



Communiqué

Quarterly Newsletter of the

AMERICAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY

Vol 23 No 1

Spring 2004

Communiqué, the quarterly newsletter of the American Association of Public Health Dentistry, is published each June, September, December and March.

Advertising and subscription (\$10/year) information are available from:

AAPHD National Office

Pam Tolson, CAE, Executive Director
1224 Centre West, Suite 400B
Springfield, IL 62704 USA
217-391-0218 Fax 217-793-0041
natoff@aaphd.org

Members are urged to submit items of interest for publication in the next issue by May 10, 2004 to:

Newsletter Editor

Becky DeSpain Eden, RDH, MEd
Department of Public Health Sciences
Baylor College of Dentistry - TAMUS HSC
P.O. Box 660677, Dallas, TX 75266-0677
214-828-8402 Fax 214-828-8449
bdespaineden@tambcd.edu

AAPHD Officers welcome your calls and letters:

President

Candace M. Jones, BS, MPH
Indian Health Service
Division of Oral Health
801 Thompson Ave., Suite 310
Rockville, MD 20852-1627
301-443-4330 Fax 301-594-6213
jonesc@hqe.ih.gov

President-Elect

Jane Weintraub, DDS, MPH
University of California-San Francisco
Div. of Oral Epidemiology & Dental Public Health
Dept. of Preventive & Restorative Dental Sciences
3333 California St., Suite 495
San Francisco, CA 94118-1944
415-476-3033 Fax 415-502-8447
janew@itsa.ucsf.edu

Vice President

Robert Weyant, DMD, DrPH
2622 Lansdale Dr.
Wexford, PA 15090-7902
412-648-3052 Fax 412-383-8662
Rjw+@pitt.edu

Secretary-Treasurer

Mark Greer, DMD, MPH
Hawaii State Dept. of Health
Dental Health Division
1700 Lanakila Ave., Room 203
Honolulu, HI 96817-2115
808-832-5700 Fax 808-832-5722
mhkgreer@mail.health.state.hi.us

President's Message



Candace M. Jones, RDH, MPH

Spring is here, a time for planting and building and new beginnings. It is an opportunity to renew your commitment to AAPHD and dental public health. As I reflect on this past year and where the Association has come, I am proud of what we have achieved. Keeping in mind our mission to improve the public's health through oral health research, service, education, and policy development, we have been *at the tables* at many conferences and planning sessions to move Dental Public Health forward at all levels – national, state, and local. It is this sense of a dynamic mission, vision, and values that keeps this organization strong and viable.

Our vision of Optimal Oral Health for All (**OOHFA!**) can be achieved through partnering and integrating oral health into general health. Our core values reflect how we make decisions and include: acting in accordance with ethical principals of beneficence, autonomy, justice, and veracity; promoting and translating science into practice; demonstrating concern for all, particularly the underserved; encouraging continual learning; fostering collaboration; and embracing diversity.

In accordance with our strategic plan, we will be addressing current legislative issues and increasing our political influence. Dental public health advocates joined with the American Dental Education Association and other organizations to advocate for general medical education funding in Centers for Medicare and Medicaid Services legislation. These partners let their collective voices be heard on state legislative issues to increase access to care for underserved populations and health promotion/disease prevention, as well as encouraging legislation for child health improvements. To ensure the long term sustainability of AAPHD through effective budgeting and fund raising activities, our finance and development goal committee is seeking innovative ways to increase our non-dues revenue, such as Corporate Round Tables and sponsorship opportunities and planned giving campaigns.

To enhance the strength of AAPHD, we depend on membership growth. I encourage you to invite and bring into the fold one new member this year. We are resurrecting our "Each One - Reach One" campaign that has been so successful in years past. Our Membership Goal committee is looking at ways to collaborate with partner organizations and promote member benefits. I know that you value your AAPHD membership as demonstrated by your dues renewals and support of our many activities. Thank you!

We are following up on the Surgeon General's Report on Oral Health by developing and promoting an Association response to its subsequent Call to Action, with member input defining actions and activities at the national, state and local levels. This goal committee is looking at five strategies to move this work forward. They include: 1) changing the perceptions of oral health; 2) overcoming barriers by replicating effective programs and proven efforts; 3) building the science base and accelerating science transfer, 4) increasing oral health workforce diversity, capacity and flexibility; and 5) increasing collaborations. This work is overarching and challenges the core of all dental public health professionals as well as providing a solid foundation for action for all health professionals.

(Continued on page 4)

Lights, Camera, Call to Action: Spotlight on Oral Health!

Coming Attractions!

Excitement is building around the upcoming **National Oral Health Conference** that takes place May 3-5, 2004 at the Los Angeles Airport Marriott Hotel. We received a record breaking 90 abstracts for our contributed sessions and additional abstracts for the student award competition. The registration brochures have been mailed to members and additional information is posted on the web site.

You don't want to miss....



... a block-buster event!

See the At-A-Glance meeting schedule on page 10.

The following features are new to the conference this year:

- ★ Online registration at www.aaphd.org.
- ★ Meeting dedication to **Herschel Horowitz**, and the **Herschel Horowitz Memorial Symposium**: Recent Advances in the Fluoride Legacy.
- ★ An AAPHD foundation fundraiser evening dessert and entertainment event featuring “**Cher**” (impersonator).
- ★ A celebrity speaker, **Rob Reiner**, for our closing session.
- ★ Topics not previously featured, including health literacy, genomics, role of physicians in improving children’s oral health, and sessions that spotlight oral health needs of children with special needs, dental care utilization for Hispanic populations, and legal scope of practice for dental hygienists.
- ★ An opening ABDPH plenary session featuring speakers from the ADA, Henry Schein Company, and the Public Health Director from New Hampshire, all addressing the national Call to Action.
- ★ A Tuesday evening social event at the Redondo Beach Seaside Lagoon.
- ★ Three contributed sessions in poster-discussion format.
- ★ Posters in the general poster session organized by topic.
- ★ Continuing Education credit for participation at poster and roundtable sessions.
- ★ Optional Sunday site-seeing tours of Los Angeles or the Getty Museum.

Pre-conference sessions include special programs for the American Association for Community Dental Programs, Medicaid/SCHIP dental program representatives, the ABDPH specialty examination, ASTDD and AAPHD Executive Council, and business meetings.

These activities are in addition to our very full three-day scientific program, exhibitor booths, AAPHD and ASTDD (academy) award and recognition luncheons, late-breaking hot picks session, and networking opportunities. Our organization’s strategic planning, proposed resolutions, and culmination of year-long committee work will be presented, discussed, and acted upon during the Town Hall business meeting.

Many thanks to the Core Planning Committee (**Nathela Chatera, Chris Forsch, Nick Mosca, Dean Perkins, Pam Tolson, and Bob Weyant**), the larger planning group, those who have organized individual invited sessions, **Francisco Ramos-Gomez** and **Linda Kaste** for organizing the contributed paper sessions, and MRSI staff who continue to provide effort behind the scenes to coordinate the meeting.

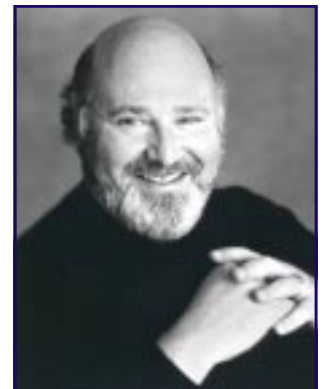
We encourage everyone to register for the meeting at www.aaphd.org and make your hotel reservations early. Camera-shy or not, come join the action and share the spotlight.

