



Communiqué

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AMERICAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY

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Members are urged to submit items of interest for publication in the next issue by May 26, 2005

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President's Message



Jane A. Weintraub, DDS, MPH

Lucy: Do you think anybody ever really changes?

Linus: I've changed a lot in the last year.

Lucy: I mean for the better.

- Charles Schulz (1922-2000)

Our Association has been changing a lot, and for the better. We are increasing our visibility in a variety of ways, while changing the face of dental public health (DPH) to become more recognizable. Instead of working largely behind the scenes, AAPHD is becoming a more active partner with our sister organizations to accomplish shared goals. In this message, I would like to highlight the activities of our hard-working Executive

Council (EC), our National Office, and other member volunteers, and show how we have been working to cultivate links and collaborations with other groups. We are fortunate to have AAPHD members who are leaders in other dental organizations to foster these endeavors.

Association of State and Territorial Dental Directors (ASTDD)

Our collaboration with ASTDD continues to generate a very successful, increasingly well-attended, and enlightening National Oral Health Conference. Many thanks to the 2005 core conference planning team led by ASTDD leaders **Chris Forsch**, **Maija Beyer**, ASTDD Executive Director **Dean Perkins**, in collaboration with AAPHD leaders **Bob Weyant** and **Kathryn Atchison**, AAPHD Executive Director **Pam Tolson**, and the AAPHD National Office staff, led by **Nathela Chatera**.

American Dental Association (ADA)

- We are pleased that ADA President **Richard Haught** will be a speaker at the NOHC opening plenary session on Access to Care.
- **Stuart Lockwood** and **Diane Brunson** organized AAPHD's testimony at the ADA House of Delegate Resolution Hearings, during the ADA annual meeting in Orlando. EC and AAPHD members who prepared and gave testimony were listed in the last *Communiqué*.
- **Marilyn Woolfolk** and I have participated in planning activities for the fundraising campaign for dental education, spearheaded by the ADA.
- **Howard Pollick** is representing AAPHD in the ADA's planning activities for the 60th Anniversary Celebration of Water Fluoridation, scheduled for July in Chicago, working with **Jane McGinley** and others at the ADA. Several AAPHD members are expected to be speakers at this event.
- **Terri Dolan** is the new dental public health Commissioner, representing us at the Commission on Dental Accreditation bi-annual meetings. The Review Committee on DPH Education includes two members appointed by AAPHD, **Rebecca King** and **Bob Weyant**, and two appointed by ASTDD, **Caswell Evans** and **Steve Levy**.

Dental Public Health Converges on Pittsburgh

Like the three rivers that converge into one, the dental public health community will come together to network, share experiences, and have fun at the **2005 National Oral Health Conference** in Pittsburgh. The event will be held at the beautiful Omni William Penn Hotel near the confluence of the three rivers. This location gave birth to this year's NOHC theme, *Confluence of Research, Education and Practice*. The conference is the 6th Annual Joint Meeting of AAPHD and ASTDD.

Three full days of stimulating meetings are planned May 2-4, with additional pre-conference educational sessions held April 29-May 1. You can still register on-line at www.aaphd.org or www.astdd.org before April 15th, but time is running out!

Sessions will focus on issues and topics relevant to research, academia, and programs, highlighting how all these areas of public health integrate toward achieving the goal of "Optimal Oral Health for All." The Conference "At-a-Glance" program is included in this issue. Anyone interested in learning and collaborating to improve the oral health of the public should plan to attend.

Back by popular demand are roundtable sessions, poster sessions, exhibitors, and a **Steve Geiermann** opening photo montage. Sponsorships from **Aseptico** and **Stone Pharmaceuticals** will again offer spectacular refreshments and an opportunity to catch up with old friends at evening receptions. The American Dental Hygienists Association and the Children's Dental Health Project will co-sponsor the Monday evening reception that will be a birthday celebration for CDHP.

The **AAPHD Foundation** will host its annual dessert reception at the Carnegie Museum this year and announce the 2005 Horowitz Scholarship Recipient during the event. Tickets are \$35 and may be purchased through the registration form, though some tickets may still be available on site. Participants will be able to tour the permanent art collection prior to the reception. All proceeds benefit the AAPHD Foundation.

The 20-member Planning Committee is co-chaired by ASTDD's **Chris Forsch** and **Maija Beyer** and AAPHD's **Kathy Atchison** and **Bob Weyant**. They promise Tuesday night's special dinner will be a real "bash" as everyone hits the dance floor.

Other major sponsors of the conference include **Health Resources and Services Administration**, **Centers for Disease Control and Prevention**, **Software of Excellence**, and **Xylitol Information Center**.

Don't miss it!

