Title: 3 to PhD: Collaborating for Safer, Healthier, More Educated Communities

The Kaiser Permanente 3 to PhD Wellness Center is a 2,500 square foot space at the new Faubion School + Concordia University, a 3 to PhD Community building, where Kaiser Permanente clinicians provide a full range of primary care services, including medical and dental care. They handle a variety of health needs, from treatment of acute and chronic conditions to prevention services.

This innovative clinic is a collaboration with six core providers, including Kaiser Permanente, Portland Public Schools, Faubion Elementary School, Concordia University, Trillium Family Services, and Basics.

Research shows that children who don’t have access to quality education go on to be less healthy and live shorter lives. A child cannot learn when basic needs—food, shelter, health care, and safety—are not met. To ensure the success of the school and its students, 3 to PhD provides wrap-around services for children and families; providing medical, dental, and mental health services, and partnering with Basics to provide nutrition security with a food pantry within the school.

3 to PhD is pushing each organization to stretch beyond their usual domains, deepen partnerships, and establish shared goals and measures for success. It is breaking down long-standing silos through the development of data sharing, communications, and referral processes. The community-based nature of this work challenges both 3 to PhD and each of the partner organizations individually to embed meaningful community engagement and oversight into the 3 to PhD collaborative.

Source of Funding: Concordia University, Portland Public Schools, Faubion School, Basics, Kaiser Permanente, and Trillium Family Services

Presenting Author Jodeen Callaghan, DMD, FAGD, Permanente Dental Associates
Dental and dental hygiene students should be trained to become better oral health advocates. The AAPHD identified advocacy as one of the important dental public health topics to integrate in the dental and dental hygiene programs. With funding from the HRSA, Temple University Kornberg School of Dentistry in collaboration with the Childrens’ Dental Health Project created a comprehensive toolkit which can be utilized to build lectures or modules for dental and dental hygiene programs to train students in oral health advocacy. During this session we will share copies of the toolkit, review the process used to develop it, and preview plans for the toolkit’s dissemination. Student activities and logistics of integrating advocacy training in the curriculum using this toolkit will be discussed. This toolkit can also be utilized by dentists, dental hygienists and other dental and health care professionals to advocate for dental public health issues concerning their community and state. Not only is the toolkit readily available to be pilot-tested at different pre-doctoral dental and dental hygiene programs but also for other oral health stakeholders and organizations who would like to make advocacy an integral part of the culture they are in.

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).

Author Vinodh Bhoopathi, BDS, MPH, DScD, Temple University Maurice H. Kornberg School of Dentistry; Presenting Author Matt Jacob, BA, Jacob Strategies LLC
Obesity and dental caries are prevalent, but preventable, chronic childhood diseases. These diseases are multifactorial in nature and share common nutritional risk factors. Since there are many behavioral factors that affect both oral health and child weight status, dental professionals are well-positioned to comprehensively evaluate child dietary and nutritional behaviors, assess risk, and provide appropriate counseling to children and families to prevent obesity and dental caries. Resources to help the dental community effectively integrate nutritional counseling into practice and in a variety of settings (academia, dental clinics) are currently lacking. Through a Health Resources and Services Administration grant the authors developed a Nutritional Counseling and Obesity Prevention (NCOP) handbook for the dental community. This handbook was developed primarily to serve as an important evidence-based resource for interested dental schools and dental hygiene programs to increase the knowledge and skills of students. It can also be a useful resource for practicing dental professionals, oral health-related organizations, community health centers with dental clinics, and other academic programs interested in playing a role in childhood obesity prevention efforts. In this session, the authors will share the handbook and accompanying training materials and discuss strategies to integrate NCOP training into academic and clinical practice.

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).

Presenting Author Vinodh Bhoopathi, BDS, MPH, DScD, Temple University Maurice H. Kornberg School of Dentistry; Author Gina Tripicchio, PhD, MSEd, Temple University College of Public Health; Author David Sarwer, PhD, Temple University College of Public Health; Author Maria Cordero-Ricardo, DMD, MS, MPH, Temple University Maurice H. Kornberg School of Dentistry; Author Marisol Tellez, BDS, MPH, PhD, Temple University School of Dentistry; Author Erik Langenau, DO, MS, FAAP, FACOP, Philadelphia College of Osteopathic Medicine
Title: A Model for community-based pediatric oral health: Implementation of an Infant Oral Care Program

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: HRSA Grant: DHHS-HRSA D88HP201290500

Presenting Author Francisco Ramos-Gomez, DDS, MPH, UCLA; Author Hamida Askaryar, RDH, MPH, UCLA
**Topic Number: 5**

**Title: Actualizing HPV in the dental office: Will it make a difference?**

Why HPV education in the dental office? Explore the value of providing patient-centered, evidence-based HPV education to improve a patient’s overall health, boost vaccination rates, and promote effective prevention measures across the lifespan. Though this may seem like something out of the ordinary, educating your patients (and their parents) about the importance of their overall health could be another means of building your practice, while improving the overall health of your community. What are the practicalities of delivering this vaccine within your patient setting?

Source of Funding: None.

Presenting Author Kelly Cantor, MPH, CHES, American Dental Association

**Topic Number: 6**

**Title: Academy of General Dentistry: Concrete Steps to Improve Access to Care for Underserved Populations**

While patients who have availed themselves of dental services in the United States have enjoyed the highest quality dental care in the world, many patients are underserved presently, thereby raising the need to address both access to care and utilization of care. Underserved patients often exhibit a greater degree of complications and other systemic health conditions. Although the vast majority of oral health treatments are preventable through the prevention model of oral health literacy, sound hygiene and preventive care available through the dental team concept, the underserved not only lack for treatment, but also are not well informed about prevention. A collaboration among professional organizations; local, state, and federal governments; community organizations; and other private entities can help turn the tide for the underserved populations. The Academy of General Dentistry will facilitate a discussion about a multi-faceted approach that focuses on oral health literacy; incentives to promote dentistry and dental teams in underserved areas; provision of volunteer services and bridging the divide between patients’ access and utilization through the use of community services. The Roundtable will discuss over 20 concrete steps that can be utilized to increase access to care for underserved populations. Founded in 1952, the AGD and its 40,000 members is the oldest and largest dental association for general dentists.

Source of Funding: Manuel

Presenting Author Manuel, Cordero, DDS, CPH, MAGD, Academy of General Dentistry
Title: An innovative model of commitment to Community Engaged Research: Virginia Commonwealth University, Institute for Inclusion, Inquiry and Innovation

This roundtable is aimed at introducing participants to a new initiative at VCU, the Institute for Inclusion, Inquiry and Innovation (iCubed) as further demonstration of VCU’s commitment to community-engaged research and partnerships. The rationale behind the formation of iCubed are discussed and a companion roundtable discusses several newly formed oral health community engaged partnerships. iCubed was inaugurated 2.5 years ago to broaden VCU’s tradition of excellence in community engaged research. iCubed’s overarching goal is to form partnerships between University faculty and the community to solve urban challenges under four major themes: 1) Broaden access to education for students of diverse backgrounds; 2) Create an inclusive environment for diverse faculty; 3) Be a catalyst between the University community and the community at large; 4) Foster innovative research and solutions to societal problems. There are currently 5 transdisciplinary cores among which is the Oral Health in Childhood and Adolescence core. The Oral Health Core is transdisciplinary, with expertise in Dental Public Health, Epidemiology, Anthropology, Psychology, Health Administration and Public Policy. This core seeks to identify and remove the educational, political, psychological, social and nutritional barriers to prevention and treatment of dental caries in the children and adolescents of Richmond, VA. Since its formation, the oral health core has built partnerships with key stakeholders. At the end of this roundtable, participants will 1) understand the necessity for transdisciplinary teams for dental public health community engagements 2) understand the steps to forming transdisciplinary teams 3) learn how to engage with key community stakeholders.