Submitted by **Jane Weintraub**, *President-Elect and Program Chair*

Special Presentation: Rob Reiner

Principal and Co-Founder of Castle Rock Entertainment, Chair, California Children and Families State Commission Founder, I AM YOUR CHILD Foundation

Hollywood has provided us with some interesting dental role models, such as Steve Martin in *Little Shop of Horrors*, Tim Conway on *The Carol Burnett Show*, or those memorable dentists from *The Marathon Man* or *Finding Nemo*. Very entertaining, but we are not sure that we want to get in their chair! In contrast, the entertainment industry has led the way in raising awareness and changing public perception on any number of health issues. As an actor, director, and producer, **Rob Reiner** understands the role that the entertainment industry can play in advocacy. As founder of the I Am Your Child Foundation, a national nonprofit organization to raise awareness about the importance of early childhood development, and chair of the California Children and Families State Commission, which recently funded a major oral health initiative, Reiner has demonstrated the power of presence and information sharing. Come and see how “Public Health & Hollywood” can rival *Will & Grace*, *Laverne & Shirley*, and *Law & Order* in getting our point across to the American viewing public!



Rob Reiner

Association in Action

News from the National Office

New Staff on Board – **Beau Horner** has joined the AAPHD staff in Springfield. He will serve as the new administrative assistant working with Pam Tolson and Nathela Chatara. **Marilyn Miller** is working two days a week keeping Journal subscriptions updated and resending lost issues.

AAPHD Website to Undergo Redesign – AAPHD will premiere its new website design in late April. Plans are to incorporate more design elements, improve the navigation system and add the ability to join AAPHD or pay dues on-line. Current benefits to be kept include the on-line membership directory and the on-line registration for the National Oral Health Conference. Suggestions are welcome to Pam at natoff@aaphd.org.

Communiqué to Accept Advertising – Staff and Executive Council members are developing policies that will allow advertising in future issues of the *Communiqué*. Funds raised will be used to help offset the costs of production. It currently costs about \$6,000 per year to produce, print, and distribute the quarterly newsletter. The Executive Council has discussed on-line publication only, but with 25% of AAPHD members not providing an e-mail address, it was decided to continue the print version for this fiscal year. If you are interested in placing an ad, please contact the National Office at 217-391-0218 and ask for Pam or Nathela.

Career Site at www.aaphd.org – Ads for positions available have been down in recent months, probably due to the economy. However, the opportunity to place ads on the web site is still available for a very reasonable price. A broadcast e-mail is sent to all members letting them know when a new ad appears on the site. And if a newsletter is in the works, the ad can be placed in the *Communiqué* at no additional expense.

Pittsburgh Selected for 2005 – A review of proposals for hosting of the 2005 National Oral Health Conference has resulted in the selection of Pittsburgh, PA. The conference will be held downtown at the beautiful Omni William Penn Hotel. More information will be available soon! The dates of the 2005 NOHC are May 2 – 4.

Submitted by Pam Tolson, Executive Director.

Financial Report

The Finance & Development and Fund Development Strategic Plan Goal Committees have been focusing on plans to generate additional streams of non-dues revenue, including the organization of formalized corporate sponsor roundtable and the possible expansion of the Association's Continuing Education Recognition Program (CERP). Taking the Association to the next level of organizational performance and financial security will be a challenge. However, we are certain that the professionalism and volunteer spirit that characterizes our membership will help us succeed. To that end, we are soliciting additional members to join the Fund Development Strategic Plan Goal Committee. If you are interested in joining or would like more information on Committee activities, please contact **Mark Greer** at mhkgreer@mail.health.state.hi.us.

Submitted by Mark Greer, Secretary-Treasurer.

Policy on the First Dental Visit to be Considered

The Oral Health Policy Committee has submitted a draft of a policy on the First Oral Health Assessment for consideration during the Town Hall Meeting at the NOHC. In accordance with the Association's By Laws, the draft policy is presented on page 11 for review by the membership. **Francisco Ramos-Gomez** led a sub-committee in this effort. For comment or further information, contact him at ramos@itsa.ucsf.edu.

Strategic Plan Update

The Executive Council decided the next step in the Strategic Planning process was to bring back into the planning process **Kelly Marschall** of Social Entrepreneurs, Inc. Kelly, the facilitator for the strategic planning session in February, 2003, helped develop the process for moving the plan forward.

At the 2003 Town Hall Meeting, committees were formed around the five strategic goals identified from the planning process and assigned the responsibility of identifying the steps for accomplishing the goals, prioritizing the steps, and identifying the partners and resources needed. The committees reported to the EC in October, 2003.

As reported in a previous *Communiqué*, the EC was bowled over by the work done by each committee and overwhelmed with the amount of information provided. It was immediately obvious that several of the committees had identified steps, partners, and resources that overlapped with each other. After several discussions and review of financial resources, Kelly was asked to help clarify the results.

In February, Kelly began meeting with members of each of the strategic goal committees via conference calls. Her goals included:

- Identifying where action steps in each strategic goal plan overlapped with another committee.
- Reviewing and revising the action steps needed.
- Prioritizing the action steps.
- Identifying short and long term actions.
- Refining or developing the timing for actions.
- Identifying resources needed to successfully accomplish the actions.

All members of the goal committees were invited to participate along with staff and the EC liaison to the committees. The first report from Kelly will be presented to the EC on March 27. The next step will be a report to the membership during the 2004 Town Hall Meeting. From there, the Plan will evolve into action.

Submitted by Pam Tolson, Executive Director.

OOHFA! Items Return

AAPHD is pleased to announce that the **OOHFA!** logo items will be available again at the National Oral Health Conference in Los Angeles. The stock will include t-shirts and polo items. Based upon the success of the sales last year, the EC has authorized purchase of an additional supply. There has been discussion of offering the items via the newsletter or website in the future. OOHFA stands for the association's vision statement: Optimal Oral Health for All!

Foundation Update

The Foundation Committee is pleased to report the following amounts in the three funds as of February 15, 2004: Lotzkar Fund, \$ 4,355; Horowitz Fund, \$21,385; General Fund, \$75,356

The committee is working with **Alice Horowitz** to identify criteria for the **Herschel S. Horowitz Memorial Scholarship** with the goal of awarding the first scholarship in 2004. An announcement is expected soon.

A **Dessert Reception** will be held on Monday, May 3, during the National Oral Health Conference in Los Angeles. The money raised will benefit the Herschel S. Horowitz Memorial Scholarship Fund. Tickets will be sold for \$25 at the NOHC registration desk. Conference attendees are asked to check off their interest in attending on the registration form. Entertainment will be provided by a “**Cher**” impersonator and then attendees may have their pictures taken with the “star”! Plan to join in the fun to support a worthy cause. Pledge forms will again be available during the NOHC for individuals to contribute. Be sure to visit the Foundation exhibit.

The Foundation has been approached by several individuals about establishing additional scholarship funds. The committee agreed during a recent conference call to plan a short retreat to discuss criteria for such funds and for future disbursement of funds. A facilitator from the Donor’s Forum in Chicago is being asked to lead the discussion and provide examples of how other foundations have approached these wonderful opportunities.