AAPHD Annual Business Meeting – May 3, 2005

All AAPHD members are invited to attend the Association's Annual Business Meeting on Tuesday, May 3, 2005 from 4:30 – 6:00 p.m. On the agenda will be a vote on policy statements, an update on the strategic plan, committee reports, and the installation of the 2005-2006 Executive Council officers and members.

Any AAPHD member wishing to add an agenda item should contact Executive Director **Pam Tolson** at the National office. We hope you will plan to join us.

NOHC Scientific Sessions

AAPHD received a very hefty 70+ abstracts in consideration as contributed papers to the NOHC. Thank you to all who did submit! The submissions resulted in three very interesting oral presentation sessions on the diverse topics of "Applying Technology in Public Health," "Involving Non-Dental Personnel in Oral Health," and "New Perspectives on Dental Medicaid." An exciting poster session will be composed around topics including "Pregnancy and Parenting," "Oral Health and Underserved Populations," "Water Fluoridation," "Fluoride Intake," "Oral Cancer," "Community-Academic Partnerships," "Oral Health Policy Development," and "Oral Health across the Age Span of Children." When you see **Maria Rosa Watson**, **Bill Karitis**, **Michael Manz**, **Clemencia Vargas**, **Georgia dela Cruz**, **Britt Reid**, **Mike Easley**, **Ray Lala**, **Victor Alos**, and **Harry Goodman**, please thank them for working so hard as reviewers. I also want to thank **Barbara Gooch** for her collaboration as co-chair of this process. See you in Pittsburgh!

Submitted by **Linda Kaste**, Co-Chair Science and Education Committee

President's Message continued from page 1

- **Jay Kumar** is the latest addition to those appointed to serve as ADA consultants, conducting accreditation site visits for DPH advanced education programs. **Denise Fedele** just completed her six-year term on the team.
- **Ana Karina Mascarenhas** will be representing us at the ADA Continuing Education Recognition Program (CERP) meeting in March.
- **Sharon Perlman** attended a meeting at the ADA on our behalf to discuss changes to the ADA's codes for dental procedures and nomenclature, and **Jim Toothaker**, **Stuart Gansky**, and **Skip Collins** have represented AAPHD over the past year at various meetings of the ADA Dental Informatics Committee.

Dental Specialty Group

Dental public health is one of nine ADA recognized dental specialties. At least biannually, the Executive Directors and Officers of these groups meet to discuss items of mutual interest. Each year a different specialty hosts the Chicago meetings. This year was our turn. **Pam Tolson** did an excellent job with meeting arrangements; I chaired the meeting, and **Linda Kaste**, chair of our Workforce goal committee, also participated. This January gathering was held in conjunction with the Commission on Dental Accreditation meeting. We were invited to the morning session as observers. One of the major topics was the pursuit of an accreditation pathway for special areas of advanced general dentistry, such as oral medicine and dental anesthesiology.

American Dental Hygienists' Association (ADHA)

Because each organization's membership application now includes a mechanism to request information on each other's organizations, we have recruited many dental hygienists to AAPHD. Past President **Candace Jones** represented us at the ADHA annual meeting in Dallas. ADHA officers met with the EC during our mid-year meeting to discuss shared concerns. ADHA sponsors a reception at the NOHC and organizes one of the scientific sessions. This year, ADHA is offering a DPH session at their annual meeting.

con't. on page 4

NOHC AT-A GLANCE

MONDAY, May 2, 2005

TUESDAY, May 3, 2005

WEDNESDAY, May 4, 2005

Time	Exhibits/ Continental Breakfast	Exhibits/ Continental Breakfast	Exhibits/ Continental Breakfast	AAPHD Officer's Mtg	NDA	CDC Water Fluoridation	ASTDD Exec Bd Mtg	HRSA CMS Activities	Exhibits/ Continental Breakfast	Aerobics	DPH Residency Director's Mtg
7:00: AM	Exhibits/ Continental Breakfast 7:00 - 8:00										
8:00 AM		Welcome 8:00 - 8:45 Opening Plenary Improving Access to Care w/ ADA Pres ABDPH Symp 8:45 - 10:45		Plenary Fulfilling the Potential of State Oral Health Programs 9:00 - 10:30						Plenary Access & Prevention: Achieving a Healthy Balance 9:00-10:30	
10:15 AM		Break / Exhibits 10:15-10:45		Break / Exhibits 10:30-11:00							
11:00 AM	Federal Legislation Affecting Access to Dental Care (Medicaid) 11:00 - 12:30	Community Health Centr & Dental School Partnerships 11:00 - 12:30	Access to Care: An International Perspective 11:00 - 12:30	Filling Critical Gaps in Prevention Research 11:00 - 12:30	Health Center Based Practice Networks: Opportunities for Collaboration 11:00 - 12:30				Recent Advances in the Fluoride Legacy: Fluoride Varnishes 10:45-12:15	Data Resources for Public Health Action, Policy and Research 10:45-12:15	Genetic Epidemiology or Genetics 10:45-12:15
12:30 PM		AAPHD Awards Luncheon 12:45-2:00		Roundtable Discussions Luncheon 12:45-2:15						ASTDD Awards Luncheon 12:30 - 2:00	
2:15 PM	Evidence-Based Dentistry (Medicaid) 2:30 - 4:00	Increasing OH Community's Involvement with Nat'l Network of Quilines Initiative 2:30 - 4:00	Tributaries for Local Dental Health Programs 2:30 - 4:00	Dental Informatics & Public Health 2:30 - 4:00	Models for Training the Dental Public Health Workforce 2:30 - 4:00				Contributed Papers I 2:15 - 3:15	Contributed Papers 2 2:15 - 3:15	Contributed Papers 3 2:15 - 3:15
3:45 PM		Break / Exhibits 4:00 - 4:30		Break / Exhibits 4:00-4:30						Closing Plenary Session Betty Duke HRSA 3:30 - 4:30	
4:30 PM			General Poster Session 4:30 - 6:00								
5:15 PM	ABDPH Orientation DPH Residents 5:15-6:30 pm								CDC Post Conference 4:15-5:30		
6:00 PM			NOHC Reception 6:00 - 7:00								
6:30 PM		ABDPH Dinner 6:30-8:30				NOHC Event On-Site 6:30 - 10:00					
8:00 PM			AAPHD Foundation Event 8:30 - 11:00								

Association in Action

President's Message continued from page 2

American Public Health Association (APHA) Oral Health Section

Recent issues of *Communiqué* and the APHA Oral Health Section newsletter have encouraged dual membership. AAPHD was able to exhibit materials at the APHA meeting in conjunction with the Oral Health Section. President-Elect Bob Weyant represented AAPHD at this meeting. The Oral Health Section Officers are also AAPHD members, including **Jane Steffensen, Dyan Campbell, Howard Pollick, and Kathy Lituri**. We are pursuing additional ways that the two organizations can work together.

American Dental Education Association (ADEA)

AAPHD co-sponsored ADEA's first Advanced Dental Education Forum held in Tucson, Arizona, and I represented the specialty of dental public health. I will also be representing the specialty as a delegate at the ADEA House of Delegates meeting in conjunction with their annual meeting in Baltimore. AAPHD recently co-signed a letter initiated by ADEA to House Representative **Phil English**, endorsing the Student Loan Interest Deduction legislation that he is planning to introduce. We are pleased that both ADEA President **Frank Catalanatto** and Executive Director **Richard Valachovic** are AAPHD members, as well as the Chairs of the ADEA Community and Preventive Dentistry Section, **Sena Narendran** (who is in charge of the AAPHD student awards), **Kerry Maguire**, and **Christine Miller**.

Special Care Dentistry (SCD)

Officers from this group met with the EC during the mid-year meeting. We discussed the possibility of future back-to-back or overlapping meetings with possible shared scientific sessions. We are pleased that SCD's President **Michael Helgeson** and Past President **Paul Glassman** are AAPHD members. We hope to have an AAPHD table top display at the SCD's annual meeting.

Health Resources and Services Administration (HRSA)

HRSA is a sponsor of the NOHC, with **Mark Nehring** serving as a member of the 2005 planning committee. Thanks go to **Ray Lala** who has been instrumental in arranging funding for DPH residents to meet during the NOHC to discuss their current projects. HRSA regional dental consultants, **Jim Sutherland** and **Steve Geiermann**, are active AAPHD members. Jim is an EC member, and **Steve** is our Workforce goal committee co-chair and *JPHD* Archives Editor. We are proud that **Mary Foley** was selected to represent AAPHD as one of this year's USPHS HRSA primary care policy fellows. Although they are representing other organizations, AAPHD members **Francisco Ramos-Gomez** and **Nick Mosca**, are also fellowship recipients. Kudos to them! Mary, Francisco, and Nick are helping develop our AAPHD health policy procedures and initiatives as part of our goal committee activities, along with recent fellowship recipient, **Kathryn Atchison**.

American Association of Pediatric Dentistry (AAPD)

Representatives of AAPD met with the EC during our mid-year meeting to discuss proposed ADA resolutions related to access to care for children. AAPHD's **Pam Tolson** and AAPD's **Scott Litch** both serve on a committee that advocates on behalf the association community to the members of the Illinois legislature.

Hispanic Dental Association (HDA)

AAPHD member and HDA Treasurer **Gustavo Cruz** assisted us with development of the diversity policy adopted last year.

