscales (Values/Ethics, Interprofessional Communication and Teams/Teamwork) were also high. While the use of SP is common in the education of NPs, this project is a new approach to integrating/evaluating IPCP/IPCE in dental education. These findings support use of SP as a method to evaluate student dentists’ interprofessional knowledge and IPCP skills. 

**Source of Funding:** HRSA Grant (D09HP25931) funded for three years (7/1/2013-6/30/2016).

**Poster Number:** 34

**PATTERN OF DENTAL CARIES ATTACK RATES ON FIRST MOLAR TEETH AMONG NEW YORK STATE THIRD GRADE SCHOOLCHILDREN**

Tanvi Dusane (1), BDS, MPH; Mark Moss (1), DDS, MS, PhD; Jayanth Kumar (1), DDS, MPH

Bureau of Dental Health, New York State Department of Health, Albany, New York., USA (1)

**Objective:** We assessed the pattern of cumulative dental caries attack rates on permanent 1st molar teeth among third grade children in New York State by socio-economic status (SES) to determine if school based sealant programs (SBSPs) are targeting high risk children. 

**Methods:** We analyzed data obtained from the 2009-2012 survey of third grade school children in New York State. Caries data on permanent 1st molars were available for 4708 children out of 7341 drawn from stratified clusters of schools. SES was based on child’s participation in the free/reduced school lunch program. An attack rate was calculated for each child and weighted estimates of mean caries attack rates and standard errors were derived by SES and SBSP status using SAS 9.4. 

**Results:** The prevalence of caries was 55.8% and 45.6% among children in schools with and without SBSPs respectively. Among children in SBSPs, the mean caries attack rates on 1st molar were 12% and 7% for low and high SES groups respectively. In schools without SBSPs, they were 10% and 4% for low and high SES groups respectively. The ANOVA test showed statistical significance for both SES (p < .0001) and SBSP (p = 0.0012). This shows that sealant programs are present in schools where children experience higher 1st molar caries attack rates, after controlling for SES.
Abstracts for Poster and Student Award Presentations

**Poster Number: 36**

**ORAL HEALTH EPIDEMIOLOGY CAPACITY - THE STATE OF THE STATES**

Kathy Phripps (1), MPH, DrPH; Michael Manz (1), DMD, MPH, DrPH; Junhie Oh (4), BDS, MPH; Annie Tran (2), MPH; Renee Calanan (3), MD, MPH; Nidal Kram (2), MPH

Association of State and Territorial Dental Directors, Reno, NV, USA (1), Council of State and Territorial Epidemiologists, Atlanta, GA, USA (2), Colorado Department of Public Health and Environment, Denver, CO, USA (3), Rhode Island Department of Health, Providence, RI, USA (4)

**Objectives:** To assess the current oral health (OH) epidemiology capacity within state health departments and determine the need for additional OH epidemiology capacity, training and technical assistance.

**Methods:** In 2013, the Council of State and Territorial Epidemiologists (CSTE) completed an epidemiology capacity assessment (ECA) of the 50 states and the District of Columbia. The ECA included three components - a core questionnaire completed by the state epidemiologist (core), supplemental questionnaires completed by the lead epidemiologist within specific program areas including oral health (supplement), and questionnaires completed by epidemiologists working in the health department (individual).

**Results:** Fifty-one states completed the core; 49 completed the OH supplement; and 48 epidemiologists associated with OH programs completed the individual worksheet. Only five states (10%) reported having almost full to full OH epidemiology capacity while 30 (59%) reported no or minimal capacity compared to maternal and child health program measures of 37% and 6% respectively. The primary reasons for limited OH epidemiology capacity were inadequate staff, staff with inadequate skills, and inadequate data resources. Three factors were positively associated with having better OH epidemiology capacity: having a lead/primary OH epidemiologist, having at least 0.7 FTE OH epidemiologists, and having CDC Division of Oral Health State Oral Disease Prevention Program funding.

**Conclusions:** The status of state OH epidemiology and surveillance capacity is poor; most states have minimal to no capacity. To improve capacity, additional funds and recruitment and training are needed to assure that each state has a designated lead OH epidemiologist with adequate skills.

**Source of Funding:** This project was supported by Cooperative Agreement Number SU380T000143-02 from CDC. Content is solely the responsibility of the authors and does not necessarily represent the official views of CDC.

**Poster Number: 38**

**A RANDOMIZED TRIAL OF ORAL CANCER SCREENING FOR ABORIGINALS: THE EFFECTS OF LAY HEALTH ADVISOR (LHA) APPROACH PROGRAM**

Ming-An Chen (1), MS; Pei-Shan Ho (1), PhD; Chien-Hung Lee (2), PhD; Hsiao-Ling Huang (1), DrPH, MPH

Department of Oral Hygiene, College of Dental Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan (1), Department of Public Health, College of Health Sciences, Kaohsiung Medical University, Kaohsiung, Taiwan (2)

**Objectives:** The use of tobacco, alcohol and betel nut among aboriginals living in mountainous community are higher than the general population, lead to higher incidence rate of oral cancer. We evaluated the effects of Lay Health Advisor (LHA) intervention approach to promote oral cancer screening utilization in aboriginal villages in Southern Taiwan.

**Material and methods:** A randomized experimental design was used. Eligibility criteria for participants were 18 years of age or older, a resident of aboriginal villages who is a betel nut chewer or smoker. Participants were randomly assigned to the LHA intervention or to a brochure-only control group. A total of 157 in intervention group and 160 in control group were conducted. Primary roles of LHAs included serving as oral health advisors and health care systems consulting, distributing materials and being role models on oral health care. We collected information by a structural self-administered questionnaire. A series of regression models analyzed variables between intervention and control group.

**Results:** LHA group had significantly higher level of self-efficacy and lower level of perceived barriers toward oral cancer screening compared to control group (all P<0.05). After intervention, the proportion of oral cancer screening utilization in experimental group was 38.6% compared to 29.2% in control group. Participants in experimental group were more likely to have oral cancer screening ([Adjusted Odds Ratio (aOR)=1.5, 95%CI 1.1-2.2]) and intention of oral mucosal self-examination (aOR=1.6, 95%CI=1.1-2.2) in comparison to control group.

**Conclusion:** The Lay Health Advisor strategy was effective in increases of Aboriginals' oral cancer screening.

**Source of Funding:** Ministry of Health and Welfare, Taiwan.
Abstracts for Poster and Student Award Presentations

Poster Number: 39

**TRENDS IN DENTAL PROCEDURES UTILIZATION BY ENROLLEES OF DELTA DENTAL OF WISCONSIN FROM 2008-2013**

Pradeep Bhagavatula (1), BDS, MPH, MS; Katherine Sherman (2), BS; Naveen Bansal (2), PhD; Frederick Etchmiller (3), DDS

Program in Dental Public Health, Marquette University School of Dentistry, Milwaukee, WI, USA (1); Department of Mathematics, Statistics, and Computer Science, Klingler College of Arts and Sciences, Marquette University, Milwaukee, WI, USA (2); Delta Dental of Wisconsin, Stevens Point, WI, USA (3)

**Objective:** To examine the trends in dental procedure utilization by enrollees of Delta Dental of Wisconsin (DDWI).

**Methods:** We analyzed insurance claims for approximately 1.7 million DDWI enrollees aged 1-69 years from 2008-2013. Subjects were categorized into seven groups based on their age (1-9, 10-19, 20-29, 30-39, 40-49, 50-59, and 60-69). Dental procedures were categorized into diagnostic and preventive (D&P), restorative, prosthodontic, surgical, periodontal and orthodontic procedures. We computed the number of procedures of each type provided to enrollees in each age group per year. Regression analyses was used to assess the statistical significance of trends in procedures provided to enrollees in different age groups over the 6-year study period.

**Results:** D&P procedures increased and restorative procedures decreased for all groups except among 60-69 year olds. Compared to other age groups, 1-19 year olds had: more preventive procedures (oral prophylaxis was the most common procedure), fewer restorative procedures, experienced greater increase in D&P procedures and steeper decline in restorative procedures. 20-29 year olds had the fewest preventive procedures and the most restorative procedures of all groups. Use of amalgam restorations decreased and composite restorations increased among all age groups. 10-19 year olds followed by 20-29 year olds had the most surgical procedures which increase over the study period. 60-69 year olds had the most periodontal and prosthodontic procedures with an increasing trend.

**Conclusion:** Increased preventive procedure utilization and steep decline in restorative procedures among 1-19 year olds indicate a decline in caries rates and improved oral health status.

**Source of Funding:** None

Poster Number: 41

**EARLY CHILDHOOD CARIES RISK ASSOCIATED WITH DIETARY CHANGES IN WEST AFRICAN IMMIGRANT FAMILIES IN THE BRONX**

Ann Layeye (1,2), DMD; Carol Kunzel (1,2), PhD, MA

Columbia University, CDM, New York, NY, USA (1), Mailman School of Public Health, New York, NY, USA (2)

**Objective:** The purpose of this study is to obtain in-depth knowledge and understanding from recent immigrants from West Africa (WA), parents of young children, regarding the motivations and attitudes that underlie their current dietary habits in relation to their children's oral health.

**Methods:** Fifteen face to face key informant interviews will be conducted with randomly selected subjects drawn from participants (n=44) in a previous quantitative survey that assessed the impact of dietary acculturation on pediatric oral health through primarily closed-ended questions (Study 1). Eligible participants are first-generation English-speaking West African immigrant parents of preschoolers who attend a WA church located in the Bronx, New York City. The interviews will be recorded and transcribed by the student investigator.

**Expected Results:** Via in-depth key informant interviews, we expect to gain more insights into the quantitative findings from the Study 1 survey data and to understand further the underlying motivation and attitudes of this specific population. Twelve open-ended key informant interview questions have been developed, building upon hypotheses drawn from Study 1 findings, regarding the potential effect of acculturation on dietary and eating practices and children's oral health, and further informed by immigration and acculturation theory, the literature on cariology, and by experts on cariogenic diets.

**Conclusions:** A theory-based, hypothesis driven, qualitative approach provides a framework to arrive at an in-depth understanding of the impact of dietary acculturation on children's oral health.

**Source of Funding:** Columbia University, CDM, Section of Population Health. This project is/was supported by HRSA of the US Department of Health and Human Services under grant number D66HP24475. Title: Faculty Development in General, Pediatric, and Public Health Dentistry and Dental Hygiene. Total anticipated grant amount $2,500,000 0% financed with nongovernmental sources.

Poster Number: 42

**ORAL HEALTH KNOWLEDGE, ATTITUDE, AND PRACTICES: VOICES OF ADULT HISPANIC MIGRANT FARMWORKERS**

Claudia A Serna (1), PhD, MPH, RDH, BDS; Elena Bastida (1), PhD

Florida International University, Miami, Florida, USA (1)

**Objective:** Fourteen participants, age ranged from 27 to 58 years, from Mexico, Ecuador, Salvador, and Venezuela were recruited to explore
patterns of dental health care utilization and the social and cultural construction of oral health.

**Methods:** Sixteen open-ended questions based on concepts of Andersen's model and other information based on the review of the literature were conducted.

**Results:** Eight themes emerged from the qualitative analysis. 1) understanding of the mouth; 2) meaning of oral health; 3) history of dental care; 4) dental problems; 5) barriers to dental care; 6) taking care of the teeth/mouth; 7) medications; and 8) oral health quality of life. As their narratives revealed, “rather than visit the dentist,” they chose to rely on home remedies in substitution of treatment. This view is stated by participant 6 when she comments: “You have to switch among all these different remedies, sometimes they work and sometimes not; but if you cannot go to the dentist, then you need something to take away that horrible feeling and pain.” Also, strong family norms, embedded in both social and cultural structures, were found to dictate that family needs occupy a higher order of priorities than individual needs. As participant 10 observed: “When you are married and have kids, they are always your priorities and then you forget about yourself”

**Conclusions:** A dental visit hinged on their limited finances, lack of dental insurance and family responsibilities. Together, these decreased access to preventive dental services and increased risk of experiencing oral health problems.

**Source of Funding:** National Institute on Minority Health and Health Disparities (NIMHD).

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**Poster Number 44**

**ORAL HEALTH SURVEILLANCE ACROSS THE LIFESPAN - A SUCCESSFUL MODEL**

Stephanie Montgomery (1); Jason Roush (2), DDS; Richard Crespo (1), PhD; Bobbi Muto (1), MPH, RDH; Ashley Logan (1), RDH; Wendy Mosteller (1), RDH; Gina Sharps (1), MPH, RDH; Marsha DeLancey (1), RDH; Teresa Marks (2)

Joan C. Edwards School of Medicine, Marshall University, Huntington, WV, USA (1), WV Oral Health Program, OMCFH-WV DHHR, Charleston, WV, USA (2)

**Objectives:** 1. Learn how to develop and organize oral health surveillance into manageable tasks. 2. Observe how the utilization of technology can assist with collection of surveillance data. 3. Acquire the skills to replicate similar surveillance across the lifespan.

**Methods:** Targeted populations were randomly selected to participate using a probability proportional to size sampling scheme to assure a sample representative of the entire State. IRB and agency approvals were obtained. Screenings included a brief visual assessment by a licensed dental professional. The screeners were equipped with iPads, and data entered into a form developed in Survey Monkey to align with the ASTDD Basic Screening Survey tool.

**Results:** Since 2010 West Virginia has conducted nine community based surveillance studies with populations from preschoolers to seniors. Results indicate there are still areas in need of improvement, but the data show progress and reflects good collaboration within the oral health community. These data allow state leaders to assess the oral health status, identify disparities in receipt of preventive services, and guide decisions to efficiently use resources to improve oral health across the lifespan.

**Conclusion:** Successful surveillance includes appropriate partnerships, sampling, IRB authorizations and an effective system for documentation. West Virginia’s experience with conducting successful community surveillance can be replicated in almost any setting. This presentation will share lessons learned and equip those considering community/school-based oral health surveillance with the necessary tools to document the burden of disease and provide support for oral health programs within their state.

**Source of Funding:** The West Virginia surveillance projects have been funded by the Appalachian Regional Commission and the Claude Worthington Benedum Foundation of Pittsburgh, PA and WV DHHR-Bureau for Public Health, OMCFH-Oral Health Program.

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**Poster Number 46**

**THE REHABILITATIVE OUTCOMES OF ORAL HEALTH EDUCATION INTERVENTION IN POST-OPERATIVE ORAL CANCER PATIENTS: A PILOT STUDY**

Jr-Yan Huang (1,3), MS; Yi-Ru Chen (1), MS; Kuo-An Liao (2), MMS; Hsiao-Ling Huang (3), DrPH, MPH

Department of Physical Medicine and Rehabilitation, Chi Mei Medical Center, Tainan City, Taiwan (1), Department of Maxillo-Facial Surgery, Chi Mei Medical Center, Tainan City, Taiwan (2), Department of Oral Hygiene, College of Dental Medicine, Kaohsiung Medical University, Kaohsiung City, Taiwan (3)

**Objectives:** Poor compliance with treatment in post-operative oral cancer patients is most important reason for poorly controlled outcomes due to insufficient knowledge related to the impacts. The aim of the study was to evaluate the rehabilitative outcomes of oral health education intervention in post-operative oral cancer patients applying health belief model-related factors.

**Method:** A randomized controlled trial design was used; 24 participants were randomized into intervention and control group. We recruited post-operative oral cancer patients combine with tumor wide excision and neck dissection from a medical center in Taiwan. The intervention group was provided with both rehabilitation and 8-weeks individual oral
health education compared to the rehabilitation-only control group. The post-operative care knowledge and capacity questionnaire was used to measure rehabilitative outcomes at 3-month and 6-month follow-up.

**Results:** Compared to the control group, the intervention group had significant improvements on mouth open (p=0.007) and swallowing ability (p<0.001) at 6-month follow-up. The intervention group had significant increase in knowledge and positive health belief toward post-operative oral health care at 3-month and 6-month follow-up between pre and post-test score (p<0.05). The patients in intervention group had significant improvement on level of health belief toward post-operative care at 3-month and 6-month follow-ups (p=0.043 and p=0.032, respectively) compared to those in control group.

**Conclusions:** The pilot study showed that the positive outcomes of oral health education intervention on mouth open and swallowing ability, as well as increasing knowledge and positive health belief in post-operative oral cancer patients.

**Source of Funding:** None.

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**Poster Number: 47**

**NEW YORK STATE’S THREE PUBLICLY FUNDED ORTHODONTIC PROGRAMS: POLICY CONSIDERATIONS FOR CONSISTENT ELIGIBILITY CRITERIA**

Nadia Laniado (1), DDS, MPH; Victor Badner (1), DMD, MPH; Mark Moss (2), DDS, MS, PhD; Jayanth Kumar (2), DDS, MPH
Jacobi Medical Center, Bronx, NY, USA (1), New York State Department of Health, Bureau of Dental Health, Albany, NY, USA (2)

**Objectives:** Orthodontic treatment is unique in that care duration may extend up to three years. If children transfer between state programs, there is the potential for a lapse and/or cessation of coverage for care. The purpose of this study was to review the eligibility criteria for New York State’s (NYS) three publicly funded orthodontic programs (Medicaid, Child Health Plus (CHP), and Physically Handicapped Children’s Program (PHCP)) and identify inconsistencies in the definition of medically necessary orthodontics’ so that continuity of coverage is maintained.

**Methods:** We used data from the 2012 Medical Expenditure Panel Survey (MEPS) to estimate costs. Population estimates came from the US Census Bureau. Medicaid expenditures for dental care in NYS came from the NY Department of Health. Using this information we were able to model impact on CHP orthodontic claims if the PHCP and Medicaid eligibility criteria were used. We conducted a sensitivity analysis using different assumptions to create “best-case” and “worst-case” scenarios.

**Results:** In NYS the PHCP program rejected between 5.5 and 11.1% of orthodontic predeterminations. About 8 percent of children ages 5-17 years underwent orthodontic care in 2012 in the US. The cost in millions was $11,247. Medicaid accounts for 4.8 percent of this expenditure.

**Conclusions:** Our analysis suggests that uniform approval criteria for the three programs would improve continuity of care, reduce the administrative burden and control costs in NYS.

**Source of Funding:** Jacobi Medical Center, Bronx NY

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**Poster Number: 48**

**FLUORIDATION “ROLLBACK” DATABASE**

LeeAnn Cooper (1), RDH, BS; William Maas (2), DDS, MPH
ASTDD, Reno, NV, USA (1), Pew Charitable Trusts, Washington, DC, USA (2)

**Objective:** To create an archive of successful and unsuccessful efforts to combat anti-fluoridation activities that can be used by ASTDD partners organizations to prepare for defending and supporting community water fluoridation.

**Method:** ASTDD Dental Directors and Fluoridation list-serves were asked for monthly additions to an online database. Internet links to city council agendas, minutes, Facebook accounts, Twitter, fluoride Action Network (FAN) website, other websites, newspaper articles, and phone conversations were used to confirm, monitor and document “rollback” attempts.

**Results:** During 2014, 107 attempts to stop community water fluoridation were reported. 87 communities (81%) serving over 17 million people retained fluoridation. 20 communities serving just under 2 million people rejected fluoridation. Within the past year, 874 entries have been made to the database, covering the period from 2000 to December 2014.

**Conclusions:** The database includes information about systems recognized by the ADA, CDC and ASTDD, as well as outcomes of initiatives that did not result in the formal affirmation required to qualify for those awards. This makes for a more complete accounting of the outcomes of challenges to fluoridation, including those that are typically not reported in the FAN database. The ASTDD database will be available on the ASTDD Members webpage and available to partner organizations.

**Source of Funding:** Pew Charitable Trust.

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**Poster Number: 52**

**IMPACT OF FULL DENTURE ON ORAL HEALTH-RELATED QUALITY OF LIFE AS MEASURED WITH OHIP14T AND OHIP7T SCALES: A PERSPECTIVE STUDY**

Chia-Jen Teng (1,2); Sheng-Che Lin (2), Dr., PhD; Pei-Shan Ho (1) presenting, PhD
Department of Oral Hygiene, College of Dental Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan (1), Department of Health, Tainan City Government, Tainan, Taiwan (2)

**Purpose:** In this study, we focused on the respective abilities of OHIP14T and OHIP7T to discriminate the impact of full denture among an elderly...
Abstracts for Poster and Student Award Presentations

Poster Number: 53

AN OPEN-LABEL, SINGLE-ARM, PHASE 2 STUDY OF STOMATITIS PREVENTION WITH A STEROID-BASED MOUTHWASH IN POSTMENOPAUSAL WOMEN WITH HORMONE RECEPTOR-POSITIVE, HER2-NEGATIVE METASTATIC OR LOCALLY ADVANCED BREAST CANCER

Hope S Rugo (1); Mark S Chambers (2); Jennifer Keating Litton (2); Brent Reger (3); John Glaspy (4); Jaqueline Willemann Rogerio (5); Kristina Wagner (5); Ghulam Warsi (5); Timothy F. Meiller (6)

University of California San Francisco Medical Center, San Francisco, CA, USA (1), University of Texas MD Anderson Cancer Center, Houston, TX, USA (2), Vanderbilt-Ingram Cancer Center, Vanderbilt University School of Medicine, Nashville, TN, USA (3), Jonsson Comprehensive Cancer Center, University of California Los Angeles, Los Angeles, CA, USA (4), Novartis Pharmaceuticals Corporation, East Hanover, NJ, USA (5), Greenbaum Cancer Center, University of Maryland, Baltimore, MD, USA (6)

Objective: Stomatitis is a drug class-associated adverse event of oral mTOR inhibitors, including everolimus. This study will evaluate a steroid-based mouthwash to prevent stomatitis (grade ≥2) in patients with advanced breast cancer taking everolimus + exemestane.

Methods: Eligible patients will have HR-positive, HER2-negative advanced breast cancer presenting without evidence of stomatitis or other soft tissue oral pathology, and be candidates for everolimus + exemestane treatment. Baseline oral assessment will be conducted. The stomatitis prevention protocol will be an alcohol-free dexamethasone (0.5 mg/5 mL) mouthwash, swished in the mouth for ≥2 minutes 4 times daily, starting on day 1 of everolimus + exemestane treatment. Patients will be instructed to not eat or drink for ≥1 hour after mouthwash use. Prophylaxis will last for 56 days, with optional continuation for another 56 days. Primary endpoint is the incidence of stomatitis (grade ≥2) at 2 months (56 days), defined as meeting ≥1 of the following criteria: ≤50 drinking and eating days or a rating of 8, 9, or 10 on any one day using a visual analog scale. Secondary endpoints include average number of times per day the mouthwash was used at 56 days, incidence of all grades stomatitis, and time to resolution of stomatitis from grade ≥2 to grade ≤1.

Results: Patient enrollment is ongoing (N = 97 planned). This study is expected to complete in 2016.

Conclusions: Study findings may inform strategies to prevent and manage mTOR inhibitor-associated stomatitis.

Source of Funding: Novartis Pharmaceuticals Corporation.

Poster Number: 54

RELATIONSHIP BETWEEN NATIONAL PER CAPITA SUGAR CONSUMPTION AND DMFT OF TAIWANESE AND JAPANESE AGED 12 YEARS

Tzu-Hsien Lin (1), PhD; Shih Ting Wu (1); Yi Chen Lin (1); Chin-Shun Chang (2), DDS, MPH, PhD, FICD

China Medical University, Taichung, Taiwan (1), Taiwan Society of Oral Health, Keelung, Taiwan (2)

Objectives: Caries prevalence should be associated with increased consumption of sugar-sweetened beverages (SSB). The aim of this study is to investigate the association between consumption of sugar and caries experience for children aged 12 years in Taiwan and Japan.

Methods: The information of national per capita consumption of sugar per year in Taiwan and Japan was obtained from the governmental statistics. The nationwide average value of decayed, missing, filled and treated teeth (DMFT) was used as the indicator for dental caries. The information of DMFT for Taiwanese and Japanese children was obtained from the nationwide survey conducted by Taiwan Health Promotion Bureau, and Japanese Ministry of Education, Culture, Sports, Science and Technology, respectively. The information of 12-y/o DMFT could be also obtained from the web site of WHO. The trend of sugar consumption and DMFT were compared and regression were evaluated to investigate the relationship between sugar consumption and DMFT.

Results: The per capita sugar consumption of Japanese was less than 10 kg/yr before 1950, increased to around 30 kg/yr at 1972, and then decreased to 17.2 at 2012. The 12-y/o DMFT were 2.8 at 1957, increased to 5.9 at 1975, and then decreased to 1.05 at 2013. In Taiwan, sugar consumption increased from 17.0 kg/yr at 1972 to 26.0 kg/yr at 1979 and then fluctuated between 23.1 to 26.7 kg/yr. Similar trend was observed for Taiwanese. The trend of sugar consumption and DMFT were similar and the relationship between national per capita sugar consumption and 12-y/o DMFT existed.

Source of Funding: None.

Poster Number: 55

COMPARISON OF VALUES OF 12-YEAR-OLD DMFT OF WORLDWIDE COUNTRIES WITH OR WITHOUT SYSTEMIC FLUORIDATION (WATER OR SALT) AND SYSTEM OF DENTAL HYGIENIST OR DENTAL THERAPIST

Tzu-Hsien Lin (1), PhD; Yi Chen Lin (1); Shih Ting Wu (1); Chin-Shun Chang (2), DDS, MPH, PhD, FICD

China Medical University, Taichung, Taiwan (1), Taiwan Society of Oral Health, Keelung, Taiwan (2)

Objectives: In order to control the caries prevalence, some countries setup water fluoridation, and some introduced fluoridated salt. Another approach was the system of dental hygienist or dental therapist. The purpose of the study was to compare the value of decayed, missing, filled and treated teeth (DMFT) of children aged 12 years in worldwide countries with or without nationwide fluoridation system and the manpower of dental hygienists (DH) or dental therapists (DT).

Methods: The nationwide average value of DMFT and information of manpower were obtained from the WHO web site or the official web site of the countries/area. The information of systemic fluoridation was obtained from Google research, PAHO, and British Fluoridation Society. The values of 12-y/o DMFT were compared whether systemic fluoridation or system of caries-prevention manpower in the countries/area existed.

Results: There are 193 countries/area with nationwide values of 12-y/o DMFT and the mean value were 1.67 in 2011 while it’s 2.58 in 2006 for Taiwan. All the countries/area were categorized into four group: 34 countries introduced with fluoridated salt (DMFT: 0.5-5.2), 22 countries/area where more than 10% of population with optimally fluoridated water (DMFT: 0.3-4.9), 55 countries/area without systemic fluoridation...
but with DH/DT (DMFT: 0.3-3.7), the other 82 including Taiwan without systemic fluoridation and DH/DT (DMFT: 0.3-6.3).

**Conclusions:** For the countries/area with larger value of DMFT, such as Taiwan, it should be better to introduce systemic fluoridation or set up system of DH/DT integrated with oral health prevention and promotion strategies to control the caries prevalence.

**Source of Funding:** None.

**Poster Number:** 56

**FQHC DENTAL MARKET SHARE AMONG MEDICAID ENROLLED CHILDREN**

Susan McKernan (1,2), DMD, MS, PhD; Elizabeth Momany (1), PhD; Raymond Kuthy (1,2), DDS, MPH
University of Iowa Public Policy Center, Iowa City, IA, USA (1), University of Iowa College of Dentistry, Iowa City, IA, USA (2)

**Objectives:** To describe sources of primary dental care among Medicaid-enrolled children in Iowa and compare sources of care in counties with and without a Federally Qualified Health Center (FQHC) dental clinic.

**Methods:** We analyzed Iowa Medicaid enrollment and claims data from CY2012 for a cohort of children <18 years enrolled for at least 11 months during the year (N=195,179). For this study, FQHCs and primary dentists in private practice represented sources of primary dental care. Bivariate analyses examined characteristics associated with utilization of primary dental care. ArcGIS was used to map county utilization rates and FQHC sites in order to compare geographic variation in sources of care.

**Results:** In 2012, 17 FQHC clinics in Iowa offered dental services; 625 primary care dentists provided services to the study population. Overall, 38.5% of the study population received primary dental care. Females, children ages 4-7 years, and those living in urban counties non-adjacent to metropolitan areas were significantly more likely to have utilized primary dental care. Additionally, children living in an FQHC service area were significantly more likely to have utilized dental care than those in a county not served by an FQHC (40.7% vs. 35.6%, respectively). Primary care dentists served a mean of 32.6% children per county, while FQHCs served a mean of 4.3%; maps revealed substantial variation in source of primary dental care.

**Conclusions:** FQHC dental clinics in Iowa served substantial proportions of Medicaid-enrolled children in several counties where low proportions of the population were served by primary care dentists.

**Source of Funding:** Supported by a grant from the Health Resources and Services Administration (T12HP14992).

**Poster Number:** 58

**APPRaisal OF SYSTEMATIC REVIEWS IN THE TOP TEN DENTAL JOURNALS**

Joshua Orgill (1), BS; Teresa Marshall (1), PhD
University of Iowa College of Dentistry, Iowa City, Iowa, USA (1)

Systematic reviews (SRs) summarize data from multiple studies and are considered the highest level of scientific evidence. However, the quality of SRs is variable. Guidelines for assessing the methodological quality of SRs, including the Assessment of Multiple Systematic Reviews (AMSTAR), have been developed to critique SRs. The relative quality of SRs in dental literature is unknown.

**Objective:** To identify the quality, using AMSTAR criteria, of SRs published in the top ten dental journals.

**Methods:** We identified the ten highest ranked dental journals in 2013 based on their 2012 impact factor in Journal Citation Reports. For each of the identified journals, two authors independently searched PubMed by journal title and limited articles to SRs; one author hand searched each journal to identify additional SRs. From the 10 journals, 55 SRs were identified. The quality of each SR was appraised independently by each author using the AMSTAR with disagreements settled by discussion.

**Results:** The mean score of all 55 SRs was 6.5 out of a possible 11 (59%). Journal mean scores (SRs published within a journal) ranged from 7.9 (71%) in JDR to 4.8 (44%) in Oral Oncology.

**Conclusions:** Considerable variability exists in the quality of published SRs both within and between journals. Completing SRs according to AMSTAR or similar guidelines could improve the quality and clinical usefulness of future SRs. Dental journals would benefit from establishing protocols for reviewing SRs to ensure high quality. Furthermore, clinicians must critique published SRs to ensure the highest quality of evidence based care.

**Source of Funding:** Supported by a grant from the Health Resources and Services Administration (T12HP14992).

**Poster Number:** 59

**HEALTH RELATED QUALITY OF LIFE AND ITS ASSOCIATION WITH TOOTH LOSS AND USE OF DENTAL SERVICES IN MISSISSIPPI ADULTS**

Sai Kurmana (1), MD, MPH; Rodolfo Vargas (1), MS
Mississippi State Department of Health, Jackson, Mississippi, USA (1)

**Background:** Oral health is an important but frequently overlooked part of overall health that significantly affects quality of life (QOL). Our objective was to examine the association between health related QOL (HRQOL), tooth loss and use of dental services among adult population in Mississippi.

**Methods:** Data from 2012 Mississippi Behavioral Risk Factor Surveillance System was used to examine the association between HRQOL, dental services and tooth loss among 7,788 survey respondents. Logistic regression models were used to estimate adjusted odds ratios (AOR’s) and 95% confidence intervals (CIs).
Results: The mean numbers of physically unhealthy days (6.01, 95% CI 5.5 - 6.4), mentally unhealthy days (5.60, 95% CI 5.1 - 6.1) and activity limitation days (7.48, 95% CI 6.8 - 8.1) were higher in adults who have not visited a dentist or a dental clinic in the past 12 months. Lack of dental care in the preceding 12 months was associated with 4.0 times greater odds of worse self-rated general health (95% confidence interval (CI) = 2.8-5.6) than receiving dental care in the preceding 12 months when 1-5 permanent teeth were removed.

Conclusions: An association between HRQOL, tooth loss and dental services was evident among adults in Mississippi. Results show greater odds ratios of reporting poor HRQOL among those with No dental visit when compared to those who visited a dentist or a dental clinic within the past 12 months. Further research is needed to determine whether better oral health improves HRQOL in this population.

Source of Funding: None.

Poster Number: 60

NOT JUST DRILLING AND FILLING: ADOPTING A DISEASE MANAGEMENT APPROACH TO MANAGE EARLY CHILDHOOD CARIES

Adam Richman (1); Cindy Hannon (1), MSW; Richard Scoville (3), PhD; Man Wai Ng (2), DDS, MPH; Brian Novy (1), DDS, FADI; Carrie Peltier (1), MS, MPH; Arthur Evans (1)
DentaQuest Institute, Westborough, MA, USA (1), Boston Children’s Hospital, Boston, MA, USA (2), Independent Consultant, Chapel Hill, NC, USA (3)

Objectives: Early childhood caries (ECC) is one of the most prevalent chronic diseases in children and is largely influenced by social/behavioral factors. Studies have shown that a disease management (DM) approach is effective in managing ECC rather than relying solely on restorative treatment; however, implementing this requires significant system changes. To accelerate adoption of the DM approach, the DentaQuest Institute launched an initiative to create a national network of practices around using data to successfully adopt and spread DM protocols for ECC, including risk-assessment, self-management goal setting, and risk-based recall along with restorative treatments to reduce new cavitation, complaints of pain, and referrals to operating rooms.

Method: Over multiple building phases, 32 current practices collect monthly systems data as well as qualitative data and use this to track their progress, analyze gaps, and generate ideas to successfully implement the DM protocols into practice. Practices collaborate and exchange ideas and advice on adopting components of the DM protocol through regular meetings and project support designed to foster shared learning.

Results: In Phase 2, new cavitation, pain, and referrals decreased from baseline levels. Data collection for Phase 3 is ongoing and process measures have positive indications.

Conclusions: Based on experience, the initiative helped practices successfully adopt components of the DM protocols and create systems change that resulted in improved care delivery and patient outcomes. Preliminary Phase 3 results show positive changes in process measures indicating that the initiative has helped practices test important process changes that are beginning to improve health outcomes.

Source of Funding: DentaQuest Institute.

Poster Number: 62

FRAMEWORK FOR EVALUATION OF PROFESSIONALLY APPLIED FLUORIDE VARNISH PROGRAM IMPLEMENTED IN A COMMUNITY DENTAL PROGRAM

Neelam Jadeja (1), BDS, MPH; Sangeeta Gajendra (1), DDS, MPH, MS (Business Admin)
Eastman Institute for Oral Health, University of Rochester, Rochester, NY, USA (1)

Objectives: To develop a framework for evaluation of a professionally applied fluoride varnish program implemented by the Community Dentistry Department of Eastman Institute for Oral Health to reduce dental caries prevalence in children (1-7 years).

Methods: The fluoride varnish program was implemented in 2011 at various inner-city school-based and community sites in Rochester, NY. Using the CDC Evaluation Framework, evaluation questions were identified addressing program goals and needs and incorporating stakeholder views. A logic model was created to comprehensively describe program activities, resources, expected outcomes and anticipated oral health improvement. The framework will help to evaluate program implementation, effectiveness, and efficiency to assess planning, performance and progress.

Results: Major stakeholders were identified as the Department Clinical Chief, site directors, program manager, clinical and administrative staff. The Logic Model described program inputs, activities, outcomes, and context. The framework consists of: 1) Process evaluation describing implementation activities and locations, targeted participants, budget, and staffing, 2) Outcome evaluation includes (a) retrospective longitudinal study to compare the dental caries prevalence between fluoride varnish treatment and control groups (b) survey of patient satisfaction, beliefs, attitude, and practice to identify the barriers and facilitators of fluoride varnish use, 3) Efficiency evaluation to determine appropriate utilization of resources, funding and staff, and 4) Report of the findings, limitations and recommendations shared among the key stakeholders to enhance future decision-making regarding the program.

Conclusions: The developed framework will allow evaluation of the fluoride varnish program implemented in this community. It will also aid in evaluation of other public health programs.

Source of Funding: None.

Poster Number: 61

HIV DISCRIMINATION IN DENTAL CARE: AN INVESTIGATION OF DISCRIMINATORY BEHAVIOR AMONG GENERAL DENTISTS IN LOS ANGELES ACCEPTING DELTA DENTAL INSURANCE

Eric Chen (1); Fariba Younai (1), DDS
UCLA School of Dentistry, Los Angeles, California, USA (1)

Objective: To investigate the prevalence of provider-level HIV discrimination in Los Angeles, specifically among private practice general dentists who accept Delta Dental insurance.

Methods: This IRB-approved study was conducted in the form of a phone survey under the guise of a prospective HIV patient seeking a new general dentist. A list of general dentists was generated from the Delta Dental insurance website as delineated by Los Angeles city zip codes. Information was gathered on the year the dentist graduated from dental school, where the dentist attended dental school, and whether the dentist operated in a solo or group practice. A discriminatory response was characterized by a dentist who initially agreed to treat the patient but then backtracked after the caller revealed their HIV status.

Results: Provider-level HIV discrimination in the form of an unwillingness to treat and differential treatment exists in Los Angeles at a rate of 9%. Specifically, dentists who have been in practice for more than 25 years, who graduated from dental school outside of the United States, and who operate in solo practices are more likely to discriminate against persons with HIV.

Conclusion: The overwhelming majority of private practice general dentists ‘in-network’ with Delta Dental in Los Angeles will treat persons with HIV. Although the 9% discrimination rate is lower than expected, future legislative and educational measures can be considered within the context of dental public health not only to reduce dental discrimination, but also to ensure that persons with HIV receive the dental care they need.

Source of Funding: UCLA Clinical and Translational Science Institute TL1 Fellowship (NIH/NCATS 5TL1TR000121-03).
Abstracts for Poster and Student Award Presentations

Poster Number: 63

THE CURRENT ROLE OF ACADEMIC BASED SERVICE LEARNING IN THE DENTAL SCHOOL CURRICULA
Matthew Mara (1), DMD Candidate 2016; Michelle Henshaw (1), DDS, MPH Boston University Henry M. Goldman School of Dental Medicine, Boston, MA, USA (1)

Objectives: Curricular-based service learning (SL), which includes classroom instruction and reflection, builds capacity within communities and can repackage more civicly engaged dental practitioners that are poised to address oral health disparities. The objective of this study was to assess the status of SL within US dental schools.

Methods: An electronic survey was developed that contained 22 structured questions addressing SL status within: required community-based (CB) clinical rotations, required CB non-clinical rotations and volunteer CB experiences. The survey was piloted with 5 faculty members then distributed via the dental schools’ academic dean listserv.

Results: There was a 33% response rate (23 of 65 dental schools). 87% reported that students complete required CB clinical rotations, while 57% reported students complete required CB non-clinical rotations. 70% indicated familiarity with the definition of SL. Thirty-two percent indicated that 75% of their CB activities incorporate SL. 26% reported 50% of CB incorporated SL and 21% report that 25% and 100% of CB rotations incorporated SL. CB non-clinical activities spanned all 4 years of the curriculum and 93% utilized attendance for student assessment. CB non-clinical activities occurred at schools (92%), Head Start Centers (50%), nursing homes (50%), public health agencies (50%), and community health centers (42%).

Conclusions: In order to create an engaged dental workforce that is equipped to combat dental disparities while simultaneously building capacity within underserved populations, additional partnerships could be developed between dental schools and CB organizations and dental schools could incorporate more SL within the large number of existing non-clinical CB rotations.

Source of Funding: None.

Poster Number: 66

USING ANALYSIS OF RAW WATER SAMPLES TO INFORM PROPOSED ADJUSTMENT OF FLUORIDE LEVELS IN MINNESOTA’S PUBLIC WATER SYSTEMS
David Rindal (1), PE Minnesota Department of Health, St. Paul, MN, USA (1)

Objectives: The proposed national uniform drinking water fluoride concentration goal of 0.7 mg/L is lower than the statutory optimal concentration of 0.9 mg/L in Minnesota. Statewide surveillance of naturally occurring fluoride was necessary to inform future rule revision and raise awareness among public water systems of potential impacts the recommended fluoridization goal would have on fluoridization processes.

Methods: Public water systems were asked to voluntarily collect raw water samples from any primary active sources to municipal drinking water systems. This augmented information collected during a four-year General Water Chemistry Project in spring 2014. The Minnesota Department of Health distributed invitations and sample collection supplies to 634 fluoridating municipal public water system operators. Each system was asked to collect samples from active sources in primary status during a specific week. Participation was greater than 90% on a source basis: more than 2000 individual sources were sampled.

Results were summarized by aquifer/source water body characteristics/water chemistry indicators and compared with data collected by Minnesota Pollution Control Agency and Minnesota Geological Survey. Attributes of statewide results were mapped.

Results: Surveillance provided predictions about whether Minnesota municipal public water systems will need to achieve optimal fluoride level through reliance on ambient water quality, fluoridation, or defluoridation.

Conclusion: Description of aquifer type and geographic location will assist water systems and health providers where patients are not in a municipality but have a well similar in depth to nearby cities. Statistical analysis of investigative results will inform proposal of a minimum fluoride content goal during the rule revision process.

Source of Funding: Minnesota Department of Health.

Poster Number: 68

DEVELOPMENT OF A SURVEY INSTRUMENT TO ASSESS EARLY CHILDHOOD CARIES-RELATED KNOWLEDGE, BELIEFS AND BEHAVIORS AMONG LOW-INCOME MOTHERS
Dina Ghaly-Habib (1), DDS, MPH; Kavita Ahluwalia (1), DDS, MPH; Randi Wolf (2), PhD, MPH; Christie Custodio-Lumsden (1), PhD, MS, RD, CDN Columbia University College of Dental Medicine, New York, NY, USA (1), Teachers College Columbia University, New York, NY, USA (2)

Background: Though largely preventable, early childhood caries (ECC) is the most common chronic disease of US children, disproportionately affecting low-income and minority children, causing financial and emotional burdens to families. ECC etiology often begins in infancy; making the perinatal period a prime target for intervention. This
A theory-based logic model, developed by an interdisciplinary team at Columbia University, identified variables believed to mediate or moderate the effect of the intervention. Variables may serve as predisposing factors that increase motivation to engage in positive ECC-related behaviors, enabling factors that increase one's ability to act on motivation, or reinforcing factors that increase social support to maintain behaviors. A multi-step survey development process is being applied to ensure effective measurement of variables, which includes a review of relevant literature, development of survey items based on the logic model, vetting items through expert review, and focus group testing with the target population to ensure readability and cultural appropriateness. Additionally, items will be tested for reliability, internal consistency, construct validity and sensitivity.

**Results:** The survey draft, currently undergoing expert review, consists of 46 Likert scale items, evaluating knowledge, outcome expectations, perceived susceptibility, perceived seriousness, barriers, self-efficacy, social support and readiness to change.

**Conclusion:** Although, specifically tailored for this study's target population, this survey may be adapted for use in other ECC intervention studies with varying populations and settings.

**Source of Funding:** Columbia University, College of Dental Medicine, Section of Population Health. This project is supported by the Health Resources and Services Administration of the US Department of Health and Human Services under grant number D86HP24475, "Faculty dev.

Poster Number: 70

**A NOVEL PUBLIC HEALTH MODEL IN FAMILY MEDICINE: INTEGRATING ORAL HEALTH INTO DIABETIC GROUP VISITS**
Helen Yang (1); Raina Chandiramani (1); Viet Nguyen (2); George Chen (1); Sina Hedayatnia (1); Brian Swann (1), DDS, MHP
Harvard School of Dental Medicine, Boston, MA, USA (1), Harvard Medical School, Boston, MA, USA (2)

**Objective:** Innovative healthcare delivery models are needed to address the increases in diabetes prevalence, healthcare costs, and access to care disparities. Our objective is to implement an interdisciplinary dental-medical group visit and assess its effectiveness to teaching patient health literacy.

**Method:** We incorporated an oral health team (a GPR student and Spanish translator) into an existing monthly Spanish-speaking group for diabetic patients at a community health center in Cambridge, MA. Attendance ranged from four to twelve patients, most of whom had no dental homes. At each visit, the dental provider taught different modules of an oral health education related to the physician's medical curriculum, with emphasis on periodontal health and open-ended dialogue between patients. After six months with one cohort, we administered a oral survey to assess patients' oral health literacy, attitudes on its relevance to their diabetes management, and satisfaction of their care.

**Results/Conclusions:** Of the seven patients surveyed, we found that patients had limited baseline understanding of etiology of periodontal disease and caries, that they cared about good oral hygiene but initially lacked knowledge to take concrete steps beyond toothbrushing, and that they were eager for the presence of dental professionals. Our program was successful in teaching awareness of patients' increased risk for periodontal disease and in increasing motivation to maintain good oral hygiene. We believe our group visit model has potential to effectively teach higher-risk patients about prevention and reach greater numbers cost-effectively. Our next steps include connecting patients with dental home and tracking participants' long-term oral hygiene behaviors.

**Source of Funding:** Harvard Medical School Center for Primary Care.

Poster Number: 71

**STATE POLICY DEVELOPMENT: INCREASING ACCESS TO AND UTILIZATION OF ORAL HEALTH SERVICES**
Michelle L. Gross-Panico (1), RDH, MA, DHSc
A.T. Still University Arizona School of Dentistry & Oral Health, Mesa, AZ, USA (1)

**Objectives:** 1. Describe the role of community agencies and partnerships in developing oral health policy. 2. Provide community agencies with resources to participate in state policy development.

**Method:** Partnerships among community agencies are key to developing policies that increase access to and utilization of oral health services. Successful policy development is dependent upon: 1) collaborative community partnerships; 2) increased oral health literacy and health and 3) continuous advocacy and communication efforts. A wide range of community agencies that provide various services often find the population they serve in need of oral health services. The common problem identified by community agencies is the lack of obtainment of oral health services by the population they serve negatively affects the community agency's outcomes and work with the population. Advocacy efforts to garner support for oral health legislation include identifying a legislator to champion the cause, educating stakeholders, attending legislative meetings, connecting with lobbyists, and using key words and facts when communicating.

**Results:** When community agencies advocate for the oral health of populations they serve, the unified voice can influence the development of state statutes and impact organizational policy. Keeping the problems and solutions in mind, maintaining a collaborative spirit, holding each other accountable, and avoiding turf or territorial wars can promote a win-win scenario.

**Conclusions:** Community agencies play a key role in developing state oral health policy. Community agencies are well positioned to promote a collaborative spirit, increase oral health literacy, and advocate with the use of effective communication.

**Source of Funding:** None.

Poster Number: 72

**ANTI-FLUORIDATIONIST ACTIVITIES ON THE INTERNET AND SOCIAL MEDIA; A 2014 UPDATE**
Abdulraheem Alwafi (1), BDS; Myron Allukian (1), Jr. DDS MPH
Boston University, Boston, MA, USA (1)

**Objective:** The six popular social media websites, Facebook, Twitter, Pinterest, Instagram, YouTube and Google+ have billions of monthly active users. A previous study described community water fluoridation (CWF) activities from June 2011 to May 2012 on the Internet and social media. The present study provides an update of CWF activities on the Internet and social media from June 2012 to December 2014 and added the social media outlets of Instagram, Pinterest and Google+.

**Methodology:** Website traffic of major fluoridation websites such as ADA, CDC, Flouride Action Network, NoFluoride.com and mouthhealthy.org was monitored from June 2012 to December 2014. Using Google Trend, search inquiries about fluoridation related words for the last ten years were recorded. Posts, tweets, photos, videos, and blogs, present on Facebook, Twitter, Pinterest, Instagram, Youtube and Google+ that appeared using the keywords fluoride, fluoridation, water fluoridation and community water fluoridation were tabulated. Fluoridation activities were classified as “anti” or “pro”. In addition, for Twitter and Instagram the major arguments against fluoridation were tabulated.

**Results:** 98 (95%) out of 103 Facebook pages and groups, 692 (82%) out of 842 Twitter tweets, 726 (98%) out of 739 Instagram posts and 1514 (99%) out of 1534 Pinterest posts were anti-CWF comments. The main arguments used by anti-fluoridationists in both Twitter and Instagram were “toxic”, “cancer” and “calcified pineal gland”.

**Conclusion:** Anti-fluoridation activity is still significantly more common on the Internet and social media than pro-fluoridation activity. More
pro-fluoridation activities are needed to counteract the misleading information provided by anti-fluoridationists.

**Source of Funding:** None.

**Poster Number:** 73

**PREVALENCE AND SEVERITY OF DENTAL CARIES AMONG 0-5 YEAR-OLD AI/AN PRESCHOOL CHILDREN, 2010 TO 2014**

Timothy Ricks (1), DMD, MPH; Kathy Phipps (1), DrPH

**Indian Health Service, Nashville, TN, USA (1)**

**Objectives:** To describe the oral health status of American Indian and Alaska Native (AI/AN) children 1-5 years of age from data collected in 2010 and 2014.

**Methods:** A stratified probability sample of IHS/tribal sites was selected. Children were screened by trained examiners at community-based locations including medical clinics, WIC, Head Start, preschools and kindergarten. Data collection was limited to the primary dentition and included number of teeth present plus number of teeth with cavitated lesions, restorations and extracted because of decay. Number of molars with sealants and urgency of need for dental care were also obtained. Statistical analyses were performed with SAS. Sample weights were used to produce population estimates based on selection probabilities.

**Results:** A total of 8,461 AI/AN children 12-71 months of age were screened at 64 IHS/tribal sites in 2010, and a total of 11,873 AI/AN children 12-71 months of age were screened at 81 IHS/tribal sites in 2014. Overall, 54% of the children had decay experience in 2010 and in 2014, 39% had untreated decay in 2010 while 37% had untreated decay in 2014, 7% had primary molar sealants in 2010 while 9% had sealants in 2014. Changes from 2010 to 2014 were not statistically significant. When stratified by IHS Area there were substantial differences in the oral health of AI/AN preschool children.

**Conclusions:** The results confirm that in the United States, AI/AN children served by IHS/tribal programs are the racial/ethnic group at highest risk of caries.

**Source of Funding:** Indian Health Service.

**Poster Number:** 74

**IMPROVING ORAL HEALTH FOR INDIVIDUALS WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES: A FRAMEWORK FOR BUILDING DENTAL WORKFORCE CAPACITY AND INCREASING ACCESS TO DENTAL CARE**

Lyubov Slashcheva (1,2), BA, DDS (2016 Candidate); Katherine Libby (2), BA, MA

Virginia Commonwealth University School of Dentistry, Richmond, VA, USA (1), Virginia Oral Health Coalition, Richmond, VA, USA (2)

**Objectives:** Since the Developmental Disabilities Assistance and Bill of Rights Act was passed in 1963 and reauthorized in 2000, organizations providing support to individuals with Intellectual/Developmental Disabilities (IDD) have sought to understand these guidelines as societal and individual expectations for the IDD population continually promote independence. Though accessing oral healthcare services has consistently been a challenge for this population, a shift towards community-based living has further complicated the ability of individuals with IDD to access dental care and maintain oral health. To build statewide dental workforce capacity and community commitment for the provision of oral healthcare services to the IDD population, the Virginia Oral Health Coalition (VaOHC) provided three Regional Dental Provider Trainings.

**Method:** Two-day blended didactic and clinical experiences were offered to dentists, hygienists, assistants, and VCU School of Dentistry students. In addition to expanding access to care through these trainings, the VaOHC conducted surveys and focus groups with patients, family, and caregivers to increase dental self-advocacy and education; these accounts were also utilized to advocate for system change to reduce barriers to dental care access for this population.

**Results:** Project outcome measures, post-training provider surveys regarding changes in clinical practice, and student participant perspectives indicate strengths and challenges of the framework, yielding several recommendations for entities committing to the aims of this project.

**Conclusions:** The VaOHC framework described suggests opportunities by which organized dentistry and dental training institutions may continue to most effectively build capacity and commitment for serving the unique oral health needs of individuals with IDD.

**Source of Funding:** This project was funded by a grant from the Virginia Board for People with Disabilities.


**Abstracts for Poster and Student Award Presentations**

**Poster Number: 77**

**THE USE OF PARENT-REPORTED ORAL HEALTH INDICATORS IN THE HEAD START ORAL HEALTH SURVEILLANCE**

Hiroko Iida (1), DDS, MPH; Katherine Nedrow (1), MPH

New York State Oral Health Center of Excellence, Rochester, NY, USA (1)

**Objective:** To examine the utility of parent-reported oral health data to monitor the oral health of Head Start children.

**Method:** A nineteen-item questionnaire including three parent-perceived child's oral health indicators, i.e. condition of teeth (from excellent to poor), presence of orofacial pain, and difficulty in eating and drinking (from never to very often), was distributed to parents of children enrolled in the Head Start (HS) Program in Monroe County, NY (N=1052). On-site Basic Screening Surveys were conducted from May-June 2014.

**Results:** Fifty one percent of caregivers of HS children participated in the self-administered survey. Of these, 87.6% participated in the on-site screening (N=462). Approximately 35% and 21% of HS children (Mean age=4.1) had caries experience and untreated caries, respectively. Mean dmft was 1.1. Pearson and Spearman correlation coefficients showed statistical significant (p≤0.001) but relatively weak-medium correlation between dmft and parent-perceived condition of child's teeth (0.39-42), orofacial pain (0.24-0.28), and difficult eating & drinking (0.25-0.42). All three parent-reported oral health indicators (when put into binomial outcomes: excellent-good vs. fair-poor and never-hardly ever vs. occasional-very often) showed specificity of 70-72% with caries experience and untreated decay (p≤0.001), while parent-reported difficult eating and drinking had sensitivity of 83% (95% CI 52-98) for caries experience. Parent-reported condition of child teeth showed fair utility in separating group with and without caries or untreated caries based on ROC analysis (0.72-0.74).

**Conclusion:** Parent-perceived child's oral health condition and difficulty eating and drinking may have moderate utility in characterizing Head Start children's oral health condition and needs.

**Source of Funding:** This study was conducted as part of the New York State Head Start Oral Health Surveillance Program, which is supported by the New York State Oral Health Center of Excellence grant (C028229).

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**Poster Number: 78**

**ENHANCING ACCESS TO CARE THROUGH STATE DENTAL PRACTICE ACT PROVISIONS: MAINE AND MINNESOTA AS EXEMPLARS**

Amanda Dewundara (1,2), DDS, MPH Candidate; Burton Edelstein (1,2), DDS, MPH

Columbia University, College of Dental Medicine, New York, NY, USA (1), Columbia University, Mailman School of Public Health, New York, NY, USA (2)

**Objectives:** States recognize barriers to care. On the policy level, one solution involves the use of practice act legislation to promote access. The original study was a national analysis, identifying state provisions that enhance access. From this dataset, it was determined that Maine and Minnesota exhibit the most innovative strategies. This research seeks to investigate these strategies, and the relevant legal language so as to serve as a precedent for other states.

**Methods:** The original study involved 13 strategies, including volunteerism, creation of new provider types, and foreign dentist licensure. Acts were systematically reviewed for each strategy, and frequencies were recorded. Language of interest was captured by keyword searches or a full read-through. Laws were found through an Internet search. Specifically, Maine and Minnesota demonstrated the most depth of engagement through unique workforce enhancements.

**Results:** Of 13 strategies, Maine incorporates 6 and Minnesota includes 7 – above the national average of 3. Both states have provisions for foreign dentist licensure, volunteerism, and hygienist practice in the safety net. Notably, Maine allows for Independent Practice Hygienists, Denturists, and Public Health Supervision status of hygienists to practice without a dentist present. Minnesota has allowances for dental therapy and Donated Dental Services.

**Conclusions:** Legislation is one avenue through which the profession can better serve vulnerable populations. Of provisions seen nationally, it is the combination of those in Maine and Minnesota that function to enhance access most broadly. These serve as a paradigm for other states interested in enhancing access through the policy avenue.

**Source of Funding:** This project is/was supported by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS) under grant number D8HP20031, “Predoctoral training in general, pediatric, and public health dentistry” for the amount of $1,323,275. None of this endeavor is financed by nongovernmental sources.

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**Poster Number: 79**

**BUILDING A COLLABORATION AND USING LAY HEALTH WORKERS TO IMPROVE ORAL HEALTH LITERACY AMONG RURAL COMMUNITIES IN NORTH CAROLINA, 2014-2015**

Eleanor Fleming (1), PhD, DDS
East Tennessee State University, Johnson City, TN, USA (1)

**Objectives:** The objectives of this project are to build a collaboration of engaged stakeholders and improve the oral health literacy of rural populations vulnerable to oral health inequities.

**Methods:** The North Carolina Oral Health Collaborative (NCOHC), a partnership between the NC Foundation for Advanced Health Programs and key state health partners, worked with the North Carolina Council of Churches and the North Carolina Agromedicine Institute to reach high need adults in rural NC. The Sandhills area in southeast NC was identified as the area with the greatest need. Residents in these counties have higher burdens of chronic disease and more limited health resources, when compared to the rest of the state. These outcomes have implications for oral health. Nine churches (approximately 780 congregates) and farmers, fishers, and loggers who receive services from the NC Agromedicine Institute were selected for this study. The NCOHC assembled a workgroup to develop strategies to provide appropriate oral health messages.

**Results:** Messages were developed for lay health workers to disseminate to the study population. In December 2014, lay workers administered pre-tests surveys, and in April 2015 post-test surveys. The outcomes of interest include improving oral health practices, service access, and perceptions of oral health.

**Conclusions:** By assembling key stakeholders and identifying high need communities, the NCOHC developed messages and used lay health workers to reach these rural adults. Lay health workers may be an important community resource to address oral health disparities and improve oral health literacy.

**Source of Funding:** None.

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**Poster Number: 80**

**PROMOTING PEDIATRIC ORAL HEALTH THROUGH INTER-DEPARTMENTAL SCHEDULING**

Renee Kottenhahn (1), MD, FAAP; Susan Pugliese (1), DDS, RN

Christiana Care Health System, Wilmington, Delaware, USA (1)

**Objective:** To improve utilization of pediatric dental services by the approximately 450 Medicaid insured 1-3 year olds receiving primary care within an urban multidisciplinary hospital-based Health Center in Wilmington, Delaware.
Method (s): In April 2012, the Pediatric and Med-Peds Practices integrated caries prevention (risk-assessment, oral examination, anticipatory guidance, fluoride varnish and dental referral) into pediatric well visits for 1-3 year olds. While the Practices are adjacent to the dental office, they did not improve utilization of Health Center dental services. There were no children 1-3 years old dually enrolled in the Pediatric and Dental offices in the year prior to, or during the first year of, the oral health campaign (baseline).

In August 2013, a redesigned inter-departmental referral process was implemented. By utilizing templates within the existing scheduling system, resident trainees, pediatricians and office staff could leverage well child visits to make "new patient" dental appointments, thereby eliminating the need for parents to call or visit the dental scheduler. Referral completion was measured through the scheduling system "status" function.

Results: There were 65 patients referred, and 84 appointments (due to missed/cancelled/rescheduled visits), with 24 children ultimately receiving care in the dental clinic within the first 9 months of the intervention. At baseline, there were zero patients receiving dental services for the target population.

Conclusion: Utilizing well child visits to remove dental scheduling barriers helped engage Medicaid patients in dental care. An interdepartmental scheduling system facilitated health care providers' involvement in care coordination. Opportunities remain to improve "no show" rates.

Source of Funding: The Pediatric Practice's primary caries prevention program is funded by the Delaware Division of Public Health with support from DentaQuest.

Poster Number: 81

EFFECT OF CHRONIC PHYSICAL AND MENTAL CONDITIONS ON DENTAL UTILIZATION

Aparna Ingleshwar (1,2) BDS, MPH; Susan McKernan (1,2), DMD, MS, PhD; Elizabeth Momany (1), PhD; Suzanne Bentler (1), PhD; Peter Damiano (1,2), DDS, MPH

University of Iowa, Public Policy Center, Iowa, USA (1), University of Iowa College of Dentistry and Dental Clinics, Iowa, USA (2)

Objectives: To assess the impact of chronic physical and chronic mental conditions on dental utilization of adult Medicaid enrollees in Iowa.

Methods: Data from the 2013 Survey of Iowa Medicaid Enrollees were used to explore relationships between self-reported chronic physical and mental conditions (lasting ≥ 3 months) and recent dental utilization (past 12 months). Other covariates included sociodemographic characteristics, oral health status (OHS), general health status, unmet dental need, and usual source of dental care. Anderson's Behavioral Model of Health Services Utilization was used as a conceptual framework. Logistic regression models examined association between dental care utilization and physical and mental conditions.

Results: Among 368 respondents, 51% visited a dentist in the past year and 33.5% reported oral health status (OHS) as excellent or very good. 83% of respondents had one or more chronic physical conditions and 62% had one or more chronic mental conditions. Adults with excellent or very good OHS had significantly greater odds of reporting a dental visit (p=0.01) than adults with poorer OHS. The following chronic conditions were associated with significantly lower odds of having a dental visit: bladder or bowel problems (p=0.04), and bronchitis/emphysema/COPD/other lung problems (p=0.04). Adults who reported an emotional/mental problem other than anxiety or depression were significantly less likely to report a dental visit (p=0.003).

Conclusions: Several chronic conditions were negatively associated with dental utilization among Iowa Medicaid-enrolled adults. Further research is required to fully understand if certain types of chronic conditions disproportionately affect utilization of dental care.

Source of Funding: Iowa Department of Human Services and US Department of Health and Human Services.

Poster Number: 82

DENTAL PUBLIC HEALTH COMPETENCIES AS VIEWED BY DPH RESIDENTS

Muhanad Alhareky (1) BDS, MS; Hend Alqaderi (1), BDS; Mary Tavares (1), DMD, MPH; Christine Riedy (1), MPH, PhD

Harvard School of Dental Medicine, Boston, MA, USA (1)

Objective: Since the dental public health competencies were developed in the mid 1970s, they have undergone several revisions. In 1997, the ten competencies we currently use were adopted. The goal of this project is to evaluate how dental public health residents view these competencies and their recommendations for future changes.

Methods: A pilot study was conducted among the dental public health (DPH) residents at Harvard School of Dental Medicine (HSDM), in anticipation of surveying other US DPH residencies. A 18 item questionnaire was developed and validated to evaluate: 1) how familiar residents are with the competencies, 2) what are the most effective ways to learn them, 3) what they perceive to be the most important competencies for their future and 4) how they plan to continue learning them.

Result: Eight HSDM residents completed the pilot survey. All the residents were familiar with the ten DPH competencies. Planning an oral health program, selecting proper interventions and incorporating ethical standards were the competencies they expected to learn most during residency. They reported that competencies concerned with advocacy and collaboration could be acquired through their future work experience. Additional data from all the 13 residency programs will be presented.

Conclusion: Revision of the dental public health competencies has been a topic of current discussions within the specialty. We postulate that feedback from residents will add valuable insight for any future changes to the competencies.

Source of Funding: None.

Poster Number: 83

TEN YEARS AFTER: A COMPARISON OF SURVEY RESULTS OF DENTAL AND MEDICAL STUDENTS’ ORAL CAVITY AND ORO-PHARYNGEAL CANCER KNOWLEDGE, EXPERIENCE AND PREVENTION PRACTICES

Hannah Rustin (1); Kathleen Vaught (1); Benjamin Murphy (1); John Odeghe (1); Shua Nguye (1), MD; Terry Day (1), MD; Susan Reed (1), DDS, MPH, DPhD

Medical University of South Carolina, Charleston, SC, USA (1)

Objective: To elucidate the current similarities and differences among dental and medical students’ knowledge, experience, and prevention practices related to oral cavity (OC) and oropharyngeal (OP) cancer. Secondary objectives include identifying changes in dental and medical students’ OC and OP cancer knowledge, attitudes, and prevention practices over the past 10 years.

Methods: Study design is a series of cross-sectional surveys of a census of dental and medical students by self-report questionnaire administered either in class or on-line. Data were entered into Research Electronic Data Capture (REDCap) and analyzed using SAS ver 9.

Results: Results presented will include response rates by college and year, and comparisons of knowledge, attitudes and prevention practices both within college by year and between colleges by pre- and post-clinical years. Results from comparisons of similar health professional populations with similar surveys from 10 years prior will also be presented.

Conclusions: Major findings will be used to make curriculum modifications to strengthen dental and medical students’ knowledge, attitudes and prevention practices for earlier detection of OC and OP cancer.
**Poster Number: 85**

**HOW DO DETERMINANTS OF ORAL HEALTH AND CHRONIC CONDITIONS AFFECT ADULT VISITS TO A DENTIST OR DENTAL CLINIC IN MINNESOTA? A BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BFRSS) PERSPECTIVE**

Bilquis Khan Jiwani (1), MSC, MBA, MSc; Merry Jo Thoele (1), MPH, RDH
Minnesota Department of Health, St. Paul, MN, USA

**Objectives:** (1) Describe the relationship between past year dentist or dental clinic visits and determinants of oral health such as age, gender, education, ethnicity, place of residence, access to quality health care; and smoking status, disability, non-oral chronic conditions and health insurance status. (2) Discuss and promote the common risk factor approach in policies and programs.

**Method:** 2012 BFRSS data for Minnesota was used to describe prevalence of past year dentist or dental clinic visits among adults ages 18 years and older. Bivariate analyses of past year dentist or dental clinic visits, determinants of oral health, and non-oral chronic conditions were conducted using SAS 9.2. Adjusted logistic regression models will be used to further characterize these relationships.

**Results:** Preliminary cross tabulations show that the proportion of the surveyed population at the lower end of socioeconomic status who visited a dentist or dental clinic in the past 12 months was less than the proportion of the population at the higher end of socioeconomic status. Adults with median household income of less than $15K were twice as likely not to have visited a dentist or dental clinic within the past year compared to adults with median household income of $50K+. Education and ethnicity showed similar trends. The presentation will include regression models to identify predictors of adult dentist or dental clinic visits.

**Conclusions:** Targeting interventions to high-risk groups and a comprehensive common risk factor approach in policies will support progress toward HP2020 oral health goals and access to preventive services.

**Source of Funding:** Centers for Disease Control and Prevention US8DP001579 (DP08-802) and US8DP004899 (DP13-1307). Health Resources and Services Administration T12HP14659.

**Poster Number: 86**

**POLICY OPTIONS TO INCREASE ACCESS TO ORAL HEALTH SERVICES: THE ROLE OF SCOPE OF PRACTICE FOR ALLIED DENTAL PROFESSIONALS**

Kathleen Hoke (1,2), JD; Jill Krueger (2), JD; Daniel O’Brien (2), JD
University of Maryland Carey School of Law, Baltimore, Maryland, USA

**Objectives:**

- Examine state laws defining the scope of practice for allied dental professionals.
- Discuss various options states have for expanding the scope of practice of allied dental professionals as a mechanism for expanding access to oral health care.

**Method:**

- Performed a survey of the state statutes in each of the 50 states and the District of Columbia.
- Created a factsheet for each state setting out various provisions related to scope of practice.
- Developed a Policy Brief to examine public health issues associated with limited access to oral health care and to discuss various options for increasing access.

**Results:**

- Policy Brief and Factsheets available via the Network for Public Health Law (https://www.networkforphl.org/resources_collection/2014/10/10/507/brief_policy_options_to_increase_access_to_oral_health_care_and_improve_oral_health_by_expanding_the_oral_health_workforce).
- Individuals may inquire with the Network for technical assistance.

**Conclusions:** The availability of information about policy options to expand access to oral health care should allow policymakers and public health professionals to make informed decisions. Access to free technical legal assistance on the development of policy options will enhance this work.

**Source of Funding:** The Network for Public Health Law is funded by the Robert Wood Johnson Foundation.

**Poster Number: 87**

**ATTITUDES TOWARD DENTAL DIAGNOSTIC CODES IN THE US AIR FORCE**

Scott Irwin (1), DDS, MPH; Christine Riedy (1), PhD, MPH; Elsbeth Kalenderian (1), DDS, MPH, PhD; Mary Tavares (1), DMD, MPH
Harvard School of Dental Medicine, Boston, MA, USA

**Objective:** To understand the attitudes and perceptions surrounding Dental Diagnostic Codes (DDC) in the US Air Force. Diagnostic codes are not currently used in the US Air Force. Historically, they have been considered, but various circumstances have proscribed their use. Should the Air Force consider future implementation of DDC, understanding the end-users’ perceptions, knowledge, and attitudes is crucial to cultivating a receptive audience. This is the first study examining DDC in the Air Force.

**Methods:** A 44-item web-based survey instrument was piloted, validated, and emailed to all active duty Air Force dentists and hygienists (n=1022).

**Results:** 409 (40%) participants completed the survey (average (SD) number of years in Air Force: 9.4 (7.5)). Over half (51%) had heard of DDC, and 24% had used them in the past; 16% of previous users were confident they could explain their use to others. While more respondents felt that DDC would eventually yield useful information, 65% needed more information about DDC to evaluate their usefulness. Open-ended questions revealed concerns about the burden of documentation, their value, and the importance of leadership buy-in.

**Conclusion:** If DDC are implemented in the Air Force, end-users will want to see their value clearly demonstrated and the system for implementation will need to be user-friendly and incorporate end-user input.

**Source of Funding:** None.

**Poster Number: 88**

**LONITUDINAL ANALYSIS OF DENTAL EMERGENCIES IN OVERSEAS CONTINGENCY OPERATIONS.**

Paul Colthirst (1), DDS, MS; Barbara Wojcik (2), PhD; Rebecca Humphrey (2), MA; Brandon Hosek (2), MS; Catherine Stein (2), MS; Cristy Landt (2), MS; Georgia Rogers (3), DMD, MPH; Phillip DeNicolo (4), DMD, MS
Tri-Service Center for Oral Health Studies, San Antonio, TX, USA
Background: Military dental classification systems categorize personnel as dental fitness class (DFC) 2 when oral conditions are not expected to cause a dental emergency (DE) within 12 months. Dental care is an important contributor to the comprehensive health care system in a deployed setting. A previous study reported an average of 244 days from the last treatment to DE in DFC 1 and 2 Marines. 

Objective: The objective of this retrospective study is to provide longitudinal profiles of dental emergencies (DE) in recent campaigns based on DE data collected in Army clinics.

Methods: Dental emergency data extracted from the Corporate Dental Application was processed and analyzed by the Center for AMEDD Strategic Studies. This study presents results of DE time-dependent analysis, defined as the time between deployment and the first dental emergency encounter. We compare longitudinal profiles of DE incidences among all three components, and we take into account severity of each DE (low, moderate, or high).

Results: The statistical association between the time to first encounter and severity of this encounter will be examined. In addition, the statistical analysis of means for each component related DE incidence rates will be discussed.

Conclusion: Army leaders will be able to identify periods of time when DE rates are significantly higher than the average incidence rate during the analyzed period of time. Additionally, the results will be the basis of a data-driven supportive tool for military planners to make informative decisions regarding dental care in deployed settings.

Source of Funding: US Army.

Poster Number: 92

EFFECTS OF HEALTH CARE REFORM 2010 ON THE ACCESS TO DENTAL CARE IN MASSACHUSETTS
Saran Rai (1), BDS, MPH; Wamiq Fareed (1), BDS, MDS; Mary Tavares (1), DMD, MPH
Harvard School of Dental Medicine, Boston, MA, USA (1)

Background: This report identifies the effects seen among MassHealth beneficiaries before and after implementation of Massachusetts Health Care Reform 2010 in the state of Massachusetts.

Method: The public use data from the Executive Office of Health and Human Services State of Massachusetts and Centers for Medicare and Medicaid were meticulously studied to compare the services provided by the dentists in Massachusetts 3 years before and after Health Care Reform 2010. In addition, MassHealth reimbursement types, rates, and procedure codes were also examined carefully for each year from 2007 – 2013. Children and adults MassHealth dental benefits were examined separately and the procedure codes were grouped as preventative, restorative, and advance dental services.

Result: Access to care was one of the largest issues recognized both before and after the health care reform. The number of active MassHealth dentist providers have increased by 21% from 2007-2013. The total billing has also increased by 30%. Increased in the use of preventative and restorative dental services was seen after 2010; preventative dental services among children increased by 20%, no significant changes seen in adults. Caries and gum diseases were the most common diseases seen among MassHealth beneficiaries. After 2010, untreated dental caries number increased among both children and adults. The reimbursements for advance dental services such as orthodontic and oral surgery procedures were significantly low.

Conclusion: MassHealth dental coverage for children seems effective, however, adults do not have access to dental care beyond cleanings and extractions including senior citizens and people with disabilities after 2010.

Source of Funding: None

Poster Number: 93

FACTORS INFLUENCING PREDICTION OF ORAL HEALTH SERVICES UTILIZATION IN SAUDI ARABIA
Yaser Alsahafi (1,2) BDS, MDS, PhD candidate
Taibah University, City of Madina, Saudi Arabia (1), University of Florida, Gainesville, FL, USA (2)

Objectives: The aim of this project is to build a model for predicting oral health services utilization based on supply and demands in Saudi Arabian provinces.

Methods: In order to study oral health care utilization the following variables were used as indicators: number of dental visits, number of dentists, dental treatment needs, carries prevalence, and province population. Health care parameters and population data were obtained from Saudi Ministry of Health (MOH) statistical reports and Saudi Central Department of Statistics & Information (CDSI), respectively. Spatial data was obtained from DIVA-GIS and used to display spatial differences. A multiple linear regression model was built to predict the oral health services utilization using the number of visits as dependent variable (i.e. a proxy for oral health services utilization). All other variables served as independent variables.

Results: The model revealed that province population p-value=0.001) and number of dentists (p-value=0.028) have the greatest influence on oral health services utilization. Treatment need illustrated borderline statistically significance relationship to oral health services utilization (p-value=0.065). Although carries prevalence has a great impact on
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the model, its association with service utilization was not statistically significant.

Conclusion: This project suggests that province population and number of dentists working in the province can predict oral health services utilization in Saudi Arabia. A better estimation could be built when data for unmet oral health needs and detailed regional data (such as sub-province, or city level data) are available.

Source of Funding: None.

Poster Number: 94

ORAL HEALTH NEEDS AND DEMAND FOR SERVICES IN THE CITY OF LOWELL, MA
Siddartha Chandrupatla (1), BDS; Scott Irwin Parker (1), DDS, MPH; Mary Tavares (1,2), DMD, MPH
Harvard School of Dental Medicine, Boston, MA, USA (1), The Forsyth Institute, Boston, MA, USA (2)

Objective: In terms of population size, Lowell is the fourth largest city in MA. It is culturally diverse and has one of the highest unemployment rates in the state of Massachusetts. The aim of this study was to assess the current oral health needs of an underserved subgroup of this population in order to plan for a dental clinic.

Methods: In this cross sectional study, oral health screening was conducted on a convenience sample of community health center patients and DMFT scores were calculated. Background information and opinions about dental health services were collected with surveys consisting of closed and open ended questions designed to capture the demands and preferences for oral health services.

Results: The study sample consisted of a 126 patients (males 36.5%, females 63.5%) who participated in the oral screening and 298 who completed the surveys. The mean age was 27.8 years (SD 19.6). The mean DMFT score of those who were screened was 6.86. Results of an 18-question survey (n=298) revealed that 82% had Medicaid and 9% did not have any dental insurance. 48.5% did not have a dentist for their care by presenting unescorted to the dental clinic. Approximately 12% were diabetics most of whom were not receiving adequate dental care. 51% needed restorative treatment, 25%, prosthodontics care, 28%, periodontal treatment and 10% needed immediate care. Additionally, 14% were diabetics most of whom were not receiving adequate dental care.

Conclusion: There is a demonstrated need for accessible oral health treatment programs in Lowell, MA, and the data collected will inform planning for a new dental clinic.

Source of Funding: None.

Poster Number: 95

ACCESS TO DENTAL CARE AT THE UNITED STATES PENITENTIARY IN, FLORENCE, COLORADO: A PILOT PROGRAM FOR TAKING TREATMENT TO THE INMATES
Nixon Roberts (1) DDS, MPH; Woosung Sohn (2), DDS, PhD, DrPH; Donald Ross (2), DDS
Federal Correctional Complex, Florence, Florence, Colorado, USA (1), Boston University, Boston, Massachusetts, USA (2)

Objective: Prior to September 2012, inmates voluntarily accessed care by presenting unescorted to the dental clinic. Approximately 12 emergent and 6 routine care inmates received daily treatment. However, institutional mission change to Special Management Units (SMU) curtailed unescorted movement for most inmates, thus reducing access to dental care. Hence the aim of this project was to increase dental care and utilization for inmates in SMU at the United States Penitentiary, Florence.

Methods: Escorting inmates to the clinic created long waiting lists and a backlog of emergency cases. This pilot project began on October 1, 2014, with quarterly evaluation during the first year, and yearly reviews thereafter. It required treating inmates within their cell blocks. There are six cell blocks at the institution; each contains a treatment room. These were converted to fully equipped satellite dental clinics. The elimination of escorting activities decreased delays, thereby reducing inefficiency and increasing access.

Results: Items costing $50,337.09 were installed. Projected maintenance cost is expected to total $2,000.00 - $4,000.00 annually, for 20 years. After 3 months, this project has increased treatment capacity from 7 to 13 inmates daily and has decreased waiting time from 33 to 4 days for emergency care.

Conclusion: This project is expected to continue to increase access to care for inmates with limited mobility due to security restrictions. Since its inception, access has increased and waiting time and complaints decreased. This model can be used as an efficient dental care system for inmates in SMU.

Source of Funding: United States Department of Justice.

Poster Number: 96

SCHOOL BASED ORAL HEALTH CLINIC: A BUSINESS MODEL
Jennifer Pilapil (1); Tiffany Turner (1), MBA, MPH; Conrado Barzaga (1), MD
Center for Oral Health, Pomona, USA (1)

Objectives:
• Provide comprehensive (preventive and therapeutic) dental care at no cost to our patients or their families
• Reduce economic loss for students and their families
• Ex. Decrease Work-Hours Lost Due to Sick Child and Increase School's Average Daily Attendance

Methods: In partnership with Western University of Health Sciences, Los Angeles Unified School District (LAUSD), and El Monte City School District (EMCSD), COH opened two SBOHC. These clinics operate twice a week by a dentist and dental students. Each SBOHC works closely with the School Nurse and Health Center, in order to integrate services and best serve each student.

Results: Children Receiving Dental Sealants: 1,063
Children Receiving Topical Fluoride: 3,328
Children Receiving Diagnostic or Preventive Services: 10,162
Recipients of Oral Health Education: 5,832
Total Patients Served: 20,385

Conclusion: After four years of service, the SBOHC is well integrated into its SBHC. Therefore, COH has started to focus more on sustainability. Our goal is to use Medicaid/Dent-Cali reimbursements to pay for operations and run sustainable cost effective SBOHC’s. We look forward to restructuring our daily format and achieving all our objectives.

Source of Funding: HRSA, DentaQuest Foundation, First 5 LA.

Poster Number: 97

GIS AS A TOOL: HOW BUILT ENVIRONMENT AND SOCIOECONOMIC FACTORS AFFECT ACCESS TO DENTAL SERVICES IN ARKANSAS
Asween Marco (1,2), BDS, MPH
Arkansas Department of Health, Little Rock, AR, USA (1), University of Arkansas at Little Rock, Little Rock, AR, USA (2)

Objective: Identifying dental access shortage areas in Arkansas using Geographic Information Systems (GIS) in adults between the ages 18-65. Children under the age of 18 were excluded since ARKids and Medicaid serve as safety nets for children, while adults 65 and above are covered by Medicare.

Method: All 75 counties in Arkansas were mapped out using ArcGIS to represent features visually. The numbers of practicing dentists, dentists accepting Medicaid and Community Health Centers (CHC) with dental clinics were identified per geographic location to ascertain how the built environment and socioeconomic factors are linked to dental access.项目的GIS was used to map the data and present it in a user-friendly format.

Results: The GIS was used to identify areas with low dental access, using socioeconomic factors such as unemployment rate, median household income, and percent of residents with insurance. The GIS tool was also used to identify areas with high dental access, using socioeconomic factors such as median household income, percent of residents with insurance, and percentage of residents with Medicaid.

Conclusion: The GIS tool was successful in identifying areas with low and high dental access, and the data can be used to develop targeted interventions to improve dental access in Arkansas.

Source of Funding: None.
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Poster Number: 98

AUTISM DENTAL INFORMATION GUIDE: ORAL HEALTH CARE & AUTISM SPECTRUM DISORDERS
Sarah Rose Usher (1), DMD, MPH; Maureen Romer (1), DDS, MPA; Rebecca Schaffer (1), DDS
Arizona School of Dentistry & Oral Health (1)

Objectives: This project is focused on creating Dental Care Information Guides and is based on the need to promote good health care for individuals on the autism spectrum at home and in the dental office through the dissemination of information and training.

Methods: Identified collaborative partners and created a committee of experts in oral health care and autism spectrum disorders. Utilized aspects of Applied Behavior Analysis (ABA). Focused on segmenting tasks into small manageable components and increasing desired behaviors through the use of positive reinforcement. Segmented tasks were assigned and practiced with patients.

Results: Collaborative team effort between dentists, parents/caregivers, and other health professionals supported the resulting Dental Care Information Guides for Parents/Caregivers, Dentists, Autism Providers.

Conclusions: This project provides clear evidence that collaboration between dentists, other health professionals, and parents/caregivers is essential to promote good health for patients on the autism spectrum. Utilizing aspects of ABA to manage and improve patient behavior allows for a better transition into effective dental care.

Source of Funding: None.

Poster Number: 99

PROMOTIONAL AND PREVENTIVE ORAL HEALTH PRESCHOOL PROGRAM AS A GENESIS TO IMPLEMENT ORAL HEALTH POLICY AT THE LOCAL LEVEL
Andrea Muñoz Martínez (1), DMD MPH; Claudio Suazo Caro (2) DMD, MPH; Camila Pinto-Grunfeld (3) DMD, DMSc (Candidate)
Universidad de Chile (1), Municipalidad de Cerro Navia (2), Harvard School of Dental Medicine (3)

Objective: The goal of this project was to implement a pilot promotional and preventive oral health program aimed at highly vulnerable children ages 2 and 4 in 10 municipal districts in the Region Metropolitana in Chile.

Methods: The local municipal district oral health team, in conjunction with a team from Oral Public Health of the University of Chile designed the program using an interdisciplinary model. The initial program had 4 components: 1. Use of fluoride: fluoride varnish applications twice per year, use of fluoridated toothpaste and fluoridated water consumption. 2. Training for preschool educators in oral health to accomplish incorporation of healthy routines. 3. Motivation and education of children's caretakers. 4. Provision of dental treatment for educators.

Results: In 2007, fourteen preschools were incorporated. Due its success, the program became national health policy in 2011, increasing the coverage to more regions of the country. In 2014, the program was implemented in twenty-four preschools in the municipal district of Cerro Navia, to incorporate all children under 6 years of age.

Conclusion: The success of the pilot program resulted in the program becoming a national health policy and the expansion of access to all children less than 6 years of age. However, the impact of this program on the oral health of the children has not been measured A team of dental public health specialists have designed a plan to follow a cohort of these children within the next year.

Source of Funding: Health Ministry of Chile.

Poster Number: 100

HOW TO ENGAGE THE COMMUNITY TO ADVANCE WATER FLUORIDATION: LESSONS LEARNED FROM OUR GRASSROOTS CAMPAIGNS
Beth Kane Kopp (1), MS; Aleya Martin (2), MPH; Maria Manuela Mendes (3) MS; Jodie L. Silverman (2), MPA; Tamaki West (2), MS
Upper Valley Oral Health Coalition (1), Health Resources in Action, Inc (2), Better Oral Health for Massachusetts Coalition (3)

Objectives: Evaluate the effectiveness of using an integrated approach to water fluoridation that includes community organizing and social marketing. Identify lessons learned and best practices for conducting a grassroots fluoridation campaign. Design a community-driven water fluoridation campaign based on evaluated and documented strategies.

Methods, Results and Conclusions: This session will present the results (evaluated and documented) and best practices identified in two grassroots efforts to implement community water fluoridation (CWF). Health Resources in Action, Inc. (HRIA) will discuss and report on successes of the third and final year of a CWF campaign, including challenges, setbacks and lessons learned in this unique approach and method to oral health prevention, including community organizing; coalition building; stakeholder engagement; and, policymaker support. This new approach recognizes the influential role fluoride opponents have begun to play and seeks to integrate evidence-based, scientific practice with community values, grass roots engagement, and person-to-person/word-of-mouth advocacy. The campaigns are being conducted in two very different communities with the assistance of local coalitions and a local organizer: a small, rural and homogeneous community in Vermont and a larger, ethnically diverse urban area in Massachusetts, and thus will offer rich insight and research findings into how best to implement CWF successfully – and prevent rollback attempts – in a variety of settings.

Source of Funding: DentaQuest Foundation.

Poster Number: 101

DEVELOPMENT OF A DENTAL CASE MANAGEMENT TOOL KIT THROUGH A SCHOOL-BASED PROGRAM
Baharak Amanzadeh (1), DDS, MPH; Lisa Chung (2), DDS, MPH; Rebecca Peterson (2), RDH
Alameda County Department of Public Health AND University of California San Francisco (1) University of California San Francisco (2)

Objectives: To develop a practical and acceptable case management tool kit that would allow dental care programs to follow up individuals identified as needing dental care.

Methods: A dental case management tool kit was developed in partnership with a school-based dental program. After establishing the need for a case management tool kit to facilitate the follow up of dental cases, barriers and possible approaches were assessed through field observations and information exchange with the school-based program. The resulting concepts, components and frameworks
important to developing a user-friendly tool kit were documented into a step-by-step protocol.

Results: Lack of resources, tools, and disintegration between dental and medical case management were identified as the main barriers. Possible approaches to overcoming these barriers included training manual for non-dental staff or volunteers on oral health and dental case management, a user-friendly tracking system, and tools such as phone scripts. Each component of the toolkit was prototyped and the feedback of the school-based health centers staff was used to enhance their usability. The result is a user-friendly toolkit that would enhance the process and results of dental case management in the school based health center setting.

Conclusions: Incorporating strategies for dental case management and developing frameworks would help the process of timely follow up and access to care. Such strategies and frameworks need to address the existing barriers and be tested for its usefulness to maximize impact and adoption rate.

Source of Funding: Atlantic Philanthropy through UCSF Elev8 grant.

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Poster Number: 103

IMPROVING ORAL HEALTH IN CHELSEA, MASSACHUSETTS BY UNITING HEALTHCARE PROVIDERS IN A STUDENT-FACULTY COLLABORATIVE CLINIC

Lisa Simon (1), DMD; Elizabeth Eve, (2) AB; Carina Fernandez-Golarz, (3) MD; Romesh Nalliah, (4) BDS
Cambridge Health Alliance/Harvard School of Dental Medicine (1), Harvard School of Dental Medicine (2), Massachusetts General Hospital/Chelsea Health Center (3), Harvard School of Dental Medicine (4)

Objectives: Populations at risk of poor oral health are more likely to be seen by a primary care provider than a dentist. However, nurses and physicians indicate a lack of comfort with oral health diagnosis and referral. The goal of our intervention was to incorporate an oral health team into a student-faculty collaborative medical clinic and to facilitate medical and nursing student competence in conducting an oral exam.

Methods: A team consisting of a dental student and licensed dentist are present for each weekly clinic session. Dental student leadership have generated materials to educate their nursing and medical student colleagues on how to conduct an oral exam and are available for consultation at all times. Nightly education sessions have included oral health topics, and all new clinic volunteers are trained to conduct an oral exam and provide dental referrals for patients in need.

Results: Student response has been positive, with students of all disciplines reporting increased facility with oral health topics, and all new clinic volunteers are trained to conduct an oral exam and provide dental referrals for patients in need.

Conclusions: Our intervention has led to the incorporation of a dental team into a student-faculty collaborative clinic and to the integration of an oral exam into routine physical examinations for all clinic patients. To our knowledge, this is the only clinic of its kind to include on-site oral health integration. Future efforts involve direct provision of dental care as part of this patient-centered medical home.

Source of Funding: AAPHD Foundation, Massachusetts Dental Society Foundation.
Student Poster Presentations and AAPHD Foundation Grant Presentations

Poster Number: 106

PREVENTION THROUGH EDUCATION
Jaehee Yoo (1)
University of North Carolina (1)

Objectives: We explored the oral health behavior and knowledge of refugee and immigrant children from Somalia, Iraq, Burma, Eritrea, Rwanda, Central African Republic, and more, who currently live in Oak Creek Village Apartments and provided a fun pediatric oral health educational event for this richly diverse population.

Methods: Educational activities were divided among three stations and pre- and post-surveys were completed by the children. The data collected were entered into Excel for comparison and analysis.

Results: Majority of the children practiced good oral hygiene. After education, 95% (n=73) reported that they should use an extra soft/toothbrush, a 66% net increase from the original pre-survey response of 57% (n=44). When asked if oral health was related to overall health, children’s perceptions changed from 71% (n=55) agreeing to 97% (n=75) after education, resulting in a 36% increase.

Conclusion: There is not only a need, but a demand, for oral health education for refugee and immigrant families. Prevention through Education was a fun and successful program to improve dental health knowledge. The refugee and immigrant children in Oak Creek Village are now equipped with tools to maintain healthy mouths and knowledge to prevent both oral and systemic diseases.

Funding: 2014 Hyatt Award sponsored by the Chapel Hill Rotary Club and administered by the Carolina Center for Public Service.

Poster Number: 107

ADVOCACY TO APPLICATION: INTRODUCTION OF THE NEED FOR THE OPTIMAL AMOUNT OF FLUORIDE IN THE COMMUNITY WATER SUPPLY OF WEST BRANCH, MICHIGAN
Elisa Dack (1), RDH, BS DH
University of Michigan (1)

Background: Community water fluoridation at the optimal level has been proven to be a safe and cost-effective way to prevent dental caries. According to the 2009 through 2013 Annual Drinking Water Quality Reports for the city of West Branch, Michigan, the level of fluoride in the community water supply has been below the optimal amount of fluoride. Increasing fluoridation to an optimal level was identified as an important need for the city of West Branch.

Objectives: Develop pre and post-forum surveys to evaluate the awareness and knowledge of community water fluoridation as well as its importance in West Branch. Distribute the survey to dental practices and key city officials in Ogemaw County. Host a fluoride awareness forum to raise awareness, knowledge and encourage advocacy by the dental professionals and city officials for the need of the optimal level of water fluoridation in West Branch.

Procedures: A comprehensive review of the literature on community water fluoridation including data on the statistics of decay for Ogemaw County and Michigan was conducted. Distribution of the invitation to the forum and the pre-forum survey was completed. The fluoridation forum was held on May 20, 2014 and the post-forum survey distributed.

Results: Although the attendance at the forum was less than expected, statistically significant findings (p ≤0.05).

Conclusion: There is not only a need, but a demand, for oral health education for refugee and immigrant families. Prevention through Education was a fun and successful program to improve dental health knowledge. The refugee and immigrant children in Oak Creek Village are now equipped with tools to maintain healthy mouths and knowledge to prevent both oral and systemic diseases.

Funding: 2014 Hyatt Award sponsored by the Chapel Hill Rotary Club and administered by the Carolina Center for Public Service.

Poster Number: 108

ORAL HEALTH EDUCATION AT SERENITY SHELTER
Jessie Hewlett (1)
East Tennessee State University (1)

My journey with the Knoxville Area Rescue Mission (KARM) Serenity Shelter was a revelation of personal growth and increased my desire to be accountable to others as a dental professional. It has empowered me to understand from a dental hygienist’s perspective, that we can do so much more than just ‘clean teeth’ and collect a paycheck. This project allowed me to experience a form of volunteerism that brought awareness to many dental professionals of the increasing healthcare gap in regards to dental care. It is now my assertion that oral health access is just as much a human right as any other form of health care. As I relished in the various debates on this subject, I concluded that without access to oral healthcare, most people will not truly be healthy. Oral healthcare benefits that many of us take for granted are completely out of reach for others. These are services that many of us deem necessary to carry out our basic rights of life, liberty and the pursuit of happiness. My findings reveal that like most subclasses, the 14 women of KARM that we worked with have few options based on their location, lack of income and limited education. Through this project, I hope you will be inspired that we all can make a difference in people’s lives by volunteering our time and skills within our own communities.

Funding: This project consisted of charitable donations from a nearby dental facility; supplies donated by Henry Schein Dental, Bisco Dental, and DentalWorks; and the gracious time of 11 dental professionals.

Poster Number: 109

IMPACT OF CALIFORNIA’S ELIMINATION OF MEDICAID ADULT DENTAL COVERAGE ON EMERGENCY DEPARTMENT VISITS FOR DENTAL PROBLEMS: A QUASI-EXPERIMENTAL APPROACH
Asth a Singhal (1), BDS, MPH, PhD Candidate
The University of Iowa (1)

Objectives: We examined the combined effects of parental education and income on sealant prevalence in the permanent teeth of children controlling for other potential explanatory factors.

Methods: We combined data from the 2005-2006, 2007-2008, and 2009-2010 cycles of the National Health and Nutrition Examination Survey. The study sample was 7,090 6-19 year-old participants. Based on Andersen’s framework of healthcare utilization, explanatory variables included predisposing characteristics – child’s age, sex, and race/ethnicity and parental education (<high school (HS); HS; > HS); enabling factors – family income (< 100% federal poverty level (FPL); 100-200% FPL; >200% FPL), health insurance status, and regular source of medical care; and need for care (general health status). Analyses used SAS Callable SUDAAN, version 9.3 to account for the complex sample design. The multivariate logistic regression model also included a term for interaction between education and income. We report only statistically significant findings (p ≤0.05).

Poster Number: 110

EXPLORE THE EFFECT OF FAMILY INCOME ON THE RELATIONSHIP BETWEEN PARENTAL EDUCATION AND SEALANT PREVALENCE
Dania Al Agili (1), BDS, MS, MPH, DrPH
Centers for Disease Control and Prevention (1)

Objectives: We examined the combined effects of parental education and income on sealant prevalence in the permanent teeth of children controlling for other potential explanatory factors.

Methods: We combined data from the 2005-2006, 2007-2008, and 2009-2010 cycles of the National Health and Nutrition Examination Survey. The study sample was 7,090 6-19 year-old participants. Based on Andersen’s framework of healthcare utilization, explanatory variables included predisposing characteristics – child’s age, sex, and race/ethnicity and parental education (<high school (HS); HS; > HS); enabling factors – family income (< 100% federal poverty level (FPL); 100-200% FPL; >200% FPL), health insurance status, and regular source of medical care; and need for care (general health status). Analyses used SAS Callable SUDAAN, version 9.3 to account for the complex sample design. The multivariate logistic regression model also included a term for interaction between education and income. We report only statistically significant findings (p ≤0.05).
Results: Sealant prevalence was associated with all enabling and predisposing factors in bivariate and multivariate analyses. In bivariate analyses higher parental education and family income were independently associated with higher sealant prevalence. In the multivariate analysis, higher parental education was associated with sealant prevalence among higher-income children, but not among low-income children (<100% FPL). Sealant prevalence was higher among children with parental education >HS vs. <HS in families with income ≥100% FPL.

Conclusions: Our findings suggest that income modifies the association of parental education on sealant prevalence. Recognition of this relationship may be important for health promotion efforts.

Source of Funding: This study was conducted to fulfill the requirement for the Dental Public Health Residency program and was not funded through any grant. The Dental Public Health Residency program was supported by the Division of Oral Health, Centers for Disease Control and Prevention.

Poster Number: 113
MATERIAL PERIODONTAL STATUS AND PRETERM DELIVERY – A HOSPITAL BASED CASE-CONTROL STUDY
Jagan K. Baskaradoss (1) BDS, MPH; A Geervaghese (2), V Raman Kutty (3), MBBS, DCH, MD, MPH
Case Western Reserve University (1), College of Dentistry, King Saud Bin Abdulaziz University for Health Sciences (2), Achutha Menon Centre for Health Science Studies (AMCHSS), Sree Chitra Tirunal Institute for Medical Sciences and Technology (SCTIMST) (3)

Background: Recent studies have presented evidence that periodontal disease in pregnant women may be a determining factor for preterm delivery (PT). But this finding has not been consistently observed.

Objective: The present investigation was carried out to explore the association between maternal periodontal disease and PT in the state of Kerala, India.

Methods: The case-control study had a sample of 300 (cases = 100, controls = 200) post partum women aged over 18 years. Cases were women who had spontaneous PT (<37 weeks of gestation) and controls were women who delivered at term (≥37 weeks of gestation). A standard, clinical and periodontal examination was performed at the maternity wards and the existence of an association between periodontal disease and PT was evaluated by means of a multivariate logistic regression model that also considered other risk factors for preterm.
Abstracts for Student Poster and AAPHD Foundation Grant Presentations

Results: Periodontitis was diagnosed in 25 percent of the mothers in the case group and 14.5 percent in the control group. Logistic regression analysis indicated nearly a threefold risk of PT in mothers with periodontitis. (OR adjusted= 2.72; 95% CI: 1.68-6.84). The other factors significantly associated with preterm birth were: physical exertion (OR adjusted= 2.80; 95% CI: 1.18-6.65), previous history of PT (OR adjusted= 2.65; 95% CI: 1.20-5.83) and previous abortion/death of infant (OR adjusted= 4.08; 95% CI: 1.56-10.65).

Conclusion: Periodontal disease is a possible risk factor for PT in this population.

Source of Funding: None.

Poster Number: 115

ASSESSING ORAL CANCER KNOWLEDGE AND PRACTICES AMONG DENTISTS IN TEXAS

Sohini Dhar, BDS, MPH (1)
University of Texas Health Science Center (1)

Objective: The objective of the report is to measure dentists’ knowledge and practices regarding oral cancer and human papilloma virus (HPV) as a causal agent for oral and oropharyngeal cancer.

Methods: The pilot project assesses dentists’ knowledge and practices regarding oral cancer and specifically HPV as a causal agent for oral and oropharyngeal cancer in Texas. Dentists from three local dental societies in Texas participated in the study by responding to an electronically administered survey.

Results: A total of 101 surveys were returned from subjects who were members of the three local dental societies in Texas. Dentists’ responses to risk factors for oral and oropharyngeal cancers showed that 88.1% identified old age, 94.1% identified alcohol use, 100% reported tobacco use, 95.1% identified HPV, and 82.1% reported oral sex as risk factors for developing oral cancer. Responses showed that only 28.7% of the dentists asked about the sexual practice, 38.6% asked patients about history of HPV, and 32.7% of the dentists asked about receipt of HPV vaccine while taking medical history. When asked if they counseled their patients regarding oral sexual practice, 20.7% of dentists either reported strongly agree or agree, and when asked if they talk with their patients regarding HPV vaccination, 35.5% of dentists either reported strongly agree or agree. Dentists were more likely to counsel patients about tobacco cessation (71.2%) and alcohol cessation (44.5%).

Conclusion: Participating dentists were knowledgeable about the risks factors for oral cancer, but they were more reluctant to talk with their patients about the risk factors associated with sexual behaviors compared to alcohol and tobacco use.

Source of Funding: None.

Poster Number: 116

ENERGIZING THE DENTAL PUBLIC HEALTH PIPELINE AT THE GRASSROOTS LEVEL

Eugene Kim (1)
University of California, Los Angeles (1)

The recognized dental specialty of Dental Public Health (DPH) provides the knowledge and skills for dentists to improve oral health in their communities. It also offers diverse opportunities for dentists to utilize research in making informed decisions regarding disease prevention and oral health promotion; however, there is currently a shortage of dentists entering the specialty.

Goals: A: To establish the interest in the DPH specialty among first- and second-year dental students at the UCLA School of Dentistry and other US dental schools; B: To increase awareness of the DPH specialty at the UCLA School of Dentistry; C: To encourage interest in the DPH specialty by forming a vehicle for student-conducted research with faculty mentors; D: To develop small pilot projects that serve the community from those specific research studies.

Method: For Goal A: An online survey was distributed to first- and second-year dental students via the American Student Dental Association (ASDA) leadership at 8 dental schools. Student interest was measured by likelihood of participating in a Predoctoral DPH certificate program in exchange for a $5 gift card upon completion. Analysis was done using chi-square and t-tests. For Goal B: A UCLA student chapter of the American Association of Public Health Dentistry (AAPHD) was established and promoted through a website, Facebook, hallway displays, mailing lists, and in person through tabling and lunchtime seminars. Two cabinet members also made a presence at the National Oral Health Conference 2014. The chapter was registered with the UCLA School of Dentistry’s ASB and the UCLA Graduate Students’ Association and included on their respective websites. For Goal C: A two-part predoctoral DPH selective course was developed at the UCLA SOD. Students who completed Part I, a lecture series by DPH professionals, could work with a faculty mentor on their own research project in Part II. Students who completed both selectives presented their research at Dental Public Health Day and received a predoctoral DPH certificate. For Goal D: The process of developing a poster presentation helped students identify a need in the Los Angeles community. Discussion of their research with other students and faculty helped establish a forum that encouraged and challenged the students to form partnerships with community organizations and consider applications to address the needs.

Results: For Goal A: A total of 140 dental students completed the survey. Overall, 74% of respondents plan on continuing their dental education in a specialty or advanced degree program (military, AEGD/GPR, graduate degrees); none plan on pursuing a DPH specialty. Despite this, 63% indicated interest in a pre-doctoral DPH certificate program and 69% indicated they would ‘Likely’ or ‘Definitely’ participate in such a program. Furthermore, 79% indicated that it was important for dentists to have knowledge of DPH, though only 34% expressed any type of interest in the DPH specialty. Regarding the student perception of DPH, over 70% related ‘preventing disease and promoting health’ and ‘addressing the oral health needs of the community’ with DPH; 54% chose ‘providing free or subsidized dental services’ and 39%, included ‘collecting oral health data’ in their definition. Differences by gender and future career plans in how DPH is defined were present. For Goal B: Establishing the AAPHD student chapter at UCLA SOD recruited a total of 40 paying members in its first year. Hosting lunchtime Lunch & Learn seminars and Literature Review sessions on journal articles encouraged friendly debates among members and non-members alike, including those interested in other specialties. Four undergraduate students have made inquiries about the chapter. Approximately $725 was received in funding from UCLA and in member fees for activities. For Goal C: A two-part predoctoral DPH selective course was developed at the UCLA SOD that included a lecture series by DPH professionals and the opportunity to conduct research on a topic of interest with a faculty mentor. A total of 30 students participate in Part I lecture series, and 21 students initially started Part II research. However, 14 students completed both selectives, presented their research at Dental Public Health Day, and received a predoctoral DPH certificate. For Goal D: The process of developing a poster presentation helped students identify a need in the community. Discussion of their research with students and faculty helped establish a community that encouraged and challenged the students to form partnerships and consider applications to address the needs. Of the 14 research posters that were presented, five pilot projects have been developed in collaboration with community organizations.

Conclusions: Offering a pre-doctoral DPH certificate program may foster interest in the specialty of Dental Public Health. The program may also serve as an entryway into research for students. Furthermore, it may inspire community partnerships by helping students identify a need that they are passionate about.
Abstracts for Student Poster and AAPHD Foundation Grant Presentations

Poster Number: 119

**ADDRESSING XEROSTOMIA IN PEOPLE WITH HIV/AIDS**
Bittany Gilliard (1)
The University of Texas Health Science Center at Houston (2)
Studies have demonstrated that oral health care is one of the highest unmet needs for patients living with HIV/AIDS. One of the most common oral health complaints from this population is the condition of xerostomia. Clients were seen at the Bering Omega Dental Clinic in Houston, Texas for two 30-minute sessions. The pre-intervention session included an education session on xerostomia and oral hygiene, as well as a survey to record the baseline symptoms on a visual analog scale. The post-intervention session included feedback from the client on their experience with the products, as well as a survey to record the change in symptoms. The average change in the symptoms, post-intervention, was 25 and the median was 25. This indicates a noticeable overall improvement in xerostomia symptoms after the intervention. The sessions and products helped improve the quality of life of the HIV population of Houston. In the future, this project will focus on refinement and sustainability through review of feedback and an HIV-xerostomia oral hygiene curriculum development.

**Source of Funding:** Albert Schweitzer Fellowship Program, year 2014.

Poster Number: 120

**USING COMMUNITY-PARTICIPATORY METHODS TO DEVELOP AND IMPLEMENT AN ORAL HEALTH TOOLKIT TO ADDRESS THE ORAL HEALTH OF COMMUNITY DWELLING, HOMEBOUND SENIORS RECEIVING HOME DELIVERED MEALS IN NEW YORK CITY**
Christina Gianfrancesco (1)
Columbia University (1)
Home Delivered Meals (HDM), also known as Meals-on-Wheels (MOW), is federal program designed to help community-dwelling older adults maintain independence by providing nutritious meals. While ability to eat is central to the mission of HDM programs, it has not previously been addressed by HDM and attendant case management programs.

**Objective:** To develop an easy-to-use oral health toolkit which case managers can use to link meal recipients with dental providers and provide oral health outreach.

**Methods:** Columbia University College of Dental Medicine, CityMeals-on-Wheels, Weil-Cornell Medical Center, and the NYC Department for the Aging (DFTA) formed a collaborative to address the oral health needs of NYC’s 19,000 HDM recipients. A community advisory board determined that interventions to improve linkages to dental services and outreach through case managers would have the highest potential for sustainability and reach. A survey of NYC dental offices (N=500) was conducted to identify ‘elder-friendly’ offices able to treat low-income seniors; data were used to develop a provider directory (N=306) tailored to the needs of homebound seniors, and outreach materials (dental/periodontal/denture care, oral cancer) were developed with community input.

**Results:** Case managers (N=289) were trained to assess oral health needs, and to use the provider directory and targeted educational materials as needed.

**Conclusion:** This work indicates that oral health initiatives can be successfully integrated into existing programs that serve community-dwelling older adults, and can be used to reach one of the nation’s most vulnerable populations.

**Source of Funding:** National Institute for Aging, Bronfenbrenner Center for Translational Research, DFTA.

Poster Number: 121

**ACHIEVING OPTIMAL ORAL HEALTH FOR SPECIAL NEEDS INDIVIDUALS IN CHICAGO**
Laura Douglas (1); Somayeh Jahedi (1)
University of Illinois at Chicago (1)
Somayeh Jahedi and Laura Douglas were Schweitzer Fellows in the 2013-2014 and 2014-2015 academic year, who worked closely together in addressing the oral health needs of special needs individuals throughout Chicago. Schweitzer Fellows spend a year developing and implementing a 200-hour service project, which addresses the health & social determinants in vulnerable communities. Fellows participate in a reflective leadership development program, which includes monthly meetings and trainings aimed at enhancing ability in carrying out interventions that improve the health status of underserved people. We are honored to share our experiences, past and current, including exciting achievements along the way, as well as future direction.

**Source of Funding:** Schweitzer Program

Poster Number: 122

**tEEEth talk COMMUNITY ORAL HEALTH EDUCATION WORKSHOPS: A PUBLIC HEALTH SERVICE-LEARNING OPPORTUNITY DURING PRECLINICAL TRAINING**
Lyubov Slashecheva (1)
Virginia Commonwealth University (1)
Service-learning experiential education provides students with an understanding of population diversity, community dynamics and their role in public health. Service-learning opportunities are often employed during the clinical years of the dental school curriculum; external community rotations are invaluable to clinical and professional development, but the focus on clinical care may marginalize important lessons about social factors that impact oral health. The pre-clinical years may be an ideal time to engage students in these considerations. The Virginia Commonwealth University School of Dentistry Class of 2016 partnered with Richmond City Schools to create interactive tEEEth talk Community Oral Health Education Workshops, which provide oral health education for our community, equip those in need of oral hygiene supplies, and engage citizens in local oral health care resources. First and second year dental students have created educational presentations that are conscious of the low oral health literacy of target audiences. Workshops have been held at community recreational centers, elementary schools, and facilities for the elderly and disabled. These workshops encourage students in their pre-clinical years to consider the social variables that affect oral health in their community. The tEEEth talk Community Education Workshop program has been permanently incorporated into the American Association of Public Health Dentistry (AAPHD) club at VCU. This will provide future dental students in their pre-clinical years with hands-on exposure to the principles of public health, professionalism, and ethics. The program will thereby continue to encourage oral health literacy, capacity, and access to care in underserved communities around Richmond, VA.

**Source of Funding:** None.

Poster Number: 123

**MISSION: SMILE SUPPORT**
Mary Glasheen (1); Francisco Nieves (1)
University of Texas Health Science Center at Houston (1)
Mission: Smile Support, a project funded by The Albert Schweitzer Fellowship partnered with Houston Housing Authority to promote oral health at 6000 Telephone Road, a public elderly and disabled community. The residents are a demographic significantly at risk for increased oral health diseases, including tooth decay, periodontal disease, and increased edentulism. Mission: Smile Support addressed the lack of oral hygiene education and oral care for the elderly population by providing supplies and instruction to forty residents. The
program, led by dental students, assembled oral health kits for elderly needs. The kits were individually distributed to the participants and oral hygiene instructions specific to geriatric patients were given. After four months, each resident was re-evaluated for their use of the oral hygiene products, improvement of the resident’s oral health, and habits. The participants increased their oral health awareness and positive changes in their oral hygiene routines. They showed a higher prioritization of their oral health and interest in visiting a dentist for preventive cleanings and treatment. Mission: Smile Support has been a successful program at 6000 Telephone Road, and it is planned to be expanded to two additional elderly public housing locations in Houston in the spring of 2015.

Source of Funding: Houston-Galveston Albert Schweitzer Fellowship.
AAPHD Student Merit Awards Program

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

First Place
Asth Singhal, BDS, MPH, PhD Candidate
The University of Iowa
Title: IMPACT OF CALIFORNIA’S ELIMINATION OF MEDICAID ADULT DENTAL COVERAGE ON EMERGENCY DEPARTMENT VISITS FOR DENTAL PROBLEMS: A QUASI-EXPERIMENTAL APPROACH
Nominator: John J. Warren, DDS, MS

Second Place
Dania Al Agili, BDS, MS, MPH, DrPH
Centers for Disease Control and Prevention
Title: EXPLORING THE EFFECT OF FAMILY INCOME ON THE RELATIONSHIP BETWEEN PARENTAL EDUCATION AND SEALANT PREVALENCE
Nominator: Barbara F. Gooch, DMD, MPH

Third Place
Go Matsuo DDS, MPH
University of North Carolina
Title: RACIAL AND ETHNIC DISPARITIES IN DENTAL CARIES EXPERIENCE AMONG KINDERGARTEN STUDENTS IN NORTH CAROLINA
Nominator: R. Gary Rozier, DDS, MPH

Honorable Mention
Eman Bakhurji, BDS
Boston University
Title: CURRENT USE AND FUTURE DIRECTION OF DENTAL AMALGAM IN THE US: PEDIATRIC DENTISTS’ PERSPECTIVE
Nominator: Woosung Sohn, DDS, PhD, DrPH

Predoctoral Dental Student Merit Award for Outstanding Achievement in Community Dentistry

First Place
Eugene Kim
University of California, Los Angeles
Title: ENERGIZING THE DENTAL PUBLIC HEALTH PIPELINE AT THE GRASSROOTS LEVEL
Nominator: Diana V. Messadi, DDS, MMSc, DrMedSc

Second Place
Troy Steinliber
Case Western Reserve University
Title: KNOWLEDGE, ATTITUDE, AND OPINION OF OHIO DENTISTS ABOUT A STATE DENTAL HYGIENE PRACTICE LAW
Nominator: Kristin A. Williams, DDS, MPH

Third Place
Kari Hexem
University of Pennsylvania
Title: INITIATION OF DENTAL STUDENT HONORS SITE AT AN HIV CLINIC
Nominator: Joan I. Gluch, PhD, PHDHP

Honorable Mention: Anna Davydov
University of Southern California
Title: PROVIDING DENTAL CARE, KNOWLEDGE AND EDUCATION OF ORAL HEALTH TO DECREASE DENTAL DISEASE IN UNDERSERVED COUNTRIES
Nominator: Santosh Sundaresan, BDS, DDS

Brittany Gillard
The University of Texas Health Science Center at Houston
Title: ADDRESSING XEROSTOMIA IN PEOPLE WITH HIV/AIDS
Nominator: Ana Candia Solari Neumann, DDS, MPH, PhD

Christina Gianfrancesco
Columbia University
Title: USING COMMUNITY-PARTICIPATORY METHODS TO DEVELOP AND IMPLEMENT AN ORAL HEALTH TOOLKIT TO ADDRESS THE ORAL HEALTH OF COMMUNITY DWELLING, HOMEBOUND SENIORS RECEIVING HOME DELIVERED MEALS IN NEW YORK CITY
Nominator: Kavita P Ahluwalia, DDS, MPH

Laura Douglas and Somayeh Jahedi
University of Illinois at Chicago
Title: ACHIEVING OPTIMAL ORAL HEALTH FOR SPECIAL NEEDS INDIVIDUALS IN CHICAGO
Nominator: Caswell A. Evans, DDS, MPH

Dental Hygiene Student Merit Award for Outstanding Achievement in Community Dentistry

First Place
Jaehee Yoo
University of North Carolina, SOD
Title: PREVENTION THROUGH EDUCATION
Nominator: Sally M. Mauriello

Second Place:
Elisa Dack
University of Michigan
Title: ADVOCACY TO APPLICATION: INTRODUCTION OF THE NEED FOR THE OPTIMAL AMOUNT OF FLUORIDE IN THE COMMUNITY WATER SUPPLY OF WEST BRANCH, MICHIGAN
Nominator: Anne Gwozdek, RDH, BA, MA

Third Place:
Jessie Hewlett
East Tennessee State University
Title: ORAL HEALTH EDUCATION AT SERENITY SHELTER
Nominator: Deborah Dotson, RDH, PhD

Lyubov Slascheva
Virginia Commonwealth University
Title: TEETH TALK COMMUNITY ORAL HEALTH EDUCATION WORKSHOPS: A PUBLIC HEALTH SERVICE-LEARNING OPPORTUNITY DURING PRECLINICAL TRAINING
Nominator: Michael Healy, DDS, Med

Mary Glasheen
University of Texas Health Science Center at Houston
Title: MISSION: SMILE SUPPORT
Nominator: Ana Candia Solari Neumann, DDS, MPH, PhD

Maryam Akbari
University of Pennsylvania
Title: PROVIDING DENTAL CARE, KNOWLEDGE AND EDUCATION OF ORAL HEALTH TO DECREASE DENTAL DISEASE IN UNDERSERVED COUNTRIES
Nominator: Santosh Sundaresan, BDS, DDS

Sadaf Hussain
A.T. Still University
Title: PROVIDING DENTAL CARE, KNOWLEDGE AND EDUCATION OF ORAL HEALTH TO DECREASE DENTAL DISEASE IN UNDERSERVED COUNTRIES
Nominator: Patricia Inks, RDH, MS

Sohini Dhar, BDS, MPH
University of Texas Health Science Center
Title: ASSESSING ORAL CANCER KNOWLEDGE AND PRACTICES AMONG DENTISTS IN TEXAS
Nominator: David P. Cappelli, DMD, MPH, PhD

Lyubov Slascheva
Virginia Commonwealth University
Title: TEETH TALK COMMUNITY ORAL HEALTH EDUCATION WORKSHOPS: A PUBLIC HEALTH SERVICE-LEARNING OPPORTUNITY DURING PRECLINICAL TRAINING
Nominator: Michael Healy, DDS, Med

Mary Glasheen
University of Texas Health Science Center at Houston
Title: MISSION: SMILE SUPPORT
Nominator: Ana Candia Solari Neumann, DDS, MPH, PhD

Maryam Akbari
University of Pennsylvania
Title: PROVIDING DENTAL CARE, KNOWLEDGE AND EDUCATION OF ORAL HEALTH TO DECREASE DENTAL DISEASE IN UNDERSERVED COUNTRIES
Nominator: Santosh Sundaresan, BDS, DDS

Sadaf Hussain
A.T. Still University
Title: PROVIDING DENTAL CARE, KNOWLEDGE AND EDUCATION OF ORAL HEALTH TO DECREASE DENTAL DISEASE IN UNDERSERVED COUNTRIES
Nominator: Patricia Inks, RDH, MS

Dental Hygiene Student Merit Award for Outstanding Achievement in Community Dentistry

First Place
Jaehee Yoo
University of North Carolina, SOD
Title: PREVENTION THROUGH EDUCATION
Nominator: Sally M. Mauriello

Second Place:
Elisa Dack
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Jessie Hewlett
East Tennessee State University
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Nominator: Deborah Dotson, RDH, PhD