Increasing Capacity to Inform Oral Health Policy

FORUM REPORT

St. John’s NL
Oct. 21-22, 2009

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The “Increasing Capacity to Inform Oral Health Policy” Forum was held on October 21 and 22, 2009 in St. John’s NL at Memorial University. The purpose of the forum was to bring together potential stakeholders and partners supportive of oral health to share information and to begin discussion about the assessment and evaluation of oral health in Newfoundland and Labrador. The forum was part of a larger research study entitled “Increasing Capacity to Inform Oral Health Policy Regarding Vulnerable Populations and the KT Plan” (ICOH) led by Drs. Joanne Clovis and Debora Matthews of Dalhousie University and Dr. Stephen Bornstein of the Centre for Applied Health Research at Memorial University. The goal of the study is to plan ways to measure and monitor oral health status and to guide policy aimed at improving the oral health of vulnerable populations on Canada's east coast, beginning with the senior population. The study is funded by the Canadian Institutes of Health Research (CIHR).

The objectives of the forum were 1) to create a network of stakeholders and partners supportive of oral health; 2) to share information on the proposed NL Oral Health Plan, provincial and national oral health surveys, and current and potential uses of teledentistry; 3) to begin discussion about the assessment of oral health in NL.

The forum included both formal presentations and small group discussion. Presentations were given on the following topics: the draft NL Oral Health Plan, the Canadian Health Measures Survey (Oral Health Component), the NS Oral Health of our Aging Population (TOHAP) survey, the NL telehealth system, uses of teledentistry by Health Canada First Nations and Inuit Health Branch, and the uses of videoconferencing in the Healthy Smile Happy Child project. Small group discussions were held on the following topics: “SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis of assessment and monitoring of oral health in Newfoundland and Labrador” and “If a survey such as TOHAP were to be done in NL - in terms of human resources and expertise, technology and infrastructure, policy and system support - what things are promising, what things are obstacles and what are the solutions”.

The forum was attended by representatives of the NL Government, the NL Dental Association (NLDA), the NL Dental Hygienists Association (NLDHA), the NL Dental Board, Health Canada, academics, research groups, physicians, the College of Licensed Practical Nurses, care-givers associations, long-term care facilities, and seniors’ groups.
Emerging Themes

Themes that emerged over the two days of the forum were: increasing interest and awareness of oral health, personnel issues, relationships among health professionals, availability of funds for research, and the limitations imposed by the geography and demographics of Newfoundland and Labrador.

Interest and Awareness
There was the perception that interest in and awareness of oral health in NL are increasing and may be higher than ever. But there was also the concern that interest and awareness may not be enough to make oral health services and oral health research successful in competing for limited government funds.

Personnel Issues
A lack of oral health professionals and the regulatory issues limiting the scope of practice for dental hygienists were seen as limitations affecting access to oral care; however, the increasing number of dental hygienists and level 2 dental assistants, and the forthcoming changes to dental hygienist regulations were brought forward as positive aspects of this issue. The lack of a dental school and the associated lack of oral health research expertise in NL was a recurring topic of discussion. The current collaboration with the Dalhousie Faculty of Dentistry and the presence of strong research expertise within MUN (in the Faculty of Medicine in particular) were raised as solutions to this problem.

Relationships
The existence of strong collaborative and cooperative relationships among groups of oral health professionals, among oral health professionals and the government, and between oral health professionals and researchers was a theme that was repeatedly raised during discussion.

Research Funds
Obtaining research funds was noted as a challenge to conducting oral health research.

Geography and Demographics
The geography and demographics of NL, with its low-density population and many rural and remote communities, were perceived as major challenges to conducting oral health research in NL.
Recommendations

1) That ongoing mechanisms be put into place to maintain the current focus on oral health research. One such mechanism is the creation of an **Oral Health Research Affinity Group** at the NL Centre for Applied Health Research (discussed below).

2) That opportunities be sought to **capitalize on the overall current interest in oral health in NL**, which is at historically high levels. This interest is evident in the proposed NL Oral Health Plan documents and the associated consultation process. It is also evident in the enthusiasm and interest shown by the attendees at this forum, not only from oral health professionals but also from members of the community – particularly seniors’ organizations.

Actions Resulting from the Forum

1) The Forum has resulted in the decision to establish an **Oral Health Research Affinity Group** through the NL Centre for Applied Health Research. The research affinity group is co-chaired by Dr Sharon Buehler (Professor Emeritus, MUN Faculty of Medicine) and Dr Peter Hornett (Chief of Dental Services, Labrador-Grenfell Regional Health Authority). It will facilitate oral health research and will include a range of stakeholders representative of researchers, oral health professionals, and the broader community interested in the role of research in advancing population oral health in NL.

2) The forum **identified** additional **key informants** who have been interviewed by Dr Joanne Clovis regarding their insights into the barriers and enablers to assessing oral health status and the treatment needs of vulnerable populations in NL.
The “Increasing Capacity to Inform Oral Health Policy” Forum was held on October 21 and 22, 2009 in St. John’s NL at Memorial University. The purpose of the forum was to bring together potential stakeholders and partners supportive of oral health to share information and to begin discussion about the assessment of oral health in Newfoundland and Labrador.

The forum is part of a larger research study entitled “Increasing Capacity to Inform Oral Health Policy Regarding Vulnerable Populations and the KT Plan” (ICOH) led by Drs. Joanne Clovis and Debora Matthews of Dalhousie University and Dr. Stephen Bornstein of the Centre for Applied Health Research at Memorial University. The goal of the study is to plan ways to measure and monitor oral health status and to guide policy aimed at improving the oral health of vulnerable populations on Canada’s east coast, beginning with the senior population. The study is a collaboration of clinician-researchers at Dalhousie University (Halifax NS) and a diverse group of stakeholders in NL including decision-makers, health services providers and researchers, all of whom share an interest in building the necessary links between the assessment of oral health needs and the delivery of oral health services.

Researchers at Dalhousie have built considerable expertise in oral health assessment of seniors through the Oral Health of our Aging Population (TOHAP) project and its pilot study. In NL the Government has drafted a unique Oral Health Plan, which could become part of the provincial Wellness Plan: Go Healthy. The ICOH project is capitalizing on the strengths of both of these groups and is providing opportunity for sharing of information between the two groups.

The components of the ICOH study are: the forum, videoconference demonstrations of the TOHAP oral health assessment protocol, key informant interviews, analysis of NL government documents and a final workshop to disseminate the results.
Forum Objectives

1) To create a network of stakeholders and partners supportive of oral health.

2) To share information on: the proposed NL Oral Health Plan, provincial and national oral health surveys, and current and potential uses of teledentistry.

3) To begin discussion about the assessment of oral health in NL.

Summary of Forum Activities

Oct. 21, Morning

Welcome and Greetings

Dr. Stephen Borstein, the Forum Facilitator welcomed all participants and presenters and introduced Dr. Tom Boran, Dean of the Dalhousie Faculty of Dentistry. Dr. Boran brought greetings on behalf of the Faculty of Dentistry and gave an enthusiastic overview of the Faculty’s activities highlighting its new directions, which include increasing outreach and using advanced technology to support curriculum and research.

Project Overview

Dr. Joanne Clovis gave an introduction and overview of the “Increasing Capacity to Inform Oral Health Policy” project. She noted that oral health care is largely excluded from the Canadian health care system, that the services that are offered vary widely from one province to another, and that there is little monitoring of oral health in Canada. Certain segments of the population are more vulnerable than others. The consequences of poor oral health include pain and suffering as well as diminished self-esteem and social interaction. Dr. Clovis stated that in order to improve oral health we need to understand the oral health needs of various populations (especially vulnerable groups), and we must use evidence to inform policy decisions regarding oral health.
As an example of one initiative to address population needs Dr. Clovis pointed to the work of the “Collaboration of Oral Health Researchers” (COHR) at Dalhousie University, whose mandate is to improve the oral health of vulnerable populations and increase capacity for oral health research through building the necessary links between assessment of needs and oral health services. ICOH began as a group within COHR, in response to a call from the Canadian Institutes of Health Research (CIHR) for research on disparities in oral health.

The stated goal of ICOH is to use our multidisciplinary knowledge and experience to increase the capacity within both Nova Scotia and Newfoundland and Labrador to inform policy regarding the oral health of vulnerable populations, beginning with seniors. Dr Clovis outlined the specific aims of ICOH:

1) build a network of stakeholders for seniors’ oral health in NL,
2) demonstrate the NS oral health assessment protocol, and
3) establish an interprovincial team that will capture the synergy of the NL oral health policy and planning and delivery stakeholders and the NS team’s assessment capacity and its experience in community collaboration.

The activities that will address these aims are: this forum, key informant interviews, document analysis, a demonstration of the NS oral health assessment protocol, and a final workshop to share outcomes.

Dr. Clovis indicated that throughout the project, knowledge translation and exchange are essential so that our collective knowledge will be available to the public, decision-makers and other researchers. She concluded by welcoming everyone and thanking the attendees for being willing to share their knowledge, skills and expertise.