National Dental Association

NDA's Vice President, now President-elect, and AAPHD member **Leslie Grant** met with the EC during our annual meeting and Vice President **Kathryn Atchison** represented us at their national meeting. NDA joined AAPHD, ASTDD, and ADHA in support of our resolution to work together to achieve the objectives of the "Call to Action."

Partnership Network

AAPHD has taken a lead role in the development of the Oral Health Partnership. **Pam Tolson** provides administrative support to the taskforce, reviewing comments from over 17 organizations and individuals to the draft proposal for organization. Also on the taskforce are **Dean Perkins** and **Mark Ritz**.

In the past ten months, we have signed some new contracts and renewed others:

- New contract with *JPHD* Editor, **Alex White**
- New contract with *JPHD* Publications Manager, **Linda Lenzini**
- Renewed contract with Executive Director, **Pamela Tolson**, after **Candace Jones** led a thorough (resulting in a 26-page document) and positive annual evaluation of Association and National Office progress.
- Renewed Affiliate Agreement between ASTDD and AAPHD to continue to hold the joint National Oral Health Conference and other collaborative activities
- New contract to hold NOHC 2006 in Little Rock, Arkansas. **Lynn Mouden**, has enthusiastically volunteered to be our local arrangements person.
- Developing contract for NOHC 2007 site in the western part of the country. This will be the first time the NOHC location is set more than two years in advance.
- The AAPHD Foundation, under **Linda Niessen's** leadership, has awarded the first Herschel Horowitz Scholarship to **Lisa Chung**, and is currently reviewing 2005-06 applications.

Please plan to attend the AAPHD Business Meeting on Tuesday afternoon, May 3, 2005, during the NOHC in Pittsburgh. Some of the items to be discussed and voted upon will include:

- Moving the journal to electronic publishing and online access
- Whether or not to maintain a print version of the *JPHD*, and if so, for how long. Some of these issues have been under discussion by the new ad hoc publications committee co-chaired by **Barbara Gooch** and **Mary Foley**.
- Determine the level of interest in the availability of Continuing Education Credit by reading scientific articles in the *JPHD* and completing quizzes about them.
- Bylaws changes regarding voting membership, thanks to our membership committee chaired by **Jim Sutherland** and **Mary Foley**.
- Revisions to existing AAPHD policy statements, organized by **Marilyn Woolfolk** and the Policy committee.

con't. on page 8

ADA and CDC Celebrate 60th Anniversary of Community Water Fluoridation

Community water fluoridation, cited as one of ten great public health achievements of the 20th century by the Centers for Disease Control and Prevention (CDC), celebrates its 60th birthday this year.

To help recognize this public health milestone, the ADA and CDC will host a National Fluoridation Symposium at the ADA headquarters in Chicago from July 13-15. The symposium will recognize the impact of community water fluoridation on improving oral health and overall health.

Also to commemorate the anniversary, CDC has developed a resource poster for water facility operators. The poster provides key information, including optimal fluoridation level for their states, how to monitor fluoridation levels at the plant to ensure optimal levels, operational and maintenance guidance, and benefits to the community. The poster has been endorsed by key partners in expanding community water fluoridation including the American Water Works Association, the National Rural Water Association, and the Association of State and Territorial Dental Directors.

“Fluoridation is the single most effective public health measure for preventing tooth decay and improving oral health over a lifetime,” states **William R. Maas**, DDS, MPH, Director, CDC Division of Oral Health.

“Community water fluoridation is the most economical preventive method we have in dentistry,” says **Richard Haught**, DDS, ADA president. “We need to put special emphasis on providing fluoridation to those who aren’t able to enjoy its benefits now.”

Grand Rapids, Michigan, First Community to Fluoridate Water

On January 25, 1945, Grand Rapids became the first community to adjust the fluoride content in the public water system to the level effective for prevention of tooth decay. Since that time, some 170 million Americans now have access to community water fluoridation.

“Because it reaches all people in a community regardless of education or income level, it is a powerful strategy in our efforts to eliminate differences in oral health among our citizens,” explains Maas.

Expansion of Community Water Fluoridation

The CDC Division of Oral Health supports expansion of community water fluoridation throughout the nation by providing technical assistance to state water programs on fluoridation implementation and practices. The division monitors the extent and quality of fluoridation through the Water Fluoridation Reporting System, which also provides the public with information on the level of fluoride in water systems. This information, available on the My Water’s Fluoride Web site, allows consumers in 31 participating states and two Native American tribes to obtain basic information about their water system, including the number of people served by the system and the target fluoridation level (<http://apps.nccd.cdc.gov/MWF/Index.asp>).