Heartfelt thanks to those who have supported the Foundation. The complete list of donors is printed on page 6.

President’s Message

(Continued from page 1.) Our dental workforce goal committee is seeking to address the essential presence of dental public health principles within predoctoral dental and dental hygiene curriculum and training, in conjunction with work being done simultaneously by other interested organizations. Together, we hope to integrate and expand this critical didactic and experiential training in order to increase the number of trained dental public health professionals. As education is at the core of our mission, this goal will call all of us to embrace its strategies.

We are ready to roll out the strategic action plan at the Town Hall Meeting. The officers have met via conference call with the five committee chairs and co-chairs to prioritize and assess budget issues. Special thanks to: **Linda Kaste** and **Steve Geiermann** (Workforce); **Larry Hill** and **Kathryn Atchison** (Legislative); **Mark Siegal** and **Bob Isman** (Surgeon General’s Call to Action); **Jim Sutherland** and **Mary Foley** (Membership); and **Mark Greer** and **Reg Louie** (Finance and Development). Please consider what you could bring to the table by serving on one of these committees by contacting the chairs or the AAPHD National Office. Thank you!

As we move forward with implementing our strategic plan, I call on each of us to commit to leadership by making a personal difference in the way each of us embrace and incorporate dental public health into our daily activities. Together, we are the future of public health dentistry.

With the 2004 National Oral Health Conference right around the corner on May 3-5, I look forward to seeing you in Los Angeles. My thanks to the NOHC planning committee for yet another outstanding job of orchestrating this momentous event.

As this is my last letter to you as your President, I want to thank you for giving me this opportunity to serve. Your Executive Council members are stellar. Your AAPHD National Office staff is outstanding and dedicated to serving you. By the time you receive this newsletter, you will have selected a new Vice President and Secretary/Treasurer as well as two new Executive Council members. It is the commitment of each member and officer that helps the Association continue to grow and by so doing, improve the oral health of the public we serve. The Foundation is growing and allowing your generous spirits to share in the development of future dental public healthers. I have learned much from my experience over this past year – to listen and try to understand; to have a vision and follow it; and, to keep things in balance (well, as much as I can!). **OOFHA!**

Journal of Public Health Dentistry Spring 2004

Identifying Children with Dental Care Needs: Evaluation of a Targeted School-Based Dental Screening Program
Locker, Frosina, Murray, Wiebe, Wiebe

Validation of a Hebrew Version of the Oral Health Impact Profile
Kushnir, Zusman, Robinson

The Effects of the Women, Infants, and Children’s Supplemental Food Program on Dentally-Related Medicaid Expenditures
Lee, Rozier, Norton, Kotch, Vann

Financing of Dental Services in Turkey: Opinions and Expectations of Dentists, Residents, and Patients
Hayran, Mumcu, Sur, Yildirim, Söylemez, Atli

Longitudinal Utilization of Services Associated with Perceptions of and Levels of Satisfaction with Oral Health Status
Maupome, Peters, White

Change in Caries Prevalence after Implementation of Fluoride Varnish Program
Dohnke-Hohrmann, Zimmer

Caries Prevalence in a Chilean Rural Community after Cessation of a Powdered Milk-Fluoridation Program
Mariño, Villa, Weitz, Guerrero

Oral Health in the Pediatric Practice Setting: A Survey of Washington State Pediatricians
Lewis, Cantrell, Domoto

Acceptability of Powered Toothbrushes for Elderly Individuals
Bhat, Verma

A Fond Farewell: Report of the AAPHD Historian
Doherty

Evans to Join UIC College of Dentistry

The College of Dentistry of the University of Illinois Chicago announced the appointment of **Caswell A. Evans**, to the positions of Associate Dean for Prevention and Public Health Sciences and Director of the Center for Prevention and Oral Public Health Sciences affiliated with the Health Research and Policy Centers in the UIC School of Public Health. Dr. Evans will also have an adjunct faculty appointment in the School of Public Health.

In this new role, Evans will lead the College of Dentistry initiatives to establish a health promotion, disease prevention, and public health sciences foundation for its clinical education and patient services mission. He will serve as Director of the College's Robert Wood Johnson Pipeline, Profession, and

Practice Program, which is implementing a community-based education curriculum and enhancing the multicultural diversity of our students and faculty. Evans will direct the College's Center for Prevention and Public Health Sciences and coordinate oral health care policy research as an integrated component of the Health Research and Policy Centers in the School of Public Health.

Currently, Evans is the Director, National Oral Health Initiative, within the office of the U.S. Surgeon General. He represented the Surgeon General in providing assistance to state and local initiatives responsive to *Oral Health in America: A Report of the Surgeon General*, and the subsequent *National Call To Action to Promote Oral Health*. As follow up to the report, Evans provided direction for the development of the National Call to Action to Promote Oral Health, released by the Surgeon General in April 2003.

Evans received his dental degree from Columbia University's School of Dental and Oral Surgery, completed a rotating internship at the University of Chicago Hospitals and Clinics, and earned a Master of Public Health from the University of Michigan School of Public Health. Evans was honored with the prestigious Champion of Prevention Award from the CDC for his leadership in establishing a National Public Health Week. In 2001, he received the Special Merit Award from AAPHD.

In Memoriam

E. Walter Wolford, DDS, MPH, February 6, 2004, New Mexico. Dr. Wolford was a 1965 graduate of the College of Dentistry, University of Iowa and received a Masters of Public Health in 1973 from Johns Hopkins University. He had a 31-year career in the Public Health Service Division of Indian Health, rose to Associate Director of Information Resource Management, and served the Indian tribes in the Albuquerque and Santa Fe area for over 14 years. After retirement from PHS, he served as dental director for the NM Corrections Department, NM State Dental Director, and Assistant Professor, Division of Dentistry at the University of New Mexico.

CAN DO Project Partners Honored

The San Francisco Health Commission acknowledged Children's Dental Health Month and honored agencies and individuals who made a difference for children in San Francisco. Among the honorees were members involved in CAN DO, the Center to Address Disparities in Children's Oral Health, UCSF project funded by NIH. Congratulations to **Jane Weintraub**, director, **Francisco Ramos-Gomez**, PI, and **Irene Hilton**, PI, all named in the proclamation issued on February 17, 2004.

Announcements

Nominees for CDA Public Member

The ADA Commission on Dental Accreditation (CDA) seeks nominations for an individual to serve a full four-year term in one of its four public representative positions. The Commission has established criteria for a Public Member based on the *Rules of the Commission on Dental Accreditation* and the U.S. Department of Education.

The public member shall not be a/an: 1) dentist or member of an allied dental discipline; 2) member of a dental or allied dental faculty; 3) employee member of the governing board, owner, or shareholder of, or consultant to, a program that either is accredited by the CDA or has applied for initial accreditation; 4) member of any trade association, licensing/regulatory agency or membership organization related to, affiliated with, or associated with the Commission; and, 5) spouse, parent, child, or sibling of an individual identified in 1-4.

The public member shall be willing to: 1) commit 10-15 days per year to Commission activities; 2) complete the applicable site visitor training requirements; 3) accept committee assignments as identified by the Chairman; and, 4) comply with all Commission policies and procedures.

The Commission requests that strong consideration be given to assisting this agency in achieving an overall balance that includes frequently underrepresented groups.

