



2021 National Oral Health Conference Roundtable Abstracts April 17, 2021

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Roundtable Session I – 11:00 am – 11:45 am

Alameda County Healthcare for the Homeless Approach to Oral Health Integration and Services

Presenter: [Bahar Amanzadeh, DDS, MPH](#)

Description

People experiencing homelessness have profound dental needs and low access to care, complicated by logistical, physical health, and mental health factors. Alameda County Healthcare for the Homeless Program has been focusing on improving oral health of the population by providing tailored and comprehensive services through mobile and brick and mortar contracts, and also by incorporating strategies which integrate oral health into overall approaches. Some of the strategies include dental case management, outreach strategies, staff training on oral health education and referral, training of providers in trauma-informed care and cultivating collaboration among partners. In this session we will review the outlook of these strategies.

Source of Funding: HRSA

Community Water Fluoridation during COVID-19

Presenter: [Tooka Zokaie, MPH, CPH](#)

Description

The 75th Anniversary of Community Water Fluoridation in the United States was celebrated in 2020 - and with this celebration came new challenges due to COVID-19. Virtual platforms became the primary setting for city council meetings, and there was an increase in new community water fluoridation challenges that brought an international audience to these communities. Yet, with 7 fluoridation rollback challenges, 5 were able to sustain this program through evidence-based science advocacy and diverse representation. 2020 also offered the opportunity for previously in-person fluoridation educational meetings to go online and reach an audience of over 1,000 individuals over the course of a 4-day webinar series. Lessons from fluoridation advocacy during COVID-19 include the opportunity to increase networks for evidence-based leaders, organize for community programs through technology, and innovatively share the best science to a diverse audience. Although 2020 came with unexpected challenges, techniques on how to share fluoridation science have been improved for the benefit of the public's health.

Source of Funding: None

How can dental public health advance anti-racism?: An overview of AAPHD's White Paper

Presenter: [Eleanor Fleming, PhD, DDS, MPH](#)

Description

In response to the events of the pandemic, the Black Lives Matter movement, and growing awareness of racism as a health problem, AAPHD leadership elected to develop a white paper on how dental public health can advance anti-racism. Each of AAPHD Councils (Science, Education, Legislation, and Practice) contributed a section that expresses from the perspective of the Council how dental public health can engage in anti-racist practices. The purpose of this roundtable is to provide an overview of the white paper and to facilitate a conversation among dental public health professionals and supporters about how we can make dental public health a practice that recognizes racism as a problem and uses the tools available to advance equity, improve population level outcomes, and to support health for all people.

Source of Funding: None

Oregon's Partnership to Develop COVID-19 Infection Control Guidance for School Dental Services

Presenter: [Karen Phillips, MPH, RDH, EPP](#)

Description

In May 2020, the Oregon Health Authority's (OHA) COVID-19 emergency response team developed infection control and operational guidance for dental providers to resume non-emergent dental services in more traditional dental office settings. Providing dental services in school settings requires different protocols than dental offices. Oregon's 19 certified school dental sealant programs (SDSPs) offer various preventive dental services in all of Oregon's 36 counties. The Oregon Department of Education (ODE) developed Ready Schools, Safe Learners to provide guidance for schools, districts and local public health agencies to develop safety protocols for returning to school. OHA, in collaboration with ODE, convened a workgroup of affected partners to develop COVID-19 pandemic infection control and safety protocols to provide dental services in schools and for OHA certified school dental sealant programs to resume dental sealant services. Prior to the first virtual meeting, interested community stakeholders were invited to provide input to the initial draft guidance. Representatives from the OHA, ODE, State School-based Health Center Office, and one representative from each of OHA's certified SDSPs attended six virtual workgroup meetings. The draft documents were reviewed and modified according to existing state and national safety and infection control recommendations and current rules for Oregon's certified SDSPs. The final draft documents were disseminated to interested partners for any additional input. Oregon's COVID-19 emergency operations center senior health advisors reviewed, finalized and approved the documents for publication. The OHA guidance documents are in use by the few school oral health programs serving schools with in-person instruction.

Source of Funding: None

Understand This: The Importance of Health Literacy in the Public & Private Dental Practice

Presenter: [Kathryn Ann Atchison, D.D.S., M.P.H.](#)

Description

Health literacy is not elective. Poor health literacy has been shown to be associated with increased use of the emergency department for dental problems, medication errors, and increased numbers of failed dental appointments. How information is delivered to patients is an indicator of quality; affecting both patient safety and satisfaction, and patients with lower health literacy report having worse communication with their provider. This may be more pronounced in ambulatory care settings where the patient, not the clinician, is responsible for carrying out medical instructions delivered during a potentially short visit. With one-third of men and women in the United States identified as having limited health literacy skills, and the rates disproportionately higher for racial and ethnic minorities and those with less education and functional literacy skills, it's a health equity issue as well. The Institute of Medicine (IOM) defines a health-literate health care organization as one that "makes it easier for people to navigate, understand, and use information and services to take care of their health" and has called for provider education on communication and cultural competency to improve effective use of patient communication strategies. This session will address the manner in which the ADA's National Advisory Committee for Health Literacy in Dentistry is taking to approach patient safety, patient compliance and satisfaction, and why health literacy is an integral part of creating health equity in public and private dental practice.

Source of Funding: This session will be sponsored by the American Dental Association

Roundtable Session II – 12:00 pm – 12:45 pm

America Needs Oral Health Experts in Federal Government: An Overview and Call to Action

Presenter: [Vivian Vasallo, MA](#)

Description

The purpose of this roundtable session is to outline research on the role that federal government agencies play in Americans' oral health, explain why federal government agencies that oversee Americans' health need oral health experts in positions of leadership, and equip participants with the knowledge, tools, and skills to advocate for a greater focus on oral health at the federal level. While Americans overwhelmingly support legislation that would improve access to dental benefits for all Americans, federal agencies lack the expertise to ensure the effectiveness of executive, legislative or regulatory action related to oral health. In a review of federal agencies that work on health issues, the Delta Dental Institute found that only one agency currently has a Chief Dental Officer or equivalent (the Office of the Surgeon General (OSG)). In contrast, seven federal agencies currently have a Chief Medical Officer or equivalent. Between 2012-2020, only two federal agencies had a Chief Dental Officer or equivalent at any point (the Centers for Medicare and Medicaid Services (CMS), in addition to the OSG). In contrast, eight federal agencies had a Chief Medical Officer or equivalent. The presenter will discuss federal government oversight of oral health, provide specific detail on which agencies need oral health experts in leadership and why, and discuss ways for participants to take action.

Source of Funding: Delta Dental Institute

Health Disparities Hot Topics: Innovations to Promote Oral Health Equity

Presenter: [Judith Haber, PhD, APRN, FAAN](#)

Description

This presentation will focus on innovative approaches to integrating the social determinants of health (SDOH) and health disparities in the clinical curriculum and practice of health professionals. Three high-morbidity population health challenges provide cutting edge clinical exemplars for operationalizing the SDOH as well as interprofessional competencies to promote health equity: Hospital-acquired pneumonia (HAP), Human papillomavirus (HPV), and COVID-19. This session will highlight the influence of the SDOH in the prevention of HAP, HPV, and COVID-19, related oral health complications, and essential interventions for providing collaborative whole-person care that links oral health with overall health. Exciting interprofessional classroom, simulation, and clinical teaching-learning strategies will be featured to promote collaborative approaches that increase competence to assess and manage SDOH oral health and overall health risk factors. Participants will enhance their expertise in facilitating interprofessional in-person and virtual experiences focused on health disparities that include health professionals across disciplines.

Source of Funding: DentaQuest and Arcora Foundations

Improving School-Based Dental Care Outcomes Through Quality Assurance

Presenter: [David Tepel, DMD](#)

Description

New York City's (NYC) Health Department partners with sixteen organizations to provide school-based dental (SBD) services in over 750 schools. High variability existed in provision of care and data reports were insufficient to determine if programs maximized efficiency. A Quality Assurance (QA) unit was established in April 2017 to monitor care delivery, strengthen workflows and to cross-pollinate best practices. Sites for QA visits were randomly selected, proportionately by borough and number of schools served by an SBD provider (SBDP). A web-based checklist was developed for standardized evaluation of SBDP clinical set-up and clinicians; 267 unannounced visits were made by dental practitioners for 76 weeks. Urgent issues were addressed onsite and SBDP leaderships were informed directly within 2 business days. Comprehensive results and feedback were emailed to SBDP leaderships within 3 business days. When indicated, SBDPs were asked to implement corrective actions (CA) and performance was rated quarterly and annually. Beginning in September 2017, of 68 significant items requiring CA, 100% were acknowledged, 66% were implemented, 29% were considered and required verification, and 4% were rejected. The performance rating of 16 SBDPs across 128 visits in 2018-2019 ranged from 59% to 96%. The largest SBDP's rating increased from 71% to 88% from April 2017-June 2019 across 217 visits. The CA led to marked improvements in children's safety, equipment, materials, and wait times. The assessment of SBDPs through QA improves service delivery. Our findings led to process improvements, guideline changes, and individual clinician coaching by SBDP leadership.

Source of Funding: None

Oral Healthcare Professionals Response to Human Trafficking, Exploitation, and Vulnerability

Presenter: [Angela F. Filzen DDS, DDS](#)

Description

While research has been conducted regarding the role of oral health professionals in human trafficking prevention and disruption, little has been done to further explore this work as it relates to dental public health practice. In these environments, work is done in settings which predispose team members to more potential danger. The main purpose of this project was to explore current internal policies and procedures within the Office of Oral Health to best ensure safety of its team members while also identifying best practices that can be used across dental settings when addressing the oral health implications of human trafficking. Methods and Materials In the summer of 2018, the Mississippi State Department of Health through the Office of Oral Health begin work with Sunny Slaughter to provide consulting and training services to its team on organizational tools and strategies to address oral health implications of human trafficking. The scope of work entailed internal and external environmental scan; professional development trainings; evaluation of existing policies, practices, and protocols; development of general information webinar(s); creation of informational hand-outs and materials; and the identification of resources and potential collaborative partnerships. Results: Numerous documents were created to provide guidance to administration and staff on safe practices when responding to human trafficking and those that should be implemented internally. Conclusions: Oral health professionals have a significant role in responding to human trafficking, exploitation and vulnerability and continuous work should be done in training staff on internal protocols and policies to protect staff and aide victims.

Source of Funding: HRSA

Resources for Quality Indicator Implementation in State Oral Health Programs

Presenter: [Sarah Kolo, n/a](#)

Description

This roundtable session will discuss resources to help state oral health program staff learn about a set of maternal and child health (MCH) oral health quality indicators to apply in their work. The indicators are intended to promote state efforts to monitor and improve oral health care quality for the MCH population. Participants will learn about a five-state pilot that implemented the indicators, how to access tools, and how to request technical assistance on implementing the indicators. The project is supported through a partnership between the National Maternal and Child Oral Health Resource Center and the American Dental Association's Dental Quality Alliance, with input from a Quality Indicator Advisory Team comprising MCH, oral health, and quality improvement experts. It is funded by the Maternal and Child Health Bureau.

Source of Funding: Maternal and Child Health Bureau, Health Resources and Services Administration of the U.S. Department of Health and Human Services

Roundtable Session III – 1:45 pm – 2:30 pm

Advancing Equity: A Look Into The Cultural Competency Program For Oral Health Professionals

Presenter: [Jennifer Kenyon, Ms.](#)

Description

Cultural and linguistic competency helps ensure that all individuals using the oral health care system receive equitable and effective treatment. The Cultural Competency Program for Oral Health Professionals, an accredited e-learning training program launched in 2014 by the Office of Minority Health (OMH) at the U.S. Department of Health and Human Services, is intended to help oral health professionals better meet the needs of all patients, thereby helping to reduce oral health inequities. The e-learning program covers the basics of cultural and linguistic competency, as well as practical strategies for improving the cultural and linguistic appropriateness of care and communication. It is grounded in OMH's National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (The National CLAS Standards), a framework for individuals working in health and health care on which to build policy, programs, and services that improve quality and advance equity. This roundtable session will provide an overview of cultural and linguistic competency in oral health, the e-learning program, and insights on the program's utilization and effectiveness, based on registration and demographic data; pre- and post-test scores; and self-reported learner satisfaction and application of knowledge gained. Participants will learn the benefits of the program as a practical tool that helps to increase provider knowledge of cultural and linguistic competency and skills in delivering high quality care to all patients.

Source of Funding: U.S. Department of Health and Human Services' Office of Minority Health

Five Replicable Strategies to Effectively Integrate Oral Health Care into Prenatal Care

Presenter: [Jenifer Fahey, MSN, CNM, MSPH, FACNM](#)

Description

Access to oral health care is inadequate for pregnant women. To respond to this need, the Partnership for Integrating Oral Health Care into Primary Care project, coordinated by the National Maternal and Child Oral Health Resource Center, works with state Title V programs and local primary care settings to integrate the interprofessional oral health core clinical competencies into primary care practice. Through this project, primary care health professionals and support staff conduct oral health risk assessments and screenings, provide preventive interventions and education, provide referrals for oral health care, and when possible, provide case management services. This roundtable session will share five replicable strategies to effectively integrate oral health care into prenatal care in primary care sites based on lessons learned from the project in Georgia and Maryland. Strategies include (1) incorporating oral health risk assessment and referral for oral health care into initial visits with pregnant women, (2) standardizing content of oral health education and timing for providing education during pregnancy, (3) having a dependable dental clinic/office that accepts referrals for oral health care, (4) providing case management services to ensure referrals for oral health care result in appointments, and (5) following-up on oral health risk assessment findings and dental appointments during prenatal visits. Roundtables participants will learn about and discuss project activities that led to the identification of the key strategies, including project successes and challenges. Upon completion of the session, participants will depart with practical information about how to integrate oral health care into prenatal care.

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

Oral Health for People with Disabilities- Learning about Healthy Smiles in a Virtual World

Presenter: [Kathy Hunt, RDH, ECPII](#)

Description

2020 has been dubbed the “year like no other”. Oral health education is one of many areas that have required a more complete shift to on-line learning opportunities. During this pandemic, Oral Health Kansas, our state’s oral health coalition, devoted significant time to revising its face-to-face educational workshops for adults and families with young children with disabilities into engaging virtual learning experiences. This presentation will showcase Super Smiles for your Child and Feeling Good About Your Smile.

Source of Funding: Virtual revisions funded by Kansas Department of Health & Environment- Bureau of Family Health and the University of Kansas- Kansas Disability and Health Program

Utah Adolescent Oral Health Campaign Educational Intervention 2016-2020

Presenter: [Lauren N. Neufeld, RDH](#)

Description

The Utah Adolescent Oral Health Campaign (AOHC) is an intervention designed to educate middle school aged students about oral health care. In the 2019-2020 school year, 2,300 students were reached. In the fall of 2020, despite school closures and uncertainty this intervention reached 800 students running at 2/3 of our normal capacity. The AOHC objectives are to encourage positive oral health behaviors and increase utilization of preventive dental services. To meet these objectives, the presentations focus on individual behaviors adolescents can control, and improve on in their lives. The intervention encourages students to seek dental services, describes the benefits, and low cost dental resources are made available to all students, teachers and school nurses. To measure the effectiveness of the intervention, the students complete anonymous pre- and post-tests. Responses were compared and analyzed. Student demographic information, access to dental care, and knowledge-based questions addressed in the intervention are asked. Intervention success was defined as an increase of 15% or greater, in students marking the correct answer on the knowledge based oral health questions, between the pre- and post-test responses. This 15% success rate was reached in all six knowledge based questions. The student's intent to perform positive oral health behaviors is captured in a series of future intent questions. All four of the intent questions showed a 69% or higher intent to perform the positive oral health behavior. Through this data collection we are able to determine that the AOHC is a strong, effective and sustainable educational intervention.

Source of Funding: This project was supported by the Utah Department of Health Maternal and Child Health Bureau through funding from the Maternal and Child Health Services Block Grant to the States (6B04MC31520), Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS), 2017-2019

Roundtable Session IV – 2:45 pm – 3:30 pm

Head Start and the Dental Hygienist Liaison Project: Something to Smile About!

Presenter: [Gina Sharps, MPH, RDH](#)

Description

Head Start programs play a critical role in keeping our nation's vulnerable population healthy. For the past decade, the Dental Hygienist Liaison (DHL) project has provided support to improve the oral health of pregnant women and children enrolled in Head Start and to promote the importance of oral health for this population among national partners. The DHL project is a key component of the National Center on Health, Behavioral Health, and Safety (NCHBHS), working in partnership with the American Dental Hygienists' Association, and funded by the Office of Head Start (OHS). Under the DHL project, one volunteer dental hygienist from each state serves as a liaison between NCHBHS and Head Start agencies; collaborates with state organizations (e.g., Head Start association, Head Start collaboration office, oral health program); shares NCHBHS-produced resources and other OHS-approved resources; and engages in other activities. This session will include an overview of NCHBHS and the DHL project and share ideas about how dentists, dental hygienists, and other oral health champions can become involved in Head Start programs in their community.

Source of Funding: This presentation is supported with funds from grant #90HC000022 for the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start by the National Center on Health, Behavioral Health, and Safety.

How to Conduct an Environmental Scan Focused on Medical-Dental Integration in Your State

Presenter: [Lauren Barone, MPH](#)

Description

Medical practices integrating oral health into primary care are often challenged by the lack of clarity around scopes of practice, lack of reimbursement for oral health services, lack of oral health indicators in electronic health records (EHR), and lack of interoperability between EHRs. To improve access to and utilization of comprehensive, high-quality oral health care for pregnant women, infants, and children at high risk for oral disease, the Health Resources and Services Administration's Maternal and Child Health Bureau funded the Networks for Oral Health Integration (NOHI) for four states within three regions: Midwest (IA, IL, MI, OH), Rocky Mountain (AZ, CO, MT, WY), and East Coast (DC, MD, NY, VA). These three regions collaborated to develop a comprehensive environmental scan tool to collect state-specific data regarding integrating dental services into medical settings. The environmental scan included questions that focused on the scope of practice of various medical and dental providers, Medicaid payment, and state policies that impact medical-dental integration. NOHI staff within each state conducted extensive online searches to complete the environmental scan. When information was not available online, NOHI staff worked with their state Primary Care Association, Medicaid officials, state oral health programs, and dental offices to obtain relevant information. In this roundtable presentation, the environmental scan tool's development, execution, and summary data will be discussed. In addition, the tool itself will be made available as a resource for other states to conduct similar scans.

Source of Funding: U.S. Department of Health and Human Services (HHS) as part of Cooperative Agreement Number HRSA-UK7MC33230.

Increasing and Improving Oral Health Curricula in Health Schools – Here’s How!

Presenter: [Hugh Silk, MD, MPH](#)

Description

Oral health (OH) is a major health issue in the US; it affects both medical outcomes (e.g., diabetes control) as well as personal and social outcomes (e.g., self-esteem and employability). Yet, medical schools, health programs (PA, NP, CNW), and residency programs are lagging in teaching OH. We have surveyed more than 900 medical/osteopathic schools and primary care training programs in the US (40% of all programs) and conducted in-depth interviews with dozens of ‘best practice’ programs (across multiple health disciplines). Furthermore, we have revamped our own medical school curriculum to cover this important health topic in a “spiral” manner training medical students and residents to have significantly more OH knowledge and skills than in the past. We will present factors contributing to a model OH program across courses, as well as resources for teaching, and a new tool designed for evaluating any OH curriculum within primary care training both didactically and clinically. We will share proven national curricula, resources for grooming OH education champions, potential funding sources, and strategies for collaboration with OH educators in your area including working with our new State Champions. We anticipate attendees will be able to return to their state ready to engage schools/programs and improve their OH curricula.

Source of Funding: The research herein is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UH1HP29962.

The Role of State Medicaid Policy in Addressing the Social Determinants of Oral Health

Presenter: [Carrie Hanlon, MA](#)

Description

COVID-19 has highlighted the important role social determinants can play in health. A 2020 50-state review by the National Academy for State Health Policy (NASHP) of publicly available Medicaid dental and medical managed care contracts and similar documents identified how states address social determinants of oral health. States use a variety of strategies to encourage investment in SDOH in dental contracts, including SDOH screening, referral/follow up, data sharing and technology, member education, performance improvement, and staffing and training. This roundtable will provide a forum to discuss these and other opportunities to consider social determinants in oral health care, as well as potential opportunities to leverage existing medical delivery system resources and infrastructure to address SDOH in dental contracts and promote medical-dental integration.

Source of Funding: DentaQuest Partnership, LLC

Utah's Emergency Department Non-traumatic Dental Visits 2007-2017 Data Analysis

Presenter: [Michelle M. Baxter, BSDH, MPH](#)

Description

Title: An Analysis of Utah's Emergency Department Non-traumatic Dental Visits 2007-2017 **Author (s):** Michelle Baxter, BSDH, MPH from the Utah Department of Health (UDOH) Oral Health Program (OHP)

Abstract: National data shows that for many low-income adults, emergency rooms are the first and last resort to obtain emergency care for preventable dental conditions. To date, the utilization and financial impact of dental-related trips to medical settings, such as emergency rooms and urgent care sites in Utah, has been undocumented. The primary objective of this study was to assess the charges and visits for dental-related emergency department visits to all Utah hospitals. An analysis of data was conducted of oral health care visits made to Utah emergency rooms between 2007 and 2017. Charges and visits were assessed following stratification by hospital geographic location (i.e., urban and rural), primary diagnosis, patient age, primary payers, and race/ethnicity. Analysis found nearly 52 million dollars was spent in Utah emergency departments (ED) for dental care related to non-traumatic and preventable diagnoses during this time period. This data has been used to inform discussions concerning solutions to the problem of patients visiting ED, which cannot adequately treat dental issues, rather than accessing dental care directly. Possible solutions include cost-effective treatment such as teledentistry, urgent care facilities for dental visits, after-hour clinics, and preventive dental care in primary care settings.

Source of Funding: Source of Funding: This project was supported by the Utah Department of Health Maternal and Child Health Bureau through funding from the Maternal and Child Health Services Block Grant to the States (6B04MC31520), Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS), 2017-2019.