



Communiqué

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AMERICAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY

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President's Message



Kathryn Atchison, DDS, MPH

In a few short months, we will be opening the doors to our 2007 National Oral Health Conference, entitled "Advancing Access and Taking Action for the Nation's Oral Health." Just to be sure that you don't miss any part of the exciting program, I want to call your attention to the posted program. Thanks to **Pam Tolson's** diligence, it is ready for you to preview before the necessity to make travel plans! The information starts rolling on Saturday, April 28 with pre-sessions sponsored by ASTDD Leadership on "Health Promotion Research: NIDCR Funding Opportunities." The meeting formally opens Monday morning with a provocative plenary session titled "Will Today's Dental Public Health Workforce Meet Tomorrow's Needs?" This session, with speakers such as **Linda Neissen, David Nash, Amid Ismail and Mark Siegal**, is sure to get us ready to take on the current workforce challenges. A second plenary is scheduled for Wednesday with the preeminent speaker Dr. **Richard Carmona**, our former Surgeon General.

The reason for the second plenary late in the program is to emphasize the unusual structure of our meeting this year! To highlight our commitment to improving access to care for all people, we will meet jointly with **Special Care Dentistry Association** on the final day of our conference. The purpose of this session is to explore the overlap in missions among the dental professional organizations committed to access to care, and that of SCDA with its strong commitment to serving specific disadvantaged groups. Please check out the program at www.nationaloralhealthconference.com/docs/NOHC07RegBrochweb.pdf to find out more about the breadth and depth of this year's program. Many thanks to **Caswell Evans**, and the AAPHD, ASTDD, HRSA, CDC and AACDP team for their efforts in managing to produce such an outstanding program. It was a big job.

Also, you might want to get your hotel booked--we are sure to sell out. We have about 50 Roundtable scheduled, so if there is a leader among you who would like to volunteer to organize the Roundtables, please contact Pam Tolson. Roundtables are an excellent opportunity to connect with fellow public health professionals to discuss informally a specific program or topic.

Besides planning for another mind-stretching national conference, the Executive Council (EC) has been active on many other fronts. We signed a contract with Blackwell Publishing and the *JPHD* is moving to electronic management. Hearty congratulations to **Helen Gift**, our Interim Editor for her masterful management of new electronic publication. In addition, thanks to the Editorial Board and all of this past year's journal reviewers for their willingness to help make *JPHD* the premier journal on dental public health issues. As I mentioned in the last *Communiqué*, our goal in moving to Blackwell is to increase the visibility of oral health and dental public health worldwide. I know that you share those goals. If you are excited about helping to take the *JPHD* to that next step, consider sending a CV to **Bob Weyant**, Immediate Past President, who chairs the Search Committee for a permanent editor. We hope to have an Editor selected by next fall. This is an ideal time to step in and manage the growth in readership worldwide!

A specific challenge to the EC, and the topic on which I wish to dwell for this President's Message, is the AAPHD budget. Please see the Treasurer's report later in this *Communiqué* for specific information. The EC is disappointed to project this year's budget in deficit and wish to provide you with some thoughts on that. The move to Blackwell is an investment for AAPHD, as it decreases revenues that we generally receive from our subscriptions. However, after months of discussion, the EC determined that it was an important investment in our future. *JPHD* could not continue to attract top editors, editorial board members, and reviewers with the outmoded format for author

(Continued on page 3)

Association in Action

Update from the National Office

As the countdown begins toward the AAPHD Annual Business Meeting on May 1st in Denver, the committees are winding up a year of work in preparation of making recommendations to the membership. Over 50 members are actively involved in committees, doing the work that moves the association closer to its strategic goals and objectives. More volunteers are needed and you can be as involved as you like. Committees meet by conference call. Review the activities outlined below and contact Pam Tolson at natoff@aaphd.org to volunteer!

A search committee has formed to recruit and contract with a new editor for the *Journal of Public Health Dentistry* by September 2007. Immediate Past President, **Robert Weyant** chairs the Editor Search Committee. The committee has finalized the job description. See the announcement on page ??.

The Awards and Nominating Committee, also chaired by **Robert Weyant**, is preparing a slate of Officers and Executive Council Members for the ballot to be distributed electronically via the website on February 15th. Watch for the announcement and be sure to cast your vote! Bob is also looking for nominations for the AAPHD Merit Awards. Please e-mail suggestions to rjw1@pitt.edu by February 28th.

The Oral Health Policy & Advocacy Committee, co-chaired by **Nick Mosca** and **Judith Jones**, has broken into four sub-committees charged with reviewing current AAPHD positions on access to care, sealants, water fluoridation and fluoride varnish. The subcommittees are updating and drafting policies and position papers for the membership to review and vote on at the Annual Business Meeting. The Committee has also been monitoring legislation, recommending AAPHD's sign on to coalition letters and urging grass roots campaigns. Issues include the Public Health Title VII Appropriations and FDA Tobacco Regulation Recommendation. The Committee will form additional sub-committees to continue the review of AAPHD policies and positions.

ASTDD and AAPHD Workforce Committee has been evaluating the effectiveness of the DPH residency programs and assisting ADEA with the Preventive Medicine Curriculum Framework devised for dentistry with the goal of integrating a dental version of the preventive medicine curriculum into academia. The two associations agreed to combine their committees and efforts in order to work toward increased awareness across disciplines and develop a plan to increase funding for DPH workforce improvements. This committee has an aggressive agenda and would welcome additional input from AAPHD members.

The Membership Goal Committee, co-chaired by **James Sutherland** and **Mary Foley**, is reviewing the results from the first two Membership Surveys distributed last fall and are planning to post the third survey on www.aaphd.org soon. (See report on the first two surveys elsewhere in this newsletter.) Also under discussion is a dues increase recommendation and a membership drive. The association is fast approaching its goal of 1000 paid members by next year.

Finally, AAPHD has taken the lead in working with ADA, ASTDD and ADEA to develop a process for the evaluation of workforce demonstrations. More information will be forthcoming as this project moves forward.

Thank you to the 30 members who indicated their interest in volunteering on AAPHD committees through the membership survey. Because the survey was anonymous, some of you could not be identified from the information you provided. Please contact the National Office so we can get you involved!

Submitted by **Pam Tolson**, CAE, Executive Director

AAPHD National Office Has Moved!

Please update your contacts for the AAPHD National Office, which began the New Year in a new location:

3085 Stevenson Dr. #200
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natoff@aaphd.org

NOHC Features Joint Program Day with SCDA

Over 1000 attendees are expected in Denver the first week in May as the 2007 National Oral Health Conference and the 19th Annual Meeting on Special Care Dentistry share a joint day of programming on Wednesday, May 2. The joint day of programming will feature **Richard Carmona**, former US Surgeon General and now, Vice Chairman of Canyon Ranch, CEO of Canyon Ranch Health Division and President of Canyon Ranch Institute.

A joint planning committee developed the day's programming around issues of advocacy and access. In addition to the concurrent sessions, attendees will be able to choose from over 30 roundtable (Lunch & Learn) topics and have plenty of time to network with colleagues and exhibitors from throughout the world.

Also during the NOHC, AAPHD will celebrate its 70th Anniversary at receptions sponsored by Medical Products Laboratories and Aseptico. The joint day of programming will culminate with "Western BBQ" hosted by **DntIWorks** at their new headquarters office.

Participants are encouraged to attend the "week" of activities by attending both the NOHC and SCDA meetings. A special registration fee makes it affordable. Details on www.nationaloralhealthconference.com. Register today!

Annual Business Meeting Scheduled for May 1

The 2007 Annual Business Meeting will be held in conjunction with the NOHC. All AAPHD members are invited to attend:

Tuesday, May 1, 2007, 4:00 – 5:30 p.m.
Denver Marriott Tech Center, Denver, Colorado

Among the agenda items and issues for discussion and voting are the following:

- New and revised association positions and policies;
- Determination of annual dues;
- Proposed bylaw changes;
- Induction of the 2007-2008 Executive Council.

