



Communiqué

Quarterly Newsletter of the

AMERICAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY

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President's Message



Bill Maas, DDS, MPH

By the time you receive this issue, the "dark ages" of winter (and its near-record snowfalls for many of us) will be starting to give way to signs of spring. Planners and presenters will be in the final stages of preparation for what promises to be an outstanding National Oral Health Conference (NOHC) — the first to be attended by a U.S. Surgeon General. And, your officers and executive council members will be reviewing the outline of a strategic plan for the Association, which they drafted in a weekend-long meeting in early February, and will be identifying potential action steps to share with members,

so that we can use the annual meeting as a springboard for new initiatives.

If you have not already done so, please review the information in this *Communiqué* about the NOHC or go to our website, and note the extraordinary scope of issues that will be covered from Monday thru Wednesday, the last week of April, as well as the useful skills that can be developed by the various workshops offered Saturday and Sunday before the annual meeting begins. This may be the year to come a bit earlier than usual to take in a workshop, or the one where you prevail upon a colleague to attend their first-ever NOHC. There is something for everyone who has taken on the professional challenge of striving to meet the oral health needs of a community, whether they have heretofore considered themselves to be in public health dentistry or not. For AAPHD and ASTDD members, your program committee has again constructed sessions that will challenge you to champion practices guided by science, and develop and interpret the science base needed to fill gaps in the foundation of practices that are facing new challenges in times of high public needs and keen competition for public resources.

Even Tuesday's Town Hall meeting to conduct the business of the Association promises to be memorable. After having heard the Surgeon General and other public health leaders earlier that day discuss the actions that we must undertake as a Nation to meet some strategic goals and national health objectives, we will meet in the afternoon to discuss the specific role of AAPHD in recommitting to a vision of optimal oral health for all and focusing our efforts into the key strategies for which our contributions are critical. Before the NOHC you will all have had an opportunity to review the common values held by our membership and mission of the Association, as identified by your officers and executive council. While there will be the temptation to find little ways to "improve" the goals established by your leadership, we will encourage you to accept their basic scope and direction and direct your personal attention to identifying the specific action steps that you can undertake to support the Association to reach its goals.

The Town Hall meeting will also provide the opportunity to get the business side of our house together. As reported elsewhere in this *Communiqué*, your Executive

(continued on page 4)

Association in Action

Time for Action - NOHC Update

The National Oral Health Conference is approaching quickly. If you have not yet registered, you can now do so online at www.aaphd.org. It is easy and efficient. The registration fee is a great value, including all the scientific sessions for 3 days, 17.5 contact hours with other hours granted for pre-conference sessions. In addition, 3 continental breakfasts, 3 lunches and 1 dinner and entertainment at the museum are included.

We have confirmation that **Surgeon General Richard H. Carmona** will be the featured speaker for Tuesday morning's plenary session, addressing the response to the Surgeon General's Report on Oral Health. Surgeon General Carmona and other panelists will discuss a framework for action and offer strategies for collaboration towards better oral health. Don't miss this exciting session as well as other plenary sessions on workforce issues and dental education innovations and CDC/State partnerships for collecting oral health data. From Monday through Wednesday another 16 invited and contributed sessions are scheduled. A Medicaid track is offered again this year with dialogues sure to be of interest in these changing times. Come meet the new Chief Dental Officer for the Centers for Medicare and Medicaid Services, **Dr. Conan Davis**.

"Hot Picks", a session on late-breaking issues on Wednesday, will feature information on the role of dental public health in a national emergency shared by Dr. Al Guay from the ADA. There will be an update from the Robert Wood Johnson Foundation on oral health grants. Dr. Bruce Dye will provide the latest information on the NHANES IV. We will also learn more about the latest Institute of Medicine report on the Future of the Public's Health in the 21st Century.

Social activities will be outstanding, culminating on Tuesday evening with a reception and banquet at the Milwaukee Public Museum, which will feature a strolling dinner through unique sections of the museum and jazz entertainment. On Wednesday evening, we have arranged a special seating to watch the Milwaukee Brewers after enjoying a buffet dinner. Stone Pharmaceuticals will sponsor a reception on Sunday evening. The American Dental Hygienists' Association, ASTDD and AAPHD will co-sponsor a reception on Monday evening and Aseptico will host the reception on Tuesday evening. The American Board of Dental Public Health Diplomates dinner will be held on Monday evening.

