

The Effect of Severe Early Childhood Caries and Comprehensive Dental Intervention on Weight of Children: Baseline Data

Hayes C, Graham J, Haynes M, Johnson, J, Ng, M, Casamassimo P, Tate A, Garcia R.

Objective: This study aims to examine the impact of severe early childhood caries (S-ECC) on growth in young children.

Methods: Study subjects are children presenting for care at the pediatric dental clinics at the Children's National Medical Center, Washington, D.C., (N=106) and Columbus Children's Hospital, Columbus, Ohio, (N=112). These results represent baseline data of a longitudinal observational study of a group of children with S-ECC and a comparison group of caries-free children comparing height, weight and dietary intake between a group of children with S-ECC and a group of healthy caries free children.

Results: The mean age of all study participants was 3yrs 8mos (+1yr 4mos) with no significant difference in age between children with SECC and caries free children or between sites. The majority of participants were female (56%). The racial distribution differed significantly by site ($p<.001$) with the majority of subjects at the Washington site categorized as African American (87%) whereas at the Ohio site the racial distribution was 51% Caucasian, 29% African American, 17% biracial with the remainder categorized as other. There was no significant difference in weight or caloric intake between SECC children and their caries-free counterparts children, however those with SECC were on average 2.52 cm shorter than their caries free counterparts ($p=0.03$).

	SECC	Caries Free
Age	3y 9m(1y1m)	3y 8m (10m)
Weight (kg)	17.3 (4.1)	17.3 (3.8)
Height* (cm)	102.5 (8.5)	105.02 (8.4)
Calories	1168 (413)	1106 (480)

Conclusion: These preliminary findings suggest that children with SECC may be growing at a slower rate than their caries free counterparts. Supported by NIDCR U54DE014264.

Dental Health Status of Asylum Seekers at the Boston Center for Refugee Health and Human Rights (BCRHHR).

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Objective: To assess the dental health status of survivors of torture and refugee trauma.

Methods: Since Oct 2000, BCRHHR has provided comprehensive medical, mental health, and dental care, coordinated with legal and social services to 750 clients. Between Feb '02 and Dec '04, 147 clients were referred for dental evaluations which were conducted by a dental hygienist in a social workers' office using disposable mirror and penlight. Referral options were discussed and an appointment was made with dentists trained in providing care to trauma victims. Clients received oral health education, toothbrush, toothpaste and floss.

Results: The 147 clients were born in 38 different countries; 80% from Africa, 5% each from Eastern Europe or Indian Subcontinent and 3% each from Caribbean or Middle East. Although 24% reported having never been to the dentist, 92% felt they needed dental care at time of intake. 33% reported having pain in either their teeth or gums on the day of screening. 63% were found to have mild to severe gingival inflammation and 11% were referred for immediate treatment. Overall, 73% of clients had untreated decay including 81% of West Africans, 75% of Central Africans and 64% of East Africans. 16% of clients experienced orofacial trauma from torture they had endured.

Conclusion: Refugees have high levels of dental disease. Given that 16% experienced trauma, it is important to ask about past trauma when treating this population since others have shown that dental care setting may evoke memories of the torture. Supported by NIDCR U54 DE14264, 1K23 DE00454 01

Developing an Oral Quality of Life Instrument for Adolescents

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Objective: Although several measures of oral quality of life (OQOL) exist for use with adults, there are no comparable measures for adolescents. The purpose of this project is to use item impact scores to develop an OQOL instrument for use in adolescents.

Methods: 57 items assessing the impact of oral health on physical functioning, social/role functioning, psychological well-being, health perceptions, and symptoms (pain/distress) were developed using existing questionnaires, a literature review, and focus groups. The frequency and importance of each item was assessed in one-on-one interviews with 40 adolescents. For each item, an impact score was calculated by multiplying the percentage of positive responses to the item and its mean “bother” rating. Items rated as somewhat or very important was retained and items rated as unimportant were removed from the instrument.

Results: The sample averaged 15 ± 1.7 years, 60% male. Ethnic representation included 45% Black, 43% White and 12% Other-mostly Hispanic. Impact scores (IS) were highest for items assessing being upset (IS 80), bad breath (IS 70) and pain and distress (IS 66). The impact of oral health on psychological well-being and social/role functioning was experienced by the majority of participants. These manifested as worry (53%), anxiety about dental problems (51%), uncomfortable about self-image and appearance (53%), avoiding smiling (38%) and being teased (55%). The 32 items rated the most frequent and important included 5 items assessing symptoms, 7 items assessing physical functioning, 11 items assessing social functioning, 7 items assessing psychological well-being and 2 items assessing health perceptions.

Conclusion: Our study indicates that the majority of adolescents’ oral health impacts their well-being and daily life. This instrument will be revised and validated in subsequent work.

NIDCR U54DE0114264, K24 DE00419

Oral Health Disparities: Educational, Research, and Political Agenda for Improving Oral Health

K. Schrubbe, F. Licari, R. Garcia

Marquette University School of Dentistry, University of Illinois – Chicago, Boston University School of Dental Medicine

Session Type: IADR Symposium - Joint with ADEA

Description: The symposium will provide an overview of current reports concerning oral health disparities in America and efforts being made by policy makers, ADEA, and NIDCR to address these concerns. Additionally, the program will also present specific examples of progress toward reducing oral health disparities through curriculum reform and research initiatives. The symposium will emphasize the importance of the 2000 Surgeon General’s Report on Oral Health in America and demonstrate how collaborative efforts are being directed towards addressing the stated issues and goals for improvement; specifically the DHHS National Call to Action to Promote Oral Health, the strategic partnership between AADR and DHHS to promote the Healthy People 2010 Oral Health Objectives, 2003 ADEA Report on Improving the Oral Health Status of All Americans: Roles and Responsibilities of Academic Dental Institutions, and NIDCR’s funding of five new Centers for Research to Reduce Oral Health Disparities. The session will be important to ADEA and AADR members because of the well documented importance of these issues and the necessity to continue to work collaboratively in academic and research settings, providing policy makers with continued evidence that changes are essential for improving the oral health of all Americans.

Statistical Considerations in Clinical Research Grant Applications

Symposium Organizer: A. Kingman, NIDCR

Design Traps Related to Techniques of Sample Selection, Randomization and Treatment Assignment

M. Nunn, Boston University

Pitfalls Associated with Improper Control for Confounding and Effect Modification in Single or Multicenter Studies.

B. Leroux, University of Washington

Fatal Flaws Associated with Clustered or Dependent Data Structures

A. Donner, University of Western Ontario, Canada

Missing or Incomplete Data – What you don't know can hurt you

S. Gansky, University of California - San Francisco

The aim of this symposium is to address core statistical issues common to clinical research proposals for non-statisticians. The focus will be on statistical issues on design and analysis that are integral to successful clinical research protocols. The specific topics include basic study objective and appropriate choice of design, study population, control of covariates, handling of missing and incomplete data, and methods for adjusting for dependent data structures among the outcome variables. Specific pitfalls and traps will be presented and discussed using dental applications and appropriate methods for avoiding these will be illustrated.

Head Start Parents' Views on Dental Care Utilization

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Boston University Schools of Dental Medicine and Medicine

Objectives: We aimed to define HeadStart (HS) parents' concerns with dental care utilization, and explore their interest in HS center-based interventions to address dental problems in young children.

Methods: We recruited a racially and ethnically diverse group of parents of children enrolled in Boston HS and Early HS for interviews and focus groups. Thirty-seven parents from one Early HS and three HS Centers participated in four separate groups. Parents described positive and negative personal experiences that enable them (or not) to effectively utilize dental services for their child. Role-playing enabled parents to rank a series of interventions and articulate their own solutions in an open-ended format. Complete audio recordings of sessions were obtained, transcribed, reviewed and analyzed.

Results: Parents' personal experiences and perceptions of dentistry varied greatly within and between the Centers. Top-ranked interventions included need for information on obtaining an interpreter for dental appointments, help obtaining dental insurance for their child, help with transportation to dental offices, help in figuring out how to pay for child's dental visit, and "Open Houses" at HS Centers to meet local dentists. Parents' own suggestions identified the need for more locally accessible dentists, friendlier dentists and hygienists that were good with kids, a desire to not being labeled and "treated" as a Medicaid patient, and need for getting information on dental health from their pediatrician.

Conclusion: Head Start parents have concerns about their child's oral health and what it would take to more effectively utilize dental services.

Supported by NIDCR grant U54DE14264, K2-DE00419

Oral Health Status and Early Childhood Caries Risk Factors of Children and Mothers in a Pre & Post Natal Home Visiting Program

Michelle M.Henshaw¹, DDS, MPH, Kathy Lituri¹, RDH, MPH, Corinna Culler¹, RDH, MPH, Harpreet Singh¹, Brenda Heaton¹, BS, RDH, MS, Rosie Munoz-Lopez², MPH, Heavenly Mitchell², MHA, LSW
¹Boston University School of Dental Medicine and ²Healthy Baby Healthy Child

Objective: To describe the oral health status and ECC risk factors of Healthy Baby/Healthy Child [HB/HC] clients.

Methods: HB/HC provides prenatal care for pregnant women who are at high risk for preterm birth and continues to provide home visits to the families for 3 years after birth. Dental hygienists accompanied HB/HC nurses on home visits and administered a questionnaire to the mothers. Screenings of mothers and children were also conducted. Data collected included clinical oral health status, and self-reported use of dental services, behaviors, & nutritional feeding practices.

Results: During 82 visits, 49 mothers completed the questionnaire, 22 mothers and 47 children age 0-3 were screened. 42% of children used a bottle in bed that contained a liquid other than water every day, 68% used a sippy cup that was filled with sugary liquid apart from mealtime every day, 9% had their pacifier “cleaned” in their mother’s mouth, and 3% shared a toothbrush. Of the dentate children (n=36) 19% had white spot lesions and 14% had cavitated lesions. Of the children over 1 year old, 10% had been to the dentist. 73% of mothers screened had untreated decay.

Conclusion: The results of this pilot project indicate that the children served by HB/HC, have higher levels of ECC than national averages and have ECC risk factors that could be modified through an intensive prevention program. Supported by CDC Small Oral Health Grants Program and NIH U54 DE14264

The Northeast Center for Research to Evaluate and Eliminate Dental Disparities (CREEDD)

Janis E. Johnson¹,BA, Nancy R. Kressin², Ph.D., Michelle Henshaw¹, DDS, MPH ¹Boston University School of Dental Medicine and ²School of Public Health

Objective: The Northeast Center for Research to Evaluate and Eliminate Dental Disparities (CREEDD) aims to do research whose results can inform health policy and lead to elimination of oral health (OH) disparities.

Methods: CREEDD’s Clinical & Community Liaison Core does subject recruitment, dissemination of health information, and is also charged with translating research findings into action. Of the Center’s 4 major research projects, 2 have already resulted in such findings: Oral Health-Related Quality of Life (QoL) in Children (how oral problems affect QoL of children and families); Decreasing Rates of ECC Through a Health Care Provider Intervention (training MDs on OH promotion as part of well-child visits).

Results: Research findings are being implemented in community-based programs. Starting in 2005, age-appropriate QoL instruments, developed for use for parent reports on their child, and for child self-reports, are to be used in 2 school-based OH programs in the Boston area. OH training of 35 pediatricians at Boston Medical Center and 19 nurses showed quantitative improvement in medical provider knowledge of ECC and its prevention. Similar training is to be implemented in community health center practices, with eventual expansion to private practice settings statewide.

Conclusions: CREEDD, now in its 4th year, has begun both epidemiologic and intervention studies to understand and eliminate OH disparities. It has also begun to translate research findings into community-based programs of OH promotion in underserved populations. Supported by NIDCR U54 DE14264.

Citywide School-Based Dental Sealant Programs Decrease Disparities in Sealant Prevalence

Dee Devlin, RDH, BS, Michelle Henshaw, DDS, MPH, Corinna Culler, RDH, MPH, Sarah Freilich, BS, Boston University School of Dental Medicine

Objective: To assess the impact of citywide sealant programs in 3 cities with disparate SES. BU School of Dental Medicine manages citywide school-based sealant programs for 2nd graders in 3 cities with disparate SES.

Methods: School year 2003-2004 data from Natick (high SES), Framingham (middle SES), and Chelsea (low SES) was compared to sealant prevalence prior to program implementation.

Results: Screening of 3rd grade children indicated that the percentage of children with at least 1 sealant was 63% in Natick, 36% in Framingham, and 15% in Chelsea prior to program implementation. As part of the 03-04 program, 107 2nd graders received dental exams in Natick, 286 in Framingham, and 265 in Chelsea. The percentage of children with untreated decay was 32% in Natick, 29% in Framingham, and 55% in Chelsea. 53% of children in Chelsea, 29% in Framingham, and 21% in Natick received sealants from the programs. Data from clinical exams and parent self report indicated that private dentists placed sealants on 40% of children in Natick and 28% in Framingham, bringing the total sealant prevalence to 61% and 64%, respectively. Chelsea sealant treatment from the private sector was estimated at 15%, resulting in 68% of Chelsea children having sealants.

Conclusions: Each city exceeded the HP2010 goal of 50% of 8yr olds having sealants. All 3 cities now have similar sealant prevalence, so school-based sealant programs are an effective way to reduce this disparity in low and middle SES communities, and for all to reach the HP2010 goal. Supported by U54 DE14264 and K23 DE00454

Changes in Number of Decayed Teeth After a School Based Dental Program: Characteristics of Students Whose Dental Health Improves vs. Those Without Improvement

Corinna Culler, RDH, MPH, Michelle Henshaw, DDS, MPH, Boston University School of Dental Medicine.

Objective: To evaluate change in number of decayed teeth among students who received dental education, screening, and referral during two consecutive years of a school based program in Chelsea, MA.

Methods: Dental screening was conducted for 2045 students in grades Pre-K through 5 during the 02-03 school year, and 2324 during 03-04. 1091 students were screened both years. Students were categorized as those with no decayed teeth at either screening (586), and those with decay during one or both years (505). Students with decay were classified as having fewer, the same, or more decayed teeth at the second screening.

Results: 46% of students had untreated decay. There was a significant difference in decay by race and native language. 27% of Black students, 46% White, 47% Hispanic, and 58% of Asian students had decay. .11% of Portuguese speakers, 41% English, 47% Spanish, 54% Vietnamese, and 80% of Bosnian speakers had decay. Students with decay were slightly more likely to be enrolled in the free/reduced lunch program. Of students with decay, 43% had fewer, 15% had the same number, and 42 % had more decayed teeth after the 2nd screening. There was no significant difference by race, native language, gender, or age between children whose oral health improved versus those that did not improve.

Conclusions: Groups most at risk for decay can be identified to target prevention efforts. However, no group is more or less likely to obtain treatment once screened. Thus, efforts to increase referrals can not be focused upon any one specific group. Supported by U54 DE14264 and K23 DE0045401.

Can Training Increase Pediatric Medical Providers' Counseling About ECC Risk?

NR Kressin, M Nunn, C Hayes, H Singh, C Culler, M Henshaw. Boston University School of Public Health and Goldman School of Dental Medicine

Objectives: Early childhood caries (ECC) is a preventable disease. With sufficient motivation and skill, physicians (MD) and nurses (RN) can provide counseling to parents and caregivers about reducing risk for ECC before children are ever seen by dental providers.

Methods: We examined MD and RN counseling practices to reduce risk for ECC among 536 children just seen for well child visits in the pediatric clinics at two Boston hospitals, one of which received a counseling training intervention (site A), while the other did not (site B).

Results: Overall, 52% of the sample of children was male; 27% white, 66% black, and 6.5% Asian. 2% of the samples were aged less than 1, 55% of the children were 1-2 years; 27% were between 2-3, and 15% were aged 3-5. We interviewed parents/caregivers about the discussion they had with the provider. 18% of providers at Site A vs. 8% at Site B explained what causes cavities; 22% vs. 3% explained what cavities are; 18% vs. 8% explained how to prevent cavities; 54% vs. 30% discussed cleaning the child's teeth every night to prevent cavities; 26% vs. 13% discussed using a toothpaste with fluoride; 29% vs. 5% discussed monitoring children's teeth for spots; 39% vs. 25% discussed limiting bottle or sippy cup use; 22% vs. 8% asked for ideas about how to get the child to the dentist (all p's <.01). No differences were found between sites in recommending the child see a dentist, having a separate toothbrush for each child, or in providing educational brochures about ECC.

Conclusion: Raising awareness and providing skills to pediatric clinicians can increase their practice of counseling and education to parents and caregivers toward reducing the risk of ECC, although all rates of counseling were relatively low. Supported by NIDCR: U54 DE14264-02, K24 DE00419, K23 DE00454

Mutans streptococci in Hispanic Children in a School Dental Clinic

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Objectives: This study compared detection of *S. mutans* and *S. sobrinus* in US Born and non-US Born Hispanic children.

Methods: The number of decayed and filled teeth and subject demographics including country of birth were recorded from 47 Hispanic children. Separate samples from the dorsum of the tongue, occlusal and interproximal sites of posterior teeth were analyzed by whole genomic DNA probes to 18 species including *S. mutans* and *S. sobrinus*. A subject was considered positive if the species comprised 5% or more of the total DNA probe count in any of the 3 samples.

Results: Of the 47 Hispanic children 53% were male, mean age 9 years (range 4-18), 50% were US Born. The mean number of decayed and filled teeth for US born and non-US born was 4.7 vs. 8.4, respectively. *S. mutans* was detected in 98% (46) of the children. *S. sobrinus* was detected in 21% (10) of the children, and it was found more frequently in US compared to non-US born children (p<0.05). *S. mutans* and *S. sobrinus* were detected more frequently from samples from interproximal than occlusal or tongue sites.

Conclusions: *S. mutans* was detected in most of our subjects; therefore no differences were observed between US and foreign born Hispanic children. However, *S. sobrinus* (in addition to *S. mutans*) was significantly more likely to be detected in US born Hispanic children than their non-US born peers, although the US born children had a lower prevalence of caries experience and untreated decay. Since *S. mutans* and *S. sobrinus* were detected more frequently in samples from interproximal sites, results also suggest that these sites may be the more sensitive to detect mutans streptococci than the dorsum of the tongue in school-aged children. Supported by NIDCR: U54 DE14264, K24 DE00419, K23 DE00454.

Rates of Treatment Obtained After Dental Screening in Two Pre-School Populations

Corinna Culler, RDH, MPH, Michelle M. Henshaw, DDS, MPH, and Miguel Tabares, DDS.

Objective: To determine rates at which pre-schoolers obtain dental treatment following screening in two populations with differing income levels in Chelsea, Massachusetts. Children living in poverty have been shown to be at greater risk for dental caries.

Methods: Dental screening was performed for children ages 2-5 during the '02-'03 and '03-'04 school years at CAPIC Head Start, a population of children living at or below federal poverty level, and Chelsea Public Schools, including children from higher income families. Following screening, parents received report cards indicating child's level of treatment need. Head Start family advocates encourage clients to seek care and offer help with appointments & transportation. Data for students that received a screening during both years were examined to determine change in number of decayed teeth.

Results: 112 students were screened during both years, 65 in public school and 47 at Head Start. Overall, 66% of students had no decay at either screening. Of the students who needed treatment, 50% had fewer decayed teeth at second screening, indicating that some treatment was received and 50% of students had not obtained care. Students from Head Start were slightly less likely to have been treated.

Conclusion: Additional case management activities provided at Head Start Program can help to eliminate disparities in oral health treatment between the two populations. However, parents from both groups continue to face barriers to obtaining necessary care. Further research is required to identify these barriers and determine how they can be overcome. Supported by U54DE14264 & 1K23DE0045401

Learning Objectives: At the conclusion of the session, the participant (learner) in this session will be able to:

1. describe a dental screening program for pre-school aged children.
2. discuss problems encountered when attempting to refer preschoolers for dental treatment.

Collaboration to Address Children's Oral Health Disparities: Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) and Boston University School of Dental Medicine (BUSDM)

Michelle M. Henshaw, DDS, MPH, Corinna Culler, RDH, MPH, and Julie Farber, MSW

Objective: To describe the BUSDM/MSPCC partnership which was established to raise awareness of children's oral health issues and increase access to care among children served by MSPCC.

Methods: Foster parents and low-income families supported by MSPCC reported having difficulty obtaining dental care for children in their care. In order to raise awareness of this access problem, the MSPCC, with input from key oral health stakeholders, including BUSDM faculty and CREEDD investigators, issued an oral health policy paper, Oral Health and the Commonwealth's Most Vulnerable Children: A State of Decay. BUSDM also worked with MSPCC to incorporate oral health questions into their annual foster parent survey. To increase MSPCC's capacity for providing oral health education and appropriate referrals for care, a BUSDM hygienist provided trainings for the MSPCC staff throughout the state. Toothbrushes, toothpaste, and floss were distributed to families to support oral health education.

Results: 43 program directors/supervisors/social workers received training in oral health topics during a 2 hour workshop. Topics included the link between oral health and overall health and well-being, the importance of the primary dentition, and how to talk to parents about oral health issues. The staff trained by BU and their supervisees serve almost 8,000 children statewide in various MSPCC programs. MSPCC staff have incorporated oral health information into parenting education and casework with families.

Conclusions: Our unique collaboration has successfully provided education and practices needed to help ensure improved oral health for one of the state's most needy populations. Supported by U54DE14264 & 1K23DE0045401

Learning Objectives:

At the conclusion of the session, the participant (learner) in this session will be able to:

1. recognize the value of a successful collaboration between a dental school and a social service agency.
2. describe a program that can lead to greater identification of oral health needs and referral for dental care by non-dental personnel working in community settings.

Assessing and Addressing Early Childhood Caries [ECC] Risk Factors for Children Enrolled in a Pre and Postnatal Home-Visiting Program

Brenda Heaton, MPH, Michelle M. Henshaw, DMD, MPH, Corinna Culler, RDH, MPH, Kathy Lituri, RDH, MPH, Harpreet Singh, RDH, MS, Rosie Muñoz-López, MPH, Heavenly Mitchell, MHA, LSW

Objective: To describe an interdisciplinary collaboration addressing ECC risk factors among clients of the Healthy Baby/Health Child [HB/HC] Program in Boston, MA.

Methods: HB/HC provides prenatal care for pregnant women who are at high risk for preterm birth and continues to provide home visits to the families for 3 years after birth. 20 HB/HC nurses were provided with ECC specific training on risk factors and prevention strategies through formal presentations and training workshops. In addition, nurses were provided with one-on-one training by dental hygienists during routine home-visits. During the home visits, data was collected on ECC risk factors, and oral health status.

Results: Preliminary findings revealed that 73% of mothers screened had untreated decay, 20% of children age 0-3 showed signs of ECC and 91% exhibited behavioral risk factors specific to ECC development. Public health nurses increased their oral health competency as shown in a post-test and are able to perform clinical data collection, and assess self-reported use of dental services, behaviors, and nutritional/child-feeding practices.

Conclusion: This collaboration was used to build capacity in home-visiting public health nurses to address the high oral health burden by effectively incorporating an oral health component into routine delivery of care. By introducing similar training programs into an already existing infrastructure, children who are at greater risk for ECC can be effectively targeted for prevention and appropriate follow-up.

Support: CDC U48/CCU415803-05 SIP 2-01 through BU PRC, NIH U54 DE14264, 1 K23 DE00454 01

Learning Objectives:

At the conclusion of this session, the participant in this session will be able to:

1. Recognize the value of a successful collaboration between disciplines to reduce risk of early childhood caries as part of routine delivery of care.
2. Describe a program that can lead to greater identification of oral health needs and referral for dental care by non-dental personnel.

School-Based Dental Clinic: Addressing the Dental Treatment Needs of Children in a Low-Income Community.

Miguel Tabares, DDS, Corinna Culler, RDH, MPH, Kathy Lituri, RDH, MPH, Jennifer Soncini, DDS, DMD, and Michelle M. Henshaw DDS, MPH.

Background: A long standing dental screening and education program identified dental care as a serious unmet need in Chelsea, Massachusetts. 37% of students screened in grades PK-6 had untreated dental caries. Through a collaboration between the Boston University School of Dental Medicine and the Chelsea Public Schools, with a start up grant from Delta Dental Foundation, a school-based dental clinic was opened in April 2003.

Program Description: All students enrolled in the public school system are eligible to receive care at the clinic regardless of their ability to pay. Services provided include preventive education, prophylaxis, x-rays, emergency treatment, restorations, and referral for services such as extractions, endodontics, or orthodontics. The clinic is open after school for 20 hours each week. It is staffed with a part time dental hygienist, dental assistant, and 3 bilingual dentists, including a pediatric specialist, as well as a full time clinic coordinator.

Program Outcomes: During the first 20 months of operation, the clinic was open on 287 days with a total of 1325 visits. Treatment was provided for 271 individual students, ranging in age from 3 to 21 years, including 867 restorations and 277 cleanings. 29 students were referred to specialists for further care.

Discussion: As the result of a unique and successful partnership, this school based clinic serves a population in great need of dental treatment, who were otherwise unable to obtain care. Supported by U54DE14264 & 1K23DE0045401

Learning objectives:

At the conclusion of the session, the participant (learner) in this session will be able to:

1. Recognize the types and amount of dental treatment that can be provided in a school-based setting.
2. Discuss collaborative efforts required to create a school-based dental clinic.

Reducing Oral Health Disparities: from Research to Evidence-Based Policy and Practice

R. Garcia, M. Henshaw, F Ramos-Gomez,

Boston Univ. School of Dental Medicine, and Univ. of California, San Francisco, School of Dentistry

The panel will report on current research aimed at reducing oral health disparities, with special emphasis on children's oral health. Panelists will describe their efforts in working with communities to identify factors contributing to oral health disparities in children and their caregivers, and to develop and test strategies for improving oral health and eliminating disparities. Successful models that highlight the importance of partnering with institutions that serve targeted disparities populations will be described, such as state and local health agencies, community and migrant health centers, schools, and community-based organizations. Research and implementation efforts involving multiple racial/ethnic groups will be presented. Specific research topics being explored by multidisciplinary teams include interventions to prevent early childhood caries (ECC); the effects of severe ECC on health-related quality of life; the impact of cultural beliefs and practices on the use of preventive services; the role of nurses and physicians in reducing oral health disparities in children. The panel will also present an update from the 2003 APHA session on work being done by the NIH-funded Centers for Research to Reduce Oral Health Disparities. Strategies for translating research findings into the formulation and implementation of health policies will be discussed. (Supported by NIDCR grants U54 DE14251, U54 DE14264, K23 DE00454, K24 DE00419.)

Objectives:

1. Describe current research to reduce oral health disparities in children and their caregivers.
2. Identify means by which to engage communities in the design, conduct, and dissemination of oral health disparities research.
3. Develop strategies by which to translate research findings into practice in order to eliminate oral health disparities.