The NOHC is scheduled for April 30–May 2, 2007. Registration information at www.nationaloralhealthconference.org.

Foundation to Hold Silent Auction at NOHC

The AAPHD Foundation will again hold a Silent Auction to benefit the general fund of the Foundation during the 2007 NOHC in Denver. Last year's auction held for the first time raised just under \$5,000. Response from attendees was so positive that calls are already coming into the national office with donations for this year's event.

So again, under the guidance of Auction Chair **Hermina McLeran**, the Foundation is requesting members to donate items for the 2007 auction. Please fill out the Silent Auction form included in this newsletter and on www.aaphd.org and fax it to the National Office: 217-529-9120.

Dental Volunteers to Honduras

Dentists and hygienists are needed to supervise a four-chair dental sealant team to Honduras. Villages to be served in Feb.-March '07 have no access to dental care. Volunteers diagnose and supervise the placement of self-cure sealant by Honduran technicians using a fourhanded technique and infection barriers. Portable dental equipment includes suction, 12v halogen light and air/water spray. Train for one week in '07 and return for another week in '08. An interpreter is provided if you do not speak Spanish. Volunteers must be in good health, have a valid passport and pay their own airfare to San Pedro Sula plus a modest amount for meals and lodging while in Honduras. Your expenses are US federal tax-deductible. Over 178 dentists, hygienists, dental students and support personnel have served previously. Many have described their time in Honduras as "a once in a lifetime experience." Stay over and visit Mayan ruins, enjoy ocean beaches or the offshore islands noted for scuba diving

Contact: **David Mehlich**, DDS, DrPH
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Association in Action

Call for 2007 Nominations and Awards

The Awards and Nominations Committee, chaired by Immediate Past President, **Bob Weyant**, seeks recommendations for two Executive Council positions and Vice President. Please send nominations by February 1 to rjw1@pitt.edu. The ballot will be e-mailed to members and posted on the AAPHD website by February 15, 2007.

Weyant is also accepting recommendations for AAPHD Merit Awards to be awarded during the NOHC. The recommendations should be sent to the above e-mail by February 15. The AAPHD Merit Awards are:

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

Special Merit Award: Presented to an individual for special meritorious service to public health dentistry.

Special Merit Award for Outstanding Achievement in Community Dentistry – International: Presented for public health contributions of individuals outside the United States

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

President's Award: Presented at the discretion of the President to an individual for significant contributions to the welfare of the Association.

Secretary-Treasurer's Report

As of the end of December 2006, AAPHD has done a good job with income. Only one quarter into its budget year, 54% of projected income has already been received, primarily because of membership dues. That being said, we encourage all who have yet to renew their membership to do so in a timely manner. Membership dues make up approximately 43% of all income to the Association and late renewals significantly affect cash flow. On the expense side, AAPHD is slightly ahead of the budget in terms of spending, particularly in the areas of board meetings and the mid-year business meeting in Las Vegas.

As was noted in the previous Secretary-Treasurer's Report, the Finance Committee is working to develop a series of proposals for improving cash flow into the organization, including changes in the format of the EC's business meetings, solicitation of external funding, increases in newsletter advertising, corporate partnership and a dues increase. Details will be provided during the NOHC in Denver and in future *Communiqué* articles.

A current listing of assets is presented in Table 1, with a comparison against year-end totals for 2005-06. On the positive side, the Reserve

Account total and the total of all assets have increased. The membership is reminded, however, that the current budget projects a \$32,000 deficit by the end of the fiscal year. Thank for your continued support. I look forward to providing more details in the months to come.

Table 1

Income	Year-End 2005-06	Dec 2006
Oral Health Action Partnership	\$ 54,954	\$ 40,344
Checking	\$ 2,977	\$ 25,228
Other current assets	\$ 11,917	\$ 26,562
Reserves	\$ 212,41	\$ 219,14
Total	\$ 282,26	\$ 311,27

Submitted by **Mark Macek**, Secretary-Treasurer.

President's Message Continued

management. The estimated cost of purchasing just an electronic author management system costs approximately \$100,000. Blackwell provides that to us as part of the contract, and in addition, will digitize our entire history of *JPHD* issues! Our readership will enjoy the opportunity to reconnect with dental public health's history through over fifty years of articles about prevention, access to care and clips about the Association's past leaders. At the same time, the journal is now getting set to take off to new heights of readership with our international library subscriptions. The Finance Committee is working diligently to propose ways to balance the budget and explore new sources of revenue. My personal thanks to **Marks Macek** and **Greer** for their support to AAPHD. If you have any

ideas for future revenue, or if you wish to sponsor one of AAPHD's activities, please contact them, Pam Tolson, or even me!

As we move toward the close of the year, it is good to remind you of end of year items. Voting is coming! There will be several Bylaws changes coming, so please watch your email and vote on By Laws and your future leaders. Also, consider running for office to lend your voice and expertise to your profession. Finally, please accept my joy in representing you where I have had this opportunity to lead an organization that accepts its responsibility for improving the oral health of our public! It is an awesome organization.

EDITOR, *Journal of Public Health Dentistry*

The American Association of Public Health Dentistry (AAPHD) is seeking an Editor for the *Journal of Public Health Dentistry (JPHD)*. The *JPHD* is the premier US journal of public health dentistry and an official publication of the AAPHD. It is published quarterly. The successful candidate should have training and experience in dental public health, a strong scientific background, and a broad understanding of contemporary issues in dentistry and public health. A background demonstrating the ability to effectively engage in scientific communication and strong organizational skills are essential. Previous experience with scientific publications is desirable. The *JPHD* is now transitioning into electronic manuscript management under a contract with Blackwell publishing

The position is supported by the publisher and by part-time staff assistance from the Association. The editor will work closely with the Journal's editorial board and the Executive Council of the AAPHD on policy issues and will attend the Association's Annual Board meeting. The editor is provided with broad editorial latitude and is expected to demonstrate strong leadership.

We anticipate filling the position by the fall of 2007, with initial interviews conducted in May during the National Oral Health Conference in Denver. Please send letter of interest and CV to:

Dr. Robert J. Weyant, Chair, *JPHD* Editor Search Committee

Rm 346 Salk Hall, 3501 Terrace Street

University of Pittsburgh

Pittsburgh, PA 15261

or via email: rjw1@pitt.edu

News Bits and Bytes

2006 ADA Access to Care Award Winners

The ADA Council on Access, Prevention and Interprofessional Relations announces the recipients of this year's Access to Care Awards, sponsored by the ADA Foundation.

The Community Dentistry Highest Award, supported by Johnson & Johnson Oral Health Products, was given to the **Ben Massell Dental Clinic of Jewish Family and Career Services** (BMDC) in Fulton County, Georgia. BMDC offers comprehensive dental care to metro-Atlantans with income at or below 125% of the federal poverty level. All patients are uninsured, including many senior citizens and/or homeless individuals who would otherwise have no access to dental care. Individuals are screened for eligibility and pay a \$2 fee when able.

Working rotating schedules in a compact space of just over 2,000 square feet, 90 volunteer dentists and five paid allied dental staff provide services to at least 5,700 (unduplicated) patients each year. Every dental specialty is represented at BMDC. The value of the dental staff's in-kind contribution is over \$730,000 annually. **David Zelby**, a prosthodontist, serves as the Chief of Staff, and has volunteered **with the clinic for more than 26 years**.

Three projects received Meritorious Awards. **The Spanish Catholic Center Dental Clinic** of Catholic Community Services DC provides oral health services for the low-income, uninsured immigrant community of the Washington, D.C. metropolitan area. **The Free Clinics' Adult Dental Extraction Clinic** in Hendersonville, North Carolina, addresses identified needs of the low-income, uninsured residents of Henderson County by working collaboratively with the local community health center, hospitals, health department, physicians, and dentists. One of the programs is the weekly Adult Dental Extraction Clinic, which provides same-day

appointments for adults who need an emergency extraction. **Keystone Dental Care, Inc.** in Johnson City provides free dental care on a first-come, first-served basis for homeless and low-income adults, including enrollees in Tennessee's Families First program.

