

# 2018 National Oral Health Conference April 16-18, Louisville, Kentucky

## Monday Roundtable Luncheon Topics

### **(1) A Model for Community-based Pediatric Oral Health: Implementation of an Infant Oral Care Program**

*Presenting Author: Francisco Ramos-Gomez, DDS, Professor, UCLA School of Dentistry*

In 2010, the University of California, Los Angeles (UCLA) under the direction of Dr. Ramos-Gomez (professor of pediatric dentistry), launched an Infant Oral Care Program (IOCP) at the Venice Family Clinic Simms/Mann Health and Wellness Center. The Infant Oral Care Program is part of a large multi-state quality improvement Early Childhood Caries Collaborative. It provides care coordination that is culturally competent, sensitive to diverse cultures and oral health literacy challenges.

The program aims to increase access to care and improve oral health outcomes through a disease prevention and management model (CAMBRA) targeted at typically underserved, low-income, minority children ages 0-5 and their mothers/caregivers in a non-traditional setting. It has established partnerships with Women, Infants and Children (WIC) and Early Head Start/Head Start programs to increase entry points to dental care through coordinated referrals.

IOCP not only trains dental students/residents on infant and toddler oral health but it includes training for pediatric medical residents and pediatric nurse practitioner students. Eliminating early childhood caries (ECC) and addressing oral health disparities requires the collaboration between dentists and other health care providers to ensure a continuum of contextually appropriate and targeted care.

This innovative and unparalleled clinical model represents the future of oral health, early intervention and dental disease management, and sets a new standard of comprehensive, integrated, widely accessible and evidence-based dental care emphasizing prevention.

To find out more about UCLA IOCP please visit: <http://www.uclaiocp.org/>.

Source of Funding: Financial Disclosures: DHHS-HRSA D88HP201290500

## **(2) A Practical Approach to Detecting, Understanding and Mitigating Dental Care-related Harm**

*Presenting Author: Enihomo Obadan-Udoh, DDS, MPH, Dr.Med.Sc., Assistant Professor, University of California San Francisco*

Patients experience harm at the dental office. Harm or adverse events (AEs) are defined as an injury to a patient associated with dental treatment rather than from an underlying disease, within a timeframe relevant to the clinical scenario. The availability of data from electronic health records (EHRs) now enables us to more easily detect harm. In this roundtable session, the presenter will: 1. Explain how to detect AEs using data from electronic health records. 2. Explain how to identify the underlying factors related to harm using a root cause analysis (RCA) approach. 3. Demonstrate strategies for mitigating or preventing harm in the future using a quality improvement model. Attendees will receive a patient safety toolkit developed for dental institutions to monitor and improve patient safety that includes: EHR-based trigger tools, an AE data collection form, AE Type and Severity classification system, and a root cause analysis tool.

Source of Funding: 1R01DE022628 (NIDCR): Developing a Patient Safety System for Dentistry

## **(3) A Prenatal Oral Health Program in A University-Based Women's Health Center**

*Presenting Author: Lisa Bress, RDH, MS, Dental Hygiene Faculty, University of Maryland School of Dentistry*

Pregnancy is a unique period of a woman's life characterized by complex physiological changes that may adversely affect oral health (OH). Although OH care is safe throughout pregnancy and covered by Medicaid in Maryland, only one in four Medicaid-enrolled pregnant women (26%) statewide had a dental visit in 2016. While national practice guidance has been established for medicine and dentistry regarding OH during pregnancy, prenatal providers do not routinely address OH with their patients. Additionally, knowledge gaps have been reported among dental and medical providers regarding oral disease prevention information during pregnancy. In response to these issues, a prenatal OH program at a university-based women's health clinic was developed. Program objectives include: 1. OH screenings, prenatal and infant OH education and case management linking low-income pregnant patients to a dental home and 2. Interprofessional education (IPE) for dental hygiene (DH) and medical students. Methods: An IPE session for DH and medical students on prenatal and infant oral health was facilitated by a pediatric dental faculty and preceded DH students providing OH prevention services for pregnant patients during prenatal visits. A DH student then made follow-up calls to patients linking them to a dental provider at the School of Dentistry. Results regarding impact on OH care utilization by pregnant patients and prenatal oral disease prevention knowledge among medical and dental health students will be discussed. Conclusion: Interprofessional collaboration programs in medical settings may improve access and utilization of OH care and improve health outcomes of pregnant women and their babies.

Source of Funding: None

#### **(4) Advancing a Framework for School Oral Health Around a Uniform Set of Core Complimentary Components**

*Presenting Author: Tammy Alexander, MEd, Program Director, School Based Health Alliance*

During the September 2016 Oral Health 2020 Network school oral health goal convening, the method used to develop the Framework was established. During the convening, the School-Based Health Alliance presented a proposed set of core components and participants gave input. Based on the group feedback and subsequent input and editing from experts in the field, the framework continued to evolve over the next 18 months. At the conclusion of the process SBHA published a framework to advance a standardized definition of the components of oral health in schools. It is hoped that the results of this work will be greater uniformity of model implementation and standardization. The objectives of the roundtable are: participants will be able to identify the core components of school oral health, identify components currently in practice in schools and discuss the benefits to integration of all five components as an effective strategy offering the greatest opportunity for improving the oral health of students at high risk for dental disease.

Source of Funding: DentaQuest Foundation

#### **(5) America's Population is Aging: Improving Oral Health Improves Adult Lives**

*Presenting Author: Samuel Zwetchkenbaum, DDS, MPH, Rhode Island Department of Health*

For a number of years oral health prevention and access efforts have focused on those age eighteen and younger, leaving a gap for the adult and older adult population, the latter of which includes adults 65+. The older adult population is expected to triple between 2010 and 2060 to represent 20% of the U.S. population. As a famous song once said, "We've got a long way to go and a short time to get there." How will we address the oral health needs of this growing segment of the population? Do we treat patients from a piecemeal or whole person perspective? Who needs to be at the table if we move toward creating an all-inclusive "health" home? We must lead by example if we are to ensure oral health and general well-being across the lifespan, including adults and vulnerable elderly.

Source of Funding: ASTDD

## **(6) An Oral Health Advocacy Tool Kit for Dental and Dental Hygiene Students**

*Presenting Author: Vinodh Bhoopathi, BDS, MPH, DScD, Assistant Professor, Temple University Maurice H. Kornberg School of Dentistry*

Advocacy seeks to ensure that all people, especially those who are vulnerable and underserved, are able to have their voices heard, defend their rights, and have their needs genuinely considered. Advocacy was identified as one of the important dental public health topics that were recommended to be integrated into the dental and dental hygiene curriculum in an American Association of Public Health Dentistry (AAPHD) project that was funded by Health Resources and Service Administration (HRSA). As future health care professionals, dental students and dental hygiene students should be trained in advocacy and become skilled public health advocates. Under a different HRSA grant, Temple University's Kornberg School of Dentistry has developed an Oral Health Advocacy Toolkit for dental and dental hygiene students. In this session, the authors will discuss the process and strategies used to develop the oral health advocacy tool kit. This session will also highlight the main objective of developing this toolkit, and methods to implement it. Different modes or methods by which one can do public health advocacy will be highlighted. Dental public health faculty and public health faculty, especially those advising AAPHD student chapters can use this toolkit to train dental students to become skilled advocates in their communities or states.

Source of Funding: This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number and title for grant amount (D85HP30828, Predoctoral Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene, \$1,559,006).

## **(7) Being A Rural Community Dental Health Coordinator: My Story**

*Presenting Author: MiQuel McRae, RDH CDHC, Director, ToothBUDDS*

Attendees at this Monday Roundtable will hear my story of developing an outreach program called ToothBUDDS (Tooth Bringing Understanding of Dental Disease to Schools) after my CDHC training in Arizona. My hygiene training has taken me from a private practice setting into rural schools and community agencies to reach really underserved patients. This story will also include the amazing supporters who have come forward to help me in my efforts.

Source of Funding: None

## **(8) Building the Model School Sealant Program**

*Presenting Author: Nicole Blair Johnson, MPH, Associate Director, Policy and Communications, CDC*

Dental sealants effectively prevent 80% of cavities in the back teeth, where 9 in 10 cavities occur. School sealant programs are an effective but underused way to deliver sealants to children who are at high risk for tooth decay and less likely to receive regular dental care. Supportive policies and systematic practices can bring programmatic stability and enhance growth. The purpose of this roundtable will be to host a facilitated discussion that answers the question, “What would a model state school sealant program look like?” Participants will share their insights on essential and ideal qualities of a state school sealant program to support sustained funding; a high rate of school, child, and practitioner participation; robust data collection; strong evaluation; and effective communications. From this discussion, the facilitators will be able to begin mapping out and sharing with decision makers practical, key policy and system components to build and sustain a model program.