Join us at the Town Hall meeting on Wednesday and learn more about the exciting AAPHD strategic planning session, our new vision, values and goals and other business of your Association. Take this opportunity to get more involved.

The pre-conference sessions promise to be exceptional, with topics including communicating with the media, health communications and evaluation through logic modeling. The ABDPH will offer the board examination Friday

through Sunday, April 25-27. The American Association for Community Dental Programs (AACDP) will offer a symposium on developing, financing and operating community dental programs on Sunday. In addition, the Medicaid Dental Program Representatives Caucus will provide discussion on Medicaid priorities, programs and policies in a session open to all. ASTDD, AACDP and AAPHD executive boards and committees will meet to discuss items important to members. The military session on Sunday afternoon is for all officers in the armed services. Please check the registration brochure on the web page for more detailed information on times and costs.

Submitted by: **Candace Jones**, Vice-President

Executive Council Updates AAPHD Strategic Plan

On a sunny weekend in February, many of the AAPHD Executive Council members came together in Los Angeles to update our organization's strategic plan. It had been almost three years since the last planning session and it was time to measure results, re-evaluate remaining goals and objectives and clarify priorities. In often intense and stimulating sessions, it was the consensus of those present that it was a successful and fun weekend!

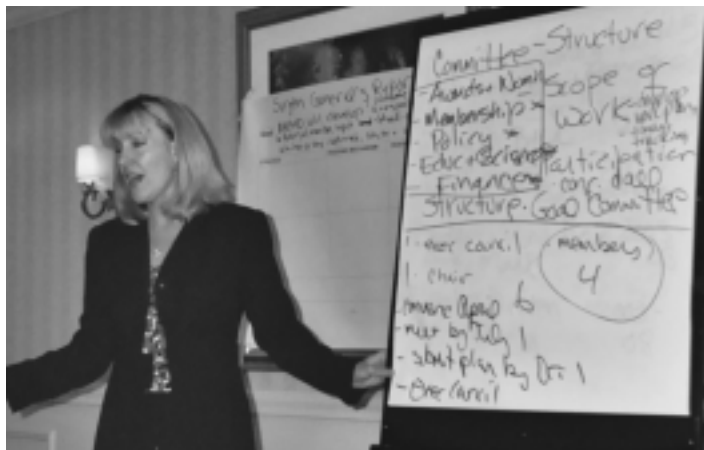
Before the face-to-face meeting with facilitator **Kelly Marschall** of Social Entrepreneurs, Inc., EC members and several other members reviewed materials from previous sessions and contributed feedback through a survey document. The first morning was spent reviewing and refining the Mission Statement, Vision Statement and Value Statements that govern actions of the Association.



Executive Council members are all smiles about the progress they made during the AAPHD Strategic Planning meeting to develop a mission statement, identify values and establish goals

Potential committee chairs were identified to help develop action plans around each of the goals. The weekend ended with AAPHD clearing out the hotel when an unnamed participant set-off the fire alarm by burning a bagel! A big thank you to all who willingly participated and will participate in the future as AAPHD moves forward towards the accomplishment of our mission!

Association in Action



Kelly Marschall of Social Entrepreneurs, Inc. facilitated the Strategic Planning Session held in Los Angeles on February 7-9, 2003.

The EC will share *all* the results of the Strategic Planning Session with the members prior to arriving in Milwaukee for the NOHC. During the Town Hall Meeting, the membership will have the opportunity to provide feedback and participate in one of the five workgroups.

Mission Statement

To improve the public's health through oral health research, service, education and policy development.

Vision Statement

Optimal Oral Health for All

Value Statements

- *Act in accordance with ethical principals: beneficence, autonomy, justice and veracity.*
- *Translate science into practice.*
- *Concern for all, particularly the underserved.*
 - *Encourage continual learning.*
 - *Foster collaboration.*
 - *Embrace diversity.*

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

AAPHD Town Hall Meeting Scheduled

Tuesday, April 29, 2003, 3:30 - 5:00 p.m.
Hyatt Milwaukee - Milwaukee, WI

This is the official notice of the Annual Meeting to the membership as required by the *AAPHD By-Laws*.