The Geriatric Oral Health Care Award recognizes programs that have improved the health of older adults through innovative community outreach activities. This award is possible with the support of the Pfizer Consumer Healthcare Group.

The Geriatric Oral Health Care Highest Award was presented to **Oral Health for Seniors in Appalachia**, a project created by a collaborative effort involving the Ohio State University College of Dentistry Geriatrics Program, OSU Extension Service for Southeastern Ohio, Area Agency on Aging #7, Inc., and local dental societies in Southern Ohio. This weekly program visits community senior centers where patients are evaluated for dental treatment. Comprehensive dental care is delivered under supervision of an accompanying geriatric dentistry faculty.

The Boston Oral Health Equity Project received a Meritorious Award. Since 2002, the Boston Public Health Commission and Boston Housing Authority have been collaborated with Boston University School of Dental Medicine, Harvard School of Dental Medicine, Tufts School of Dental Medicine, and Forsyth Dental Hygiene Program, Massachusetts College of Pharmacy and Health Sciences to improve the oral health status of low-income Boston elders living in public and subsidized housing.

Details on winning programs are posted at http://www.ada.org/ada/prod/adaf/prog_access_awards.asp.

Children's Dental Health Month Resource

The National Maternal and Child Oral Health Resource Center (OHRC) in collaboration with the MCH Library at Georgetown University released a new edition of its knowledge path about oral health and children and adolescents in time for Children's Dental Health Month in February. This electronic resource guide points to a selection of current, high-quality resources that analyze data, describe effective programs and report on policy and research aimed at improving access to and the quality of oral health for children and adolescents. Separate sections identify resources on specific aspects of oral health including dental sealants, early childhood caries, fluoride varnish, Head Start, childcare, school-based education and school-based care. The final section lists oral health resources for consumers. This knowledge path is intended for use by health professionals, program administrators, educators, policymakers and consumers

who are interested in obtaining timely information on this topic. The knowledge path is available at <http://www.mchoralhealth.org/knwpathoralhealth.html>.

MCH Library knowledge paths on other maternal and child health topics are available at <http://www.mchlibrary.info/KnowledgePaths/index.html>. The OHRC (<http://www.mchoralhealth.org>) gathers, develops, and shares high-quality information and materials to help states and communities address current and emerging public oral health issues and improve oral health services for infants, children, adolescents and their families. The MCH Library is located at the National Center for Education in Maternal and Child Health (NCEMCH) at Georgetown University.

Updated Data Resource Center Catalog Available

The NIDCR/CDC Dental, Oral and Craniofacial Data Resource Center (DRC) has recently posted to its website the October 2006 release of the Catalog of Surveys and Archive of Procedures Related to Oral Health. This release contains new survey entries along with updated survey information of entries already in the Catalog of Surveys. It also includes updated procedure information of entries already in the Archive of Procedures related to NHANES 1999-2006.

The catalog is available free of charge on CD-ROM. To order or view the release, go to <http://drc.hhs.gov/catalog.htm>. For more information contact:

Pamela J. Martinez, MLS, Senior Research Librarian
2101 Gaither Road, Suite 600, Rockville, MD 20850
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Guide to Clinical Preventive Services

The Purchaser's Guide to Clinical Preventive Services: Moving Science into Coverage, a joint project between AHRQ, CDC and the National Business Group on Health, has been released by the NBGH, a national non-profit organization representing 250 large employers. The new [guide](#) is designed to help employers improve the health of their employees and their families as well as to potentially reduce their health care costs. The guide contains preventive services recommended as clinically effective by the U.S. Preventive Services Task Force and CDC. Recommendations were required to be either evidence-based; address a serious health threat in terms of illness, death, or quality of life, including risk of disability or address a condition that results in substantial direct or indirect costs for payers in order to be included in the Purchaser's Guide.

Coalition to Help Reduce the Numbers of Uninsured in U.S.

Most of the nation's largest health care organizations have agreed on a proposal that would significantly expand health coverage for almost 47 million uninsured in the U.S., starting immediately with expanded coverage for children in 2007. Calling itself the Health Coverage Coalition for the Uninsured (HCCU), the group is made up of 16 influential, national organizations that have played roles in every federal health policy debate of the last 30 years, often on opposing sides. Despite divergent political and ideological views, the groups committed to immediately and jointly press lawmakers to act on their historic, two-phased consensus proposal.

The agreement includes a balance of private and public initiatives and is the culmination of meetings among the groups over approximately two years. It allows the new Congress to begin its work on health coverage from a proposal that already has the agreement of diverse advocates.

"This historic agreement transcends traditional political and ideological boundaries to break the gridlock about expanded health coverage for the uninsured," said **Ron Pollack**, Executive Director, Families USA. "Our unprecedented agreement and coalition should serve as a model for Congress and the President to see that health coverage is expanded to as many people as possible as quickly as possible – starting with America's children this year."

HCCU participating organizations include AARP, America's Health Insurance Plans, American Academy of Family Physicians, American Hospital Association, AMA, APHA, Blue Cross Blue/Shield Association, Catholic Health Association, Families USA, Federation of American Hospitals, Healthcare Leadership Council, Johnson & Johnson, Kaiser Permanente, Pfizer, United Health Foundation and U.S. Chamber of Commerce.

"Reaching consensus is a long and sometimes difficult process, but every participating group put the interests of America's uninsured first – even when doing so meant walking away from certain long-held positions," said **Scott P. Serota**, Blue Cross/Blue Shield Association President and CEO. "With such divergent political ideologies, it is unprecedented for these groups to have a joint agreement. Helping the millions of Americans who do not have health insurance is an issue that needs to transcend politics and partisanship, and that is why we worked together to give Congress a starting point that we can all support."

With Congress scheduled to consider the reauthorization of SCHIP in the coming months, the proposal could have an immediate impact. The first

New Information on Mass Casualty Care

AHRQ released "[Providing Mass Medical Care with Scarce Resources: A Community Planning](#)," which provides community planners, as well as planners at the institutional, state and federal levels, with information for responding to a mass casualty event. This guide examines mass casualty challenges across a wide range of health care settings and issues recommendations for planners in specific areas. It also discusses ethical and legal considerations related to mass casualty planning in pre-hospital, hospital, acute-care and alternative-care sites.

In addition, AHRQ released Bioterrorism and Health System Preparedness Issue Brief Number 11, entitled, "Developing Alternative Approaches to Mass Casualty Care: The Role of the Agency for Healthcare Research and Quality." The [brief](#) reviews AHRQ's research on mass casualty care and includes models, resources and tools for planning, training and response and details the role of HHS in achieving mass casualty capabilities.

Health Literacy Funding Opportunity

AHRQ, in partnership with NIH, invites investigators to submit R01 research grant applications under a new Funding Opportunity [Announcement](#) entitled "Understanding and Promoting Health Literacy." The goal is to increase scientific understanding of the nature of health literacy and its relationship to healthy behaviors, illness prevention and treatment, chronic disease management, health disparities, risk assessment of environmental factors and health outcomes, including mental and oral health. The deadline to submit applications is May 24, 2007.

phase is a "Kids First Initiative" to allow parents to more easily enroll their children in public programs like SCHIP and Medicaid. It calls for a "one-stop shopping" system whereby low-income families could enroll uninsured children in SCHIP or Medicaid at the same time as they apply for other public programs, like reduced-cost lunches or food stamps.

The proposal would provide states with the additional funds needed to enroll eligible children. HCCU members believe this could help up to six million uninsured children who are eligible for, but not enrolled in, public insurance programs.

The proposal also calls for a new tax credit to help families cover some of the cost of providing private health insurance for their children. Eligible families could earn up to three times the federal poverty level. The tax credits would be refundable and advanceable.

The second phase of the coalition's proposal focuses on uninsured adults. It would give states the flexibility and funds to expand Medicaid eligibility to cover adults with incomes below the federal poverty level, millions of whom are currently ineligible for public coverage. For those with incomes between 100 and 300% of the federal poverty level, a refundable, advanceable tax credit would be established to cover the costs of private insurance.