In making nominations, please note that a public representative is required to make a significant time commitment; s/he would be expected to take on site visit and committee assignments and attend Commission meetings in January and July. Commission activities require an estimated 10-15 days per year. In order to facilitate Commission activities, Commission members must have Internet and electronic mail access, including the ability to download documents. Commissioners receive a modest per diem and are reimbursed for travel and lodging expenses.

Please forward names of potential candidates for the position, with curriculum vitae, by June 30, 2004 to the Commission office. Contact **Karen Hart**, Director, CDA at 800-621-8099, ext. 2940, to discuss potential candidates.



Thank
you

Foundation Stars!

AAPHD Foundation Contributors

J. Michael Allen	Judith Jones	Best Clinical Practices	Maria Canto	Florence Lloyd
Myron Allukian	Lireka Joseph	Association Close-out	Jose J. Canto	Stuart Lockwood
Anonymous	Linda Kaste	Naham Cons Fellowship	Duk-Soo Chang	Stanley & Phyllis Lotzkar
Kathy Atchison	Jin Bom Kim	Joanna Jenny Fellowship	Kee-Wan Chang	Thomas Loudon
Robert Bagramian	Rebecca King	Lotzkar Fund	Kie-Yeol Choi	Deuk-Sang Ma
Jackie Balcom	Dushanka Kleinman	Myron Allukian	Ho-Young Chung	William Maas
Jay Balzer	Jayanth Kumer	Olusegun Alonge	Joanne Clovis	Les Martens
Kimberly Benkert	Raymond Kuthy	Don Altman	Lois Cohen	Jill Mason
Elizabeth Bernhard	Robert Lathrop	Victor Badner	Stephen Corbin	Kimberly McFarland
Ron Billings	Robin Lawrence	Ronald Burakoff	Robert N. Crawford	Neil McKenzie, Heikki Tala & Pirkko Tala
Irene Bober-Moken	Warren Lemay	E.M. Campbell	Amos Deinard	Robert Mecklenburg
Isabel Garcia & Eric Bothwell	Steven Levy	Joan Collins	Michael H Dodd	Sherli Micik
Brian A. Burt	Gene P. Lewis	Joseph Doherty	Joe & Helen Doherty	Lois K. Miller
Marsha Butler	Stuart Lockwood	Teresa Dolan	Harold Donnell, Jr.	Rachel & Edward Misyey
Daniel Caplan	William Maas	William S. Driscoll	William S. Driscoll	Ilene Monast
Aida A. Chohayeb	John D. Mahilo	Lois & Cliff Dummett	Lois & Cliff Dummett	Parivash Nourjah
Lois Cohen	Dolores M. Malvitz	Caswell Douglass	Richard Dycus	B.R. Pamplone
Durward Collier	Michael Marcinuk	Caswell Evans	Michael Easley	Dai-II Paik
Robert Collins	Donald W. Marianos	James Freed	Burton Edelstein	Howard Field
Marsha Cunningham	Christine Matis	Barbara Gooch	Howard Field	Stuart Fischman
Conan Davis	H Berton McCauley	Irene Hilton	Stuart Fischman	Sherwin Fishman
Georgia dela Cruz	Steven Uranga McKane	Alice Horowitz	Sherwin Fishman	James Freed
Jack Dillenberg	Hermine McLeran	Elizabeth Jones	James Freed	Ralph Frew
Joe & Helen Doherty	Robert Mecklenburg	Kaumudi Josphipura	Ralph Frew	Stuart Gansky
Terri Dolan	Robert Mecklenburg	Linda Kaste	Stuart Gansky	Linnea Garcia
Chester Douglass	Timothy Mitchener	Raymond Kuthy	Linnea Garcia	Lawrence Gettleman
Ann Drum	Robert H. Mitton	Steven Levy	Lawrence Gettleman	Barbara Gooch
Robert Dumbaugh	Nicholas Mosca	William Maas	Barbara Gooch	Harold Goodman
Ronald Elliott	M. Raynor Mullins	Mark Macek	Harold Goodman	Carolyn F.Gray
Caswell A. Evans	Sena Narendran	Gary Martin	Carolyn F.Gray	Song Han
Denise Fedele	Laura Neumann	Donald McNeal	Song Han	Betty Hays
Mary Foley	Linda Niessen	Robert Mecklenburg	Betty Hays	Lawrence F.Hill
James Freed	Dai-il Paik	Richard Mumma Jr.	Lawrence F.Hill	Clarence Gilkes, John Kelsey & Fred Hyman
Janie Fuller	Dean Perkins	Linda Nissen	Clarence Gilkes, John Kelsey & Fred Hyman	Amid Ismail
Steve Geiermann	Sharon J. Perlman	Scott Presson	Amid Ismail	Robert Isman
Karla J. Girts	Midge Pfeffer	Susan Reed	Robert Isman	Elvine Jin
Barbara Gooch	Scott M. Presson	Richard Rozier	Elvine Jin	Se-Hwan Jung
Harry Goodman	Jose Rodriguez	Karen Schneider	Se-Hwan Jung	David & Candace Jones
Sharon Gordon	Bryon E. Roshong	Robert Selwitz	David & Candace Jones	Linda Kaste
Ralph Green	Gary Rozier	Mary Tavares	Linda Kaste	Harriet Kerwin
Veronica Greene	Shihoko Sakuma	George Taylor	Harriet Kerwin	Diana Kilpela
Mark Greer	Vladimir & Sandra Spolsky	Jeanine Tucker	Diana Kilpela	Dae-Young Kim
Charles Grimm	Vladimir & Sandra Spolsky	John Warren	Dae-Young Kim	Dong-Kie Kim
Kathy Hayes	John Stamm	Jane Weintraub	Dong-Kie Kim	Hyun-Duck Kim
Lawrence Hill	John Stamm	Ardell Wilson	Hyun-Duck Kim	Jin-Bom Kim
Irene Hilton	John Stamm	Louie/Hench Charitable Gift Fund	Jin-Bom Kim	Johng-Bai Kim
Alice & Hersh Horowitz	James Sutherland	ABDPH	Johng-Bai Kim	Kwang-Soo Kim
Suzanne Hubbard	Mary Tavares	Hershel Horowitz Scholarship Fund	Kwang-Soo Kim	Sa-Sik Kim
Tegwyn Hughes	George Taylor	Joseph Alderman	Sa-Sik Kim	Sun-Chang Kim
Amid Ismail	Susan Tengan	Myron Allukian	Sun-Chang Kim	Seigo Kobayashi
Beverly Isman	Scott Tomar	Robert Bagramian	Seigo Kobayashi	Raymond Kuthy
Homer Jamison	James Toothaker	Bashar Bakdash	Raymond Kuthy	Ho-Keun Kwon
William Jasper	Jeanine Tucker	Stanford Bastacky	Ho-Keun Kwon	Seo-Hong Lee
Elvine Y. Jin	Jane Weintraub	Bruce Baum	Seo-Hong Lee	Tae-Hyun Lee
Robert M. Johnson	Robert Weyant	Helene Bednarsh	Tae-Hyun Lee	Yihong Li
Donald W. Johnson	Alex White	Ronald Billings	Yihong Li	Marty Liggett & Jim Bader
Rhys Jones	Stephen Wotman	Marion Blevins	Marty Liggett & Jim Bader	Preston A. Littleton, Jr.
David & Candace Jones	Minoru Yagi	Jaime Brahim	Preston A. Littleton, Jr.	
	Howard Yarbrough & Joseph Alderman	Lydia Burroughs		
	Aetna Foundation			
	ABDPH			

New Infection Control Guidelines

Comprehensive recommendations for dental infection control have been released by the CDC. The new document, *Guidelines for Infection Control in Dental Health-Care Settings, 2003*, updates previous guidelines issued in 1993 and consolidates recommendations from other relevant CDC guidelines and standards as well as those of other major infection control organizations.