During the NOHC, the AAPHD Town Hall Meeting will be held to review the activities of the previous year and to take action on several items. All AAPHD members are encouraged to attend. Tentatively, the agenda will include the following items:

- 1) Vote on the proposed 2003-2004 Fiscal Year dues increase. See the Membership Committee Report on page 4.

- 2) Vote on the proposed change to the AAPHD bylaws: Chapter II Membership, Section 2 Qualifications, C. Student Membership

Students enrolled at a minimum of ½ time in an accredited school of dentistry, dental hygiene, public health or such other accredited educational institution acceptable to a majority of the Membership Committee.

- 3) Review of the 2001-02 Fiscal Year Audit, the 2002-03 current financials, and the proposed 2003-04 budget.
- 4) Swearing in of the 2003-2004 Officers and Directors.
- 5) Begin implementation of strategic plan. (Members will break out into groups to refine action steps for each strategic goal and identify those that should be undertaken first.)

Return Your Ballot for AAPHD Election

The following slate of candidates was approved by the AAPHD for 2003-2004.

Vice President:

Dr. Kathryn Atchison **Dr. Bob Weyant**

Executive Council (3 EC positions are open):

Dr. Ramon Baez **Dr. Linda Kaste**
Mary Foley, RDH **Dr. Ron Romero**
Dr. Elmer Green

A special thank-you goes out to the Awards & Nominations committee members: **Kim McFarland, Bill Maas, Isabel Garcia, Ray Kuthy** and **Francisco Ramos-Gomez**, for putting together an excellent slate of candidates for 2003.

President's Message (Continued from page 1)

Council recommends a modest dues increase, the first since 1985. While the quality and cost of membership services has increased year-by-year, we squeezed out most efficiency gains years ago and have been losing financial ground ever since. As we will report during the Town Hall meeting, when planning the 2003 budget we found income inadequate to continue the level of engagement in interprofessional relations and national leadership that you have come to expect of the Association without projecting a deficit budget. Rather than lose momentum that had been built from the hard work of member volunteers in recent years, we determined to continue it, and to dig into the reserves for enough money to bridge us into the next year. We determined to rely on the membership to put us back on a sound financial footing through a dues increase consistent with increases in association business expenses and member professional income since the time the current dues structure was set. We look forward to sharing with you a well-organized overview of our financial status and obligations, so that you will have confidence in our ability to meet the challenges that you ask us to address.

See you in Milwaukee!

Association in Action

Dues Increase Proposed

The Membership Committee has proposed a dues increase in order to provide continued support to keep AAPHD a viable and strong organization to promote dental public health. It has been 18 years (1985) since the last dues increase was implemented. The proposed increase is necessary to support an active and enhanced level of AAPHD representation at important national dental and public health meetings, to enable the Association to prepare to take on new projects and to sustain the increased level of support from our National Office.

A full-time experienced staff will now assist the Association in the important and exciting work that lies ahead. Several new projects have been initiated, including an on-line membership directory, increased liaison with other organizations and logistic support for committee activities. The Executive Committee approved the proposed increase in January. The vote on the proposed increase will be at the Town Hall meeting at the NOHC on Tuesday, April 29. The proposed dues structure, which would begin October 1, 2003, is listed below.

Regular Members	\$100
Contributing Members	\$125
Sustaining Members	\$150
Sponsoring Members	\$200
Associate Members	\$ 80
Affiliate Members	\$100
Corporate Members	\$100
Student Members	\$ 50

The Committee also recommended a By-Laws change regarding Student Membership as follows:

Chapter II Membership, Section 2 Qualifications, C. Student Membership

Students enrolled at a minimum of ½ time in an accredited school of dentistry, dental hygiene, public health or such other accredited educational institution acceptable to a majority of the Membership Committee.

The Town Hall meeting promises to energize membership to work toward shared, well described goals. Your vote regarding the dues increase and active participation in the Town Hall meeting is requested so that the association and its membership may undertake a new and exciting direction in the years to come! Be sure to attend.

Submitted by: **Kathy Mangskau**, Membership Chair



Kathryn Atchison and Marilyn Wolfolk discuss the proposed mission statement during the Strategic Planning session.