Source of Funding: None

## **(9) Clostridium Difficile Infection and Dental Professionals – How Do We Fit In?**

*Presenting Author: Erinne Kennedy, DMD, MPH, Dental Public Health Resident, Harvard School of Dental Medicine*

Overuse of antibiotics has led to adverse events, including bacterial resistance and Clostridium difficile infections (CDI). Antibiotics prescribed by dentists have been implicated in CDI cases. An estimated 10% of outpatient antibiotics in the US are prescribed by dentists. The study that will be described at the session reviews emergency department (ED) visits to hospitals in Massachusetts, and evaluates cases that were admitted from an ED visit with Clostridium difficile. Most had at least 1 co-morbidity; few had documented recent outpatient dental antibiotic use. Individuals with CDI presenting to EDs frequently had co-morbid conditions and multiple antibiotic exposures.

During the round table, we will review clinical knowledge on CDI for dental professionals, and the results data of the study. As a group, we hope to further discuss the research needed to understand the link between CDI and the regular use of antibiotics for all indications. We will discuss how we can aid as a profession in preventing adverse events associated with antibiotics. We will brainstorm the future steps needed in developing clinical practice guidelines and antibiotic stewardship protocols for the use of antibiotics in clinical practice of dentistry. Lastly, we will discuss the role of dentistry in helping end the public health crisis of antibiotic resistant infections.

Source of Funding: None

## **(10) Collaboration to Improve Access to Oral Healthcare for Pregnant Women and Their Infants: Project Zero—Women & Infants**

*Presenting Author: Denise Helm, RDH, AP, EdD, Professor, Department of Dental Hygiene*

A collaboration with a tribal WIC, Community Health Representatives (CHR) and an IHS dental unit was developed to initiate a community-based Quality Improvement (QI) oral health integration intervention. This round table presentation will discuss a partnership with tribal, state and federal agencies to support increased access to oral healthcare for pregnant women and their children. A link between poor oral health during pregnancy resulting in poor pregnancy outcomes such as preterm birth and low birthweight has been established. Women are more likely to receive services from their local WIC, or CHR than visit a dentist while pregnant. Integrating oral health into WIC and CHR programs can expand access to oral healthcare and promote better overall health.

Community Based Participatory Research approach was used to establish this collaboration. We will discuss the role of an equitable partnership based on the following: 1) respect for tribal representatives and members, 2) shared power, 3) distribution of resources, 4) shared credit, 5) collective results and, 6) joint knowledge. Project Zero-Women & Infants' mission is to expand opportunities for access to direct oral health services and increase delivery of best practices for oral healthcare. To achieve this, we provide support and assistance to Federally Qualified Health Centers and other agencies as they plan, implement and assess integration of oral into their maternal/child care.

Source of Funding: Project Zero-Women & Infants is a Perinatal and Infant Oral Health Quality Improvement (PIOHQI) project funded by the US Department of Health, Health Resources Services Administration Grant #H47MC2918.

## **(11) Colorado Health Professions Curriculum Scan: Improving Provider Proficiency for Pediatric and Prenatal Oral Health Services**

*Presenting Author: Leah Elsmore, MPH, Cavity Free at Three Education Coordinator, Colorado Department of Public Health and Environment*

Cavity Free at Three (CF3) conducts statewide training for medical and dental providers and health professional students with the goal of increasing delivery of preventive oral health services to infants, toddlers, and pregnant women. CF3 completed a state-wide scan of Colorado's higher education medical and dental programs (n=11) to assess existing curriculum proficiencies and gaps. Based on this curriculum scan, CF3 program staff have identified opportunities to work with programs to enhance their learning objectives around the oral health of infants, toddlers, and pregnant women. This round table discussion will discuss the methodology and results of the scan as well as strategies for helping academic programs include current standards of care and best practices.

Source of Funding: Federal and State funds

## **(12) Community Water Fluoridation and You: Resources from the Campaign for Dental Health**

*Presenting Author: Hollis Russinof, MUPP, Program Manager, American Academy of Pediatrics*

Community Water Fluoridation (CWF) is a surprisingly polarizing issue and it is meeting with increasing challenges in local communities. Unsure how to handle this hot topic, even well-informed health professionals do not step up to advocate in the face of a roll back attempt. The Campaign for Dental Health has developed resources that can help inoculate communities early and respond when needed. No matter what role you play in your community, the greater the number of individuals promoting and defending CWF, the better off communities will be. The Campaign for Dental Health has a variety of resources for advocates, decision-makers, parents, and the public that help explain the safety and effectiveness of community water fluoridation and help you support it in your community.

Source of Funding: DentaQuest Foundation Arcora Foundation

## **(13) Continuous Quality Improvement of a Certification Program for School Dental Sealant Programs**

*Presenting Author: Amy Umphlett, MPH, Oral Health Operations & Policy Analyst, Oregon Health Authority*

Since the 2016-17 school year, Oregon requires local school dental sealant programs to be certified by the Oregon Health Authority (OHA) before dental sealants can be provided in a school setting. This allows OHA to coordinate dental sealant efforts statewide and provide oversight to ensure quality services are being provided appropriately in the school setting.

This roundtable will focus on lessons learned from the first year of the Certification Program and activities OHA has taken to improve the Program. Examples include allowing glass ionomer sealant material; incorporating trauma informed care practices and health literacy guidelines into mandatory trainings; and offering technical assistance opportunities for local school sealant programs throughout the school year.

The presentation will provide a description of the requirements and processes for certification and recertification; rulemaking process for glass ionomer sealants; training and technical assistance opportunities OHA provides to local school sealant programs; and trauma informed care practices and mindfulness techniques that can be used by dental hygienists. Aggregate-level data from certification year 1 will also be highlighted.

Speakers will elicit feedback from participants regarding how school sealant programs are being operated in other states, as well as brainstorm topics that OHA could use as technical assistance opportunities for school dental sealant programs.

Source of Funding: Grant support from HRSA Grants to States to Support Oral Health Workforce Activities

## **(14) Dental Caries Management Practicum**

*Presenting Author: Rebekah Fiehn, MSPA, Project Manager, Quality Improvement, DentaQuest Institute*

Chronic disease management (CDM) is a care approach in which patients have a central role in their health and health care. CDM emphasizes patient self-management to treat the underlying disease processes that result in caries lesions. Oral health care teams assume a reciprocal role in coaching patients to make changes in dietary and oral hygiene practice, and to track their patients' oral health status.

The DentaQuest Institute's caries disease management approach is based on a comprehensive Disease Management (DM) Protocol developed and tested with Boston Children's Hospital.

The Dental Caries Management (DCM) Practicum was created to support the efforts of dental practices that are implementing caries disease management. Developed by DentaQuest Institute faculty and staff in an effort to share best practices learned from our previous BTS© model learning collaboratives.

Participants of the DCM Practicum have access to: In-person Jumpstarts, a robust introduction to CDM and Quality Improvement (QI), with the opportunity to engage and learn among peers; The Clinician's Companion to Dental Caries Management, an in-depth guide that provides the rationale for caries disease prevention and management, and describes the components of this approach; the DCM Virtual Practicum, self-guided online course in dental disease management; Coaching, connect with experienced colleagues and expert faculty for support; Webinars, monthly live webinars address key aspects of DCM; QIDent, a cloud-based data measurement system, with tested measures, that reduces the burden of calculating measures by hand and provides graphical reports that can be used for tracking process and outcome measures.

Source of Funding: DentaQuest Institute

## **(15) Dental Residency Program: Building from Ground Zero**

*Presenting Author: Raj Khanna, MD, DMD, Chair, Marshall University Dentistry and Oral & Maxillofacial Surgery*

Each dental residency program is as unique in its structure, education style and culture as the patients and community it serves. Initiating a new residency program, independent of a dental school, is not for the faint of heart-it demands vision, passion, unwavering commitment and of course financial and institutional support.