The new Guidelines use the broader term “standard precautions,” which are protocols to protect against exposures to blood, other body fluids including saliva, mucous membranes, and broken skin, rather than “universal precautions,” which are measures intended only to prevent exposures to blood.

Developed by CDC staff in collaboration with a working group of infection control experts, the document reviews the scientific evidence and covers issues not addressed in earlier dental guidelines. These issues include management of occupational exposures; dental unit water quality; use of devices designed to prevent needlesticks; hand hygiene products; latex hypersensitivity; dental radiology; and program evaluation.

A slide presentation that can be used for training will be available on the CDC Oral Health Infection Control Web site in early 2004. A companion workbook for the guidelines and Web-based training modules also are being developed by the Organization for Safety & Asepsis Procedures under a CDC cooperative agreement. Once completed, these materials will be available at www.osap.org.

Survey Questions Available

The Dental, Oral and Craniofacial Data Resource Center (DRC) has recently posted to its web site, <http://drc.nidcr.nih.gov>, a compilation of dental and oral health questions included in national health surveys. Users search for questions by subject area or by the survey in which they were used. CD-ROM copies can be ordered free of charge on the DRC website or by e-mail.

For more information please contact:

Henry Wong, PhD, Director, DRC
oralhealthdrc@ngc.com or
301-294-5634

Smoking Reports 40th Anniversary

HHS Secretary **Tommy G. Thompson** and Surgeon General **Richard H. Carmona** have issued a comprehensive new report on tobacco and health and announced the addition of a continually updated database of tobacco-caused disease and proven approaches for helping people avoid tobacco use.

The new report and database were announced as the nation marked the 40th anniversary of the first Surgeon General’s Report on Smoking, by then-Surgeon General **Luther Terry**, which for the first time linked smoking with lung cancer. Including that report, Surgeons General have released a total of 27 reports outlining the negative health effects of smoking.

“The Health Consequences of Smoking,” will examine the effects of tobacco on every system of the human body. In addition, the Office of the Surgeon General will create a database of medical research, treatment, and prevention information, to make the most recent findings continually available to professionals and the public.

National Reports on Health Care

HHS Secretary **Tommy G. Thompson** released two reports in December that represent the first national comprehensive effort to measure the quality of health care in the U.S. and differences in access to health care services for priority populations. The reports provide baseline views of the quality of health care and differences in use of the services.

National Healthcare Quality Report, prepared by AHRQ and directed by Congress, presents data on seven clinical conditions, including cancer, diabetes, end-stage renal disease, heart disease, HIV and AIDS, mental health, and respiratory disease. The reports also include information on maternal and child health, nursing home and home health care, and patient safety.

The *National Healthcare Disparities Report* presents data on the same clinical conditions as they apply to the priority populations, including women, children, the elderly, racial and ethnic minority groups, low income groups, residents of rural areas, and individuals with special health care needs.

The report found that priority populations do as well or better than the general population in some aspects of health care. However, room for improvement exists in other areas. For example, people of lower socioeconomic status and blacks have higher death rates for all cancers combined.

Both reports are available on a new Web site, www.qualitytools.ahrq.gov, which serves as a clearinghouse to make it easier for providers, policymakers, purchasers, and patients to improve health care quality.

Quitline Network for Smokers

Secretary **Tommy G. Thompson** announced plans for a national network of smoking cessation quitlines to provide all smokers in the U.S. access to the support and latest information to help them quit. A new toll-free telephone number will serve as a single access point to the national network. By providing one-easy-to-remember number, smokers in every state will have access to the tools they need to quit smoking.

The program has three main components:

- States with existing quitlines will receive increased funding to enhance existing state quitline services through expanded hours of operation, bilingual counselors, or referral linkages with local health care systems.
- States that do not have quitlines will receive grants to establish them.
- NCI Cancer Information Service telephone counselors will provide assistance to individuals in states without quitlines.

Presently telephone quitlines deliver information, advice, support, and referrals to smokers in 38 states, regardless of their geographic location, race/ethnicity, or economic status.

The HHS Web site www.smokefree.gov complements the smoking cessation quitlines, offering a guide to quitting, instant messaging with an NCI cessation expert, and downloadable cessation guides.

Culturally Sensitive Care May Be More Effective

Culturally insensitive health care systems and providers are thought to be one source of poorer quality of care among racial and ethnic minorities. These patients often feel discriminated against, misunderstood, and uncomfortable in medical offices. Training physicians in cultural competence may improve health care delivery to these patients, suggests **Carolyn M. Tucker**, PhD, of the University of Florida.

A study supported in part by the AHRQ discusses what cultural competence means from the standpoint of mostly low-income whites, Latinos, and blacks. Focus group interviews identified four indicators of culturally sensitive health care by their primary care physician. The indicators were physician people skills including empathy, acceptance, respectfulness, concern, and patience; individualized treatment (personal knowledge of the patient, especially financial concerns; effective communication; and, technical competence.

For Latinos, sharing a common language influenced levels of trust and comfort. White patients emphasized a collaborative relationship with the doctor, whereas blacks and Latinos focused more on wanting individualized care and attention. Latino and black patients also said they felt more comfortable in primary care offices that included respectful office staff, as well as culturally sensitive art, pictures, music, and reading materials, including those that addressed health problems specific to them.

“Cultural Sensitivity in Physician-Patient Relationships: Perspectives of an Ethnically Diverse Sample of Low-Income Primary Care Patients,” appears in *Medical Care*, July 2003.

Poor Eating Habits Linked to Caries Risk in Young Children

Caregivers should beware that young children who skip breakfast might be fattening their chances of experiencing tooth decay, according to a study in this month's *Journal of the American Dental Association*.

Using data from the NHANES III, study authors investigated the relationship between healthful eating practices (such as breast-feeding, eating breakfast and consuming five servings of fruits and vegetables a day) and dental caries in the primary teeth among children 2-5 years.

“Specifically, not eating breakfast every day was found to be associated with overall caries experience and untreated decay in the primary dentition in children aged two through five years,” lead author **Bruce Dye** wrote. “Our findings support the notion that even if the effects of poverty could be mitigated, healthful eating practices among preschoolers would contribute to further reduction in caries.”

In the analysis of more than 4,000 preschoolers, poor eating practices were associated with caries in primary teeth among children not living in poverty and these children were more likely to experience tooth decay than poor children.

“Poverty may be the more important cofactor in indicating caries risk, but healthful eating practices are an important factor in the overall, complex process that leads to caries experience in young children,” concluded the authors.

Group Encourages Patient-Provider Partnership in Making Decisions about Preventive Care

Clinicians and patients should work together to make decisions about which preventive services are most appropriate for individual patients, according to a new paper by a working group of the U.S. Preventive Services Task Force. The paper is published in the January issue of the *American Journal of Preventive Medicine*.