Spring 2003 Journal of Public Health Dentistry

Coming to Your Mailbox Later This Year

Measuring Parental Perceptions of Child Oral Health-Related Quality of Life

Jokovic, Locker, Stephens, Kenny, Tompson, Guyatt

Measuring the impact of oral health on quality of life in Britain using OHQoL-UK(W)

McGrath, Bedi

The Impact of HIV on Oral Health and Subsequent Use of Dental Services

Dobalian, Andersen, Stein, Hays, Cunningham, Marcus

Perceived oral health status, needs and barriers to dental care utilization among HIV / AIDS patients in a North Carolina cohort: Impacts of race - Patton, Strauss, McKaig, Porter, Eron

The geodemographic distribution of caries experience in neighboring fluoridated and non-fluoridated populations

Tickle, Jenner, Blinkhorn, Milsom

Atraumatic Restorative Treatment (ART): A Three-year Clinical Study in Malawi - Comparison of Conventional Amalgam and ART Restorations - Kalf-Scholte, van Amerongen, Smith

Costs of oral health care during a period of economic growth in the United States: 1987-1996

Chattopadhyay, Slade, Shugars

Comparing different methods to detect and correct non-response bias in postal questionnaire studies

Tickle, Milsom, Blinkhorn

Dental, Oral and Craniofacial Data Now on the Internet

The Dental, Oral and Craniofacial Data Resource Center (DRC), funded by the NIDCR, NIH and the CDC, Division of Oral Health, is launching a new Web site <http://drc.nidcr.nih.gov>. The Web site has three main components:

Oral Health U.S. 2002, an annual report of oral health statistics summarizing the oral health status of the U.S. population including tables, graphs and descriptive data summaries.

A statistical Data Query System (DQS), an on-line interactive data analysis tool that makes national oral health data readily available. Users can quickly personalize queries and retrieve frequencies, percentages, and confidence intervals.

The Catalog of Surveys and Archive of Procedures Related to Oral Health, a searchable database containing information on over 240 private, international, federal and state surveys and data sets. The catalog links to a comprehensive archive of procedures, clinical indices and questionnaire modules used in oral health research.

For more information please contact:

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Arizona Dental School Achieves Initial Accreditation

The Arizona School of Dentistry & Oral Health (ASDOH) took another step towards opening Arizona's first dental school when it was granted Initial Accreditation by the Commission on Dental Accreditation (CODA) in January. ASDOH will welcome its inaugural class of 54 dental students in July, offering a DDS degree with a certificate in public health management.

ASDOH's program will prepare future

dentists to address dental care needs among children, seniors and underserved communities. According to research conducted by Oral Health America in 2002, Arizona ranked 44th out of 50 states for the ratio of providers to people. Arizona has one dentist for every 2,520 residents.

"ASDOH will prepare caring, technologically adept dental students to become community and educational leaders serving those in need," noted Dean Jack Dillenberg, DDS, MPH. "The school will offer students an experience-rich learning environment where health professionals approach patients as part of an interdisciplinary team, and the relationship of oral health to total health care is an essential component of the mission, teaching and clinical experiences at ASDOH."

CODA recognized the integrated curriculum design in its report by stating that the ASDOH program may provide a national model for future dental curriculum development. In addition, the report commended ASDOH for developing an innovative and totally integrated biomedical sciences curriculum.

ASDOH is located on the campus of the Arizona School of Health Sciences (ASHS) in Mesa, Arizona. Both ASDOH and ASHS are schools of A.T. Still University of Health Sciences. ASHS is a private graduate school offering MS and doctoral degrees.

Partnership to Help Prevent Medical Errors in Children

AHRQ and the American Academy of Pediatrics announced a partnership to help put information about preventing medical errors into the hands of pediatricians and parents across the country by promoting a new fact sheet called *20 Tips to Help Prevent Medical Errors in Children*. The fact sheet offers evidence-based, practical tips on avoiding medical errors related to prescription medicines, hospital stays and surgery. The fact sheet already has been distributed to AAP's 57,000 member pediatricians, as well as to groups representing children and parents.

The fact sheet encourages parents and

pediatricians to talk about medication dosages, possible side effects and any limits on food, drink or activities that might be required when a child takes a particular medicine. Studies have shown that the rate for potential medication problems is three times higher for children than it is for adults, and the rates for hospitalized babies are even higher.

"The single most important thing parents can do to help prevent medical errors is to be active members of their child's health care team," said **Carolyn Clancy**, MD, AHRQ director. "Research shows that parents who are more involved with their child's care tend to get better results."

Visit www.ahrq.gov/consumer/ or call 800-358-9295 for the fact sheet.

New, Improved Web Site

The Partnership for Prevention has a new web site! Still located at www.prevent.org, the new site is updated, easier to navigate and includes more useful disease prevention and health promotion information and tools for researchers, policymakers, employers and members of the media.

All the information and documents previously included on are still available. New resources and publications have been added as well.

- Web-based reports for 23 preventive services and 19 states are available. These highlight the key elements from state requirements on clinical preventive services.
- Two new active aging publications, *From the Field: Four Communities Implement Active Aging Programs* and *Program Evaluation: Measuring the Impact of Active Aging Programs*, are available.

Additional material will be updated and added in the future.

ADA Award Programs

The ADA's Council on Access, Prevention and Interprofessional Relations is now accepting entries for its 2003 Community Preventive Dentistry Award and Geriatric Oral Health Care Award programs. The deadline for entries is May 15, 2003. Not-for-profit programs in the United States or its territories are eligible.

The Community Preventive Dentistry Award recognizes organizations and groups that have developed significant preventive dentistry programs. The first place recipient will receive \$2,500 and a wall plaque. Meritorious awards of \$500 may be granted to up to three other entrants. The Community Preventive Dentistry Award is sponsored by the ADA through its Health Foundation with the generous support of Johnson & Johnson Oral Health Products.

The Geriatric Oral Health Care Award recognizes organizations and groups 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. The Geriatric Oral Health Care Award is sponsored by the ADA through its Health Foundation with the generous support of a grant from the Pfizer Consumer Healthcare Group. For more information, contact:

Award Programs, ADA CAPIR
211 East Chicago Avenue
Chicago, IL 60611
312-440-2673 / babcockj@ada.org

New Mexico to Determine Need for Dental School

U.S. Senator **Jeff Bingaman** announced that he has secured \$200,000 to perform a feasibility study on whether to establish a dental school at the University of New Mexico (UNM) by 2010. He was able to set aside the federal fund in the 2003 omnibus spending bill

"In one national report, New Mexico ranked next to last in the country in the number of dentists per capita. As a result, many New Mexicans, especially

children, are not seeing a dentist on a regular basis," Bingaman said.

"UNM has made great strides in recent years to address New Mexican's oral health needs. They have expanded their dental hygiene program, and that has certainly helped. But I believe that if we're really going to get to the heart of the problem, we need to give serious consideration to opening a dental school in our state," he said.

In New Mexico, there are just 32.1 dentists per 100,000 residents. The national average is 48.4 per 100,000. Moreover, the number declined by 7% between 1991 and 1998, while the state's population grew by 12%.

For the last four years, Bingaman has spotlighted the need to improve oral health nationwide. He has spearheaded the effort to improve oral health, especially for children. He is author of the "Children's Dental Health Improvement Act" of 2001 that seeks to improve the access and delivery of dental care to uninsured children by allowing states to use the State CHIP to provide dental coverage to low-income children that may have private insurance for medical care but not dental services. The bill, which Bingaman will re-introduce, would also:

- Provide \$40 million to community health centers and public health departments to expand dental services by hiring additional dental health professionals.
- Provide \$50 million in financial incentives and planning grants to states to improve their Medicaid payments rates to encourage more dentists to participate in the program.
- Provide the Indian Health Service with the authority to offer multi-year retention bonuses to dental providers offering services through the IHS and tribal programs.
- Authorize the Oral Health Initiative to coordinate public dental health services and provide \$25 million to improve the oral health of low-income people.

CDC Offers Tips in Spanish

To assist Hispanic parents in caring for their children's teeth, the CDC has released pediatric oral health tips in Spanish, "*Refresque Sus Conocimientos sobre Dientes Sanos: Pasos Sencillos para Sonrisas Infantiles*" (Refresh Your Knowledge of Healthy Teeth: Simple Steps for Kids' Smiles). The tips, which recommend good oral care habits starting in infancy and provide information on the proper use of toothpaste and other fluoride products, were released in observation of National Children's Dental Health Month.