**NL Initiatives in Oral Health**

**Wanda Legge**, Director of Policy Development and Acting Director of Planning and Evaluation for the Department of Health and Community Services of the NL Government, discussed the development and status of a proposed NL Oral Health Plan. Ms. Legge began by giving an overview of the history of the NL Dental Health Plan. The NLDHP was introduced in the early 1950’s and was the first comprehensive oral health program in Canada. It was and continues to be focused on children but a social assistance component has also been added. In 1992, Medical Care Plan (MCP) fees for dental services were frozen and eventually balance billing was introduced to compensate dentists for the difference. Over time, balance billing contributed to a decrease in utilization rates. A proposal was put to Cabinet and in 2006 a new agreement was drawn up between the NL Government and the NL Dental Association to update the fee schedule and eliminate balance billing.

Ms. Legge then gave some background information on the importance of oral health, noting that tooth decay is the most common chronic childhood disease (5 times more common than asthma) and that 25% of Americans between the ages of 65-74 have severe
periodontal disease. The importance of oral health was the impetus for developing a proposal for an Oral Health Plan for NL.

The proposed Oral Health Plan was developed from presentations by the NLDA, stakeholders consultation sessions, the creation of a discussion document and a “what we heard” document, interviews, literature research and input from the regional health authorities. The resulting draft Oral Health Plan “Go Healthy: Keep Smiling” is aligned with the provincial Wellness Plan and targets all segments of society across the full life cycle.

The key directions of the proposed Oral Health Plan (OHP) are to:
1) raise awareness of oral health as a public health issue and an important component of general health,
2) improve knowledge and skills related to self-care in oral health,
3) improve access, and
4) monitor and evaluate oral health status and access.

Ms. Legge outlined a number of proposed actions within the OHP to address each of the key directions.

Proposed actions to raise awareness of oral health include:
• raising the profile of oral health at Federal-Provincial-Territorial forums;
• partnering with the federal government on its oral health initiatives; and
• investigating the effectiveness and cost benefits of public health initiatives.

Proposed actions to improve knowledge and skills related to oral self-care include:
• oral health promotion activities;
• working with governments and agencies of Aboriginal peoples to support appropriate messaging and oral health promotion;
• educating individuals/families through health professionals; and
• building partnerships with stakeholder groups.

Proposed actions to improve access to care include:
• working with the Newfoundland and Labrador Dental Association (NLDA) and the Newfoundland and Labrador Dental Board (NLDB) to support more innovative approaches to service delivery in rural and remote areas;
• developing mechanisms to meet the oral care needs of seniors;
• including dentists on primary health care teams; and
• improving recruitment and retention strategies for oral health professionals.

Proposed actions to monitor and evaluate oral health status and access include:
• monitoring expenditures and utilization under the NLDHP;
• monitoring and evaluating the implementation of the OHP; and
• supporting epidemiological studies of select populations or geographic areas.

Ms. Legge concluded by discussing the next steps for the OHP, which are to:
• continue to keep the proposed Oral Health Plan up to date,
• seize opportunities for oral health promotion,
• seek funding and eventually have the OHP implemented.

Ms. Legge indicated that although the OHP has not yet been adopted, it has been positively received and she continues to promote it within the Department of Health and Community Services and is ever hopeful that it will be implemented in the future.

Document Analysis

Dr. Joanne Clovis presented the results of an independent document analysis conducted by a research student on two documents related to the proposed NL Oral Health Plan: Go Healthy: Keep Smiling – Developing an Oral Health Plan for Newfoundland and Labrador: A Discussion Document and Developing a Provincial Oral Health Plan: Go Healthy – Keep Smiling! The discussion document was created to solicit input during the consultation process, while the plan document was a summary of the consultation sessions. Both documents were analyzed manually and using NVivo software.

Dr. Clovis reported that the themes identified in the discussion document were: at-risk populations, access limitations, low utilization of services, awareness, challenges and the NL Dental Health Plan. The discussion document focused on segments of the population that are at higher risk for oral health care problems: seniors, those on low and fixed incomes, and Aboriginal peoples. It highlighted a number of challenges that need to be overcome by collaborating with those involved in government, health-related programs, and public education initiatives. The challenges that appeared to be the biggest priorities included access limitations, low utilization of dental services, low and fixed income issues, lack of oral health awareness, and problems related to monitoring and evaluating the oral health care system. The Newfoundland and Labrador Dental Health Plan was also a recurring theme in the discussion document. The document discusses what is currently covered by the plan as it relates to children and those receiving social assistance, and
highlights a number of areas where the plan could be improved to better serve the at-risk populations.

Dr. Clovis then outlined the themes identified in the oral health plan document: collaboration, education, service delivery, barriers to access and the public. Collaboration was a theme repeated throughout the plan document; partnerships between oral health professional, government organizations, health (other than dental), education, and social services professionals, and advocacy and special interest groups, are necessary to improve and maintain the public’s oral health. Challenges faced by dental professionals were highlighted as being problems related to increasing oral health knowledge and maintaining consistent service delivery to all. The factors that appear to have the largest affect on service delivery were financing, geographic/physical limitations, and regulatory issues. The importance of oral health education was emphasized. The plan document indicated that the needs of individual groups (seniors, teens, etc.) within the population should be considered as opposed to addressing the public as a whole. It also pointed out that the public should have choice in oral health care service delivery - both financial and geographic and physical limitations can act as barriers to accessing desired oral health care.

Dr. Clovis reported that analyzing the NL documents was helpful in providing potential focus points for future partnerships in assessment and evaluation.

**Canada Health Measures Survey**

**Dr. Harry Ames**, Assistant Chief Dental Officer of Canada, presented the Canada Health Measures Survey (CHMS), Oral Health Components. Dr. Ames began by providing some background information on the burden of oral disease in Canada and outlining the role and mandate of the Office of the Chief Dental Officer (OCDO). The priority areas for the OCDO are:

1) Needs Assessment,

2) Identify Information Gaps,

3) Health promotion, disease prevention and health protection,

4) Emergency preparedness and response, and forensics.

Dr. Ames reported that it has been 35 years since oral health clinical surveys were carried out in Canada and, therefore, that a needs assessment was required. Recently the CHMS, the First Nations and Inuit Oral Health Status survey, the Oral Health Status of Homeless in Toronto survey and the Senior’s Oral Health in Nova Scotia survey have been conducted and will help to identify needs.

Dr. Ames discussed the use of indices in conducting surveys and the meaning and uses of ‘prevalence’ surveys. He also discussed the development of the CHMS, all the considerations that went into choosing questions and the wording of questions, and the extensive pre-testing of the CHMS.
The CHMS has two components – a self-reported or household interview and a set of clinical measures. The survey used two mobile trailers that were transported to 15 sites across the country and surveyed 5000-6000 people from 6 to 79 years of age. The survey took two years to complete and finished in February of 2009. The CHMS covered a wide range of topics and health issues and included an oral health component.

Dr. Ames reported that the objectives of including an oral health component in the CHMS were to:

- evaluate the association of oral health with diseases such as diabetes, respiratory disease and cardiovascular disease;
- determine relationships between oral health and risk factors like poor nutrition and socioeconomic factors;
- establish a national baseline of decayed, missing and filled teeth (DMFT).

The household survey component of the CHMS included questions on oral health that dealt with: general health of the mouth; satisfaction with appearance of teeth or dentures; pain in the mouth; time away from work or school related to dental treatment or problems; frequency of brushing, flossing; frequency of seeing a dental professional; and insurance and cost issues. The clinical oral health exam measured: dental status; prosthetic status; mucosal status; fluorosis status; occlusal status; orthodontic treatment status; gingivitis, debris, calculus, attachment loss, probing; general tooth status; surfaces filled with amalgam; trauma status; untreated dental conditions; prosthetic and treatment needs.

Dr. Ames then discussed the First Nations and Inuit Oral Health Surveys, which were conducted between April 2008 and fall 2009. These surveys were designed to be comparable with the oral health components of the CHMS but also included children age 3-5. Dr. Ames talked about the logistical and planning challenges associated with surveying in remote and northern locations.

The results of the CHMS oral health survey are targeted to be published in spring 2010 in the form of a technical report and a public Oral Health Report Card. The results of the other oral health surveys are targeted for publication in the fall/winter of 2010.

Dr Ames ended by discussing the importance of calibration of examiners to insure validity of the indices and inter- and intra-examiner reliability.

**Oct. 21, Afternoon**

Participants were assigned to one of four small groups where they were asked to do a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis of: “Assessment and monitoring of oral health in Newfoundland and Labrador". Each group then reported highlights of its discussion back to the forum. A summary of the small group discussions can be found below.
Oct. 22, Morning

The Oral Health of Our Aging Population Survey

Dr. Joanne Clovis and Dr. Debora Matthews presented The Oral Health of our Aging Population (TOHAP) survey, a survey of the oral health of adult Nova Scotians age 45 plus. The survey had a target of 1200 people (400 community residents 45-65, 400 community residents 65+, 400 long-term care residents 45+). The objective of the survey was to measure: clinical oral health status, utilization of oral health services, impact of oral health on quality of life, personal care habits and treatment needs. The survey involved an interview and a clinical oral exam. The presenters gave some background on the importance of oral health. The rationale for the study was to establish baseline data; in order to implement change in services or policy, baseline data on the current status of oral health are needed.