In shared decisionmaking, the patient becomes an active partner with the clinician in clarifying acceptable medical options and choosing a preferred course of clinical care. Shared decisionmaking assumes that individual patients have weighed their own values about the potential benefits and harms of receiving or not receiving a medical service, and it allows patients to be as involved in the decisionmaking process as they wish to be.

Neither the working group nor the Task Force followed their customary process of conducting a systematic review of the scientific evidence, and no formal recommendation was made. The working group found few systematic studies that evaluated shared decisionmaking. While there is no evidence that shared decisionmaking improves health outcomes, it is supported by a combination of ethical and practical arguments.

“Shared Decision-making about Screening and Chemoprevention: A Suggested Approach from the U.S. Preventive Services Task Force” is available online at www.ahrq.gov/clinic/3rduspstf/shared/sharedba.htm.

Pediatricians Adopt Policy on Soft Drinks in Schools

In a new policy statement, the American Academy of Pediatrics recommends that school districts consider restricting the sale of soft drinks to safeguard against health problems that result from over consumption.

The policy points out that sweetened drinks constitute the primary source of added sugar in the daily diet of children, and that each 12-ounce serving of a carbonated, sweetened soft drink contains the equivalent of 10 teaspoons of sugar. Sugared soft drink consumption has been associated with increased risk of overweight and obesity, currently the most common medical condition of childhood. Additional health problems associated with high intake of sweetened drinks are dental caries and potential enamel erosion.

According to the policy, between 56 and 85 percent of school-age children consume at least one soft drink daily. As soft drink consumption increases, milk consumption decreases, and milk is the principal source of calcium in the typical American diet. With soft drinks and fruit drinks being sold in vending machines in school stores and at school sporting events, their availability is ubiquitous.

The policy recommends that pediatricians work to eliminate sweetened soft drinks in schools. This entails educating school authorities, patients and parents about the health ramifications of soft drink consumption.

The policy appears in the January 2004 issue of *Pediatrics*.

Health Care Quality for Children Topic for *Pediatrics*'

Quality of care for children is far less than optimal and lags behind that for adult conditions and disorders, according to work performed by children's health experts to develop quality indicators and use them to measure care. These conclusions are highlighted in several AHRQ-supported articles published in a supplement to the January 2004 issue of *Pediatrics*. Measuring quality is a prerequisite for action to improve children's health care. However, quality measures for many areas are not available or have not been adequately vetted for widespread use, say these researchers. The lead article urges pediatricians and others concerned about child health to become engaged in quality measurement and improvement activities. Other articles provide guidance on risk adjustment for children's health care quality measurement as well as findings from a survey of potential users of quality measures. The articles are the result of an AHRQ-sponsored meeting, "Quality Measures for Children: State of the Science and State of the Practice," which was held in February 2002.

Spring Literature Search

- Ethical considerations in research with socially identifiable populations. *Pediatrics* 2004; 113:148-151.
- Antunes, Narvai, Nugent. Measuring inequalities in the distribution of dental caries. *Community Dent Oral Epidemiol* 2004; 32:41-48.
- Beaulieu, Scutchfield, Kelly. Content and criterion validity evaluation of National Public Health Performance Standards measurement instruments. *Public Health Rep* 2003; 118:508-517.
- Biener, Albers. Young adults: Vulnerable new targets of tobacco marketing. *Am J Public Health* 2004; 94:326-330.
- Broadbent, Ayers, Thomson. Is attention-deficit hyperactivity disorder a risk factor for dental caries? A case-control study. *Caries Res* 2004; 38:29-33.
- Chen, Escarce. Quantifying income-related inequality in healthcare delivery in the United States. *Med Care* 2004; 42:38-47.
- Danley, Gansky, Chow, Gerbert. Preparing dental students to recognize and respond to domestic violence: The impact of a brief tutorial. *J Am Dent Assoc* 2004; 135:67-73.
- Dasanayake, Li, Kirk, Bronstein, Childers. Restorative cost savings related to dental sealants in Alabama Medicaid children. *Pediatr Dent* 2003; 25:572-576.
- del Giglio, Costa. The quality of randomised controlled trials may be better than assumed. *BMJ* 2004; 328:24-25.
- Dibble. Eliminating disparities: Empowering health promotion within preventive medicine. *Am J Health Promot* 2003; 18:195-199.
- Dobalian, Tsao, Radcliff. Diagnosed mental and physical health conditions in the United States nursing home population: Differences between urban and rural facilities. *J Rural Health* 2003; 19(4):477-483.
- Dupont. NECTAR for your health. Revamping U.S. medical research means unifying data. *Sci Am* 2004; 290:16, 18.
- Dye, Shenkin, Ogden, et al. The relationship between healthful eating practices and dental caries in children aged 2-5 years in the United States, 1988-1994. *J Am Dent Assoc* 2004; 135:55-66.
- Ellickson, Orlando, Tucker, Klein. From adolescence to young adulthood: Racial/ethnic disparities in smoking. *Am J Public Health* 2004; 94:293-299.
- Fagan, King, Lawrence, et al. Eliminating tobacco-related health disparities: Directions for future research. *Am J Public Health* 2004; 94:211-217.
- Fiore, Croyle, Curry, et al. Preventing 3 million premature deaths and helping 5 million smokers quit: A national action plan for tobacco cessation. *Am J Public Health* 2004; 94:205-210.
- Healton, Nelson. Reversal of misfortune: Viewing tobacco as a social justice issue. *Am J Public Health* 2004; 94:186-191.
- Ismail, Bader. Evidence-based dentistry in clinical practice. *J Am Dent Assoc* 2004; 135:78-83.
- Jamieson, Thomson, McGee. An assessment of the validity and reliability of dental self-report items used in a National Child Nutrition Survey. *Community Dent Oral Epidemiol* 2004; 32:49-54.
- Katz. Addressing the health care needs of American Indians and Alaska Natives. *Am J Public Health* 2004; 94:13-14.
- Klein, Camenga. Tobacco prevention and cessation in pediatric patients. *Pediatr Rev* 2004; 25:17-26.
- Lavine, Drumm, Keating. Safeguarding the health of dental professionals. *J Am Dent Assoc* 2004; 135:84-89.
- Levy, Broffitt, Slayton, et al. Dental visits and professional fluoride applications for children ages 3 to 6 in Iowa. *Pediatr Dent* 2003; 25:565-571.
- Lindquist, Emilson. Colonization of *Streptococcus mutans* and *Streptococcus sobrinus* genotypes and caries development in children to mothers harboring both species. *Caries Res* 2004; 38:95-103.
- Locker, Jokovic, Clarke. Assessing the responsiveness of measures of oral health-related quality of life. *Community Dent Oral Epidemiol* 2004; 32:10-18.
- Lussi, Jaeggi, Zero. The role of diet in the aetiology of dental erosion. *Caries Res* 2004; 38(Suppl 1):34-44.
- Mainz. Defining and classifying clinical indicators for quality improvement. *Int J Qual Health Care* 2003; 15:523-530.
- McGrath, Bedi. Why are we 'weighting'? An assessment of a self-weighting approach to measuring oral health-related quality of life. *Community Dent Oral Epidemiol* 2004; 32:19-24.
- Mejare, Stenlund, Zelezny-Holmlund. Caries incidence and lesion progression from adolescence to young adulthood: A prospective 15-year cohort study in Sweden. *Caries Res* 2004; 38:130-141.
- Niederdeppe, Farrelly, Haviland. Confirming "truth": More evidence of a successful tobacco countermarketing campaign in Florida. *Am J Public Health* 2004; 94:255-257.
- Ofman, Lubeck. Realizing the benefits of practical clinical trials. *JAMA* 2004; 291:425-426.
- Pienihakkinen, Jokela, Alanen. Assessment of caries risk in preschool children. *Caries Res* 2004; 38:156-162.
- Rosenbaum, Burke. Lawrence v Texas: Implications for public health policy and practice. *Public Health Rep* 2003; 118:559-561.
- Ruottinen, Karjalainen, Pienihakkinen, et al. Sucrose intake since infancy and dental health in 10-year-old children. *Caries Res* 2004; 38:142-148.
- Schafer, Nicholson, Gerritsen, et al. The effect of oral care feed-back devices on plaque removal and attitudes towards oral care. *Int Dent J* 2003; 53:404-408.
- Schwartz, Woloshin, Fowler, Welch. Enthusiasm for cancer screening in the United States. *JAMA* 2004; 291:71-78.
- Seale, Casamassimo. Access to dental care for children in the United States: A survey of general practitioners. *J Am Dent Assoc* 2003; 134:1630-1640.
- Strasser, Spettell, et al. Designing tailored Web-based instruction to improve practicing physicians' preventive practices. *J Med Internet Res* 2003; 5(3):e20.
- Steneck. The role of professional societies in promoting integrity in research. *Am J Health Behav* 2003; 27(Suppl 3):S239-S247.
- Sugarman. Determining the appropriateness of including children in clinical research: How thick is the ice? *JAMA* 2004; 291:494-496.
- van Loveren, Duggal. Experts' opinions on the role of diet in caries prevention. *Caries Res* 2004; 38(Suppl 1):16-23.
- White, Bero. Public health under attack: The American Stop Smoking Intervention Study (ASSIST) and the tobacco industry. *Am J Public Health* 2004; 94:240-250.