In April 2016, Marshall University School of Medicine opened its doors to the newly created Dentistry and Oral Maxillofacial Surgery Department. Two months following, came the announcement that the Department will also be partnering with a local hospital on a one-year general practice residency (GPR) program. The unique pairing of the GPR Program to the Oral Maxillofacial Surgery Department and hospital system allows both residents and faculty to combine oral and maxillofacial surgery with general dentistry providing comprehensive oral care that so many patients in the area desperately need.

While the GPR program is still in its infancy, research, data collection, and responding to community needs are at the forefront of collective efforts. To date, an emergency room/cost study analysis has been conducted (publication pending), startup participation in the Marshall Medical Outreach (a student-led free mobile health clinic that provides health care for the homeless and at risk for homelessness), and a partnership established with the states free-clinic network allowing faculty and residents to provide mobile dental services to West Virginia's most rural and impoverished counties.

Source of Funding: None

## **(16) Doubling Down on Improving Oral Health for an Aging Population**

*Presenting Author: Gwen Sova, RDH, Dental Hygienist, Family Health Center-Medford Dental*

In the 1950's 10% of the population of the United States was over 65 years of age. By 2050 that percentage is expected to double. In Wisconsin, it is estimated that by 2040 in 18 of 20 northern counties of the state, 27.1% to 43.4% of its population will be over the age of 65. The ever-growing elderly population in Wisconsin and throughout the United States have increasing options for housing and healthcare. The singular transition from one's home to the long-term care of a nursing home has been replaced with options for assisted living, memory care, home health care, adult day care, senior living complexes, residential living facilities and continuum of care facilities. These various facilities also have a variety of caregivers with different levels of education and training. There is a need to stress the importance of appropriate and adequate oral care, to improve the oral and overall health of seniors. In an effort to address education and training for caregivers providing assistance throughout the care spectrum of our elderly population, multiple educational and training guidelines were developed and presented. This round table discussion will focus on the development of clinical education and training materials, a dental intake evaluation guide, and community outreach efforts. We will also discuss future expansion plans that will include providing individualized dental services to seniors.

Source of Funding: Family Health Center of Marshfield, Inc.

## **(17) Elements of Sustainable Change; Exploration of the Finance Project's Sustainability Framework**

*Presenting Author: Monique Brown, MPH, Public Health Officer, CDC*

Programs often diligently work to attain successful initiatives only to see them disintegrate over-time. Evidence-based interventions that reach appropriate target populations lead to significant reductions in oral health disparities, dental caries and other co-morbid chronic diseases. Sustainability planning, throughout the life of an initiative, is key. Whether an initiative is in the formative stages, or has been in existence for several years, developing a sustainability plan is an important step in securing its future. The discussion will focus on elements of sustainable change. This roundtable will explore a sustainability framework consisting of eight critical elements for achieving a stable base of fiscal and non-fiscal resources that, in turn, can help lead to long-term sustainability of community initiatives, as described by the Finance Project.

Source of Funding: None

## **(18) ER Referral: What's Working Where and How to Begin a Program**

*Presenting Author: MiQuel McRae, RDH CDHC, Director, ToothBUDDS*

Various models of successful ER referral programs have begun around the country, each one sharing key elements incorporated in the planning stage. These elements will be shared with roundtable attendees as well as the ADA designed ER Referral Development Guide designed collaboratively with the American College of Emergency Physicians. Attendees will leave this session with a clear path forward to designing, implementing and evaluating an ER referral model they can begin in their own area. Highlighted programs will be the Voucher and Patient Volunteerism models.

Source of Funding: None

## **(19) Establishing Sealant Program Partnerships with Primary Care Associations and Primary Care Offices**

*Presenting Author: Astrid Palmer, MCHES, CDC*

Federal partners, state-level and local-level (regional) stakeholders are focusing on the reduction of oral health disparities as a public health priority. Sealant programs are an effective intervention that can reduce or eliminate racial and economic disparities in the prevalence of dental sealants. Dental sealants protect the pits and fissures of permanent posterior teeth, where 90 percent of decay occurs in school-aged children's teeth. Primary Care Associations and Primary Care Offices play an important role in improving oral health outcomes by ensuring community-clinical linkages to increase access to preventive dental services for high-risk children. This roundtable will highlight effective strategies sealant programs could use to establish successful partnerships with their state PCAs and PCOs to improve children's oral health outcomes.

Source of Funding: None

## **(20) Evaluation Capacity Building: Necessity or Nuisance?**

*Presenting Author: Nita Patel, DrPH, MPH, Health Scientist, Centers for Disease Control and Prevention*

Evaluation is often a mandate. It is a mandate for awardees, as funding organizations often seek evidence on the success of program implementation and achievement of project outcomes. It is also a mandate for funders, who have to show return on investment. Some funders require that awardees demonstrate the organization capacity for program evaluation. This roundtable will be a discussion on how to define evaluation capacity. Internal and external organizational capacity will be discussed. Finally, challenges in building organizational or program evaluation capacity, and creative ways to build evaluation resources within a program will be discussed.

By the end of the session, participants will:

1. Define evaluation capacity building
2. Discuss ways to building internal and external evaluation capacity
3. Identity 3 challenges to building evaluation capacity

Source of Funding: Centers for Disease Control and Prevention

## **(21) Expanding Access to Care in Rural Minnesota: Case Study of an Advanced Dental Therapist at Apple Tree Dental's Madelia Center**

*Presenting Author: Jodi Hager, MS-OHP, BA, ADT, RDH, Advanced Dental Therapist, Apple Tree Dental*

Jodi Hager, ADT, RDH with Apple Tree Dental will discuss her practice as an advanced dental therapist in Madelia, Minnesota providing care to patients of all ages in a rural region. The findings of a recent case study highlighting her productivity, procedure mix, and successful integration into the dental team will be presented, illustrating how dental therapists are expanding access to care in rural areas.

Source of Funding: Pew Charitable Trusts provided grant support for the case study findings from which will be part of the roundtable.

## **(22) Fluoride Programs in Schools-New and Improved ASTDD Best Practice Approach Report**

*Presenting Author: LeeAnn Cooper, RDH, BS, Consultant, Association of State and Territorial Dental Directors*

This session will share the development of an ASTDD new Best Practice Approach Report (BPAR) Use of Fluoride in Schools, updating evidence from the previous BPAR: Use of Fluoride in schools, Fluoride Mouthrinse and Supplement Programs. Presenters will review goals and objectives of past, present and emerging fluoride regimens along with key considerations for selecting schools for implementing, changing or halting a school-based fluoride intervention. The pros and cons of fluoride rinse, fluoride supplements, fluoride toothpaste/toothbrushing, fluoride varnish, school fluoridation and silver diamine/silver nitrate for use in schools will be compared. Presenters will share their experiences and lessons learned in developing a fluoride program in schools. The audience will participate in discussion of strategies for improving health outcomes using fluoride for school based or individual based approaches.

Participants will be able to identify key elements necessary for effective use of fluoride in schools. Participants will be able to describe two or more process and outcome measures for fluoride programs in schools.

Participants will be able to describe at least one new strategy to maximize fluoride use effectiveness.

Source of Funding: None

## **(23) How to Facilitate the Integration of Programs that Traditionally Work in Silos: Oral Health and Chronic Disease**

*Presenting Author: Rebecca Fils-Aime, MPH, CDC Evaluation Fellow, Centers for Disease Control and Prevention*

The Division of Oral Health at the Centers for Disease Control and Prevention emphasizes the importance of integrating oral health and chronic disease state programs. These programs are usually considered as separate entities, although both have similar outcomes in terms of reducing prevalence of diseases and/or risk factors. This session will highlight how to facilitate conversations between the siloed programs and how to build the partnerships necessary for program integration. We will discuss examples of how collaboration can assist both oral health and chronic disease programs accomplish their respective goals.

By the end of the session, participants will:

1. Understand the 4 domains of chronic disease
2. Identify potential challenges to the integration of chronic disease and oral health programs
3. Describe 3 effective ways to build partnerships

Source of Funding: None

## **(24) Human Papillomavirus Infections – Do Dentists have a Role?**

*Presenting Author: Anubhuti Shukla, BDS, MHA, Dental Public Health Resident, Harvard School of Dental Medicine*

Dental providers may be an excellent resource for educating patients about Human Papilloma Virus (HPV) prevention; however, they are not effectively used. The project that will be described at the session, aims to increase awareness about HPV related oropharyngeal cancers among oral health professionals and promote vaccination rates for HPV. We will discuss our study that assessed the effectiveness of an HPV educational intervention on knowledge, attitudes and comfort levels of oral health professionals in being able to talk to their patients regarding HPV. The intervention included an educational lecture about HPV and a toolkit developed by the Team Maureen group in collaboration with the Massachusetts Coalition for HPV prevention. After the intervention, there was a reported 37.5% increase in providers' interactions with patients about HPV prevention; 41% of respondents felt more prepared, 83% reported the educational intervention clarified their role and 92% reported an increase in HPV knowledge. The educational intervention resulted in improved knowledge, comfort and level of preparedness among oral health care providers in talking about HPV infection and its prevention strategies.

The goals for this roundtable are to present a HPV educational intervention program that has been effective in improving the knowledge base, comfort levels and preparedness of dental health professionals. The presentation will demonstrate the educational toolkit and its components. Discussion will also focus on recognizing the barriers that dental health professionals may be facing in offering HPV prevention and counseling service.

Source of Funding: None

## **(25) Improving the Oral Health of Head Start and Early Head Start Children: a Multi-state Demonstration Project**

*Presenting Author: Tina Montgomery, MBA, Director of Programs, National Nonprofit*

One-fourth of children 3-5 years old living in poverty have untreated dental caries. Early Head Start (EHS) and Head Start (HS) programs offer an opportunity to reach low-income pre-school aged children by integrating oral health into EHS/HS educational, health and social services. The Oral Health America's Early Childhood Caries Prevention Project (ECCPP), in partnership with Ronald McDonald House Charities, is a three-year demonstration project designed to develop a comprehensive evidence-based protocol in federally funded EHS and HS Centers. The overarching goal is to reduce the incidence of childhood caries by the age of five, particularly among at-risk populations, through targeted community interventions. There are four main project components: family and children engagement/education, oral health screening and fluoride varnish application, risk assessment, and case management. This session will provide a project overview and present baseline data on the children's oral health status, oral health quality of life, and caries risk factors; caregiver confidence and self-efficacy; and demographic characteristics.

Source of Funding: None

## **(26) Innovation in Dentistry: Applying User-Centered Design in Developing Effective Health Technological Interventions**

*Presenting Author: Alaa Qari, BDS, DScD Dental Public Health Candidate, Boston University Henry M. Goldman School of Dental Medicine - Department of Health Policy & Health Services Research*

This roundtable will discuss the concept of user-centered design (UCD) and how organizations can apply it to better understand people's needs and create impact at scale. Businesses such as Google, Apple, and Samsung are already implementing this approach for their products and services. Nonprofit organizations such as UNICEF and World Bank have also begun using this methodology for program design. Recently, a Global Innovation Lab brought together 1000 talented individuals from different parts of the world to "co-create" solutions to achieve the Sustainable Development Goals using this innovative approach. One lab project under the health theme addressed maternal complications.

In this session, participants will walk through the design thinking methodology and explore how they can implement this approach in their respective projects and institutions. Two projects in the area of primary prevention, behavior change and health education that adopted UCD will also be featured. The first project is developing an online intervention to raise awareness among parents and caregivers about their children's oral health. The UCD process was adopted in the process of developing a website about improving oral health and reducing dental caries among children. The second project is designing educational modules that engage health providers to use telehealth technology to provide access to care to patients living in rural areas in Massachusetts. Different UCD concepts, tools and methods used in these aforementioned projects such as personas, user and experts' interviews, wireframe and prototype, and different techniques for conducting a usability testing, among others, will be discussed.

Source of Funding: None

## **(27) International Volunteerism: Are you Interested in Volunteering? Come Learn About the Opportunities Available Through the ADA Foundation**

*Presenting Author: Karl Woodmansey, DDS, MA, International Programs Committee, ADA Foundation*

The ADA Foundation engages in a number of activities to support the improvement of global oral health. These activities include professional education, oral health infrastructure development, community dental public health, and humanitarian outreach programs.

To help dentists and dental professionals looking for volunteer opportunities outside of the U.S., the ADAF provides an international volunteer website (<http://internationalvolunteer.ada.org>). Potential volunteers can search among 125+ listed organizations that offer volunteer opportunities for dental professionals and learn about how to select a volunteer program and location, how to prepare for a trip, and what to expect upon the return home. Potential volunteers can also download the International Dental Volunteer Guide.

The ADAF sponsors the oral health programs of Health Volunteers Overseas (HVO). These programs build local capacity by providing health care professionals in resource-scarce countries with the knowledge, skills, and abilities required to address the health care needs of their communities. There are currently seven ADAF/HVO programs in Cambodia, Haiti, Laos, Nepal, Nicaragua, and Tanzania recruiting volunteers. Volunteers are asked to supplement the current dental school curriculum with lectures and clinical instruction. Learn more about HVO at [www.hvousing.org](http://www.hvousing.org).

The ADAF unites the global dental profession by fundraising for international disasters. Past fundraising efforts have benefited programs in Haiti, Japan, the Philippines, and Nepal, following disaster events in those countries. The ADAF also fields requests from NGOs involved in oral health, as well as dentists who may need in-kind donations for international dental missions, and works to connect them to industry contacts

Source of Funding: None

## **(28) Is Interprofessional Education Changing the Paradigm of Dental Care?**

*Presenting Author: Shenam Ticku, BDS, MPH, Instructor, Harvard School of Dental Medicine*

It has been widely acknowledged that interprofessional education (IPE) is important for collaborative practice and patient-centered care, important indicators of quality care delivery. IPE is an accreditation requirement in dental education as well as within the education of other primary care disciplines. The Center for Integration of Primary Care and Oral Health (CIPCOH) is a national center focused on oral health integration with primary care training which includes interprofessional education and practice. As part of the CIPCOH's first year environmental scan, an IPE survey was administered to U.S. dental schools. Approximately 96% of dental schools engaged in IPE (nonclinical and clinic), however, only 24% agreed that they were satisfied with their dental students' current level of competence in IPE at graduation. Time in the curriculum and competing priorities were named as top barriers to increased focus on IPE. Does the mere inclusion of IPE in a program's curriculum translate to interprofessional practice? In our roundtable discussion, using independent case studies and findings from CIPCOH's research, we will delve into factors that influence the quality of IPE, including evaluation and importance of collaborative practice. Moreover, we will discuss how the current compartmentalized landscape of oral healthcare delivery, policy and financing may be an added hurdle to cross before the true potential of IPE can be fully realized.

Source of Funding: Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UH1HP29962

## **(29) Medicaid Provider Reference Guide**

*Presenting Author: Steven Geiermann, DDS, Senior Manager, American Dental Association*

Medicaid-eligible individuals are one of the fastest growing demographic populations today. Due to changes in the economy and in the communities they serve, a growing number of private practice dentists are considering expanding their practices to welcome Medicaid patients; though many do not fully understand or appreciate the challenges faced by these individuals. Increasing awareness will help these practitioners serve these patients well and increase capacity through strong private/public collaboration.

The American Dental Association's Council on Advocacy for Access and Prevention seeks regular guidance and technical assistance from its Medicaid Provider Advisory Committee (MPAC), which has been chaired by Dr. Sidney Whitman since 2011. In consultation with the American Academy of Pediatric Dentistry (AAPD), the MPAC offers this Medicaid Provider Reference Guide as an invitation to non-participating dentists to treat Medicaid-eligible individuals and as an encouragement for those who currently participate to continue. Organized dentistry seeks to increase the number of dental providers participating in Medicaid, thus increasing the number of oral health services delivered to Medicaid-eligible individuals. For more info: <http://www.ada.org/en/public-programs/action-for-dental-health/medicaid-provider-reference-guide>

Source of Funding: American Dental Association

### **(30) Medicare Dental Toolkit: Leveraging Resources and Expanding the Advocacy Network**

*Presenting Author: Natalie Shaffer, BA, Public Affairs Associate, Oral Health America*

Oral Health America is dedicated to improving the nation's overall health through better oral health for all, especially those most vulnerable. With an expected 72.1 million seniors living in the United States by 2030, we are at a pivotal point in our country's healthcare system and now, more than ever, coalition building and collaboration is vital in the national movement to prioritize the oral health of older adults. Oral Health America set out to engage state partners, allied organizations, policymakers and consumers to work toward the inclusion of an oral health benefit in Medicare. This roundtable presentation will highlight one piece of the overall project, which is our Medicare Dental Toolkit, a collection of infographics, one pagers and social shareables designed to assist coalition building between state oral health organizations and aging professionals. The roundtable presentation will highlight the survey OHA sent out to its state partners in the early development stages all the way to downloading the final, published product on our organization's website. Lastly, the presentation will be a call to action for state advocates to weigh in on this living project and let Oral Health America know what kind of resources it needs to help bridge the divide between oral health and aging in their states. This will not only increase usability but create unified messaging for a network of state and national advocates to use to promote oral health equity for older adults.