Older adults were chosen as the subjects as they are a group considered vulnerable to poor oral health. Baby-boomers were included as they are the next generation of seniors and are likely to have different needs and expectations for care than the preceding generation. The presenters then discussed the pilot study to TOHAP, the Seniors Oral Health Assessment Project (SOHAP), which revealed high levels of oral disease.

Dr. Clovis presented the interview component of the survey. For TOHAP, adults living in the community were recruited by a Toronto-based telemarketing company; they had their interview conducted over the phone and were then scheduled for an oral exam. Adults living in residential facilities had their interviews conducted in person by a research assistant and this was followed immediately by the clinical exam. Residential facilities were randomly selected from a list of all NS residential facilities with more than 20 residents. The administrator or director of care recruited participants; only those residents able to give informed consent were eligible to participate. The interview collected the following information: demographics (age, sex, marital status, education, country of birth, languages spoken and read); oral health (quality of life, personal oral care habits, utilization of oral health care services); general health (quality of life, chronic conditions); medication use; smoking; alcohol consumption; sun exposure; labour force activity; and income.

Dr. Matthews then discussed the clinical exam component of the survey. The exam was based on the CHMS and was conducted by 1 of 5 calibrated dentists with data entered directly into an online database by a research assistant. The exam collected the following information: dentate status, prosthetic quality and status, jaw function, mucosal status, orthodontic status, gingival status, periodontal status (debris, calculus, attachment loss, probing depth), tooth status, history of traumatic injury and treatment needs. The residents of 22 communities as well as the residents of 31 long-term care facilities throughout Nova Scotia were surveyed. In all, 1077 people were interviewed and examined: 747 community residents and 330 long-term care residents. An additional 384
community residents were interviewed but not examined. Preliminary analysis of long-term care resident data indicates that a low percentage (26.6%) receive regular professional dental care and many have oral problems such as non-retentive dentures, mucosal abnormalities or xerostomia (dry mouth).

Dr. Clovis discussed some of the lessons learned during the survey; she indicated that good communication, flexibility and the ability to improvise were very important. She concluded by discussing issues of informed consent and some of the pros and cons of using a marketing company to conduct telephone interviews.

**Telehealth**

Joanne Reid, Project Manager for Eastern Health Telehealth gave an Introduction to Telehealth. Ms. Reid defined telehealth as the use of communications and information technology to deliver health care services over large and small distances, including remote and rural areas – primarily using videoconferencing equipment. Videoconferencing is an interactive technology allowing patients and health providers at distant sites to interact “face-to-face”.

The benefits of telehealth to the consumer are:

- it decreases the need for patient travel (and hence their costs and stress related to travel);
- it provides increased access to specialty services regardless of geographic location; and
- it allows for continuity of care.

The benefits to health care providers are:

- it reduces travel and time away from their health care institution;
- it allows relationship building with colleagues at a distance; and
- it gives opportunities for knowledge transfer and education.

Newfoundland and Labrador has an extensive network of telehealth video sites throughout the four regional health authorities. Ms. Reid gave an overview of the base unit that is used to videoconference – a mobile videoconferencing camera with a monitor – as well as some of the peripheral devices that can be attached to the unit for specific purposes (for example a hand-held camera). The telehealth network in NL is a secure encrypted network to ensure privacy and confidentiality.

The duty of care for service providers using telehealth is the same as that for in-person care. Ms. Reid reported that telehealth is currently being used successfully in NL by a variety of health professionals in a variety of health disciplines including oncology, neurology, mental health, nephrology, diabetes management, medical genetics and child development. It is used for clinical consults (initial assessment, follow-up, discharge planning, counseling, case review) and tele-education and rounds.
Teledentistry for First Nations and Inuit Oral Health

Dr. Greg Jones, Regional Dental Officer for the First Nations and Inuit Health Branch (FNIHB) of Health Canada gave a presentation on his experiences with teledentistry. Dr. Jones discussed how FNIHB operates 21 community clinics staffed by dental therapists. All patients require treatment planning by a dentist prior to treatment by a therapist, but there are many challenges in getting access to a dentist in a timely manner. To help overcome this challenge and aid in remote consultations, in 2004 all FNIHB dental therapists were issued a laptop with software for managing images. In 2005 intraoral cameras and radiography equipment were provided. Dr. Jones spoke about some of the issues that were encountered during implementation of this program such as employee reluctance, connectivity and software installation issues, as well as dealing with privacy issues and secure storage of files.

The program works in the following manner:

1. the therapist sends radiographs, case details and photos from the clinic to their supervising dentist by email attachment;
2. the supervisor reads the email and attachments, and
3. the supervisor renders an opinion by email or phone.

The email is via a secure government-only access account and is Blackberry compatible. Dr. Jones noted that the image quality and size on his Blackberry screen is very good. Dr. Jones concluded his presentation by presenting an actual case sent to him by dental therapist Kim Benoit.

Following Dr. Jones’ presentation there was an extended discussion about the possible used of telehealth or teledentistry in conducting oral health assessments. Dr. Jones felt that the uses would be limited by the importance of the tactile component of assessment. It was generally agreed that there could be a role for teledentistry depending on the type of assessment required but that attention would need to be paid to the training of the remote and attendant personnel involved. It was also thought that a dedicated network would be needed as commercial networks may not be secure and are more prone to disruption.

Healthy Smile – Happy Child

Dr. Lise Pinsonneault of Manitoba Telehealth and Dr. Robert Schroth of the Centre for Community Oral Health at the University of Manitoba, joined the forum by videoconference from Winnipeg to give a presentation on using telehealth to promote early childhood oral health through the Healthy Smile – Happy Child (HSHC) initiative. Drs. Pinsonneault and Schroth began by giving an overview of the history of the HSHC project which began in 2000 in response to wait list issues for pediatric dental surgery for
early childhood caries (ECC). Initially it was a partnership with 4 communities and in 2006 it expanded to include all of Manitoba.

The goals of the program are to:

- gain community acceptance of the importance of preschool oral health;
- build on existing programs which target young children;
- increase parental and service provider awareness of the importance of ECC prevention; and
- encourage service providers to incorporate ECC prevention activities into their current practice.

The project has community facilitators who are responsible for 2-3 health authorities. They build relationships with local programs, provide capacity-building workshops, enable community action and activities, and follow up with workshop participants.

The presenters then gave an introduction to MBTelehealth. The network has 72 remote sites throughout MB and was used for 8463 events during 2008/09. MB Telehealth has an integration strategy that is meant to support users in independent use of the equipment (through reference guides and technical support). In 2006 HSHC recognized that telehealth could be used to support its project staff in rural regions. Telehealth has since been used to provide training to staff in rural areas and most staff have been trained on how to give effective presentations via telehealth. HSHC is working to use MBTelehealth to engage and educate community members and provide capacity-building workshops to foster ongoing oral health promotion in remote and rural areas - workshops have been delivered to rural Francophone service providers.

Dr. Schroth then presented some results of research done on the HSHC program. He noted:

- a published baseline study,
- a follow-up evaluation study which demonstrated improvements in knowledge, attitudes and behaviour,
- reduced number of children with untreated decay,
- participants have good understandings of preschool oral health and positive opinions of the HSHC

Other indicators of success include:

- the initiation of tooth brushing programs in numerous schools and daycares;
- the development of a gum disease screening program by midwives for prenatal visits;
- a public health team working with kindergarten teachers to address ECC among low income and newcomer children;
- new strategies implemented by public health;
• more frequent follow-up with workshop participants.

The presenters also foresee increased engagement of First Nations in rural and remote communities and increased opportunities to achieve sustainable early childhood oral health promotion at the community level.

The presenters concluded by discussing future hopes for teledentistry:
• that it will be integrated into mainstream health care delivery;
• there will be increased research of teledentistry as an alternative option for oral health assessments; and
• that it may lead to equitable human resource allocation for underserviced regions.

Oct. 22, Afternoon

Participants were assigned to one of three small groups where they were asked: “If a survey such as TOHAP were to be done in NL - in terms of human resources and expertise, technology and infrastructure, policy and system support - what things are promising, what things are obstacles and what are the solutions.” Each group then reported highlights of its discussion back to the forum.
Day 1 - SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis of: “Assessment and monitoring of oral health in Newfoundland and Labrador”

**Strengths:**

Strengths identified through the SWOT analysis and highlighted by the small groups fell into four broad categories – relationships, interest and awareness, personnel and existing data.

- **Relationship strengths** noted were the harmony among oral health professionals in NL, the existing interdisciplinary link between MUN and the Dalhousie Faculty of Dentistry, and a strong sense of community in NL.
- An **interest** in oral health assessment and monitoring among oral health professionals (especially among hygienists), **increasing awareness** of the importance of oral health amongst the public, high public participation rates in surveys, the availability of community champions and the interest shown by the NL Government in oral health (as evidenced by the draft NL Oral Health Plan) were also highlighted.
- The increasing number of dental hygienists and level 2 dental assistants was noted as a **personnel-related** strength.
- **Existing data** such as the Children’s Dental Health Plan usage data and Community Accounts (an user-friendly internet-based platform of social, economic, and health data at the community, regional and provincial level) were also identified as strengths.

**Weaknesses:**

The weaknesses highlighted by the small groups fell into the following categories: geography, interest and awareness, personnel, and funds.

- The physical geography, weather and low-density population of NL were noted as barriers to monitoring and assessment.
- Although increasing awareness of oral health was previously noted as a strength, lack of awareness (and the associated perception of oral health monitoring as unimportant) were also identified as weaknesses.
- Lack of personnel, including data analysts, oral health researchers, public health dentists, oral health professionals and lack of a full-time dental director, were raised
as issues by most groups. Associated with these concerns was the lack of a dental or dental hygiene school within NL and regulatory issues around scope of practice for oral health professionals.

• Other weaknesses identified were the lack of a universal dental plan and the lack of provincial research funds.

Opportunities:
The small groups identified and highlighted a range of opportunities that could be used to help monitor and assess oral health in NL.

• **Existing sources of data** such as the Minimum Data Set Resident Assessment Instrument (MDS-RAI) for long term care residents, usage data from the Children’s Dental Health Plan, and national data from the Canada Health Measures Survey (CHMS).

• Expanding the **roles of existing organizations** (e.g., the NL Centre for Health Information) and taking advantage of new technology (e.g., telehealth and GIS mapping).

• **New media** (e.g., the internet) might be used to increase awareness amongst the public of the importance of oral health and allow for better public access to resources.

• Utilizing **research expertise at Dalhousie and Memorial Universities** was highlighted; the search engine YAFFLE ([www.yaffle.ca](http://www.yaffle.ca)) which allows searches of Memorial research expertise was noted in particular.

• **Utilizing existing or proposed surveys** targeted at certain populations and data collection during oral health promotion activities in hospitals and schools.

• The presence of a **new Minister of Health**.

• Opportunities presented by the **increasing interest and awareness of oral health** among the public and the NL Government.

Threats:
Threats to the assessment and monitoring of oral health in NL identified through the SWOT analysis involved funding, issues related to governance, research, personnel and geography and demographics.

• **Funding** - Several groups noted that there are competing priorities for funds both for research and service provision.

• **Governance issues** - The possibility that policy makers and funders may have misconceptions about oral health research, combined with frequent changes at the Department of Health, were noted as threats.
• **Research issues** - Such as consultation fatigue, where people become tired of research and want to see action, difficulty in obtaining consent for elderly people and offering assessment without treatment were also raised.

• **Personnel issues** - The current legislation limiting the scope of practice for Dental Hygienists was seen as a threat, as were a lack of dentists and a lack of collaboration among health professionals.

• **Demographics and Geography** - Other threats identified include limited services in rural areas and a migratory population (for example movement from NL to Alberta for employment).
Day 2 - “If a survey such as TOHAP were to be done in NL - in terms of human resources and expertise, technology and infrastructure, policy and system support - what things are promising, what things are obstacles and what are the solutions.”

Promising:

**Policy and System Support** - It was noted that there is a good relationship between the dental community and policy-makers and there appears to be interest in oral health assessment and monitoring from the NL Dental Association, the NL Dental Hygienists Association and the NL Government. Related to this there is a research and evaluation component included in the proposed Oral Health Plan.

**Human Resources and Expertise** - In terms of human resources and expertise, the current legislation that requires dental hygienists to work under supervision is under revision and there is the possibility of licensing flexibility for the purpose of conducting surveys. Community leaders and volunteers may also be sources of support.

**Infrastructure and technology** - The technical expertise and infrastructure for telehealth is already in place in NL.

Obstacles:

**Policy and System Support** – The lack of funds dedicated to research was noted as an obstacle.

**Human Resources and Expertise** – In terms of human resources and expertise several obstacles were identified. It was noted that there is a lack of dental researchers in NL and therefore an associated lack of expertise in oral health-related research design, grant writing and data analysis. Finding and paying for examiners and other survey personnel was also raised as an obstacle. Related to this is the issue of regulations governing who would be allowed to do assessments.

**Infrastructure and technology** - Infrastructure-related obstacles identified include acquiring and transporting equipment, broadband internet access limitations and the limitations of using videoconferencing. It was pointed out that videoconferencing may not meet the requirements of a survey depending on what type of assessment is desired. Furthermore the mandate of the current telehealth system does not include research.

Solutions:

**Policy and System Support** – To overcome policy and system support obstacles it was suggested that collaboration with policy-makers be continued.
**Human Resources and Expertise** – The lack of oral health-related research expertise might be overcome by tapping into continued collaboration with Dalhousie University and other Universities with dental schools. The non-dental research expertise found at Memorial University (for example in epidemiology) is a strong resource as well. Other resources include retired dental professionals who might serve as examiners.

**Infrastructure and technology** - Suggestions to address infrastructure obstacles included using existing dental clinics and public health offices for surveying, using portable equipment and readily available epidemiology software for data collection.

During these discussions the point was raised that a **critical decision** to be made is what **kind of data are needed**. Is a replication of TOHAP desired or should other possibilities be considered?
The recurring themes that emerged over the two days of the forum were: interest and awareness of oral health, personnel issues, relationships, funds for research, and the limitations imposed by geography and demographics.

**Interest** in and **awareness** of the importance of oral health among the public and government was a recurring theme throughout the forum. There was the perception that interest in and awareness of oral health are increasing and may be higher than ever. But there was also the concern that interest and awareness may not be enough to make oral health services and oral health research successful in competing for government funds.

**Personnel issues** were another recurring theme of discussion, with several aspects and perspectives. A lack of oral health professionals and the regulatory issues limiting the scope of practice for dental hygienists were seen as limitations; however the increasing number of dental hygienists and level 2 dental assistants, and the forthcoming changes to dental hygienist regulations were brought forward as positive aspects to this issue. The lack of a dental school and the associated lack of oral health research expertise in NL was a recurring topic of discussion. The current collaboration with the Dalhousie Faculty of Dentistry and the presence of strong research expertise within MUN (in the Faculty of Medicine in particular) were raised as solutions to this problem.

The strong **collaborative and cooperative relationships** between groups of oral health professionals, between oral health professionals and the government, and between oral health professionals and researchers were a theme that was repeatedly raised during discussion.

Finally, obtaining **research funds** and the **geography and demographics** of NL, with its low-density population and many rural and remote communities, were perceived as major challenges to conducting oral health research in NL.
Meeting the Forum Objectives

1) **To create a network of stakeholders and partners supportive of oral health.**
   The initial ICOH research team includes a wide variety of stakeholders including researchers, policy-makers, oral health professionals, and seniors’ representatives. These team members were used as the starting point to suggest people who would be interested in attending the Increasing Capacity to Inform Oral Health Policy. The principal investigator also made a list of organizations that would be appropriate to invite. These people were invited and were in turn asked to suggest others who might be interested in attending. The resulting participants list (see Appendix A) included representatives of the NL Government, Memorial University, the NLDA, the NLDHA, the NL Dental Board, Health Canada, academics, research groups, physicians, the College of Licensed Practical Nurses, care-givers associations, long-term care facilities, and seniors’ groups. In addition, a number of people who were unable to attend the forum asked to be kept informed of outcomes and to be involved in future work. The level of interest and engagement among the attendees was very high, and there was active participation during the small group sessions.

2) **To share information on: the proposed NL Oral Health Plan, provincial and national oral health surveys, current and potential uses of teledentistry.** The presentations as summarized above covered these topics in detail.

3) **To begin discussion about the assessment of oral health in NL.** The small group sessions provided opportunity for input from all participants and much productive discussion of the need for, and barriers to, assessment resulted.

Recommendations

1) That ongoing mechanisms be put into place to maintain the current focus on oral health research. One such mechanism is the creation of an Oral Health Research Affinity Group at the NL Centre for Applied Health Research (discussed below).

2) That opportunities be sought to capture the overall current interest in oral health in NL, which is at historically high levels. This interest is evident in the creation of the documents for the proposed NL Oral Health Plan and the associated consultation process. It is also evident in the enthusiasm and interest shown by the attendees at this forum, not only oral health professionals but also members of the community – particularly seniors’ organizations.
Actions Resulting from the Forum

1) The Forum has resulted in the decision to establish an **Oral Health Research Affinity Group** through the NL Centre for Applied Health Research. The research affinity group is co-chaired by Dr Sharon Buehler (Professor Emeritus, MUN Faculty of Medicine) and Dr Peter Hornett (Chief of Dental Services, Labrador-Grenfell Regional Health Authority). It will facilitate oral health research and will include a range of stakeholders representative of researchers, oral health professionals, and the broader community interested in the role of research in advancing population oral health in NL.

2) The forum identified additional **key informants** who have been interviewed by Dr. Joanne Clovis regarding their insights into the barriers and enablers to assessing oral health status and the treatment needs of vulnerable populations in NL.
A total of 18 evaluations was received. The majority of respondents found the presentations increased their understanding of the topic well or very well (Table 1). The small group sessions also received positive evaluations (Table 1). Table 2 contains the comments received on the evaluation form.

### Table 1: Forum Evaluation Results

<table>
<thead>
<tr>
<th>Day 1 Morning Presentations:</th>
<th>Number of responses</th>
<th>Percentage of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>This session increased my understanding of issues regarding oral health policy and oral health assessment</td>
<td>15</td>
<td>“well” or “very well”: 87%, “somewhat”: 13%, “not at all”: 0%</td>
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</table>

<table>
<thead>
<tr>
<th>Day 1 Afternoon Small Groups:</th>
<th>Number of responses</th>
<th>Percentage of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>The purpose of small groups was explained</td>
<td>14</td>
<td>“well” or “very well”: 86%, “somewhat”: 14%, “not at all”: 0%</td>
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<tr>
<td>My group identified SWOT issues</td>
<td>13</td>
<td>“well” or “very well”: 85%, “somewhat”: 15%, “not at all”: 0%</td>
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<tr>
<td>My group identified priorities</td>
<td>13</td>
<td>“well” or “very well”: 77%, “somewhat”: 23%, “not at all”: 0%</td>
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<tr>
<td>Everyone had an opportunity to participate</td>
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<td>“well” or “very well”: 91%, “somewhat”: 9%, “not at all”: 0%</td>
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<tr>
<td>Reports from all the groups were explained</td>
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<td>“well” or “very well”: 82%, “somewhat”: 18%, “not at all”: 0%</td>
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</table>

<table>
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<tr>
<th>Day 2 Morning Presentations:</th>
<th>Number of responses</th>
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<tbody>
<tr>
<td>TOHAP – This session increased my understanding of issues regarding oral health assessment of seniors</td>
<td>14</td>
<td>“well” or “very well”: 100%, “somewhat”: 0%, “not at all”: 0%</td>
</tr>
<tr>
<td>Teledentistry – This session increased my understanding of issues regarding possible uses of teledentistry</td>
<td>16</td>
<td>“well” or “very well”: 100%, “somewhat”: 0%, “not at all”: 0%</td>
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</table>

<table>
<thead>
<tr>
<th>Day 2 Afternoon Small Groups:</th>
<th>Number of responses</th>
<th>Percentage of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>The purpose of small groups was explained</td>
<td>13</td>
<td>“well” or “very well”: 85%, “somewhat”: 15%, “not at all”: 0%</td>
</tr>
<tr>
<td>My group identified issues</td>
<td>13</td>
<td>“well” or “very well”: 85%, “somewhat”: 15%, “not at all”: 0%</td>
</tr>
<tr>
<td>My group identified priorities</td>
<td>12</td>
<td>“well” or “very well”: 75%, “somewhat”: 25%, “not at all”: 0%</td>
</tr>
<tr>
<td>Everyone had an opportunity to participate</td>
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<td>“well” or “very well”: 83%, “somewhat”: 17%, “not at all”: 0%</td>
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<tr>
<td>Reports from all the groups were explained</td>
<td>12</td>
<td>“well” or “very well”: 75%, “somewhat”: 25%, “not at all”: 0%</td>
</tr>
</tbody>
</table>
### Table 2: Forum Evaluation Comments

**Day 1 Morning Presentations Comments:**

“Very interesting and informative presentations about initiatives I knew very little about.”

“Sessions very informative and well presented, easy to follow and understand.”

“Wanda’s presentation provided an excellent overview and Dr Ames’ was quite informative about the information that is and will be available. The document analysis was not as useful.”

“This was a wonderful morning, it was wonderful opportunity to network with other organizations, and professionals around this topic.”

“Excellent day - lots of great information.”

“Too bad Ms. Legge wasn’t able to divulge specific details about projected programs in Nfld & Lab. She was precluded from doing so due to ‘cabinet confidentiality’.”

“The presentations by Wanda Legge and Dr. Ames were helpful in different ways. Dr. Ames’ gave the national perspective and how that relates to the NS study. Wanda’s gave an overview of the NL oral health policy waiting for approval.”

“There is a lot of information that is out there to grasp in two days.”

**Day 1 Afternoon Small Groups Comments:**

“Good opportunity to share ideas and communicate viewpoints. Very educational.”

“While I understood things quite well I am not sure that was the same for all members of my small group. However that did not hamper the discussion and I think we had good info to present, which was consistent with other small groups.”

“Our group kept getting stuck in issues as opposed to assessment and monitoring.”

“Small group break out sessions went very well. Excellent representatives participating.”

“The small groups were well structured with some one from each section DD, DH, Gov, research and public.”

“People are just so engaged and willing to contribute.”

“Our group was very active with participation from all.”

“Was a good exercise.”

“Worked well together – everyone participated.”

“Probably common to all groups that a few people do most of the talking. If they are not used to the format some people are reticent to express their views.”

**Day 1 Overall, what I liked most about the day’s events was:**

“Hearing about oral health policy for NL.”

“Information learned from the presentations and the interaction/sharing of knowledge kept me keenly interested on the focus that has to be put on seniors’ oral health.”

“The free flow of thought.”

“Learning and sharing. Hearing what others are doing and what the issues are.”
“The keen interest of the participants.”
“The interaction with others in the small groups and getting to understand their perspectives.”
“Hearing more about the project Dr. Ames was involved with. The wonderful opportunity to network.”
“The information received with relation to oral health in NL and the presenter’s knowledge.”
“Networking”
“Learning more about initiatives in oral health research, understanding that there is a core of dental professionals interested in interdisciplinary research, learning that in NL, dental health professionals meet together annually and not in their respective silos...much promise.”
“The great effort to bring this event about; and the friendliness of all the attendees.”
“The opportunity to reflect on all the morning presentations and see what others think about the possibilities in NL.”
“There were so many stakeholders at one place and hopefully should start something significant.”

Day 1 Overall, what I liked least about the day’s events was:
“I think we could have used more time.”
“Some of the presentations.”
“Not liked least but surprised that not all knew the limitations of repeating TOHAP in NL.”
“Nothing”
“Traditionally presentations sometimes get bogged down with information overload which can distract from the overall message, but in this session that was not the case.”
“The conclusions and the lack of MUN Med researchers present.”

Day 2 Morning Presentations (TOHAP) Comments:
“Copies of the studies would have been most appreciated, especially in view of the fact that some of the frames were unreadable due to the extremely fine print (I wish I’d brought my binoculars!).”
“These ladies seemed to have put a lot of work into their presentations and did a superb job.”
“Great presentations with good meaningful useable information contained.”
“It certainly gave me a good understanding of the TOHAP study.”
“Learned a lot.”
“All old peoples homes (homes for the aged) could benefit by having a well equipped dental operatory and the use of a part time dentist and hygienists. This could apply to condo buildings as well.”

Day 2 Morning Presentations (Teledentistry) Comments:
“... found it very interesting and informative.”
“Dr. Jones' presentation was perforce truncated due to time constraints. A fuller explanation would have been welcome. The Manitoba study was rushed. There was little time for detailed explanations.”
“Good knowledge to have as we put a focus on seniors health.”
“This certainly showed the perils of not using a dedicated videoconferencing system; the impression that I had after these sessions was that those who were happiest with this means of communication are those working with dedicated systems. Dr Bornstein’s strength as a facilitator really shone through at the most trying times of the session.”

“Good information.”

“Because of the problems with the video, I seemed to lose a bit of the presentation but did get some of the points they made.”

“I thought this was terrific and enlightening and full of promise.”

**Day 2 Afternoon Small Groups Comments:**

“Good discussions.”

“Based on the small group presentations not everyone understood the task assigned.”

“Overall outcome from composite of groups was very informative.”

“...all participants contributed - it was a good group.”

“... while everyone had an opportunity to participate, not all choose to do so.”

“The small group was a rather large group and seating was not conducive to hearing and sometimes participating in all conversations.”

“One person really dominated the conversation.”

“The group was well focused and addressed the topic.”

“I am wondering if it would be more helpful if individuals met in small groups prior to the forum and brought their distilled ideas to the forum.”

**Day 2 Overall, what I liked most about the day’s events was:**

“Great learning opportunities from these group discussion/debriefings.”

“It was very well organized and everything flowed smoothly.”

“Level of interaction.”

“Again the knowledge gained from the fabulous presenters.”

“Meeting and networking with others involved in oral health policy and research.”

“The free flow of thought.”

“I hope that this momentum will continue and set some guidelines for the Govt of NL to take action.”

“Seeing what the possibilities might be for oral health assessment in NL.”

“Again, my admiration and gratitude to those who organized and conducted the forum.”

**Day 2 Overall, what I liked least about the day’s events was:**

“Nothing really.”

“The Manitoba presentation.”

“The conclusion that we don’t have the complete wherewithal to do such a study in Newfoundland.”
“Definitely the telehealth, although it was illustrative of the challenges that could be encountered while using this form of technology.”

“Small groups were too large and goal too large in the short time frame allotted.”

“The temporary breakdown of the teledentistry component.”

The important things I learned:

“Similar problems exist across the country - some people unable to access dental care because they are elderly, confined to a nursing home, or in one of the lower socio-economic groups.”

“Oral health burden is significant; seniors adapt to oral problems; telehealth may not be a viable solution to current data collection need due to tactile capability.”

“The moderator performed quote effectively considering the number of participants and the scope of the topics. I wonder why there was no allusion to the 2006 study titled “The Oral Health of Seniors in Nova Scotia. Policy Scan and Analysis: Synthesis Report”?”

“We have to start to thinking ‘outside the box’ when seniors health is being assessed. Oral health matters must be looked at in the same way as a person’s blood pressure etc when the MD does the check-up. We have to start talking about the importance of oral health ad how it impacts a person’s overall wellbeing. We have to let Government know that good oral health can lead to lower overall health care cost over time. Funding should be reflected in Budget allocations. Employers should be brought up to speed on its importance to employee health/production resulting in lower costs to the company. Some employee benefit plans have reduced dental coverage. People living in rural/small communities can avail of dental services through mobile services/new technology etc.”

“NL still needs more $ to help support research in NL.”

“Dental health professionals in NL have made a beginning of working together. There seems to be a genuine interest in equitable collaboration between Dal and MUN (nearly a first in my experience). There is a group (MUN, Dal, Community) sincerely interested in furthering research/evaluation of preventative dental health. Beginning recognition of the importance of oral health for seniors with the promise of being able to do something to prevent illness and the social isolation caused by unsightly, diseased teeth and ill-fitting dentures.”

“The importance of oral health assessment. Oral health care initiatives from a provincial and national perspective. Measures to guide policy aimed at improving the oral health of our vulnerable populations. The challenges identified in the delivery of oral health services. The amount of research/work already completed by this fabulous team of clinicians/researchers at Dalhousie University. This initiative to improve oral health has been ongoing in our province.”

“There is information out there that I can get access to and there are a lot of people who have knowledge which I can avail of.”

“That we need to consider training and education applications as well as teledentistry (transferring x-rays). That there are technologies in NL that can help facilitate both telelearning and teledentistry.”

“Oral health HAS to be a priority for government and considered part of overall health and delivery of services. Great opportunities for partnerships to do GREAT things!”

“Key individuals who have interest gathered together and will hopefully carry this to the next level.”

“The videoconferencing links are not always reliable, but there is so much potential for using this technology to assess oral health.”

“When the kinks are worked out of the system how helpful and important teledentistry can become.”
Knowledge Translation Evaluation of the Forum

To evaluate the knowledge translation (KT) aspects of the forum we have chosen to use the framework developed by Lavis et al. (2003). This framework involves five key questions:

- What should be transferred to decision-makers (the message)?
- To whom should research knowledge be transferred (the target audience)?
- By whom should research knowledge be transferred (the messenger)?
- How should research knowledge be transferred (the knowledge transfer processes and supporting communications infrastructure)?
- With what effect should research knowledge be transferred (evaluation)?

Messages

The following messages were intended to be conveyed via the forum.

- The importance of baseline data in policy planning and evaluation.
- The current state and mechanisms of oral health monitoring in Canada and Nova Scotia.
- The status of the proposed NL Oral Health Plan.
- Current and potential uses of videoconferencing in relation to oral health assessment and monitoring.
- Perspectives on the importance of, and issues surrounding, oral health assessment and monitoring in NL.

Audience

The intended audience was a diverse group of partners and stakeholders supportive of oral health. This audience included researchers, policy analysts, oral health professionals, telehealth experts, representatives of seniors’ organizations and care providers.

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Messenger
The people who delivered the intended messages were:

- The importance of baseline data in policy planning and evaluation – oral health researchers
- The current state and mechanisms of oral health monitoring in Canada and Nova Scotia – oral health researchers
- The status of the proposed NL Oral Health Plan – a health policy developer
- Current and potential uses of videoconferencing in relation to oral health assessment and monitoring – oral health researchers, an oral health practitioner and telehealth experts
- Perspectives on the importance of, and issues surrounding, oral health assessment and monitoring in NL – the forum participants

Processes
The processes used to deliver the messages included:

- oral presentations,
- small group discussions with summary reports, and
- video and teleconferencing with remote sites.

Post forum delivery processes include:

- posting the presentations on the project web site (icoh.dentistry.dal.ca) and
- the writing and dissemination of the forum report.

Effect
The long term effect of the knowledge translation cannot be evaluated at present. **Short term effects** are:

- the creation of a stakeholders network through the forum planning process,
- the generation of the forum report, and
- the establishment of an Oral Health Research Affinity Group.
# Appendix A: Participant List

<table>
<thead>
<tr>
<th>Participant</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Dr. Sneha Abhyankar</td>
<td>NL Dental Association</td>
</tr>
<tr>
<td>2  Dr. Harry Ames</td>
<td>Health Canada Office of the Chief Dental Officer</td>
</tr>
<tr>
<td>3  Angela Batstone</td>
<td>Dept of Health and Community Services</td>
</tr>
<tr>
<td>4  Leo Bonnell</td>
<td>Provincial Advisory Council on Aging and Seniors</td>
</tr>
<tr>
<td>5  Dr. Tom Boran</td>
<td>Dalhousie University Faculty of Dentistry</td>
</tr>
<tr>
<td>6  Dr. Stephen Bornstein</td>
<td>NL Centre for Applied Health Research</td>
</tr>
<tr>
<td>7  Suzanne Brake</td>
<td>Dept of Health and Community Services</td>
</tr>
<tr>
<td>8  Maurice Brewster</td>
<td>Canadian Association of Retired Persons (St John's Avalon Chapter)</td>
</tr>
<tr>
<td>9  Dr. Martha Brilliant</td>
<td>Dalhousie University Faculty of Dentistry</td>
</tr>
<tr>
<td>10 Dr. Sharon Buehler</td>
<td>Memorial University Faculty of Medicine</td>
</tr>
<tr>
<td>11 Janice Butler</td>
<td>NL Centre for Applied Health Research</td>
</tr>
<tr>
<td>12 Kim Benoit</td>
<td>Health Canada</td>
</tr>
<tr>
<td>13 Pritam Cheema</td>
<td>Newfoundland Sikh Society</td>
</tr>
<tr>
<td>14 Anne Clift</td>
<td>Janeway Children’s Hospital</td>
</tr>
<tr>
<td>15 Dr. Joanne Clovis</td>
<td>Dalhousie University Faculty of Dentistry</td>
</tr>
<tr>
<td>16 Sandy Cobban</td>
<td>University of Alberta, Faculty of Medicine and Dentistry</td>
</tr>
<tr>
<td>17 Bonnie Cochrane</td>
<td>NL Centre for Health Information</td>
</tr>
<tr>
<td>18 Shelly Collins</td>
<td>Caregivers out of Isolation</td>
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<tr>
<td>19 Sandra Crowell</td>
<td>Atlantic Health Promotion Research Centre</td>
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<tr>
<td>20 Nikki Curlew</td>
<td>NL Dental Hygienists Association</td>
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<td>21 Dr. James Darcy</td>
<td>NL Dental Association</td>
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<tr>
<td>22 Dr. Catherine Donovan</td>
<td>Memorial University Faculty of Medicine</td>
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<tr>
<td>23 Dr. Mark Filiaggi</td>
<td>Dalhousie University Faculty of Dentistry</td>
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<tr>
<td>24 Pennie Fowler</td>
<td>NL Dental Hygienists Association</td>
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<td>25 John Graham</td>
<td>Atlantic Aboriginal Health Research Program</td>
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<tr>
<td>26 Kelly Heisz</td>
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<tr>
<td>27 Cindy Holden</td>
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<td>28 Jen Jackman</td>
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<tr>
<td>29 Dr. Greg Jones</td>
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<td>30 Melodie Kelly</td>
<td>Provincial Poverty Reduction Strategy</td>
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<td>31 Edwina Kirkland</td>
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<td>32 Paula Lancaster</td>
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<td>33 Wanda Legge</td>
<td>Department of Health and Community Services</td>
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<td>34 Mary Locke</td>
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<td>35 Dr. Debora Matthews</td>
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<td>36 Palmer Nelson</td>
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<td>37 Dr. Jason Noel</td>
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<tr>
<td>38 Dr. Paul O’Brien</td>
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<tr>
<td>39 Janice O’Neill</td>
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<td>40 Anthony Patey</td>
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<tr>
<td>41 Katherine Peddle</td>
<td>NL Dental Hygienists Association</td>
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<tr>
<td>42 Dr. Lise Pinsonneault</td>
<td>Manitoba Telehealth</td>
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<tr>
<td>43 Joanne Reid</td>
<td>Eastern Health - Telehealth</td>
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<tr>
<td>44 David Reynolds</td>
<td>NL Centre for Applied Health Research</td>
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<tr>
<td>45 Dr. Robert Schroth</td>
<td>University of Manitoba Faculty of Dentistry</td>
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<tr>
<td>46</td>
<td>Bernie Squires</td>
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<td></td>
<td>Dept of Health and Community Services,</td>
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<td></td>
<td>Health Promotion and Wellness</td>
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<td>47</td>
<td>Joan Tripp</td>
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<td>Aging Issues Network</td>
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<tr>
<td>48</td>
<td>Emily White</td>
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<td>49</td>
<td>Dr. Michelle Zwicker</td>
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<td></td>
<td>NL Dental Association</td>
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</tbody>
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### Appendix B: Agenda

**Increasing Capacity to Inform Oral Health Policy**  
Venue – Memorial University, Education Building ED5004/5005  
**Facilitator – Dr Stephen Bornstein**

**Wednesday October 21, 2009**

<table>
<thead>
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<tr>
<td>8:00 am</td>
<td>Welcome Breakfast</td>
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<tr>
<td>8:30 am</td>
<td>Dr Joanne Clovis &amp; Dr Stephen Bornstein Welcome and Introduction</td>
</tr>
<tr>
<td>9:15 am</td>
<td>Dr Joanne Clovis Increasing Capacity for Oral Health (ICOH) Project Overview</td>
</tr>
<tr>
<td>9:30 am</td>
<td>Wanda Legge NL Initiatives in Oral Health – Documents and History</td>
</tr>
<tr>
<td>10:00 am</td>
<td>Dr Joanne Clovis Document Analysis</td>
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<tr>
<td>10:30 am</td>
<td>Nutrition Break</td>
</tr>
<tr>
<td>10:45 am</td>
<td>Dr Harry Ames The National Perspective – Canada Health Measures Survey</td>
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<tr>
<td>12:15 pm</td>
<td>Lunch</td>
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<td>1:15 pm</td>
<td>Small Group Discussions Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis of Oral Health Assessment and Monitoring in NL</td>
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<tr>
<td>2:45 pm</td>
<td>Nutrition Break</td>
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<tr>
<td>3:00 pm</td>
<td>Small Group Discussion Feedback Summaries</td>
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<tr>
<td>4:00 pm</td>
<td>Dr Joanne Clovis, Dr Stephen Bornstein, &amp; Dr Debora Matthews Wrap-up</td>
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<td>5:00 pm</td>
<td>Pre-dinner reception with cash bar – Admiral’s Green Clubhouse</td>
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<tr>
<td>6:00 pm</td>
<td>Dinner – Admiral’s Green Clubhouse</td>
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</table>
# Increasing Capacity to Inform Oral Health Policy

Venue – Memorial University, Education Building ED5004/5005

## Thursday October 22, 2009

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tr>
<td>8:00 am</td>
<td><strong>Breakfast</strong></td>
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<td>8:30 am</td>
<td>Dr Joanne Clovis</td>
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<td></td>
<td>The Oral Health of our Aging Population (TOHAP) Study - Interview</td>
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<td>8:50 am</td>
<td>Dr Debora Matthews</td>
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<td>TOHAP Study – Clinical Exam</td>
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<td>9:10 am</td>
<td>Dr Joanne Clovis &amp;</td>
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<td>Dr Debora Matthews</td>
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<td></td>
<td>TOHAP Study – Data Collection, Analysis Protocols and Logistics</td>
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<tr>
<td>9:30 am</td>
<td>Joanne Reid Project Manager</td>
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<td>Telehealth, Eastern Health</td>
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<td>Introduction to Telehealth</td>
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<tr>
<td>10:00 am</td>
<td><strong>Nutrition Break</strong></td>
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<tr>
<td>10:15 am</td>
<td>Dr Greg Jones</td>
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<td>Regional Dental Officer, FNIH Health Canada</td>
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<tr>
<td></td>
<td>Experiences with Teledentistry</td>
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<tr>
<td>11:15 am</td>
<td>Dr Lise Pinsonneault</td>
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<td></td>
<td>MB Telehealth and Dr Robert Schroth, Centre for Community Oral Health,</td>
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<td></td>
<td>University of Manitoba</td>
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<td></td>
<td>Healthy Smile Happy Child - Using Telehealth to Promote Early Childhood</td>
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<tr>
<td></td>
<td>Oral Health <em>(by Videoconference)</em></td>
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<tr>
<td>12:15 pm</td>
<td><strong>Lunch</strong></td>
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<tr>
<td>1:15 pm</td>
<td>Small Group Discussion</td>
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<td></td>
<td>Application of TOHAP in NL and</td>
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<td></td>
<td>Potential of Videoconferencing as a Method for Conducting Oral Exams and</td>
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<tr>
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<td>Interviews</td>
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<td><strong>Nutrition Break</strong></td>
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<td>3:00 pm</td>
<td>Small Group Discussion</td>
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<td>Feedback</td>
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<td></td>
<td>Summaries</td>
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<tr>
<td>3:45 pm</td>
<td>Dr Joanne Clovis &amp;</td>
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<tr>
<td></td>
<td>Dr Stephen Bornstein</td>
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<td></td>
<td>Summary and Next Steps</td>
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</table>
Harry Ames, BA, DDS

Dr. Harry Ames graduated from the University of New Brunswick in 1981 with Honours in Mathematics and Statistics. Commenced training as an Actuary but changed course to Dentistry and completed his Doctor of Dental Surgery in 1985 at Dalhousie University.

Dr. Ames was in private practice in Fredericton, New Brunswick for 18 years. He was active in public health dentistry by supervising the provincial school based dental hygiene program. He was also active member of the New Brunswick dental Society, serving on the mediation and complaints committees for 10 years.

In 2001 he joined Health Canada with the Non-Insured Health Benefits Directorate as a consultant to the dental provider audit program and since 2005 has been the Assistant Chief Dental Officer.

Dr. Ames holds memberships in several associations including the Canadian Association of Public Health Dentistry, Canadian Dental Association, Academy of General dentistry and the International Association of Dental Research.

Thomas (Tom) Boran, DDS, MEd, FACD

Dr. Boran was appointed Dean of the Faculty of Dentistry, Dalhousie University, July 1, 2008. Tom has been involved in academics at the Faculty since 1979. He has been Division Head of Patient Care, Acting Department Chair of Dental Clinical Sciences and Assistant Dean for Academic Affairs. As Dean, Dr. Boran is most interested in enhancing opportunities for dental education, research and outreach services.

Stephen Bornstein, PhD

Dr. Stephen Bornstein is the director of the Newfoundland and Labrador Centre for Applied Health Research (NLCAHR) and is the co-director of SafetyNet. After receiving his Ph.D. from Harvard University in Government in 1979, Dr. Bornstein began teaching at McGill University in the Political Science Department. He also served as Associate Dean of Graduate Studies in 1990. From 1991 through 1995, Dr. Bornstein took an extended leave from university teaching and administration to work with the Ontario provincial government in the Ministry of Intergovernmental Affairs as Assistant Deputy Minister and Ontario Representative to Quebec. In 1999, Dr. Bornstein began work as a professor at Memorial University in Political Science and became the founding director of NLCAHR. Dr. Bornstein’s areas of academic expertise include comparative public policy, health policy & health services, and workplace
health and safety.

**Joanne B. Clovis, PhD**

Dr. Joanne Clovis is an Associate Professor in the School of Dental Hygiene at Dalhousie University. She holds a Doctorate of Philosophy in Interdisciplinary Studies from Dalhousie University. She teaches population health to dentistry and diploma dental hygiene students, and health policy and applied oral health research to baccalaureate dental hygiene students in the Faculty of Dentistry.

Dr. Clovis’ professional career has spanned a broad range of private practice, public health, administration, government consulting, and, public, interprofessional, dental and dental hygiene education. She has been invited to contribute to many oral health initiatives by government and professional organizations. She has served as President of the Canadian Association of Public Health Dentistry, and is an Honourary Lifetime Member of the Canadian Dental Hygienists Association.

Dr. Clovis’ research interests include the acceptance and use of primary preventive strategies and therapeutics; epidemiology and mapping of population oral health status; and, health program planning, intervention, evaluation and policy. Currently, she is engaged in several funded research projects including a survey of the oral health of adults aged 45 years and older in Nova Scotia.

**Gregory Jones, DT, Diploma in Health Care Management, DDS, FAGD**

Dr. Gregory Jones is a graduate of McGill University Faculty of Dentistry where in addition to his dental degree he did the paediatric based residency at Montreal Children’s Hospital and post graduate rotations in oral surgery and pathology. He also has completed a diploma in Health Care Management through the Canadian Hospital association, and post graduate fellowship rotations in anaesthesia at the University of Michigan’s Mott Medical center. Currently he is a lecturer at Dalhousie University in its patient care division. At the same time he serves as the Atlantic regional dental officer for Health Canada’s First Nations and Inuit Health and maintains a private practice limited to difficult and special needs patients requiring special management, complex treatment and or sedation.

Over the years Dr. Jones has been both a dental therapist and dentist in Canada’s Arctic for more than 26 years.

Dr. Jones is also a published author in the area of human genetics and physical anthropology, and has authored numerous position papers and studies for the federal government and currently chairs several committees reviewing Health Canada’s Oral health data collection methods and oral health policies.

Dr. Jones is Fellow of the Academy of General Dentistry and has won Health Canada’s Deputy Ministers award for Excellence and Merit for his work with the Nunatsiavut Government.
Wanda Legge, BA, MA

Wanda Legge graduated from Memorial University with a BA. (Hons), and the University Medal for Academic Excellence in Sociology. Ms. Legge has a Masters in Sociology, also from MUN.

Ms. Legge is currently the Director of Policy Development and Acting Director of Planning and Evaluation, Department of Health and Community Services, Government of Newfoundland and Labrador. In 2006, Ms. Legge was awarded the Public Service Award of Excellence, as part of a team which developed a new Provincial Low Income Drug Program for the Province.

One of Ms. Legge’s most rewarding files, both personally and professionally, is the oral health file. In close collaboration with the Department’s Dental Director and the Newfoundland and Labrador Dental Association, a proposal was developed for an enhanced Newfoundland and Labrador Dental Health Program. Enhancements to the Program were introduced in 2006 and 2007. Ms. Legge was generously recognized by being given the Friend of Dentistry Award by the Newfoundland and Labrador Dental Association (2007) and the Oral Health Promotion Award by the Canadian Dental Association (2008).

Debora Matthews, DDS, Diploma in Periodontics, MSc

Dr. Debora Matthews is Professor and Chair, Department of Dental Clinical Sciences, Dalhousie University, Halifax, Nova Scotia. She practiced general dentistry for 12 years before beginning her academic career. She received her Diploma in Periodontics from University of Toronto and a Master’s degree in Health Research Methodology from the Department of Clinical Epidemiology and Biostatistics at McMaster University. Dr. Matthews is currently the Principal Investigator of a survey of the oral health of adults in rural and urban settings, living in the community and in long-term care in Nova Scotia. Data from this study will be incorporated with that of the Oral Health component of the Canadian Health Measures Survey. She currently sits on the editorial boards of three peer-reviewed journals, including the Evidence-Based Dentistry Journal and is Vice-President of the Canadian Association of Dental Research. She maintains a clinical periodontal practice in Dartmouth, NS.

Lise C. Pinsonneault, BSc, DMD

Coordonatrice de télésanté franco-manitobaine/Franco Manitoban Telehealth Coordinator

Dr. Lise Pinsonneault is a francophone native of Gravelbourg Saskatchewan and received her formal education in Montreal, Quebec at the Collège Jean-de-Brébeuf and l’Université de Montréal where she obtained her Doctorat en Médecine Dentaire (DMD) and BSc Dental Hygiene. In the past, she has worked in various capacities in the healthcare and business sectors. Lise has been with MBTelehealth since October.
2001 and currently works in the expanded role of Coordonatrice de télésanté franco-manitobaine/ Franco Manitoban Telehealth Coordinator. As Project Manager for the Télésanté Manitoba (TSM) Project which saw the deployment and implementation of 8 new francophone telehealth sites in Manitoba, she continues to work towards increased access to telehealth services in French for the francophone minority of Manitoba. Her background in dentistry, in combination with her role in telehealth, and as a member of the Intersectoral Dental Health Promotion Group (Healthy Smile, Happy Child), Lise continues to promote innovative and creative approaches to the delivery of dentistry services and dental health information with the use of videoconferencing and Teledentistry. She is Chairperson of the National Telehealth Coordinator Special Interest Group (NTC-SIG), member of the CST Policy Committee and CST International Special Interest Group (SIG) of the Canadian Society of Telehealth.

Joanne Reid CD MRT

Joanne Reid is a Medical Radiation Technologist and Ultrasound Technologist.

Joanne was a member of the Canadian Forces medical branch for 17 years, living and working from one Canadian coast to the other. In 1998, she decided to embark on a new career path and enrolled in a pilot Telehealth Program in Kingston, Ontario. On completion of this program, there was no looking back for Joanne. She spent 8 years with the Telemedicine Program at The Hospital for Sick Children (SickKids) in Toronto, as the Clinical Coordinator. In 2007, she relocated to St. John’s, NL to accept a position with Eastern Health as Project Manager for Telehealth.

Robert Schroth, DMD, MSc

Dr. Robert Schroth is presently an Assistant Professor in the Department of Oral Biology (Faculty of Dentistry) and the Department of Pediatrics & Child Health (Faculty of Medicine) at the University of Manitoba. He is also a member of the Manitoba Institute of Child Health. He is completing his PhD in Community Health Sciences and completed his MSc in the same discipline in 2003. He obtained his DMD in 1996. From 2003-2007 he was a CIHR Strategic Training Fellow in the Canadian Child Health Clinician Scientist Program (CCHCSP). His research focuses on the epidemiology of Early Childhood Caries in at-risk populations. Naturally, there is a strong focus on Aboriginal oral health. Some of his work has examined the role of prenatal factors, including vitamin D levels, on the oral health of infants and preschool children. He also co-leads a large early childhood oral health promotion project in Manitoba, Healthy Smile Happy Child, which includes a considerable evaluation component.
Appendix D: Evaluation Form

Increasing Capacity to Inform Oral Health Policy
Forum Evaluation Oct. 21, 2009

Thank you for your comments and suggestions. Your feedback matters to us!

<table>
<thead>
<tr>
<th>Morning Presentations</th>
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<tbody>
<tr>
<td>Dr Joanne Clovis</td>
</tr>
<tr>
<td>Wanda Legge</td>
</tr>
<tr>
<td>Dr Joanne Clovis</td>
</tr>
<tr>
<td>Dr Harry Ames</td>
</tr>
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On a scale of 1-4, please circle the number that best reflects your thoughts overall:
1 = not at all, 2 = somewhat, 3 = well, 4 = very well

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Very well</th>
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<tr>
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</tr>
<tr>
<td>1</td>
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<td>3</td>
<td>4</td>
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Comments: ____________________________________________________________

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<th>Afternoon Small Groups</th>
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<tr>
<td>Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis of Oral Health Assessment and Monitoring in NL</td>
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<table>
<thead>
<tr>
<th>Not at all</th>
<th>Very well</th>
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<tbody>
<tr>
<td>Purpose of small groups explained.</td>
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<td>1</td>
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<tr>
<td>My group identified SWOT issues.</td>
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<tr>
<td>My group identified priorities.</td>
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<td>3</td>
<td>4</td>
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<tr>
<td>Everyone had an opportunity to participate.</td>
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<td>1</td>
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<td>3</td>
<td>4</td>
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<tr>
<td>Reports from all the groups were explained.</td>
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<td>1</td>
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<tr>
<td>3</td>
<td>4</td>
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Comments on small groups:
______________________________________________________________________

Overall, what I liked most about the day’s events was...
______________________________________________________________________

Overall, what I liked least about the day’s events was...
______________________________________________________________________
Increasing Capacity to Inform Oral Health Policy


Morning Presentations
Dr Joanne Clovis and Dr Debora Matthews: The Oral Health of our Aging Population (TOHAP) Study

On a scale of 1-4, please circle the number that best reflects your thoughts overall:
1 = not at all, 2 = somewhat, 3 = well, 4 = very well

<table>
<thead>
<tr>
<th>Increased my understanding of issues regarding oral health assessment of seniors</th>
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<tr>
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Comments:_______________________________________

___________________________________________________________________________________________________

Morning Presentations (continued)
Joanne Reid
Introduction to Telehealth

Dr Greg Jones
Experiences with Teledentistry

Dr Lise Pinsonneault and Dr Robert Schroth
Healthy Smile Happy Child - Using Telehealth to Promote Early Childhood Oral Health

<table>
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<th>Increased my understanding of issues regarding possible uses of teledentistry</th>
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<th>very well</th>
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Comments:_______________________________________

___________________________________________________________________________________________________

Afternoon Small Groups: Application of TOHAP in NL

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<tr>
<th>Everyone had an opportunity to participate.</th>
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<th>Reports from all the groups were explained.</th>
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</table>

Comments on Small Groups:

___________________________________________________________________________________________________
Overall, what I liked most about the day's events was...

___________________________________________________________________________________

Overall, what I liked least about the day's events was...

___________________________________________________________________________________

The important things I learned

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Please return by fax or mail to:

Fax 902-494-1662 (Attention Martha)

Martha Brillant
Dental Clinical Sciences
Faculty of Dentistry
Dalhousie University
Halifax, NS
B3H 1W2
## Appendix E: ICOH Team Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
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<tbody>
<tr>
<td>Angela Batstone</td>
<td>NL Department of Health and Community Services</td>
</tr>
<tr>
<td>Stephen Bornstein</td>
<td>NL Centre for Applied Health Research</td>
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<tr>
<td>Suzanne Brake</td>
<td>NL Department of Health and Community Services</td>
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<tr>
<td>Martha Brillant</td>
<td>Dalhousie University Faculty of Dentistry</td>
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<tr>
<td>Joanne Clovis</td>
<td>Dalhousie University Faculty of Dentistry</td>
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<tr>
<td>Sandra Cobban</td>
<td>University of Alberta Faculty of Medicine and Dentistry</td>
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<tr>
<td>Sandra Crowell</td>
<td>Atlantic Health Promotion Research Centre</td>
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<tr>
<td>Catherine Donovan</td>
<td>Memorial University Faculty of Medicine</td>
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<td>Mark Filiaggi</td>
<td>Dalhousie University Faculty of Dentistry</td>
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<tr>
<td>Kelly Heisz</td>
<td>Seniors Resource Centre of NL</td>
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<tr>
<td>Peter Hornett</td>
<td>Labrador-Grenfell Regional Health Authority</td>
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<tr>
<td>Wanda Legge</td>
<td>NL Department of Health and Community Services</td>
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<tr>
<td>Debora Matthews</td>
<td>Dalhousie University Faculty of Dentistry</td>
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<tr>
<td>Mary McNally</td>
<td>Dalhousie University Faculty of Dentistry</td>
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<tr>
<td>David Reynolds</td>
<td>NL Centre for Applied Health Research</td>
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