The ADA has endorsed community water fluoridation as safe, effective, and necessary in preventing dental caries since the policy was first adopted in 1950. Along with state and local dental societies, the ADA continues to work with federal, state, and local agencies to increase the number of communities benefiting from optimally fluoridated water. The ADA has developed a number of information resources, including the *Fluoridation Facts* booklet, videos, electronic presentations, and resource kits. More information and the entire ADA resource list is available at <http://www.ada.org/goto/fluoride>.

Key Facts about Community Water Fluoridation

- Water fluoridation is the addition of fluoride to adjust the natural concentration of fluoride in a community’s water supply to the level recommended by the U.S. Public Health Service for optimal dental health—0.7 to 1.2 parts per million (the equivalent of about 1 inch in 16 miles or 1 cent in \$10,000).
- Dental caries is an infectious multifactorial disease in which acid from bacteria dissolve the enamel of a tooth. This often results in pain and loss of tooth structure. Fluoride works by facilitating remineralization of the tooth’s enamel, keeping the tooth strong by preventing the loss of minerals from the enamel, as well as by enhancing the re-uptake of minerals into the tooth.
- Fluoridation of the public water supply was first instituted on January 25, 1945, in Grand Rapids, Michigan. Studies in eight communities (four implemented fluoridation and four did not) comparing rates of dental disease documented persuasive evidence of its effectiveness in decreasing dental caries in children. As a result, other U.S. cities rapidly adopted this preventive intervention.
- A recent review by the U.S. Task Force on Community Preventive Services strongly recommended community water fluoridation. For the many studies reviewed, there was a median 29% reduction in dental caries among children and adolescents.
- Community water fluoridation benefits everyone, especially those without access to regular dental care. It is the most efficient way to prevent one of the most common childhood diseases—dental caries (5 times as common as asthma and 7 times as common as hay fever in 5- to 17-year-olds). Without fluoridation, there would likely be many more than the estimated 51 million school hours lost per year in this country because of dental-related illness.
- Currently, 67% of Americans on public water systems receive optimally fluoridated water.
- Fluoridation is cost effective. For most U.S. communities, every dollar spent on community water fluoridation results in a savings of \$38 in treatment costs.

Members in the News

Research Organizations Recognize Colleagues

Gary Rozier, Professor of Dental Ecology, School of Dentistry UNC Chapel Hill, was honored with an IADR Distinguished Scientist Award at the organization's annual meeting. He received the H. Trendley Dean Memorial Award for meritorious research in epidemiology and public health. In addition, Rozier was given the Giddon Award for Distinguished Research in the Behavioral Sciences for a paper published in the 2004 *American Journal of Public Health* 2004, "Effects of WIC Participation on Children's Use of Oral Health Services," by JY Lee, RG Rozier, EC Norton, JB Kotch, and WF Vann, Jr.

At the same meeting, the IADR and GlaxoSmithKline Consumer Healthcare announced that **John Featherstone**, Chair of the Department of Preventive and Restorative Dental Sciences, UCSF, won the 2005 Award for Innovations in Oral Health Care. The award, intended to inspire innovative and novel research in oral care with a direct impact on the quality of life, will be provided in the form of an unrestricted research grant.

Linda Niessen, Vice President for Clinical Education, Dentsply International, received the John Hein Service Award. This award is given to an AADR member who has given exemplary service in the area of public affairs by consistently promoting the interests and activities of oral health research to a wide constituency.

Gish Honored by APHA

The Oral Health Section of APHA announced that the 2004 winner of the John W. Knutson Distinguished Service Award in Dental Public Health is **Charles W. Gish**, DDS, MSD, of Battle Ground, Indiana. Gish had a long and distinguished career in dental public health. He distinguished himself in public health practice, academia, and clinical dental research.

Gish attended Purdue University and the University of Notre Dame before receiving his DDS with Honors in 1949 and an MSD in 1960 from Indiana University. From 1952-54, he was a Regional Dental Consultant for the U.S. Public Health Service.

Starting in 1962, Gish served as State Dental Director for Indiana for 23 years, and then joined the faculty at the Indiana University School of Dentistry, co-chairing the Department of Community Dentistry from 1969-1986. He was an untiring advocate of community water fluoridation in Indiana.

Gish has also been a remarkable clinical researcher. He was intimately involved in the early Crest studies, participating as a principal clinical investigator in many of the projects involving the efficacy and acceptance of the first fluoride dentifrice. He and **Joseph Muller** were instrumental in the research and development of a preventive prophylaxis paste used in a self-applied fluoride regimen, generally referred to as "brush-ins," in the late 1960s and

early 1970s. Gish was one of the team members who worked with **John Greene** when the Healthy People initiative began in the late 1970s.