Hispanic children, 2-5 years of age, have more tooth decay in their primary teeth than either white or African American preschool children. NHANES III showed that more than twice as many Mexican American children (35%) as white children (14%) in this age group have untreated tooth decay. About 40% of Hispanic children lack dental insurance.

"It is very important that parents pay attention to their children's oral health and begin taking care of their children's teeth early, during infancy," said **William R. Maas**, director of CDC's Division of Oral Health. "Developing these good oral health habits, as well as the proper use of fluoride, reduces the risk of tooth decay and improves overall health."

To receive copies of the tip sheet, send a request to brushup@cdc.gov. For more information, visit www.cdc.gov/spanish/dental.htm (Español) or www.cdc.gov/oralhealth.

Do People with Chronic Conditions Continue to Smoke?

New data from a self-administered questionnaire added to AHRQ's Medical Expenditure Panel Survey in late 2000/early 2001 show a substantial number of smokers who report having a diagnosed chronic condition continue to smoke despite their health problems. Specifically, in 2000, 37.9% of people with emphysema, 24.8% of people with asthma, 20% of people with hypertension or cardiovascular problems and 18.5% of people with diabetes reported that they currently smoked. To view the data go to www.meps.ahrq.gov/PrintProducts/PrintProd_Detail.asp?ID=479

AAPHD Foundation's "Founding Member" List Grows!

In May 2002, **Linda Niessen**, AAPHD Foundation Chair, announced that individuals and organizations could still become Founding Members of the AAPHD Foundation by pledging or contributing a minimum of \$1000. Twenty-four individuals and organizations stepped forward to be counted. In additions, contributions in 2002 have raised the endowment total to \$48,855 as of January 31, 2003.

The AAPHD Foundation Committee continues to fund-raise and identify priorities with the hope of reaching the initial goal of \$100,000 by year's end. AAPHD is a 501(c)(3) charitable organization and all *contributions* to the Association or Foundation are tax deductible. Contact the AAPHD national office to make your contribution today!

AAPHD Foundation "Founding Members"

Joseph Alderman	Denise Fedele	David & Candace Jones*	Linda Niessen
J. Michael Allen	Janie Fuller*	Judith Jones*	Sharon J. Perlman*
Myron Allukian	Steve Geiermann*	Linda Kaste*	Scott M. Presson
Kathy Atchison*	Barbara Gooch*	Rebecca King	Gary Rozier
Robert Bagramian	Harry Goodman	Dushanka Kleinman	Mary Tavares
Elizabeth Bernhard	Ralph Green	Raymond Kuthy	George Taylor
Ron Billings*	Veronica Greene	Steven Levy*	Scott Tomar
Irene Bober-Moken*	Kathy Hayes*	Gene P. Lewis*	Jeanine Tucker
Brian A. Burt*	Lawrence Hill	William Maas	Jane Weintraub
Robert Collins	Irene Hilton*	John D. Mahilo*	Robert Weyant
Joseph & Helen Doherty	Alice & Hersh Horowitz	Dolores M. Malvitz*	Alex White
Terri Dolan	Elvine Y. Jin*	H. Berton McCauley*	American Board of Dental Public Health*
Chester Douglass	Robert M. Johnson*	Steven Uranga McKane*	
Robert Dumbaugh	Donald W. Johnson*	Hermine McLeran*	
Caswell A. Evans*	Rhys Jones	Robert Mecklenburg	*Added in 2002



DENTAL HEALTH PROGRAM DIRECTOR

The Georgia Department of Human Resources
Division of Public Health

We are seeking qualified applicants for this position located in Downtown Atlanta Georgia.

The Dental Health Program Director promotes, plans, directs, implements and evaluates the statewide Oral Health program. The incumbent will also supervise consultants providing technical assistance and training to Oral Health providers in the public health districts, and provide professional supervision of all state and local dental public health staff in district and local health departments. The Program Director serves on the Leadership Team within the Family Health Branch to ensure planning, implementation and integration of Branch priorities, as well as Oral Health throughout the Branch, Maternal and Child Health programs and public health. The Director also oversees state-

wide Fluoridation Program to ensure monitoring, surveillance, and quality assurance. Additional responsibilities include, assuring leadership, quality assurance, technical assistance and training to statewide child health staff, including a core group of oral health district coordinators. This position is a primary liaison to and works closely with families, the medical and dental community, childcare community, state and federal agencies and other providers.

The successful candidate will possess experience in public health dentistry, a license to practice dentistry in Georgia, master's degree in public health or similar field, and be Board eligible or board certified in dental public health specialty.

Interested individuals are encouraged to send resumes to Alison Alexander, 2 Peachtree Street, 28th Floor, Suite 295, Atlanta, Georgia 30303.

The Department of Human Resources offers a generous benefits package, which includes employee retirement plan, deferred compensation, 12 paid holidays annually, vacation & sick leave, health, dental, vision, legal, disability, accidental death & dismemberment, health & child care spending accounts.

For more information on all of our jobs, please visit our job site at www.dhrjobs.com.

Oral Health Issues in Print

Kids Don't Visit Their Dentists Enough

A substantial proportion of U.S. children do not receive the recommended number of preventive health and dental care visits, according to HRSA research published in *Pediatrics* in December. The study, "Factors that Influence Receipt of Recommended Preventive Pediatric Health and Dental Care," based on the 1999 National Survey of America's Families, included 35,938 children younger than 18.

- Overall, more than 23% of children did not have the recommended number of well-child visits in the year prior to the survey. Children least likely to make such visits were non-Hispanic whites, in fair or poor health, from families with incomes between 200% and 300% of the federal poverty level, and without health insurance.
- Nearly half of the children did not have two annual dental visits, and 21% did not make even a single visit. Very young children were the least likely to receive dental care. Uninsured children, those living in or near poverty, children with young parents or parents with less than a college education and Hispanic and black children were also less likely to obtain recommended dental care.
- Slightly more than two-thirds of all children had recommended well-child care visits and at least one yearly dental visit. Children with public health insurance were more likely to receive well-child care than those uninsured or privately covered. However, researchers contend that improvement is much needed among public programs in providing recommended dental care, especially among adolescents and children in poor general health.?

Periodontal Disease Threatens Mother and Child

Periodontal disease has been linked to health risk in pregnant women and their unborn children, at times leading even to death, a study shows. The report, published in the February *Obstetrics and Gynecology*, suggests periodontal disease during pregnancy can increase the risk of developing preeclampsia, a significant cause of maternal and perinatal death and illness affecting 5 to 10% of all pregnancies. Preeclampsia, or pregnancy-induced hypertension (PIH), occurs after the 20th week of gestation. Although its exact cause is unknown, risk factors include a history of chronic hypertension or PIH, first time pregnancy, being over 40, carrying multiple fetuses or certain medical conditions such as diabetes or kidney disease. Severe PIH reduces the flow of oxygen and nutrients from the placenta to the fetus and can lead to life-threatening organ damage and seizures in the pregnant woman. Mild PIH can usually be kept under control until birth, but severe cases may require preterm delivery. The researchers at the University of North Carolina, Chapel Hill and Duke University Medical Center theorize that the periodontal infection may travel to the placenta, spreading inflammation. They caution that further studies are needed to determine whether PD causes preeclampsia or is simply associated with it.

Teen Smoking Linked With Excessive TV Viewing

The number of U.S. adolescents who smoke cigarettes has been increasing since 1991, with 70% of smokers becoming regular smokers by age 18. Despite bans on television tobacco advertising, smoking on television remains widespread, and young people apparently notice it. The research study found youths who watch 5 or more hours of TV per day are 6 times more likely to begin smoking cigarettes than youths who watch less than 2 hours a day. To read this article, go to www.ahrq.gov/research/jan03/0103RA17.htm#head6.

Fast Food and Pace Hurts Teen Health

Drinking too much soda is hurting the health of today's teens, contributing significantly to obesity and bone and dental problems, a new study finds. Adolescence is a key developmental period for bones and teeth but phosphoric acid in soft drinks limits calcium absorption. The study, published in the journal *General Dentistry*, says that less than 20% of girls between ages 9 and 19 get the recommended amount of calcium a day. The research also demonstrates a link between soda consumption and bone fractures in teen girls. Another study, also published in *General Dentistry*, found teens buy 1,100% more soft drinks than they did 20 years ago and make 30% fewer purchases of dairy products.

Hispanics with Limited English Face Barriers

Hispanics who speak primarily Spanish report poorer health status, are less likely to have a regular doctor and are more likely to lack insurance and rely on public or community clinics for their health care than Hispanics who speak primarily English, whites or African Americans, according to a new report from The Commonwealth Fund. Problems linked to lack of health insurance, such as difficulties gaining access to health care, are compounded for uninsured Hispanics whose primary language is Spanish: two-thirds do not have a regular doctor, compared with 37% of uninsured whites.

Hispanic Patients' Double Burden: Lack of Health Insurance and Limited English highlights the increased difficulties Hispanics face in obtaining health care services and communicating with their doctors. Nearly one-third of Spanish-speaking Hispanics report they are in fair or poor health, more than twice the rate of whites (12%), African Americans (15%) and even Hispanics who are primarily English-speaking (12%).

Language barriers severely hamper the quality of the medical encounter for Spanish-speaking Hispanics. Of Spanish-speaking Hispanics who lack insurance, 45% report difficulty speaking with or understanding a doctor because of a language barrier, while 49% of Hispanics who reported needing an interpreter usually or always had one. Rarely were Hispanics who needed language interpretation services assisted by a trained medical interpreter.

Notably, 33% of Spanish-speaking Hispanics rely on community or public clinics for their health care, compared with 12% English-speaking Hispanics, 10% of African Americans and 7% of whites.

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Assistant Professor Public Health and Community Dentistry

The University of California at Los Angeles School of Dentistry, Division of Public Health and Community Dentistry, invites applications for a full-time, tenure-track position at the Assistant Professor level. Experience in case-based teaching of Prevention, Cariology, Health Policy, Culture and Health, Ethics, or Behavioral Sciences is highly desirable. Board certification or eligibility highly considered. Expertise in one or more of the following areas: epidemiology, community dentistry, public health and/or biostatistics is required. An interest in clinical teaching is desirable. Preference will be given to applicants with an established record of epidemiology, health services or clinical research and the potential for continued generation of extramural research support. Candidates must possess a DDS/DMD and/or a PhD./DrPH degree. Opportunity with intramural practice and consulting is available. The University of California is an equal opportunity/affirmative action employer. All qualified applicants are encouraged to apply, including women and minorities. Position is available July 1, 2003.

Applicants should submit a letter of interest defining research and career goals, a curriculum vitae and names and addresses of three references by April 30, 2003 to:

Dr. Kathryn A. Atchison
Chair of Search Committee
UCLA School of Dentistry
53-038 CHS, Box 951668
Los Angeles, CA 90095-1668

**PALM BEACH COUNTY, FLORIDA
DENTAL EXECUTIVE DIRECTOR**

American Board of Dental Public Health certified diplomates or board eligible public health dentists are invited to inquire about this advanced level position with the Palm Beach County Health Department. The program employs approximately 40 FTE equivalents in a five-clinic, thirty chair clinical program that targets Medicaid children as well as adult members of the County Health Care Taxing District entitlement program. Our Public Health Dentistry Division administers a community based fluoridation initiative and school-based fluoride mouthrinse (40,000 children) and sealant (2,000 children) programs. We have a highly qualified and loyal staff with long tenure and low turnover. The successful candidate will be required to supervise a dental public health residency program and participate in training preventive medicine/public health residents. Excellent relationships with the private dental sector and school board offer opportunities for innovative linkages. Florida dental license is mandatory. The Dental Executive Director is expected to be active in local dental association activities and to participate in community coalitions relative to oral health initiatives. Our \$2.7 million budget is generated through the clinical program as well as grants and contracts.

Position will become available May 1, 2003 and will provide a 2-month overlap with the incumbent director. Deadline for receipt of inquiries and letters is March 28, 2003.

Send a letter of interest and current curriculum vitae to:

Robert H. Dumbaugh, DDS, MPH
Dental Executive Director
Palm Beach County Health Department
P. O. Box 29, West Palm Beach, Florida, 33402, or
call (561) 355-3082 for more information.

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