Census figures show more than one in seven Americans were uninsured in 2005. The Institute of Medicine estimates approximately 18,000 people die each year from diseases that would have been treatable or preventable if they had health coverage.

The HCCU Consensus-Building process is a project of Search for Common Ground-U.S. Consensus Council, in partnership with the Meridian Institute. The organizations fashioned a unique approach for bringing diverse groups together on public policy issues. The Economic and Social Research Institute and the Lewin Group provided research and analytical support.

Funding for the coalition's work was provided by the participating organizations, with additional support from the Robert Wood Johnson Foundation, Ascension Health, the Rapoport Foundation, The Colorado Health Foundation and The California Endowment.

The consensus agreement, as well as additional information about HCCU is available at www.coalitionfortheuninsured.org.

News Bits and Bytes

Head Start Children Improve Skills

Head Start students made significant gains over the most recently studied school year in vocabulary, early math, early writing and early reading according to new research, according to *FACES 2003: Children's Outcomes and Program Quality in Head Start*. The research brief describes data gathered about Head Start program quality and child outcomes. As part of the Head Start Program Performance Measures Initiative, three Family and Child Experiences Survey (FACES) studies have been completed, with cohorts beginning in 1997, 2000 and 2003. Approximately 2,400 newly entering 3- and 4-year old children and their families from 63 Head Start programs participated in the FACES 2003 study. Future reports from the FACES 2003 cohort will include analyses of Head Start children's progress through the end of their kindergarten year.

FACES Findings: New Research on Head Start Outcomes and Program Quality is a companion piece for Head Start practitioners. It presents findings from FACES 2003 as well as earlier studies, and the shorter format makes it easy for teachers and directors to quickly reference topics.

The study includes comprehensive data about the cognitive and social-emotional development of Head Start children, family characteristics, classroom quality and teachers and staff. This data is gathered through child assessments, classroom observations and interviews with Head Start parents, teachers and administrators.

Some of the highlights of the report include:

- Head Start children made significant gains over the 2003-2004 Head Start year in vocabulary, early math, early writing and (for 4-year-olds only) early reading.
- Gains in letter identification and early reading increased across the three FACES cohorts (1997, 2000 and 2003).
- In FACES 2003, one third of Head Start families reported speaking a language other than English in the home.
- Teacher educational credentials in Head Start were higher in FACES 2003 than in FACES 2000 and FACES 1997.

CMS Releases U.S. Health Spending Estimates Through 2005

The Centers for Medicare & Medicaid services (CMS) recently reported that health care spending growth in the U.S. slowed for the third consecutive year in 2005, increasing 6.9% compared to 7.2% growth in 2004 and 8.1% in 2003. The 6.9% growth in 2005 marks the slowest rate of growth in health spending since 1999, when growth was 6.2%. Health care spending reached almost \$2 trillion in 2005, or \$6,697 per person, up from \$6,322 per person in 2004.

The health spending share of the nation's Gross Domestic Product (GDP) increased only slightly, from 15.9% in 2004 to 16.0% in 2005. This constrained spending growth is due in part to the anticipated lagged effects of the 2001 recession, as well as to weaker growth in prescription drug spending.

Growth in retail prescription drug sales decelerated for the sixth consecutive year, increasing just 5.8% in 2005 following 8.6% growth in 2004 and 10.6% in 2003. This slowdown was primarily due to a dramatic decrease in Medicaid prescription drug spending, along with increased use of generic drugs.

Spending for hospital care accounted for the largest share of overall health care in 2005, reaching \$611.6 billion, with growth stable at 7.9% in both 2004 and 2005. The recent stabilization in hospital spending growth in recent years is due in large part to hospitals' stronger negotiating positions and their ability to pass costs on to private payers. Private payers accounted for 43% of hospital spending and grew 7.6% in 2005, whereas public payers, which accounted for the remaining 57%, increased 8.1% in 2005.

Spending for physician and clinical services reached \$421.2 billion in 2005, an increase of 7.0% over 2004. Payments by public sources for

physician services, including Medicare and Medicaid, grew more slowly in 2005.

Most significantly, Medicaid cost-containment efforts, such as reduced or frozen payments to physicians, contributed to the slowdown. Medicare growth for physician services was 9.5% in 2005 (slightly slower than the 10.4% growth in 2004) and reflects continued increases in the volume and intensity of services.

Growth in overall public spending, 7.7% in 2005, outpaced overall private spending growth of 6.3%. Public spending growth has exceeded growth in private spending in each of the last two years, primarily due to strong growth in Medicare spending, and now accounts for 45% of total health spending.

For the \$1,085 billion spent by private payers in 2005, private health insurance contributed \$694.4 billion (64%), out-of-pocket payments contributed \$249.4 billion (23%), and other private funds made up the remaining \$141.2 billion (13%). Growth in private health insurance premiums slowed from 7.9% in 2004 to 6.6% in 2005. This was the third straight year of slowing premium growth from a peak of 10.5% in 2002. Employer-sponsored private health insurance accounted for 94% of total premiums in 2005, with the employer share growing slightly to 74.4% and the employee share dropping slightly to 25.6%. However, employees are paying more through mechanisms such as higher coinsurance, more deductibles and changes in coverage criteria.

The findings can be found in a report by CMS' Office of the Actuary published in the January issue of the *Journal of Health Affairs*.

Report Available on Health of U.S. Adults, 2005

The Division of Health Interview Statistics (DHIS) of the National Center for Health Statistics (NCHS) announces the availability of the final report: *Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2005*. This report is number 232 in the NCHS Vital and Health Statistics Series 10 reports. Number 231 is the companion report for children, which was released earlier.

Available statistics on the adult population include selected health measures for adults 18 years of age and over, classified by sex, age, race and Hispanic origin, education, family income, poverty status, health insurance coverage, marital status, place of residence and region. The prevalence of selected chronic conditions, health status, functional limitations, health care access and utilization, health behaviors and HIV testing are covered.

Selected highlights from the report for U.S. adults 18 years of age or over include the following:

- 62% of reported excellent or very good health;
- 15% did not have a usual place of health care;
- 62% never participated in any type of vigorous leisure-time physical activity;
- 12% had been told by a health professional that they had heart disease;
- 22% had been told on two or more visits that they had hypertension;
- 21% were current smokers, and 21% were former smokers;
- Based on estimates of body mass index, 35% were overweight and 25% were obese.

Access the adult report at http://www.cdc.gov/nchs/data/series/sr_10/sr10_232.pdf and the children's at http://www.cdc.gov/nchs/data/series/sr_10/sr10_231.pdf.

America's Health Rankings™ Gives Nation its Annual Check-up

Americans as a group are only 0.3% healthier than they were at this time last year, according to the 17th annual edition of *America's Health Rankings: A Call to Action for People & Their Communities™*, released in December 2006. This increase is significantly lower than the nation's average annual improvement of 1.5% documented between 1990 and 2000, and only keeps pace with the 0.3% average annual national improvement since 2000. The report also observes that the U.S. continues to trail other nations in important statistics such as healthy life expectancy and infant mortality.

The report, produced by United Health Foundation (UHF) in partnership with the APHA and Partnership for Prevention (PFP), is a yearly assessment of the relative healthiness of the nation, based upon analysis of comprehensive determining factors such as personal behaviors, the environment in which people live and work, the decisions made by public and elected officials and the quality of medical care delivered by health professionals.

This year, the report ranks Minnesota as the healthiest state for the fourth year in a row. Vermont is second, followed by New Hampshire, Hawaii and Connecticut. Louisiana is ranked as the least-healthy state, while Mississippi, South Carolina, Tennessee and Arkansas complete the bottom five.

"We as a nation are blessed with unparalleled resources and assets and as such it is troubling that we are not making more significant progress in overall health improvements," said **Reed Tuckson**, MD, UHF senior vice president. "This report is a call to action for all of us – as individuals, members of families, participants in community life, health professionals and political and policy leaders – to intensify our efforts toward a healthier America. We can do better and our children deserve better."

A National Health Analysis. Since America's Health Rankings™ (AHR) began in 1990, the nation's overall health has improved by 18.7%. This national success can be attributed mostly to the reduction of several health determinants, such as infectious diseases, smoking, cardiovascular deaths, motor vehicle deaths and violent crime. In addition, slightly fewer children live in poverty and more ninth graders graduate high school within four years than in 1990.

Since 2000, however, the rate of improvement in the nation's health status has essentially stagnated. Key reasons are the persistence of tobacco use and a relatively high infant mortality rate. This stagnation is compounded by the increasing prevalence of obesity in America. Obesity is up from 11.6% of the population in 1990 to nearly 25% today.

Finally, the report makes special note of the proportion of uninsured people, which has increased from 13.4% in 1990 to 15.9% of the population today. The increasing number of uninsured Americans has significant effects on the ability to prevent disease, in addition to impeding necessary medical care delivery.

The U.S. Compared to Other Nations. The report also notes that the potential for optimal healthiness in the U.S. has not yet been achieved. Compared with other nations, the U.S. lags behind in several important indicators of overall health. Particularly troubling is the report's observation that 35 other nations have infant survival rates that are better than or equal to that of the U.S. Our rate of 6.6 deaths per 1,000 live births is double that of Japan, Sweden, Finland, Monaco and San Marino.

"Nowhere is the failure of prevention of more concern than in its impact on the nation's children," said **Marian Wright Edelman**, president and founder of the Children's Defense Fund. "And, as I observed in my commentary in this year's report, health insurance that assures medically necessary services for all children must be the top priority for our nation now."

State-by-State Analysis. The report's state-by-state analysis shows Illinois with the highest overall health improvement since last year (a 2.8% increase). Next are Ohio, with a 2.6% jump; Wisconsin, with a 2.3% increase; and Kansas, with a 2.1% rise. States with the greatest decline in overall health include New Mexico, which dropped 4.2%; Idaho, which declined by 3.9%; and West Virginia, which dropped 3.5%. But, regardless of where an individual state ranks, each state has its own set of successes and challenges.

"The rankings are a vital tool for every state to find opportunities to help citizens further improve their health," said **John M. Clymer**, president of PFP. "America's Health Rankings™ is more than a report; it is a call to action for states to implement healthful policies, since health is a critical factor in both quality of life and economic vitality."

Health Disparities among Minority Populations. The report also documents the persistence of differences in health outcomes among racial and ethnic groups in America.

In his commentary on eliminating health disparities, Admiral **John Agwunobi**, MD, U.S. Assistant Secretary for Health, notes that Latinos in particular have the lowest rates of health insurance coverage and regular sources of health care, and are actually experiencing an overall increase in health disparities. In addition, data from the National Fetal and Infant Mortality Review Program shows that the rate of pre-term births among African-American women is about four times higher than among non-Hispanic white women. It also shows that infant mortality rates vary greatly across racial and ethnic groups. The highest levels of infant deaths due to Sudden Infant

Death Syndrome (SIDS) in the nation occur within the Native American community, and its rate is 2.4 times higher than that of non-Hispanic white infants.

"The consequences of disparities in health status have plagued our nation for far too long," said **Georges Benjamin**, MD, APHA Executive Director. "If we are to achieve the healthiest possible America, we must intensify our efforts to implement targeted and effective strategies that are appropriate for each American community."

Quality of Health Care Services Included in Report for the First Time. This year, AHR includes a state-level analysis of the quality and cost effectiveness of medical care to provide a more complete and comprehensive assessment of health. This analysis, completed by the Dartmouth Atlas Project, shows that the quality and cost of medical care varies widely among the states.

One of the most outstanding conclusions in the analysis is that offering and rendering more services does not necessarily lead to better-quality care. In fact, in some states, the greater use of services is associated with poorer quality and lower satisfaction with care.

About America's Health Rankings™. AHR™ combines 12 individual measures classified within four determinants of health and six measures classified as health outcomes into one comprehensive view of the health of all 50 states, separately and collectively. The methodology weights the contributions of various factors, such as smoking, preventable disease, high school graduation rates, and children in poverty, to health.

The methods were developed and are periodically reviewed by a panel of top public health scholars, led by the School of Public Health at the University of North Carolina at Chapel Hill. The report is based on data from the Departments of Health and Human Services, Commerce, Education and Labor, the National Safety Council and the National Association of State Budget Officers.

The entire report as well as state reports can be viewed at www.americashealthrankings.org or www.unitedhealthfoundation.org, which also provides information about UHF and its work.

Check-Up Findings

- Americans' overall health improved slightly from last year, but rate of improvement has leveled off since 2000.
- Minnesota, Vermont and New Hampshire remain the healthiest states; Louisiana and Mississippi rank as least healthy.
- State-specific analysis of quality of medical care versus costs as part of a indicates inverse relationship between cost and quality

Dental Public Health Issues in Print

AAPD Issues Sedation Guidelines with AAP

The American Academy of Pediatric Dentistry (AAPD) and the American Academy of Pediatrics (AAP) have announced joint recommendations for all medical and dental practitioners regarding the monitoring and management of pediatric patients during and after sedation.

This partnership reinforces a standardized approach to pediatric sedation procedures across the health professions. The new guidelines follow definitions of sedation categories and expected physiological responses currently used by the Joint Commission of Accreditation of Healthcare Organizations and the American Society of Anesthesiologists.

"This partnership with the AAP to provide extensive, updated sedation guidelines is a monumental step toward ensuring that all children who undergo a medical or dental procedure receive the safest, most effective treatment," says Dr. **Phil Hunke**, AAPD President. "Practicing in a manner consistent with the guidelines will benefit the entire pediatric medical community."

The need for guidelines across the medical spectrum results from an increasing trend in outpatient procedures that involve sedation. The guidelines recommend:

- No administration of sedating medications without the safety net of medical supervision by a licensed practitioner in medicine, surgery or dentistry.
- Careful pre-sedation evaluation for underlying medical or surgical

conditions that would place the child at increased risk from sedating medications.

- Appropriate fasting for elective procedures and a balance between depth of sedation and risk for those who are unable to fast because of the urgent nature of the procedure.
- A clear understanding of the pharmacokinetic and pharmacodynamic effects of the medications used for sedation as well as an appreciation for drug interactions.
- Appropriate training and skills in airway management to allow rescue of the patient should there be an adverse response.
- Age and size appropriate equipment for airway management and venous access, appropriate medications and reversal agents.
- Sufficient numbers of staff to both carry out the procedure and monitor the patient during and after the procedure.
- Appropriate physiologic monitoring during and after the procedure.
- A properly equipped and staffed recovery area, recovery to pre-sedation level of consciousness before discharge from medical supervision and appropriate discharge instructions.

For more information or to view the guidelines in their entirety, visit either www.aap.org or www.aapd.org.

Winter Literature Search

Using mouthguards to reduce the incidence and severity of sports-related oral injuries. *J Am Dent Assoc* 2006; 137:1712-1720. [Abstract.](#)

AAP principles concerning retail-based clinics. *Pediatrics* 2006; 118:2561-2562.

Policy initiatives for employer-sponsored health insurance. *Health Aff (Millwood)* 2006; 25:1567.

State-specific prevalence of current cigarette smoking among adults and secondhand smoke rules and policies in homes and workplaces--United States, 2005. *MMWR Morb Mortal Wkly Rep* 2006; 55:1148-1151. [Abstract.](#)

Barnett, Hyman. Challenges in interpreting study results: The conflict between appearance and reality. *J Am Dent Assoc* 2006; 137 Suppl:32S-6S. [Abstract.](#)

Barr. Ethics in public health research: A research protocol to evaluate the effectiveness of public-private partnerships as a means to improve health and welfare systems worldwide. *Am J Public Health* 2007; 97:19-25. [Abstract.](#)

Berk, Gaylin, Schur. Exploring the public's views on the health care system: A national survey on the issues and options. *Health Aff (Millwood)* 2006; 25:596-606. [Abstract.](#)

Birkhead, Koo. Professional competencies for applied epidemiologists: A roadmap to a more effective epidemiologic workforce. *J Public Health Manag Pract* 2006; 12:501-504.

Blendon, Hunt, Benson, *et al.* Understanding the American public's health priorities: A 2006 perspective. *Health Aff (Millwood)* 2006; 25:w508-w515. [Abstract.](#)

Brad, Rush, Perrin, *et al.* Outcomes associated with dentists' risk assessment. *Community Dent Oral Epidemiol* 2006; 34:381-386. [Abstract.](#)

Camenga, Klein, Roy. The changing risk profile of the American adolescent smoker: Implications for prevention programs and tobacco interventions. *J Adolesc Health* 2006; 39:120 e1-10. [Abstract](#)

Cohen, Uleryk, Jasuja, Parkin. An absence of pediatric randomized controlled trials in general medical journals, 1985-2004. *J Clin Epidemiol* 2007; 60:118-123. [Abstract.](#)

Cruz, Salazar, Morse. Oral and pharyngeal cancer incidence and mortality among Hispanics, 1996-2002: The need for ethnoregional studies in cancer research. *Am J Public Health* 2006; 96:2194-2200. [Abstract.](#)

Curry, Emery, Sporer, *et al.* A national survey of tobacco cessation programs for youths. *Am J Public Health* 2007; 97:171-177. [Abstract.](#)

Daly, Willis, Small, *et al.* A hierarchy of evidence for assessing qualitative health research. *J Clin Epidemiol* 2007; 60:43-49. [Abstract.](#)

de Jongh, Franssen, Oosterink-Wubbe, Aartman. Psychological trauma exposure and trauma symptoms among individuals with high and low levels of dental anxiety. *Eur J Oral Sci* 2006; 114:286-292. [Abstract.](#)

Dubay, Holahan, Cook. The uninsured and the affordability of health insurance coverage. *Health Aff (Millwood)* 2007; 26:w22-w30. [Abstract.](#)

Ellis, McGuire. Predictability and predictiveness in health care spending. *J Health Econ* 2007; 26:25-48. [Abstract.](#)

Ersin, Candan, Aykut, *et al.* A clinical evaluation of resin-based composite and glass ionomer cement restorations placed in primary teeth using the ART approach: Results at 24 months. *J Am Dent Assoc* 2006; 137:1529-1536. [Abstract.](#)

Erwin, Hamilton, Welch, Hinds. The Local Public Health System Assessment of MAPP/The National Public Health Performance Standards Local Tool: A community-based, public health practice and academic collaborative approach to implementation. *J Public Health Manag Pract* 2006; 12:528-532. [Abstract.](#)

Flaherty, Sege, Price, *et al.* Pediatrician characteristics associated with child abuse identification and reporting: Results from a national survey of pediatricians. *Child Maltreat* 2006 Nov; 11(4):361-369. [Abstract](#)

Flynn, Louviere, Peters, Coast. Best-worst scaling: What it can do for health care research and how to do it. *J Health Econ* 2007; 26:171-189. [Abstract.](#)

Formoso, Marata, Magrini. Social marketing: Should it be used to promote evidence-based health information? *Soc Sci Med* 2007; 64:949-953. [Abstract.](#)

Frank, Carrera, Elon, Hertzberg. Predictors of US medical students' prevention counseling practices. *Prev Med* 2007; 44:76-81. [Abstract.](#)

Gebbie, Merrill, Sanders, *et al.* Public health workforce enumeration: Beware the "quick fix". *J Public Health Manag Pract* 2007; 13:72-79. [Abstract.](#)

Goldman, Smith, Sood. Immigrants and the cost of Medical Care. *Health Aff (Millwood)* 2006; 25:1700-1711. [Abstract.](#)

Gonzalez, Klazinga, ten Asbroek, Delnoij. Performance indicators used to assess the quality of primary dental care. *Community Dent Health* 2006; 23:228-235. [Abstract.](#)

Dental Public Health Issues in Print

Winter Literature Search Continued

- Gussy, Waters, Kilpatrick. A qualitative study exploring barriers to a model of shared care for pre-school children's oral health. *Br Dent J* 2006; 201:165-170. [Abstract](#).
- Gwinn, Bowen, Khoury. Genomics and public health at CDC. *MMWR Morb Mortal Wkly Rep* 2006; 55 Suppl 2:20-1. [Abstract](#).
- Hill, Courtot, Sullivan. Coping with SCHIP enrollment caps: Lessons from seven states' experiences. *Health Aff (Millwood)* 2007; 26:258-268. [Abstract](#).
- Holtzman, Neumann, Sumartoj, Lansky. Behavioral and social sciences and public health at CDC. *MMWR Morb Mortal Wkly Rep* 2006; 55 Suppl 2:14-6. [Abstract](#).
- Hong, Levy, Broffitt, et al. Timing of fluoride intake in relation to development of fluorosis on maxillary central incisors. *Community Dent Oral Epidemiol* 2006; 34:299-309. [Abstract](#).
- Jha, Ferris, Donelan, et al. How common are electronic health records in the United States? A summary of the evidence. *Health Aff (Millwood)* 2006; 25:w496-w507. [Abstract](#).
- Kasila, Poskiparta, Kettunen, Pietila. Oral health counseling in changing schoolchildren's oral hygiene habits: A qualitative study. *Community Dent Oral Epidemiol* 2006; 34:419-428. [Abstract](#).
- Kilbourne, Switzer, Hyman, et al. Advancing health disparities research within the health care system: A conceptual framework. *Am J Public Health* 2006; 96:2113-2121. [Abstract](#).
- Klein, Shenkman, Brach, et al. Prior health care experiences of adolescents who enroll in SCHIP. *J Health Care Poor Underserved* 2006; 17:789-807. [Abstract](#).
- Kreipe. Adolescent health and youth development: Turning social policy into public health practice. *J Public Health Manag Pract* 2006; 12 Suppl 6:S4-S6.
- Lee, Bender, Ruiz, et al. Development of an easy-to-use Spanish health literacy test. *Health Serv Res* 2006; 41(4 Pt 1):1392-1412. [Abstract](#).
- Levy. Employer-sponsored insurance coverage of smoking cessation treatments. *Am J Manag Care* 2006; 12:553-562. [Abstract](#).
- Liszka, Steyer, Hueston. Virtual medical care: How are our patients using online health information? *J Community Health* 2006; 31:368-378. [Abstract](#).
- Mayer. Are we there yet? Distance to care and relative supply among pediatric medical subspecialties. *Pediatrics* 2006; 118:2313-2321. [Abstract](#).
- McPherson, Kersten, George, et al. A systematic review of evidence about extended roles for allied health professionals. *J Health Serv Res Policy* 2006; 11:240-247. [Abstract](#).
- Messonnier. Economics and public health at CDC. *MMWR Morb Mortal Wkly Rep* 2006; 55 Suppl 2:17-9. [Abstract](#).
- Miller, Ravenel, Shealy, Thomas. Alcohol screening in dental patients: The prevalence of hazardous drinking and patients' attitudes about screening and advice. *J Am Dent Assoc* 2006; 137:1692-1698. [Abstract](#).
- Miller, West. The value of electronic health records in community health centers: Policy implications. *Health Aff (Millwood)* 2007; 26:206-214. [Abstract](#).
- Mitchell, Lassiter. Addressing health care disparities and increasing workforce diversity: The next step for the dental, medical, and public health professions. *Am J Public Health* 2006; 96:2093-2097. [Abstract](#).
- Murray, Chalmers, John, et al. A longitudinal study of medication exposure and xerostomia among older people. *Gerodontology* 2006; 23:205-213. [Abstract](#).
- Nu'man, King, Bhalakia, Criss. A framework for building organizational capacity integrating planning, monitoring, and evaluation. *J Public Health Manag Pract* 2007; 13 Suppl:S24-S32. [Abstract](#).
- Oberlander. Health reform interrupted: The unraveling of the Oregon health plan. *Health Aff (Millwood)* 2007; 26:96-105. [Abstract](#).
- Osterberg, Johanson, Sundh, et al. Secular trends of dental status in five 70-year-old cohorts between 1971 and 2001. *Community Dent Oral Epidemiol* 2006; 34:446-454. [Abstract](#).
- Paschal, Kimminau, Starrett. Using principles of community-based participatory research to enhance health data skills among local public health community partners. *J Public Health Manag Pract* 2006; 12:533-539. [Abstract](#).
- Pattussi, Hardy, Sheiham. The potential impact of neighborhood empowerment on dental caries among adolescents. *Community Dent Oral Epidemiol* 2006; 34:344-350. [Abstract](#).
- Perreira. Crowd-in: The effect of private health insurance markets on the demand for Medicaid. *Health Serv Res* 2006; 41:1762-1781. [Abstract](#).
- Riley III, Gilbert, Heft. Dental attitudes: Proximal basis for oral health disparities in adults. *Community Dent Oral Epidemiol* 2006; 34:289-298. [Abstract](#).
- Savitz, Meyer, Tanzer, et al. Public health implications of smokeless tobacco use as a harm reduction strategy. *Am J Public Health* 2006; 96:1934-1939. [Abstract](#).
- Selden. Compliance with well-child visit recommendations: Evidence from the Medical Expenditure Panel Survey, 2000-2002. *Pediatrics* 2006; 118:1766-1778. [Abstract](#).
- Selden, Gray. Tax subsidies for employment-related health insurance: Estimates for 2006. *Health Aff (Millwood)* 2006; 25:1568-1579. [Abstract](#).
- Sieber, Green, Williamson. Statistics and public health at CDC. *MMWR Morb Mortal Wkly Rep* 2006; 55 Suppl 2:22-4. [Abstract](#).
- Tan, Batchelor, Sheiham. A reassessment of recall frequency intervals for screening in low caries incidence populations. *Int Dent J* 2006; 56:277-282. [Abstract](#).
- Terwee, Bot, de Boer, et al. Quality criteria were proposed for measurement properties of health status questionnaires. *J Clin Epidemiol* 2007; 60:34-42. [Abstract](#).
- Thacker. Epidemiology and public health at CDC. *MMWR Morb Mortal Wkly Rep* 2006; 55 Suppl 2:3-4. [Abstract](#).
- Wakefield, Terry-McElrath, Emery, et al. Effect of televised, tobacco company-funded smoking prevention advertising on youth smoking-related beliefs, intentions, and behavior. *Am J Public Health* 2006; 96:2154-2160. [Abstract](#).
- Yamatani. Unveiling patterns of salary inequity: Suggested measurement strategy for health care organizations. *J Health Soc Policy* 2006; 21:95-108. [Abstract](#).