Friday, April 30, 2004				Saturday, May 1, 2004				Sunday, May 2, 2004					
7:00 AM													
8:00 AM	ABDPH Exam 8:00-5:00	ASCPH Exam 8:00-12:00		ABDPH Exam 8:00-5:00	ASTDD Executive Board Mtg 8:00-12:00			ABDPH Exam 8:00-4:00	Medicaid Symposium 8:30-4:30	AACDP Symposium 7:30-5:00	AAPHD Exec Council Mtg 8:00-6:00		ASTDD Members Breakfast 8-10
9:00 AM						Pre-Con 9:00-12:00 Developing the Script							
10:00 AM													
12:00 PM											AAPHD & ASTDD Joint Exec Mtg 12:00-1:30	Pre-Con Oral Health Policy 10:30-12:30	
1:00 PM			ASTDD Exec Comm Mtg 1:00-5:00		ASTDD Annual Business Mtg 1:00-4:00							Military Session 1:00-5:00	
1:30 PM													Strategic Planning for Oral Health Programs 1:30-4:30
2:00 PM													
4:00 PM					ASTDD New Member Orientation 4:00-5:00	Dentistry 101 4:00-6:00							
4:30 PM									Joint Mtg State Dental Directors & Medicaid Admin 4:45-5:45				
5:00 PM					ASTDD All Member Reception 5:00-6:00	National Met Health & Oral Health Res. Ctr 6:00-6:30							
6:00 PM													Reception 5:30-7:30
Monday, May 3, 2004				Tuesday, May 4, 2004				Wednesday, May 5, 2004					
7:00 AM	Exhibits/ Continental Breakfast 7:00-8:00			Exhibits/ Continental Breakfast 7:00-8:00	AAPHD/ADA Officer's Mtg 7:30-8:30	CDC Water Fluoridation 7:30-8:30	ASTDD Exec Bd Mtg 7:30-8:30	HRSA/CMS Activities 7:30-8:30	Exhibits/ Continental Breakfast 7:00-8:00	Aerobics 8:30-7:15	DPH Residency Director's Mtg 7:30-8:00		
8:00 AM		Welcome & Opening Plenary Session 8:00-12:00 #28 ABDPH			Plenary Session 8:50-9:30 #6 Genomics				Plenary Session 8:00-9:30 #7 Horowitz				
9:00 AM						Break/ Exhibits 9:30-10:00				Break/ Exhibits 9:30-10:00			
10:00 AM		Break/ Exhibits 10:00-10:30		Concurrent Session 10:00-11:30 #14 Medicaid	Concurrent Session 10:00-11:30 #3 Special Needs	Concurrent Session 10:00-11:30 #24 Hispanic	Concurrent Session 10:00-11:30 #10 Coalition Collaborations		Concurrent Session 10:11:30 #6 Fluoridation	Concurrent Session 10:11:30 #23 MDs	Concurrent Session 10:11:30 Contrib Paper 3	Concurrent Session 10:11:30 #8 Data/Resources	
10:30 AM		Plenary Session 10:30-12:00 #11 State/Fed Support											
12:00 PM		ASTDD Awards Luncheon 12:00-1:45				Roundtable Luncheon Discussions 11:30-1:30				AAPHD Awards Luncheon 11:30-1:30			
1:30 PM	Concurrent Session 1:45-3:15 #15 Medicaid	Concurrent Session 1:45-3:15 #2 Dental Deans	Concurrent Session 1:45-3:15 #1 Literacy		Concurrent Session 1:30-3:00 #27 ADHA	Concurrent Session 1:30-3:00 Contributed Paper 1	Concurrent Session 1:30-3:00 Contributed Papers 2	Concurrent Session 1:30-3:00 #16 Medicaid SCHIP			HOT PKCS 1:30-2:45		
		Break/ Exhibits 3:15-3:45					Break/ Exhibits 3:00-3:30				Break 2:45-3:15		
	3:45-5:00 Poster Discussion Group	3:45-5:00 Poster Discussion Group	3:45-5:00 Poster Discussion Group	3:45-5:00 Poster Session	AAPHD Town Hall Meeting, Induction of New Officers 3:30-5:00		Dental Public Health Residents Meeting 4:15-5:45				Closing Speaker Rob Reiner 3:15-4:30		
6:00 PM	ABDPH Orientation 5:15-6:30 pm		ADHA Reception 5:30-6:30						CDC Post Conference 4:30-6:30	HRSA Post Conference 4:30-6:30			
6:30 PM		ABDPH Dinner 6:30-8:30					Seaside Lagoon at Redondo Beach Reception/Dinner Entertainment 6:30-10:00						
8:30 PM			Foundation Dessert Reception & Entertainment										

Policy on the First Oral Health Assessment

Dental caries is the most prevalent chronic disease of 5- to 17-year-old children—five times more common than asthma and seven times more common than hay fever.¹ In infants and children under the age of five, dental caries is called Early Childhood Caries (ECC). The effects of ECC can be devastating because tooth decay causes severe pain, infection, and malnutrition, and can lead to impaired speech development, gastrointestinal disorders, and low self-esteem. However, ECC is a disease that is largely preventable because of how it's caused and when it begins; the oral health of children is best assured through preventive measures that begin during infancy.^{2,3} Therefore, the need for oral health assessments, anticipatory guidance, prevention, and early intervention among infants and young children have been recognized by the policy statements of the American Public Health Association,^{4,5,6} and the American Academy of Pediatrics.⁷ Many dental and medical organizations, including the American Academy of Pediatrics,⁷ the American Academy of Pediatric Dentistry,⁸ the American Dental Association, the American Dental Hygienists' Association, and the American Academy of Pediatrics, as well as many state Medicaid programs,^{3b,9} recommend age one for the first oral health evaluation. By adopting the following guidelines, we can work together to eradicate the terrible epidemic of ECC. The prevention of early childhood oral diseases requires an interdisciplinary approach, given the present low rate of dental attendance in early childhood, and that such prevention should commence in the health care networks that already service children.³

- WHEREAS, oral health is important throughout the lifespan and influences overall health, wellness, and quality of life;^{10,11} and
- WHEREAS, dental caries (a multifactorial, diet-dependent infectious disease with significant behavioral components) can begin in infancy if primary preventive measures are not undertaken, and can progress to advanced stages without early diagnosis and treatment;^{2,12} and
- WHEREAS, oral health is an important and integral component of health and development of healthy pregnancy outcomes; and
- WHEREAS, the seriousness and societal costs of childhood caries are significant in light of estimates indicating that five to ten percent of preschool-age children have early childhood caries, that national data indicate eight percent of two-year-olds and 40 percent of five-year-olds have already experienced dental caries, and this rate is even higher among families with low incomes and among some racial and ethnic minorities;^{11,13,14} and
- WHEREAS, survey results show that 20 percent of children from families with low incomes and 40 percent of children in some American Indian populations have early childhood caries;¹⁵ and
- WHEREAS, early childhood caries may have significant implications on overall child health, often requiring extensive restorative treatment and extraction of teeth at an early age, resulting in considerable cost and increased risk; and substantially contributing to pain, personal suffering, and speech, learning and eating problems, as well as poor child nutrition, low body weight, and potential risk to overall child health;^{11,12,13,16} and
- WHEREAS, a conference sponsored by the National Institutes of Health in October 1997 emphasized the serious health, social, and economic consequences of the current worldwide epidemic of early childhood caries, and stressed the need to combine health promotion, preventive measures, and early interventions to curtail the epidemic among young children;^{11,12,16} and
- WHEREAS, infection with the *Mutans streptococcus* organisms associated with most cases of early childhood caries has been shown to occur in children as young as three months of age;^{17,18} and
- WHEREAS, case reports suggest that change may be achieved in dietary and health behaviors for infants and young children at risk of developing early childhood caries, significantly reducing the risk of such disease through reinforcement of simple interventions and instructions involving fluorides, diet, and dental plaque control;^{19,20,21} and
- WHEREAS, early visits to many trained health care professionals provide an opportunity to promote feasible and affordable primary prevention measures for oral health.³

BE IT RESOLVED THAT THE AMERICAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY:

- Recommends that all children receive an oral health assessment (screening) and appropriate referral by a trained health care professional or trained layperson within six months after the eruption of the first primary tooth, but no later than one year of age;
- Recommends that primary care organizations and early childhood health and education programs, such as WIC, Title V (MCH), and Early Start, promote age one as the appropriate age for a first oral health assessment to institute primary preventive measures and anticipatory guidance by all child health practitioners;
- Strongly encourages state Medicaid and State Children's Health Insurance Program (SCHIP) programs, child health and dental insurance programs, and managed care organizations to include oral examinations by a dental professional beginning as early as age one as a reimbursable preventive dental service;
- Urges the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Centers for Medicare & Medicaid Services (CMS), the Health Resources and Services Administration (HRSA) and other Department of Health and Human Services (DHHS) agencies to include in their programs promotion of oral health of infants and children as an integral component of general health assessment and health promotion, and to provide specific information, training, and technical assistance on oral health assessment procedures and anticipatory guidance messages;
- Recommends that state and local health departments and community health centers incorporate oral health in interdisciplinary ways in their programs for infants and children, —and that these organizations initiate efforts to train and encourage the participation of trained health care professionals and their staff to provide oral health assessment and referral for dental services for young children in their programs.

References for First Oral Health Assessment

1. US Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. Rockville, MD: US DHHS, National Institute of Dental and Craniofacial Research, NIH; 2000.
2. Nowak. Rationale for the timing of the first oral evaluation. *Pediatr Dent* 1997; 19:8-11.
3. Casamassimo (ed). *Bright Futures in Practice: Oral Health*. Arlington, VA: National Center for Education in MCH, 1996.
4. APHA Policy Statement 6604: A National Dental Health Program for Children. APHA Policy Statements, 1948-present, cumulative. Washington, DC: American Public Health Association; current volume.
5. APHA Policy Statement 6611: Dental Health in Comprehensive Personal Health Services. APHA Policy Statements, 1948-present, cumulative. Washington, DC: American Public Health Association; current volume.
6. APHA Policy Statement 8806: Prevention of Baby Bottle Tooth Decay. APHA Policy Statements, 1948-present, cumulative. Washington, DC: American Public Health Association; current volume.
7. AAP. Policy statement, oral health risk assessment timing and establishment of the dental home. *Pediatrics*, May 2003; 111(5).
8. American Academy of Pediatric Dentistry. *1995-1996 Reference Manual and Guidelines*.
9. State Medicaid Survey, unpublished data, Dr. Robert Isman personal communication.
10. Hollister, Weintraub. The association of oral status with systemic health, quality of life, and economic productivity. *J Dent Educ* 1993; 57:901-912.
11. Acs, Shulman, Ng, Chussid. The effect of dental rehabilitation on the body weight of children with early childhood caries. *Pediatr Dent* 1999; 21:109-113.
12. Tinanoff. Early childhood caries: An overview and recent findings. *Pediatr Dent* 1997; 19:12-16.
13. Maternal and Child Health Bureau. *Trends in Children's Oral Health*. Arlington, VA: National Maternal and Child Oral Health Resource Center, January 1999.
14. Dye, Shenkin, Ogden, *et al*. The relationship between healthful eating practices and dental caries in children aged 2-5 years in the United States, 1988-1994. *J Am Dent Assoc* 2004; 135:55-66.
15. Bruerd, Jones. Preventing baby bottle tooth decay: Eight-year results. *Public Health Reports* 1996; 111:63-65.
16. Early Childhood Caries Conference Proceedings, National Institutes of Health, Bethesda, MD, October 18-19, 1997. *Community Dent Oral Epidemiology* 1998; 26(Suppl 1).
17. Caufield, Cutter, Dasanayake. Initial acquisition of *Mutans streptococci* by infants: Evidence for a discrete window of infectivity. *J Dent Res* 1993; 72:37-45.
18. Ramos-Gomez, Weintraub, Gansky, *et al*. Bacterial, behavioral and environmental factors associated with early childhood caries. *J Clin Pediatr Dent*. 2002; 26(2);165-73.
19. Nowak, Casamassimo. Using anticipatory guidance to provide early dental intervention. *J Am Dent Assoc* 1995; 126(8):1156-63.
20. Angelos, Brown, McMahon, Shetty. Evaluation of a program to prevent early childhood caries. *J Dent Res* 1999; 78:247.
21. Ramos-Gomez, Jue, Bonta. Implementing an infant oral care program. *J Calif Dent Assoc* 2002; 30(10):752-61.

Address Service Requested

National Office
1224 Centre West, Suite 400B
Springfield, IL 62704 USA



AMERICAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY