COMMUNITY COLLABORATION IN ORAL HEALTH:

Advancing Person-Centered Outcomes

March 25-27, 2024 Chicago, Illinois



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The American Institute of Dental Public Health (AIDPH) is a 501(c)(3) nonprofit organization committed to transforming dental public health through collaboration, connection, and community. Serving as a catalyst for change, AIDPH advocates for a justice-oriented oral health system that prioritizes equity and inclusion in our core focus areas: veterans, LGBTQIA+, rural, and disability communities. AIDPH empowers communities to advance oral health through research, education, and advocacy.

ABOUT THE 2024 AIDPH COLLOQUIUM

The 2024 AIDPH Colloquium, titled "**Community Collaboration in Dental Research: Advancing Person-Centered Outcomes**," took place from March 25 to 27 in Chicago, Illinois. This event was dedicated to building skills and learning strategies for engaging in patient-centered outcomes research and comparative clinical effectiveness research (PCOR/CER). At the heart of AIDPH's colloquia is the exchange of ideas and collaboration. Participants enhanced their knowledge and expertise in community dental research through a blend of networking activities, didactic presentations, panel discussions, and roundtables. The agenda was crafted to foster both personal and professional growth, driving insightful discussions and broadening perspectives by showcasing participant research, outcomes, and frameworks in community-driven oral health.

AIDPH identified the following desired outcomes for Colloquium attendees:

Increased awareness of **oral health justice** leadership

Insight into solutions for overcoming barriers to dental care access through **community engagement and innovative collaborative models**

Deepened understanding of the **distinct roles and responsibilities** of state, federal, and local agencies in community-engaged oral health research and program development Greater appreciation for the importance of **program evaluation** in community-based oral health initiatives

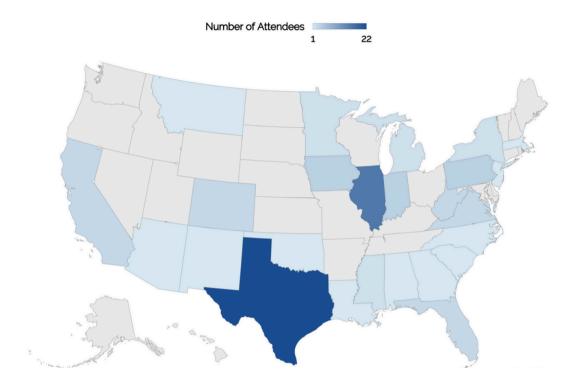
Foundational understanding of communityengaged research, emphasizing **authentic community representation and participation** in program planning

Opportunity to **build relationships** through networking opportunities and participation in idea generation for a shared research agenda

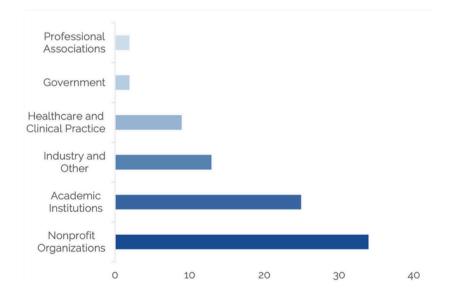
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ATTENDEES

Eighty five people from 25 different US states attended this year's colloquium, along with an additional registrant from British Columbia, Canada. The majority of attendees were from Texas (22) and Illinois (16), followed by Indiana, Iowa, and Pennsylvania, with four attendees each.



Attendees represented a variety of sectors, with the highest number coming from nonprofit organizations (34) and academic institutions (25). In addition, representatives from healthcare, government, and professional associations were also present, alongside a range of other industry professionals.



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SPONSORS AND EXHIBITORS

AIDPH Colloquia are made possible through the generosity of our partnering sponsors and the contributions of our exhibitors. We thank them sincerely for their ongoing support and for their continued leadership in improving the oral health landscape. For information on sponsoring or exhibiting at next year's Colloquium, please contact <u>partners@aidph.org</u>.

VISIONARY SPONSOR

CareQuest Institute for Oral Health is a national nonprofit championing a more equitable future where every person can reach their full potential through excellent health. They do this through their work in philanthropy,

health. They do this through their work in philanthropy, analytics and data insights, health transformation, policy and advocacy, and education as well as our leadership in dental benefits and innovation advancements. CareQuest Institute collaborates with thought leaders, health care providers, patients, and local, state, and federal stakeholders, to accelerate oral health care transformation and create a system designed for everyone. To learn more, visit <u>carequest.org</u>.

INNOVATE SPONSOR AND EXHIBITOR

MouthWatch, LLC, is a leader in developing digital technology solutions that drive success for dental professionals, improve oral health care, and enhance the overall patient experience. Headquartered in

Metuchen, New Jersey, MouthWatch is widely known for its intraoral cameras that help engage patients in treatment planning through high-quality, affordable imaging technology, and its TeleDent software that provides practices and organizations with a teledentistry option to engage patients with providers remotely. MouthWatch launched Dentistry.One, a virtualfirst care network that addresses the expectations of today's modern healthcare consumers, the need for greater efficiency in healthcare, and the proven connection between good oral health and total health. Dentistry.One features on-demand dental consultations, personalized care coordination, and oral health coaching for prioritizing oral health. MouthWatch hardware and software are in use at over 42,000 practices, over 40 leading Dental Service Organizations (DSOs), and over 100 dental and hygiene schools. The company has been recognized three times in the Inc. 5000. To learn more, visit <u>mouthwatch.com</u>.

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COLLABORATE SPONSOR

The Santa Fe Group is a 501(c) (3) action-oriented think tank with a passion for improving lives through oral health. Since its inception, the Santa Fe Group has been instrumental as a neutral convener, communicator, connector, and catalyst



to move the needle on critical issues such as oral cancer, dental education reform, children's oral health, improved primary care access, the importance of linking medical and dental health systems, and most recently, expanding oral healthcare for our nation's seniors. Santa Fe Group members are interprofessional, highly accomplished individuals that include dentists, physicians, nurses, public health advocates, business leaders, and scholars. To learn more, visit <u>santafegroup.org</u>.

EXHIBITOR

The Dental Assisting National Board (DANB) provides exams and certifications for the more than 350,000 dental assistants in the United States. DANB also offers infection control certifications for clinical and non-clinical dental professionals. To learn more, visit <u>danb.org</u>.



The Dental Advancement through Learning and Education (DALE) Foundation, the official DANB affiliate, benefits the public by providing quality education and conducting sound research to promote oral health. The DALE Foundation offers exam preparation materials, office management courses, certificate programs, continuing education, and educator resources. To learn more, visit <u>dalefoundation.org</u>.

The 2024 AIDPH Colloquium is partially funded through a Patient-Centered Outcomes Research Institute (PCORI) Eugene Washington PCORI Engagement Award (EASO 29031).

SPEAKERS AND PRESENTERS



SPEAKERS



Katherine Boyd, DrPH, MPH (she/her) Patient-Centered Outcomes Research Institute Page 13



Lindsay Church, MA (they/them) *Minority Veterans of America Pages 20 & 34*



Annaliese Cothron, DHSc, MS, CPH (she/her) American Institute of Dental Public Health Pages 32 & 36



Sonya Dunbar, RDH, MPH, COO (she/her) Mobile Dental Xpress, The National Mobile Teledentistry Dental Conference, and The American Mobile Dentistry & Teledentistry Alliance Page 16



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PRESENTERS

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Sue Etminan, MPH, DMD (she/her), UI Health Mile Square Health Center Abstract: Page 49

Melodie Griffin, MHA (she/her), CareQuest Institute for Oral Health Abstract: Page 50

Barbara Hammerschmitt, RDH, PHDHP, MPH, PHDHP (she/her), University of Pittsburgh Medical Center (UPMC) Health Plan Abstract: Page 50

Tonantzin Juarez, MS (she/her), Weitzman Institute Abstract: Page 52

Rachel King, DDS, MPH, MBA, MS (she/her), *HealthEfficient* Abstract: Page 52

Sreenivas Koka, DDS, MS, PhD, MBA (he/him), Koka Dental Clinic and University of Mississippi School of Dentistry Abstract: Page 53

Danette Shaffer, RDH, PHDHP, M.Ed. (she/her), University of Pittsburgh Medical Center (UPMC) Health Plan Abstract: Page 50

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Sean Boynes, DMD, MS (he/him),

Gameshift Healthcare Solutions and *Harmony Health Foundation* Abstract: Page 48

Melodie Griffin, MHA (she/her),

CareQuest Institute for Oral Health Abstract: Page 50

John O'Malley, MHI (he/him), Scientific Computing Abstract: Page 55

Caroline McLeod, RDH, MS (she/her), CareQuest Institute for Oral Health Abstract: Page 54

Kate Parker-Reilly, LMSW (she/her), BeneCare Dental Plans/Connecticut Dental Health Partnership Abstract: Page 56

Cody Price, MPH (he/him), *Texas Health Institute* Abstract: Page 56

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Allison Christian, MPH, CPH, CHES, Cook Children's Health Care System Abstract: Page 48

Tonya Fuqua, DDS (she/her), *Cook Children's Health Care System* Abstract: Page 48

Susan Gorman, M.Ed., RDH (she/her), University of Florida College of Dentistry Abstract: Page 49

Scott Howell, DMD, MPH (he/him), A.T. Still University and American Institute of Dental Public Health Abstract: Page 51

Grace Linn, MA (she/her), American Institute of Dental Public Health Abstract: Page 54

Sujay Mehta, DMD, MPH (he/him), American Public Health Association, Johns Hopkins School of Public Health, and American Institute of Dental Public Health Abstract: Page 55

Manav Patel (he/him), University of Illinois Chicago Mile Square Health Center Abstract: Page 53

Sai Ramani Krishna Kumar, BDS, DMD (she/her), University of Illinois Chicago Mile Square Health Center Abstract: Page 53

Elvin Yao, PhD (he/him), American Institute of Dental Public Health (formerly) Abstract: Page 54

POSTER SESSION

Elizabeth Carr, RDH, DHA (she/her),

University of Mississippi Medical Center School of Dentistr44y Abstract: Page

Venkata Naga Nalini Dhurjati, BDS,

MPH (she/her), Graduate Student Resident at Texas A & M University School of Dentistry Abstract: Page 44

Lexi Dunnells, MPH (she/her),

University of Colorado School of Dental Medicine Abstract: Page 45

Haritha George, MBA (she/her),

University of Illinois College of Medicine -Rockford Abstract: Page 45

Deborah Jacobi, RDH, MA (she/her), Apple Tree Dental Abstract: Page 45

Morgan Rose Santoro, MPH (she/her), CareQuest Institute for Oral Health Abstract: Page 47

Crystal Spring, BSDH, LAP, FADHA (she/her), Smiles Across Montana Abstract: Page 47

Guillermo Tamayo-Cabeza, BDS, MSC (he/him), Indiana University School of Dentistry in Indianapolis Abstract: Page 47

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SESSION DESCRIPTIONS



PLENARY SESSIONS

BECOMING A BETTER CHAMPION FOR EQUITY IN ORAL HEALTH

Denise Evans, MM, MA (she/her)

Denise Evans is a seasoned public health educator, facilitator, and advocate with over 20 years of experience specializing in health equity, social justice, and grassroots community organizing. Her extensive training in areas such as implicit bias and cultural intelligence has established her as a leading expert for numerous national health organizations and state and local health departments. Evans actively works to unite community organizers, faith-based groups, and public health professionals to challenge systems of oppression and foster a more equitable future. She is also a dedicated family woman and enjoys bridging cultural and generational gaps to combat societal injustices in America's most vulnerable communities.

During her plenary presentation, Evans emphasized the critical need to dismantle cultural and systemic barriers that impede access to oral health care.



Session Highlights

- Addressing Oral Health Disparities: Evans pointed out that despite progress in the field of oral health, including the development of preventative, diagnostic, and therapeutic measures, significant disparities persist. She emphasized the ethical imperative to address these inequalities through ongoing advocacy and education prioritizing the voices of the marginalized and underserved.
- **Championing Health Equity:** Evans discussed the necessity of adopting new perspectives in oral health treatment. She explained that health practitioners might categorize individuals with schemas based on preconceived, often unconscious biases, which can significantly impact patient care. She encouraged practitioners to dismantle these stereotypes by actively challenging their ways of thinking, engaging in new ways of talking, and learning to approach problems from fresh angles.
- Tailoring Community-Centered Approaches: The presentation underscored the necessity for providers to customize health services to meet the diverse needs of the communities

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they serve. Evans advocated for systems that are not only accessible, but also sensitive to varied cultural contexts and perspectives.

- **Considering Environmental and Social Determinants**: Evans highlighted how factors such as infrastructure, living conditions, and community resources play critical roles in health outcomes. She urged the audience to consider these broader determinants when designing public health initiatives.
- Engaging in Constructivist Listening: The session featured constructivist listening dyads, in which participants focused fully on understanding and empathizing with others' thoughts and feelings. This interaction prompted participants to reflect on how their upbringing influences their approach to oral health equity and how they have responded to witnessing unfair treatment in the past.



"Before you say I'm not a leader, you're a leader somewhere. Whether it's in your home, in your office, in your institution, you are a leader in some space. Somebody's watching." — Denise Evans, MM, MA

RESEARCH DONE DIFFERENTLY: FRAMEWORKS AND FUNDING FOR ENGAGED RESEARCH

Katherine Boyd, DrPH, MPH (she/her)



Dr. Kate Boyd serves as a Senior Program Officer for the Eugene Washington PCORI Engagement Awards Program at the Patient-Centered Outcomes Research Institute (PCORI). In her role, she oversees strategic decision-making, management, and monitoring of the program's initiatives and funded projects, aligning them closely with PCORI's mission to enhance patientcentered research engagement.

Dr. Boyd's presentation highlighted the Patient-Centered Outcomes Research Institute's (PCORI) transformative approach to funding and conducting research that is deeply integrated with patient and stakeholder engagement.

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Session Highlights

- PCORI's Mission and Approach: Dr. Boyd introduced PCORI, a leading funder of patientcentered comparative clinical effectiveness research (CER), and its approach to prioritizing research that is directly informed by the needs and contributions of patients, caregivers, and the broader healthcare community. Dr. Boyd explained PCORI's mission to help patients make better-informed health decisions, improve healthcare delivery and outcomes, and promote high-integrity, evidence-based information. She highlighted how their commitment to patients ensures that research outcomes truly reflect the concerns of those it aims to serve.
- Engagement in Research: Diving into further detail, Dr. Boyd went on to describe how PCORI-funded research actively involves patients, caregivers, and other stakeholders throughout all phases of the research process, from planning to dissemination. Following this inclusive approach and transforming research participants into active partners benefits everyone involved (see slide).

Patient-Centered Outcomes Research Institute Engagement Benefits All Involved

Patients & Stakeholders

- Increased interest and knowledge of research
- Developed skills and professional opportunities
- Improved personal health & healthcare
 Enhanced feeling of making a difference

Communities

- Established trust
- Increased research capacity
- Strengthened stakeholder relationships
- Increased awareness of various stakeholder perspectives



Researchers

- Deeper understanding of real-world experiences/concerns of study populations
- Increased knowledge about engagement
- Commitment to engagement in future



• Effectiveness of Engagement:

Dr. Boyd highlighted examples demonstrating the effectiveness of PCORI's engagement strategy in tailoring research to meet community needs. She discussed a study aimed at improving the quality of life for Latina breast cancer survivors and another targeting oral health issues in older adults living in low-income housing. Both projects were significantly shaped by input from patients and clinicians, enhancing the design and execution. This approach to engagement improves study participation and the relevance of the research outcomes.

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• **Engagement Rubric:** Dr. Boyd provided the PCORI engagement rubric and an "Engagement Spectrum" to guide researchers in putting patient-centered research into practice (see slides).

| | 1 | - | - | | | | |
|--|---|--|---|---------------------------|-------------------------|---|---|
| PCORI Engagement | Planning the study | Conducting the study | Disseminating study results | | Activity Level | Activity | Outcome |
| Rubric Influence research to be | Selecting relevant outcomes | POTENTIAL ACTIVITIES Drafting or revising study materials Participating in study recruitment Participating in data analysis | POTENTIAL ACTIVITIES | 1. | INFORM | Simply informing | Communicating plans to the patient community |
| patient centered, relevant and useful | on treatment preferences | REAL-WORLD EXAMPLES Patients develop informed consent to make it understandable to participants Patient representative serves on data | REAL-WORLD EXAMPLES Research team incide stakeholder summit to speed implementation of findings Research team introduces study at a | Engag ement Activit | CONSULT | Consulting on decision | Offering opinions, advice, feedback |
| Establish trust and a sense of legitimacy in research findings | based on variability in practice | PCOR Principles | patient advocacy conference to inform community of the research | y Levels | COLLABORATE | Deciding together Acting together | Joint decisions solicited Taking actions jointly |
| Encourage successful uptake and use of | Reciprocal Relationships: Demonstrated when collaboratively and clearly stated Co-Learning: Researchers help patient partner renterenticitatabilities and native annuale | roles and decision-making authority of all re s better understand the research process, a | search partners are defined | IV. | STAKEHOLDER DIRECTED | Encouraging independent initiatives | Leading to patient/caregiver/ organization-generated research |

• **Engagement Award Opportunities:** After summarizing the value of community-engaged research, Dr. Boyd described the PCORI Engagement Awards, which encourage and reward active participation from various community stakeholders in research. These

awards build capacity among patients, caregivers, and clinicians to engage as genuine partners, while ensuring that research findings are disseminated in meaningful and accessible ways to the communities they impact. She described three specific 2024 Engagement Award funding opportunities (see slide). For more information on PCORI funding opportunities, please <u>visit their website</u>.



• **Collaborative Exercises:** The session concluded with practical exercises, during which participants identified potential partners and developed strategies for engaging them in patient-centered CER. This involved completing a partner identification matrix and brainstorming communication tactics to effectively connect with these stakeholders.





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10-MINUTE MASTERPIECES

NO ONE SHOULD DIE FROM DIRTY TEETH!

Sonya Dunbar (she/her)

Sonya Dunbar, also known as the Geriatric Tooth Fairy, leverages over 30 years of experience in private practice, skilled nursing facilities, and academia to serve elderly patient dental care needs through her business, Mobile Dental Xpress. She is the cofounder of The National Mobile Teledentistry Dental Conference, The American Mobile Dentistry & Teledentistry Alliance, and the prestigious Denobi Awards. Alongside her husband, she delivers essential dental services across multiple states, focusing on the unique needs of long-term care facility residents. A U.S. Navy veteran and a vibrant voice in gerontology, Sonya is a published author, educator, public speaker, and an innovator in mobile and teledentistry committed to improving oral health care for the aging population.



Dunbar delivered a compelling presentation focusing on the crucial role of dental care in long-term care facilities and addressing the issue of dental health problems among older Americans. She outlined the common sensory, physical, and cognitive impairments that can make dental treatment and communication for geriatric patients more complex, including difficulty swallowing, neglected oral hygiene, and the severe,

cascading results of unmet oral health needs, including gum disease and tooth decay. In particular, geriatric patients may be more susceptible to drug interactions and side effects, such as dry mouth, which can cause interactions and complicate dental treatment. Dunbar painted a dire picture of the current state of geriatric dental care and specialized dental services with a poignant story of a patient whose dentures had not been removed for months, underscoring the need for greater awareness among health professionals on these issues. She emphasized the importance of effective communication with caregivers and involving the elderly in their care discussions regardless of their cognitive abilities.

Dunbar's call to action for the audience was clear: dental professionals must be prepared to go beyond traditional settings to deliver compassionate and competent care to the elderly, ensuring patients are treated with dignity and do not need to suffer due to preventable dental issues.

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SAMPLE SIZE OF 1: THE POWER OF YOUR STORY

Tooka Zokaie, MPH, MAS, CPH (she/her)

Tooka Zokaie serves as a Senior Health Policy Analyst at the California Dental Association and is a Doctorate in Public Health candidate at the University of Illinois, Chicago. Her academic background includes a Masters in Public Health from the University of California, Davis School of Medicine, and a Masters in Population Health from Johns Hopkins School of Public Health. Tooka's work focuses on educating and collaborating with community leaders on various public health topics, such as community water fluoridation, substance use disorders, school-based oral health, and access to dental care. She was recognized as a 2023 de Beaumont Foundation 40 Under 40 in Public Health and is an active participant in the AIDPH Dental Public Health Leadership Academy.

Zokaie's presentation highlighted the challenges of sharing scientific research and building public confidence in health policies amid widespread misinformation and distrust of scientific research. As an example, she focused on the public perception of water fluoridation, demonstrating how compelling narratives can sometimes overshadow scientific facts. Despite ample biostatistical research demonstrating the clear benefits of water fluoridation, many patients still believe false narratives, hearsay, and political and social media misinformation campaigns claiming that water fluoridation is toxic, ineffective, and dangerous. An impactful story with a sample size of one can be more powerful than research with numerous subjects.

Zokaie outlined several key strategies to address these challenges. Recognizing that research can feel impersonal or untrustworthy to many patients, she emphasized the power of storytelling to communicate scientific research effectively. In particular, she advocated for sharing stories that illustrate the real-world impacts of scientific research rather than only relying on broad, impersonal statistics and studies that may lack a personal connection to their audience. Additionally, Zokaie encouraged active feedback and interaction with the public to build trust and engagement in public health initiatives.



| Paradoxes Between Scientific Research and Building Trust | | | | | | | | | |
|---|-------------------------------------|--|--|--|--|--|--|--|--|
| Scientific Research | Building Trust | | | | | | | | |
| Reduce Bias | Know Your Audience | | | | | | | | |
| Be Clear on Limitations of Evidence | Be Clear on Application on Evidence | | | | | | | | |
| Present Data in Context | Show the Data in Action | | | | | | | | |
| Remove Emotion | Integrate Emotion | | | | | | | | |
| Large Sample Size | Sample Size of One (A Story) | | | | | | | | |

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COMMUNITY VOICE TO POLICY ACTION: THE CONNECTICUT ORAL HEALTH INITIATIVE

Melodie Griffin, MHA (she/her)

Melodie Griffin is the Manager of Grants & Programs for the CareQuest Institute for Oral Health Philanthropy Team, where she provides leadership for the Grants Associates, manages relationships with national grantees, and helps develop the grantmaking strategy for CareQuest Institute's \$14 million grant portfolio. Previously, she served for ten years as the Community Outreach Director at the Winter Park Health Foundation, where she worked on enhancing health and well-being in Central Florida through a variety of grants and initiatives. Melodie holds a BS in Food and Nutrition Science from Auburn University and an MS in Healthcare Administration from the University of Central Florida.

Griffin's masterpiece session focused on the intricate process of coalition building to improve community health outcomes. She showcased the Connecticut Oral Health Initiative (COHI) as a successful example of how organized efforts can lead to significant health policy improvements. COHI is a small but impactful organization that provides food, mental health services, and related needs to amplify the voices of the underserved. In collaborating with <u>organizations like</u> <u>CareQuest Institute for Oral Health</u>, COHI drives changes in whole-person health policies by using community voices to inform policy action and conduct essential research.

Griffin closed by encouraging attendees to evaluate their organization's position on the community engagement spectrum and strive for higher levels of involvement. This approach both increases the effectiveness of health initiatives and fosters greater community trust and stronger coalitions.



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PANEL SESSIONS

CONVERGING PATHS: STATE, FEDERAL, AND LOCAL PERSPECTIVES ON COMMUNITY

Catherine Leonis, MA (she/her)

Catherine Leonis has spent most of her professional career in public service at the local, state, and federal levels. Throughout her career, she has focused her time and talents on improving the lives of children and families. Ms. Leonis began her career as a special education teacher and then transitioned to children's policy with the State of Illinois focusing on human services reform, where she served under two governors. Ms. Leonis has held several high-level executive positions in external affairs in both the private and public sectors, including the Chicago Children's Advocacy Center, Dominick's Finer Foods, and the Centers for Medicare & Medicaid Services (CMS). Ms. Leonis holds a bachelor's degree in Special Education, a master's degree in School Guidance and Counseling, and a certificate in Nonprofit Management from the Kellogg School of Management.

Mona Van Kanegan, DDS, MPH, MS (she/her)

Mona Van Kanegan is the Chief of the Oral Health Section at the Illinois Department of Public Health (IDPH). Her oral health training and care of children, adolescents, people living with HIV, people experiencing homelessness, elderly residents, and other vulnerable populations puts her in a unique position to lead oral health activities within IDPH that include key public health activities such as providing direct patient care, policy development, procuring resources, and program planning, evaluation, surveillance, and assurance.

Alejandra Valencia, DDS, MS, MPH (she/her)

Dr. Alejandra Valencia is the Director of the Oral Health Forum, a community-centered initiative committed to improving oral health programs and services for Chicago and Illinois residents through education, assessment, policy and program development, and network collaboration. The focus and passion of Dr. Valencia's public health career has been working on reducing health inequities, improving oral health outcomes, and increasing access to dental services for under-resourced populations using a health equity approach and cross-sector collaborations. Dr. Valencia received her D.D.S. from the University of Antioquia in Medellin, Colombia. She completed her Master of Public Health in Community Health Sciences at the University of Illinois Chicago and her Master of Science in Dental Public Health at the University of Iowa. She is a current Diplomate of the American Board of Dental Public Health.

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This diverse expert panel session featured representatives from the Centers for Medicare & Medicaid Services (CMS), the Illinois State Dental Director's Office, and a dental director from a Federally Qualified Health Center (FQHC). Panelists came together to provide insights into the approaches of community-engaged research and program development across government levels. They additionally addressed the specific roles and responsibilities of each of their respective agencies, highlighting the necessity of collaboration to navigate stakeholder alignment and administrative processes and thereby enhancing oral health initiatives.

The conversation then shifted to anticipating future trends and innovations that could further engage communities in oral health. They discussed how adopting new strategies and technologies may deepen community involvement, and how government entities at all levels can leverage resources to spur innovation and expand the impact of public health initiatives.

The session served as a platform for sharing best practices and experiences, equipping oral health professionals, researchers, clinicians, and community advocates with practical tools for applying principles of effective community engagement in their work. The dialogue aimed to inspire action and deepen understanding of the integrative efforts required to promote health equity and community involvement in oral health program development.

BRIDGING COMMUNITIES: A FIRESIDE CHAT ON INCLUSIVE RESEARCH AND PROGRAM PLANNING

Lindsay Church, MA (they/them)

Lindsay Church is the Executive Director and Co-Founder of Minority Veterans of America, a nonpartisan nonprofit organization dedicated to advancing equity and justice for minority veterans, including those from racial, gender, sexual, and religious minority groups. With a strong background in military and veteran advocacy and grassroots organizing, Lindsay leads efforts to enact policy changes and reforms through coalition partnerships. Lindsay served in the U.S. Navy as a Persian-Farsi linguist and holds an associate's degree in Persian-Farsi. They also hold advanced degrees in international conflict and countering violent extremism and have significant academic and professional experience in Near Eastern Language and Civilization and Comparative Islamic Studies from the University of Washington.

Julie Seward, RDH, MA (she/her)

Julie Seward, a Registered Dental Hygienist from Checotah, OK, and a citizen of the Cherokee Nation, currently works as a Program Manager at the Southern Plains Tribal Health Board (SPTHB) in Oklahoma City, a non-profit organization based in Oklahoma City that provides a unified and collective voice on tribal public health needs and policy for the 44 federally recognized tribes located in the states of Kansas, Oklahoma, and Texas. With over a decade of experience in clinical dental hygiene in both general and periodontal practices, Julie has transitioned to a leadership

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role where she oversees significant programs such as the Community Health Aide Program (CHAP) and the Native Oral Health Network (NOHN). Julie's contributions to public health have been recognized with the Oklahoma Public Health Association's Exceptional Merit Award in 2020 and the Delta Dental of Oklahoma Foundation's Distinguished Service Award in 2023.

Chelsea Fosse, DMD, MDH (she/her)

Chelsea Fosse serves as the Director of the Research and Policy Center at the American Academy of Pediatric Dentistry (AAPD). With a background as a general dentist specializing in care for adults with disabilities, Chelsea transitioned into oral health policy and research. At AAPD, she oversees a team focused on analyzing pediatric dental workforce trends, Medicaid policy, evidence-based dental care, and access to quality dental services. Her rich academic and professional background includes affiliations with notable institutions like Jacobi Medical Center, Columbia, Rutgers, The University of Texas, the American Academy of Pediatrics, and the ADA Health Policy Institute.



This fireside chat session featured discussions on the crucial role of community-engaged research and the significance of incorporating diverse community perspectives into program planning. It commenced with a poll about the primary barriers to community engagement (see "Research Roadmap and Conclusions"), with results indicating the lack of buy-in from key stakeholders, restrictive policies, and limited organizational capacity as key factors.

Panelists shared insights into the experiences of queer, disabled, and tribal communities, exploring effective strategies for engaging with them in research and

program development. They highlighted significant issues such as paternalism and tokenism, which can severely undermine efforts at genuine engagement. Moreover, the panel tackled challenges in data collection, especially the accurate capture of gender, race, and ethnicity demographics—all of which are vital for customizing community outreach and enhancing health outcomes.

Emphasizing a shift toward co-creation in research, the speakers advocated for aligning research initiatives with community needs to guarantee their relevance and effectiveness. This approach encourages true collaboration, moving beyond mere participation to ensure that research outcomes are both beneficial and directly applicable to the communities involved.

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Overall, the discussion emphasized the importance of building trust, fostering authentic relationships, and maintaining inclusivity in all community engagement efforts. The conversation aimed to shed light on more inclusive and effective strategies in community-engaged research and program development, setting a path for future endeavors in these critical areas.

"What is authentic community engagement and when do you achieve it? I think you achieve it when you know those needs and preferences are in the room, even when those individuals who represent the community are not. When you successfully train the culture of your organization to always be thinking about that, that's the goal of authentic community engagement." — Chelsea Fosse, DMD, MDH

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POSTER SESSION

The poster session covered a broad range of subjects, from social media misinformation, to stroke prevention, to predoctoral LGBTQIA+ education. These visual presentations complemented the main sessions and roundtables by highlighting strategies for community engagement and education, identifying research opportunities for further advancement, and exploring pathways to equitable dental care access across diverse populations.

Abstracts for each poster presentation can be found beginning on page 44.



- Advancing Oral Health Equity Among LGBTQIA+ Individuals: Integrating Inclusivity into a
 Predoctoral Dental Education Program | Guillermo Tamayo Cabeza, BDS, MSC
- Stroke-Alert: Intelligent Salivary Biosensor using Matrix Metallo-Proteinase 9 and Glutathione | Haritha George, MBA
- Older Adult Oral Health A Golden Opportunity for Collaborative Research to Inform Geriatric Oral Health Policy and Advocacy | Deborah Jacobi, RDH, MA
- A Double Edge Sword: Social Media and Oral Health Information for Teens | Venkata Naga Nalini Dhurjati, BDS, MPH
- A Paw-sitive Dentist Appointment: The Impact of Providing Therapy Dogs in Dental Appointments on the Experience of Dental Anxiety in Veteran Patients | Lexi Dunnells, MPH
- Millions Have Lost Medicaid Dental Insurance Since the Expiration of Continuous Eligibility during the Public Health Emergency. Did they End Up Finding Alternative Dental Insurance? | Morgan Rose Santoro, MPH
- Breaking the Mold: Advancing Access to Quality Dental Care with Minimally-Invasive Care | Crystal Spring, BSDH, LAP, FADHA
- Pediatric Dentistry-focused ECHO Sessions: Data Report and Lessons from One Year of
 Implementation | Elizabeth Carr, RDH, DHA

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ROUNDTABLE SESSIONS

AIDPH held three roundtable sessions during the Colloquium, providing a platform for leaders and organizations within the public health field to share program findings, successes, and research projects. Presenters held group discussions for each, offering participants unique perspectives on enhancing access to care, community-engaged research, and advancing culturally affirming care practices.

Abstracts for each individual roundtable presentation can be found beginning on page 48.











SESSION 1: DISCUSSIONS FOR IMPROVING COMMUNITY ACCESS TO CARE

The first roundtable session was focused on strategies for improving oral health care access for vulnerable populations, such as individuals with intellectual and developmental disabilities, infants, toddlers, and pregnant people. The presenters highlighted collaborative models and innovative approaches that improve oral health outcomes and strategies to integrate these services into broader public health initiatives. The discussions encouraged participants to explore community engagement strategies, emphasizing the need for collaboration and integrated care models.

- A Healthy Step to Oral Health A Unique Approach to Early Childhood Health Integration | Rachel King, DDS, MPH, MBA, MS
- PHDHP Dental Care Managers Bridging the Gap Between Community and the Dental Chair | Danette Shaffer, RDH, PHDHP, M.Ed. & Barbara Hammerschmitt, RDH, PHDHP, MPH, PHDHP
- Barriers and Opportunities for Improving Dental Healthcare Access, Utilization, and Outcomes through the Ryan White HIV/AIDS Program (RWHAP): The Lived Experience at the Center | Tonantzin Juarez, MS
- Community Based Workforce Development | Sue Etminan, MPH, DMD
- Mississippi Population Oral Health Collaborative (MPOHC) | Sreenivas Koka, DDS, MS, PhD, MBA
- Community Engagement in Oral Health Across a Continuum | Melodie Griffin, MHA

SESSION 2: DISCUSSIONS FOR COMMUNITY ENGAGED RESEARCH

Roundtable session two examined program evaluation for community-based health programs, how to use data to guide the decision-making process, and how community engagement can improve program outcomes. The discussion also tackled evaluation challenges and strategies for leveraging improvement opportunities. Participants were invited to reflect on their roles within the community-engagement spectrum, set goals for increased community involvement, and discuss strategies to realize these objectives.

• Driving Care Transformation and Promoting Oral Health Equity through Authentic Engagement of Community Members | Melodie Griffin, MHA

- Improving Access to Care for Intellectually and Developmentally Disabled Populations in Tennessee through Technology-Driven Solutions and Public Private Partnerships | Sean Boynes, DMD, MS
- Data Visualization Supports Community Engaged Transformation | Caroline McLeod, RDH, MS
- New Features of the Upcoming National Oral Health Data Portal Version 2, Including Local Measures to Support Community Engagement | John O'Malley, MHI
- Building Capacity for Community-led Research and Action to Advance Oral Health Equity | Cody Price, MPH
- Connecticut's Medicaid Oral Health Navigation Model: Design, Evaluation, and Outcomes | Kate Parker-Reilly, LMSW

SESSION 3: DISCUSSIONS FOR COMMUNITY ENGAGED PROGRAMMING

The third and final roundtable session focused on enhancing access to culturally affirming care and education. Participants explored innovative strategies and partnerships essential to addressing disparities in oral health equity and increasing access across diverse communities. The session also underscored the importance of inclusivity, specialized training, and volunteerism in creating a more accessible healthcare environment.

- Using Formal (and Informal) Measures for Tracking Access to Care Outcomes for Underserved Populations | Tonya Fuqua, DDS & Allison Christian, MPH, CPH, CHES
- Strong Towns and Oral Health | Scott Howell, DMD, MPH
- Imagine: An Oral Health Think Tank at a University Without a School of Dental Medicine | Sujay Mehta, DMD, MPH
- Improving Access to Care for Patients with Intellectual and Developmental Disabilities (IDD) | Manav Patel & Sai Ramani Krisha Kumar, BDS, DMD
- Oral Health Initiative: An Interagency Collaboration to Promote Pediatric Oral Health and Wellness | Susan Gorman, M.Ed., RDH
- Pioneering Pathways for Iowa Veteran Oral Health | Grace Linn, MA & Elvin Yao, PhD

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AWARDS CEREMONY



2024 AIDPH AWARDS CEREMONY

During the Colloquium, AIDPH honored six individuals and organizations for their outstanding accomplishments in advancing justice, equity and inclusion in its first annual awards ceremony. The awards are designed to utilize AIDPH's platform to broaden visibility for underrecognized oral health needs and celebrate people and groups performing valuable work in the oral health space to address these issues.

Tamanna Tawari, MPH, MDS, BDS, and Scott Howell, DMD, MPH, the Chair and Vice Chair of AIDPH's Board of Directors, congratulated three winners and three honorable mentions for the Community Champion, Equity Trailblazer Student Research, and Visionary Leadership awards.

COMMUNITY CHAMPION AWARD

The Community Champion Award celebrates individuals or organizations that have shown outstanding commitment and efforts in prioritizing the voices of marginalized, underserved, oppressed, and historically excluded communities in pursuit of whole-person oral healthcare.



*Close has since become a member of AIDPH's Board of Directors.

Delta Dental of Colorado Foundation (DDCOF) won the award, which DJ Close*, Executive Director of DDCOF, accepted on behalf of the organization. Having invested over \$50 million back into the diverse Colorado communities it serves, DDCOF performs a wide array of dental health initiatives, including workforce diversification, mentorship programs, expansions of dental hygiene programs with local community colleges, and several early childhood oral health programs.

The University of Florida College of Dentistry (UF COD) Outreach Program received an Honorable Mention, which Susan Gorman M.Ed., RDH, Dental Outreach Program Coordinator at UF COD, accepted. UF COD's Outreach Program has provided dental care to over 57,000 children since it was founded in 2013, prioritizes oral health literacy education and counseling for disenfranchised populations, and regularly provides cost-free dental services to local rural migrants experiencing challenges such as transportation access and language barriers.



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EQUITY TRAILBLAZER STUDENT RESEARCH AWARD

The Equity Trailblazer Student Research Award honors talented students who have made contributions to research projects that address oral health disparities and promote equity.

Bree Zhang, a student at the Columbia University College of Dental Medicine, received the award for her research on the impact of bottle feeding positioning on the development and correction of anterior crossbite (see appendix). Zhang, an American Student Dental Association District 2 Legislative Liaison, has performed dental initiatives related to elderly patients, pregnant individuals, and the oral-systemic link during the COVID-19 pandemic.

Two students received honorable mentions: Lexi Dunnells and Anushree Tiwari.

Lexi Dunnells, a student at the University of Colorado School of Dental Medicine, was honored for her research showcasing the efficacy of therapy dogs in reducing dental anxiety (see appendix), which contributed to the development of the "Paws for Smiles" program at her school. In addition, Dunnells has embraced a number of student leadership positions, and played a substantial role in research projects designed to address challenges faced by oral health practitioners impacted by COVID-19.

Anushree Tiwari, a Dental Public Health Resident at the Centers for Disease Control and Prevention, also received an Honorable Mention for her ongoing research assessing oral health disparities among disabled adults in the US. Tiwari has participated in a number of oral health awareness and tobacco cessation initiatives in her native India, including research on how imprisonment status impacted oral health outcomes and the potential for incorporating artificial intelligence into oral health monitoring.







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VISIONARY LEADERSHIP AWARD

The Visionary Leadership Award acknowledges individuals who have shown exceptional command and initiative in embodying the vision of a justice-oriented oral health system.

Dr. Mana Mozaffarian, DMD, received the award. A consultant, advocate, and mentor, Dr. Mozaffarian served as the former Chief Dental Officer for the Commonwealth of Pennsylvania, where she shaped local, state, and national health policy. Her work particularly emphasizes the connection between oral health and mental health and substance use disorders. Additionally, Dr. Mozaffarian has advised the Pennsylvania Medical Reserve Corps on disaster response for refugees and medically-compromised individuals in the state, and has contributed to a variety of oral health sector boards.





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COMMUNITY COLLABORATION AND LEADERSHIP CERTIFICATE



COMMUNITY COLLABORATION AND LEADERSHIP CERTIFICATE

AIDPH launched its inaugural Community Collaboration and Leadership Certificate program, designed for oral health professionals aiming to drive meaningful change in oral healthcare access for historically excluded communities. Facilitated by Liz Flannery, AIDPH's Director of Education and Leadership, this program was part of an in-person pre-conference at the Colloquium. It featured a mix of didactic presentations, interactive group work, community discussions, and self-reflection exercises. To deepen their learning experience, participants were required to complete assignments before and after the conference.

The half-day program featured three seminars:

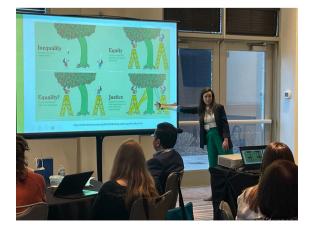
- Achieving Justice in Oral Health: A Framework for Moving Knowledge to Action
- Research Methods & Approaches for Community Change
- Translating Research to Human Rights Advocacy

Further integrating with the Colloquium's content, the program offered two distinct leadership tracks: "Justice and Leadership in Research" and "Leading Through Advocacy." Participants chose session topics during the Colloquium that aligned with the objectives of their chosen track.

ACHIEVING JUSTICE IN ORAL HEALTH: A FRAMEWORK FOR MOVING KNOWLEDGE TO ACTION

Annaliese Cothron, DHSc, MS, CPH (she/her)

Dr. Annaliese Cothron is the Executive Director and Co-Founder of the American Institute of Dental Public Health (AIDPH). In that role, Dr. Cothron works to ensure the mission, vision, and values of AIDPH are maintained in its educational programming and community-engaged research approach while managing the programming, fund development, and overall organizational strategy of AIDPH. Dr. Cothron holds a Bachelor and Master of Science in Experimental Psychology from Mississippi State University and a Doctor of Health Sciences from A.T. Still University, specializing in Leadership and Organizational Behavior. She is an active member of several national professional organizations, and is currently the Principal Investigator of multiple foundation grants.



In this introductory session, Dr. Cothron explored the definition of health justice and its critical role in shaping an equitable oral health system. She facilitated group discussions around the current landscape of health and human justice, examining how it intersects with oral health and affects marginalized, underserved, and historically excluded communities.

Through discussions and case studies, session facilitators and participants dissected the concept of health justice

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as a community-driven movement. Key takeaways included learning how to clarify the roles of stakeholders, particularly oral health professionals, in advocating for and contributing to the evolution of a justice-oriented oral health system. Reflecting the core values of AIDPH, emphasis was placed on the importance of community engagement, collaboration, and advocacy.

How Do We Lead in How Do We Prioritize Health **Health Justice Work? Justice in Dental Public Health?** Leading from behind. Knowing when you don't need to be at the forefront What are the key intersecting power hierarchies that shape opportunities for health? me Intersecting Power elationshins low do structures of oppression, dominance, and social influencers produce Inclusive Decision-Making. Creating spaces that prioritize community voices and shared power How are my worldview and social positions affecting my decisions? Disrupt the Status Quo Advocacy and Action. Advocate for policies and programs that How can the knowledge produced by my work foster collective action for health lustice? challenge injustice and leveraging your influence to advance systemic change. low can this work center the voices, situated knowledge, and perspectives of the opulation of focus? r Embodied Kno Intersectionality. Considering the layers of lived experience, identity. goals, and interests. low are we being accountable to people who experience and resist multiple transaction conversions? Transformational Leadership. Inspire change, encouraging a collective vision that enables stakeholders to transcend th self-interests for the sake of the community's well-being. ww.researchgate.net/figure/IRTHJ-actions_fig2_336867187

TRANSLATING RESEARCH TO HUMAN RIGHTS ADVOCACY Tamanna Tiwari, MPH, MDS, BDS (she/her)

Dr. Tiwari is an Associate Professor in the Department of Community Dentistry and Population Health at the University of Colorado. She also serves as the Associate Director of the Center for Oral Disease Prevention and Population Health Research at the same university. She obtained her dental degree from Bharati Vidya Peeth, Pune, India, and a Master of Public Health in Global Health Leadership from New York University. Dr. Tiwari is funded by the National Institute of Health and several foundations and industries to conduct research to reduce oral health inequities. Her research delves into the concepts of social determinants of health and how these impacts communities' oral health using participatory community approaches. She is also the Chair of the Board for AIDPH.

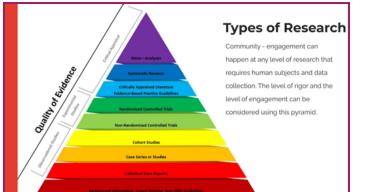
Dr. Tiwari presented key strategies for integrating health justice principles into research methodologies through community engagement. She introduced participatory research methods that prioritize social change and ensure that the research process includes the perspectives and needs of marginalized communities. This approach helps address the crucial gaps in oral health care by fostering research that is both inclusive and actionable.

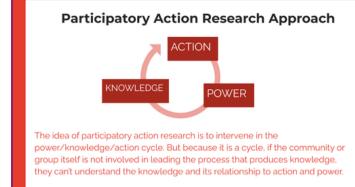


The discussion also highlighted practical strategies for

engaging communities effectively in Comparative Effectiveness Research (CER). Dr. Tiwari detailed how to recruit and maintain community involvement to ensure that outcomes reflect genuine community interests and contribute to health justice. Additionally, she offered guidance on presenting research findings in ways that lay a solid foundation for future projects.

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RESEARCH METHODS & APPROACHES FOR COMMUNITY CHANGE Lindsay Church, MA (they/them)

Lindsay Church is the Executive Director and Co-Founder of Minority Veterans of America, a nonpartisan nonprofit organization dedicated to advancing equity and justice for minority veterans, including those from racial, gender, sexual, and religious minority groups. With a strong background in military and veteran advocacy and grassroots organizing, Lindsay leads efforts to enact policy changes and reforms through coalition partnerships. Lindsay served in the U.S. Navy as a Persian-Farsi linguist and holds an associate's degree in Persian-Farsi. They also hold advanced degrees in international conflict and countering violent extremism and have significant academic and professional experience in Near Eastern Language and Civilization and Comparative Islamic Studies from the University of Washington.

Church shared their expertise on the mechanisms through which oral health professionals can harness their research findings to champion human rights and maintain the community as the central focus of advocacy efforts.

Participants worked with case studies spanning various facets of health justice to illustrate how research can inform and propel advocacy efforts in complex areas. A special focus was placed on developing advocacy plans using work centered around the issue of veteran oral health. This hands-on approach illustrated the process of applying an advocacy framework while empowering participants to craft comprehensive advocacy strategies that address the nuances and challenges of specific community needs.





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RESEARCH ROADMAP AND CONCLUSIONS



BUILDING A COMMUNITY-ENGAGED RESEARCH ROADMAP

Annaliese Cothron, DHSc, MS, CPH (she/her)

Dr. Annaliese Cothron is the Executive Director and Co-Founder of the American Institute of Dental Public Health (AIDPH). In that role, Dr. Cothron works to ensure the mission, vision, and values of AIDPH are maintained in their educational programming and community-engaged research approach while managing the programming, fund development, and overall organizational strategy of AIDPH. Dr. Cothron holds a Bachelor and Master of Science in Experimental Psychology from Mississippi State University and a Doctor of Health Sciences from A.T. Still University, specializing in Leadership and Organizational Behavior. She is an active member of several national professional organizations, and is currently the Principal Investigator of multiple foundation grants.

Grace Linn, MA (she/her)

Grace Linn is Director of Communications for the American Institute of Dental Public Health (AIDPH). For the last 25 years, Grace has been President of Creative Media Solutions, Inc., a consultancy specializing in branding and social marketing for a range of private, public health, and non-profit organizations. Her work focuses on healthy behavior changes including smoking cessation, skin cancer prevention, screening for breast, cervical and colon cancers, practicing good oral hygiene, and being ready for natural and other disasters.

AIDPH's Annaliese Cothron and Grace Linn led the culminating Research Roadmap presentation at the Colloquium. The Roadmap brought together ideas generated and issues raised throughout the conference on research gaps, capacity issues, organizational struggles, and policy hurdles. It aimed to co-create a comprehensive plan that will address priority items and advance personcentered research outcomes.



Throughout the Colloquium, attendees used Sli.do, an audience participation software, to provide real-time feedback on research gaps, organizational struggles, and capacity-building measures. AIDPH collected these responses to get a snapshot of current challenges and opportunities in the oral health landscape.

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In addition to polling, an "Idea Incubator" was staged throughout the conference to encourage additional participant engagement. The oversized display featured panels that outlined AIDPH's collaborative approach to community-based research and posed three key questions:

- **Issues:** What are the priority dental public health issues your organization or community are facing?
- **Stakeholders:** Identify who needs to be engaged and how they can help achieve shared goals.
- Communication: What does your community or audience need or want to know?



Sticky notes posted on the Incubator captured the information below.

Many answers have been grouped together into overarching categories, given the volume of replies and frequent overlapping or repeating answers. The full, unedited lists can be found in the document, "<u>AIDPH 2024 Colloquium: Unabridged</u> <u>Idea Incubator Responses</u>."

Question #1 (Issues): What are the priority dental public health issues your organization or community are facing?

Attendee replies generally fell into several overarching categories:

- Access to equitable, justice-based care, which is exacerbated by factors like rurality, transportational issues, and language barriers
- Training a competent, culturally-aware workforce given increasing workforce shortages, especially when acknowledging reduced salary compared to private counterparts
- Integrating medical, dental, and pharmacological together in public health in a way that includes clinicians, providers, policymakers, and the general public
- Dismantling political barriers to increased access to care amid dwindling public health investments
- Lack of available providers, particularly for marginalized groups
- Increasing educational efforts, for stakeholders and patients alike
- Financial barriers to care, including insurance coverage and medicaid payment, which may cause patients to neglect oral health for more immediately-pressing issues
- Care throughout the lifespan, and medically complex oral health care

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In addition, respondents gave several miscellaneous answers listed below in their own words:

- The impact SDOH have on access to oral health
- Translation
- Lack of psychological safety for the dental community (patients, staff, providers, etc.)
- Lack of understanding of psychological safety being linked to recruiting/retaining a diverse workforce, decreasing "non-compliant" (really gaps in care) and health justice

Question #2 (Stakeholders): Identify who needs to be engaged and how they can help achieve shared goals.

Overarching categories:

- Local, state, and federal government agencies, representatives, and legislators
- Health providers, including dentists and dental organizations, primary care providers, and provider associations
- Advocacy groups including tribes/tribal organizations, rural health associations, poverty action networks, child advocacy organizations, and public health institutes
- Patients themselves in target populations; educating and engaging the public to address issues in their communities
- "Non-dental" and "unconventional" partners, such as schools, health centers, food banks, community leaders, religious leaders, behavioral health professionals, speech pathologists, and nutritionists

Miscellaneous/uncategorized (in their own words):

- Community researchers
- Academic institutions
- Depends on the makeup of the community you are trying to reach

Question #3 (Communication): What does your community or audience need or want to know?

Overarching categories:

- How can I access affordable, available appointments at a reasonable distance from me?
- Where can I find accessible educational materials on overall oral health, the connection between oral and whole-body help, evidence-based practices, children's oral health/pregnancy, and prevention?

• How can we find and train culturally-responsive, trauma-informed providers who actively work to break down oral health disparities?

Miscellaneous/uncategorized (in their own words):

- De-escalating different conversations and conflict resolution, etc.
- Can we take oral health to the community? Similar to street medicine?
- Motivational interviewing training
- Access to evidence-based guidelines for acute and chronic management of orofacial pains
- It starts with the right age-appropriate information being taught in schools to overcome community or family bias. To expose all kids, who grow up to be members of society, to the correct, evidence-based education so that they are equipped to make the best decisions; not only for themselves and their families but also the communities where they live, work, and grow. Knowledge is power, but it has to be the right knowledge, not just anything they've found on social media or the internet. And it cannot be biased in any way. Too often communities are removing relevant, important information because they "don't want their kids exposed to that" or don't believe it. This is not how we empower new generations!

AIDPH used the input gathered via Sli.do and the Idea Incubator to inform the final presentation of the event. Annaliese Cothron and Grace Linn prepared slides to guide participants through a proposed action pathway for the research roadmap by considering these three questions:

- Where are we now?
- Where do we want to be?
- How do we get there?

Key Takeaways:

Participants looked at challenges they face to oral health systems change, and shared that lack of buy-in from key stakeholders, limited capacity, and policy constraints were the top three areas to address as part of roadmap design.

| Limited resources | 13% | |
|---------------------------------|-----|--|
| Limited capacity | 23% | |
| Limited community relationships | 23% | |
| 7% | | |
| Lack of training | | |
| 3% | | |
| Policy constraints | | |



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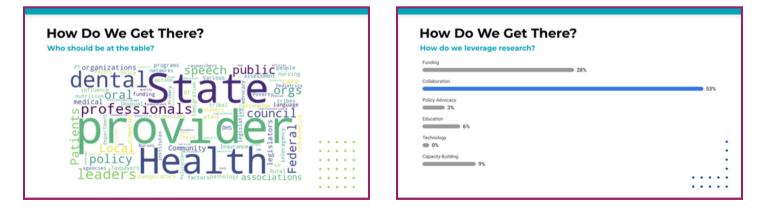
Similarly, participants identified the most important growth opportunity as increasing stakeholder engagement, followed by targeted communication and interprofessional collaboration. The respondents highly valued themes such as engagement, equity, and demonstrating and sharing success. They identified five core steps needed in order to meet growing needs:

- 1. Data that prioritizes integration and value
- 2. Patient and provider education
- 3. Having all healthcare providers work together toward a common holistic healthcare goal
- 4. Payers/insurers should be invested in health justice and equity
- 5. Improving access for historically excluded and marginalized communities

| 1. | Stakeholder Engagement | | |
|----|---------------------------------|------|-----------|
| 1. | stakenoloer Engagement | 4.52 | 2 |
| 2. | Targeted Communication | | |
| 3. | Interprofessional Collaboration | 3.97 | 7 |
| э. | Interprotessional Collaboration | 3.15 | 5 |
| 4. | Integrated Care Delivery | | |
| | Research | 2.76 | · · · · · |
| 5. | | | |



Participants repeatedly stressed the importance of community involvement in terms of building trust for oral health care services, with over 53% of survey respondents selecting collaboration as a key goal in leveraging research. Similarly, attendees emphasized the critical importance of utilizing an equity framework. They reached a general consensus that healthcare providers and state/governmental policymakers need to be at the table in order to reach an informed decision together and effectively enact change. AIDPH will utilize the insights and perspectives gathered to inform its Research Roadmap.



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At the close of the presentation, AIDPH identified the Oral Health Community Advisory Board (OHCAB) as a key group in addressing the unmet needs and disparities addressed in the survey.

The OHCAB provides valuable insights and perspectives to inform its Patient-Centered Outcomes Research/Comparative Effectiveness Research (PCOR/CER) agenda and ensures research strategies are deeply rooted in the needs and perspectives of the communities it serves. OHCAB consists of six dedicated individuals who represent key AIDPH community areas of focus, including veterans, rural populations, people with disabilities, and the LGBTQIA+ community. They provide guidance based on lived, firsthand experiences that are difficult to fully appreciate through research output alone. In joining, members will receive guidance, support, and training on project objectives, roles, and responsibilities to co-design a path forward.

The values Colloquium participants emphasized, including community and stakeholder engagement and health equity and justice, will be essential to conducting OHCAB operations going forward.

To view the members of the OHCAB and learn about the diverse experiences they bring to the table, <u>visit our website</u>.



AIDPH thanks everyone who attended the Colloquium. Their active participation and engagement truly made this event one to remember.

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APPENDIX



ABSTRACTS

Citation template: [Last Name, First Initial]. [Title]. Presented at: 2024 AIDPH Annual Colloquium on Community Collaboration in Oral Health: Advancing Person-Centered Outcomes. March 2024; Chicago, IL.

A-1. Main Sessions: The main sessions included workshops, panel discussions, and presentations on core oral health equity themes and topics.

I. Title: Empowering Community-Engaged Research: Strategies for Frameworks and Funding Speaker(s): Boyd, Katherine, DrPH, MPH

Abstract: In the intricate landscape of community-engaged research, the journey from conceptualization to implementation is guided by evidence-based frameworks. Dr. Katherine Boyd, DrPH, MPH, Senior Program Officer at the Patient-Centered Outcomes Research Institute (PCORI) delves into the intersection of research methodologies and community engagement, highlighting the essential frameworks that foster collaboration and inclusivity. Dr. Boyd will unravel the complexities of securing funding for community-focused projects, offering insights into navigating grant application processes and building sustainable partnerships. Attendees will learn effective strategies to align their research projects with funding opportunities, emphasizing the importance of community involvement at every stage. This session provides resources and replicable frameworks for researchers and oral health professionals aiming to deepen their engagement with community-based projects, ensuring that their work not only contributes to scientific knowledge but also resonates with the communities directly impacted by their research.

II. Title: Bridging Communities: A Fireside Chat on Inclusive Research and Program Planning Speaker(s): Church, Lindsay, MA; Fosse, Chelsea, DMD; Seward, Julie, RDH, MA

Abstract: In an intimate and enlightening fireside chat, the vital role of community-engaged research and the authentic incorporation of diverse community representation in program planning will be explored. This session delves into the perspectives and methodologies that respect and amplify the voices of queer, disabled, and tribal communities in the realm of community-engaged research and program development. Participants will have the unique opportunity to hear firsthand about the experiences and insights of these communities, exploring successful strategies for engaging with and conducting research that is not only about them but with them and for them. The discussion will underscore the importance of building trust, fostering genuine partnerships, and ensuring that research approaches and program planning are deeply rooted in the needs, values, and preferences of the communities involved. Through a candid exchange of ideas and experiences, this fireside chat aims to illuminate the paths toward more inclusive, respectful, and effective community-engaged research and program development.

III. Title: Becoming A Better Champion for Oral Health Equity Speaker(s): Evans, Denise, MM, MA

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Abstract: A false hierarchy of human value has seeped into the milieu of American culture and increased the divide between the haves-and-have-nots. This has facilitated the need for public health professionals to re-imagine what equitable practices look like. How do we show forth our honor and value of each individual and their experiences over being right or believing there is only one right approach to achieving health equity? This morning we will discuss the need for full adoption of cultural humility as a growth mindset (honestly evaluate where you are, have been, and where you seek to go) and acknowledge a power imbalance that exists in public health. Together we will take steps towards Becoming Better Champions for Oral Health Equity.

IV. Title: Converging Paths: State, Federal, and Local Perspectives on Community Engagement Speaker(s): Leonis, Catherine, MA; Valencia, Alejandra, DDS, MPH, MS; Van Kanegan, Mona, DDS, MS, MPH

Abstract: This session brings together distinguished panelists from the Centers for Medicare & Medicaid Services (CMS), the Illinois State Dental Director's Office, and a dental director from a Federally Qualified Health Center (FQHC) to explore the multifaceted approaches to community-engaged research and program development across state, federal, and local levels. Panelists will delve into the unique perspectives and strategies employed by each level of oversight to foster community engagement, address disparities, and enhance oral health outcomes. Attendees will explore the challenges and opportunities of implementing community-engaged research initiatives, policy development, and programmatic interventions alongside panelists using audience interaction in Sli.do. This session is designed to not only share knowledge but also to stimulate critical thinking and inspire action among oral health professionals, researchers, clinicians, and community advocates. By examining the intersection of state, federal, and local efforts, attendees will be equipped with the tools and perspectives necessary to champion community-engaged oral health initiatives within their spheres of influence.

A-2. Poster Session: The poster session highlighted individual visual presentations of research projects and studies encompassing various oral health-related topics.

I. Title: Pediatric Dentistry-focused ECHO Sessions: Data Report and Lessons from One Year of Implementation

Presenter(s): Carr, Elizabeth, RDH, DHA

Abstract: This poster will elucidate visitors about the pediatric dentistry-focused Project ECHO sessions presented in Mississippi across the first year of implementation. This project was conducted through a collaborative effort between the Mississippi Population Oral Health Collaborative and the University of Mississippi Medical Center Telehealth Center of Excellence. This abstract was made possible by grant number U6631459 from the Office for the Advancement of Telehealth, Health Resources and Services Administration, DHHS.

II. Title: A Double Edge Sword: Social Media and Oral Health Information for Teens Presenter(s): Dhujarti, Venkata Naga Nalini, BDS, MPH

Abstract: Social media use is widespread among adolescents, providing a sense of belonging and support, particularly for marginalized groups. However, there's a growing body of research highlighting potential downsides. The U.S. Surgeon General's recent advisory (2023) emphasizes

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concerns about excessive use (>3 hours/day) and its link to increased depression and anxiety in adolescents (Riehm et al., 2019). Emerging evidence also suggests a connection between poor mental health and oral health behaviors (Iwasaki et al., 2022; Geraets & Heinz, 2022). These findings call for action from policymakers and health professionals to develop strategies promoting healthy social media habits and well-being in U.S. youth.

III. Title: A Paw-sitive Dentist Appointment: The Impact of Providing Therapy Dogs in Dental Appointments on the Experience of Dental Anxiety in Veteran Patients Presenter(s): Dunnells, Lexi, MPH

Abstract: Dental anxiety is a barrier to oral healthcare utilization. Existing research suggests that U.S. military veterans may be more likely to experience dental anxiety and therefore more likely to avoid dental treatment. Providing therapy dogs chairside during a dental appointment could be an effective intervention to minimize dental anxiety and increase oral healthcare utilization among veteran patients. The purpose of this study is to assess the impact of providing therapy dogs during dental appointments on the experience of dental anxiety in veteran patients at the University of Colorado School of Dental Medicine.

IV. Title: Stroke-Alert: Intelligent Salivary Biosensor using Matrix Metallo-Proteinase 9 and Glutathione

Presenter(s): George, Haritha, MBA

Abstract: Oral health as an indicator of systemic health is becoming increasingly relevant with diseases like periodontitis having links to systemic diseases. One such systemic condition is stroke. According to the CDC every 40 seconds, someone in the United States has a stroke, and it is a leading cause of death for Americans. This study considers periodontitis biomarker MMP9 and oxidative stress biomarker GSH to be used for the early risk prediction of stroke. Electrochemical analysis of artificial Saliva was done using Gamry with increasing concentrations of MMP9 and GSH protein independently. Electrochemical Impedance Spectroscopy (EIS) and Cyclic Voltammetry (CV) were conducted. From EIS data, change in capacitance and charge transfer (CV area) was calculated for each test condition. The electrochemical properties obtained could be used together with resistance of solution (Rsol), polarization resistance (Rp), and constant phase element (CPE) as machine learning data input. Scanning Electron Microscopy (SEM) with Energy Dispersive Spectroscopy (EDS) was employed to observe the change in the electrode surface and elemental composition data present on the sensor surface also showed the antibody is attaching to the biosensor enabling protein detection. ELISA and confocal imaging enabled biological characterization of MMP9 and GSH antibody-antigen interaction. Machine learning models using MMP9 and GSH electrochemical data were applied for the prediction of risk levels of stroke with periodontitis and salivary oxidative stress. The detection of MMP9 and GSH by electrochemical biosensors indicates the potential to use them as electrochemical biomarkers and the data for ML-driven prediction tools for stroke risk.

V. Title: Older Adult Oral Health - A Golden Opportunity for Collaborative Research to Inform Geriatric Oral Health Policy and Advocacy Presenter(s): Jacobi, Deborah, RDH, MA

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Abstract: Apple Tree Dental's mission is to overcome barriers to oral health and our vision is to foster partnerships that create healthy communities. Our "Community Collaborative Practice" approach began in 1985 with delivery of on-site dental care to long-term-care residents. Structured data collection has resulted in a nearly 40-year longitudinal database containing records for over 190,000 patients, including rich information from community dwelling older adults and LTC residents. Dental services are not generally covered by Medicare. Efforts to expand coverage are based upon evidence of the impact of oral health and overall health and recognition of increased medical costs for those with untreated dental disease. Research using Apple Tree's longitudinal database has the potential to further inform policy discussions and the development of appropriate benefits for older adults.

With funding from CareQuest, Apple Tree has created a Research Reference containing extensive detail on organizational and data resource history, a data profile, descriptions of past research collaboration activities, and details for pursuing a research collaboration. The purpose of this Research Reference is to enhance the knowledge and capacity of potential research collaborators, make the unique data resources of Apple Tree Dental more accessible, and support effective research partnerships - from exploration to implementation and dissemination – to advocate for policies that promote health equity.

VII. Title: Millions Have Lost Medicaid Dental Insurance Since the Expiration of Continuous Eligibility during the Public Health Emergency. Did they End Up Finding Alternative Dental Insurance?

Presenter(s): Santoro, Morgan Rose, MPH

Abstract: Under the continuous eligibility provision of the Public Health Emergency (PHE) legislation adopted during the COVID-19 pandemic, most individuals who enrolled in Medicaid after March 2020 were entitled to remain enrolled throughout the emergency. This reduced enrollment churn led to an increase of more than 20 million Medicaid enrollees nationally by the time the PHE expired in April 2023. State Medicaid agencies are now reviewing their enrollees' eligibility in a process known as the "Unwinding," removing enrollees who are ineligible. This process of drawing down Medicaid enrollment is expected to proceed through Summer 2024.

CareQuest Institute for Oral Health estimates that, through the first four months of the Unwinding, millions of American adults and children lost Medicaid dental coverage, and many more millions will have lost their coverage by the time the Unwinding process ends. Federal directives require state agencies to assist these individuals in obtaining alternative insurance in a special open enrollment period on the state and federal marketplaces; these efforts have not been effective, however. Few individuals appear to be signing up for alternative insurance, leaving millions without dental coverage.

This presentation will dissect the multiple pathways through which individuals are navigating the Unwinding process, comparing results across states. The presenter will discuss opportunities for policy changes to assist individuals in finding alternative sources of insurance, including an assessment of the effectiveness of the Affordable Care Act at promoting dental insurance through the exchanges.

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VIII. Title: Breaking the Mold: Advancing Access to Quality Dental Care with Minimally-Invasive Care

Presenter(s): Spring, Crystal, BSDH, LAP, FADHA

Abstract: Access to quality dental care faces persistent challenges due to disparities in oral healthcare, limited resources, and patient anxiety associated with traditional drilling procedures. This study aims to explore innovative methods utilizing the entire dental team to enhance access to quality care. Goals include assessing efficacy and patient acceptance of non-invasive dental technologies and integrating them seamlessly into clinical practice. Key Features: Leveraging a comprehensive dental team including hygienists, assistants, and community health workers, this approach focuses on non-invasive technologies like remineralization therapies and minimally invasive procedures. Emphasis is placed on patient education, prevention, and early intervention, reducing the need for invasive treatments. Impact: Preliminary findings indicate reduced patient anxiety and discomfort, with potential cost savings. This approach holds promise in making quality dental care more accessible to underserved populations and promoting a patient-centric model, thereby enhancing overall oral health. Conclusions: This innovative approach demonstrates promising results in increasing patient access and satisfaction while minimizing the need for traditional drilling. By embracing noninvasive technologies and leveraging the entire dental team, we are poised for a transformative shift in dental care delivery, emphasizing preventive and patient-friendly approaches for improved oral health worldwide.

IX: Title: Advancing Oral Health Equity Among LGBTQIA+ Individuals: Integrating Inclusivity into a Pre-doctoral Dental Education Program

Presenter(s): Tamayo-Cabeza, Guillermo, BDS, MSc

Abstract: The Indiana University School of Dentistry (IUSD), in partnership with Fairbanks School of Public Health, Interprofessional Practice and Education Center, and 'Cultivating a Belonging' Culture' has conducted a comprehensive project to enhance LGBTQIA+ inclusivity in dental education. The project began with a curriculum mapping and gap analysis of the Doctor of Dental Surgery (DDS) program to address the limited LGBTQIA+ specific instruction and content in the predoctoral curriculum, a barrier to culturally sensitive care. Our analysis, involving a review of course content, teaching methods, and adherence to CODA Standards, revealed that out of 28 potential courses for LGBTQIA+ content inclusion, only 16 integrated such topics, and only one course explicitly mentioned the LGBTQIA+ population. This gap, especially in the senior years of the DDS program, highlighted the need for enriched curriculum content to prepare future dentists to serve the diverse needs of all patients, including the LGBTQIA+ community. Following these findings, IUSD introduced an adaptation of the ECHO model focused on LGBTQIA+ community care. This adaptation, using tele-education, extended the ECHO model's effectiveness in serving vulnerable populations, thus enhancing dental students' cultural competency and practical skills in providing equitable dental care to LGBTQIA+ patients. The program included equity-focused sessions for pre-doctoral dental students. Additionally, the Interprofessional-Objective Structured Clinical Exam (iOSCE) was used to evaluate clinical skills and communication in simulated patient scenarios, enhancing interdisciplinary collaboration

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among healthcare students. This dual-phase initiative addressed curriculum gaps and improved practical training, aiming to create a more inclusive dental healthcare environment.

A-3. Roundtables: For the roundtables, presenters created discussion-based content to engage participants in the exchange of ideas and collaborative dialogue.

I. Title: Improving Access to Care for Intellectually and Developmentally Disabled Populations in Tennessee through Technology-Driven Solutions and Public Private Partnerships Presenter(s): Boynes, Sean, DMD, MS

Abstract: Persons with I/DD face limited access to preventive dental services, resulting in higher rates of untreated dental conditions and poorer oral health outcomes. The ongoing dental healthcare workforce in Tennessee exacerbates these challenges, leading to long wait times and difficulty addressing critical dental needs. To address these issues, the Tennessee Department of Intellectual and Developmental Disabilities (TD-IDD) awarded a state contract to Harmony Health Foundation. This collaboration aims to identify main challenges in oral health access and develop a pilot with scalable methods, integrating new technologies to positively impact dental care access and oral health prevention. This initiative centers on three key pillars. Firstly, an ongoing environmental scan is identifying facilitators and challenges within the state, using Medicaid claims, BRFFS data, surveys, interviews, sedation utilization, and a Mystery Shopper program. The second pillar involves implementing a pilot project that integrates innovative technologies - point of care salivary diagnostics, AI-enabled smartphone applications and home monitoring. The third pillar focuses on a rigorous analysis of outcomes and the development of a change package, serving as a blueprint for replication and scale. These collaborative efforts signal promising steps in tackling oral health disparities for individuals with I/DD. The initiative, blending holistic and technology-driven approaches, aims to not only address immediate challenges but also establish a foundation for scalable methods, positively impacting oral health. Moving forward, the integration of innovative solutions and a commitment to data-driven decision-making will be crucial in reshaping the oral healthcare landscape.

II. Title: Using Formal (And Informal) Measures for Tracking Access to Care Outcomes for Underserved Populations

Presenter(s): Christian, Allison, MPH, CPH, CHES; Fuqua, Tonya K., DDS

Abstract: Save a Smile is a community-based oral health program based in Fort Worth, Texas led by Cook Children's Health Care System. Low-income children with severe dental disease are provided treatment by volunteer dentists and social service support to ensure treatment is completed and children are disease free. During this round-table, we will outline Save a Smile's evaluation framework, methodology and reporting process. Additionally, we will discuss how to take action on data to manage staff, make program decisions and substantiate stakeholder investments. Since the inception of Save a Smile over 20 years ago, there have been many challenges and opportunities to improve evaluation and tracking efforts. These insights help us better tell the story of advancing patient- and community-centered outcomes. By taking an evidence-based approach, the Save a Smile program also led to a pilot project funded by the American Academy of Pediatric Dentistry, which aims to integrate medical and dental services

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through the addition of a social services component to support dental treatment completion and provide oral health education for families.

III. Title: Community Based Workforce Development Presenter(s): Etminan, Sodabeh, DMD, MPH

Abstract: The Mile Square Health Center (MSHC) started a state-accredited dental assistant certification program to help solve their need for trained staff. They used a community-based recruitment approach to ensure a diverse staff and provide economic opportunities for the communities they serve. They removed barriers to application and worked with community groups to recruit individuals. The program started in 2021 and has a 95% job placement rate, with all graduates remaining in community-based clinics or academic settings.

In this presentation, the MSHC will review the steps they took to begin an FQHC-based auxiliary certification. The program implementation challenges and barriers faced throughout the process will be presented, including:

a. Equitable and diverse class selection: How to ensure students selected will be diverse and have the necessary resources to complete the program successfully. This includes sample applications and training staff on equable interview scoring, as well as how to create a low-barrier website for applications.

b. Class structure: How classes are created and implemented for success. Where the actual classes will take place. Finally, how to design practicums that ensure a successful externship experience.

c. Recruitment: How to disseminate information about your program, potential partners in this space that can help you, and developing community linkages.

d. Associated costs and funding: Overview of costs for the program and potential funding opportunities.

e. Compliance: What tools you need to remain compliant as an educational provider and as an externship site for auxiliary staff.

f. Setting up your students for success and retainment

IV. Title: Oral Health Initiative: An Interagency Collaboration to Promote Pediatric Oral Health and Wellness

Presenter(s): Gorman, Susan, MEd, RDH

Abstract: An estimated half of all American children do not receive regular dental care because of social, economic, and geographic obstacles. Those disparities are significantly increased in Hispanic children living in predominantly rural migrant farm communities. These children have the highest prevalence of dental caries, and less than one-third of them have regular dental visits. To help address these issues, a dental outreach site located within a rural migrant farm community in Southwest Florida was implemented to promote preventive oral health access for school-aged children and enhance oral health literacy for pregnant women and new parents. This innovative oral health initiative was established in collaboration with the local WIC program and a food pantry to help present a pathway to nutritional and oral health wellness.

This oral health initiative offers no-cost preventive services to culturally diverse families

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who are unable to afford dental care, have transportation challenges and experience language barriers. This presentation will discuss the prevalence of decay seen in the children enrolled, 20% of whom exhibit urgent dental needs showing signs of pain or infection. The unique and costeffective approaches utilized in this initiative will be examined, which include a dental hygiene care model in delivering preventive services and the incorporation of a promotora de salud for increasing parents' oral health literacy. This presentation will conclude by providing knowledge on how to successfully implement, manage and evaluate an interagency oral health initiative for vulnerable pediatric populations.

V. Title: Community Engagement in Oral Health Across a Continuum Presenter(s): Griffin, Melodie, MHA

Abstract: As the oral health community deepens its recognition of the importance of communitydriven work and community power-building, it is critical that we measure the effectiveness of our efforts to center community voice in our work. We believe that meaningfully engaging community is essential to this effort. Community engagement as a concept and what defines a community can be interpreted differently by different audiences. CareQuest Institute developed its Community Engagement Framework, in collaboration with Community Science, to better understand the spectrum of community engagement, our grantees' work in this area, and as a tool to inform our capacity-building for our grantees and ourselves. This roundtable discussion will introduce the continuum and lead participants in discussion on where they find themselves on the continuum, where they would like to be and potential methods to get there to increase the level of community engagement in their work.

VI. Title: Driving care transformation and promoting oral health equity through authentic engagement of community members

Presenter(s): Griffin, Melodie, MHA

Abstract: Within CareQuest Institute's philanthropy, it is a central principle that oral health care solutions cannot be equitable or effective without those individuals most impacted by oral health disparities driving the work. Through the Community and Care Transformation Request for Proposals, CareQuest Institute funded ten projects that combine two core interrelated elements of work: (a) carry forward of care transformation concepts and (b) ensured authentic and deep community engagement was embedded in the practical implementation of those concepts. Grantees are a mix of community organizations looking to expand how oral health care is delivered and safety net clinical facilities looking to grow their community engagement.

This round table will share learnings from the ten grantees, best practices for community engagement, and introduce the Community Engagement Continuum - a robust measurement framework for community engagement within oral health systems-change work.

VII. Title: PHDHP Dental Care Managers – bridging the gap between community and the dental chair

Presenter(s): Hammerschmitt, Barb, BSHRP, MPH, PHDHP; Shaffer, Dana, RDH, PHDHP, MEd Abstract: UPMC for You Clinical Dental Intervention Program leverages Public Health Dental Hygiene Practitioner (PHDHP) Dental Care Managers as a bridge for oral health through

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interventions. These interventions are aimed at:

- Family/Member/Child
- Physical Health Provider
- Oral Health Provider
- Behavioral Health Provider
- $\boldsymbol{\cdot}$ Community and
- Insurance/Managed Care

The goal of the program is focused primarily on elevating the oral health IQ through same and similar messaging paired with strategic approaches to addressing social indicators of health. The program focuses on dental care management which has created a new frontier for the PHDHPs and their roles in the impact on members of the health plan and the community.

III. Title: Community Based Workforce Development Presenter(s): Etminan, Sodabeh, DMD, MPH

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In this presentation, the MSHC will review the steps they took to begin an FQHC-based auxiliary certification. The program implementation challenges and barriers faced throughout the process will be presented, including:

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b. Class structure: How classes are created and implemented for success. Where the actual classes will take place. Finally, how to design practicums that ensure a successful externship experience.

c. Recruitment: How to disseminate information about your program, potential partners in this space that can help you, and developing community linkages.

d. Associated costs and funding: Overview of costs for the program and potential funding opportunities.

e. Compliance: What tools you need to remain compliant as an educational provider and as an externship site for auxiliary staff.

f. Setting up your students for success and retainment

VIII. Title: Strong Towns and Oral Health Presenter(s): Howell, Scott, DMD, MPH

Abstract: As our cities grow and as individuals move from rural communities to urban and

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suburban communities, our cities spend funds on new infrastructure to welcome new companies and new citizen. But it comes at a cost to those who already live in the city and the infrastructure that already exists. Funds are set aside for new infrastructure, but cities fail to ensure that funds are available for maintenance and ongoing improvements of existing infrastructure. Strong Towns advocates for better public transportation, safer streets, and connecting with our neighbors to work collectively to impact change that can lead to positive health outcomes. The Strong Towns movement focuses on urbanism, but a focus on urbanism can bring the possibility to have a massive impact on the health outcomes of our communities, particularly those who have the greatest needs. This round table will give participants an opportunity to learn about the Strong Towns movement and how we can work with our local city leaders to better understand the impacts poor city policies, particularly those that have long term financial impacts, have on our communities.

IX. Title: Barriers and Opportunities for Improving Dental Healthcare Access, Utilization, and Outcomes through the Ryan White HIV/AIDS Program (RWHAP): The Lived Experience at the Center

Presenter(s): Juarez, Tonantzin E., MS

Abstract: Oral health has a significant impact on overall health and guality of life. People living with HIV/AIDS (PLWHA) experience more oral health problems and complications compared to their non-infected counterparts, have greater difficulty accessing and using oral health care services, and as a result have greater unmet oral health care needs than the general population. Because previously published reports and research helped to identify and quantify disparities in oral healthcare, the Weitzman team sought to center the voices and lived experiences of PLWHA as a way to provide another dimension to the issue and seek patient driven solutions. As part of the project, we created a representative Taskforce comprised of PLWHA and patient advocates working closely with PLWHA or familiar with HIV/AIDS advocacy and community work. Our goal was to hear from both PLWHA and those working closely with them about issues faced in receiving dental care and how we can improve access to routine oral care. Recruitment for the Taskforce was nationwide, with our website receiving over 500 applications from which 11 members were selected. Their contributions became the backbone to a three-part policy brief series, "Barriers and Opportunities for Improving Dental Healthcare Access, Utilization, and Outcomes through the Ryan White HIV/AIDS Program. In addition to covering important material presented in our policy brief series, our goal is to share how centering patient's voice in projects can add valuable context and nuance to help understand prior research and reports we see published.

X. Title: A Healthy Step to Oral Health – A Unique Approach to Early Childhood Health Integration

Presenter(s): King, Rachel, DDS, MPH, MBA, MS

Abstract: Oral health is an essential part of overall health. Ensuring early and equitable access to oral health care is crucial in preventing development and progression of oral disease. Unfortunately, access to necessary dental care continues to be a problem, particularly for the most vulnerable populations, including infants, toddlers, and pregnant women. Alternative

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approaches to preventive care have been explored through the Transforming Oral Health for Families (TOHF) project, part of the Networks for Oral Health Integration (NOHI) program, funded by the HRSA Maternal and Child Health Bureau. The TOHF project was created to improve access to preventive oral health services across the maternal and child safety net through medical and dental integration. This session will focus on the unique integration of oral health and behavioral health within the Healthy Steps program of a Federally Qualified Health Center. Healthy Steps is an early intervention family support program driven by impacting long-term overall health via support of early childhood development. This program supplements the work of primary care to ensure individual, family, community, and societal well-being and a strong start in life. This Roundtable will describe how one center is implementing enhanced oral health services within Healthy Steps visits, including oral health risk assessments, anticipatory guidance and self-management goal setting, and referral to primary care medical and dental services. Emphasis will be placed on successful practices, sustainability strategies, and program response from parents, patients, and practitioners. Participants will have ample opportunity to ask questions and discuss project details.

XI. Title: Mississippi Population Oral Health Collaborative (MPOHC) Presenter(s): Koka, Sreenivas, DDS, MS, PhD, MBA

Abstract: In 2021, UMMC School of Dentistry established a new program named the Mississippi Population Oral Health Collaborative (MPOHC). The primary goal of the POHC is to create, test and perpetuate new oral health models that are founded on Systems Dynamics to transform the infrastructure around oral health in Mississippi.

To that end, the MPOHC has established a series of focused and synergistic programs intended to reduce disease burden in underserved areas of Mississippi. All of the programs are novel and seek to expand our awareness of infrastructure level changes that are realistic and pragmatic. A special emphasis is placed on programs that promote collaboration across multiple stakeholders and especially those who work and reside in the local communities in which we seek to transform oral health outcomes.

Four programs that exemplify the MPOHC's strategy are a first of its kind Caries Reduction Trial for middle-schoolers and high-schoolers in Rolling Fork, Mississippi, a successful Project ECHO offering supported by a HRSA grant, a program for dental and dental hygiene students to administer the HPV vaccine (the only dental school in the US to do so), and a study to determine the effectiveness of financial incentives on the willingness of parents to consent to the HPV vaccine for their children. Going forward, the MPOHC will replicate and scale its work as a precursor to giving away to the nation and the world all of its materials and findings.

XII. Title: Improving Access to Care for Patients with Intellectual and Developmental Disabilities (IDD)

Presenter(s): Kumar, Sai Ramani Krishna, DDS; Patel, Manav

Abstract: The number of adults with developmental and acquired disabilities is increasing, this will continue as life expectancy for patients with IDD continues to improve, with 90% living beyond 20 years of age. Institutionalization for people living with IDD has decreased,

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with people living either with family or in a group home. With the decrease of institutionalization, there is the disadvantage of not having public medical and dental services provided, and the family having to facilitate medical and dental appointments IDD patients also have higher unmet oral health needs than the general population. There are not enough general dentists treating special needs patients to meet the increased demand. The goal is to help develop community-based linkages to additional services beyond those in a traditional primary care setting.

XIII. Title: Pioneering Pathways for Iowa Veteran Oral Health Presenter(s): Linn, Grace, MA, BA; Yao, Elvin, PhD

Abstract: Join us as we delve into the significant findings of AIDPH and Delta Dental of Iowa Foundation's recent report and explore strategies for transforming data into practical solutions. This session will present a concise summary of the report's key findings, highlighting critical statistics on Iowa veteran oral health outcomes, access to care, and cost implications. Our presenters will discuss how to translate research into actionable solutions, showcasing the impact of data in driving meaningful change. Participants will be encouraged to share their approaches and insights on utilizing data in their states. The session will highlight Iowa's pioneering role in veteran oral health initiatives and its potential to inspire other states. We will focus on innovative strategies for collaboration and knowledge sharing. Looking ahead, we will share plans for implementing a comprehensive package of materials, including reports, state profiles, road tour listening sessions, and a data dashboard. Participants will be invited to provide their thoughts and suggestions. We will also discuss collaborative partnerships with funders, particularly the Continuous Quality Improvement (CQI) funder, and explore ways to engage additional funders. The session will cover the implications of the new Request for Proposals (RFP) and potential areas for partnership. Through conversation and discussion, we aim to foster collaboration and inspire similar efforts across other states, providing a valuable platform for sharing knowledge, fostering partnerships, and advancing the mission of improving veteran oral health nationwide.

XIV. Title: Data Visualization Supports Community Engaged Transformation Presenter(s): McLeod, Caroline, RDH, MS

Abstract: CareQuest Institute collaborates with state and local level stakeholders to implement Health Transformation Programs aimed at improving health care practice readiness for integrated, value-based care, rooted in community driven solutions. These programs engage dental and medical practices in local communities through education, coalition building, quality improvement, and resources for data collection. Visualization and application of patient clinical and demographic data at the clinic-level are key program components that enable transformation and require innovative execution. Data visualization and application enable improved access to preventive oral health care and decision making with patients, care coordination, population health monitoring, and evidence building for systems level change. Current programs engage health care organizations across three states, including 19 dental clinics and 4 medical clinics in urban and rural areas, that provide care to over 50,000 patients within Medicare, Medicaid and CHIP. This wide range of representation allows for personalized transformation approaches to meet community specific needs. During the session, participants

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will learn about the programmatic impact from unique communities and review several promising practices for accessible, equitable data visualization for informed decision making and community engagement.

XV. Title: Imagine: An Oral Health Think Tank at a University Without a School of Dental Medicine Presenter(s): Mehta, Sujay A., DMD, MPH

Abstract: A novel Center for Oral Health at a public health institution without an affiliated dental school has the potential to advance the conversation on integrating oral health while also encouraging needed collaborations with public health researchers and advocates to advance health for all.

Dental schools are not equipped to fully address the complexities associated with multiple oral public health related challenges. Dental leadership has not addressed access to care issues for people unable to afford the private payer model of care.

Dental leadership and dental education cannot fully address oral-medical integration and multidisciplinary collaborations without the leadership of the top public health schools in the country.

National and international calls to actions recommend strengthening oral health leadership; integrating oral health into public health policy; encouraging multi-disciplinary partnerships and stakeholder engagement; and incorporating the oral health workforce into emergency preparedness.

Collaboration with schools of public health is needed to advance policy and advocacy; appreciate social, commercial and political determinants of health; expand the oral health workforce; integrate oral health care with primary care; and encourage oral-medical data collaboration for evidence-based policy decisions.

Advancing oral health requires a public health approach which would benefit from a dedicated think tank at an institution focused on integrating the wide scope of oral diseases into public health. Oral health requires a variety of stakeholders including institutions outside of dentistry. With growing calls to integrate the mouth into the body, schools of public health have tremendous potential to advance change in advocacy, policy, education, and research.

XVI. Title: New Features of the Upcoming National Oral Health Data Portal Version 2, Including Local Measures to Support Community Engagement Presenter(s): O'Malley, John, MHI

Abstract: Dental public health professionals need timely oral health surveillance data to monitor the performance of oral health systems. In January 2022, the Association for State and Territorial Dental Directors (ASTDD) launched the National Oral Health Data Portal, consolidating dozens of public datasets from partners across federal agencies and non-profit organizations to make information easier to find. The Portal contains dashboards, downloadable spreadsheets, and links to data sources. ASTDD has now partnered with CareQuest Institute for Oral Health to launch The National Oral Health Data Portal Version 2 in mid-2024, with plans to expand the types of data included and making it easier to see state- and community-relevant data on a single screen.

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This roundtable discussion will introduce capabilities of the new platform, including the mapping of local area imputations of oral health access and outcomes measures designed to be more useful to people trying to better understand their own community's oral health story. We will cover an update to state indicators in the National Oral Health Surveillance System (NOHSS) and review new state-based measures covering health insurance, provider participation, and service utilization.

Participants are encouraged to share their previous experience with using the National Oral Health Data Portal and provide feedback to how the latest version can be designed to best address their needs.

XVII. Title: Connecticut's Medicaid Oral Health Navigation Model: Design, Evaluation, and Outcomes

Presenter(s): Parker-Reilly, Kate, LMSW

Abstract: Since 2010, Connecticut has provided oral health navigation services to Medicaid members experiencing barriers in accessing dental care. A recent evaluation demonstrated members receiving the services had reduced oral health related emergency department visits and increased utilization rates. The model and its outcomes will be explored.

XVIII. Title: Building Capacity for Community-led Research and Action to Advance Oral Health Equity

Presenter(s): Price, Cody, MPH

Abstract: Building on Texas Health Institute's expertise in equity-focused research, this session will cover the methodology and capacity-building tasks for sustainable community-led research utilized in a recent project to advance oral health. In this project, the community voice served as the driving force behind the development of a systems-oriented, forward-looking roadmap to address oral health disparities in the state of Texas. This round table discussion will focus on strategic engagement for sustainable action in health equity, specifically highlighting the replicable (1) methodology and (2) capacity-building strategies for community-led research. Grounded in evidence and best-practices for sustainable health equity research, the methodology outlined in this discussion includes recruitment and qualitative data collection activities supported by collaboration with community-based organizations. Examples include key informant interviews and community-led focus groups to explore oral health disparities (by age, race and ethnicity, disability status, sexual orientation, and geography). Data collection was supported and led by community-based partners, organizations, and members with lived experience. This presentation will inform a rich discussion and deepen a shared recognition of equity-focused practices utilized in oral health disparities research.

A-4. 10 Minute-Masterpieces: The 10-Minute masterpieces were engaging ten minute seminars that provided anecdotes and narratives stemming from diverse oral health experiences and findings.

I. Title: No One Should Die From Dirty Teeth! Presenter(s): Dunbar, Sonya, RDH, MPH

Abstract: According to research, more than half of all dental patients over 60 are on medication

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or are medically compromised in some way. The U.S. Surgeon General has stated that older Americans suffer from a "silent epidemic" of severe, consequential dental health problems. Considering that many of these patients also have cognitive and physical issues that complicate treatment, it is easy to see the need for dental professionals specializing in geriatric patients. This seminar will provide an overarching look at the dental, emotional, and physical needs that geriatric patients require from dental professionals. Attendees will walk away with actionable plans that can be implemented immediately to better serve the geriatric patient.

II. Title: Community Voice to Policy Action: The Connecticut Oral Health Initiative Presenter(s): Griffin, Melodie, MHA

Abstract: COHI (Connecticut Oral Health Initiative) exists to be a voice for those who are currently unheard," says Gary Turco, the community engagement specialist at COHI. In this video, Turco discusses the importance of oral health and how COHI teams up with CareQuest Institute to improve access to oral health care. Participants will view the video and discuss how community voice informed policy action.

III. Title: Sample Size of 1: The Power of Your Story Presenter(s): Zokaie, Tooka, MPH, MAS, CPH

Abstract: Have you ever seen a video, spoken with a patient, or heard a family member share that fluoride is toxic or vaccines will make you sick? Are you not sure how to respond when faced with such misinformation? Then behavioral health science can help you explore how emotions and trust in health programs impact decisions. In biostatistical research, the power of the significance test is increased as sample size increases. A good sample size is considered as 10% of the population. In individual decision making, this is not quite the case. A personal story can paint a powerful emotional picture that a sample size of thousands could not reach. I will explore how your story, as a sample size of 1, can build relationships and trust in science. By knowing your audience, showing the data in action, and inviting your audience to interact- trust in you and the science can grow.

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FEEDBACK

The following selected quotes came from a SurveyMonkey poll asking participants for their general impressions of the event. Responses were compiled anonymously in order to ensure unbiased and candid feedback.

The insights gathered will help us pinpoint both successes and areas for improvement in future events.

Usually conferences are exhausting. The Colloquium has energized me and I feel more excited than ever from the talks and connections. I am inspired!

The tone set by the Keynote was electric and amplifying. The exercise to work with our neighbors struck the right tone early on and was a source of interaction that I was craving and carried into the rountables for even more engagement. I also valued how the poster sessions were small enough to have meaningful conversations with the authors. Often this area is too big and too overwhelming to meaningfully engage.

The networking opportunities were excellent. I was happy just to be in the room with so many experienced dental public health folks, meeting new and old friends.

It was one of the best conferences I've been to in recent years. I honestly felt each session was valuable.

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The following is a broader collection of participant quotes. These responses illustrate the range of thoughts and feedback we received, providing a comprehensive overview of the Colloquium's impact and reception.

Favorite Parts of the Colloquium

- "I really enjoyed the masterpiece session. I thought that each presenter did a wonderful job sharing very unique perspectives about oral health."
- "I enjoyed all of the sessions. The roundtables were great, as it gave us a more intimate setting to learn about topics that most interested us."
- "I liked the adequate amount of space provided for the participants to comfortably participate in the event."

Areas for Improvement

- "Although it is always hard to balance making sure the agenda is packed full to make it worthwhile and giving time for breaks, it would have been nice to have more buffer time in between sessions. It felt a little rushed from one thing to the next, and we could feel the staff was a little stressed trying to make sure we stayed on time. Overall you all did great!!"
- "As a speaker, I wish information about assigned presentation slots was communicated earlier. Additionally, the speaker application presentation types did not match what was listed on the website initially AND the format of the roundtables was changed after acceptance. The roundtable I helped facilitate went very well but timely and consistent expectations would have made for a better experience."
- "It would have been helpful to have a list of attendees by name and organization to refer to."
- "Venue and food were A+! I think the long Tuesday resulted in people going to dinner instead of going to awards and posters. I think to make the poster session more worthwhile in the future it should be earlier in the day. Frequent breaks were great. Really helped with networking."

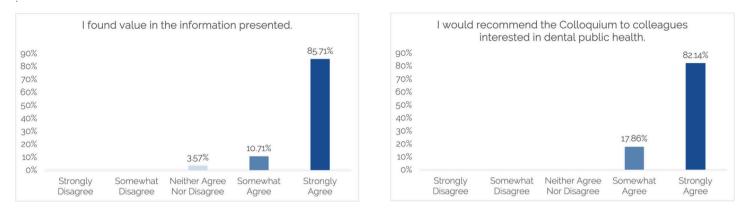
Overall Impressions

- "Overall, the Colloquium was an excellent and amazing experience. I thoroughly enjoyed the speakers and content. The meeting was well organized. I very much appreciated the quality of the breakfast, lunch and the awards reception food. I particularly liked the small venue which gives opportunities to meet people and have meaningful conversations compared to larger events."
- "I am so grateful for the AIDPH team and for all of their efforts in putting the event together. Everyone was so kind and welcoming, it was a great atmosphere and I am looking forward to attending more events in the future."

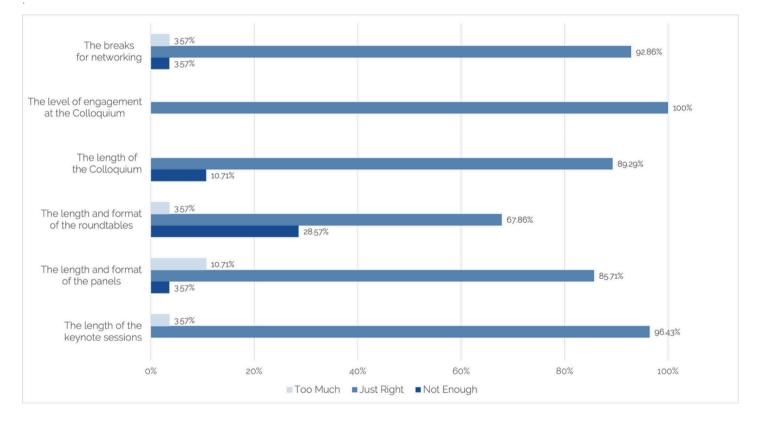
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The following charts visually represent a selection of feedback received from the event's participants through our SurveyMonkey poll, offering a clear and concise overview of the opinions and insights shared.

Please rate your agreement with the following statements about the organization and implementation of the AIDPH Colloquium.



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