Announcements

Call for Entries for ADA Award Programs

The ADA's Council on Access, Prevention and Interprofessional Relations is now accepting entries for its 2007 Community Dentistry Award and Geriatric Oral Health Care Award programs. The deadline for entries is May 15, 2007. Not-for-profit programs in the U.S. or its territories are eligible.

The Community Dentistry Award recognizes programs focused on improving oral health on the community level and including a preventive dentistry component. The first place recipient will receive a \$5,000 award and a wall plaque. Meritorious awards of \$2,500 may be granted to up to three other entrants. The Community Dentistry Award was established in 1972 as the Community Preventive Dentistry Award.

Program formats may include, but are not limited to, providing oral health care to or facilitating oral health care for low-income populations, people with special needs or those at high risk for oral diseases. Eligible community programs may include elements such as the provision of oral health care, outreach, public education, oral health literacy; programs may operate in a variety of settings and include volunteer participation on the part of dentists and dental team members. Programs that apply for this award must contain a preventive dentistry component.

Begun in 1984, the Geriatric Oral Health Care Award recognizes programs that have improved the health of older adults through innovative community outreach activities. The first place recipient will receive \$2,500 and a wall plaque. A meritorious award of \$500 may be granted to one other entrant.

Any project that furthers the understanding, prevention, and/or treatment of dental caries, periodontal disease, oral cancer or other oral diseases in older adults is eligible. Appropriate geriatric programs involve members of the dental team and include: nursing home, homebound and hospital programs; media and public information programs; dental practitioners' and/or caregivers' educational activities; and/or oral health care delivery programs.

Both Awards are sponsored by the ADA through its Foundation with the generous support of a grant from *Johnson & Johnson* Oral Health Products.

To enter or for more information, visit www.ADA.org/goto/accessawards to download entry forms, a program summary format, award program brochures and Compendia of Winning Entries, descriptions of winning entries from past years.

Community Campus Partnerships for Health Schedules Activities

Community Campus Partnerships for Health will hold its 10th Anniversary Conference this year in Toronto. "Mobilizing Partnerships for Social Change" will take place April 11-14, 2007. Two Aboriginal social justice leaders from Canada have confirmed as opening plenary speakers: **Sylvia Maracle**, Executive Director, Ontario Federation of Indian Friendship Centres, and **Jeff Reading**, Scientific Director, Canadian Institutes of Health Research-Institute of Aboriginal Peoples' Health. Register on <http://depts.washington.edu/ccph/conf-registration.html>. Read session and poster abstracts at http://depts.washington.edu/ccph/pdf_files/Conf07%20Prelim%20Program%20FINAL.pdf.

CCPH is accepting applications for our 10th Summer Service-Learning Institute, July 20-23, 2007 in the Cascade Mountains of Washington State. Applications are due March 15, 2007. We encourage early application as space is limited to 22 participants. For an application form, visit <http://depts.washington.edu/ccph/servicelearning.html>. Contact CCPH senior consultant Rachel Vaughn with further questions, sliccph@u.washington.edu or call 206-543-8178.

Service-learning is a structured learning experience that combines community service with preparation and reflection. Students engaged in service-learning provide community service in response to community-identified concerns and learn about the context in which service is provided, the connection between their service and their academic coursework and their civic roles. Service-learning helps equip future health professionals with the community-oriented competencies and commitment to civic engagement they will need to be effective as practitioners and community leaders.

The institute is taught by national experts in service-learning, including health professional faculty and community leaders who have developed successful service-learning partnerships. A unique and effective component of the institute is an evidence-based* mentoring model in which participants work in small groups and as individuals with mentors to further shape their own action plans for service-learning. Among this year's mentors is **Karen Yoder**, Director, Division of Community Dentistry, Indiana University School of Dentistry.

The institute features sessions for both novice and experienced service-learning practitioners (faculty, staff and community partners). Novice and experienced practitioners spend beginning and closing sessions together, as well as all meals and at least one plenary session. The remainder of the 3+-day institute features separate sessions designed to focus on issues particular to each group's unique experience level and situation. Mentors assist participants to deepen their understanding of service-learning, develop a plan for service-learning sustainability, and form a peer support network that continues long after the institute ends.

Past institutes have drawn participants from a wide variety of disciplines and professions, including medicine, dental hygiene, dentistry, nursing, pharmacy, public health, physician assistant, physical therapy, pre-health professions, residency and social work programs, as well as those from public health agencies and community-based organizations that have service-learning partnerships with such programs.

*Seifer, Connors. Advancing educational innovations for improved student learning and community health: The CCPH faculty service-learning institute. *Acad Med* 2000;75(5):533-4.

National Conference on Tobacco or Health

The 2007 National Conference on Tobacco or Health will take place in Minneapolis, MN from Wednesday, October 24 through Friday, October 26, 2007. The purpose of the Conference is to help improve and sustain the effectiveness and reach of tobacco control programs and activities in the U.S. For more information, go to http://www.asph.org/press/fridayletter/article_view.cfm?FLE_Index=4742&FL_Index=1446.

ADHA Annual Session Registration Open

Registration for ADHA's 84th Annual Session & Exhibits, taking place June 20-27 at the Sheraton New Orleans, is open. Go to <http://www.adha.org/annualsession/index.html> for complete information on Registration, Networking Events, Student Activities, Special Events and CE sessions. Abstracts are being solicited for an open poster session <http://www.adha.org/enews/01172007.htm#call>.

Spotlight on Members

Brown Receives Distinguished Service Award from APHA

On November 6 2006 at the APHA annual meeting in Boston, **John P. Brown**, BDS, MS, PhD, received the John W. Knutson Distinguished Service Award. This award has been presented each year since 1982 to honor an individual who has made an outstanding contribution in improving oral health in the U.S. Recipients have demonstrated sustained and exemplary accomplishments in the field of dental public health.

Brown is a professor in the Department of Community Dentistry at the University of Texas Health Science Center-San Antonio. He served as chair of the department for more than 22 year until November 1, 2006. He is a champion of dental public health, pediatric dentistry and dental public health academics, mentoring over a dozen residents in a dental public health residency program that he developed. He has served at the regional and national level regarding initiatives to improve the oral health of women and children, strongly advocating for the prevention of dental disease while improving access. He has been a champion for community water fluoridation for over 20 years, culminating in the fluoridation of San Antonio in 2000.

On an international level, Brown served as the principal investigator for the San Antonio site of the World Health Organization's Section

International Collaborative Study. He has authored or co-authored over 50 manuscripts and presented over 70 abstracts at national and international meetings.

In addition, Brown has worked tirelessly for APHA. He has served as newsletter editor and has dedicated himself to the success of the Oral Health Section. He has strengthened the policy and advocacy focus of the Section and has written or testified on numerous resolutions and position papers.

Brown received his dental degree from the University of Queensland Dental School in Brisbane, Australia, his Master of Science Degree in Dental Research from the University of Rochester and his PhD in Oral Epidemiology from the University of Queensland.

Do not expect Brown to rest on his laurels. "I am maintaining a part-time affiliation with the Department and the School," he said recently. Remarking on the "exquisite timing" of the APHA Award, he noted, "I look forward to meeting colleagues at up coming ABDPH, AAPHD, APHA and IADR meetings."

Garcia New Deputy Director of NIDCR

Isabel Garcia, DDS, MPH, was appointed deputy director of NIDCR, effective January 2, 2007. Garcia succeeds Dr. **Dushanka Kleinman**, who retired from government service to assume the position of associate dean for research and academic affairs, College of Health and Human Performance, University of Maryland-College Park.

Garcia brings to the position 26 years' experience in dental public health practice, research and administration at the local, state and national levels. She also brings a deep knowledge and appreciation of NIDCR and NIH research and issues, gained over 12 years working at the agency.

Garcia has served as the Institute's liaison to professional organizations, various government entities and Congress on oral health research issues since joining NIDCR in 1995 as a special assistant for science transfer. She directed activities to promote science-based practice, including the development of several evidence-based reports; developed science transfer activities for clinicians; and led the development of a curriculum supplement on oral health science for use by elementary school teachers nationwide.

Before joining NIDCR, Garcia was a health scientist administrator in AHRQ, where she managed research on health services and primary care. Prior to her career in the USPHS, she held local and state level health management positions, including county health director for the Virginia Division of Dental Health and director of dental research and evaluation in the Ohio Department of Health. During the early 1980s, Garcia was in private practice in Richmond, VA.

After graduating from the University of Mary Washington, Garcia earned a dental degree from the Medical College of Virginia and an MPH from the University of Michigan. She completed a residency in dental public health at the University of Michigan, and a fellowship in primary care policy in the USPHS.

Garcia gained diplomate status in the ABDPH and was elected to a six-year term as one of the Board's directors in 2003.

Evans to Receive Morton Award

Dr. Caswell Evans, Associate Dean for Prevention and Public Health Sciences at the University of Illinois at Chicago College of Dentistry, has been selected to receive the 2007 William Thomas Green Morton National Award for the Advancement of General Dentistry. The Morton Award is presented annually by the Maryland Academy of General Dentistry to an

individual, organization, or corporation "who through clinical accomplishment, education development, basic or applied research, invention, or visionary leadership, made a most monumental contribution to the advancement of the field of general dentistry."

Appreciation for Contributors to the AAPHD Foundation

The Foundation Committee and the Executive Council say thanks to the following individuals for their contributions to the AAPHD Foundation during October 2006 through January 2007.

If you believe you should be included on this list, please call the National Office. Due to the move of the national office, some mail has been delayed. Thank you!

Joseph Alderman
Myron Allukian Jr
Steve Arthur
Victor Badner
William Bailey
Jay Balzer
Irene Bober Moken
Brian Burt
Maria Canto
Chin Shun Chang
Kee Wan Chang

Lois Cohen
Robert Collins
Marsha Cunningham
Georgia de la Cruz
Mark Doherty
Bruce Dye
Michael Easley
Caswell Evans
John Featherstone
Elizabeth Gaskin
Barbara Gooch

Thomas Grabarek
Carolyn Gray
Veronica Greene
Suzanne Hayes
Irene Hilton
Alice Horowitz
Dick Ito
Elvin Jin
Donald Johnson
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Judith Jones

Linda Kaste
Jin Bom Kim
Rebecca King
Dushanka Kleinman
Ronald Le Jeune
Steven Levy
Mary Lynch
John Mahilo
Vinod Miriyala
Nicholas Mosca
Raynor Mullins

Linda Niessen
Dai Il Paik
John Rossetti
Shihoko Sakyma
James Sutherland
Frances Tourdot
Steven Uranga McKane
Minoru Yagi

Positions Available

Multnomah County Health Department

Posted December 21, 2006

Multnomah County Health Department in Portland, Oregon seeks a Dental Director. This is an executive-level position responsible for: 1) providing dental care direction and consultation to all County dental providers, 2) overseeing and directing the Department's school and community-based dental programs, and 3) providing leadership around larger community oral health issues. Requires 5 years public health dental and 2 years supervisory experience, DDM or DDS. Salary: \$91,835.49 - \$128,568.65 annually, plus excellent benefits package.

For more information, contact:

Terry Pinnell

E-Mail: terry@pinnellbusch.com

FAX: 503.293.6284

PHONE: 503.293.6280

Indiana University School of Dentistry and The Community Dental Clinic of Topeka, Indiana

Indiana University School of Dentistry and the Community Dental Clinic of Topeka, Indiana have an opening for a full-time permanent Adjunct Faculty/General Dentist.

Description: This is a blended position which provides a competitive salary and benefits package. The successful candidate will have an adjunct faculty appointment with the Indiana University School of Dentistry, and will participate in clinical services, grant and research activities. The candidate's primary work-site will be the Community Dental Clinic (CDC) in northern Indiana.

A significant proportion of the patients are members of the Amish community. Primary dental care is provided primarily to children as well as individuals with special medical needs. Individuals with bleeding disorders are provided treatment in conjunction with the Indiana Hemophilia & Thrombosis Center (IHTC). The program is also supported by the Indiana University School of Dentistry (IUSD) and the Indiana State Department of Health (ISDH). Fourth year dental students are provided with educational opportunities through rotations at the Community Dental Clinic (CDC). The candidate will provide supervision for fourth year dental students who fulfill rotations at the CDC. The CDC provides oral health education to the community through local newspapers, the Amish school system and various other outlets.

Community Information: The CDC located in Northern Indiana near Topeka in Lagrange County, the heart of Amish and Mennonite country. It is located within driving distance from Indianapolis (3 hours), Chicago (2.5 hours), and Detroit (3 hours).

Within a 30 mile radius of the CDC, there are approximately 150,000 inhabitants. The county is home to businesses with a long entrepreneurial heritage and a wide ranging manufacturing base. It is balanced out with a significant amount of farming industry (dairy, beef, and crops). The local area is a popular tourist area for those interested in antiques, hand-made goods, and learning more about the Amish and Mennonite cultures.

Contact Information: Please send a cover letter and curriculum vitae to:

Timothy V. Brent, MBA, CAE

Executive Director (member CDC Board of Directors)

Indiana Hemophilia & Thrombosis Center, Inc.

8402 Harcourt Road, Suite 500

Indianapolis, Indiana 46260

For more information regarding this opportunity, please call 317.871.0011 Ext. 207 or E-Mail: tbrent@ihtc.org