A long-standing member and active participant in APHA's Oral Health Section, Gish was president of AAPHD in 1969-70 and was honored with the Distinguished Service Award in 1976. He was also president of ASTDD and received its Outstanding Achievement Award in 1986.

Scholarships Awarded at ADEA Annual Session

ADEA President **Frank Catalanotto** presented the ADEA/Listerine Preventive Dentistry Scholarships at the organization's recent Annual Session in Baltimore. The awards, granted each year to U.S. dental students for outstanding scholarship and academic achievement with a demonstrated interest in preventive and community dentistry, went to: **Naren Chelian**, UCLA; **Arti Gaur**, University of Texas HSC at Houston; **Christina Iannessa**, University of Pittsburgh; **Brandi Jackson**, UNC at Chapel Hill; **Peter Pelligrini**, University of Washington; **Bradford Picot**, UNC at Chapel Hill; **Elizabeth Prada**, University of Pennsylvania; **Heather Ronngren**, Arizona School of Dentistry & Oral Health; **Chanelle Small**, Howard University; **Shane Sykes**, University of Kentucky; **Brigid Walsh**, University of Illinois at Chicago; and **Katayoun Yaraghi**, Columbia University.

AMSA Foundation Leadership Seminar Series

The American Medical Student Association/Foundation is pleased to announce that it is now accepting applications for the third Leadership Seminar Series (LSS) program. The goal of LSS is to advance the training of primary care resident and faculty physicians and dentists to meet the needs of the public through improved leadership, communication and advocacy skills, and knowledge of health policy and public health. Healthy People 2010 and its objectives will serve as a framework. LSS III will take place during academic year 2005-06 and will focus on the health of people living in poverty. Applications are currently being accepted. The program consists of three weekend (Friday - Sunday) seminars at three locations. The dates and locations for the seminars are: October 14-16, 2005, Washington, DC; February 10-12, 2006, Atlanta; and May 12-14, 2006, Seattle. In addition, participants will be expected to complete web-based learning activities, complete a small community project, and disseminate the information learned at the seminars to others in their local area. Travel, lodging, most meals, and training costs will be covered for LSS program participants. Residency programs must ensure that their resident-faculty pair has sufficient time to attend all seminars and to complete the other expectations of the program. For more information and links to the application, go to www.amsa.org/lss/. Applications are due by April 4, 2005.

Dental Health Public Issues in Print

Medical Costs for Children with Special Health Care Needs

A new study funded in part by AHRQ and published in the January 3 issue of the *Archives of Pediatrics & Adolescent Medicine* examines out-of-pocket medical costs attributed to children with special health care needs. The study found that 15.6% of all children under 18 had special health care needs in 2000, but they accounted for over 42% of total medical care costs attributed to children and 52.5% of children's hospital days. Overall, these children's health care expenditures were three times that of other children, \$2,009 annually versus \$628 on average for children who used health care services. Researchers **Paul Newacheck**, DrPH, and **Sue Kim**, PhD from the Institute for Health Policy Studies, UCSF, used data from AHRQ's 2000 Medical Expenditure Panel Survey to study the first nationally representative data on total health care use and expenses for children with special health care needs who live at home.

Evidence-Based Medicine Spotlighted

A series of papers devoted to evidence-based medicine appear in the January/February 2005 issue of *Health Affairs*. These include among others, "Evidence-Based Decision Making: Global Evidence, Local Decisions," by AHRQ Director **Carolyn Clancy**, MD, and **Kelly Cronin**, MPH and "Making Policy When The Evidence Is In Dispute," by **David Atkins**, MD, MPH, **Joanna Siegel**, ScD, RN, and **Jean Slutsky**, PA, MSPH.

Spring Literature Search

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Borrell. Racial identity among Hispanics: Implications for health and well-being. *Am J Public Health* 2005; 95(3):379-81.

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Case Reports for Board Exam

As noted in an earlier article, the ADBPH specialty examination is given once each year, usually just prior to the NOHC. The exam consists of both written and oral components. The written portion includes the preparation and submission of case reports and a multiple choice exam. The oral exam has three parts: defense of the case reports, an assigned problem, and general knowledge questions. This article will focus on the case reports. Future pieces will address other portions of the exam.

Case reports reflect the candidate's ability to assimilate, integrate, and apply the knowledge and skills acquired in course work to a problem in dental PH. The (case) report for such a project must follow a specific format that allows the Board to evaluate candidates in a consistent fashion. It should demonstrate the candidate's ability to describe a problem and develop a solution using the tools of dental public health, such as epidemiology, biostatistics, program planning, etc. For the report to be meaningful, in the context of the board examination, the candidate must have played a major role in the project. Ideally, the candidate's role would involve identifying the problem, developing a protocol, collecting the data (or directing others to do so), and analyzing the data (usually with the help of a statistician). At least one project should involve data collection and manipulation; the second project may involve program planning but there are limits to how general this project may be (see the Board's Informational Brochure for additional detail regarding projects that are not acceptable). Although primary data collection is encouraged, use of secondary data from surveys, such as NHANES, is acceptable. If secondary data are used for both projects, the candidate should ensure that the projects are distinctly different projects. The Board will scrutinize such projects very closely. To avoid disappointment regarding project acceptability, the candidate may wish to limit the use of secondary data to only one project.