Source of Funding: DentaQuest Foundation Grant

### **(31) Nutritional Counseling and Obesity Prevention Training Protocol for Dental and Dental Hygiene Programs**

*Presenting Author: Vinodh Bhoopathi, BDS, MPH, DScD, Assistant Professor, Temple University Maurice H. Kornberg School of Dentistry*

Childhood obesity is a serious public health issue. Since the 1970s childhood obesity has almost tripled in the United States (US). Recent national data indicate that every 1 in 10 children aged 2 to 5 years in the US is obese. Concerted efforts across private and public health sectors are needed to prevent obesity. Oral health professionals, especially general dentists, are in an advantageous position to address obesity prevention and provide nutritional counseling in dental office. However, not many dental schools have integrated a training protocol for dental students in the prevention and management of childhood obesity. Through a Health Resources and Services Administration grant awarded to the Temple University Maurice H. Kornberg School of Dentistry (TUKSoD), the authors developed a Nutritional Counseling and Obesity Prevention (NCOP) training protocol for dental students. In this session the authors will discuss the Pre-implementation and Implementation phase of the NCOP program. This session will also highlight the steps and strategies identified to develop the didactic and clinical training aspects of the NCOP program. This training protocol can be utilized by academic dental and dental hygiene institutions to train the future dental workforce to disseminate knowledge and support health behaviors that can effectively prevent and help manage early childhood obesity.

Source of Funding: This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number and title for grant amount (D85HP30828, Predoctoral Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene, \$1,559,006).

### **(32) Older Adult Oral Health Education Curriculum: Online Training Opportunity for Dental Professionals**

*Presenting Author: Antegoni Kyros, RDH, MPH, Program Coordinator, Older Adults, Oral Health America*

Oral Health America (OHA) and Colgate Oral Pharmaceuticals have partnered to bring OHA's Tooth Wisdom®: Get Smart About Your Mouth oral health education curriculum to an online platform utilizing Colgate's Oral Health Network for Professional Education and Development. This partnership allows the opportunity for oral health professionals to receive online training on how to appropriately and effectively communicate with older adults in preparation for teaching the workshop to older adult consumers.

As a part of OHA's older adult program, the Wisdom Tooth Project®, Tooth Wisdom: Get Smart About Your Mouth is a unique oral health curriculum designed to provide older adults with a sense of self-efficacy to care for their oral health, delivered in community settings where they naturally congregate.

Tooth Wisdom: Get Smart About Your Mouth aspires to be the first evidence-based course of its kind. This partnership brings online training on communicating with, and facilitating groups, of older adults to oral health practitioners throughout the country using OHA's proprietary curriculum.

This round table session will provide an overview of Tooth Wisdom: Get Smart About Your Mouth, its components, and ways for oral health professionals to become trained in the curriculum, and utilize the materials to educate the seniors of their communities.

Source of Funding: None

### **(33) Oral Health Care for Persons with Disabilities in the Era of Repeal and Replace**

*Presenting Author: Diane Ede-Nichols, DMD, MHL, MPH, Nova Southeastern University College of Dental Medicine*

Nova Southeastern University College of Dental Medicine initiated a Special Needs Clinic in 2003, with two main objectives: 1) to educate pre- and post-doctoral students and 2) provide oral health care to persons with disabilities. Since then, we have had to continuously adapt to multiple changes in policy through three different Presidents and their administrations, the Affordable Care Act and privatization of the Medicaid system. As the ability to provide oral health care to persons with developmental and acquired disabilities, the medically complex and the frail elderly continues to face increasing challenges one can only speculate what may lie ahead in the political climate of "Repeal and Replace."

This round table session will provide our program's overview and implementation as well as share program challenges and triumphs as we look toward the future.

Source of Funding: None

### **(34) Oral Health on Country Roads: A Collaboration to Bring Mobile Dental Services to Rural West Virginia's Low-Income Adult Population**

*Presenting Author: Angela Settle, DNP, APRN, BC, FNP, Executive Director, West Virginia Health Right*

The barriers, frustrations, and unfortunately failures of operating a mobile dental program in rural areas has been well-documented. However, when there is a glaring need and mobile dentistry fits the bill, it's time to load up the air-compressor, hand piece, and hit the country roads.

After seeing the need for dental care for adults in rural West Virginia, two unlikely partners came together with a can-do attitude. West Virginia Health Right, a free clinic located in Charleston, WV approached Marshall University School of Medicine General Practice Residency Program for help. What developed out of that has become a multi-agency, multi-funder collaboration providing adult dental care to six counties.

Join this interactive roundtable to learn how varying agencies & organizations came together to serve low-income adult patients in their own communities. Participants will get to hear the not so glamorous tale of pulling off such a feat, with the hopes that they might return to their own communities with a better understanding of providing preventive and restorative to the working poor, avoiding some of the pitfalls experienced by this team of dedicated people.

Source of Funding: Claude Worthington Benedum Foundation, The Greater Kanawha Valley Foundation, McDonough Foundation, Logan Healthcare Foundation

### **(35) Oral Health Practice Management through the Lens of Health Equity and Racial Justice**

*Presenting Author: Da-Nell Rogers, BA, Project Manager, Safety Net Solutions, DentaQuest Institute*

It is easy to get caught up in the daily grind of operating a successful oral health program. While striving to effectively balance margin and mission, organizations might be putting systems in place that present barriers to health equity and racial justice without knowing it. This roundtable discussion will look at how health equity and racism are defined, and how those elements might be operating within your own oral health program.

Source of Funding: None

### **(36) Oral Health Resources to Promote Collaboration with Home Visiting Programs**

*Presenting Author: Kathy Hunt, RDH, ECPII, Member, ASTDD Early Childhood Committee, ASTDD*

In recent years, there has been increased interest in the importance of promoting oral health awareness and education within home visiting programs. The Association of State and Territorial Dental Directors Early Childhood Committee recently updated their environmental scan, originally published in collaboration with the National Center on Health in 2014, that includes an annotated list of oral health educational resources available to home visitors and the pregnant women, children and families they serve. The committee also identified gaps in available resources and made recommendations for the development of needed resources. Additionally, the committee recently released a companion issue brief to promote collaboration between state oral health programs and home visiting programs. The issue brief includes key findings from the environmental scan and highlights examples of collaboration between state oral health and home visiting programs. This roundtable discussion will focus on how to use the environmental scan and issue brief to increase oral health collaboration with home visiting programs.

Source of Funding: None

### **(37) Partnering with Managed Care Organizations to Improve Oral Health in Pregnant Women**

*Presenting Author: Teresa Marks, BA, Program Director, West Virginia Oral Health Program, West Virginia Department of Health and Human Resources, Bureau for Public Health*

Oral health is important to overall health at any time in life, and during pregnancy is no exception. In 2013, West Virginia's state oral health program began dedicated work to improve the quality of dental services available to pregnant women in our state, especially those at high-risk due to low socio-economic status. Nearly 50% of annual births are reimbursed by West Virginia Medicaid, and almost all of those pregnant members are now under the oversight of our state's four managed care organizations (MCOs). However, West Virginia is currently classified as an emergency-only benefit state for publicly-insured adults (age 21 and older). In 2015, our state's MCOs began to offer limited dental services to members during pregnancy, but these "value adds" remain underutilized. This roundtable session will discuss how the state oral health program, Bureau for Medical Services and MCOs are currently working on a pilot project to increase utilization of available dental services through incentives to both perinatal healthcare providers and their pregnant patients.

Source of Funding: Health Resources and Services Administration (HRSA) Perinatal and Infant Oral Health Quality Improvement (PIOHQI) Pilot Program (HRSA 13-283)

### **(38) Person Centered Care: The New Paradigm**

*Presenting Author: Mark Doherty, DMD MPH CCHP, Executive Director, Safety Net Solutions*

As health care moves away from a medically paternalistic, doctor-knows-best approach, to care, consumers are playing more and more active roles in their own care. Recently, the patient-centered care model (care that is respectful of and responsive to the preferences, needs, and values of the individual, ensuring that the care recipient's values guide all clinical decisions") has replaced the medical model of care.

Now there is a new paradigm of care in the form of person-centered care.

Person-centered care is an approach to health that promotes ongoing relationships between people, their care providers and caregivers, and their communities, working toward a person's overall well-being. Well-being accounts for both clinical and nonclinical factors, such as lifestyle, environment, and demographics. Beyond medical interventions, this approach allows for personalized, shared decision-making and focuses on improved quality of life for the person and the community. This whole-person approach generally emphasizes the importance of interrelationships in improving health outcomes, considers health episodes as a part of broader life experience, and views diseases as interrelated - with each other and with factors outside the clinical setting.

This discussion will begin with a description of the major models of care utilized in the past 150 years and how they evolved and devolved. It will demonstrate how they differed and most importantly why they changed.

We will then discuss the person centered or person focused model of care and its evolution. Last and most importantly we will discuss person centered care in relation to oral health.

Source of Funding: None

### **(39) Progress on Perinatal Oral Health Utilization - Its Possible**

*Presenting Author: Marty Milkovic, MSW, Director, Connecticut Dental Health Partnership*

HUSKY Health (Medicaid/CHIP in Connecticut) has been working to improve perinatal dental utilization and oral health since 2009. The round table will report on what has been done and the progress made to date. Data on perinatal utilization and provider access in Connecticut will be highlighted.

Source of Funding: Made possible by grant number H47MC26549 from the Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services to the State of Connecticut Department of Social Services. Operated under contract to Dental Benefit Management, Inc, dba BeneCare Dental Plans and the Connecticut Dental Health Partnership. Information/content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

<http://mchoralhealth.org/Projects/piohqi.html>

## **(40) Promoting Adherence to CDC Guidelines for Infection Prevention and Control**

*Presenting Author: Gregory Holder, MPH, Public Health Advisor, CDC/NCCDPHP/DOH*

Since the CDC Guidelines for Infection Control in Dental Health-Care Settings were released in 2003, only 22 states (including the District of Columbia) have incorporated the full Guidelines into state law or state administrative codes. The 22 states have taken different approaches to incorporate them, ranging from creating stand-alone Infection Control codes to adopting the Guidelines under professional conduct or standards of care.

The purpose of this roundtable is to host a facilitated discussion that answers the question: “What are the most effective state-level strategies for supporting adherence to the CDC Guidelines in the clinical setting?” The facilitator will share an analysis of the different ways in which states have approached referencing, adopting, or incorporating the Guidelines into clinical practice. Participants will share insights and experiences on how state dental board or legislature adoption of the Guidelines has affected daily operations, practice structure, and training; whether infection control should be codified as part of professional conduct; and who in a practice has ultimate responsibility for infection control. Participants will share pros and cons of various methods used by the states.

From this discussion, the facilitator will understand what participants consider as ideal strategies to support adherence to the Guidelines and what resources could support a 50 state approach for infection control guideline adoption.

Source of Funding: None

## **(41) Promotional Videos to Increase Participation in the Arizona Sealant Program**

*Presenting Author: Cristina Ochoa, MPH, Program Manager, Associate Member*

**Objectives:** The goal of the Arizona Sealant Program was to increase participation through the use of promotional videos. Participation was below program standards. Based on evaluation results, parent’s lack of knowledge on dental sealants was the main barrier. The videos presented information so that school staff, parents and children are more knowledgeable on the program and increase participation.

**Methods:** An evaluation of the Arizona Sealant Program was conducted and throughout the 2015-16 school year, data was collected. A survey was sent to all school nurses who participated in the program for feedback on their perception of barriers to the success of the program.

**Results:** The Sealant Program performance benchmark for school participation is 50% from the total enrolled children. 25% of 2nd graders and 13% of sixth graders participated. Participation rates are below performance standards. Only 25% of the schools had documented time spent doing classroom promotion by providers. The survey results from school nurses who participated in the program revealed that the top perceived barriers were “parental education on oral health”, “lack of awareness of dental sealants” and “obtaining parental consent”.

**Conclusions:** Based on these results, promotional videos were created. Two videos for students and a video for school staff and parents were created. The promotional videos address the identified barriers to participation. ADHS expects the use of this media to increase parent’s knowledge of sealants and number of returned consent forms. The percentage of providers providing education to classrooms should also increase.

Source of Funding: HRSA Oral Health Workforce Grant

## **(42) Providing Timely Oral Health Care to Pregnant Mothers in the Medical Setting**

*Presenting Author: Emily Norrix, MPH, Perinatal Oral Health Consultant, Michigan Department of Health and Human Services*

Timeliness is an important component of quality care. The Michigan Maternal Infant Oral Health Project (MIMIOH), funded by the Michigan Department of Health and Human Services (MDHHS), integrates registered dental hygienists (RDH) within an obstetric setting to provide care efficiently as part of an inter-professional team. This project is a coordinated partnership involving the University of Detroit Mercy, the MDHHS Oral Health Program, and the Michigan Primary Care Association.

Grant funding, for a 1-year pilot period, supports the development and implementation of this perinatal medical-dental integration project at six Federally Qualified Health Center (FQHC) sites. The utilization of FQHC sites is a natural fit for innovative and integrated care, particularly in the development of a perinatal oral health program, delivered to patients in predominantly underserved communities. By placing a designated RDH in a fully equipped dental room stationed permanently within the obstetric clinic, team members can expand best practices into a standardized collaborative model.

Roundtable participants will examine the development and structure this project, discover the methodology and protocol developed and utilized by participating FQHCs, discuss successes faced by participants as well as challenges and obstacles that sites have needed to overcome in the development of this program. Upon completion of the session, attendees will depart with resources and the knowledge to begin developing a similar program at their own institutions.

Source of Funding: None

### **(43) School-based Screening and Sealant program with Follow-up Protocol**

*Presenting Author: Aleshia Lamos, RDH, Dental Hygienist, St Luke's Dental Health Center*

Background: The authors describe a school-based screening and sealant outreach program. This describes the local collaborations, protocols for care coordination, and referrals. This program is unique since it has both active and passive consent protocols occurring simultaneously.

Description: St. Luke's Dental Health Center and HACAP (Hawkeye Area Community Action Program) formed a partnership for a school-based sealant program. The hygienists in the program visit twenty-five schools in three counties, providing dental education, screenings, sealants, and fluoride to children returning a consent form. The program also provides flashlight screenings and education to children without active consent in sixteen of the schools due to an agreement between the school district and the program. The team works to ensure children with suspected dental needs receive care by sending a letter home with the child, providing follow-up calls or letters, and care coordination to parents. In doing this we make parents aware of dental concerns, help find a dental home, and/or identify barriers to dental care. The team ensures urgent dental needs are treated and a dental home is established. With collaboration with local agencies, other needs identified are addressed which could include but are not limited to insurance coverage, housing or even access to mental health counseling.

Conclusions and practical implications: The authors describe the unique sealant and screening school-based program with emphasis on care coordination and establishing a dental home. Key Words: school-based sealants, comprehensive care, prevention, dental home, screening, fluoride varnish, passive consent.

Source of Funding: None

### **(44) Screening for BP/Diabetes: Survey of Oral Health Professionals**

*Presenting Author: Susan Deming, RDH, RDA, BS, Health Systems Integration Oral Health Coord, ASTDD*

This roundtable will describe the collaborations within the State Health Department to assess Oral Health Professional knowledge and practices in regards to screening for hypertension and diabetes in the dental setting.

Source of Funding: None

### **(45) Silver Diamine Fluoride for Caries Control**

*Presenting Author: Jaana Gold, DDS, PhD, MPH, CPH, UF and ATSU*

Dental caries remains the most prevalent untreated chronic and infectious disease in children, and millions of adults suffer from poor access to dental care. Silver diamine fluoride (SDF) has been identified as an innovative noninvasive anti-microbial and remineralizing agent successful in arresting and preventing active dental decay. The goal of this session is to present the latest evidence and mechanism of action of 38% SDF in preventing and arresting caries lesions. The speaker will present clinical cases managed with SDF; discuss clinical studies; and present evidence-based clinical recommendations for SDF treatments.

Source of Funding: None

## **(46) So, You've Become an ASTDD Associate Member – Now What?**

*Presenting Author: Christine Veschusio, Consultant, ASTDD*

ASTDD has seen its associate membership grow significantly. In fact, associate members now outnumber all other ASTDD membership categories. That means the face of ASTDD is changing. The organization is casting a broader net and serving more people than ever before.

This session focuses on what it means to be an Associate Member of ASTDD. At the roundtable we will hear personal stories from associate members who will discuss the value associate membership has provided for them. There will be discussion about the opportunities and the benefits that come from Associate Membership as well as conversation about the challenges associate members face. There will be plenty of time for questions and ideas for enhancing the associate membership experience. The discussion promises to be robust.

The goal of the roundtable is to engage attendees in a discussion that is both informative and inspiring in the hope of making Associate Membership in ASTDD more meaningful for all. Attendees will find the opportunity to come together, understand and address their needs as well as engage in ASTDD which will ultimately strengthen the organization and its impact in the dental, medical, and public health arenas.

Source of Funding: None

## **(47) Staffing for Success**

*Presenting Author: Caroline Darcy, BA, Project Manager, DentaQuest Institute, Safety Net Solutions*

Provide an overview of staffing requirements to maximize productivity of your oral health program. Identify strategies for maximizing staff resources to ensure dental program success.

Source of Funding: None

## **(48) State Oral Health and Infection Prevention Programs: Working Together to Provide Safe Care**

*Presenting Author: Michele Junger, DDS, MPH, Dental Officer, Centers for Disease Control and Prevention*

**Objectives:** To provide State Oral Health Program (SOHP) staff an update of disease transmissions in dental health care settings, introduce state-based Healthcare Associated Infection (HAI) Prevention programs and their available resources, and discuss examples of how SOHPs and HAI programs can work together to prevent HAIs and provide safe dental care.

**Methods:** The Centers for Disease Control and Prevention (CDC) provides funding to support SOHPs and state HAI prevention programs. These programs may be unfamiliar with each other's existence and expertise. State-based HAI prevention activities can intersect with dental health care settings (DHCS) and include epidemiologic investigations of infection control breaches or disease transmissions, antibiotic stewardship initiatives, and promotion of injection safety.

**Results:** In 2015 and 2016, outbreaks of *Mycobacterium abscessus* odontogenic infections were reported in children receiving pulpotomy treatment from pediatric dental clinics in Georgia and California (23 and 73 cases, respectively). In 2016, an outbreak of bacterial endocarditis following oral surgery was reported in 15 patients in New Jersey. SOHP can assist HAI prevention activities through provision of dental expertise during investigations, dissemination of control measures, and promotion of CDC and state-based resources to the dental community. Key resources can include guidelines and recommendations, core elements of antibiotic stewardship programs, and injection safety information and training.

**Conclusions:** All dental settings must make infection prevention a priority. All SOHPs should be familiar with CDC and state-based infection prevention and control resources and work with their state's HAI prevention programs to provide safe dental care and improve community health.

**Source of Funding:** None

## **(49) State Oral Health Coalitions and Collaborative Partnerships to Improve Oral Health: Updating ASTDD's Best Practice Approach Report with New Frames for Impact and Sustainability**

*Presenting Author: Judith Feinstein, MSPH, Consultant, ASTDD (Consultant: Dental Public Health Resources Committee)*

Oral health problems involve significant social and cultural factors, requiring many resources and partners to implement and ultimately sustain effective clinical and community interventions. Building linkages with partners can provide public recognition and visibility, leverage resources to expand the scope and range of services, provide a more comprehensive approach to programming, enhance clout in advocacy and resource development, enhance competence, avoid duplication of services and fill gaps in service delivery, and accomplish what single members cannot. State oral health coalitions and other forms of collaborative partnerships can provide guidance and recommend directions for a state oral health program (SOHP), with mutual benefits for partners. Working with a broad-based constituency, oral health can become a compelling issue beyond the boundaries of the traditional oral health care delivery system and become better integrated into overall health.

The Association of State and Territorial Dental Directors' (ASTDD) Best Practice Approach Reports (BPAR) describe public health strategies, assess the strength of evidence for effectiveness, and use practice examples to illustrate successful implementation. A BPAR on state oral health coalitions and partnerships, published in 2008 and updated in 2011, will be revised and updated again later in 2018. This roundtable will review current research and recommendations for enhancing the efficacy and effectiveness of coalitions and collaborative partnerships, including new models and frameworks that SOHPs can use to assess their current coalitions and collaborative partnerships and establish and foster new relationships. Participants will be asked to comment on the draft recommendations and share their own experiences.

Source of Funding: None

### **(50) Strategies for Evaluating Public Health Dentistry Programs Using Limited or Existing Resources**

*Presenting Author: Pierre Cartier, DMD, MPH*

Public health dental clinics rely on data to support grant applications, quality assurance activities, and long-term planning. However, such data are challenging to collect using practice management software traditionally designed to facilitate insurance billing. Further, clinics may be challenged by limited financial, technological, or infrastructure resources. This presentation will discuss strategies for using existing resources to monitor population health trends and conduct quality assurance activities in public health dental operations ranging from outreach programs to brick-and-mortar clinics. The development of "dummy codes" to monitor oral healthcare urgency, disease burden, and other epidemiological metrics will be discussed. Further, attendees will learn how to identify, develop, and implement metrics that will enable them to monitor the quality of care given. Such metrics include those that monitor changes in dental treatment urgency, patterns of long-term dental home utilization, use of preventive care, and the coordination of inter-professional care for diabetes and other chronic diseases. Attendees will also learn strategies for using paper-based resources (such as surveys) to collect data, as well as resources for analyzing collected data.

Source of Funding: None

### **(51) Strategies for Promoting Oral Health in Head Start, Child Care, and Home Visiting Programs**

*Presenting Author: Michelle Landrum, RDH, MEd, NCECHW and ASTDD Early Childhood Committee Consultant, Association of State and Territorial Dental Directors*

This roundtable session will provide an opportunity for participants to discuss strategies for promoting oral health in Head Start, child care, and home visiting programs and building collaborative relationships with program staff. The discussion will be led by the National Center on Early Childhood Health and Wellness Dental Hygienist Liaison (DHL) lead project coordinator and Utah's DHL who will share strategies and resources for improving the oral health of pregnant women, children, and families served by these programs.

Source of Funding: The National Center on Early Childhood Health and Wellness

## **(52) Strategies for Success When Treating Adults with Intellectual and Developmental Disabilities in the Dental Office**

*Presenting Author: Kayce Sexton, RDH, Developmental Dental Hygienist, Lee Specialty Clinic*

Louisville, Kentucky is the home of the Lee Specialty Clinic. Our clinic is the only interdisciplinary clinic of its kind treating adults with intellectual and developmental disabilities (IDD) with a professional team approach. Lee Specialty has affiliations with multiple professional programs and is deemed a designated teaching facility for medical, dental, behavioral and therapy students. This session will provide participants with an understanding of the obstacles that the IDD population can present. We will focus on the dental setting and how to overcome these challenges as a professional clinician. A general overview of various topics, such as patient rights, implied consent, guardianship, oral hygiene instruction, and resources will be covered.

Source of Funding: None

## **(53) Teaching to Competence: Accreditation Standards for Dental Therapy Education Programs**

*Presenting Author: Ann Lynch, Director, Education & Professional Advocacy, American Dental Hygienists' Association*

The American Dental Hygienists' Association (ADHA) is the largest national organization representing the professional interests of the more than 185,000 registered dental hygienists across the country. ADHA supports the advancement of dental hygiene education programs to best prepare dental hygienists for their evolving scope of practice.

This roundtable will focus on the Accreditation Standards for Dental Therapy Education Programs. ADHA has a strong track record of working with the Commission on Dental Accreditation (CODA) to advance dental education programs. Ann Lynch, Director of Education & Professional Advocacy, will review highlights from the approved dental therapy standards including program length, advanced standing and supervision, among others.

Visit this roundtable to learn about ADHA's involvement during CODA's comment period through the implementation of the Dental Therapy standards and beyond. Participants will be able to identify the states that have introduced dental therapy legislation in the current legislative session and will be able to demonstrate how CODA's dental therapy education standards are contributing to the growth of dental therapy.

Source of Funding: None

## **(54) Team Approach to Management of Oral Health for Special Needs Patients at Home and in Clinic Setting**

*Presenting Author: Katherine Thorsteinson, RDH, BS, St. Luke's Dental Health Center*

Background: Routine dental care for people with developmental disabilities can be complex. The authors describe the Dental Health Center protocol on treating such individuals.

Description: The dental team works closely with local residential care facilities to provide continual preventive dental care for developmentally and intellectually disabled individuals. This unique program makes use of a variety of public health resources to support the best care. The process begins when a care facilities staff calls our public health clinic and schedules an appointment for comprehensive care. During the appointment, several factors are measured and established. The level of cooperation of the patient is determined using a color coded system. Case by case oral hygiene instructions are demonstrated with the individual and the care taker/staff person at the appointment. The need for further treatment in the clinic setting or in the hospital under general anesthesia is decided. A triage system helps serve patients in order of need in the operating room (OR). Clinic dentists and assistants provide operative treatment and/or tooth extractions. Often oral surgeons are scheduled to perform difficult extractions. Dental hygienists accompany the dentist in the OR to provide direct services including making full mouth radiographs, scaling/root planning, polish, and fluoride varnish. A dental hygienist visits the homes annually to present oral hygiene education to staff.

Conclusions and practical implications: The author presents a simple, easy to follow protocol that helps manage disabled individuals and provide the best comprehensive dental care possible. Key Words: Developmental disability, comprehensive care, prevention, operating room, screening

Source of Funding: None

## **(55) Teledentistry: Promoting Technology to Enhance Access to Care**

*Presenting Author: Scott Howell, DMD, MPH, Assistant Professor, A. T. Still University, Arizona School of Dentistry & Oral Health*

The use of telehealth technologies crosses most fields in healthcare. Extending beyond the concept of "telemedicine," traditional clinical diagnosis and monitoring delivered by technology, it comprises an extensive range of technologies and strategies to deliver medical, dental, health, and education services virtually, via electronic communications modalities. Teledentistry is a relatively new model for healthcare delivery. Using a combination of electronic health records, telecommunications technology, digital videos/imaging, and the Internet, oral health providers can reach populations that do not normally have regular access to oral health services, effectively enhancing access to appropriate care. Because teledentistry is in its infancy, a minimal amount of literature is available for states to develop new programs. States currently utilizing teledentistry include California, Hawaii, and Arizona among others. The Association of State & Territorial Dental Directors, in conjunction with a dental public health resident from University of Texas Health San Antonio, are developing a white paper on teledentistry. Using existing literature and examples from current and previous teledentistry programs, the goal of this paper is to guide state policy-makers and oral health program directors in the development of new teledentistry initiatives. This presentation will provide an overview of the benefits, challenges and barriers in the use of teledentistry, and an opportunity for attendees to provide feedback and input on the direction of the white paper as it is completed.

Source of Funding: None

## **(56) The Quest for Silver Diamine Fluoride Awareness & Medicaid Coverage in Illinois**

*Presenting Author: Sharon Perlman, DDS, MPH, Oral Health Consultant, The Ounce of Prevention Fund*

Until recently, most dentists in Illinois had never heard of silver diamine fluoride and the demand for Medicaid coverage for this procedure was extremely limited. The tide has turned, and multiple entities have joined the SDF bandwagon. Most notable is the Illinois State Dental Society which unanimously passed a resolution to increase SDF awareness and education, and pursue Medicaid coverage, which resulted in a cascade of support. Roundtable participants will learn the process by which these measures were achieved, the hurdles that were encountered and lessons that were learned. Although specific to SDF, participants will glean successful strategies that may be applied to many public health initiatives.

Source of Funding: The Ounce of Prevention Fund

## **(57) ToothWisdom.org: A Consumer Resource to Improve Older Adult Oral Health**

*Presenting Author: Jessica Meister, BA, MA, Web Coordinator, Oral Health America*

Toothwisdom.org is an initiative of Oral Health America's older adult program, the Wisdom Tooth Project®, which strives to improve the lives of older adults especially vulnerable to oral disease. The website serves both seniors and their caregivers by teaching about oral health in aging and by connecting individuals with affordable dental clinics in their area. In the summer of 2017, toothwisdom.org was relaunched to better meet the needs of older Americans as they increasingly rely on technology and the internet for educating themselves and finding resources that may improve their overall health. This roundtable session will provide an overview of the new tools available on toothwisdom.org, including both the enhanced Find Care tool, now integrated with Google Maps and allowing for easy search of nearby affordable clinics, as well as the revised Health Topics A-Z section with educational articles focused on improving personal oral and overall health. Roundtable attendees will also learn the best practices for designing consumer-focused, online oral health resources, with a special focus on improving oral health literacy for individuals aged 65 and older.

Source of Funding: GlaxoSmithKline (GSK) USA

## **(58) Using “Theory U” Concepts and Process to Catalyze Oral Health Workforce Change and Innovation: A Pennsylvania Case Study**

*Presenting Author: Helen Hawkey, BSDH, PHDHP, Executive Director, PA Coalition for Oral Health*

The Pennsylvania Coalition for Oral Health (PCOH) is improving oral health for all Pennsylvanians. An innovative planning process, “Theory U”, was employed to investigate the current context framing our workforce issues. “Theory U” provided a meaningful pathway to address our challenges within a shared and engaging environment, supporting collaboration and meaningful change. Whether due to provider distribution, provider status, or common issues like transportation or appointment barriers, many people are not receiving regular dental care. Low-income and minority groups are disproportionately affected and needs are greater in these populations. Like many states, Pennsylvania bears the burden of complex workforce issues. Pennsylvania is a heavily populated, diverse state with geographically vast rural areas and concentrated urban centers. With almost 13 million residents in need of dental providers, “Theory U” was applied to assess these various and persistent inequities while taking a broader view.

A full one-year planning process was implemented across all stakeholders, ranging from consumers to dental providers to insurance companies and more. Information was collected and utilized to plan our first Oral Health Workforce Innovation Summit, a two-day gathering in November 2016. As a result, sixteen prototypes were launched through individual and group efforts. PCOH is tracking prototypes implementation and compiling an outcomes summary report. As we move into 2018, the most successful prototypes will be assessed and “brought to scale” leading to statewide implementation for our entire population.

Source of Funding: DentaQuest Foundation

### **(59) Using Data Warehouse and Tableau Technology for Population Health Management through Information Mapping and Storytelling**

*Presenting Author: Alfred Cecchetti, PhD, MSc, MSc IS, Director, Division of Clinical Informatics Marshall University School of Medicine*

As demonstrated over the last few years, an emerging theme in Public Health is the use of technology in storytelling. This roundtable session will provide participants with a “hands-on” opportunity to become acquainted with Tableau Technology and gain insights on how it can be applied to Dental Public Health. A data warehouse is designed to hold multi-institutional health data and serve as a single source of truth. When it comes to effectively sharing this single source of data with key stakeholders i.e. legislators, policy makers, etc., the days of talking numbers have become outdated. Brain science tells us that we need to be fed information in chunks, and that these bite-sized chunks need to be connected to each other. Tableau Technology can provide such a bridge. Tableau connected to data warehouse technology is centered on storytelling through data visualization. Tableau along with the data warehouse can help the target audience understand causality and connections between facts, develop algorithms that classify or predict, identify unexpected findings, and put actionable information in the hands of decision makers who can influence policy outcomes.

Source of Funding: None

### **(60) Web Win/Win: Free CDC Plain Language Oral Health Web Content for Your Web Site**

*Presenting Author: Christopher Callahan, MS, Public Health Analyst, Centers for Disease Control and Prevention's Division of Oral Health*

A microsite is syndicated content on a specific topic. When CDC creates a microsite, they develop plain language content on a health topic of interest and place it on the CDC Web site in a way that other Web sites can easily embed the code in their own site. When CDC updates the microsite, the changes automatically appear on all sites using this content. CDC’s Division of Oral Health is considering developing plain language microsite content on fluoride, sealants, or potentially other topics. State and local health departments who use the microsite benefit by providing their users access to high-quality CDC content without having to maintain it. CDC benefits by extending the reach of its information and materials. The roundtable will share examples of CDC microsities, explore participants’ interest in microsite content, and discuss their content needs and ability to implement.

Source of Funding: None

## **(61) What's New in ADA's 2018 Fluoridation Facts?**

*Presenting Author: Jane McGinley, RDH, MBA, Manager, Fluoridation and Preventive Health Activities, CAAP, ADA, ASTDD Associate Member*

Fluoridation Facts contains answers to frequently asked questions regarding community water fluoridation. As ADA's premier resource on fluoridation, the booklet contains information regarding the latest scientific research in an easy to use question and answer format to assist policy makers and the general public in making informed decisions about fluoridation. More 300 references are used to answer questions related to fluoridation's effectiveness, safety, practice and cost-effectiveness. Learn what's new in the 2018 edition.

Source of Funding: None