Source of Funding: none

Presenting Author Aderonke Akinkugbe, DDS, MPH, PhD, Virginia Commonwealth University, School of Dentistry; Author Sarah Raskin, PhD, MPH, Virginia Commonwealth University; Author Sarah Jane Brubaker, PhD, Virginia Commonwealth University; Author Tegwyn Brickhouse, DDS, PhD, Virginia Commonwealth University, School of Dentistry
Title: Build A Sustainable Oral Health Program Under Proposition 56 Grant

On January 8th, 2018, the Los Angeles County Department of Public Health, Oral Health Program (LAC DPH OHP) received grant funding to meet the objectives laid out in the California State Oral Health Plan. The funding is made available through Proposition 56, the California Healthcare, Research and Prevention Tax Act of 2016. This funding will allow the Oral Health Program to establish infrastructure and build the capacity to address the oral health needs of LAC residents. Activities include engaging oral health stakeholders, conducting needs assessment surveys, increasing the number of sealants placed on elementary school aged children, amongst other objectives. Balancing multiple grant objectives, such as investing in infrastructure and hiring personnel, is a challenging task especially when staff salary and benefits are the costliest category in the grant budget.

The LAC DPH OHP has contracted with several local community agencies to carry out some of the grant deliverables, such as the Oral Health Strategic Plan for Los Angeles County and the Children’s Oral Health Needs Assessment which aims to survey 14,000 children. The OHP has also hired dentists, program analysts, and health educators to oversee, provide expertise, and ensure implementation of Prop 56 objectives.

The LAC DPH OHP balanced hiring permanent staff to lead the grant deliverables with utilizing local community agencies to achieve the grant objectives. In doing so, OHP was able to build the program infrastructure utilizing less than 40% of grant funding allowing for the remainder of funds to be used to meet the objectives.

Source of Funding: none

Presenting Author Rita Chen, DDS, Los Angeles County Department of Public Health
Title: Building the Capacity of Local Oral Health Programs in California: Role of UCSF

The California Oral Health Technical Assistance Center at the University of California San Francisco is collaborating with the California Department of Public Health’s Office of Oral Health to provide training, technical assistance and resources to 61 local health jurisdictions. Under the California Healthcare, Research and Prevention Tobacco Tax, three separate committees within UCSF came together to focus on: school programs, water fluoridation, and tobacco cessation, guided by ASTDD’s and CDC’s evidence-based models. This roundtable focuses on strategies to coordinate efforts between academia, state, and local health jurisdictions to improve the quality and capacity of local oral health programs.

- School programs – partnering with advocacy groups to identify best practices and to create a training manual to assist local oral health jurisdictions to implement school programs. (School based/linked)
- Water fluoridation – assist the Office of Oral Health in implementing a plan for increasing community water fluoridation by identifying target communities, challenges, barriers and opportunities. A resource manual will be developed describing the steps needed in California to maintain and/or implement community water fluoridation.
- Tobacco cessation – using a survey tool to identify the dental professionals’ attitudes and practices related to providing tobacco cessation counseling to the patient. The data will be used to create tobacco cessation resources, training workshops, and best practice models for local health jurisdictions.


Presenting Author Katie Conklin, RDH, MS, UCSF; Author Keiko Miyahara, RDH, MS, UCSF; Author Steven Silverstein, DDS, MPH, UCSF; Author Jayanth Kumar, DDS, MPH, California Department of Public Health

Topic Number: 12

Title: Building the National Oral Health Innovation and Integration Network: Primary Care Associations and Health Centers Working Together to Achieve Success

This facilitated panel discussion will center on ways Primary Care Associations (PCAs) and Health Centers (HCs) can work together to promote oral health and create a network with the resources needed to elevate oral health in their states and communities. Discussion topics include building capacity, advocacy, network building through partnerships/collaborations and communication strategies.

Source of Funding: none

Author Susan Lawson, MH, OACHC; Presenting Author Stephanie Pagliuca, Bi-State Primary Care Association
**Topic Number: 13**

**Title: Campaign for Dental Health Resources**

The Campaign for Dental Health promotes and defends community water fluoridation with websites in English and Spanish; Facebook and Twitter feeds; and downloadable resources for parents, consumers, health professionals, and local advocates. We will be showcasing new resources on oral health and tobacco use prevention; sugar sweetened beverages; and resources for water utility staff.

Source of Funding: DentaQuest Foundation; Arcora Foundation

Presenting Author Hollis Russinof

**Topic Number: 14**

**Title: Children's Dental Services Guided Teen-Focused Wellness Project**

Children's Dental Services (CDS), with support from Oral Health America, is leading a teen-focused wellness project in two high schools in Minneapolis, Minnesota during the 2018-2019 school year. This roundtable will walk through the process by which CDS has engaged with school staff to form two cohorts of students who will be involved in implementing an incentive program to increase the rate of dental consent-to-care forms for the 2018-2019 school year. Additionally, this roundtable will discuss the student-led oral health campaign, the incentives that engaged the students leading the oral health campaign and the success of the incentives on the overall return rate of dental consent-to-care forms. During the roundtable, participants will hear about and discuss what motivated high-school aged students to actively participate in their own oral health and what emboldened students to seek on-site dental services at their school.

Source of Funding: Oral Health America

Presenting Author Erianna Reyelts, Children's Dental Services
The squeaky wheel gets the grease, right? Which is why it is so important for oral health professionals and advocates to embrace communicating about the importance of oral health.

Today there are more ways to communicate than ever before. Social media, newsletters, videos, web content and other vehicles are all effective communication tools. Even so, it can be confusing to figure out which communication vehicle best fits your needs — let alone grapple with how to make sure the message, strategy and communication vehicle all come together to capture the attention of the audience you hope to reach!

The Communications Committee of the Association of State & Territorial Dental Directors (ASTDD) works with states to provide support and share proven communication strategies and solutions. During this round-table, attendees will drive the dialogue by sharing at least one communication challenge they face. Members of the Committee will offer ideas, propose strategies, discuss the importance of having a communication plan and suggest solutions. Resources will be provided for all attendees. Round-table participants will also have the opportunity to share their ideas and experiences. The goal of the round-table is to share communication challenges and to learn the best ways to deal with them from the experts as well as from each other.

Source of Funding: none

Presenting Author John Welby, MS, Office of Oral Health, Maryland Department of Health; Author Kimberlie Yineman, RDH, BA, NDDoH Oral Health Program
Community-engaged research (CEnR) is an approach where researchers and community partners collaborate to generate scholarly knowledge and address a community’s priorities, interests, and concerns. CEnR occurs through various research designs, methodologies, and depths of collaboration. Although CEnR is a mainstay in public health, medicine, education, and other fields, it is less common in oral health and dental research. In 2016, Virginia Commonwealth University (VCU) formed an interdisciplinary team to conduct CEnR on oral health disparities. This roundtable synthesizes learnings from four projects and highlights promises, pitfalls, challenges, and opportunities of conducting CEnR. Projects include: 1. a health needs assessment at a Title 1 elementary school where county stakeholders are planning a wellness center; 2. a mixed methods study of dental under-utilization at a sliding scale clinic that primarily serves immigrants; 3. two complementary studies examining low-income pregnant women’s awareness, barriers, and facilitators to using a Medicaid dental benefit, in partnership with the state public health agency; and 4. the incorporation of oral health into a long-standing academic partnership with a Latinx community center. By the end of the roundtable, attendees will be able to: 1. Compare and contrast different approaches to CEnR; 2. Describe facilitators and barriers of successful community research partnerships; 3. Explain the effects of CEnR on scholarship and practice; 4. Identify opportunities and strategies to use CEnR in their own work on oral health and dental care.

Source of Funding: Children's Hospital of Richmond Foundation

VCU President's Research Quest Award

VCU Center for Clinical and Translational Research Interdisciplinary award

Presenting Author Sarah Raskin, PhD, MPH, Virginia Commonwealth University; Author Aderonke Akinkugbe, DDS, MPH, PhD, Virginia Commonwealth University, School of Dentistry; Author Tiffany Williams, DDS, MSD, Virginia Commonwealth University School of Dentistry; Author Shillpa Naavaal, BDS, MS, MPH, Oral Health Promotion and Community Outreach, School of Dentistry, Virginia Commonwealth University; Author Oswaldo Moreno, Ph.D., Virginia Commonwealth University; Author Dina Garcia, PhD, MPH, Virginia Commonwealth University, School of Medicine; Author Sarah Jane Brubaker, PhD, Virginia Commonwealth University; Author Tegwyn Brickhouse, DDS, PhD, Virginia Commonwealth University, School of Dentistry
Title: Creative Ways that South Carolina is Increasing Consents and Improving Access to Oral Health Care for Students

Smiles for a Lifetime is a non-profit pediatric dental program that is currently in five rural South Carolina school districts. The program provides preventive and restorative services to children in K4 - 12th grade who do not have a dental home. Smiles provides transportation to and from schools and operates full time during the school calendar. The program began in 2001 in Allendale School District. Due to the success of the first center, we expanded into school districts including Dillon Four in 2003, Clarendon Two in 2004, Clarendon One in 2005, and Hampton One in 2017. We are expanding to serve additional students. During this roundtable, participants will learn about the successful outreach efforts to increase consents. These efforts include school teacher incentives, participation in community events, and student incentives. The discussion will include how high school students were engaged through a survey determining their knowledge of oral health, if they were receiving services with Smiles or elsewhere, and their needs concerning access to services. An Art Contest was recently launched to increase general awareness of oral health and to promote enthusiasm for students to enroll in the Smiles program. We will share resources and samples of promotional materials, including stickers and bracelets, a descriptive Smiles pamphlet geared towards parents, the results of the art contest and the survey and how to engage your education partners. Participants will also receive data regarding how the outreach efforts increased consents.

Source of Funding: Welvista Incorporated is the nonprofit who owns Smiles for a Lifetime.

Presenting Author Georgia Famuliner, R.N., Smiles for a Lifetime

Title: Dental Public Health Residency Program

This roundtable will discuss the Dental Public Health (DPH) Residency curriculum and allow current and past dental public health residents to discuss their residency experiences, board certification preparation, and opportunities as a specialist in the field. Topics will include an overall description of the DPH Residency program, board application process including preparation for the written examination and case reports, and other applicable resources or topics. This session is recommended for veteran and newly board-certified diplomates as well as candidates preparing to sit for the board examination. Participants will highlight key strengths of their residency program and strategies that can be useful for board certification. The objectives of this session include: 1) discussion of DPH residency experiences, 2) review of the application process/timeline and required documents for application submission, 3) sharing board preparation resources (i.e., board prep course information, textbooks, reading list), and 4) exploring different career tracks after receiving DPH board certification.

Source of Funding: None

Presenting Author Cassandra Stewart, DDS, MPH, Centers for Disease Control and Prevention; Author Marcia Parker, DMD, MPH, Centers for Disease Control and Prevention
Topic Number: 19

Title: Describing How Oregon Added a Healthy Growth Component to Enhance Their Smile Survey

Maintaining a healthy mouth and healthy weight continues to be a challenge for many school-age children in Oregon. Childhood obesity and tooth decay can contribute to increased absenteeism, poor school performance, poor self-esteem, and less success later in life.

The Oregon Health Authority has conducted a smile survey every five years since 2002. In 2012, an assessment of student body mass index (BMI) was added to the survey. Now called the Oregon Smile and Healthy Growth Survey, Oregon tracks the overall burden of oral health issues related to tooth decay and prevalence of overweight and obesity among children in first, second and third grades. Results are used to help identify populations at greatest risk and disparities based on race and ethnicity, household income and geographic residence.

This roundtable will describe the methods used and lessons learned from adding a healthy growth component to the smile survey. This includes supplies needed for a BMI calculation and specific training provided to dental hygienists. Weight and height can be sensitive issues for students and parents, so extra attention is needed to prevent unintended consequences from conducting a weight-focused activity.

This session will also highlight results from the 2017 Oregon Smile and Healthy Growth Survey and discuss improvements made to its methodology. Enhancements include using a 7-region sampling approach versus 6-regions and collaborating with the Oregon Department of Education to obtain some data points directly (e.g. language spoken at home, race/ethnicity).

Source of Funding: Title V Maternal and Child Health Block Grant

Presenting Author Amy Umphlett, MPH, Oregon Health Authority

Topic Number: 20

Title: Developing a Culture of Safety in Dentistry

Almost 20 years have elapsed since the Institute of Medicine issued "To Err is Human: Building a Safer Health Care System." The dental care system lags well behind medicine in its attention to and identification of unintended injury and safety issues in the practice of dentistry. The 2018 ADA House of Delegates adopted a resolution that called for the American Dental Association to commit to establishment of a “Culture of Safety” in all aspects of dental practice. A multi-agency workforce has been tasked with a comprehensive review of patient safety in dentistry and is seeking comments, thoughts and suggestions on this topic. Your input will inform and enrich the review process.

Source of Funding: none

Presenting Author Richard Herman, DDS, American Dental Association
**Title: Effective Communication Strategies for Fluoride Varnish in Louisiana**

Rationale: More than half of Louisiana’s residents have no access to community water fluoridation and 84% of the state’s population live in a dental health professional shortage area (HPSA), as 1.8 million Louisiana residents are underserved due to dental HPSA’s. Fluoride varnish provides the most effective protection against tooth decay at a very young age. Pediatric medical providers have a unique position to provide early care and educate parents as they are the first line of defense against illness and disease especially in cases where a child does not have access to a dentist. Methods: In Louisiana, although the reimbursement rate for fluoride varnish application in a medical office is sufficient to cover incurred costs, the number of medical providers submitting claims had remained low. Through existing partnerships with the state’s Medicaid program, WIC and the Louisiana Oral Health Coalition, Well-Ahead Louisiana Oral Health Promotion (WAL-OHP) used innovative strategies to target fluoride varnish interventions focused on promoting the awareness of the state’s fluoride varnish policy to all pediatric medical providers and educating parents/guardians. Results: Overall, the number of fluoride varnish reimbursement claims submitted increased by 64% from 2015 to 2017. Conclusions: Because of these collaborative activities, an increased number of eligible children receiving fluoride varnish by certified SFL providers and more parents educated on the benefits of fluoride. WAL-OHP anticipates that the success of these effective fluoride varnish interventions will ultimately lead to further discussions for legislated school varnish programs in Louisiana.

Source of Funding: CDC, Division of Oral Health


**Title: Engaging the Oral Health Workforce in Your State through Mini-Residencies**

While Rhode Island is always looking for new ways to encourage dental providers to come practice in the state, we are also finding ways to engage the workforce we have already. Through HRSA Oral Health Workforce funding, the RI Oral Health Program founded a 2-day Mini-Residency for anyone in the dental world to attend. The 2-day event has been held annually for the past 12 years with a different topic covered each year. Some of the topics include perinatal & infant oral health, communication tools and trends, and dentistry for vulnerable populations. This round table will give an overview of the logistics of setting up the mini-residency, how the topics were chosen and speakers selected, what has gone well and not so well, and sustainability planning for future years.

Source of Funding: The mini-residencies were previously funded by the Health Resources and Services Administration (HRSA) Oral Health Workforce Grant.

Presenting Author Sadie DeCourcy, JD, Rhode Island Department of Health
Collecting and using data is important for any public health program or initiative, whether to assess state and community assets and needs, to drive continuous quality improvement, or to evaluate outcomes. Partnering with an in-house evaluation specialist or professional evaluator can provide an oral health program with needed expertise to establish strong evaluation processes, or to contribute to a rigorous, high quality evaluation project. During this session, professional evaluators will discuss advantages and disadvantages of using an external evaluator, how to choose an evaluator who will meet your needs, methods for finding qualified evaluators, and considerations for entering into contractual arrangements. For those who may be working with an evaluator, they will discuss potential challenges that may be encountered when working with an evaluator and provide tips for success.

Source of Funding: None

Presenting Author Mary Davis, DrPH, MSPH, Association of State and Territorial Dental Directors; Author JoAnna Hillman, MPH, Association of State and Territorial Dental Directors; Author Carissa Beatty, MPH, CHES, Association of State and Territorial Dental Directors
A baby sees their medical provider an average of seven times during their first year of life and is advised to see a dentist when their first tooth erupts. It is imperative to integrate both medical and dental interventions to educate parents on the importance of oral health, early childhood caries prevention, and connect the child to a dental home.

The Los Angeles County Department of Health Services (DHS) provides services for low income and uninsured patients. It is a safety-net for those without access to health care services. In 2016, MidValley Comprehensive Health Center (MVCHC), a clinic within DHS, began a medical-dental collaboration program which implemented fluoride varnish applications during well-child visits for patients ages five and under. A comprehensive one-hour training was provided to all nurses and certified nursing assistants at MVCHC on early childhood caries and the benefits of fluoride treatment. The training also included instructions on how to properly apply fluoride varnish, document, and track the number of applications.

In 2017, this program was adopted at six additional comprehensive health centers within DHS and in late 2018 it was adopted by the Interdisciplinary Practices Committee to make it a standardized protocol for all nursing staff at DHS. Pediatric patients that visit the health facilities are at high-risk of dental caries. The goal of this evidence-based preventive service is to help reduce the risk of high cost dental treatment and connect the patients to a dental home.

Source of Funding: None

Presenting Author Abrey Daniel, DDS, Los Angeles County Department of Public Health, Oral Health Program
Topic Number: 25
Title: Healthy Meetings: A Policy Area for Consideration by Oral and Dental Public Health Organizations for Demonstrating Walking the Talk about Optimal Health

The CDC estimated that for US adults, in 2015-2016, the prevalence of obesity was 39.8%. Estimates from the CDC for 2011-2014 among adults 20-64 for caries experience was 91% and untreated tooth decay was 27%. Hence, the burden of both obesity and caries is great in the US. As many behaviors associated with obesity are also associated with caries, actions taken for combating obesity have potential application for fighting caries. One mechanism being explored, in part with an orientation towards health care providers being role models and demonstrating their commitment to improving health status or at least helping to prevent disease, is the development of Healthy Meeting Policies. Numerous organizations have begun to implement Healthy Meetings Policies. Three such organizations are the Center for Science in the Public Interest, the American Public Health Association and the American Association for Dental Research. These three organizations represent consumer, public health and oral health sciences perspectives. Components of the policies include interventions on sugar-sweetened beverages; foods high in sugar, fats or salt; and increasing activity to break being sedentary at meetings. This round table will provide information on policies and tool kits associated with a variety of policies ranging across conference types. Table participants will be asked to add their own experiences with Healthy Meeting Policies for discussion on the potential for use of Healthy Meeting Policy from national to local meetings.

Source of Funding: None

Presenting Author Linda Kaste, DDS, MS, PhD, Diplomate of ABDPH, UIC COD and SPH
Topic Number: 26

Title: Healthy Teeth. Healthy Baby.

The roundtable discussion will highlight the success of Minnesota's legislative "Healthy Teeth. Healthy Baby" initiative. http://www.health.state.mn.us/healthyteeth-healthybaby

Our work will support other states to understand the connection between oral health and maternal/child health and heighten commitment level from both dental and medical/clinical professionals. Our presentation will describe the process of developing a statewide legislative initiative, from start to finish, and will include best practices of epidemiology and evaluation.

This presentation will cover:

1. Best practices learned from the statewide collaboration among Minnesota Department of Health oral health, maternal and child health and WIC programs.
2. Health literacy and communication tools for caregivers
3. Educational modules for non-dental workforce training
4. Implementation of fluoride varnish application in the primary care (C&TC) setting
5. Success of implementing pilot studies across Minnesota

Each participant attending the roundtable discussion will receive Minnesota's Healthy Teeth. Healthy Baby. kit, fluoride varnish card and other communication tools.

Source of Funding: Minnesota State Funding

Presenting Author Prasida Khanal, MPH BDS, Minnesota Department of Health; Author Faith Kidder, APRN, MS, PHN, Minnesota Department of Health

Topic Number: 27

Title: How to tour your local water plant to meet and thank the unsung heroes of community water fluoridation.

Have you ever been inside your local water treatment facility? Have you ever met the people responsible for the safe drinking water that comes from your tap 24/7/365? Join me to learn how you can use your annual Water Quality Report/Consumer Confidence Report as a powerful tool to open the door to meet and thank the unsung heroes who provide optimally fluoridated water to the public. You will receive a handout designed to walk you through preparing for your visit as well as a one-page “leave behind” document.

Source of Funding: None.

Presenting Author Carlos Jones, American Dental Association
**Topic Number: 28**

**Title: Indian Health Service: Programs to Address Oral Health Disparities in American Indians and Alaska Natives**

The mission of the Indian Health Service (IHS) is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives (AI/ANs) to the highest level. Across all age groups, AI/ANs suffer disproportionately from dental disease. When compared to other racial or ethnic groups, AI/AN children 2-5 years old have more than double the number of decayed and filled teeth and overall dental caries experience as the next highest ethnic group, U.S. Hispanics, and more than four times that of U.S. white children. In the 6-9 year-old age group, eight out of 10 AI/AN children have a history of dental caries compared with 45% of the general U.S. population, and almost half of AI/AN children have untreated tooth decay compared to 17% of the general U.S. population in this age group. In the 13-15 year-old age group, eight out of 10 AI/AN dental clinic patients have a history of tooth decay, compared to 44% in the general U.S. population, and almost five times as many 13-15 year-old AI/AN youth have untreated decay compared to the general U.S. population. In adults, the disparity in disease is equally as pronounced. To address these disparities, the IHS Division of Oral Health has utilized different strategies and programs that include national initiatives, partnerships with private and federal partners, expanded use of alternative dental workforce models, and continuing dental education programs designed to train dental staff on best practices related to prevention and early intervention of dental disease.

**Source of Funding:** Indian Health Service

**Presenting Author** Nathan Mork, DDS, MP, Indian Health Service; Author Christopher Halliday, DDS, MPH, Indian Health Service Division of Oral Health

**Topic Number: 29**

**Title: Indicators of Best Practices**

Despite availability of and access to funding, technical assistance, and other resources, state oral health programs vary in their degree of success with program implementation. Why the variation? This roundtable examines the variation and identifies best practices for developing, maintaining, or enhancing a state oral health program. Early awareness and adoption of such practices can lead to predictable outcomes, including successfully attaining public health program goals. A best practice is a technique, or set of methods, that when properly implemented will lead to the desired outcomes. Good indicators of best practices include: stable core funding and ability to leverage additional funds from various sources; well-designed plans to support effective program strategies, data management, surveillance and evaluation, with sufficient resources to implement them; skilled personnel; and communications activities to generate awareness and support for oral health promotion interventions. CDC Division of Oral Health and National Partners work diligently together to ensure that state oral health programs achieve best practice success.

**Source of Funding:** none

**Presenting Author** Ali Danner, MPH, Centers for Disease Control & Prevention
In 2014, the Health Resources and Services Administration (HRSA) released Integration of Oral Health and Primary Care Practice, which provides interprofessional oral health core clinical competencies to facilitate change in the clinical practice of frontline primary care health professionals. These health professionals are members of the delivery system who could incorporate oral health care into their scope of practice.

In 2018, the National Maternal and Child Oral Health Resource Center (OHRC) received funding from HRSA’s Maternal and Child Health Bureau to develop the Partnership for Integrating Oral Health Care into Primary Care project. OHRC is working with selected state maternal and child health agencies that are addressing the Title V national performance measure on oral health and implementing strategies to improve access to oral health care in primary care settings. The intervention provides technical assistance and training on implementing the interprofessional oral health core clinical competencies in primary care.

Roundtable participants will examine early project findings. Factors such as co-location with a dental facility, electronic health records, primary care leadership support, primary care staff buy-in and champions, and patient enabling services will be discussed. Upon completion of the session, participants will depart with information about key components of integrating oral health care into primary care.

Source of Funding: The Partnership for Integrating Oral Health Care into Primary Care project is funded through cooperative agreement U44MC30806 from HRSA’s Maternal and Child Health Bureau to OHRC.

Presenting Author Katy Battani, RDH, MS, National Maternal and Child Oral Health Resource Center, Georgetown University; Author Mayte Canto, DDS, MS, MPH, Health Resources and Services Administration Maternal and Child Health Bureau
**Topic Number: 31**

**Title: Integrating Oral Health in a Community Health Clinic as Part of Chronic Disease Management (Masters of Public Health Practicum Project)**

The objective was to integrate oral health in a community health clinic serving low-income individuals without health insurance in Phoenix, Arizona.

A review of the literature shows that oral health is linked to systemic health and that although much is known about the association between oral disease and chronic disease few public health programs across the United States focus on integrating oral health into their chronic disease management programs. A survey was created as a method to evaluate patients' oral health knowledge and whether providers discussing oral health with patients at the clinic.

The survey revealed medical providers were not discussing the importance of oral health with patients. As a result, two oral health educational brochures were created focusing on the association between oral health and heart disease and diabetes. The brochures and oral health kits containing toothbrush, toothpaste, and floss were given to patients upon check-in. This project focused on providing oral health education, resources, and tools to immigrants diagnosed with chronic diseases.

The brochures provide oral health education and are useful tools that providers can utilize when educating patients on the link between oral and systemic health. The goal is to get providers and patients to talk about oral health and to provide tools that encourage good oral hygiene habits. It is expected that the brochures will increase patients understanding of the importance of oral health and that it will prompt discussions in the clinic about oral health as it relates to general health.

Source of Funding: None

Presenting Author Polar Akoi, RDH, BS, ADHS

**Topic Number: 32**

**Title: Integrating Oral Health Into a Behavior Health/Primary Care Office- an Oregon Collaborative**

We all know oral health is important. Many of us can get to the dentist, but the addictions and severe and persistent mentally ill as well as the behavior health population has a difficult time getting to the dentist, so we bring the dentist to them! We have educated the medical provider and staff to do oral health assessments and refer to a dental home, if they cannot get to a dental home, then we bring the dental home to them. This has resulted in many members of this population having someone actually look in their mouth for the first time in a long time, and they are finally getting some of the care they need! Oregon is one of the last states with adult dental expanded medicaid benefits and we are working every day to ensure our members make full use of them!

Source of Funding: None

Presenting Author Laura McKeane, EFDA, AllCare Health CCO
Title: Integrating Quality Improvement Training in Dental Education

The importance of quality improvement (QI) training has been well established in medicine. However, formal QI training is a new concept in dental education. Many faculty are not familiar with the Institute for HealthCare Improvement (IHI) model for improvement, and QI curriculum is lacking in most programs despite revised accreditation standards. This presentation will describe how QI training was integrated in a pediatric dental residency curriculum. Training components included a 2-hour didactic session followed by participation in an inter-professional clinical project. The aim of the clinical project was to increase the number of referrals from Dental Clinic to Healthy Weight Clinic for patients identified as overweight/obese. This presentation will discuss steps taken to implement the project and lessons learned.

Source of Funding: None.

Presenting Author Homa Amini, DDS, MPH, MS, Ohio State University

Title: Integrating traditional private practice with mobile and teledentistry modalities

We are a pediatric private practice model with 2 brick and mortar locations. Many surrounding areas are lacking providers who accept state insurance, so by utilizing mobile dental equipment and teledentistry technology we are able to provide a full scope of services to patients in undeserved areas. By partnering with insurance providers we are able to bring care to those in need while receiving the highest reimbursements available.

Source of Funding: None.

Presenting Author Brittany Kinol, DMD, Miracle Dental
Title: International Volunteerism: Are you Interested in Volunteering? Come Learn About the Opportunities and Resources Available Through the 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 looking for volunteer opportunities outside of the U.S., the ADAF provides an international volunteer webpage (www.adafoundation/internationalvolunteer). 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. They can also download the International Dental Volunteer Guide.

The ADAF sponsors the oral health programs of Health Volunteers Overseas (HVO). These programs build the 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 six ADAF/HVO programs in Cambodia, Haiti, Laos, Nepal, 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.hvousa.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: ADA Foundation

Presenting Author Briana Rowland, MBA, ADA Foundation

Topic Number: 36

Title: Laying the Groundwork for Oral Health Value-based Care

This session will educate and empower providers and administrators on how to prepare for the likely transition to a value-based care delivery and payment system in oral health. An overview of what value-based care is and what it could look like in oral health will be discussed. The following will be presented: What will be different in an OHVBC care delivery system vs the current system; how to begin preparing for the transition now and what different payment models might look like and how that will impact your oral health program.

Source of Funding: None

Presenting Author Danielle Apostolon, BS, dentaquest
Topic Number: 37

Title: Let's Talk Health Literacy

Did you know that nearly nine out of ten U.S. adults find it difficult to understand and use everyday health information that is provided to them by health care professionals, health organizations and other sources in the community? Because health information is usually written at a higher reading level than what the average American reads, the consumer can find it difficult to understand and safely act on managing their own health care. Clearly, there is work to be done to provide the public health information that they understand and can act upon. Participants who join this Roundtable will discuss basic strategies to increase the dental team’s knowledge about health literacy and improve the health literacy environment of the dental office. Participants will also learn about health literacy resources that the ADA and other agencies offer.

Source of Funding: None

Presenting Author Sharee Clough, RDH, MS Ed, American Dental Association

Topic Number: 38

Title: Leveraging nursing students to support oral health efforts in local schools

Dental caries, the disease process that causes tooth decay, is one of the most common chronic childhood diseases and disproportionately affects racial and ethnic minority populations. The purpose of this study was to evaluate the relationship between parent reported children’s oral health status, an oral health assessment conducted at a school-based dental program, and a tooth decay risk score.

Through a grant provided by the Delta Dental of Arkansas Foundation, trained senior nursing students from the University of Arkansas Eleanor Mann School of Nursing partnered with local school nurses to assess the oral health of a total of 456 three and four year old pre-school children in Northwest Arkansas, where a high percentage of children qualify for free and reduced school meals. Fluoride was applied to 436 children by the student nurses and ninety children, or 21%, were referred to a dentist for further evaluation and treatment. The results from various data collection methods concluded that screening of children’s teeth and mouth enables early detection and referral to a dental professional for detailed examination and treatment can be effectively carried out by trained school nurses and nursing students. Results also indicate that need for increased oral health education programs in schools, possibly supported by leveraging funding between state, federal organizations in collaboration with local and national philanthropic organizations.

Source of Funding: None

Presenting Author Susan Patton, PhD, MHSA, APRN, CNE, University of Arkansas; Author Stephanie Severe
Title: Medical/Dental Collaboration: Improving the Oral Health of Our Children One Varnish at a Time

Tooth decay is the leading chronic infectious disease for children in the United States (CDC). An estimated 51 million school hours are lost per year due to a dental related illness. In West Virginia, 34% of preschoolers already have dental caries. Studies have shown a 25-45% reduction in decay rate with the use of fluoride varnish. The mission of the Oral Health Program (OHP) is to promote and improve the oral health of all West Virginians. One of the strengths of the OHP is a focus on continuous quality improvement. One example of this oral health quality improvement has resulted in the medical/dental collaboration to include fluoride varnish services in non-dental settings to promote optimal oral health of the infant/early childhood population in our state. Efforts have been well supported by collaborating with multiple partners who share the same goal of improving oral health throughout West Virginia. Other efforts included a policy change within both WV Medicaid and the WV Children’s Health Insurance Program (CHIP). This roundtable session will discuss the challenges and successes of working to bring medical and dental providers together to improve the oral health of all West Virginians.

Source of Funding: None

Presenting Author Julie Jackson, RDH, West Virginia Oral Health Program

Title: Medical/Dental Collaboration: Walking Across the Street...three practical models that work

In this changing healthcare arena, collaboration is essential to move forward an interdisciplinary approach to patient care, though some view this as competition. This roundtable will describe three practical means of how to build and sustain such partnerships. Imagine clinicians supporting each other’s goals, while looking to improve overall patient health. Where do the public and private sectors interface in support? Leave your baggage outside the door and seek "common ground" by not accepting the status quo of "we've always done it this way."

Source of Funding: n/a

Presenting Author Steve Geiermann, DDS, American Dental Association
**Topic Number: 41**

**Title: Michigan Assessment of Oral Cancer Screenings and HPV Knowledge of Dental Professionals**

This session will highlight findings from the 2018 Michigan Assessment of Oral Cancer Screenings and Knowledge of Human Papillomavirus (HPV) Among Oral Health Professionals. The purpose of this assessment was to:

- Assess screening procedures for oral cancer by oral health professionals.
- Assess the knowledge of oral health professionals of oral cancer screening, HPV, and HPV vaccine.
- Determine if oral health professionals perform any follow up after identifying patients with suspected oral cancers.
- Determine if oral health professionals are willing to discuss HPV, its connection to oral cancer, and/or promote the HPV vaccine.

Source of Funding: None

Presenting Author Sandra Sutton, RDH, BS, Michigan Dept of Health and Human Services, Oral Health Unit; Author Susan Deming, RDH, RDA, BS, Michigan Dept of Health and Human Services, Oral Health Unit

**Topic Number: 42**

**Title: Models of Collaboration for Medical-Dental Integration**

Poor oral health is a contributing factor to, as well as a symptom and consequence of, many chronic diseases. It is important to understand the complex relationships between and among oral and other chronic diseases. Strategies for health promotion, disease prevention, and early intervention that are collaboratively developed and implemented, can facilitate more efficient program development and enhance effective implementation of coordinated public health approaches. Since 2016, CDC has been investing in states to develop innovative models of medical-dental integration that can be replicated. This session will provide an overview of select state projects funded by CDC’s Division of Oral Health. These projects have taken novel approaches to improve better care coordination through medical-dental integration strategies in state and local health departments, health systems, and in private practice or other clinical settings.

Source of Funding: CDC Cooperative Agreements DP16-1609 and DP18-1811

Presenting Author Barbara Park, RDH, MPH, National Association of Chronic Disease Directors; Author Casey Hannan, MPH, Division of Oral Health, CDC
Topic Number: 43

Title: Moving Oral Health Outside Our Traditional Circles to Engage New Allies

America’s ToothFairy: National Children’s Oral Health Foundation invites you to join a roundtable discussion that will explore the promotion of children’s oral health outside of traditional dental spaces. From partnering with professional sports teams to aligning with non-dental organizations that have an affinity for children and/or other health issues, we will share how you can partner with community members to expand your presence in new spaces.

During the roundtable discussion, you will learn about free and low cost resources available through our Health Education Resource and Outreach (HERO) Program. All presented resources are designed to empower your non-dental allies to raise awareness about the importance of children’s oral health, to share positive children’s oral health messages, and to collect oral care products for children in your community that do not have basic oral care products in the home.

Truly, all community members can rise to become an oral health HERO!

Source of Funding: none

Presenting Author Rachel Townsend, BSW, National Children’s Oral Health Foundation

Topic Number: 44

Title: Oral Health for Older Adults: What has changed since the 2000 Surgeon General's Report?

Significant discussion was given to issues around oral health for older adults in the 2000 Surgeon General's Report on Oral Health. In the almost 20 years since that report, the population over 65 has increased by almost 60%, and the edentulous rates in most states have fallen by almost 50%. Gather round the table to discuss key items that should be included in the 2020 report related to older adults. What data points should we focus on? What will help seniors live with health and high quality of life?

Source of Funding: none

Presenting Author Samuel Zwetchkenbaum, DDS, MPH, Rhode Island Department of Health
Title: Oral Health Quality Improvement for the Maternal and Child Health Population: Identification and Use of Quality Indicators

The Center for Oral Health Systems Integration and Improvement (COHSII) is a 4-year project to improve existing systems of care in support of a quality improvement, patient-centered approach to address the oral health needs of the maternal and child health (MCH) population. The project is led by the National Maternal and Child Oral Health Resource Center with support from the Health Resources and Services Administration’s Maternal and Child Health Bureau.

A key function of COHSII’s work plan is to identify and implement oral health quality indicators to monitor and improve oral health services delivered to the MCH population in public health programs and systems of care at the national, state, and local levels. With the assistance of the American Dental Association’s Dental Quality Alliance and input from a Quality Indicators Advisory Team comprised of MCH, oral health, and quality improvement experts, a framework was developed to support the completion of an environmental scan of existing oral health quality indicators and identification of a core set of quality indicators. This roundtable will present the core set of quality indicators for women of child-bearing age and children and describe the process used to identify them. An overview of plans for pilot implementation of the quality indicators at the state level also will also be provided.

Source of Funding: Health Resources and Services Administration's Maternal and Child Health Bureau

Presenting Author Beth Lowe, BSDH, MPH, National Center on Early Childhood Health and Wellness; Author Sarah Kolo, National Maternal & Child Oral Health Resource Ctr
CareOregon, an Oregon-based non-profit health plan, provides both medical and dental health plan services for about one-quarter of our state’s Medicaid population. As a Coordinated Care Organization, we administer benefits for physical and behavioral health and operate a Dental Care Organization. As a dental plan, CareOregon Dental has implemented an innovative member assignment for its dental provider network of co-located FQHCs. This assignment allows for additional data tracking and funding opportunities to support metrics. Partners also benefit from our Alternative Payment Methodology (APM). State metrics and our APM metric goals are updated annually with a percentage point increase over the previous year’s final. The dental partners collectively form our Dental Collaborative Team, which meets monthly. Partners are provided support to meet metrics through shared goals, technical assistance, outreach initiatives including member incentives, and Collaborative Team support and networking. Utilizing Tableau software, partners are provided monthly performance dashboards to allow data-informed decisions. Outreach and member roster management tools have also been developed and shared with the Collaborative Team. In 2018, we funded five partner integration projects that have measures and deliverables focused on medical-behavioral health-dental integration. Integration supports our plan and partner alignment efforts for improved patient health outcomes. During this roundtable discussion, we will explain our unique partnership with our FQHC provider network, our APM, partner data dashboards, and additional support to meet State metrics and increase dental utilization and implement sustainable integration efforts.

Source of Funding: CareOregon is an Oregon Medicaid payer.

Presenting Author Alexandra Jett, BSDH, EPDH, CareOregon
High risk children in Minnesota have limited access to dental care; consequently, prevention of cavities is essential and caries prevention must be offered by other health care professionals. The Minnesota Oral Health Project (MNOHP) was founded to address preventive oral care in the absence of dentists’ willingness to offer care to enrollees of Minnesota Public Health Plans. Strategies of MNOHP include training of Primary Care Medical Providers (PCMP) to implement Childhood Caries Prevention in every primary care medical clinic in Minnesota. Childhood Caries Prevention includes a gross oral evaluation, a risk assessment, anticipatory guidance to caregivers, and quarterly fluoride varnish application. Minnesota Department of Human Services (MN DHS) initially offered reimbursement quarterly for PCMP to apply fluoride varnish during Child and Teen Check-ups (C&TC) examinations. Since March 2018, MN DHS has required the application of fluoride varnish by PCMP in order to qualify for full reimbursement for C&TC exams.

This roundtable discussion will include strategies implemented in Minnesota and how MNOHP penetrated all 80 counties of Greater (rural) Minnesota educating PCMP and caregivers of high-risk children about options for preventive oral care. Data from MN DHS will be shared to evaluate success or challenges of various strategies implemented in Minnesota. The presenting author will query participants to share strategies implemented in other states and success and failures experienced. Ultimately, sharing strategies, successes and challenges will enable professionals in all states to have options that have had proven success.

Source of Funding: Bentson Foundation

Author Cris Gilb, MHA, RN, PHN, Minnesota Oral Health Project; Presenting Author Amos Deinard, MD, MPH, Minnesota Oral Health Project
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 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: Michigan Department of Health and Human Services

Presenting Author Lindsay Sailor, Michigan Primary Care Association; Author Christian Garcia, University of Detroit Mercy School of Dentistry; Author Divesh Byrappagari, BDS, MSD, University of Detroit Mercy School of Dentistry
Title: Public and Private Collaborations in Chicago to Improve Children's Oral Health: Process Progress on a Health Equity Approach

The aim is to describe progress on processes for development of Public-Private Partnership-based interventions using a health equity approach. The Chicago Public School System (CPS) is the 3rd largest US school district. Approximately 350,000 children attend over 600 schools. The Chicago Department of Public Health (CDPH)’s School-based Oral Health Program operates in about ¾ of schools providing dental disease prevention services and referrals. Nevertheless, children in many areas have very high urgent dental needs. More background on the initiation of this project can be found at ASTDD Best Practice Approach Reports, Practice #16013, October 2016. The Oral Health Forum (OHF) facilitates collaboration among CDPH and CPS with support by the Otho Sprague Memorial Institute and the DentaQuest Foundation. This presentation provides an update from the 2016 report with the lessons learned in discussion with Round Table participants sharing their experiences. Via the collaboration of Public-Private Partners, the intervention being piloted includes crucial elements for a health equity approach: diagnosing disparities, linking what was learned through a root cause analysis to available resources, and gaining commitment from a variety of stakeholders to implement change. The four main intervention components are: 1) education, 2) screening and prevention, 3) informed parents/caregivers, and 4) case management services. The evaluation component compares oral health outcomes between program children and comparison children. Fostering multi-sector collaboration to improve health outcomes of under-resourced children requires time, flexibility, and willingness to change strategies following community learning and needs.

Source of Funding: Otho Sprague Memorial Institute, DentaQuest Foundation, Wrigley Company Foundation.

Presenting Author Alejandra Valencia, DDS, MPH, MS, Heartland Alliance Health; Author Mary Pat Burgess, RDH, MBA, Chicago Department of Public Health; Author Kenneth Fox, MD, Chicago Public Schools; Author Linda Kaste, DDS, MS, PhD, Diplomate of ABDPH, UIC COD and SPH; Author Karen Peters, DrPH, UIC SPH and Institute for Health Research and Policy
Topic Number: 50

Title: Show Me the Money: A State Oral Health Coalition Addresses the Need for Community Water Fluoridation Equipment

Both state and local-level oral health stakeholders work collaboratively to implement effective public health strategies to improve oral health outcomes for their residents. Community water fluoridation is an evidence-based intervention implemented to prevent tooth decay. In fact, water fluoridation is the best way to deliver the benefits of fluoride to all members of a community. On average, communities with water fluoridation experience 25% fewer cavities than those without; and see a return of $20 for every $1 invested. Unfortunately, funding for new or replacement equipment is often a barrier to implementing this effective intervention. This roundtable will highlight various funding resources that state partners may explore to procure new or replacement community water fluoridation equipment to assist with improving residents’ oral health outcomes.

Source of Funding: None

Presenting Author Astrid Palmer, MCHES, Centers for Disease Control and Prevention

Topic Number: 51

Title: St. Margaret's Project: Improving Oral Health of Women and Children in Transition

Given the multifactorial nature of the caries process and social determinants of health, caries prevention and management calls for an interprofessional approach. Through a student rotation, Eastern Washington University (EWU) dental hygiene students implement an oral health education program in partnership with St. Margaret’s Shelter, transitional housing for women and children, including pregnant women. Students collaborate with the program director, case workers, and registered dietician. Dental hygiene students provide oral health education, fluoride varnish, sealants, and establish a dental home in collaboration with St. Margaret’s case workers; EWU Communication Sciences Disorders (CSD) students will coordinate feeding/speech screenings. This is a pilot project, funded by a grant from the Alliance for a Cavity-Free Future.

Source of Funding: Alliance for a Cavity Free Future.

Presenting Author Merri Jones, RDH, MSDH, Eastern Washington University
Title: Success and Failures: developing state trainings and toolkits for antibiotic stewardship in dentistry

Adverse outcomes associated with the over use and injudicious use of antibiotics include bacterial multi-drug resistance, Clostridium difficile infections, allergic reactions, toxicities and side effects resulting from damage to normal flora. According to Durkin et. al, in 2017 antibiotics for dental treatment comprised an estimated 13% of all antibiotic prescriptions. Dentists, common prescribers of antibiotics for treatment and prevention of infections, play an important role in preventing adverse outcomes associated with antibiotic over-use through antibiotic stewardship.

We will review the rationale for dentistry in antibiotic stewardship, discuss clinical cases utilising current dental guidelines on antibiotic prescribing, and review the components required for a successful antibiotic stewardship program. During the round table, we will discuss successful toolkits that are available within the United States and worldwide. Participants will discuss elements of a successful dental toolkit for their state. Lastly, we will discuss the behavioral and psychological research that has shown to change prescriber behavior and furthermore, how these can then be implemented to dental offices in their state and nationwide.

Source of Funding: none

Presenting Author Erinne Kennedy, DMD, MPH, Harvard School of Dental Medicine; Author Parnyan Ashtari, MPharm, King’s College London Faculty of Dentistry, Oral & Craniofacial Sciences; Author Monina Klevens, DDS, MPH, Bureau of Infectious Disease and Laboratory Sciences Massachusetts Department of Public Health

Title: Tools for Writing a Sustainability Plan

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. This session will introduce participants to CDC’s “A Sustainability Planning Guide for Healthy Communities.” Discussion will highlight key components of a sustainability plan and available tools. This roundtable will explore sections of the sustainability plan framework and resources that can support programs in developing and implementing a plan.

Source of Funding: None

Presenting Author Monique Brown, MPH, Centers for Disease Control and Prevention
Title: Trend Analysis of Human Papillomavirus (HPV)-Associated Cancers in Arkansas, 2001-2015: The Increase of Oropharyngeal Squamous Cell Carcinomas

Arkansas ranks fifth in the nation for HPV-associated cancer incidence. This study assesses the trends of HPV-associated cancer by anatomical site, sex, race, and age in Arkansas from 2001-2015. Analysis was conducted using the National Program for Cancer Registries (NPCR) and Surveillance, Epidemiology, and End Results (SEER) U.S. Cancer Statistics Database. HPV-associated cancers were defined as invasive malignancies of sites in which HPV DNA is commonly found (cervical carcinomas, and squamous cell carcinomas (SCC) of the oropharynx, rectum, anus, penis, vagina, vulva) and confirmed microscopically. Trends, characterized by average annual percent change (AAPC), in rates were calculated using joinpoint analysis and considered to increase or decrease at p<0.05. SEER*Stat software (v 8.3.5) was used for all analyses. In Arkansas, a total of 6,248 new cases of HPV-associated cancer were reported during 2001-2015. Oropharyngeal SCC was the most common cancer (2,458 cases). Rates increased annually (p<0.05) for oropharyngeal (3.0%) and anal (2.7%) SCC among males and females and vulvar SCC (2.3%) among females. By 2015, oropharyngeal SCC rates in males (9.9 per 100,000) surpassed cervical carcinoma rates in females (9.8 per 100,000). During 2011-2015 oropharyngeal SCC rates were higher in males (9.3 per 100,000) than females (2.2 per 100,000). Males ages 60-69 had the highest rate (29.4 per 100,000) of oropharyngeal SCC from 2011-2015. During 2001-2015 HPV vaccination could have prevented 4,600 cancers. Dentists are being urged to provide HPV vaccine prescriptions to unvaccinated patients.

Source of Funding: none

Presenting Author Kristyn Vang, MPH, Arkansas Department of Health; Author Lindy Bollen, DDS, Arkansas Department of Health
Topic Number: 56

Title: Updates for the Healthy People 2020 Oral Health Objectives and Progress in Implementation of Healthy People 2030

During 2018, the Office of Disease Prevention and Health Promotion, the agency that leads the Healthy People (HP) initiative, began the process of reviewing each of the 42 topic areas’ objectives and established the process for the objective review. One of the charges given to the topic areas was to reduce the number of objectives in each topic area roughly by 50%. The Oral Health Topic Area currently has 33 objectives, one of which serves as a Leading Health Indicator. Currently, data for these objectives are obtained from 8 different data sources and span 6 domains: 1) oral health of children and adolescents and 2) adults, 3) access to preventive services, 4) oral health interventions, 5) surveillance systems, and 6) public health infrastructure. This roundtable will provide current information on the process used to reduce the number of objectives in the oral health topic area, review feedback from the public comment period, and provide the current status of the objectives proposed for Healthy People 2030. The goal of this roundtable will be to provide an update on the progress of the current HP2020 objectives toward the 2020 targets and the status of the proposed HP 2030 oral health objectives. Finally, participants will be provided with information on how to stay informed as the process to develop Healthy People 2030 evolves.

Source of Funding: None.

Presenting Author Gina Thornton-Evans, DDS, MPH, CDC

Topic Number: 57

Title: Using State-Level Data from the Pregnancy Risk Assessment Monitoring Survey (Prams) (2012–2015)

The Pregnancy Risk Assessment Monitoring Survey (PRAMS) is administered by the Centers for Disease Control and Prevention (CDC). It is a population-based surveillance system that collects data on selected maternal behaviors and experiences that occur before during and shortly after pregnancy, among women who deliver a live-born infant. Survey questions on oral health during pregnancy include receipt of teeth cleaning and oral health education, having dental insurance and having a need to see a dentist for a problem. The presenter will: 1) provide an overview of national and state level findings from the most recent (2012-2015) Phase 5 PRAMS data; 2) discuss the types of analyses that have been conducted since oral health questions were first added in 1998, and; 3) demonstrate websites where the user can analyze PRAMS data, find summary data and find dissemination products (fact sheets, infographics). Participants will discuss ideas for state-level analyses that could be useful for program and policy development.

Source of Funding: none

Presenting Author Valerie Robison, DDS, MPH, PhD, CDC Division of Oral Health
Value-based payment and care have increased in medicine in the past decade. Medicaid programs in a number of states have begun thinking about how to improve oral health outcomes for beneficiaries while better managing the costs of care, and we will soon see oral health value-based care pilots being tested. Oral health value-based care represents a huge shift from the way dentistry has been financed and carried out for nearly two hundred years. We will see the focus shift from the volume of effort (as represented by the types and numbers of services provided) to the results of that effort (in terms of measurable improvements in oral health outcomes). Come to this session to gain a better understanding of value-based care, how oral health value-based care differs from traditional fee-for-service oral health care and the different models of oral health value-based care that states may choose to adopt, as well as an overview of the domains and competencies public health dental programs will need to master to be successful in this new system of care and financing.

Source of Funding: none

Presenting Author Mark Doherty, DMD, MPH, The DentaQuest Partnership for Oral Health Advancement