Continuing Education Reporting

Good news! All diplomates are encouraged to participate in, and report, continuing education activity. Those certified since 2000 are required to report such activity on an annual basis in order to continue to be certified. The current process requires manual collection and reporting. The Board has been working with the AAPHD National Office to facilitate this process. By the time you receive this newsletter, diplomates should be able to log onto the AAPHD / ADBPH web site and complete the reporting form electronically. At this stage of development, the completed form will still have to be printed out, signed, and mailed to the Executive Secretary with supporting documents, but we are continuing to investigate the possibility of a completely automated system in the future.

Submitted by Robert J. Collins, Jr., President

President's Message continued from page 4

- New AAPHD policy statements.
- Review of Association finances, thanks to Treasurer **Mark Macek**, Co-Chair of the Finance and Development Committee, **Mark Greer**, and Executive Director **Pam Tolson**.
- Installation of new officers. Thanks to **Candace Jones** and the Awards and Nominations Committee for developing the excellent slate of candidates and selecting worthy award recipients including members **Dushanka Kleinman** and **Dolores Malvitz**.
- Opportunities to sign up for AAPHD goal committees and become a more active member.
- New initiatives and member benefits. This is *your* opportunity to express how the Association can best meet your needs and become a stronger advocate for shared causes.

If you would like to submit a policy statement for consideration, it must be received and distributed to the membership for review at least 30 days prior to the business meeting. It needs to be received by the National Office by **March 15**. This is a volunteer organization, and everyone is welcome to volunteer. We are only as strong and active as our combined passion, talent, and hard work.

AAPHD needs more people to become involved. I have heard it said that AAPHD is lots of talk and not enough action. I challenge each of you to be part of the action. We know there is a high prevalence of dental disease in many population groups. Too many people have difficulty accessing basic oral health care. We know many of the disease risk factors and barriers to care—a combination of biologic, behavioral, cultural, environmental, health care delivery system, and other contextual factors. This is not new information. What are you doing to make a difference? What more can we do together to make people stand up and take notice? To accomplish AAPHD's vision, Optimal Oral Health for All (OOHFA), we need to engage others to work with us. With a plethora of diverse health professionals, social service workers, day care, child care, and senior care workers, teachers, experts in many scientific disciplines, policy makers, and most importantly, the public, DPH and AAPHD can make a difference. We have much hard work ahead, but we CAN DO it if we all work together.

In closing, I would like to thank **Becky DeSpain Eden**, for her excellent job as Editor of the *Communiqué*. In May, I will be passing the baton to President-Elect **Bob Weyant**. I am very appreciative of the opportunity to serve this Association. It has been an honor and a privilege.

Hope to see you in Pittsburgh!

Jane A. Weintraub

News Bits and Bytes

Program to Increase Diversity of Medicine and Dentistry

The Association of American Medical Colleges (AAMC) and the American Dental Education Association (ADEA) in their first-ever joint activity are collaborating in a \$12 million effort to create a more diverse medical and dental workforce and help reduce disparities in access to health care. The two associations have come together to serve as the national program offices for the Summer Medical and Dental Education Program (SMDEP). The Robert Wood Johnson Foundation (RWJF) funds the program.

“The diversity of the medical and dental professions is an important way to ensure that all Americans have access to quality health care at reasonable cost,” said **John Lumpkin**, MD, Senior Vice President and Director, Health Care Group of RWJF. “The foundation is delighted to be part of this landmark collaboration between AAMC and ADEA as we work together on concrete solutions to the health care access and diversity problem.”

Through this innovative program, up to ten accredited medical and dental schools will be selected to implement six-week academic enrichment programs for qualified college students who are strong advocates for diversity and/or who come from groups that are underrepresented in medicine and dentistry. Applicants may come from economically disadvantaged backgrounds, racial and ethnic groups that historically have been underrepresented in medicine and dentistry, or parts of the country (such as rural areas) where residents historically have been underrepresented. Each site will include 80 students per summer.

By introducing potential students to the requirements of these professions, the programs will help students gain acceptance to medical or dental school and succeed once they are admitted. All grantees will structure their programs around a set of core operational and programmatic principles. Program components will include academic enrichment in the basic sciences and key electives; learning skills seminars; exposure to medical and dental clinics; exploration of the medical and dental professions; financial planning workshops; and individualized educational plans to help students achieve their goals.

