The renaissance that has taken over Cincinnati USA is nothing short of spectacular. Our fantastic, compact downtown now boasts two new entertainment districts, a brand new casino, five new hotels, scores of new restaurants, a developing streetcar system and more than 200 shops and boutiques. All within steps of the recently renovated Duke Energy Convention Center.

Cincinnati USA is a first-class destination that’s steeped in a rich heritage of urban excitement, natural beauty and open-hearted hospitality. That heritage, combined with the urban-chic renaissance, makes Cincinnati USA a unique and exciting place to host your next meeting.

Presented by:
American Association of Public Health Dentistry (AAPHD) & Association of State and Territorial Dental Directors (ASTDD)
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 7th Small Grant.

Special thanks to our founding members and 2015 Contributors.

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

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Thank you to our supporters for 2015!

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2017 Herschel S. Horowitz Scholarship
Application Deadline: November 15, 2016 for the scholarship to be awarded for the Fall 2017 semester.

2017 Small Grant
Application Deadline: November 15, 2016

AAPHD Foundation 2015 Contributions by Fund:

- Doherty Student Chapter Fund: $958
- Horowitz Scholarship Fund: $9,541
- Lotzkar (ABDPH) Fund: $4,550
- Small Grant Fund: $655
- General Fund: $4,920
- Total: $20,641

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 2016 Program Planning Committee

- David Cappelli, DMD, MPH, PhD
- Christina Demopoulos, DDS, MPH
- Carrie L. Farquhar, RDH, BS
- Julie Frantse-Hawley, RDH, PhD
- Priscilla Flynn, RDH, DrPH
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- Gregory B. McClure, DMD, MPH, MHA
- Christine Wood, RDH, BS
- Kimberlie J. Yineman, RDH, BA

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

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American Dental Association

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AAPHD President’s Welcome

On behalf of the American Association of Public Health Dentistry (AAPHD), I want to welcome you to the 17th Annual National Oral Health Conference (NOHC) and to the city of Cincinnati. The NOHC, a nationally recognized meeting highlighting dental public health, is a joint meeting of the AAPHD and the Association of State and Territorial Dental Directors (ASTDD). I want to express my gratitude to all the members who participated in our conference planning.

Dr. Michael Shermer will host the AAPHD Plenary Session and will describe his work on the psychology behind the fears of several scientific issues, including community water fluoridation, and what options are available for us to use to overcome these challenges. Dr. Shermer is a noted psychologist and scientific writer. He produced two Ted Talks that are widely referenced, and is a regular contributor to Scientific American and Time Magazine. Additional keynote presentations and concurrent sessions provide diverse topic areas that address the interests of our membership. The sessions reflect subjects that address 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. On Tuesday evening, we will spend the night with the Cincinnati Reds, sponsored by Aseptico, where you will experience a bit of the flavor of Cincinnati. These events provide a time to reconnect and share with friends and colleagues.

I want to extend my gratitude to the American Board of Dental Public Health for once again convening a symposium and look forward to the first ASTDD Symposium.

I encourage you to participate in the Roundtable sessions on Monday and Tuesday featuring various programs and national organizations. The roundtable venue promotes more informal discussion in small group settings, allows the sharing of ideas and strategies, and allows the members to reconnect with others who have common goals and synergistic experiences.

The AAPHD Annual Business Meeting on Sunday afternoon will be an opportunity to discuss and plan for our continued growth and strength and to celebrate the contribution of our members at the Award Ceremony. Please join us and make sure that your input and aspirations can be heard.

I also appreciate the many contributions made toward conference planning and program implementation, including educational grants provided by members of the AAPHD Council on Corporate Relations, DentaQuest Foundation, Henry Schein Cares, and Dentsply Sirona, as well as support from partnering organizations, including the 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 30 Student Chapters. We are so pleased that you could participate in the meeting. This year, with support from Procter and Gamble, AAPHD will sponsor the Student Leadership Workshop on Sunday. This contribution is in addition to continued support from P&G for the Student Chapter Luncheon and Human Centered Design Program. You are the future of AAPHD and your input and new ideas will help our organization to prosper in the 21st Century. I hope that you are able to take advantage of the educational and social experiences that AAPHD offers.

I want to express my gratitude to the NOHC Planning Committee. I want to thank members of both AAPHD and ASTDD who work to make this meeting a success. I want to express my gratitude to the AAPHD Council on Education for leading the efforts for peer review of the abstracts for posters and oral presentations. I know that it is difficult to select from all of the outstanding abstracts that are submitted each year. I am energized by the program that you developed for the meeting.

I appreciate your attendance at the conference and hope that you have a rewarding educational experience. I also hope that you are able to share the dental public health spirit with friends and colleagues. I look forward to sharing this meeting with you and enjoying a little of the famous Skyline chili.

David Cappelli, DMD, MPH, PhD
President, AAPHD
Welcome to the 2016 National Oral Health Conference (NOHC) in Cincinnati, a treasured yet “new” American city. Known as the “Queen City” for its prominence in the early 1800s to meet the needs of explorers to settle the west, it will serve as the NOHC home for five days to meet our needs to continue the quest for optimal oral health. This is the seventeenth NOHC that combines the formerly separate meetings of the American Association of State and Territorial Dental Directors (ASTDD) and our partner, the American Association of Public Health Dentistry (AAPHD). From its auspicious beginning as a join meeting in May 2000, just prior to the release of the Surgeon General’s Report on Oral Health, this meeting has become the preeminent national conference for dental public health. The NOHC has experienced tremendous growth and impact through the years, demonstrating that the sum is far greater than its parts.

Tracing the path of the NOHC from Oak Brook, Illinois, we see that it has traveled from the Atlantic to the Pacific, the south, and to the northern heartland. During its travel, the NOHC has brought together a diverse spectrum of people and organizations whose common denominator is the improvement of oral health both nationally and globally. NOHC offers a forum for all to speak and listen and provides novices to experts with methods and skills to improve the oral health of the public. While nurturing its founding associations, it has helped to spawn the emergence of new organizations and serves as a national meeting center for a variety of national partner organizations.

The pre-conference sessions offer several opportunities to enhance your skills and to attend the organizational business meetings. The educational sessions provide a smorgasbord of presentations that will fortify your efforts or whet your appetite for more information. These include the keynote address from Dr. Robert Lustig that focuses on diet as a common factor for liver disease and tooth decay and the ASTDD opening plenary session that describes the infrastructure and workforce of state oral health programs. Other highlights include sessions on teledentistry, dental therapists, community water fluoridation, delivery systems, financing of dental care, oral health literacy, and the “silver bullet,” Silver Diamine Fluoride for Caries Control in Dental Public Health Settings to Control Dental Caries. Don’t miss the opportunity to enjoy a night at the ballpark to celebrate another terrific NOHC!

I want to thank our wonderful corporate partners and exhibitors for their educational and social support. Please visit their exhibits to learn and thank them for their continued support for dental public health.

I also want to thank our planning and organizing committee that has diligently worked to organize the conference and select the presentations so you will have a most rewarding experience.

On behalf of ASTDD, I hope that you will find this conference to exceed your expectations, enjoy Cincinnati, and leave with enhanced resources to meet your quest for optimal oral health.

Gregory McClure, DMD, MPH, MHA  
President, ASTDD
All Pre-Conference Sessions are held at the Hilton Cincinnati.

THURSDAY, APRIL 14
7:00 a.m. – 6:00 p.m. .................................................. Salon M & Salon I
ABDPH Board Oral Examination 1

FRIDAY, APRIL 15
7:00 a.m. – 6:00 p.m. .................................................. Salon M & Salon I
ABDPH Board Oral Examination 2
1:00 p.m. – 5:00 p.m. .................................................. Salon F and Salon G
ASTDD Board of Directors Meeting

SATURDAY, APRIL 16
7:30 a.m. – 1:00 p.m. .................................................. Salon I
ABDPH Written Examination
8:00 a.m. – 12:00 p.m. .................................................. Salon F & Salon G
ASTDD Board of Directors Meeting
8:00 a.m. – 4:00 p.m. .................................................. Rosewood
Coaching with Intention – CDE 7.0
Pre-registration required. Attendance is limited to 40 attendees.
Linelle M Blais, PhD; Celia J. Shore, BA, MDiv
The Coaching with Intention workshop provides a simple and clear approach to coaching. Attendees who want to serve as future coaches are challenged to make an intentional choice to regard those they might need to coach as individuals, who are creative, competent and fully capable of accomplishing their own goals. Coaches should serve as facilitators of growth rather than as fixers or helpers. Prospective coaches will follow a G.R.O.W. sequence (Goals, Reality, Options, Will) during the workshop, concentrating on what the coachee intrinsically wants that is important to them, and strategies to help solve problems along the way. Through a variety of interactive activities and role play scenarios, prospective coaches will demonstrate key coaching principles and competencies that support effective questioning and active listening. Attendees will leave with a simple coaching reminder tool to guide future coaching conversations.
Sponsored by: ASTDD
8:00 a.m. – 6:00 p.m. .................................................. Salon F & Salon G
ABDPH Board Business Meeting

9:00 a.m. – 12:00 p.m. .................................................. Caprice
How to Use the New CDC Summary of Infection Prevention and Control Practices in Dental Settings: Basic Expectations for Safe Care in your Oral Health Programs – CDE 3.0
Pre-registration required. Attendance is limited to 50 attendees.
Michele Junger, DDS, MPH; Kathy Eklund, RDH, MHP; Jill Moore, RDH, BSDH, MHA
Dental settings must make infection prevention a priority and should be equipped to observe standard precautions and other infection prevention recommendations contained in the Centers for Disease Control and Prevention’s (CDC) Guidelines for Infection Control in Dental Health-Care Settings–2003. This workshop will highlight the need for improved understanding and implementation of basic infection prevention guidance. Participants will use the new CDC Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care and the Organization for Safety, Asepsis and Prevention (OSAP) resource tools to solve real-world infection prevention challenges encountered by public oral health programs. Interactive exercises will focus on school-based sealant and Head Start oral health programs. State dental sealant and Head Start coordinators and public health personnel are encouraged to participate and will learn skills needed to monitor and evaluate compliance with infection prevention in school-based sealant and Head Start oral health programs.
Sponsored by: AAPHD
10:00 a.m. – 5:00 p.m. .................................................. Salon B & Salon C
AAPHD Board of Directors Meeting
12:00 p.m. – 1:30 p.m. .................................................. Julep
ASTDD BOD and AAPHD Executive Committee Joint Lunch
12:00 p.m. – 2:30 p.m. .................................................. Salon A
AACDP Executive Board Meeting
1:00 p.m. – 4:00 p.m. .................................................. Rosewood
Oral Health Literacy and the CDC Clear Communication Index: Because Everyone Deserves to Understand – CDE 3.0
Pre-registration required. Attendance is limited to 75 attendees.
Cynthia Baur, PhD
This workshop presents health literacy as a shared responsibility between the individual, such as a patient, parent or caregiver and health communicator, whether a public health dentist, hygienist, educator or professional. The main presenter will discuss the importance of clear communication and establish that health literacy is not only about what we want to communicate, but also about what the individual wants and needs to know and understands about our messages.
Through an interactive session, attendees will review and identify the basic principles of health literacy such as understanding their audience and using clear communication techniques. Participants will learn how to apply the new CDC Clear Communication Index when developing and selecting oral health education materials. Ultimately the workshop offers participants the practical value in using health literacy techniques to provide oral health
All Pre-Conference Sessions are held at the Hilton Cincinnati.

7:30 a.m. – 1:00 p.m. .............................................. Salon B & Salon C
AAPHD Board of Directors Meeting

8:00 a.m. – 11:30 a.m. .................................................. Rookwood
Oral Health Data – CDC’s Open Data Website for Oral Health:
Join us for a High-Level View or Deep Dive! CDE 3.5
Pre-registration required. Attendance is limited to 60 attendees.
Valerie Robison, DDS, MPH, PhD; Mei Lin, MD, MSc, MPH; Mark E Moss, DDS, MS, PhD
This session will promote the awareness and use of the recently launched CDC Oral Health Data (OHD) web platform to better serve various data needs of state oral health programs, other stakeholders and the general public. The session will include three components: 1) Introduction and in-depth demonstration of OHD including its two sections (high-level view and deep-level Data Portal), 2) Interactive discussion from one state which disseminates data through a state developed application and how it complements OHD, and 3) interactive discussions on how to enhance OHD and state data applications to better serve state dental public health programs and data users. The session will include hands-on exercises that the speaker and participants can walk together to practice key functions and features of OHD to meet different needs. Wi-fi will be available in the area and participants are encouraged to bring their own laptops for the exercises.
Sponsored by: ASTDD and CDC

8:00 a.m. – 11:30 a.m. .................................................. Rosewood
Human Centered Design-Case Study: The Children’s Oral Health Network (COHN) in Cincinnati - CDE 3.5
Pre-registration required. Attendance is limited to 40 attendees.
Ivan Lugo, DDS, MBA; Lisa Rudolph, DMD; Paul Rudolph; Beth Truett, MDiv
Human centered design is a process that applies using human factors/ergonomics and usability knowledge and techniques when designing systems to make them usable, intuitive, and successful. This strategy was used when developing the Cincinnati Children’s Oral Health Network. During this workshop participants will learn how to use human centered design using Oral Health America’s Service Design experience by the Reading Innovation Lab with their grantee professional development Network as an example.
Sponsored in part by: AAPHD and Procter & Gamble

8:00 a.m. – 11:45 a.m. .............................................. Salon F & Salon G
ASTDD Board of Directors Meeting

8:00 a.m. – 5:00 p.m. .................................................. Mayflower 1 & 2
CDHP PIOHQI In-Person Meeting

9:30 a.m. – 12:30 p.m. .................................................. Salon M
ABDPH Board Meeting

12:00 p.m. – 2:00 p.m. ............................................. Hall of Mirrors
AACDP Lunch With the Bunch

12:00 p.m. – 4:00 p.m. .................................................. Caprice
ASTDD Member Lunch, Annual Business Meeting, Awards, and Member Sharing

SUNDAY, APRIL 17

7:15 a.m. – 4:30 p.m. ............................................. Continental Ballroom
AACDP Annual Symposium
Pre-registration required.
Presenters Morning Session: Speakers who will share information about Cincinnati-based programs including one of the first school-based sealant programs, federal initiatives that can impact local programs, the new CODA standards and their impact on state dental therapy legislation, and the emerging role for dental hygienists.
- Federal panel: Renee Joskow, DDS, MPH, FAGD, Senior Advisor on Oral Health, Health Resources and Services Administration; Pam Vodicka, MS, RD, Director, Oral Health Program, Maternal and Child Health Bureau; and Katherine Wena, DDS, JD, Director, Division of Oral Health, Centers for Disease Control.
- Workforce panel: Mary Willard, DDS, Dental Health Aide Therapist Training Director, Alaska Native Tribal Health Consortium; David Jordan, BS, Dental Access Project Director, Community Catalyst; Frank Catalanotto, DMD, Professor, Department of Community Dentistry and Behavioral Sciences, University of Florida College of Dentistry.

Lunch with the Bunch:
A series of roundtable discussions that offer an opportunity to discuss oral health issues in-depth with speakers.

Presenters Afternoon Session: Speakers will discuss whether there is a population-based approach for the prevention and treatment of oral disease for the non-institutionalized elderly and the policy implications, the effectiveness of silver diamine fluoride, and the latest in school-based oral health.

Sponsored by: ASTDD

information that will improve preventive oral health behaviors, increase patient satisfaction, and better individual oral health.
SUNDAY, APRIL 17 - CONTINUED

1:00 p.m. – 4:00 p.m. ......................................................... Rosewood
AAPHD Student Session: Courageous Leadership
Pre-registration required. Attendance is limited to 40 students.
R Scott Hobart
The workplace is fraught with daily challenges; challenges that may provoke fear, stress, or even excitement. These challenges can inspire our courage or undermine our performance. This training is about helping individuals access their own courage and enlarge their capacity to be courageous so that they can meet these challenges with more confidence and less trepidation. This workshop will help individuals dimensionalize their understanding of courage and provide them with specific tools on how to be more courageous more often.
Sponsored in part by: AAPHD and Procter & Gamble

1:30 p.m. – 5:30 p.m. ......................................................... Rookwood
ANOHC Annual Meeting

Yes - there is an APP for that!

Not only a necessity as more of our participants embrace technology, but in an attempt to keep printing costs down, the NOHC Planning Committee decided it was appropriate to move the 2016 NOHC Program to an app. All Program information is included on the app and is available for multiple platforms. The program book is also available for downloading and printing from the NOHC website. A few weeks prior to the NOHC, all registrants received instructions on how to download the app and begin using it to plan your personal schedule for the conference. Participants using the app are asked to approve the addition of their contact information to the app so colleagues from around the DPH community can reach out. The app is only available to NOHC participants and not the general public. Go to the App store and download the free app. Search for: National Oral Health Conf
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 20.5 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.

ASTDD would like to thank the many volunteers and consultants who have contributed to ASTDD’s success this past year!

ASTDD is committed to promoting and helping to support state and territorial oral health programs and our members and associate members in their pursuit of knowledge and skills to foster excellence in leadership.

The organization provides a variety of resources that focus on these areas:

- State Oral Health Program Infrastructure
- State and Professional Development and Enhancement
- Data Collection, Assessment, and Surveillance
- State Oral Health Planning and Coalition Development
  - Dental Public Health Resources
  - Evaluation and Quality Improvement
  - Program Implementation

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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 syptic 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 hemostic 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 the 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. 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.

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**MPL Product List**

<table>
<thead>
<tr>
<th>Product</th>
<th>Price</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>VarnishAmerica</td>
<td>$0.75/dose</td>
<td>Available in 0.4/0.25mL and 32/200ct boxes</td>
</tr>
<tr>
<td>Seal America</td>
<td>$52.00/kit</td>
<td>Light cure and self-cure available</td>
</tr>
<tr>
<td>NaFrinse Kits</td>
<td>$80.85 per kit</td>
<td>Supplies for 75 children for 32 weeks</td>
</tr>
<tr>
<td>NaFrinse Unit Dose</td>
<td>$20.60 per case</td>
<td>288 doses per case</td>
</tr>
<tr>
<td>Fluoride Tablets</td>
<td>$47.80 per 5,000ct bottles</td>
<td>Also available in 120ct bottles</td>
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<tr>
<td>Fluoride Drops</td>
<td>$41.00 per case</td>
<td>12 X 1oz. bottles per case</td>
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All MPL products can be found at [http://www.mplusa.com/public-health](http://www.mplusa.com/public-health). For more information please contact Peggy Kelly at 800-523-0191 ext. 126.
MONDAY, APRIL 18

7:00 a.m. – 8:00 a.m. .......................... Jr. Ballroom Prefunction
Breakfast with Exhibitors

7:00 a.m. – 8:00 a.m. ..........................Room 251
JPHD Editorial Board Meeting

8:00 a.m. – 8:15 a.m. .......................... Jr. Ballroom A & B
Opening Welcome and Remarks

8:15 a.m. – 9:45 a.m. .......................... Jr. Ballroom A & B
Opening Keynote – CDE 1.5
Tooth Decay and Liver Decay: The Nexus of Doctors and Dentists
Robert Lustig, MD, MSL

Mountain Dew Mouth has been the scourge of dentists for decades. But there’s a new disease which affects even more people: Mountain Dew Liver. Non-alcoholic fatty liver disease (NAFLD) wasn’t even discovered until 1980; and now up to one-third of Americans suffer from it. Especially children – 13% of autopsies in children show NAFLD, and 38% of obese children. Doctors and dentists must be united in supporting public health measures to reduce chronic disease. Altering our diet is where public health prevention starts. "Food choices have consequences that are felt at an individual level and population level," Lustig said. "We’ve got to change the culture, not just treatments."

11:30 a.m. – 12:00 p.m. .......................... Jr. Ballroom A & B
Break with Exhibitors

12:00 p.m. – 2:00 p.m. ..........................Grand Ballroom A
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.

9:45 a.m. – 10:00 a.m. .......................... Jr. Ballroom Prefunction
Break with Exhibitors

10:00 a.m. – 11:30 a.m. .......................... Jr. Ballroom A & B
ASTDD Plenary: Building Upon the Past, Embracing the Present and Forging a Dynamic Future: Re-Envisioning State Oral Health Programs (SOHP) – CDE 1.5
Kathy Weno, DDS, JD; Jack Dillenberg, DDS, MPH; Bob Russell, DDS, MPH

Many SOHPs were revitalized by the CDC’s public health infrastructure grants, including staff, surveillance, community-based interventions, policy, evaluation and partnerships/collaborations. Evaluation of this cooperative agreement offers many lessons to be learned. Current SOHPs are challenged by Affordable Care Act implementation uncertainties, state budget cuts and generalized disinterest in recognizing oral health as part of overall health; yet opportunities to collaborate and share limited resources continue to flourish. Adversity can be a catalytic impetus to move your program forward. The future of state oral health programs does not have to be a fait accompli. Grab the bull by the horns and ride it! ASTDD has provided a road map in its State Oral Health Program Workforce Development Best Practices Approach Report with accompanying state submissions of what has worked and what has worked better! Come, Listen, Share, Comment, Envision, Dream, Assess, Develop, Implement and Evaluate onto a new age of SOHPs.

A Tale of 2 Evidence-Based Reviews: ..........................Jr. Ballroom A
Current Evidence on Community Water Fluoridation
Howard Pollick, BDS, MPH; Jay Kumar, DDS, MPH; Anne-Marie Glenny, BSc (Hons), MMedSci, PhD

In the case of dental public health which serves the overall community rather than the individual patient, evidence-based dentistry (EBD) is critical in assisting public health officials to develop sound policies and effective programs. EBD takes on added significance in an environment of increasingly scarce resources. Public health organizations generally follow the EBD recommendations of reputable organizations such as the Community Preventive Services Task Force (CPST) and Cochrane. Reviewing similar scientific
evidence, CPST groups had previously recommended community water fluoridation (CWF) and both organizations had recommended dental sealants in children as evidence-based community practices. However, while CPST continues to recommend CWF based on what it considers strong evidence for its effectiveness in reducing dental caries, Cochrane recently published a systematic review that questions the robustness of the evidence supporting CWF. Given the importance of EBD for both dental clinical and public health practice, this session will discuss the methodologic criteria that CPST and Cochrane use to determine the current state of the evidence around CWF and how, in assessing similar evidence, both organizations can arrive at such different conclusions regarding CWF.

Sponsored in part by: Premier Dental Products Company

Oral Health’s Value Proposition in ………………. Jr. Ballroom B

Changing Health Care Environment
Burton Edelstein, DDS, MPH; Martin Lieberman, DDS; David Gesko, DDS; Michael Plunkett, DDS, MPH

US healthcare systems – including oral healthcare systems – are under pressure from both public and private purchasers to demonstrate value measured as improved health outcomes at controlled or reduced costs. Improving health outcomes requires that healthcare systems morph into health promoting systems that address a wide range of health determinants as well as remedial health care. Inherent in these changes are the meshing of public health and clinical care, development of integrated and holistic services, and implementation of interprofessional care, quality measurement and improvement, enhanced efficiency, and patient-centered care. In short, evolving health systems are reengineering themselves to demonstrate value. This session provides an overview of these changes and highlights three oral health systems’ approaches to fulfilling the vision of value-based care. Featured are exemplars from safety-net clinics, the Kaiser Permanente Dental Service in the Northwest and the Health Partners Dental Service in Minnesota.

Development of a Network ………………..Jr. Ballroom D

Infrastructure to Achieve Systems Change in Oral Health
Gail Brown, JD, MSW; Stacey Chazin, MPH, CHES; Santra Denis, MPH

The seminar will describe the development of a diverse interconnected network of oral health stakeholders focused on systems change to improve the oral health of all. In a panel format, three representatives from the network, with a national focus (grassroots), a state and regional focus (grassmiddles), and a local community focus (grassroots) will lead an interactive discussion of the strategies available to develop alignment for action across the network. The panel will then describe the status of development of the infrastructure necessary to provide “backbone” support to the network, in order to maintain active commitment, provide service leadership, and increase resource development. The infrastructure components discussion will include topical areas such as social network communication, technical capacity development, governance and leadership, shared goal planning and evaluation of success.

All Conference Sessions are held in the Duke Energy Convention Center.

Using Dental Therapists to …………………….Room 260-262

Expand the Reach of FQHC Dental Clinics: The Minnesota Experience – CDE 1.0 (Session ends at 3:15 p.m.)
Jane Koppelman, MPP; Michael Schoenbaum; Janelle Jehn

As more states consider authorizing dental therapists, FQHCs around the country will be weighing the benefits of adding them to their dental teams. Minnesota is currently the laboratory for this question, since a number of FQHCs have hired dental therapists to expand access to care to the underserved. Presenters running FQHCs will describe their experiences to date with integrating dental therapists into the dental team, as well as their return on investment in terms of revenue generation.

3:45 p.m. – 5:15 p.m. …………………………………………Room 251
Gies Study Focus Group Meeting

3:45 p.m. – 6:00 p.m. ………………………………………….Jr. Ballroom Prefunction Exhibit Hall Open

4:00 p.m. – 6:00 p.m. ………………………………………….Jr. Ballroom C
Poster Session – CDE 2.0

Posters based on submitted abstracts of interest to attendees will be available for viewing and discussion by presenters. See final program for a complete list of topics and presenters.

4:00 p.m. – 6:30 p.m. …………………………………………Jr. Ballroom B
Tour of Withrow Dental Center

Pre-registration Required. Workshop limit 80 attendees.

Withrow Dental Center is a four chair dental center located in a high school and in close proximity to five elementary schools. Opened in April, 2015 the goal of the dental center is to serve 2000 low-income students each year. It serves the students attending Withrow High School and the surrounding elementary schools. It is open year round and treats adults and family members of the students in the summer and during the hours outside of the school day. It serves as a dental home to its patients. Tour the dental center and learn how it was funded and how it operates in a sustainable way.

There will be one bus that will transport attendees to and from the venue. The first group will depart at 4:00 pm and will return to take the second group at approximately 4:45 pm. Tickets will be issued to those who registered for this event. You must present ticket to board the buses.

4:30 p.m. – 6:00 p.m. ………………………………………….Room 260-262
ABDPH Future Exam Orientation

5:00 p.m. – 6:00 p.m. ………………………………………….Jr. Ballroom B
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 state water fluo idation programs, focusing on engineering and implementation aspects of community water fluo idation. State dental directors, state and local level fluo idation specialists, and others involved in water fluo idation will benefit by attending this session.
**MONDAY, APRIL 18 - CONTINUED**

5:30 p.m. – 6:30 p.m. ..........................................................Room 264 
ADHA Networking Reception

6:00 p.m. Dinner on Your Own

6:00 p.m. – 10:00 p.m. ..........................................................Room 263 
ABDPH Diplomates Dinner and Meeting (By Invitation Only)

6:30 p.m. – 9:00 p.m. ..........................................................Room 252 
ANOHC Member Dinner (By Invitation Only)

**TUESDAY, APRIL 19**

7:00 a.m. – 8:30 a.m. .....................................................Jr. Ballroom Prefunction 
Breakfast with Exhibitors

7:00 a.m. – 8:15 a.m. ..........................................................Room 251 
AACDP Annual Business Meeting

8:15 a.m. – 8:30 a.m. .........................................................Jr. Ballroom A & B 
Special Welcome and Remarks

8:30 a.m. – 10:00 a.m. .........................................................Jr. Ballroom A & B 
AAHPD Plenary – CDE 1.5 
Why People Believe Weird Things: Misunderstanding of Science and Pseudoscience, and What You Can Do About It 
Michael Shermer, PhD

Synthesizing thirty years of research, Michael Shermer upends traditional thinking about how humans form beliefs about the world. Simply put, beliefs come first, and explanations for beliefs follow. The brain, Shermer argues, is a belief engine. Using sensory data that flow in through the senses, the brain naturally looks for and finds patterns—and then infuses those patterns with meaning, forming beliefs. Once beliefs are formed, our brains subconsciously seek out confirmatory evidence in support of those beliefs, accelerating the process of reinforcing them—and round and round the process goes in a positive feedback loop. Shermer provides countless real-world examples of how this process operates, from politics and economics to conspiracy theories. And ultimately he demonstrates why science is the best tool ever devised to determine whether or not our beliefs match reality.

**Sponsored in part by the following members of the AAHPD Council on Corporate Relations: DentaQuest Foundation, Henry Schein and Dentsply Sirona**

10:00 a.m. – 10:15 a.m. .....................................................Jr. Ballroom Prefunction 
Break with Exhibitors

10:15 a.m. – 11:45 a.m. .....................................................Jr. Ballroom A & B 
ABDPH Symposium: Incorporating Oral Health in Accountable Care Organizations – CDE 1.5 
John Snyder, DMD; Julie Bluhm, LICSW; Gretchen Hageman, MA

There have been recent dramatic increases in populations covered by public dental insurance. The ACA and state-based initiatives have increased coverage for vulnerable populations through Medicaid, CHIP and the exchanges. It has also been well documented that dental insurance coverage does not necessarily equate to increased dental access. The long-term sustainability of public health insurance will be rooted in cost controls. Accountable Care Organizations are charged with coordinating care amongst hospitals, physicians and other healthcare providers to increase the quality of care while decreasing overall costs for the system. One of the overriding factors of an ACO is changing reimbursement from a fee for service model to varying forms of value-based payments. The symposium will address oral health access through three different models of accountable care approaches to oral healthcare coverage and delivery.

**Sponsored in part by: ABDPH and Delta Dental of Iowa Foundation**

11:45 a.m. – 2:00 p.m. .....................................................Jr. Ballroom Prefunction 
Exhibit Hall Open

12:00 p.m. – 1:45 p.m. .....................................................Grand Ballroom A 
National Organization Roundtable Luncheon – CDE 1.0 
*For all registrants, a box lunch will be provided. Pre-registration required.*

Network with colleagues and presenters to discover how national organizations and federal agencies are improving the oral health of underserved populations. Participants will be able to attend two roundtables during the luncheon and extra handouts may be available.

**Sponsored in part by: Quintessence Publishing**

2:00 p.m. – 3:30 p.m. .....................................................Concurrent Sessions – CDE 1.5 
Demonstrating a Return on .................................................Jr. Ballroom A 
Investment in Funding an Adult Medicaid Dental Benefit: A New Perspective 
Yara Halasa, DDS, MS, PhD(c); Cynthia Tschampl, PhD; Donald Shepard, PhD; Mary Foley, RDH, MPH

This session will discuss a project funded by the DentaQuest Foundation, which explores socio-economic outcomes associated with lack of dental care and the potential return on investment to states. Presenters will demonstrate two pathways that link poor oral health to costly social ills. Presenters will include a brief overview of Medicaid law as it relates to dental benefits for eligible adults over age 21, followed by a description of the process the team underwent to identify and select the two key pathways for study: Misuse of Analgesics for Oro-Facial Pain and Crime, and Oro-Facial Aesthetics and Unemployment. Dr. Halasa will share how 2011 NHANES data helped to build the Oro-Facial Aesthetic Index, substantiate the first pathway and quantify the outcomes. Dr. Tschampl will discuss the literature review, which helped to build and validate the second pathway. Dr. Shepard will discuss how proposed cost savings to states were quantified. And, Ms. Foley will propose implications for use by state administrators, advocates, researchers and other stakeholders.
**TUESDAY, APRIL 19 - CONTINUED**

**Improving Oral Health Through Technology-Supported Evidence-Based Preventive Dentistry**

**Eugene Skourtes, DMD; Joel White, DDS, MS; Muhammad Walji, PhD; Beth Mertz, PhD, MA**

This session will provide a comprehensive overview of the groundbreaking population health management and prevention approach used by a large group dental practice in the Pacific Northwest. The organization has partnered with multiple academic scientific investigators in the fields of informatics, clinical dentistry, evidence-based dentistry, public health and implementation science to study this model. These investigators have been awarded multiple NIH awards and other grant funding to examine both processes and outcomes. A description of the evolution of the program will be followed by the presentation of findings across these multiple studies. The processes and systems that will be explored can be used by any organization seeking a population health management approach to improving oral health for both commercially insured and Medicaid populations.

**Are Older Americans Coming of Age?**

**Beth Truett, MDiv; Cynthia Bens, BA; Meridith Ponder, JD**

Oral Health America will release its biannual report, *A State of Decay*, Vol III (ASOD) at NOHC in April 2016. ASOD is a state-by-state report analyzing six variables impacting the oral health of older adults. The report then ranks each state with an overall score. This seminar’s purpose is to summarize the importance of the findings in ASOD with take-home lessons about how messages can be tailored to raise awareness about the oral health needs of older adults. The goal is to empower participants to utilize the report to take action in improving oral health practices, plans and policies in their states by sharing data, field strategies and communications techniques. Additionally, the report will include a special section on the symbiotic relationship between oral health and nutrition and the need for further research on this topic.

**Lessons Learned at School: Ensuring Oral Health Programs for High-Need Children**

**Matt Crespin, MPH, RDH; Donna Behrens, RN, MPH, BSN**

Schools are an ideal venue for reaching children who are at greatest risk of dental disease, but there are many obstacles to providing sealants or other oral health services on school campuses. Last year, two major initiatives were launched that could offer helpful guidance to oral health programs and professionals. A 12-member, national Sealant Work Group has been convened to offer recommendations for strengthening the design and operation of these programs. And the School-Based Health Alliance is working to advance DentaQuest Foundation’s “Oral Health 2020” goal of ensuring that oral health is incorporated into the systems of the nation’s 10 largest school districts. Learn more about the status of these two initiatives and some insights that each one has already gained. Participants will be asked to engage in small-group discussions in response to key challenges that speakers cite for school-based programs.

**3:30 p.m. – 3:45 p.m.**  
**Workshop limit 50 attendees.**

**Break with Exhibitors**

**3:45 p.m. – 5:15 p.m.**  
**Concurrent Sessions – CDE 1.5**

**The Importance of Big Data for Improving Oral Health for Vulnerable Populations Through Increased Involvement of the Patient Care, Research, and Payer Community**

**Bruce Dye, DDS, MPH; Lynn Mouden, DDS, MPH; Peter Damiano, DDS, MPH; Mary Foley, RDH, MPH**

The purpose of this symposium is to educate NOHC attendees about Big Data; highlight a number of federal initiatives associated with the Affordable Care Act that require electronic billing and health data collection; and raise awareness of the various types of datasets containing dental data (population survey, claims data, the electronic health record) currently available. Participants will discuss how data affects both medical and dental providers, and the need for diagnostic coding. They will provide examples using existing Medicaid and other data to assess program, and provider performance, and opportunities using linked-data to conduct exploratory research. They will highlight opportunities for innovation or research grants, discuss the challenges associated with the use of current dental datasets, and suggest improvements to better allow the profession to research, evaluate, and maximize public health funding.

**Translating Ideas: Implementation**

**Linda Ferraro, RDH, BS; Renee Joskow, DDS, MPH; Ruth Goldblatt, DMD**

Oral health is integral to overall health but is often overlooked in older adults. Within 15 years, the U.S. adult population aged 65 and older is projected to increase to 72 million. State oral health programs, academic institutions, community based researchers, advocacy and community partners work together to foster an environment that is conducive to improving oral health for older adults. Strengthening relationships and building trust over time leads to productive partnerships that translate into program success. Connecticut addresses the oral health needs of aging adults through strategic planning, securing and maintaining funding, and building relationships with community and dental organizations. Academia demonstrates how building infrastructure to support community-based research and interprofessional collaborative practice can be used to implement programs for older adults. Cross-cutting perspectives on how programs can utilize federal resources as building blocks to achieve sustainable common goals that improve outcomes for older adults will also be shared.

**Planning Programs that Incorporate Oral Health Into Primary Care Practice for Safety-Net Clinics**

**Colleen Lampron, MPH; Irene Hilton, DDS, MPH**

practice of primary care practitioners in health centers and the safety-net and has developed a core set of oral health competencies for primary care providers and support staff to adopt as part of clinical practice with the goal of increasing access to oral health care and improved patient outcomes. Our session will lead leaders and administrators of clinical programs in the planning steps necessary to implement the oral health core clinical competencies in primary care practice. Participants will review the facilitating organizational characteristics for successful programs. This interactive presentation will provide in-depth information on the systems – training, HIT, clinical workflow and evaluation – that have to be developed to support comprehensive systems change in clinical practice. The presentation will share real-world applications and experiences from health centers participating in two separate initiatives.

Oral Presentations #1 ......................................................... Jr. Ballroom C

This session will feature oral presentations of scientific research of interest to attendees. Presentations are listed beginning on page 34.

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

1. EXPANDING THE ORAL HEALTH WORKFORCE: INTEGRATION OF ORAL HEALTH CURRICULUM IN PHYSICIAN ASSISTANT (PA) EDUCATION
   Presenting Author Anita Glicken, MSW, National Interprofessional Initiative in Oral Health

2. DENTAL DESERTS OF THE LOS ANGELES COUNTY SAFETY NET DENTAL CLINICS USING GIS MAPS
   Presenting Author Maritza Cabezas, DDS, MPH, Los Angeles County Department of Public Health

3. WHAT WENT RIGHT, WHAT WENT WRONG: KEY TAKEAWAYS FROM COMMUNITY WATER FLUORIDATION CAMPAIGNS
   Presenting Author Jodie Silverman, MPA, Health Resources in Action; Author Tamaki West, MA, Health Resources in Action; Author Maria Mendes, MS, Better Oral Health for Massachusetts Coalition; Author Beth Kane, MS, Kopp Upper Valley Oral Health Coalition

4. PREPARING THE NEXT GENERATION: BUILDING AN INTERPROFESSIONAL ORAL HEALTH WORKFORCE
   Presenting Author Erin Hartnett, DNP, APRN-BC, CPNP, NYU College of Nursing; Author Judith Haber, PhD, APRN, BC, FAAN, NYU College of Nursing; Author Kenneth Allen, DDS, MBA, NYU College of Dentistry; Author Thomas, MD, Riles NYU School of Medicine; Author Jennifer Adams, MD, NYU School of Medicine; Author Ruth Crowe, MD, PhD, NYU School of Medicine; Author Abigail Bella, MPH, NYU College of Nursing

5. MOVING BEYOND FLUORIDE VARNISH IN MEDICAL SETTINGS – A PILOT PROJECT INTEGRATING DENTAL HYGIENISTS AS PART OF MEDICAL CARE TEAMS ACROSS COLORADO
   Presenting Author Allison Cusick, MPA, CHES, Delta Dental of Colorado Foundation; Author Patricia Braun, MD, MPH, FAAP, University of Colorado Anschutz Medical Center/ACCORDS

6:00 p.m. – 10:30 p.m. ........................................ Off Site (Great American Ballpark)

Tuesday Evening Dinner and Networking Event

Pre-registration required. Attendance limit is 500 attendees.

An evening with the Cincinnati Reds! Join your friends to enjoy an evening at the Great American Ballpark and watch the Reds play the Colorado Rockies. Dinner is included and you must have a ticket to enter! Attendance to this event is limited to 500, and only those with tickets will be permitted to enter the ballpark.

Sponsored in part by our friends at Aseptico, Inc.

WEDNESDAY, APRIL 20

7:00 a.m. – 8:00 a.m. ......................................................... Jr. Ballroom Prefunction

Breakfast with Exhibitors

7:00 a.m. – 8:00 a.m. ................................................................. Room 260

ASTDD BOD Meeting

8:00 a.m. – 9:30 a.m. ................................................................. Jr. Ballroom A & B

Plenary – CDE 1.5
15 Years After the Surgeon General’s Report on Oral Health: Where Are We on the Road to Improved Care Access and Smaller Health Disparity Gaps?

Louis Sullivan, MD; Kathy O’Loughlin, DDS, MPH; Lynn Mouden, DDS, MPH; Renee Joskow, DDS; Don Weaver, MD; Caswell Evans, DDS, MPH; Matt Salo, BA; Hazel Harper, DDS; Mary Foley, RDH, MPH, Evelyn Ireland, CAE

It has been 15 years since the first Surgeon General’s report on oral health spotlighted “a silent epidemic” of oral disease that was affecting our most vulnerable citizens – poor children, the elderly, and many members of racial and ethnic minority groups. Speakers at this plenary session will discuss how the oral health landscape has changed since 2000 in terms of disease incidence, health disparities, and access to care (influenced by Medicaid participation and utilization, private dental insurance coverage, out of pocket costs for dental care, dentist misdistribution, dentist participation in Medicaid). A variety of policymakers and oral health stakeholders will participate in a highly structured facilitated discussion on what continue to be the barriers to access to care, why they persist today, what needs to be done to remove them, and who needs to do what.

9:30 a.m. – 9:45 a.m. ................................................................. Jr. Ballroom Prefunction

Break with Exhibitors
9:45 a.m. – 11:15 a.m.  **Concurrent Sessions – CDE 1.5**

**Delivery and Payment System** ................................. Jr. Ballroom A
**Innovations in Dentistry: PREDICT- Population-centered Risk- and Evidence-based Dental Interprofessional Care Team**
Joana Cunha-Cruz, DDS, PhD; Sharity Ludwig, BA, RDH; Peter Milgrom, DDS

To improve the oral health of low-income children, innovations in dental delivery systems are needed, including community-based care, the use of expanded duty auxiliary dental personnel, capitation payments, and global budgets. This seminar describes PREDICT (Population-centered Risk- and Evidence-based Dental Interprofessional Care Team), a quality improvement project to test the effectiveness of new delivery and payment systems for improving dental care and oral health within dental managed care and serving Medicaid recipients. This project involves 83,000 Medicaid clients in 14 Oregon counties.

**New Accreditation Standards for Dental Therapy: What Are They and What Impact Will They Have?**
Ana Karina Mascarenhas, BDS, MPH, DrPH; Karl Self, DDS, MBA; Mary Willard, DDS

In August 2015, the Commission on Dental Accreditation (CODA)—the only national accrediting body for academic dental programs—finalized educational standards for dental therapy programs. The guidelines create a uniform standard for dental therapy training programs in the United States and were approved for implementation after CODA determined there was a population-wide demand for dental therapists and a sufficient science base underpinning this profession. This session will provide an overview of the CODA educational standards for dental therapy programs, discuss plans from existing programs to begin the accreditation process, and discuss the potential impact of CODA guidelines on the growth of dental therapy in the U.S.

**Implementation Science and Evidence** ................................. Jr. Ballroom D
**Oral Health Workshop**

*Pre-registration is required. Workshop limit 40 attendees.*
David Clark, DrPH, PhD; Lori Ducharme, PhD; Todd Molfenter, PhD

This workshop will provide participants with an overview of implementation science. Examples of successful implementation studies from both within and outside of oral health will be presented. This will be followed by an interactive small group exercise where participants will be given scenarios where oral health evidence-based guidelines are not fully embraced within the target dental practices. Participants will be tasked with identifying barriers/facilitators to implementation, developing an implementation plan, and devising a rigorous method to test implementation strategies. The results of the individual sessions will be discussed with the entire workshop to provide feedback from speakers and other participants. Finally, NIDCR funding priorities for implementation science will briefly be discussed along with time for questions on the peer-review process.

**Oral Presentations #2** ................................. Jr. Ballroom C

This session will feature oral presentations of scientific research of interest to attendees. Presentations are listed beginning on page 34.

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

6. **Utilization and Experience with the AAPHD-HRSA Dental Public Health Curriculum for Pre-doctoral Dental and Dental Hygiene Students**
Presenting Author Vinodh Bhoopathi, BDS, MPH, CAGS, DScD, Temple University; Author Ana Karina Mascarenhas, BDS, MPH, DrPH, Nova Southeastern University; Author Kathryn Atchison, DDS, MPH, UCLA;

7. **Assessing Neighborhood Environments and Oral Health Resources in Oakland, CA**
Author Alana Cordeiro, MPH, Drexel University; Author Kristin Hoef, MPH, University of California, San Francisco; Author Claudia Guerra, MSW, University of California, San Francisco; Presenting Author Lisa Chung, DDS, MPH University of California, San Francisco; Author Judith Barker, PhD, University of California, San Francisco; Author Nancy Burke, PhD, University of California, San Francisco; University of California, Merced

8. **Brush Text: Using Multimedia Text Messaging to Improve the Oral Health of Rural Head Start Children**
Presenting Author Holli Seabury, EdD, McMillen Center for Health Education

9. **Impact of Medicaid Expansion and Medicaid Adult Dental Coverage on Access to Dental Care Among Low-Income Adults**
Presenting Author Astha Singhal, BDS, MPH, PhD, Boston University; Author Lindsay Sabik, PhD, Virginia Commonwealth University

10. **Social Support for Dental Visits Among Low-Income Mothers of Young Children**
Presenting Author Hiroko Iida, DDS, MPH, New York State Oral Health Center of Excellence; Author R. Gary Rozier, DDS, MPH, University of North Carolina at Chapel Hill; Author Leslie Zeldin, MPH, MSUP, University of North Carolina at Chapel Hill

11:15 a.m. – 11:30 a.m.  ......................................................... Jr. Ballroom C
**Break**

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

**Improving Oral Health** ................................. Jr. Ballroom A
**Using Telehealth-Connected Teams: Moving from Concept to Implementation in Three State**
Paul Glassman, DDS, MA, MBA; Eli Schwarz, DDS, MPH, PhD; Linda Reiner, MPH; Andrew Tseu, DDS, JD

The dental industry in the U.S. is facing significant change. There has been a decade-long decrease in dental visits while the majority of the population does not receive dental care. The use of telehealth-connected teams to reach currently underserved populations and deliver preventive and early intervention services is a disruptive innovation that is beginning to spread and will result in significa
change in the way dental care is delivered to the U.S. population. This session will review the decision made in three states, California, Oregon, and Colorado, to develop and expand a system of care using telehealth-connected teams called the Virtual Dental Home. Presenters will outline the steps taken and milestones reached in each state to move this idea from concept to implementation. The paths followed in these states contain lessons that will help other states considering oral health solutions to identify gaps and barriers, and move from concept to action.

What’s in Your Toolkit? .......................................................Jr. Ballroom D

Changing the Oral Health Conversation with Families
Pre-registration is required. Workshop limit 75 attendees.
Diane Flanagan, RDH; Kathy Hunt, RDH, ECPII; Michelle Martin, RDH, MPH

The approach to managing early childhood caries (ECC) is shifting from a surgical model to one that focuses on chronic disease management (CDM) aimed at stopping the underlying disease process. Research indicates Motivational Interviewing (MI) with goal setting tailored to a family’s needs is a very effective CDM strategy for the adoption of positive behaviors necessary for prevention and management of ECC. The focus of this workshop is on changing the conversation using MI techniques to guide and support families in identifying goals and developing strategies to adopt good oral health behaviors. Facilitators from three states will use multimedia to guide participants through a variety of interactive activities for more effective oral health communication and to identify opportunities to utilize these skills with families in their community.

Silver Diamine Fluoride – CDE 1.0 ..................................... Jr. Ballroom B
For Caries Control in Dental Public Health Settings
(Session ends at 12:30p.m.)
Jaana Gold, DDS, MPH, PhD; Margherita Fontana, DDS, PhD

Dental caries remains the most prevalent untreated chronic and infectious disease in children, and millions of adults are unable to access routine dental care. Silver diamine fluoride (SDF) was recently approved by the Food and Drug Administration for use in the United States and holds tremendous promise as a conservative, noninvasive approach to managing caries. SDF combines antimicrobial activity and high concentration topical fluoride, and may have particular application in young children and in populations with limited access to care. The goal of this seminar is to present the evidence and mechanism of action of 38% SDF in preventing and arresting dental caries lesions. The speakers will discuss the mechanisms of action of SDF; present recent clinical cases managed with SDF; discuss ongoing clinical studies; and present evidence-based clinical recommendations informed by the current state of the science around SDF.
Innovations in Transforming .........................................Jr. Ballroom A
Rural Primary Care-Dental Systems
Amy Martin, DrPH, MSPH; Sean Boynes, DMD, MS; Renata Leite, DDS, MS
The purpose of the session is to introduce ROADS, Rural Oral Health Advancement and Delivery Systems, a MORE (Medical Oral Expanded) Care Initiative of the DentaQuest Institute. Its purpose is to reduce rural oral health disparities experienced by children and high-risk adults with diabetes through medical-dental integration that emphasizes improvements in care and system performance. Our purpose will be achieved through four goals: optimize practice of primary and secondary prevention through oral health interprofessionalism in rural primary care settings; improve access to tertiary or definitive care in resource-thin communities through innovative partnerships and business models; and enhance primary care and dental practice management competencies that optimizes efficiencies and creates sustainable capacity.

Engaging Community Health ......................................Jr. Ballroom B
Workers to Address Oral Health
Jose Vasquez; Sarah Borgida
Community Health Workers (CHWs) are trusted, knowledgeable, frontline public health workers who serve to bridge cultural and linguistic barriers to care. As critical links between communities and health care systems, CHWs reduce health disparities; boost health care quality, cultural competence and affordability; and empower individuals and communities for better health. Known by a variety of titles such as outreach worker, care guide, community health advisor, peer educator, promotores (Latino communities) and community health representative (American Indian communities), CHWs provide outreach, health education, care coordination and advocacy for underserved patients of all ages. The Community Health Workers oral health education program developed popular education tools, available in English and Spanish, designed to reduce oral health disparities among hard to reach populations. The overall goal of the session is to highlight this and other effective, sustainable strategies to engage CHWs to address oral health in their communities and connect people to care.

Using Social Marketing to Change ..................................Jr. Ballroom C
The Oral Health Frame
Peter Mitchell, BA; Michelle Hege, MS; Dianne Riter, MPH
The session will feature a case study of The Mighty Mouth, an ongoing social marketing campaign in Washington state to change oral health behaviors. The goal is to explore social marketing ideas, strategies and experience. The Mighty Mouth campaign is a research-driven multi-faceted campaign to change the way people think about oral health. Developed by Washington Dental Service Foundation with national expertise from Salter/Mitchell, the campaign aims to build awareness about the importance of oral health and motivate people to take action to improve their oral health. Over time the vision is to change behaviors so that good health oral health practices become the norm. The case study includes highlights of the formative research, campaign strategy and implementation, evaluation and refinements. Two years of campaign experience will be shared along with many learnings, tactics and tools. Earned, paid and social media examples targeting segmented audiences will be highlighted.

School-based Fluoride Program .................................Jr. Ballroom D
Evaluation for Optimal Outcomes
Pre-registration is required. Workshop limit 75 attendees.
LeeAnn Hoaglin Cooper, RDH, BS; Susan Deming, RDH, RDA, BS
The purpose of this workshop is to review, develop and/or improve school-based fluoride programs through the use of logic models and evaluation processes. Small groups will develop, share and evaluate a logic model for a fluoride program: fluoride rinse, fluoride varnish, silver diamine fluoride, fluoride toothpaste and/or school fluoridation.

*The Meeting Rooms ..................................................Boardroom 3 and Room 251
*The Meeting Room” is a small meeting room available Thursday through Wednesday on a first-come, first-reserved basis. It is set up for up to 12 boardroom style and is available from 8:00 am - 11:59 pm on Thursday-Sunday in Boardroom 3 of the Duke Energy Convention Center, 8:00 am - 3:00 pm on Monday, 8:30 am - 11:59 pm on Tuesday and 8:00 am - 3:00 pm on Wednesday in Room 251 at the Hilton Netherland Plaza hotel. You must sign up to use the room. There will be sign up sheets outside the room. It can be reserved in half-hour increments for up to two hours. The room set cannot be changed.
Special thanks to the following:
AAPHD Education Committee - Mary Altenberg, Chair
AAPHD Student Merit Award reviewers:
• Mert Aksu
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• Divesh Byrappagari
• Bruce Dye
• Vinod Miriyala
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Lynn Bethel-Short, ASTDD Social Media
Bruce W. Austin, Shelley Guinn and Christine Wood, reviewers - Monday Lunch and Learn Roundtable
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Procter and Gamble – Education Sessions
• AAPHD Student Session: Courageous Leadership
• Human Centered Design – Case Study: The Children’s Oral Health Network (COHN) in Cincinnati
• AAPHD Student Chapter Luncheon
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THANK YOU!

Millions of people face barriers to good oral health. And while funding is always a problem, it’s far from the only problem. That is why the ADA and its member dentists developed Action for Dental Health, a nationwide, community-based movement to provide care now to those suffering from untreated dental disease, strengthen and expand the public and private safety net, and bring education and disease prevention into the nation’s most needy communities.

Dentists are making a difference through the following programs:
- Give Kids A Smile
- Expand programs that provide screening and treatment for children.
- Community Dental Health Coordinators
- Connect those in need with community resources and dentists who can provide care.
- Emergency Room Referral Programs
- Get people out of the emergency room and into the dentist’s chair.
- Community Water Fluoridation
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**Give Kids A Smile**
Expand programs that provide screening and treatment for children.

**Community Dental Health Coordinators**
Connect those in need with community resources and dentists who can provide care.

**Emergency Room Referral Programs**
Get people out of the emergency room and into the dentist’s chair.

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Public Service Award
Presented to an individual for substantial contribution through action related to public health dentistry issues.

Hugh Silk, MD, MS

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

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

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

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

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

Lori Kepler-Cofano, RDH, BSDH

Fluoridation Merit Award
For outstanding contributions toward the progress for fluoridation.

Kip Duchon, PE
Leverett Graduate Student Merit Award for Outstanding Achievement in Dental Public Health

**First Place: Jacqueline Burgette**
Title: The Impact of Early Head Start on Dental Use
School: University of North Carolina at Chapel Hill
Nominator: R. Gary Rozier, DDS, MPH

**Second Place: Jafer A. Shariff**
Title: Relationship Between Frequent Recreational Cannabis (Marijuana and Hashish) Use and Periodontitis in Adults in the United States: NHANES 2011-12
School/Agency: Columbia University College of Dental Medicine
Nominator: Kavita P. Ahluwalia, DDS, MPH

**Third Place: Daisy Patino**
Title: Assessment of Oral Health Knowledge and Dental Utilization among Hispanic Adults Living in Iowa
School: University of Iowa College of Dentistry
Nominator: John J. Warren, DDS, MS

Honorable Mention by Student Last Name

**Jagan Baskaradoss**
Title: The Association Between Oral Health Literacy and Failed Dental Appointments
School: Case Western Reserve University, School of Dental Medicine
Nominator: James Lalumandier, DDS, MPH

Sara Laura Coppola
Title: Factors Associated with the Economic Sustainability of the Registered Dental Hygienist in Alternative Practice
School: University of Michigan
Nominator: Anne Gwozdek, RDH, BA, MA

Kalyani Raj Yaduwanshi
Title: Risk Factors for Adolescent Caries Incidence in the Iowa Fluoride Study
School: The University of Iowa College of Dentistry
Nominator: John J. Warren, DDS, MS

Predoctoral Dental Student Merit Award for Outstanding Achievement in Community Dentistry

**First Place: Nisha Garg**
Title: Demand for Oral Health Outreach to the Chicagoland Veteran Population
School: University of Illinois at Chicago College of Dentistry
Nominator: Casewell A. Evans, DDS, MPH

**Second Place: Jean Marie Calvo**
Title: Oral Health Education and Screening at California Bay Area Senior Centers
School: University of California San Francisco School of Dentistry
Nominator: Howard Pollick, BDS, MPH

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NOTE: ALL EXHIBIT BOOTH ARE 10' DEEP x 10' WIDE, UNLESS OTHERWISE INDICATED.
• - INDICATES HIGHTOP TABLES
49 - DOUBLE FACE POSTER BOARDS
24 - SINGLE FACE POSTER BOARDS
TOTAL OF 110 POSTER BOARDS SHOWN

Third Floor
National Oral Health Conference
April 17 - 20, 2016

26
### Exhibitors in Booth Number Order

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<th>Booth #</th>
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### Exhibit Hall Hours:

**Monday, April 18, 2016**
- 7:00 am – 8:00 am
- 9:45 am – 10:00 am
- 11:30 am – 2:15 pm
- 4:00 pm – 6:00 pm

**Tuesday, April 19, 2016**
- 7:00 am – 8:30 am
- 10:00 am – 10:15 am
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Representatives:
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  Paul Casamassino casamassino.1@osu.edu
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Representatives:
  Scott Tomar

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Representatives:
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  Bev Isman bev.isman@comcast.net
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  Dori Bingham dori.bingham@dentaquestinstitute.org
The DentaQuest Institute (DQI) 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. Our programs include Safety Net Solutions, various Quality Improvement Collaboratives, MORE Care, and the DQI Online Learning Center.

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Booth #31
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The ADA Foundation is a catalyst for uniting people and organizations to improve the public’s oral health. The ADAF provides $800,000+ in grants and scholarships annually, and also oversees the Dr. Anthony Volpe Research Center located on the NIST campus in Gaithersburg, Maryland, and the Give Kids A Smile® program.

American Network of Oral Health Coalitions
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785-235-6039
Representatives:
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Mahak Kalra  mkalra@kyyouth.org
Laura Hancock Jones  laura.hancock.jones@uky.edu
The Kentucky Oral Health Coalition and the American Network of Oral Health Coalitions will showcase the work of state oral health coalitions across the country, who serve as the independent voice promoting good oral health for all people. Details about how to get involved with state coalitions will be available.

Division of Oral Health, CDC
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CDC’s Division of Oral Health provides national leadership in oral health, focusing on decreasing disparities in dental caries and guiding dental public health to be part of health system transformation. Key roles of the Division include funder of state public health infrastructure; surveillance, evaluation, and research; and translation of emerging evidence.

National Maternal and Child Oral Health Resource Center
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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.

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1. EXPANDING THE ORAL HEALTH WORKFORCE: INTEGRATION OF ORAL HEALTH CURRICULUM IN PHYSICIAN ASSISTANT (PA) EDUCATION

Presenting Author Anita Glicken, MSW, National Interprofessional Initiative in Oral Health

The burden of oral disease is significant yet little time is devoted to OH and disease in primary care education and practice. This presentation describes the impact of a national initiative to integrate OH into PA education and practice.

Objectives:
- Describe the impact of a national initiative to expand OH workforce by preparing PAs to work on interprofessional teams fostering medical-dental collaboration.
- Describe the growth and distribution of OH curriculum within PA programs.
- Describe integration strategies, barriers and facilitators of change.

Methods: A link to a web-based survey was emailed to 182 directors of all 2014 accredited PA education programs. Questions included predefined response options and open-ended questions.

Results: Compared to a 2008 study, there is greater inclusion of OH curriculum; a majority of responding PA programs (78.4%) indicated they included curriculum on oral health and disease. A variety of teaching strategies were utilized, with programs commonly integrating instruction into existing subjects (72.4%). About one-third (31.6%) of programs had students access an online OH curriculum and 22.4% indicated that their students participated in interprofessional training opportunities to learn about OH.

Conclusions: Stakeholder strategies to engage PA programs in integrating OH curriculum appear to have resulted in wider availability of PA training in OH promotion and prevention services. There was significant depth in OH content with broad integration of topics across a comprehensive range of subject areas. It is estimated that 60 new PA programs will become accredited by 2019, creating further opportunities to develop this evolving workforce.

Source of Funding: Grant funding was supported by the National Interprofessional Initiative in Oral Health and funding from the DentaQuest Foundation and Washington Dental Service Foundation.

2. DENTAL DESERTS OF THE LOS ANGELES COUNTY SAFETY NET DENTAL CLINICS USING GIS MAPS

Presenting Author Maritza Cabezas, DDS, MPH, Los Angeles County Department of Public Health

Objectives: Los Angeles County (LAC) has nearly 10 million residents and covers 4,000 square miles. The county has a very complex safety-net system. The current infrastructure for low income adults comprises of private practitioners who provide care on a fee-for-service basis, and a safety net made up of public and private clinics. While LA is home to a robust collective of community clinic and health center organizations, less than one-third (31.6%) of programs had students access an online OH curriculum and 22.4% indicated that their students participated in interprofessional training opportunities to learn about OH.

Conclusions: Stakeholder strategies to engage PA programs in integrating OH curriculum appear to have resulted in wider availability of PA training in OH promotion and prevention services. There was significant depth in OH content with broad integration of topics across a comprehensive range of subject areas. It is estimated that 60 new PA programs will become accredited by 2019, creating further opportunities to develop this evolving workforce.

Source of Funding: Grant funding was supported by the National Interprofessional Initiative in Oral Health and funding from the DentaQuest Foundation and Washington Dental Service Foundation.

3. WHAT WENT RIGHT, WHAT WENT WRONG: KEY TAKEAWAYS FROM COMMUNITY WATER FLUORIDATION CAMPAIGNS

Presenting Author Jodie Silverman, MPA, Health Resources in Action; Author Tamaki West, MA, Health Resources in Action; Author Maria Mendes, MS, Better Oral Health for Massachusetts Coalition; Author Beth Kane, MS, Kopp Upper Valley Oral Health Coalition

After nearly four years, campaigns to implement community water fluoridation in two very different communities are coming to a close. Informed by quantitative and qualitative data, Health Resources in Action, Inc. (HRiA) combined strong messaging and communication strategies rooted in community values and norms with ongoing key stakeholder engagement and robust grassroots organizing to develop these innovative, multi-year campaigns. Yet, the results of these efforts could not have been more different. In one Vermont community, a range of methods to engage key community influencers, residents, and policymakers was met with resistance through much of the course of the campaign leading to the suspension of the campaign in late 2015.

Conversely, in the other community, there has been widespread support of community water fluoridation among a very diverse and unorthodox group of key stakeholders (superintendent of schools, faith leaders, elected officials as well as the community-at-large. In December 2015, the Board of Health voted to order water fluoridation (required in Massachusetts) and the City Council will vote to implement in the next six months, so victory is close but not guaranteed.

During this oral presentation, HRiA will discuss the various methods used to develop, implement, and evaluate these campaigns, the key objectives of each strategy, and present final results of evaluative findings, as well as key lessons that can be drawn from what went wrong and what went right over the past 3.5 years. Concrete conclusions will be presented so that they can be applied to community water fluoridation campaigns elsewhere.

Source of Funding: This work was made possible by the generous support of the DentaQuest Foundation.

4. PREPARING THE NEXT GENERATION: BUILDING AN INTERPROFESSIONAL ORAL HEALTH WORKFORCE

Presenting Author Erin Hartnett, DNP, APRN-BC, CPNP, NYU College of Nursing; Author Judith Haber, PhD, APRN, BC, FAAN, NYU College of Nursing; Author Kenneth Allen, DDS, MBA, NYU College of Dentistry; Author Thomas, MD, Riles NYU School Of Medicine; Author Jennifer Adams, MD, NYU School of Medicine; Author Ruth Crowe, MD, PhD, NYU School Of Medicine; Author Abigail Bellia, MPH, NYU College of Nursing

Objectives: (1) Discuss interprofessional (IP) oral health core clinical competencies including the HEENOT approach, (2) Identify teaching-learning strategies to develop IP oral health core clinical competencies for health professions students, and (3) Describe a framework for integrating interprofessional oral health competencies in primary care.

Methods: Oral health is the perfect exemplar for integrating interprofessional education across many different disciplines of health professions students. With oral health becoming recognized as an integral component of overall health, it provides an opportunity for different student groups to work together to integrate oral-systemic health in the
interprofessional primary care workforce of the future. The TOSH Program provides health professions students with a core set of competencies to prioritize oral-systemic health promotion and disease prevention, provide evidence-based oral-systemic health care in a variety of primary care settings, and collaborate in interprofessional teams to reduce oral health disparities across the lifespan.

Results: The TOSH program has been able to "put the mouth back in the head" by integrating IP oral health core clinical competencies, adopting the HEENOT approach, and developing IP simulation and clinical experiences focusing on oral-systemic health for health professions students. By integrating evidence-based oral-systemic health content, teaching-learning strategies, and clinical experiences, IP oral-systemic health education has become a standard component of the curriculum and clinical practice of future NYU primary care providers.

Conclusions: Following the TOSH program's turn-key approach to IP oral health education, other health professions schools can similarly build interprofessional oral health workforce capacity to improve oral-systemic health outcomes.

Source of Funding: The NYU College of Nursing Teaching Oral-Systemic Health (TOSH) Program is funded by HRSA Grant # D09HP25019

5. MOVING BEYOND FLUORIDE VARNISH IN MEDICAL SETTINGS – A PILOT PROJECT INTEGRATING DENTAL HYGIENISTS AS PART OF MEDICAL CARE TEAMS ACROSS COLORADO

Presenting Author Allison Cusick, MPA, CHES, Delta Dental of Colorado Foundation; Author Patricia Braun, MD, MPH, FAAP, University of Colorado Anschutz Medical Center/ACCORDS

This session will highlight the Colorado Medical-Dental Integration Project (CO MDI), an innovative initiative that aims to expand access to oral health services for underserved populations. Sixteen medical practices received funding for dental hygienists to provide the full-course of dental hygiene services as part of an integrated care team.

Over a multi-year period, the project aims to 1) move beyond coordinated care to integrated care, 2) increase access to oral health care, and 3) test the sustainability of the model, ultimately improving children's oral health.

Presenters will summarize project components, including baseline evaluation themes, and will describe the early successes and challenges with project implementation.

Learning Objectives:
1) Describe the characteristics of coordinated, co-located and integrated care
2) Examine CO MDIs early successes at the project and grantee levels
3) Discuss factors that facilitate or create barriers to integrating oral health services

Methods: Grantees receive individualized and group technical assistance and coaching to facilitate project implementation. Evaluators conducted baseline qualitative key informant interviews and surveys to assess facilitators and barriers to implementation.

Results: In its first year of implementation, 10 of 16 grantees completed start-up activities and initiated care, providing over 4,900 patient visits. Grantees received over 40 site visits, 200 technical assistance calls, and hundreds of requests for resources and information.

Conclusions: CO MDI practice leaders, healthcare professionals and dental hygienists continue to implement and strengthen their model. We continue to work with practices to address barriers to successful implementation, as identified by evaluation, coaching and technical assistance activities.

Source of Funding: The Colorado Medical Dental Integration Project is funded and administered by Delta Dental of Colorado Foundation.

6. UTILIZATION AND EXPERIENCE WITH THE AAPHD-HRSA DENTAL PUBLIC HEALTH CURRICULUM FOR PRE-DOCTORAL DENTAL AND DENTAL HYGIENE STUDENTS

Presenting Author Vinodh Bhoopathi, BDS, MPH, CAGS, DscD, Temple University; Author Ana Karina Mascarenhas, BDS, MPH, DrPH, Nova Southeastern University; Author Kathryn Atchison, DDS, MPH, UCLA

Objective: To share progress on the utilization and experience with the curriculum in dental public health (DPH) for pre-doctoral dental and dental hygiene programs since its release.

Methods: With HRSA funding AAPHD developed a robust curriculum in DPH consisting of six courses to be used at the pre-doctoral level. Since the release of the curriculum on AAPHD's website in August 2015, we have monitored the utilization of the courses and the Speaker's Bureau. To do this, a form was developed that collected data from users. Data collected consisted of demographic data and data on the curriculum's intended use. Google Analytics was used to capture and monitor the data.

Results: To date, in just 3 months of this curriculum's release, 89 individuals registered and viewed or downloaded the curriculum. As individuals were able to access any number of courses, the most frequently accessed course was Principles in Dental Public Health (110 times); followed by Oral Health Promotion and Disease Prevention (88 times); Evidence Based Dentistry (72 times); Oral Health Literacy (71 times); Dental Public Health Policy and Advocacy (47 times); and Ethics and Dental Public Health (41 times). Most individuals that accessed or downloaded the curriculum taught dental students. Besides faculty in the US, faculty in Canada, Australia, Saudi Arabia, South Korea, Malaysia, Taiwan, and Egypt accessed or downloaded the curriculum.

Conclusions: DPH curriculum has been released and is being accessed and possibly utilized as intended in dental and dental hygiene programs at the pre-doctoral level across the globe.

Source of Funding: This program was supported by Health Resources and Service Administration grant, D83HP19949.

7. ASSESSING NEIGHBORHOOD ENVIRONMENTS AND ORAL HEALTH RESOURCES IN OAKLAND, CA

Presenting Author Lisa Chung, DDS, MPH University of California, San Francisco; Author Alana Cordeiro, MPH, Drexel University; Author Kristin Hoef, MPH University of California, San Francisco; Author Claudia Guerra, MSW, University of California, San Francisco; Author Judith Barker, PhD, University of California, San Francisco; Author Nancy Burke, PhD, University of California, San Francisco; University of California, Merced

Objective: To systematically survey environmental characteristics surrounding oral health resources in an urban, low-income setting.

Methods: Using a modified St. Louis Audit Tool, street audits were conducted on randomly selected blocks around ten dental clinics in Oakland, CA. Seven neighborhood attributes were assessed: land-use; commercial destinations; public/community destinations; transportation and walkability; physical disorder; oral health resources; and access to nutritious foods/beverages. Data were analyzed using descriptive statistics.

Results: Thirty-five percent (156/443) of blocks were observed. Commercial buildings included convenience stores (19%), small (14%), and large grocery stores (< 1%). Roughly 20% of blocks contained healthcare offices, clinics, or hospitals; 5% had dental clinics. Blocks also included: bus stops (36%); crosswalks (63%); graffiti (49%); and broken bottles/cans (12%). Twenty blocks (13%) had a store that sold dental products and/or produce/beverages, including: fluoride toothpaste (70%); adult toothbrushes (60%); and child toothbrushes (15%). Nutrition audits of nine stores revealed that fresh fruits and vegetables. Most (n = 8) sold liters of sugary soda (Mean: $2.19; Range: $0.88-2.89), frozen milk sold by the gallon (Mean $4.41; Range: $4.25-4.50), and three sold water by the gallon (Mean: $1.93; Range: $1.00-2.50).
Abstracts for Oral Presentations

Conclusions: Children's oral hygiene products were not readily available while sugary beverages were. This is the first study to systematically document environmental factors that may influence oral health resources in an urban, low-income area. These findings begin to elucidate limited neighborhood retail availability and other attributes of the physical environment that impact access to oral health resources and ultimately oral health status.

Source of Funding: National Institute of Dental and Craniofacial Research (NIDCR) R21-DE024261 (Burke, PI) & Minority Training Program in Cancer Control Research (MTCCR).

8. BRUSH TEXT: USING MULTIMEDIA TEXT MESSAGING TO IMPROVE THE ORAL HEALTH OF RURAL HEAD START CHILDREN

Presenting Author Holli Seabury, EdD, McMillen Center for Health Education

Objectives: This study examined the feasibility and effectiveness of a 5-week multimedia text messaging intervention delivering messages to both parents and children with the goal of increasing twice daily tooth brushing in low SES preschool-aged children.

Methods: In this mixed methods study, based on Social Cognitive Theory, parents were recruited from rural Head Start centers. 142 parents enrolled: 70 randomized into the intervention (n=45) and control groups (n=25) finished the trial. Intervention group parents received two weekly multimedia text messages; the first focused on parent education, the second was addressed to their child and featured a child-friendly text and entertaining video on oral health. Oral health behaviors were surveyed pre- and post-intervention.

 Results: Over 90% owned a smartphone: while less than 20% of parents had ever received health information through their phone, nearly 80% were receptive to the idea. Post-intervention, 22% more text group parents brushed their children's teeth twice daily (P= .02), parents also reported an increase in their toothbrushing (P=.01). 86.7% of the text group parents were satisfied with the intervention; 80% would recommend the intervention to a friend; and 80% indicated the multimedia messages encouraged their child to brush twice daily.

Conclusions: The innovative approach of sending text messages with a short video to both parents and children shows promise in reaching rural audiences and those with lower levels of health literacy. Parents and children were very receptive to the use of texts and video to teach oral health concepts and to increase motivation.

Source of Funding: None

9. IMPACT OF MEDICAID EXPANSION AND MEDICAID ADULT DENTAL COVERAGE ON ACCESS TO DENTAL CARE AMONG LOW-INCOME ADULTS

Presenting Author Astha Singhal, BDS, MPH, PhD, Boston University; Author Lindsay Sabik, PhD, Virginia Commonwealth University

Objectives: To examine the impact of Medicaid expansions under the Affordable Care Act and dental benefits for Medicaid-enrolled adults on access to dental care among low-income non-elderly adults.

Methods: Behavioral Risk Factor Surveillance System (BRFSS) data for 2008-2014 were used. Data on state Medicaid expansion and Medicaid adult dental coverage over time were compiled. Study population included adults aged 18-64 years and those with annual household income less than $25,000. Main outcome was having a dental visit in the past year. Linear probability models were used to estimate the impact of both policies independently, and after accounting for each other and other covariates. State fixed-effects models were used to estimate the effect of policy variation, and after accounting for the within state variability.

Results: More low-income adults who resided in states with comprehensive dental benefits (51.5%) under Medicaid and those in states that expanded their Medicaid program (48.3%) visited a dentist in the past year compared to those living in states with no dental benefits (44.4%) and states that did not expand the Medicaid program (45.7%). Both policies had a significant effect on annual dental visit after accounting for each other and other covariates. However, after accounting for state fixed effects, these policies became non-significant statistically.

Conclusions: Access to dental care remains a substantial problem among low-income Americans, and Medicaid expansion and generous adult dental benefits under Medicaid can have a positive impact. However, state-specific factors need to be considered in these policy interventions to improve access to dental care.

Source of Funding: None

10. SOCIAL SUPPORT FOR DENTAL VISITS AMONG LOW-INCOME MOTHERS OF YOUNG CHILDREN

Presenting Author Hiroko lida, DDS, MPH, New York State Oral Health Center of Excellence; Author R. Gary Rozier, DDS, MPH, University of North Carolina at Chapel Hill; Author Leslie Zeldin, MPH, MSUP, University of North Carolina at Chapel Hill

Objectives: To examine functional and structural properties of social support among low-income mothers of young children and their association with mothers' dental use.

Methods: We analyzed follow-up data from the Zero Out Early Childhood Tooth Decay study in which we interviewed 479 Early Head Start and 699 Medicaid-matched parent-child dyads in North Carolina. Respondents reported perceived social support for 8 items related to obtaining dental care (e.g., provide transportation). Responses were summed as a functional social support score (SS score; 0-8) and classified as functional type (tangible, financial, informational, emotional). Structural support (formality, closeness, duration of relationships) was determined for each source of support. Descriptive and multivariable logistic regression analyses for mothers’ (n=1,119) dental use (dental visit for perceived need, receipt of all needed care, regular visit within last 12 months) were performed, controlling for sociodemographic covariates.

Results: Mothers reported substantial support (mean SS score=6.2; tangible=90%; financial=50%; informational=76%; emotional=88%). Informal relationships, especially with family members, whom mothers felt close to, were the predominant structures for social support (average 89%). In adjusted analyses, mothers with a greater number of supports were more likely to receive all needed dental care (OR=1.22, 95% CI=1.13, 1.32) and had had regular dental visit (OR=1.18, 95% CI=1.09, 1.29) than mothers with fewer social supports. All four functional categories of support were associated with an increased odds of receiving all dental care needed, while tangible support was not associated with regular dental visits (p < 0.05).

Conclusions: Social support may be critical for parenting mothers in poverty to effectively use dental care.

Source of Funding: ZOE was supported by a grant from the National Institute of Dental and Craniofacial Research titled Prevention of Dental Caries in Early Head Start Children. Grant No. R01 DE018236

11. FILLING THE GAP IN ORAL HEALTH FOR OLDER ADULTS: A COMMUNITY GUIDE TO ORAL HEALTH PROGRAM IMPLEMENTATION

Author Cindy Gruman, PhD, The Lewin Group; Presenting Author Dionne Richardson, DDS, MPH, Mississippi State Department of Health, Office of Oral Health; Author Amy Herr, MHS, The Lewin Group

Objectives: The Administration for Community Living and the Office of Women’s Health are collaborating to 1) examine the fragmentation across Federal programs that result in a lack of oral health prevention and treatment services for older adults, 2) identify and catalogue information about successful community-based oral health programs, and 3) develop a Community-Based Adult Oral Health Program Guide for communities and other stakeholders interested in replicating, adapting, or starting an oral health program.
12. INTEGRATING ORAL HEALTH INTO OB PRACTICE

Presenting Author Melanie Mayberry, DDS, MS-HCM, University of Detroit Mercy

Objectives: Studies indicate that poor oral health during pregnancy results in early and more extensive caries in the child. Studies also indicate there is a link to oral disease and pre-term birth and low birth weight. Many pregnant patients do not receive oral health care. Many obstetric providers do not ask their patients about oral health care. Many patients are unaware of the impact of poor oral health on pregnancy outcomes. The presenter advocates connecting oral health care providers with other primary care providers such as OB/GYNs and providing oral health education to pregnant patients will improve the quality of patient care and improve the oral health of the child.

Methods: This in-process inter-professional collaboration (IPC) strategy utilizes colocation and coordination efforts and enables OB providers to perform oral health screenings on their OB patients, identify disease, and encourage oral health care treatment. This will improve perinatal health, reducing disparity in oral and pregnancy outcomes. It may also reduce E.R. visits for dental disease, and positions the new child for a caries free mouth.

Results: OB patients are receiving oral health education and oral health screenings during their OB appointments. Patients are also being referred to an oral health care provider.

Conclusion: At the conclusion of this presentation the learner will be able to describe the impact of poor oral health on pregnancy and birth outcomes, strategies to connect OB providers to Oral Health Care providers, and strategies to provide oral health education for pregnant patients during their OB appointments.

Source of Funding: DMC Foundation

13. SMILE FOR TWO! FACE-TO-FACE ORAL HEALTH EDUCATION FOR PREGNANT WOMEN INTEGRATED INTO CENTERINGPREGNANCY® PROGRAM

Presenting Author Hyewon Lee, DMD, MPH, Mount Sinai Hospital

Objectives: This program aims to provide oral health education and care coordination to improve understanding, access and utilization of dental services among low-income pregnant women by integrating an oral health component into the existing primary care model.

Methods: The CenteringPregnancy® program is an evidence-based healthcare model where women with similar gestational ages participate in facilitated group discussions with medical visits. At the monthly meetings, the intervention group was provided face-to-face oral health education an opportunity to share their concerns about utilization of dental services. The control group received oral health education by the prenatal team without care coordination components. Changes in knowledge and behavior were measured by pre- and post-questionnaires and focus group interviews.

Results: The program is in progress and final results will be made available upon the completion of the study. The preliminary outcome analysis showed that 93% of participants were eligible for government program such as Medicaid or WIC. 21% of participants reported lack of information regarding access for dental care during pregnancy, and 57% of participants did not visit a dentist in past 6 months. In the intervention group, participants who reported they did not visit dentist in last 6 months accessed dental care after individual care coordination.

Conclusions: Integration of oral health education and care coordination into a primary care model can improve utilization of dental care services among low-income pregnant women and help eliminate oral health disparities.

Source of Funding: None

14. IMPACT OF A PRAGMATIC, ORAL HEALTH PROMOTION TRIAL IN MEDICAL CLINICS ON CARIES EXPERIENCE

Presenting Author Patricia Braun, MD, MPH, FAAP, University of Colorado Anschutz Medical Center/ACCORDS; Author Katina Widmer-Racich, MA, University of Colorado Anschutz Medical Center/ACCORDS; Author Carter Sevick, MS, University of Colorado Anschutz Medical Center/ACCORDS

Background: Medical providers can provide preventive oral health services to children; evidence is lacking regarding the impact of these services on reducing dental decay.

Methods: In 2009, we implemented a pragmatic, oral health promotion (OHP) intervention in the medical clinics of a large, safety-net health system (8 federally-qualified health centers (FQHCs)). Four FQHCs were randomized to receive the intervention in 2009; four in 2011 (waitlist-controls). The intervention included an OHP education (3 hours) and hands-on demonstration of fluoride varnish application to all FQHC medical staff followed by quarterly practice-coaching. Primary outcome was caries experience (decayed, missing and filled surfaces (dmfs)) measured by calibrated dental examiners (ICC > 0.75). Three unique, representative cohorts of 3- to 4-year-old children were randomly selected for outcome measurements in 2009 (baseline), 2011 (intervention/control), and 2015 (≥4 FVA). Descriptive and Chi-square statistics were used; statistical modeling is near completion.

Results: Outcomes were measured in 782 children: 203 (2009), 297 intervention/124 control (2011), 158 (2015). Children were 42.2 (33.3-68.4) months old, largely Hispanic (89%), and insured by Medicaid/SCHIP (92%). Mean DMFS increased across cohorts: 0 (2009), 1.4 intervention/0.3 control (2011), 4.5 (2015). Caries prevalence (any dmfs) was: 46% (2009), 59% intervention/53% control (2011), 38% (2015). Mean dmfs (SD) was: 5.5 (11.3) (2009), 6.2 (11.4) intervention/5.4 (10.4) control (2011), 3.7 (8.5) (2015).

Conclusions: A pragmatic OHP intervention in medical clinics of a large safety-net healthcare system increased delivery of preventive dental services (FVA) to young children and was associated with an improvement in their caries experience.

Source of Funding: Caring for Colorado Foundation and the Kaiser Family Foundation
15. MEASURING STUDENT DENTISTS’ ATTITUDES TOWARD COLLABORATIVE PRACTICE WITH NURSE PRACTITIONER STUDENTS

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Objective: The purpose of this presentation is to report on innovative interprofessional collaborative practice (IPCP) learning experiences for Nurse Practitioner (NP) and dental students and the evaluation of this project. Specifically, BS to DNP NP students worked with student dentists in their Urgent Care and Screening Clinics to enhance their knowledge and skills in oral health. Likewise, the student dentists consulted with the NPs to increase their knowledge of patients’ systemic health conditions, medications, and other lifestyle and behavioral risk factors that impact oral health.

Methods: A quasi-experimental design was used to measure student attitudes about interprofessional learning. Student attitudes and their evaluation of the clinical learning experiences were measured using the Readiness for Interprofessional Learning Scale pre and post the IPCP experiences, and an IPCP Evaluation Survey. Since there were more dental students than NP students, only 56.8% of the dental students had an opportunity to practice with the NP students. Those who did not interact professionally with the NPs (43.2%) served as a natural control group.

Results: Results suggest that when student dentists work on teams with NP students and their faculty, they are significantly more positive about interprofessional learning than those not exposed to NPs. These results confirm the value of IPCP education in two healthcare groups not accustomed to working together—dental and NP students.

Conclusions: This study supports the Institute of Medicine’s Report Brief, which calls for evaluation studies that more effectively link “IPE with changes in collaborative behavior” (April, 2015, p. 1).

Source of Funding: This project was partially funded by a Department of Health and Human Services, Advanced Nursing Education grant #1 D09HP25931-01-00. Dr. Campbell-Heider is the Project Director of this 3-year grant.
1. IOWA’S DENTAL WELLNESS PLAN AND OUTREACH EFFORTS
   Presenter: Heather K. Miller, RDH, Delta Dental of Iowa
   Since May 2014, the Iowa Department of Human Services and Delta Dental of Iowa (DDIA) have worked together to provide dental benefits to members enrolled in the Iowa Health and Wellness Plan. This plan, referred to as the Dental Wellness Plan (DWP), serves members aged 19-64 and focuses on population health. The plan provides incentives and improves member awareness about the importance of oral health and compliance with treatment plans. In an effort to increase access to dental care for members, DDIA recognized the need to increase awareness. Contracts were quickly established with 19 local public health agencies that employ Dental Wellness Plan Coordinators. These Coordinators work to educate members on the plans unique benefit design and the importance of preventive oral health services. In addition, they help alleviate barriers and link members to providers to establish dental homes. The DWP Coordinators also assure that community partners are made knowledgeable on the population served, services offered, and serve as a point of contact for any member needing assistance. By offering family and community oriented support, a system is being created to allow DWP members to access the care they need and improve their overall health outcomes. Together, the DWP Coordinator and community partners work to provide timely and personalized planning for each member.

   This round table will highlight an overall summary of outreach efforts, lessons learned, and strategies and strengths of the work implemented by DDIA Staff and the DWP Coordinators to gain member participation.

   Source of Funding: Iowa Department of Human Services

2. PROMOTING ORAL HEALTH DURING PREGNANCY: WHAT’S HAPPENING AROUND THE COUNTRY?
   Presenter: Katrina Holt, MPH, MS, RD, FAND, National Maternal and Child Oral Health Resource Center
   Since the release of the landmark publication Oral Health Care During Pregnancy: A National Consensus Statement in 2012, federal agencies and national, state, and local organizations have launched programs, advanced policy, produced resources, and provided education and training to ensure that both prenatal care health professionals and oral health professionals as well as pregnant women are aware of the importance and safety of receiving oral health care during pregnancy. The presentation will highlight the Health Resources and Services Administration’s Perinatal and Infant Oral Health Quality Improvement initiative to reduce the prevalence of oral disease in pregnant women and infants through increased access to quality oral health. The presentation will also discuss many other activities occurring at national, state, and local levels to promote oral health during pregnancy. This information will help health professionals working in state departments of health that selected Title V Maternal and Child Block Grant national performance measure 13A (the percentage of women who had a dental visit during pregnancy) implement strategy measures to support the national performance measure. The information will also be useful to others interested in improving pregnant women’s oral health and overall health.

   Source of Funding: The National Maternal and Child Oral Health Resource Center is funded by a grant from the Maternal and Child Health Bureau.

3. INTEGRATING SUSTAINABLE COMPREHENSIVE ORAL HEALTH CARE SERVICES INTO PRIMARY CARE SERVICES IN SCHOOL-BASED HEALTH CENTERS: A FRAMEWORK
   This roundtable will share information about a framework that offers ideas for school-based health center (SBHC) staff to consider when integrating sustainable comprehensive oral health care services into primary care services—an important step toward improving the oral health and overall health and well-being of school-age children and adolescents. The framework has a flexible design that allows SBHC staff to infuse their own experiences into the planning process, engage local partners, and tailor efforts to best meet their specific program needs. Information presented in the framework is based on the experiences of the Health Resources and Services Administration, Maternal and Child Health Bureau’s School-Based Comprehensive Oral Health Services grant program as well as on resources that were compiled to support grantees’ efforts to plan, implement, and evaluate integration activities. The framework comprises 10 key elements of integrating sustainable comprehensive oral health services into primary care services in SBHCs. Background information, action steps, and resources are provided for each key element.

   Source of Funding: The National Maternal and Child Oral Health Resource Center is funded by a grant from the Maternal and Child Health Bureau, Health Resources and Services Administration.

4. COLLABORATING WITH OTHER HEALTH PROFESSIONS TO REDUCE DIETARY SUGAR
   Presenter: Georgia Rogers, DMD, MPH, US Army
   For decades the oral health community has focused on interventions to mitigate the dental damage caused by excessive sugar intake, rather than reducing sugar amount and frequency. Expanding the dental workforce, increasing sealant use and fluoride exposure, and decreasing bacterial load and virulence are common, while improving diet quality as a modality has been abandoned. The adverse effects of sugar intake extend far beyond the oral cavity, however. Excessive fructose intake has been shown to cause dyslipidemia and metabolic dysfunction in ways unrelated to
Roundtable Topics

1. **Program Improvement (PIR) and How Can the Information Be Used For Program Improvement**

   **Presenter: Reginald Louie, DDS, MPH, Association of State and Territorial Dental Directors**

   The Head Start Program Information Report (PIR) provides the most consistent and comprehensive data on Early Head Start and Head Start program services, including oral health, staff, and on the children and families that the programs serve. All grantees and delegates are required to submit PIR data each year to the Office of Head Start.

   This session will address the following and offer interactive opportunities to explore ways to use the PIR for program improvement:

   - What is the Head Start PIR and what are the oral-health-related items in the PIR?
   - What are some examples of those data and what do they tell us?
   - How can PIR data be used to assess how a program compares to other local, state, and national Head Start programs?
   - Are there important issues that the PIR data do not reveal?
   - How can PIR data be used to identify issues to address and to stimulate discussion about possible solutions?
   - Who and where are the community oral health partners who may assist in the resolution of issues identified by the PIR data?
   - Are there other topics to consider related to PIR data and oral health?
   - Where can more information about the PIR and oral health be obtained?

   **Source of funding:** None

2. **List resources that exist for diabetes education and referral.**

3. **Develop program ideas to benefit the community or clinic related to diabetes and oral health.**

   **Source of funding:** None

4. **Untraditional Partners: Bringing Together the Michigan Obstetric and Dental Communities to Improve the Health of Pregnant Women.**

   **Presenter: Emily Norrix, MPH, Michigan Department of Health and Human Services**

   Michigan’s Perinatal Oral Health Initiative is a dynamic, state-wide program with the goal of improving the oral health of pregnant women. During 2015, the initiative produced professional guidelines for medical and dental providers and prioritized fostering a relationship with the Michigan OBGYN community. Michigan’s perinatal oral health guidelines feature tools and resources developed by a team of diverse and dedicated health professionals. Components include an overview of Michigan-specific perinatal oral health data, brief research summaries by Michigan dental and medical professionals, a customizable referral form and pharmaceutical recommendations, separate tear-out guidance for health professionals and an oral health screening checklist. It is not always simple to foster a relationship between the two siloed professions, yet Michigan research indicates that obstetricians and dentists are both interested in developing working relationships with their counterparts. The OBGYN community has embraced this initiative and has begun to play a critical role in the promotion and adaptation of these guidelines and well as the initiative as a whole. Roundtable participants will explore Michigan’s best practices and lessons learned in an effort to reduce the gap between the obstetrics and gynecology community and dental professionals as well as leave with an increased knowledge of tools and methods to engage medical professionals.

   **Source of funding:** None

5. **Messaging on Fluoridation: New Communications Tools from the Campaign for Dental Health**

   **Presenter: Hollis Russinof, MUPP, American Academy of Pediatrics**

   Most people don’t think about community water fluoridation (CWF) until they see some of the misleading and frightening information that is all too common, especially online. The Campaign for Dental Health (CDH) has developed new communications designed to place CWF at the center of values that are shared by communities and individuals alike. These messages take a new approach to both informing and engaging broad audiences in the idea of fluoridation as a public good. Through the use of carefully selected images and text, and the creation of a short videos, the intention is to provide compelling content that will be trusted and shared. Our strategy capitalizes on the knowledge that people are generally inclined to support and value what they already have, such as, in many places, fluoridation. It also draws on pride in place and community and conveys why fluoridation is important, especially for children. This roundtable will share information on the strategy and shareable content from the Campaign for Dental Health.

   **Source of funding:** Pew Charitable Trusts; DentacQuest Foundation; Washington Dental Service Foundation

6. **Interprofessional Care for Diabetic Patients**

   **Presenter: Anne Clancy, RDH, MBA, American Dental Association**

   This roundtable will discuss current research on care coordination for patients with diabetes. The discussion will include current resources that exist for patient education and referral related to diabetes and oral health, as well as information for the clinician. Information on latest research in the American Journal of Public Health Dentistry will be highlighted about physician’s attitudes regarding medical screenings and referrals from dentist. The discussion will commence with project ideas for communities, clinics, and educators related to diabetes and oral health. By the end of the roundtable discussion, participants will be able to:

   1. Summarize current research related to diabetes care and oral health

   **Source of funding:** None
9. BUILDING PUBLIC WILL FOR CHILD ORAL HEALTH: A CAMPAIGN TO PROTECT CHILDREN’S BABY TEETH BY REDUCING SUGARY DRINK CONSUMPTION

Presenter: Wyatt C. Hornsby, BA, MA, Delta Dental of Colorado Foundation

Since 2013, Delta Dental of Colorado Foundation has been building public will for child oral health in Colorado, with the goal of eradicating tooth decay in kids. Our efforts focus on family behavior change, institutional policy change, and public policy change. It starts with establishing the importance of children’s baby teeth and then building support for the need, and specific actions, to protect baby teeth by limiting sugary drinks and serving only water, especially between meals and at bedtime.

We have found from audience research that, while most low-income families are aware of the importance of brushing, there are knowledge gaps when it comes to why baby teeth really matter and the harmful effects of sugar on children’s baby teeth, especially when it’s from so-called healthy products like juice. The belief that juice is healthy is pervasive. There is also a knowledge gap when it comes to the importance—even safety—of tap water.

We will share results from a recent statewide quantitative survey of 600 low-income households with children 0-6 that show marked effectiveness (versus 2014 baseline) in raising awareness of the dangers of sugary drinks, especially juice, to children’s teeth and of the dental health benefits of tap water. Additionally, we will discuss the larger goals of the campaign, which include institutional and public policy change to create healthier environments for children. Working within local public schools, childcare facilities, churches, coalitions, and other groups, we are pursuing specific policy interventions we will outline at NOHC.

Source of funding: All activities funded by Delta Dental of Colorado Foundation, which receives its funding from Delta Dental of Colorado (a non-profit dental insurance company).

10. INNOVATION IN PUBLIC HEALTH: NEW SOLUTION TO AN OLD PROBLEM

Presenter: Tina Montgomery, MBA, Oral Health America

It is imperative that we re-think how we can leverage innovation in public health through dentistry to more effectively impact the health of children and families. Implementing the Human Centered Design (HCD) concept can allow organizations to re-image their future growth and achievement of measurable impact. Businesses already use the idea of HCD to develop unique and innovation solutions/products for consumers. This methodology was adapted for NGO’s working in low-income communities around the world in order to better understand a community’s needs in new ways, find innovative solutions in order to meet those needs, and deliver solutions with financial sustainability. The premise is that through a more thorough understanding of the communities, the behaviors of people, and by actively listening we can better effect change.

Oral Health America used the HCD process with their Smiles Across America Partners to gather data from all stakeholders and then transformed that data into actionable items.

Source of funding: None

11. HOME VISITS FOR ORAL DISEASE PREVENTION & EDUCATION

Presenter: Sheila Blacketer, RDH, Confederated Tribes of Grand Ronde

There are 22 Early Home Based Head Start children ages 0-3 years old that reside in the Grand Ronde area. These children are not accessing the dental clinic or our onsite Head Start Program where we provide screenings and fluoride varnish applications four times per year. In order to reach this segment of our population I have partnered with our Head Start Home Visitors who access these homes on a weekly basis. I have visited these homes every year to provide screenings, cleanings, fluoride varnish applications, oral hygiene instructions and nutrition counseling four times per year. The side effect of this program has reaped unforeseen rewards, including access to family members of these young children and development of relationships and trust where that often had been lacking. I would like to share details about this program with any interested clinics and hope to encourage them in what may seem a prohibitively daunting task but one of which provides innumerable benefit.

Source of funding: None

12. EXPANDING NATIONAL CHILDREN’S DENTAL HEALTH MONTH

Presenter: Kimberly Peseski, American Dental Association

National Children’s Dental Health Month (NCDHM) has served as the ADA’s premier health awareness campaign each February for three quarters of a century. This observance has helped promote oral health education to children, parents, caregivers and educators, which in turn empowers people to be good stewards and advocates for their own oral health. Over the past three years alone, over 573,750 posters have been distributed. During this discussion we will:

- Identify ways to promote NCDHM
- Discuss ways to evaluate NCDHM in the future
- Identify how to expand the scope of the program in the future

Source of funding: None

13. PERINATAL ORAL HEALTH: SHARING AND LEARNING FROM ONE ANOTHER TO IMPROVE ORAL HEALTH CARE OF PREGNANT WOMEN AND INFANTS

Presenter: Risa Nakajima, MPH, Children’s Dental Health Project

The National Consensus Statement: Oral Health Care During Pregnancy has raised the visibility of the importance of oral care during pregnancy and infancy and provided the necessary support to address oral health in these populations across the country.

The National Learning Network for Perinatal Oral Health is a cooperative agreement led by Children’s Dental Health Project (CDHP) in partnership with the Association of State and Territorial Dental Directors (ASTDD), Association of Maternal and Child Health Programs (AMCHP), National Academy for State Health Policy (NASHP) and National Improvement Partnership Network (NIPN). The National Learning Network is currently working with 11 grantees across the country to understand how grantees can impact statewide systems changes to address perinatal oral health, to identify common challenges across states that are relevant at the national level, and to learn and share ideas within the learning community. Round table participants will 1) learn about the current activities in the National Learning Network, 2) understand the current challenges observed across the grantee states, and 3) learn
Roundtable Topics

how the National Learning Network works together within and across states using quality improvement skills.

**Source of funding:** Health Resources and Services Administration Grant: U44MC27708

14. **LESSONS LEARNED FROM A CMMI AWARD IN SOUTH DAKOTA: IMPROVING ORAL HEALTH AMONG TRIBAL MEMBERS THROUGH TARGETED COMMUNITY-BASED SERVICES**

**Presenter:** Zach Parsons, BS, Delta Dental of South Dakota Foundation

Delta Dental of South Dakota (DDSD) recently completed work under a three-year award from the Center for Medicare and Medicaid Innovation (CMMI). The project focused on connecting American Indian mothers and young children and American Indian people with diabetes on South Dakota reservations to community-based oral health services. In this session, participants will learn how DDSD collaborated with nine tribes and used dental hygienists and community health workers to deliver oral health care to tribal members. Participants will also hear about lessons learned, results achieved and plans for sustaining the model after the expiration of the CMMI award.

**Source of funding:** Center for Medicare and Medicaid Innovation (CMMI)

15. **THE MINNESOTA ORAL HEALTH PROJECT – AN EXERCISE IN COMMUNITY PARTICIPATION**

**Presenter:** Amos Deinard, MD, MPH, University of Minnesota – Department of Pediatrics

The Minnesota Oral Health Project (MNOHP) is an exercise intended to improve oral health knowledge of most, if not all, of the community stakeholders in 46 counties in SW/SE Minnesota so that they will encourage the community’s primary care medical providers (PCMP) and the general dentists to collaborate to curb the caries crisis that is affecting their high-risk children (Medicaid enrollees and those without dental coverage or caregivers with insufficiently deep pockets to pay full dollar for dental care). Stakeholders must learn that although caries is an infectious disease and is the most common chronic disease of childhood, it is preventable. The stakeholders’ objective is to make certain that all PCMP (pediatricians and family medicine) have been trained to offer an oral evaluation, while ancillary clinic staff are trained to perform a risk assessment, offer anticipatory guidance, apply fluoride varnish quarterly, and advise the caregiver to try to find a dental home for the child. Since 15 times more children are seen by general dentists than by pediatric dentists, it is hoped that the stakeholders will urge the dentists to work with their PCMP colleagues to develop a comfort level with one and two year olds which is the recommended starting age for dental care for high-risk children. The goal of the presentation is to get audience feedback for how best to 1) engage stakeholders to take ownership of the problem and solve it and 2) motivate PCMP and dentists to work collaboratively.

**Source of funding:** UCare Foundation

16. **INTEGRATION OF ORAL HEALTH INTO THE WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD (WSCC)**

**Presenter:** Lynn A. Bethel-Short, MPH, RDH, ASTDD and Oral Health Nevada Inc.

Schools play an important role in promoting the health and safety of children and adolescents and research has established a linkage between healthy behaviors and achieving academic success. Therefore, in 2014 the Centers for Disease Control and Prevention and the Association for Supervision and Curriculum Development (ASCD) launched the Whole School, Whole Community Whole Child (WSCC) model, a collaborative approach offering important opportunities for schools to improve educational attainment and healthy development for students. The components of the WSCC model and the resources available to schools will be reviewed; however the focus of this session will be on the integration of oral health into the WSCC model and the ASTDD School and Adolescent Oral Health Committee’s work on preparing a 2016 best practice approach report on the Integration of Oral Health into WSCC model. The WSCC Oral Health Tool Kit developed by the SAOH Committee to assist school programs in promoting oral health in the school setting and in integrating oral health into the components of the model will be discussed. Feedback will be requested on the various components of the tool kit such as the WSCC/oral health power point, and fact sheet. Examples of collaborative partnerships within the community will be discussed and participants will be asked to share school program activities and partnerships that have been successful in incorporating oral health into the WSCC model.

**Source of funding:** None

17. **COMMUNITY HEALTH WORKER CERTIFICATION IN NEW MEXICO AND ORAL HEALTH**

**Presenter:** Carol Hanson, RDH, BSDH, MPH, New Mexico Office of Community Health Worker Program Director

Community Health Workers are nationally recognized as frontline public health workers and critical members of the health care delivery team and as an essential part of cost effective health care systems. Community health workers pay a critical role in reducing health disparities, increasing access to care, and coordinating comprehensive care. New Mexico is one of the few states that has established a Community Health Worker certification program. The grandfounding certification process for eligible experienced Community Health Workers began in August of 2015. Those who are not experienced Community Health Workers may receive certification upon the completion of a 200 hour core competency training or a Department of Health endorsed curriculum available through community colleges, universities, agencies and other community based organization. The New Mexico Department of Health has specialty tracks available as well, one of which is Oral Health.

**Source of funding:** None
Roundtable Topics

18. **KEYS TO SUCCESSFUL PUBLISHING IN JPHD**  
**Presenter: Robert Weyant, DMD, DrPH, University of Pittsburgh School of Dental Medicine**

This session will provide participants with an understanding of what editors and reviewers consider when reviewing manuscripts for publication in the Journal of Public Health Dentistry. A general overview will be given of the elements of good research and the criteria that are used in deciding the appropriateness of manuscripts. Also, the types of articles that are typically considered as appropriate and inappropriate (out of scope) will be discussed. Participants should be better equipped, as a result of attendance at this session, to submit manuscripts that are accepted for publication.

**Source of funding:** None

19. **INCLUSION OF ORAL HEALTH IN A HEALTH CARE HOME FOR A HIGH NEEDS POPULATION**  
**Presenter: Michael J. Helgeson, DDS, Apple Tree Dental**

This roundtable will describe a unique inter-professional collaboration to include oral health, along with pharmacy and primary care, in a Certified Health Care Home for high need populations. Since 2012, Zumbro Valley Health Center (ZVHC) and Apple Tree Dental have partnered to serve ZVHC clients who are also receiving mental health and substance use disorder services. ZVHC’s goal to address their clients’ common co-morbidities and barriers to care led to the partnership with Apple Tree. Apple Tree’s on-site team includes a dentist, advanced dental therapist, dental hygienist, and dental assistants. Inter-professional referral and consultation between the dental team and pharmacist, nurse, nurse practitioner, therapists and other ZVHC staff have led to improvements in access to care, earlier diagnosis, and treatment completion. This integrated, coordinated care model allows the provision of comprehensive services that are client-centered, team-based, coordinated and focused on quality. By serving as a central source of care for those diagnosed with chronic conditions and who have multiple providers and/or services, ZVHC earned the Certified Health Care Home designation by the Minnesota Department of Health. The Minnesota Association of Community Mental Health honored ZVHC and Apple Tree with its Community Collaboration and Inter-Agency Cooperation Partnerships award.

Discussion will include:
- the community needs and other factors that led to this collaboration,
- an overview of partnering organizations’ mission and values,
- the challenges and benefits of inter-professional care, and
- outcomes achieved

**Source of funding:** In addition to earned revenue and support from ZVHC, Apple Tree received funding for this project from the Medica Foundation and the Healthier Minnesota Community Clinic Fund.

20. **DENTIST BY 1™: A COMMUNITY-BASED OUTREACH AND PUBLIC EDUCATION CAMPAIGN**  
**Presenter: Maren Lenhart, Delta Dental of Iowa**

The Dentist By 1™ campaign aims to educate and encourage Iowa parents to take their children to the dentist by the recommended age of 1. This three-year campaign was first launched in Black Hawk County in 2012 and has been replicated in Pottawattamie County and SW Iowa beginning in 2015. The campaign includes multi-media messaging along with grassroots stakeholder involvement in the designated counties. Discussion will include an overview of outreach and campaign strategies and the results from a consumer survey and dental utilization analysis for children 0-5 in the target markets with a specific focus on access to care for children in Medicaid, which have shown significant improvement in Black Hawk County which resulted in program replication.

**Source of funding:** Delta Dental of Iowa Foundation

21. **LIFELONG SMILES:ACCESS TO ORAL HEALTH CARE FOR OLDER ADULTS THROUGH COLLECTIVE IMPACT**  
**Presenter: Suzanne Heckenlaible, MPA, Delta Dental of Iowa Foundation**

Lifelong Smiles Coalition, a public-private partnership, was formed to ensure optimal access to oral health care for older Iowans. The group currently consists of 15 members that include state agencies, advocacy organizations, trade associations, health professionals, academic institutions, and funders. In addition to strategic planning, Coalition members are working to improve education and training, care coordination, and policies to create sustainable ways to help this population. The roundtable discussion will provide an overview of how the Delta Dental of Iowa Foundation used a collective impact approach to support the creation and development of a statewide action plan with key stakeholders through coalition building, workgroups and funded projects. An overview of current projects and progress of how the coalition through collective engagement can have large scale impact on access barriers to oral health for older adults in Iowa.

**Source of funding:** Delta Dental of Iowa Foundation

22. **NATIONAL AND STATE TRENDS OF DENTAL-RELATED EMERGENCY DEPARTMENT VISITS**  
**Presenter: Natalia Chalmers, DDS, PhD, DentaQuest Institute**

According to the Agency for Healthcare Research and Quality, in 2009, over 900,000 emergency department (ED) visits and nearly 13,000 hospital inpatient stays were related to dental conditions. Between 2006 and 2009, the incidence of ED visits for patients seeking dental treatment increased by 16 percent, rising from 874,000 to 936,432 visits. Eliminating Medicaid adult dental coverage in California led to increased dental emergency visits and associated costs. The cost of treating non-traumatic dental visits in the ED is high and better solutions are needed to achieve the triple aim: improving the experience of care, improving the health of populations, and reducing per capita costs of health care.

This roundtable will review the utilization of dental-related ED visits, with a focus on preventable dental conditions and national trends across age- and gender groups. Also, the financial impact to public health associated with treating these conditions will be reviewed. The discussion will focus on strategies to reduce ED utilization for nontraumatic dental visits, including currently existing programs. Stakeholders in each part of the process will be identified and their role towards a solution discussed. The roundtable will focus on the inherent opportunities and challenges in treating non-traumatic dental conditions at the ED.
Roundtable Topics

At the end of this roundtable, participants will be empowered to go back to their institution or organization and initiate discussions around solutions that will reduce the use of the ED for non-traumatic, chronic, and/or preventable dental needs.

Source of funding: DentaQuest Institute

23. POLICY INTERVENTIONS TO IMPROVE ORAL HEALTH: LOADING THE MENU OF OPTIONS

Presenter: Nicole Blair Johnson, MPH, CDC

The purpose of this roundtable is to bring together conference participants interested in all types of policy interventions that could potentially improve oral public health. Examples may range from legislative or regulatory actions to administrative or organizational policy at the local, state, or federal level. The session will include facilitated brainstorming to develop a robust list of possible policy interventions for further refinement. Participants will also provide feedback on the anticipated reach and impact of different interventions, possible champions and barriers to successful establishment and implementation of different policy strategies, and resources that would be needed. Topics may range from community water fluoridation to school-based dental sealant programs to healthcare system transformation and integration to improved infection prevention and control. Policy strategies to promote other topics may also be discussed as time allows.

Source of funding: None

24. ORAL HEALTH WORKFORCE RESEARCH CENTER: PROJECT UPDATES

Presenter: Elizabeth Mertz, PhD, MA, University of California, San Francisco

In 2014, HRSA funded the Oral Health Workforce Research Center (http://www.oralhealthworkforce.org/) which provides research on the oral health care workforce towards informing workforce planning and policy development. The OHWRC undertook five projects in its first year, and now in the second year they have five additional projects. This roundtable will review the projects and findings from the completed work including a review of the dental workforce in long term care settings, a review of the dental assistant workforce, and case studies of innovative dental models in Federally Qualified Health Centers. The session will then discuss the new projects underway. Finally we will also solicit ideas from attendees as to important workforce topics that should be considered in future years planning.

Source of funding: OHWRC is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U81HP27843, a Cooperative Agreement for a Regional Center for Health Workforce Studies

25. PEDIATRIC DISEASE MANAGEMENT: THE ROLE OF THE DENTAL HYGIENIST AND PROMOTORA DE SALUD IN THE REDUCTION OF EARLY CHILDHOOD CARIES

Presenter: Susan Gorman, RDH, Med, University of Florida College of Dentistry

Dental caries is the most common chronic childhood disease seen in the United States. In our communities, oral health care of children is the most prevalent unmet health need. This is especially true in minority communities given that language, traditions and customs, socioeconomics, and poor access to education can serve as barriers to accessing oral health care information and services. The role of the dental hygienist in the execution of a community dental health program along with utilizing a promotora de salud (community health worker) for the families of the very young child is imperative to help promote preventive dental care of children in underserved populations. Implementation of various cultural interventions, educational resources and community involvement are all key factors in promoting the reduction of pediatric dental disease and the incidence of Early Childhood Caries. Utilizing a promotora de salud in a community dental program, along with preventive services provided by a dental hygienist, has proven successful to help reduce the children’s risk for dental disease. How an oral health program was implemented and orchestrated in collaboration with a local health department to expand much needed education and prevention services to pre-school children, pregnant women and new parents will be discussed. An overview of statistical data found in this existing community health program will be given verifying the importance of the role of the promotora de salud and dental hygiene preventive oral care intervention to help reduce the incidence of pediatric dental disease and Early Childhood Caries.

Source of funding: The Naples Children and Education Foundation and the University of Florida College of Dentistry

26. TAKING DATA TO ACTION THROUGH PROGRAM ENHANCEMENT, LEVERAGING RESOURCES, POLICY, AND DEMONSTRATING IMPACT

Presenter: Gina Thornton-Evans, DDS, MPH, CDC

Approximately 22 states have developed an oral health surveillance system using the Council of State and Territorial Epidemiologists (CSTE) case definition. One criteria for this case definition is states must collect state wide data within the past five years. The states also include this data with additional indicators collected from BRFSS, PRAMS, and Cancer Registry data which aligns with select HP 2020 oral health objectives. “So What’s Next?” is the lingering question that oral health programs face once they have obtained the data through the Basic Screening Survey tool and other state-based surveillance systems. This roundtable will focus on how states have been able to leverage resources to expand their dental sealant programs, increase Medicaid reimbursement, develop an Oral Health literacy campaign, and take key data messages and tailor them for specific target audiences. Making data talk is both critical and important to state programs to accomplish in their efforts to demonstrate impact and a reduction in oral health disparities.

Source of funding: None
27. CRAFTING SUCCESS STORIES FOR MAXIMUM IMPACT

Presenter: Linda S. Orgain, MPH, CDC Division of Oral Health

This roundtable will provide guidance on how to develop dynamic success stories that convey your organization's achievements. The presenter will provide information on types and formats of success stories and how to target these to specific audiences. Writing tips for active and lively stories will be discussed. Web sites for sharing stories will be provided. Bring a success story for critique and to share!

Source of funding: None

28. PRINCIPLES OF WATER FLUORIDATION ONLINE TRAINING

Presenter: Lisa Petersen, MS, Centers for Disease Control and Prevention

CDC has provided in-person training on the principles of water fluoridation since 1980. Since then, demand for the training has steadily increased. For diverse reasons, meeting this demand is difficult - the multi-day training is only offered two times a year; due to the interactive laboratory component, class size is limited; and finally, but of significant importance, many state staff have out-of-state travel restrictions or are unable to leave their work site for extended periods of time. Over the years, the number of people interested in various components of the diverse course content has expanded, to include public health and drinking water officials, as well as water program operators and trainers. To allow more flexible learning options and address the issues noted, CDC is currently creating an online training alternative. Online training can reach a broader audience, be accessed from diverse web-based platforms and be taken on-demand. In addition, learners can focus on topics of interest to them, reducing the amount of time needed to travel to and take the entire 2.5 day training. At the roundtable, we will discuss the process of transitioning the training's diverse content to an online format, demo draft sections of the training and solicit input and feedback from attendees.

Source of funding: None

29. DENTAL SEALANT ACCESS: HOW TO TAKE YOUR STATE FROM A C TO A B

Presenter: Stephanie Chickering, BA, RDH, Iowa Department of Public Health

Children with untreated tooth decay may suffer from pain and infection, impair school learning, and lead to costly emergency room visits. While school-based dental sealant programs have been found to reduce the incidence of tooth decay by up to 60 percent, a recent Pew Charitable Trusts study reveals that most states fall short on providing this oral health opportunity.

Through collaboration, policy changes, and funding, Iowa advanced from a grade C in 2012 to a grade B in 2014. School-based sealant programs continue to expand, with a 38.6 percent increase in students served, a 36.6 percent increase in students who received sealants, and expansion from 27 to 72 of Iowa's 99 counties served. The program also places emphasis on providing access to care in underserved areas of the state.

Speakers will provide an overview on the public and private partnership approach to identify priority areas and focus on collaboration needed to establish or expand programs over multiple years. Challenges faced and lessons learned in achieving success will be discussed.

Source of funding: Iowa Department of Public Health, Delta Dental of Iowa Foundation

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

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

Community water fluoridation (CWF) remains a controversial issue in communities across the country despite continued evidence of its safety and effectiveness. Myths and confusion about CWF has prompted multiple communities in New York State (NYS) to openly question its purpose and need. Just as the claims against CWF have evolved over the last 70 years so must the approach of CWF proponents. It is not enough to be reactive when CWF is challenged; rather, dental practitioners should be proactive and discuss CWF with every patient at every visit.

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 identified the expansion of CWF as one of its goals and included the following recommendation, "stress benefits of fluo idation to patients in dental offices and health clinics."

The R

oundtable will provide guidance on how to develop dynamic success stories that convey your organization's achievements. The presenter will provide information on types and formats of success stories and how to target these to specific audiences. Writing tips for active and lively stories will be discussed. Web sites for sharing stories will be provided. Bring a success story for critique and to share!

Source of funding: None

31. CULTIVATING “ORAL HEALTH CHAMPIONS”: STRATEGIES FOR INCREASING ORAL HEALTH KNOWLEDGE AND ENGAGEMENT AMONG EDUCATION AND CHILD SERVICES PERSONNEL

Presenter: Pierre M. Cartier, DMD, MPH, District of Columbia Department of Health

Schools and child care centers are key family engagement venues. Administrators, teachers, and support staff are in frequent contact with students' families. School staff may observe family members with untreated health conditions; the provision of timely health information and medical care referrals is integral to creating home environments that support wellness. However, staff members may not be fully aware of how to recognize the sometimes subtle signs of oral and general health conditions, or how to engage a family member regarding a potential untreated condition. Others may not be aware of current preventive care recommendations, or how to make appropriate referrals to resources in their community.

As school staff members have a prime opportunity to disseminate wellness information to families, this roundtable...
will discuss strategies that the DC Department of Health has implemented to prepare school staff members’ in initiating the “oral health discussion.” We will highlight key education stakeholders that health organizations should target for collaboration, as well as key personnel that should be targeted in professional education efforts. Collaboration with Head Start facilitators will be emphasized as a key strategy for increasing early childhood caries awareness and preventive care utilization among children <5 years of age. Further, we will discuss pedagogical strategies for educating school staff members, nurses, and community outreach workers. The concept of schools serving as “hubs” for the dissemination of health information to the greater community will be emphasized. Anyone can be an “Oral Health Champion” Start building up your “Dream Team!”

Source of funding: Health Resources and Services Administration (HRSA) Title V Maternal and Child Health Block Grant (804MC28090)

32. ENGAGING TEACHERS AND STUDENTS: IT TAKES A VILLAGE
Presenter: Fidel A. Samour, MBA, Arkansas Children’s Hospital
Arkansas Children’s Hospital (ACH) is committed to making children better today and healthier tomorrow through evidence-based, metric-driven programs. As part of that commitment, ACH has operated the Dental Sealant Program (DSP) for over six years, providing preventive dental services to vulnerable and underserved K-5 graders at no cost and making it the only statewide dental sealant program in Arkansas. In order to better engage schools, dental professionals, and volunteers, the DSP school engagement approach has been multifaceted, involving parents, children, teachers, and community members. With a statewide network of over 60 dental providers and over 50 schools, this school-based program was uniquely positioned to increase participation and school engagement. The DSP has two main components: the pre-visit education piece and the actual dental sealant clinic. The education component, also known as “teACHOut,” provides the students and teachers with its incentive program information, distributes the consent forms, and educates on the importance of good oral health. Through the teACHOut student and teacher incentive program and buy-in from school contacts, nurses, and teachers, the DSP has achieved a 75% return rate for consent forms distributed to all students, an increase from 23% before the teACHOut program was implemented in 2013. Since 2009, the ACH DSP has screened and sealed over 11,000 students and continues to grow in order to educate, to serve, and to provide services to improve the oral health of Arkansans.

Source of funding: Arkansas Children’s Hospital, private foundations, private philanthropic contribution

33. WHAT’S NEW ABOUT THE 2016 EDITION OF ADA’S FLUORIDATION FACTS?
Presenter: Jane McGinley, RDH, MBA, American Dental Association
Fluoridation Facts is the ADA’s premier resource on community water fluoridation. The 2016 edition is a comprehensive encyclopedia of facts taken from hundreds of scientific references in an easy to use question and answer format. Fluoridation Facts contains answers to frequently asked questions regarding community water fluoridation on the topics of effectiveness, safety, practice and cost-effectiveness. A number of the questions are based on myths and misconceptions advanced by a small faction opposed to water fluoridation. The responses are supported by numerous credible scientific studies designed to assist policy makers and the general public in making informed decisions about fluoridation.

Additionally, the booklet contains a Compendium of “National and International Organizations That Recognize the Public Health Benefits of Community Water Fluoridation for Preventing Dental Decay.”

Learn what’s new in the 2016 Fluoridation Facts as well as tips on using the Compendium.

Source of funding: None

34. WHAT’S NEW WITH THE PRE-DOCTORAL DENTAL AND DENTAL HYGIENE CURRICULUM IN DENTAL PUBLIC HEALTH?
Presenter: Ana Karina Mascarenhas, BDS, MPH, DrPH, Nova Southeastern University College of Dental Medicine
Curriculum regarding the mission and practice of dental public health is incorporated to a limited degree in many pre-doctoral dental and dental hygiene education programs, and in some instances is entirely lacking. To address this, with Health Resources Service Administration funding the American Association of Public Health Dentistry developed a robust curriculum in dental public health consisting of six courses to be used at the pre-doctoral level.

In this session the authors will present updates on the curriculum and courses and share experiences with it. Opportunities for AAPHD members and dental public health and public health faculty to participate in teaching the curriculum and in a speaker’s bureau will be identified. Future directions and opportunities in using this curriculum will be discussed.

Source of funding: This program is supported by Health Resources and Service Administration grant, D83HP19949

35. THE AMERICAN DENTAL ASSOCIATION: CHOOSING WISELY FOR HEALTH LITERACY IN DENTISTRY
Presenter: Sharon Clough, RDH, MSEd, American Dental Association
Health literacy in dentistry is defined as the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate oral health decisions. For more than a decade, the American Dental Association (ADA) has engaged in efforts to improve oral health literacy, acknowledging that limited health literacy is a potential barrier to effective prevention, diagnosis and treatment of oral disease and clear, accurate and effective communication is an essential skill for effective dental practice. In 2014, the Robert Wood Johnson Foundation invited the ADA to collaborate with the American Board of Internal Medicine to develop the Choosing Wisely® Dental website. Funded by the Robert Wood Johnson Foundation, the Choosing Wisely® initiative is focused on encouraging dental providers, patients and other health care stakeholders to think and talk about dental procedures in order to make appropriate dental health decisions. Recently launched in February 2016, the Choosing Wisely® Dental Website provides evidence-based recommendations regarding dental sealants, old restorations, fluoride toothpaste, protective stabilization and temporomandibular joint disorders. The purpose of the roundtable discussion is to inform participants about the Choosing Wisely®
Roundtable Topics

Dental website and discuss the value of the Choosing Wisely® initiative for both the dental practitioner and the consumer. Participants will also receive a virtual tour of the website.

**Source of funding:** Robert Wood Johnson Foundation

36. **A MODEL FOR COMMUNITY-BASED PEDIATRIC ORAL HEALTH: IMPLEMENTATION OF AN INFANT ORAL CARE PROGRAM**

**Presenter:** Francisco Ramos-Gomez, DDS, MS, MPH, University of California at Los Angeles

UCLA School of Dentistry has developed an Infant Oral Care Program (IOCP) in partnership with community-based organizations. It is an intervention model for providing culturally competent perinatal and infant oral care for underserved, low-income, and/or minority children aged 0–5 and their caregivers. This session will focus on how community partnerships were formed, the six-step care process including motivational interviewing to select self-management goals, and the improved health outcomes that have been achieved. Participants will receive a copy of the caries risk assessment tool used in the program.

**Source of funding:** HRSA Grant: DHHS-HRSA D88HP201290500

37. **FLORIDA HEAD START ORAL HEALTH SURVEILLANCE**

**Presenter:** Christina Vracar, DA, MPH, Florida Department of Health

The Department of Health, Public Health Dental Program conducted the first Florida Oral Health Surveillance Project in Head Start and Early Head Start centers throughout Florida during state fiscal year 2014-15. The purpose of the surveillance project was to assess the oral health status of very young children in our state to determine unmet dental needs of children and for the planning of future dental services for Florida’s children. The Head Start Oral Health Surveillance project was conducted through a collaborative partnership between the Florida Department of Health, Head Start Centers and the Florida Dental Hygiene Association. The Florida Dental Hygiene Association partnered with the DOH to conduct a statewide surveillance project for assessing the oral health of third graders in 2013-14 and agreed to again partner to complete this project for Head Start and Early Head Start children. The unique nature of contracting screening services through a cost-efficient workforce model was successful in providing the oral health status of Head Start and Early Head Start children in Florida.

38. **STRATEGIES TO IMPROVE PARTICIPATION RATE IN THE THIRD GRADE ORAL HEALTH SURVEILLANCE PROGRAM: LESSONS LEARNED IN NEW YORK STATE**

**Presenter:** Lori Shaw, MAEd, New York State Oral Health Center of Excellence

New York State’s third grade oral health surveillance program requires active parental consent for the on-site screening that challenges the participation rate and ultimately quality of data. In this round table presentation, will discuss the following identified areas of common challenges and lessons that I learned as the program coordinator in the statewide third grade oral health surveillance:

1. Public relation and networking to get the school nurses/staff on board.

2. The languages and information in the consent forms and parent letters that clarify the purposes and benefits of surveillance.

3. The importance of oral health outreach and education to build rapport and support to help promote overall oral health in school systems.

4. Use of incentives.

Supplemental information materials, tools, ideas, and communication strategies that have been used and have resulted in significant improvements in NYS third grade oral health surveillance program's participation rate which will be shared with the participants of this round table presentation.

**Source of funding:** None

39. **THE KANSAS EXTENDED CARE PERMIT III REGISTERED DENTAL HYGIENIST IN PUBLIC HEALTH CARE**

**Presenter:** Cathleen Taylor-Osborne, DDS, MA, KDHE Bureau of Oral Health

Kansas has an unique opportunity in the delivery of oral health care by public health dental hygienists by offering the Extended Care Permit III Registered Dental Hygienist (ECP III RDH). The creation of this expanded position in hygiene practice enhances the ability of providers to reach those populations most in need of dental treatment, care and education. Legislation allowing the ECP III RDH was passed in 2012 expanding practice outside traditional practice settings such as: children birth to five years and children in public and nonpublic schools kindergarten through grade 12, state correctional institutions, local health departments, indigent health care clinics, federally qualified health centers, community health centers, to persons with developmental disabilities and persons in residential centers, adult care homes, among other settings. The Kansas Dental Board issues a permit to those dental hygienists completing necessary requirements as specified in the Dental Practice Act. This roundtable presentation will focus on this expansion of practice detailing legislation, curriculum requirements, scope of practice, and utilization, including successes and limitations of this expansion of practice.

**Source of funding:** None

40. **INTEGRATION OF ORAL HEALTH WITH PRIMARY CARE IN PATIENT-CENTERED MEDICAL HOMES: MASSACHUSETTS COMMUNITY HEALTH CENTERS AND THE QUALIS FRAMEWORK**

**Presenter:** Rebekah Fiehn, MPA, Massachusetts League of Community Health Centers

The Massachusetts League of Community Health Centers (the League) seeks to build capacity within community health centers (CHCs) to deliver oral health services in primary care. The project has leveraged our expertise in quality improvement and Patient-Centered Medical Home (PCMH) practice transformation, and built upon our commitment to help CHCs deliver high-quality, patient-centered, whole-person care to vulnerable patients. The League has used a specific “Oral Health Delivery Framework,” developed by Qualis Health and the National Interprofessional Initiative on Oral Health (NIIOH). This framework aligns with HRSA’s Core Clinical Competencies for Oral Health in Primary Care and The Change
41. THE NATIONAL CENTER ON EARLY CHILDHOOD HEALTH AND WELLNESS: DENTAL HYGIENIST LIAisons PROMOTING ORAL HEALTH IN EARLY CHILDHOOD EDUCATION PROGRAMS

Presenter: Michelle Landrum, RDH, Med, National Center on Early Childhood Health and Wellness

The National Center on Early Childhood Health and Wellness (NCECHW) advances best practices for linking early childhood education (ECE) providers, health professionals, and families to promote health, including oral health and wellness for pregnant women and children enrolled in Head Start and children enrolled in child care programs. Starting in 2011, the American Dental Hygienists' Association partnered with the Association of State and Territorial Dental Directors to recruit a dental hygienist liaison (DHL) in each state and the District of Columbia. DHLs have an integral role in the success of NCECHW’s oral health activities at the state and local level. The DHL role is voluntary and their primary functions include: 1) serving as a communication link between NCECHW and Head Start agencies and state, territory, and tribal child care agencies on issues related to oral health; 2) collaborating with state organizations, including the state oral health program, Head Start collaboration office, and child care agencies; and 3) promoting evidence-informed oral health information and resources to ECE providers and agencies. The roundtable will provide examples of DHL activities and share how health professionals can work with DHLs to promote oral health in ECE settings.

Source of funding: Administration of Children and Families, Office of Head Start in partnership with the Office of Child Care and the Maternal and Child Health Bureau

42. INTRODUCING THE OLDER ADULT BASIC SCREENING SURVEY TOOLKIT

Presenter: Jill Moore, RDH, BSDH, MHA, Michigan Department of Health and Human Services

This is your opportunity to talk with one of the ASTDD Healthy Aging Committee’s older adult basic screening survey coaches. Are you in the process of preparing for a basic screening survey of older adults? Have you completed an older adult basic screening survey and want to share some of your lessons learned? Be one of the first to view the Healthy Aging Committee’s Older Adult Basic Screening Survey Toolkit. The Toolkit will have resources from other states such as questionnaires, consent forms, incentive lists, how to contact facilities, and lessons learned.

- Learn how other states have successfully communicated with senior facilities to increase participation
- Discuss the various challenges involved with screening older adults
- Communicate with others about the planning process to enhance the success of your next basic screening survey

Source of funding: None

43. COMMUNITY-BASED ER REFERRAL PROGRAM DESIGN: WHO, WHAT, WHY AND HOW

Presenter: Jane Grover, DDS, MPH, American Dental Association

Patients with dental pain accessing a hospital emergency room is an unfortunate trend of misused resources, legislative missteps and population stress. Effectively connecting those patients with a dental home strengthens local social service agencies, the business environment and pride within a community.

The goals for this roundtable are to present ER referral models which have made a true difference in their communities and can be copied elsewhere. Attendees will be able to identify key aspects of successful ER referral programs and what steps must be taken to design a sustainable model for communities. Handouts will be provided describing the models and overall strategies for program design.

Source of funding: None

44. THE CREATION OF ELDERLY ORAL HEALTH ACCESS TO CARE AS A PARTNER IN A CAPITATED PAY FOR PERFORMANCE HEALTH CARE SYSTEM THROUGH INNOVATION

Presenter: Mark J. Doherty Sr., DMD, MPH, DentaQuest Institute

Mercy LIFE is a new health care choice for seniors living in Western Massachusetts. They are a Program of All-inclusive Care for the Elderly (PACE). PACE is a Medicare program, regulated by the Centers for Medicare & Medicaid Services (CMS) for older adults. Their objective is to provide community-based care to people who otherwise need nursing home level of care. The PACE method provides comprehensive medical and social services using an interdisciplinary team approach. The PACE Interdisciplinary Team (IDT) provides care management and coordination. The IDT is the care management mechanism for PACE. It is the collective responsibility of the IDT to assess, provide, and coordinate the medical, social and support services needed for each participant. The IDT conducts a daily meeting to discuss participant needs. The result is a written plan of care. The plan of care is the framework on which all services are provided by both the PACE staff and its contracted providers. All care remains the responsibility of the IDT and PACE staff, regardless of the setting in which the service is provided. PACE organizations receive a monthly (per member per month), capitated payment from Medicare and/or Medicaid that must cover all costs of care for all participants, regardless of setting. There is no fee for service. Originally there was no dental component or plan. Mercy Life PACE has created a unique and innovative oral health care model built into its capitated based health system. This presentation will describe that model of care.

Source of funding: None
Roundtable Topics

45. **PUTTING PATIENTS FIRST: DEVELOPING A CULTURE OF PATIENT-FOCUSED CARE**
   
   *Dori Bingham, BA, 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 than the quality of the patient care experience. How many times have we instituted customer service programs, only to see them 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

46. **WHY COMMUNITY CHAMPIONS? SUCCESSES AND CHALLENGES FROM THE FIELD IN ENGAGING KEY INFLUENCERS TO ADVANCE COMMUNITY WATER FLUORIDATION**
   
   *Presenter: Tamaki West, MA, Health Resources in Action, Inc.*

   Building grassroots support is fundamental to community water fluoridation, whether preventing a rollback attempt or implementing fluoridation for the first time. Too often, communities focus only on winning over policy makers. But, that is not enough. It is critical to educate and engage community members who can influence the elected officials that represent them and who may be in a position to cast a vote if a referendum takes place. That’s when Community Champions are needed -- respected, trusted influencers who are willing to advocate with their social and professional networks in the community about the health, financial, and equity benefits of community water fluoridation. Champions can be dentists and doctors, and also more unorthodox oral health advocates such as faith leaders and school officials who have a loyal constituency and following.

   However, identifying and keeping Community Champions engaged in water fluoridation efforts is not always easy. Implementation takes time and without a sense of urgency, competing priorities take precedence. And water fluoridation “battles” are not for the faint of heart.

   Based on learnings from water fluoridation campaigns in two vastly different communities developed by Health Resources in Action (HRiA), this roundtable will address challenges and opportunities to recruiting and sustaining Community Champions in water fluoridation campaigns, and solicit successful strategies from participants in a lively, facilitated discussion. Participants will also be guided through an online Community Toolkit developed by HRiA, which provides a water fluoridation campaign “101,” with a focus on the tools and tactics used with Community Champions.

   **Source of funding:** The DentaQuest Foundation

47. **STRENGTHENING THE ORAL HEALTH SAFETY NET INITIATIVE: TECHNICAL ASSISTANCE RESULTS AND LESSONS LEARNED**

   *Presenter: Da-Nell Rogers, DentaQuest Institute*

   A strong oral health safety net system is vital to meet current and future demand for oral health prevention, education and treatment for underinsured and underserved children and adults. With the implementation of healthcare reform, millions of children will gain dental benefit, many for the first time. The question is whether our current dental care safety-net is prepared to handle the increased volume of individuals who will be seeking care as a result of healthcare reform. The DentaQuest Foundation in partnership with the DentaQuest Institute’s, Safety Net Solutions program, Strengthening the Oral Health Safety Net (SOHSN) Initiative has addressed this challenge with support and technical assistance at the national (National Association of Community Health Centers: NACHC), state/regional (primary care associations), and community (safety-net dental programs) levels through its SOHSN Initiative since 2011 and continuing now through 2016.

   This roundtable will discuss the SOHSN strategy for providing training/technical assistance and building capacity while also sharing the actual data for the results of the training and technical assistance provided to the more than 150 dental programs involved. Access, financial, productivity and quality data metrics and dashboards in will be shared and discussed as well as the lessons learned to date.

   **Source of funding:** None

48. **BEST PRACTICES FOR COMMUNITY HEALTH EXPERIENCES FOR DENTAL AND DENTAL HYGIENE STUDENTS**

   *Presenter: Joan Gluch, PhD, RDH, PHDHP, University of Pennsylvania School of Dental Medicine*

   The increase in demand for community-based experiences for dental and dental hygiene students requires closer examination and development of best practices for expanding dental and dental hygiene student involvement in community settings from the perspectives of staff at community placements as well as faculty from educational programs. Designed for both community staff as well as dental educators, this round table will provide discussion of topic checklists of key items for consideration for both community settings as well as educational institutions. Topics include, but are not limited to, administrative considerations, including legal issues, student travel and safety, scope, guidelines and preparation for students’ activities, including assessment and grading, and scope, guidelines and preparation for community sites and staff. Participants are encouraged to share their experiences in order to discuss and develop guidelines to ensure best practices for community placements for dental and dental hygiene students.

   **Source of funding:** HRSA Project: D85HP20034, Expanding Public Health Experiential Learning in Pre-doctoral Dental Education
49. KEY SYSTEMS FOR DENTAL PROGRAMS  
Presenter: Caroline Darcy, BA, DentaQuest Institute – Safety Net Solutions  
This roundtable will identify the key systems that need to be in place for safety-net dental programs. Although there are many, this discussion will focus on four areas of concentration. We will discuss the best practices that have been proven to work in public health dental programs in each of the following areas.
1) Broken Appointments/No-Shows
2) Scheduling
3) Billing & Collections
4) Emergencies
Source of funding: None

50. DEMONSTRATING IMPROVEMENT IN ORAL HEALTH STATUS THROUGH COMPLETION OF PHASE 1 TREATMENT AND CARIES RISK ASSESSMENTS  
Presenter: Laura Skaret, RDH, DentaQuest Institute  
Many funders of dental public health require demonstrable improvements in oral health status as a condition of continued grant funding. This presentation will provide concrete ways of documenting and reporting on two key quality assurance metrics: phase 1 treatment plan completion rates and reduction of caries risk status. Showing improvement in these metrics will help to maximize health outcomes for your patients and demonstrate your dental programs effectiveness in improving the oral health status of your patients.
Source of funding: None

51. ACHIEVING QUALITY IMPROVEMENT THROUGH SCHOOL-BASED MOBILE PROGRAM EVALUATION  
Presenter: Ankit Sanghavi BDS, MPH, St. David’s Foundation – Consultant; Texas Health Institute – Research Analyst  
The St. David’s Foundation (SDF) is a health foundation in Central Texas, and one of the largest oral health funders in the region. It is also home to the flagship Mobile Dental Program, one of the largest school-based mobile dental programs providing charity-care in the country. Over the years, internal and external evaluations have played an important role in scaling and sustaining the growth of our program. Nevertheless, traditional program evaluations have their limitations and include little emphasis on real time and continuous quality improvement (QI), as well as the ultimate goal of achieving oral health outcomes.
SDF identified a need to develop a framework that would address these issues and guide the implementation of QI initiatives throughout the program, develop data-based decision making processes, and integrate evidence-based practices into our operations. In August 2015, SDF engaged the Texas Health Institute to develop and implement this collaborative program evaluation framework.
It’s a six step evaluation with a strong emphasis on data and best-practices. The evaluation focused on several mini-projects, including a time-motion based study to collect data for improving clinical efficiency. The framework helped us develop sustainable, accountable and outcomes-based strategies for the Mobile Dental Program. To monitor the implementation of these strategies and support ongoing evaluations we further divided action areas into four categories i.e. Leadership, Clinical, Operations, and Outreach. During our roundtable discussion, we will share our general program evaluation framework and best practices that other programs may replicate.
Source of funding: St. David’s Foundation

52. COMMUNICATIONS: THE BEST MESSAGES, THE BEST TOOLS  
Presenter: Matt Jacob, BA, ASTDD Communications Committee  
The squeaky wheel gets the grease, right? Which is why oral health professionals and advocates must communicate about the importance of oral health. Today there are more ways to communicate than ever before. Newsletters, web content, social media and other vehicles are effective communication tools, but it can be confusing to figure out which one is best for your needs, and why.
The Communications Committee of the Association of State and Territorial Dental Directors (ASTDD) works with states to provide support and share proven communication strategies and solutions. During this roundtable, attendees will drive the dialogue by sharing one communication challenge they face. Members of the committee will offer ideas, propose strategies and/or suggest resources to address those challenges. Other attendees will be invited to share their ideas and insights too.
Source of funding: None
1. **AMERICAN ACADEMY OF PEDIATRICS**  
**Lauren Barone, MPH, Manager, Oral Health, American Academy of Pediatrics**

The American Academy of Pediatrics focuses on educating pediatricians about oral health as well as advocating for improved oral health services for children and 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. The AAP believes that the involvement of primary care in preventive oral health can make an impact on the care of underserved populations. In addition to this main goal, the AAP also administers the Campaign for Dental Health, an effort to preserve and support community water fluoridation. Water fluoridation is a safe and equitable way to prevent dental caries, especially for the underserved. The web site for this effort (www.likemyteeth.org) strives to provide positive information online and in general about the practice of water fluoridation.

2. **AMERICAN ASSOCIATION FOR DENTAL RESEARCH: UPDATE ABOUT THE ACTIVITIES OF THE FRIENDS OF NIDCR**  
**Carolyn Mullen, Director of Government Affairs, American Association for Dental Research and the Friends of NIDCR**

Recognizing the need to increase efficiency, eliminate duplication of advocacy efforts, provide a stronger voice for patient advocates and provide greater support for the National Institute of Dental and Craniofacial Research (NIDCR) director, the Friends of the National Institute of Dental and Craniofacial Research (FDNIDCR) board voted to cease operations as of December 31, 2015 and transfer programmatic activities to the American Association for Dental Research (AADR) effective January 1, 2016. During this roundtable, AADR will provide the dental community with an update about the Friends of NIDCR activities, explore ways in which the Friends of NIDCR can be strengthened and discuss future potential collaborations.

3. **AMERICAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY: AN OVERVIEW**  
**Mark Macek, DDS, DrPH, AAPHD Treasurer, 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.

4. **AMERICAN ASSOCIATION OF WOMEN DENTISTS**  
**April Hearns DDS, Director of Professional Organizations, American Association of Women Dentists**

The mission of the American Association of the Dentists is to be the leading resource for advancing, connecting and enriching the lives of women dentists. We do this by offering our members a variety of programs and services that benefit the special needs of the busy woman dentist. Created by members of the American Association of Women Dentists (AAWD) in 1995, the Smiles for Success (SFS) Foundation was formed to assist women in transition from welfare to work who cannot afford the cost of dental care. Facing a job interview for them may mean self-consciousness, embarrassment and pain as they attempt to hide decayed, missing and damaged teeth. Smiles for Success offers cost-free dental care to women graduates of accredited job readiness and placement programs or other community-based agencies thus helping those who are helping themselves. SFS is affiliated with numerous job readiness programs in over 30 states. The dental care offered is meant to be a short-term solution to those who need treatment unavailable to them through government programs or traditional insurance as they move from public assistance to the working world. Smiles for Success provides an opportunity for the dental community to effectively assist women who are on public assistance confidently obtain employment and financial independence.

5. **AMERICAN DENTAL ASSOCIATION. THE DENTAL ECONOMIC ENVIRONMENT: FUTURE IMPLICATIONS**  
**Kathleen O’Loughlin, DMD, MPH, Executive Director, American Dental Association**

Current national data shows a changing dental environment, which is greatly influenced by contemporary economic conditions. The ACA and Medicaid expansion trends noted in many states have brought millions of underserved adults into the dental marketplace with extensive unmet needs. At the same time, state budgets are strained, patient expectations are substantial (and expressed via social media) and interprofessional care has become a quality norm. Concurrent with these forces is the reality that service levels for Medicaid-covered children has never been higher. Some states report Medicaid children receiving care at rates equal to or greater than children who are privately insured. The goals for this roundtable are to discuss the newest Health Policy Institute finding...
6. **AMERICAN DENTAL HYGIENISTS’ ASSOCIATION: TRANSFORMING DENTAL HYGIENE EDUCATION AND THE PROFESSION FOR THE 21st CENTURY**

   **Jill Rethman, RDH, BA, President, American Dental Hygienists’ Association**

   In September 2015 the American Dental Hygienists’ Association (ADHA) released a landmark white paper, “Transforming Dental Hygiene Education and the Profession for the 21st Century.” ADHA President, Jill Rethman, will share highlights of the paper including the evolution of the dental hygiene profession, the need to enhance and refocus the dental hygiene curriculum to help address the public's changing health care needs, and the critical role dental hygienists have in providing care within an increasingly integrated health care system. The white paper highlights the vast transformation taking place in oral health and provides evidence that changes are needed to improve health outcomes for the public. She will further discuss the ADHA’s goals and objectives which include education, alliances, and advocacy, with roundtable participants.

7. **AMERICAN NETWORK OF ORAL HEALTH COALITIONS: PARTNERING WITH ORAL HEALTH COALITIONS ON STATE ORAL HEALTH PLANS**

   **Karlene Ketola, MHSA, CAE, Executive Director, 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 43 member states, ANOHC has developed into an important voice in national oral health policy. The relationship between state oral health programs and coalitions is an important one. Because of tight budgets and restrictions on state agencies, public health professionals must now get creative to make a measurable impact on oral health. As a result, state coalitions have become an integral part of oral health infrastructure. With access to traditional and non-traditional stakeholders and the ability to leverage outside funding, state coalitions are now more important than ever in promoting oral health. For instance, with the abundance of anti-fluoridation activity across the country, state coalitions are serving as the first line of defense against the removal of fluoride from community water systems. The goal of this session is to educate NOHC attendees on the importance of state coalitions and the role they serve in dental public health. We are looking to engage oral health stakeholders in the work of their State Oral Health Plan.

8. **AMERICAN PUBLIC HEALTH ASSOCIATION, ORAL HEALTH SECTION: POLICY IN ACTION**

   **Scott Tomar, DMD, DrPH, 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 more than 300 members, primarily dentists and dental hygienists, working in public health practice, administration, research, or education. The OH Section promotes oral health to a large multidisciplinary audience, partners with other public health professionals, integrates oral health within overall health, provides input into environmental and health care delivery issues, and disseminates research findings. This round table will present the policy formulation process within APHA, discuss recent OH Section policy initiatives, and share policy-related activities. Through the APHA governing process, the OH Section works with other APHA communities to develop policy statements that help guide the actions and priorities of the world's largest public health organization. APHA staff and lobbyists actively work to promote incorporation of APHA policy into state and national health policies. To recognize and encourage budding 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 on oral health-related issues. The APHA Oral Health Section is a major voice for oral health within the world of public health.

9. **AMERICA’S TOOTHFARY: NATIONAL CHILDREN’S ORAL HEALTH FOUNDATION**

   **Shannon Weatherly, MA, National Director, Youth Programs, America’s ToothFairy: National Children’s Oral Health Foundation**

   Youth are a powerful collective voice in our nation. Through the help of adult allies, youth have changed conditions in communities related to underage drinking, bullying, texting and driving, and other public health problems young people face. America’s ToothFairy: National Children’s Oral Health Foundation invites you to its roundtable discussion to learn more about the #MySmileMatters Youth Movement and how it is helping youth through its 4-step approach to learn, teach and reach out into their community to increase oral health literacy and access to oral healthcare. America’s ToothFairy continues its efforts to engage youth in raising the optics and conversation on children’s oral health in the US. With #MySmileMatters National Youth Engagement Plan, America’s ToothFairy provides educational materials, social media engagement, Smile Drive participation and year-long school- and community-based activities to engage young people as leaders, teachers and advocates in children’s oral health. Additionally, the #MySmileMatters Youth Movement encourages youth to learn social justice aspects of oral health, such as the existence of health disparities, free access to clean water, community water fluoridation and the issue of health professional shortage areas. At this roundtable, you will learn about our youth engagement resources and roundtable you will learn about our youth engagement resources and national partnerships we are exercising to increase the reach of oral health literacy across the US. Please join us to spread the word of #MySmileMatters for youth around the nation.
10. ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

Krista 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 organizations. AMCHP is the only national organization representing state and territorial public health leaders responsible for implementing Title V of the Social Security Act, which provides a foundation for ensuring the health of our nation’s mothers 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 and infant oral health. With the newly transformed Title V application and reporting process that includes a National Performance Measure on Oral Health, AMCHP is actively working to connect our members with the latest information, resources, and strategies to make improvements in this area. AMCHP’s Innovation Station serves as a useful resource to learn more about MCH programs across the U.S. and to benefit from the lessons learned of other programs. This searchable database of emerging, promising and best practices in MCH currently includes programs focused on oral health practices that address the new National Performance Measure. Visit this roundtable to learn more about AMCHP programs, its resources, and examples of how states are addressing perinatal and infant 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!

11. ASSOCIATION OF STATE AND TERRITORIAL DENTAL DIRECTORS: RESOURCES GALORE

Kimberlie Yineman, RDH, BA, Immediate Past 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 and dental professionals. Through various funding sources, ASTDD committees and consultants have developed competencies, guidelines, best practices, communication plan templates, evaluation tools, public health 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?

12. CANADIAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY

Euan Swan, DDS, DDPH, Member and former president, Canadian Association of Public Health Dentistry

The Canadian Association of Public Health Dentistry (CAPHD) is the national voice for dental public health in Canada that exists to support members, government, institutions and agencies who are dedicated to improving oral health and assuring oral health equity in Canadians. CAPHD is a non-profit organization of public health dentists and community oral health professionals from across Canada. Membership is comprised of primarily dental public health clinicians, scientists, educators, administrators, health promoters and policy makers from across Canada and abroad.

13. CDC DIVISION OF ORAL HEALTH: LEADERSHIP IN ORAL HEALTH

Marcia Parker, DMD, MPH, Lead Public Health Advisor, CDC Division of Oral Health

The Division of Oral Health (DOH) within the National Center for Chronic Disease Prevention and Health Promotion at the Centers for Disease Control and Prevention (CDC) works to prevent and control oral diseases and conditions. By building knowledge, tools, and networks, CDC-DOH works through its partners and stakeholders to promote healthy behaviors and effective public health practices and programs. DOH core functions are: Monitor/Surveillance; Research; Communications; Prevention Strategies; State Infrastructure; Evaluation; Investigate and Diagnose; Partnerships; and Policy Development. This roundtable will focus on the current DOH activities related to surveillance and prevention programs. Surveillance topics to be discussed include advances related to the National Oral Health Surveillance System, Healthy People 2020, the National Health and Nutrition Examination Survey, and the Behavioral Risk Factor Surveillance System. Prevention topics will include advances related to state oral health program infrastructure and prevention programs. Community-based prevention programs to be addressed are community water fluoridation and school-based/school-linked sealant programs. Collaborations with national partner organizations that enhance national and state surveillance efforts and support for state infrastructure and prevention programs will also be discussed.

14. CENTER FOR HEALTH CARE STRATEGIES: IMPROVING ORAL HEALTH CARE ACCESS AND OUTCOMES FOR LOW-INCOME CHILDREN AND ADULTS

Stacy Chazin, MPH, CHES, Director of Prevention Programs, Center for Health Care Strategies, Inc.

The Center for Health Care Strategies (CHCS) is a non-profit 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 funded care, especially those with complex, high-cost needs. CHCS has worked with state Medicaid agencies, their contracted plans, and other oral health stakeholders for almost 15 years to improve oral health care coverage, access, and quality for Medicaid beneficiaries. Current/recent programs in support of these goals 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 associations with beneficiary, community, and delivery system characteristics;
- Leadership of multi-state learning collaboratives to support groups of state Medicaid agencies to improve oral health care access and outcomes for children enrolled in Medicaid; and
• Support for state Medicaid agencies to develop oral health Performance Improvement Projects with their contracted plans. CHCS Director of Prevention Programs 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 lead a discussion around barriers to address and collaborative efforts needed to achieve further significant progress in oral health care access and outcomes in the Medicaid delivery system.

15. CENTER FOR ORAL HEALTH: 30 YEARS OF INNOVATION, RESEARCH, EDUCATION AND ADVOCACY
Conrado E. Barzaga, MD, Executive Director, Center for Oral Health
The Center for Oral Health is a California-based nonprofit organization with the mission to improve oral health of vulnerable populations through innovation, research, education, and advocacy. Currently, the Center for Oral Health has a portfolio of programs that address oral health care needs throughout the spectrum of life, from birth to older adults. The Center for Oral Health will present an overview of its programs, including partnerships with Kaiser Permanente; sustainable comprehensive school-based clinics; coalition development; and assessment of the oral health care needs of older adults in California. Through this roundtable discussion The Center for Oral Health will provide important insight about its projects. Findings will be discussed and case studies presented that illustrate the Center’s experience and developed expertise. The Center for Oral Health has also developed additional resources that will be available at the roundtable.

16. CENTERS FOR MEDICARE & MEDICAID SERVICES: UPDATE ON THE CHILDREN’S ORAL HEALTH INITIATIVE AND NEW DEVELOPMENTS
Laurie Norris, JD, MA, MS, Senior Policy Advisor & Coordinator, CMS Oral Health Initiative, Centers for Medicare & Medicaid Services
CMS is the largest payer for dental care in the US. As such, efforts to increase access to, and use of, dental services for Medicaid beneficiaries are important for both state Medicaid programs and public health dental directors. In this session you will learn the latest about the CMS Oral Health Initiative, be introduced to the new CMS sealant performance measure, hear about work underway to test new approaches to delivering and paying for dental services, and have an opportunity to suggest how CMS can best collaborate with you to produce better health outcomes for the populations we mutually serve.

17. DELTA DENTAL: A NATIONAL ORGANIZATION WITH LOCAL IMPACT: HOW 39 MEMBER COMPANIES DIRECTLY IMPACT LOCAL COMMUNITIES ACROSS THE NATION
Lora Vitek, MBA, MMNA, Philanthropy & Community Relations, Delta Dental of Illinois
Delta Dental is comprised of 39 independent Delta Dental member companies operating in all 50 states, the District of Columbia and Puerto Rico. It is the largest and most experienced dental benefits carrier in the country, providing coverage to more than 68 million people enrolled in more than 122,000 groups. Delta Dental’s mission is to advance oral health care to all Americans through our dental benefits programs and philanthropic efforts. This mission drives our work in the community. Across the nation, Delta Dental member companies focus on programs and community work to improve oral and overall health in underserved populations. Structured primarily as not-for-profit organizations, the Delta Dental member companies and their affiliate foundations annually support programs focusing on preventing dental disease, expanding access to care, promoting good oral health and understanding the connections between oral and overall health. Across the nation we provide grants for children’s oral health access and education, operate and fund charitable clinics for the working poor, provide operational funding and grants for state facilities, and partner with public health entities to expand school based sealant programs, provide oral health care for elderly, and fund public health initiatives. The discussion will focus on the national scope of programs and the power and depth of giving across the Delta Dental System to support public health agencies and other entities that reach out to Delta Dental.

18. HEALTH RESOURCES AND SERVICES ADMINISTRATION: ORAL HEALTH ACROSS THE AGENCY
Renée Joskow, DDS, MPH, FAGD, FACP, Senior Dental Advisor, Health Resources and Services Administration
The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary federal agency for improving health and achieving health equity through access to quality services, a skilled health workforce and innovative programs. HRSA’s programs provide health care to people who are geographically isolated, economically or medically vulnerable by delivering high quality health care for millions who lack access to primary care. HRSA programs provide funding to health centers, States, academic institutions and other entities to train, recruit and retain health professionals including dentists and dental hygienists in efforts to increase access to quality oral health care. HRSA oral health programs are dispersed across the agency and span the spectrum from clinical care to workforce development. HRSA has recently established a new Office of Strategic Initiatives that leads the coordination of oral health activities and programs for the agency. This roundtable will provide an overview of HRSA oral health programs and resources including an introduction to the new Office of Strategic Initiatives.

19. MEDICAID/MEDICARE/CHIP SERVICES DENTAL ASSOCIATION
Mary E. Foley, RDH, MPH, Executive Director, Medicaid/Medicare/CHIP Services Dental Association
The Medicaid/Medicare/CHIP Services Dental Association 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, benefit, 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.

20. NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS: MAKING THE CASE FOR CHRONIC DISEASE AND ORAL HEALTH COLLABORATION

Frank S Bright, MS, Senior Policy Advisor, 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 U.S. jurisdiction. NACDD connects more than 6,000 chronic disease practitioners to advocate for preventive policies and programs, encourage knowledge sharing and develop partnerships for health promotion. NACDD is a national leader in mobilizing efforts to reduce chronic diseases and their associated risk factors. There is an emerging body of evidence that links poor oral health to increased risk for systemic disease, including cardiovascular disease (CVD), diabetes and other chronic conditions. Studies have demonstrated that chronic inflammation is a significant risk factor for atherosclerosis. Periodontal disease is the most common inflammatory condition affecting the world population yet it is often not diagnosed or treated. To further complicate matters, health behaviors (smoking, stress, obesity) associated with increased cardiovascular risk and diabetes are also associated with poor oral health. Recent opinion surveys indicate that the public acknowledges oral and overall health connections. Healthcare professionals should be communicating with each other about oral/systemic disease relationships. Adequate prevention strategies require integration of improved oral health care into chronic disease prevention and control programs and policies. This roundtable will demonstrate the need to work together to promote oral health and chronic disease program integration at the state health department level, and cosponsorship of interventions and public awareness campaigns at the local level, in order to increase our effectiveness and maximize our results.

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

Dena Fischer, DDS, MSD, MS, Program Director, Clinical Research and Epidemiology Program, National Institute of Dental and Craniofacial Research

Despite improvements in the oral health of many, not everyone has benefitted 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 devotes 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.

22. NATIONAL INTERPROFESSIONAL INITIATIVE ON ORAL HEALTH

Marcia K. Brand, PhD, Executive Director, National Interprofessional Initiative on Oral Health

In its efforts to promote and facilitate an interprofessional approach to oral health, the NIIOH continues to make important strides. Initiative staff and key stakeholders continue to strengthen the Initiative's core network and develop a shared identify around oral health in primary care. The oral health champions within this network have furthered the Initiatives' goals in many ways, including:

• Advancing the use of Smiles for Life by students in nursing, medical, physician assistant, and other health professionals schools;
• Creating and spreading models to teach oral health in interprofessional educational settings;
• Strengthening interprofessional approaches to oral health practice, with Marshfield Clinic developing models of integrated practices; and
• Contributing to the growing body of research about integrating oral health into primary care, including Qualis Health's Framework for providing oral health prevention through routine medical care, and Judi Haber and colleagues' peer reviewed article detailing a clinical innovation to include the oral cavity in routine physician examinations.

With new and emerging leadership and recognition of its early accomplishments, the NIIOH is now at an inflection point. Initiative leaders are considering strategy for the coming years, including a deeper focus on clinical practice, delivery systems, response to consumer needs, and potentially on related financing and policy issues.
National Organization and Federal Agency Roundtables

23. NATIONAL NETWORK FOR ORAL HEALTH ACCESS

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

National Network for Oral Health Access (NNOHA) is an 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 the National Oral Health Learning Institute designed to develop excellence in leadership among new Dental Directors; a website full of free resources for community health center oral health professionals; a joint project with the National Association of Community Health Centers and DentaQuest Institute to enhance the ability of primary care associations to provide oral health assistance to FQHC’s in their states; plus a list serve where members seek information and guidance from each other. NNOHA is currently a national cooperative agreement partner with HRSA to provide technical assistance in the areas of oral health expansion in community health centers and the development of learning collaboratives to promote quality improvement and dashboard measurements in health centers. NNOHA holds an annual conference where oral health professionals from FOHCs and other safety net programs can come together to learn, share experiences and grow together. Come by our table to learn more.

24. NETWORK FOR PUBLIC HEALTH LAW: A LEGAL RESOURCE FOR THE PUBLIC HEALTH COMMUNITY

Kathleen Hoke, JD, Director, Network for Public Health Law-Eastern Region

The Network for Public Health Law provides insightful legal assistance, helpful resources and opportunities to build connections for local, tribal, state, and federal officials public health practitioners; attorneys; policy-makers; and advocates. The Network offers visionary leadership in the use of law to protect, promote and improve public health. We do this by 1) providing and connecting people to non-partisan legal technical assistance; 2) developing resources on priority and emerging public health issues for use by policymakers and practitioners; 3) building collaborative relationships with a broad set of partners to foster the use of law in public health practice; and 4) growing the field of public health law. The Network has prepared materials relating to oral health and continues to work to identify policy options to expand access to quality care, particularly for children and vulnerable communities. Our Science and Law Brief, Policy Options to Increase Access to Oral Health Care and Improve Oral Health by Expanding the Oral Health Workforce, is accompanied by a Factsheet on Dental Auxiliary Scope of Practice Laws for each state and the District of Columbia. The Network is eager to offer its pro bono services to those working to improve public health and particularly excited to partner with organizations and agencies focused on oral health initiatives.

25. NATIONAL MATERNAL AND CHILD ORAL HEALTH RESOURCE CENTER: NEW RESOURCES AND ACTIVITIES


The National Maternal and Child Oral Health Resource Center (OHRC) at Georgetown University responds to the needs of professionals working in states and communities with the goal of improving oral health services for pregnant women, children, and adolescents and their families. The resource center supports health professionals, program administrators, educators, policymakers, and others, particularly those working in or with state maternal and child health (MCH) programs. The resource center collaborates with government agencies, professional associations, foundations, policy and research centers, and voluntary organizations to gather, develop, and share information and materials to promote sustainable oral health services for the MCH population, especially for families with low incomes or with limited access to high-quality health services. The presentation will share information about OHRC services and activities, including a new Robert Wood Johnson Foundation–funded project. OHRC, in collaboration with the American Academy of Pediatric Dentistry, the American Dental Association, the American Dental Hygienists’ Association, and the Santa Fe Group, is spearheading this project to identify opportunities for engaging oral health professionals in reducing childhood obesity by using evidence-based recommendations and strategies. The project will include input and involvement from other stakeholders from academia, professional associations and societies, coalitions, government agencies, the dental insurance industry, the dental trade industry, philanthropic organizations, and community programs. The findings of the scientific review will be shared during a national conference of stakeholders, with the goal of refining evidence-based recommendations and strategies that oral health professionals, oral health-related organizations, and others can employ to reduce childhood obesity.

26. ORAL HEALTH AMERICA: IMPROVING ORAL HEALTH THROUGH PARTNERSHIP

Bianca Rogers, BSHSM, Advocacy Coordinator, Oral Health America

OHA is dedicated to connecting communities with resources to drive access to care, healthy literacy and advocacy to improve overall health through better oral health for all Americans, especially those most vulnerable. This roundtable presentation will highlight several new opportunities to connect and partner with OHA by providing participants with a deeper understanding of OHA’s work. OHA’s two primary programs are: Smiles Across America®, which offers grants and product donation to assist partners across the country who provide free/low cost oral health care to thousands of children through school-based sealant programs, and the Wisdom Tooth Project®, that focuses on providing older adults, their caregivers, and health professionals with oral health resources through our web portal, toothwisdom.org and a new dental hygienist led education workshop, Get Smart About Your Mouth. The presentation will cover OHA’s new Campaign for Oral Health Equity initiative that underscores the importance of oral health across the lifespan and how participants can get involved in helping us spread the message that preventive oral health habits
can begin at any stage and have a long lasting impact on our well-being. Lastly, the presentation will feature OHA’s advocacy efforts that are grounded in the belief that all Americans should have an equal opportunity to achieve positive oral health and overall health outcomes. OHA’s legislative priorities are based on increasing access to oral health care by advocating for innovative policies and evidence-based interventions, such as school-based sealant programs, dental benefits in CHIP and Medicare, Community Water Fluoridation, and an interprofessional dental workforce.

27. ORGANIZATION FOR SAFETY, ASEPSIS AND PREVENTION (OSAP): RISK IS REAL – PATIENT AND PROVIDER SAFETY RESOURCES

Therese Long, MBA, CAE, Executive Director, Organization for Safety, Asepsis and Prevention (OSAP)

Thirty years 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 decades 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. Elements of a new program called The Safest Dental Visit™ including assets available to support National Dental Infection Control Awareness Month in September also will be highlighted.

28. PEW CHARITABLE TRUSTS: PEW’S EFFORTS TO EXPAND ACCESS TO DENTAL CARE TO UNDERSERVED POPULATIONS

Jane Koppelman, MPA, Research Director, Pew Charitable Trusts, Children’s Dental Campaign

Dental care is one of the greatest unmet needs among children. The latest data from 2014 show that more than 18 million low-income children went without care. Pew’s work on dental policy issues promotes cost-effective policies that expand access to dental care so that millions more children and adults receive the treatment they need to grow, learn, and lead healthy lives. Our research and advocacy efforts focus on several efficient, cost-effective strategies:

• Expanding the number of professionals who can provide high-quality dental care to low-income children
• Ensuring that coverage from Medicaid and the Children’s Health Insurance Program leads to real care
• Expanding programs that provide dental sealants so that all children who need them receive them.

Pew’s work on children’s dental policy promotes policies to expand dental care for America’s children. We conduct and commission research to define issues, identify solutions, and assess how states are responding to dental care challenges. We work with professionals with extensive expertise in dental health policy at the state and national levels.

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CONTINUING EDUCATION CREDITS

There are two types of CDE credit available at the NOHC; ADA (American Dental Association) and AGD (Academy of General Dentistry). There are specific requirements to each type of CDE credit. The ADA CERP requirements are listed below. Please refer to the CDE Instruction Sheet received with your registration materials for information on how to submit for AGD (Academy of General Dentistry) CDE credits.

American Dental Association
The American Association of Public Health Dentistry is an American Dental Association Continuing Education Recognition Program (CERP) provider. Participants in the 2016 NOHC can earn up to 20.5 contact hours, with additional hours granted for pre-conference sessions. Once again, the ADA CERP CDE process will be handled online. Please read the following directions carefully.

The NOHC is pleased to offer continuing education statements of credit through an online system. The user-friendly system provides conference participants an easy, quick and secure way to process their continuing education credits. You may complete the requirements once you return home or prior to leaving the conference anywhere wireless internet access is available. Statements of credit may be processed by following the procedures below:

1. Each registered participant is given a Continuing Dental Education (CDE) Number. Your eight (8) digit number CDE number is located on the lower right-hand corner of your name badge and is unique to you and your CDE information. Without this CDE number, you will not be able to process your continuing education contact hours.

2. To access the online system, please use the Survey button on the App or visit www.eventScribe.com/Magnet/NOHC2016.htm. The initial screen may prompt you to enter your email address and CDE number as listed on your name badge. After entering the CDE system, simply follow the on-screen directions. You will need to complete an evaluation for each session for which you wish to receive credit and an overall conference evaluation. You can enter/exit as many times as necessary. At any time, you can view your completed evaluations or delete a completed session evaluation by de-selecting the session in the “Select Workshops/Sessions Attended” listing.

3. Once you complete the desired session evaluations, click the “Proceed to Overall Evaluation” button. Please do not fill out the overall Conference Evaluation until you have evaluated all of your session evaluations.

4. After submitting the Overall Conference Evaluation, you may select the task to “Print/download Education Certificate.” Your Education Certificate will open in the same browser window with options to print, save, or email this certificate. Once printed, close the browser window with your certificate by selecting “Logout” to return to the Login screen. You may log in and print your certificate as many times as necessary until the June 5, 2016 deadline.

You will have until June 5, 2016 to apply for CDE Credit. If you find that an adjustment needs to be made, you will need to contact the NOHC office prior to June 5, 2016, by email at ssteil@associationcentral.org or by phone at 217-529-6503.