SMDEP is being launched at a running start. Brief proposals are due April 1 and full proposals June 17. Following evaluations and site visits, awards will be announced September 22. Universities with both medical and dental schools on the same campus or within close proximity are required to apply in partnership. For more information, visit www.smdeprgrant.org.

Children’s Preventive Dental Services Proven Cost Effective

Federal budget cuts in Medicaid threaten to erode core dental services following Children’s Dental Health Month. Citing research that shows the effectiveness and cost benefits of children’s preventive dental services, the Children’s Dental Health Project’s policy brief, “Cost Effectiveness of Preventive Dental Services” (available at www.cdhp.org), highlights the need and rationale for children’s dental services to remain in the Medicaid program.

“It is essential that children continue to have access to these services, as dental caries remains the single most common chronic childhood disease, and current research shows the cost effectiveness of children’s dental coverage in Medicaid,” said **Burton L. Edelstein**,

DDS, MPH, Founding Director of the Children’s Dental Health Project. “There is little savings to be had in dental Medicaid cuts,” Edelstein continued, “especially since only one percent of Medicaid’s total expenditures are for children’s dental care.”

The alternative to routine dental care is emergency care that is often sought in hospital emergency rooms where the cost is ten times greater than in the dental office. Hospital care is often less effective because emergency-only treatment typically provides only a temporary fix.

Cuts to dental services for children under Medicaid would reduce opportunities for cost-effective prevention. Cost estimation modeling of preventive interventions predict significant cost savings of \$66 to \$73 per tooth surface prevented from needing repair among young Medicaid-enrolled children. Studies reveal 7.3% savings from regular dental screening and early intervention.

Dental insurance coverage plays an integral role in access to preventive dental care. Children with both private and public dental coverage (including Medicaid) are significantly more likely to have a usual source of dental care and to receive preventive dental services than are the nation’s uninsured children. Parents of children covered by Medicaid are 3.5 times less likely to report that their child has an unmet dental need than uninsured children.

“State ledgers may show an immediate savings through these imminent Medicaid budget cuts,” said Dr. Edelstein. “But the costs in dental care for poor and underserved children will increase quickly as children seek care in the emergency room. We need to apply preventive treatments to the current Medicaid program rather than treat it like a tooth needing to be extracted.”

Optimal Oral Health for All



American Association of
Public Health Dentistry

News Bits and Bytes

Annual Meeting on Special Care Issues in Dentistry

Special Care Dentistry (SCD) is pleased to announce the schedule and keynote speakers for its 17th Annual Meeting on Special Care Issues in Dentistry taking place April 13-17, 2005 at the Omni Shoreham, Washington, DC.

Tying into the conference theme, a “Call for Action: Partnerships for Ensuring Access to Care for People with Special Needs,” attendees will participate in a program on understanding legislation and recognizing the benefits of establishing working partnerships with local, state, and national governmental policy makers.

Those concerned with special needs patients will find an integrated and balanced program designed for both seasoned and newer oral healthcare professionals.

This year’s meeting promises to be the most comprehensive to date with more than 60 exceptionally strong educational programs featuring key speakers such as:

- **Dr. Stephen Lundin**, author of the bestseller *FISH!*, will share the four connected principles that are the foundation for a healthy workplace and life.
- **Rick Rader, MD, FAAMR**, Director of the Morton J. Kent Habilitation Center at Orange Grove Center in Chattanooga, will discuss sharing the burden, blame, myths and pearls in developmental disabilities.
- **Jane Chalmers Bess, MS, PhD**, Associate Professor in the Geriatric and Special Needs Program at the College of Dentistry, The University of Iowa, will discuss the impact of dementia on dental practice.

For complete details, visit www.SCDonline.org.

2005 National Oral Health Conference
“Confluence of Research Education & Practice”
Pittsburgh ~ April 29-May 1
www.aaphd.org

Annual Session American Dental Hygienists’ Association
“Optimizing Opportunities”
Las Vegas ~ June 22-29
800-243-2342

Annual Health Literacy Conference
Institute for Healthcare Advancement
“Culture, Language, & Clinical Issues:
Operational Solutions to Low Health Literacy”
Irvine, CA ~ May 5-6
www.iha4health.org 800-434-4633

CDC National Conference
on Health Education and Health Promotion
“Health Promotion & Education at the Crossroads:
New Public Health Directions”
Minneapolis May 25-27
www.dhpe.org/nationalconference

ADEA Women’s Leadership Conference
“Global Health through Women’s Leadership”
Montreal ~ August 28-30
www.adea.org

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AMERICAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY