IMPACT OF ACCULTURATION ON DENTAL ATTENDANCE OF PRESCHOOLERS AMONG FILIPINO IMMIGRANTS IN EDMONTON

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Objectives: To explore from a psychosocial perspective, how acculturation process influenced preventive dental care-seeking behaviour for young children among Filipino newcomers.

Methods: We conducted a qualitative focused ethnographic research using open-ended interviews and focus groups with a purposive sampling of self-identified members of the Filipino community, who spoke English, had lived in Canada for less than 10 years, and had children aged 2-6 years in Edmonton. The audio recording transcripts and field notes taken from participants were analyzed using concurrent thematic analysis of the data. Interviews continued until saturation was reached. Results: From six interviews and two focus groups with a total of 18 participants, life before migration, migration, and acculturation, emerged from our inductive analysis of data. Long term socio-economic deprivation where the participants raised, severe challenges and very busy life with multiple jobs for survival during the migration period, and how acculturation process impacted oral health of their children were conceptualized psychosocially within the three themes. In this study, part of acculturation process, Filipino parents expressed their shift from more radical to more conservative and preventive attitudes regarding oral health of their children as a result of being exposed to new knowledge and oral health care standard in Canada. As a result, part of acculturation process parents positively perceived taking their children for regular dental visits. Conclusions: Our findings revealed that despite the busy life, Filipino parents develop positive attitudes toward PDA through the process of change in the new country. Therefore, health authorities should shift away from a “one-size-fits-all” policy to adopting policies that appreciate diversities among different ethnic minorities including their strength.
CHALLENGES IN DELIVERING A FLUORIDE VARNISH PROGRAM TO PRESCHOOL CHILDREN

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Objectives: Alberta Health Services Oral Health Action Plan (OHAP) outlines a preschool fluoride varnish (FV) service for children ages 12 – 35 months from low income families. The service includes 4 FV applications over a two year period. To address barriers to care, Edmonton Zone (EZ) offers this service in a variety of locations including Public Health (PH) clinics and community settings. Flexible delivery models can help to meet the needs of difficult to reach populations. Methods: OHAP encourages Zones in Alberta to work in collaboration with PH nurses and community organizations and agencies that work with low income families. Resources were developed to help guide staff through the steps necessary for developing a strategy for promotion and service delivery. Results: The OHAP annual target is for 10-20% of the target population to receive their first FV application. After adjusting for population growth, in Edmonton Zone, this translated to 3,372 – 6,744 children. Between April 2015 and March 2016, a total of 1,933 children received their first FV application; with 36% of these children receiving service at a PH clinic, and 64% at a community location. The data indicates that in 2015 there was an increase in the number of children ages 12-35 months in the Edmonton Zone that received their first FV application comparing to previous years. The data also indicates that there has been a shift since 2013 and more children in all age groups receive their first FV in a community location. Conclusion: We have been tasked with reaching children ages 12-35 months from low income families. We find it challenging to locate and provide FV services to this segment of the population. Data indicates that providing services in community locations can alleviate some of the barriers to accessing care. However, we will still continue to promote the use of available PH clinics.
THE PARENT IN THE WAITING ROOM: ENGAGING FAMILIES IN DENTAL HEALTH EDUCATION PROGRAM

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Objectives: UBC Children’s Dental Program has provided free treatments for high caries risk children for over 40 years. Those children are recruited by the Health Authority Staff. Senior dental students, who provide the treatment, have limited time to provide health education to the caregivers. This project was developed to assess the feasibility and short term effectiveness of providing a dental health education program (DHEP), which engages caregivers in the waiting room, in changing parental dental health related behaviours. Methods: A situational analysis was performed through structured interviews with the caregivers and other stakeholders of the program: Health Authority Staff, UBC Pediatric Dentistry Instructors and participating senior Dental Students. After the assessment of caregivers’ dental knowledge, dental behaviours, attitudes as well as preferences about a dental educational program, the development of a DHEP was accomplished and implemented in the waiting rooms at UBC and at Douglas College. Follow-up phone calls with the caregivers were used to assess the short term self-reports of any changes in dental health related behaviours. Comparisons were made using Chi-square tests; significance was set at P<0.05. Results: 80 caregivers received the dental education and 65 of them were followed-up later (81%). Significant increases in proportions (from 13% to 79%) of parents brushing their children’s teeth and brushing before bed (60% to 85%) were self-reported. A decrease (from 95% to 69%) in giving children sugar-containing beverages, and in consuming sugar-containing foods as snacks (from 94% to 31%) were also noted. Some caregivers reported providing a sweet treat as “dessert” with the meal, rather than an “in-between meals” snack. Conclusion: While the reported improvements in dental health behaviours cannot be solely attributed to our waiting-room based program, it likely played an important role in stimulating positive behaviour changes.
THE USE OF A GUIDELINE FOR SAFE PREVENTIVE DENTAL SERVICE FOR CHILDREN WITH ASTHMA

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Objectives: In Canada, 26% to 45% of asthmatic children have inadequate control of their health condition. Although asthma is not a contraindication to receiving dental preventive service, flare ups can be triggered by some dental procedures and materials. The Provincial Oral Health Office (POHO), Alberta Health Services (AHS) recommends following a guideline to address asthma and optimize client safety during the delivery of fluoride varnish (FV) and dental sealant (DS) applications. Methods: Preventive dental services are offered to low income children from ages 12 months to 8 years of age. Locations include rural and urban community venues, health centres and schools. POHO considered the prevention services offered, target population and location of service delivery to develop a standard practice guideline for children diagnosed with asthma. A health history is obtained prior to service delivery to identify if children have an asthma diagnosis. Children diagnosed with asthma must have their reliever medication available for service as outlined in the guideline. The guideline excludes children without reliever medication, or who exhibit breathing difficulties at time of service delivery. Results: The Guideline for Safe Preventive Dental Service for Children with Asthma was implemented in June 2015. During 9 months from July 2015 to March 2016, almost 40,000 FV applications were provided and 4987 Albertan children received DSs. Since the guideline’s inception, POHO has no reports of problems related to asthma during service delivery. Additionally, there is a decrease in the number of questions from frontline professionals related to service delivery for asthmatic clients. This suggests an increase in confidence among oral health professionals. Conclusion: The asthma guideline implemented for the delivery of preventive dental services for children in Alberta optimizes client safety for those children diagnosed with asthma.
EXPLORING ORAL HEALTH AND DENTAL CARE EXPERIENCES, PERCEPTIONS AND BEHAVIOURS OF ADULTS WHOSE PARENTS WERE INCARCERATED DURING THEIR CHILDHOOD

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Objectives: Adverse Childhood Experiences (ACE) such as parental incarceration can have a negative effect on health related Quality of Life (QOL) outcomes in adulthood. It is unclear how these experiences influence oral-health in childhood and throughout the life-course. This study explores: 1) the oral-health and dental care experiences, perceptions and behaviours of men and women whose parents were incarcerated during their childhood; 2) how these childhood experiences have carried forward into adulthood, and how they influence current perceptions of oral health and dental care. Methods: Semi-structured, in-depth interviews were conducted with eight individuals who had one or both parents incarcerated during their childhood. The transcripts were analyzed using Interpretive Phenomenology to identify and describe emerging themes. Results: Children who experience ACE such as parental incarceration during childhood may also have dental consequences in adulthood. Poverty, instability at home, social-isolation, multiple foster homes, missing/dropping out of school, alcohol/drug use, mistrust of the jail-system and mistrust of dentists/doctors were recurring themes seen. Dental fear persisted in those who were treated by dentists untrained in treating children. Some individuals aged out of state-funded dental care, those who could afford it refused to acquire it due to persisting dental fear. Loss of multiple teeth and inability to afford dentures caused depression and loss of self-esteem. Those who had children valued the oral-health of their children most. Conclusion: This study highlights the importance for dental professionals to be especially trained in treating children, especially those in foster care, who may have suffered from ACE, in order to provide experiences that promote their future oral-health.
FLUORIDE VARNISH AS A POPULATION HEALTH PREVENTIVE SERVICE IN ALBERTA

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1 Alberta Health Services

Objectives: Dental disease is most prevalent among low socio-economic status (SES) groups where the cost of care limits access to dental care. Professionally applied fluoride varnish (FV) is an established evidence-based preventive intervention for dental caries in primary and permanent dentitions. To standardize dental public health services to address oral health inequities in Alberta, a population health community-based FV service for preschool and school-aged children is recommended by the Provincial Oral Health Office, Alberta Health Services (AHS). Methods: The AHS Oral Health Action Plan (OHAP) outlines a standard FV service for low income children that is delivered by Registered Dental Hygienists and Assistants. It includes two applications per year during a two year period for children ages 12 – 35 months, and two applications per school year for children in kindergarten, grades 1 and 2. Preschool aged children are referred by health professionals, self-referred, or engaged through community group utilizing SES criteria, while material deprivation index mapping is used to identify schools for service. OHAP indicates a FV service enrollment rate of 10 – 20% of the target population for both preschool and school services. Indicators for repeat FV applications are also outlined. Results: From 2015 to 2016, 5499 (5%) of children ages 12 – 35 months received a first FV application and 2,942 received a second FV application. In the school year 2014 to 2015, 25,208 (16%) of children in kindergarten, grades 1 and 2 received a first FV application and 21,515 received a second FV application. Differences in enrollment and repeat applications were noted between the two population groups. Conclusion: The delivery of FV service as a population health community –based program has been successful. Ongoing evaluation will aid to identify issues with enrollment and repeat visits.
RACIAL AND ETHNIC DISPARITIES IN SCHOOLCHILDREN'S ORAL HEALTH: FINDINGS FROM A POPULATION-BASED SURVEY OF GRADE 1 AND 2 SCHOOLCHILDREN IN ALBERTA, CANADA

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Objectives: this study aimed to measure racial and ethnic disparities in oral health outcomes and to assess the extent to which racial and ethnic disparities could be accounted for by socioeconomic factors and caries-related behaviors, among a population-based sample of grade 1 and 2 (age range 5-8 years) schoolchildren in Alberta, Canada. Methods: the dental survey (administered during 2013-14) included an open mouth exam and parent questionnaire. Selected oral health outcomes included: percentage of children with decay experience (deft/DMFT >0), number of decayed, extracted/missing (due to caries) and filled teeth (deft/DMFT), percentage of children with two or more teeth with untreated caries (2 or more d or D), and parental report of “fair or poor” oral health of their children. We used regression analysis to examine the racial and ethnic disparities in oral health, independent of socioeconomic and caries-related behavioral variables. Results: the results showed significant racial and ethnic disparities in children’s oral health. Visible minority groups, particularly Filipino, Arab/West Asian and Aboriginal were more likely to have worse oral health than White populations. Filipino children were almost five times higher than White children to have untreated dental problems, even when adjusting for socioeconomic and behavioral variables. Conclusions: significant racial and ethnic disparities in oral health exist in Alberta, Canada, independent of socioeconomic and behavioral factors, with Filipino, Arab/West Asian and Aboriginal being the most disadvantaged groups.
EVALUATING HIV SCREENING IN DENTAL EDUCATION SETTINGS

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Objectives: To determine the feasibility and acceptability of implementing Point of Care (POC) HIV screening in undergraduate dental hygiene education from the patient, faculty and student perspectives. Methods: Forty-seven, fourth year dental hygiene (DH) students and thirteen clinical faculty received POC HIV screening training and offered the screening to patients as part of routine DH care over 36 weeks. Evaluation included an 11 item self-reported questionnaire on the delivery of the screening applied to 97 patients, as well as 2 focus groups with 12 DH students, 1 focus group with 5 faculty, and 5 personal interviews with faculty that explored levels of preparedness, barriers, and facilitators to implementing the screening. Results: Patient Perspective: 82% of respondents reported that HIV screening was within the role of a dental professional. Among those who were screened 84% reported that POC should be part of regular dental check-ups, 91% thought dental settings are appropriate sites to offer the test and 89% reported they would recommend this screening to their peers. The main reasons for testing were that it was free, convenient and results were delivered quickly. Those who refused testing had been tested recently or did not perceive themselves at risk for HIV infection. Student and Faculty Perspective: Both groups identified the importance of offering POC HIV screening in the dental setting as an important public health service. Instructors thought students were well prepared and that confidence in delivery increased with testing. Student’s increased knowledge and confidence in screening resulted in them wanting to continue to offer screening throughout their career and discuss the importance of HIV testing with patients. Conclusions: DH students, faculty and the majority of patients identify the value of conducting HIV screening within the dental setting and support its continuation. Timely screening and diagnosis decrease mortality and transmission of HIV, as well as impact quality of life positively.
CESSION OF COMMUNITY WATER FLUORIDATION IN CALGARY IN 2011: A STUDY OF THE DECISION-MAKING PROCESS

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**Objectives:** This study examined Calgary City Council's decision to cease community water fluoridation (CWF). City Council voted 10-3 to cease CWF in Calgary, in 2011. While significant research that investigates policy introduction exists, research to understand policy termination is less common. In this study, using Kingdon’s theory of the political process (which examines agenda-setting in terms of three elements: problems, proposals, and politics), we examined how the issue of fluoridation made it on the agenda of City Council, identify the alternatives that were considered before the decision to cease fluoridation was reached, and consider why the decision was made to terminate fluoridation in Calgary in 2011. This study also explored the utility of Kingdon’s theory to study policy termination. **Methods:** Methods included a review of existing documents including scientific literature, newspaper articles, and City Council documents. Additionally, we conducted one-on-one semi structured interviews with individuals representing key stakeholder groups: politicians, civil servants, academics, members of the public, and media, who participated in the decision making process in 2011. The synthesis of the data from the literature review and the interviews was anchored in Kingdon’s model. **Results:** In 2011, as proposed by Kingdon, the problem, proposals, and politics streams converged to open up a policy window that pushed the issue of fluoridation on the agenda of City Council. Various political, economic, and social factors, including a government turnover, and an impending need to repair fluoridation delivery infrastructure allowed the councilors to vote in the favour of the cessation of CWF in 2011. **Conclusions:** Kingdon’s model is useful for understanding policy termination in general, and can be specifically applied to the case of a policy window opening to enable the termination of CWF in Calgary, in 2011.
ORAL HEALTH FRAMEWORK FOR RESIDENTS IN LONG TERM CARE

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1 Alberta Health Services

Objective: Evidence indicates that residents living in long term care (LTC) are at an increased risk of oral health related dental disease. Daily oral hygiene and early dental referral for residents was identified as essential to reducing the impact of oral disease on general health, wellbeing and quality of life. An oral health framework for LTC was created and then piloted in Alberta to evaluate acceptability and impact. Method: An oral health framework was implemented in three LTC facilities in different Health Zones in Alberta. The framework consists of three elements: an oral assessment and care plan; daily oral hygiene care; and referral to dental professionals as required. Health care providers were trained using a standard set of presentations; participatory mouth care learning activities; and mouth care demonstrations with residents. Resident or alternate decision maker provided consent for the resident to participate in the health care providers’ learning experience. Results: This pilot project provided training on oral observations, oral hygiene and referral. There were 74 health care provider participants including Registered Nurses, Licensed Practical Nurses, and Health Care Aids. In the three LTC facilities 129 residents were offered a level of support they required to perform oral hygiene twice a day. In addition, a survey was conducted in two facilities one year after implementation. The findings indicated a continued utilization of the framework by health care providers and facilities management, along with positive impact on the wellbeing of residents. Conclusion: The daily oral hygiene framework successfully built capacity in LTC facilities to develop and deliver oral care plans for their residents. Expansion of this framework into other Alberta LTC facilities is in progress.
COMPARATIVE EVALUATION OF RETENTION OF AMORPHOUS CALCIUM PHOSPHATE (ACP) CONTAINING AND CONVENTIONAL RESIN BASED SEALANT IN 6-9 YEAR OLD CHILDREN: A RANDOMIZED CONTROLLED TRIAL

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**Objectives:** To compare the retention rates and development of caries in permanent molars among children sealed with ACP containing (Aegis\textsuperscript{TM}) and conventional resin-based (Helioseal\textsuperscript{TM}) sealant over a period of one year. **Methods:** This was a double blind, split-mouth, randomized controlled trial among children aged six to nine years. Sixty eight permanent mandibular first molars in 34 children were randomly assigned to be sealed with Aegis\textsuperscript{TM} or Helioseal\textsuperscript{TM} sealant. **Results:** At twelve months, 24 of 32 (75 percent) sealants were completely retained in Aegis\textsuperscript{TM} whereas, only 18 of 32 (56.2 percent) were retained in Helioseal\textsuperscript{TM} group. There was a statistically significant difference in retention rates of Aegis\textsuperscript{TM} and Helioseal\textsuperscript{TM} sealants at 12 months (p < 0.05). At 12 months follow-up, only three teeth developed caries in Aegis\textsuperscript{TM}, whereas in the Helioseal\textsuperscript{TM} group, eight teeth developed which was statistically significant. **Conclusion:** Aegis\textsuperscript{TM} was superior to Helioseal\textsuperscript{TM} sealant as Aegis\textsuperscript{TM} exhibited higher retention and lower caries scores.
STIGMA OF ADDICTION AND MENTAL ILLNESS IN DENTAL PUBLIC HEALTH SETTINGS: PATIENTS’ EXPERIENCES

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Objective: to unravel dental-related stigma as experienced by individuals who suffer from substance abuse and mental illness. Methods: Semi-structured audio-taped interviews were held with 25 participants from two public health treatment centres for addiction and mental illness. Interview guide included questions about experiences while seeking dental care, interactions with the dental team and staff, and any perceived signs of stigmatization at any level or context within dental settings. Textual data was transcribed and analysed thematically for codes and themes based on Link & Phelan stigmatization concept. Results: Participants were between 23 and 67 years-old with a history of depression combined with misuse of alcohol and crack-cocaine; 17 were males. The majority of participants (#20) had BC Ministry of Health Dental Insurance, and were on recovery between 2 weeks and 8 months. Participants self-reported numerous oral health needs and perceived stigma in dental settings when they were negatively stereotyped ‘as the crazy ones’ or labelled as ‘pot head’; they also felt unheard when pain management was discussed during the dental appointment. They also voiced instances of being refused treatment and of receiving substandard care from dentists. Positive experiences were characterized by empathy, reassurance and empowerment. A model of stigma based on the themes from this study was developed. Conclusions: When associated with stigma, mental illness and addiction have negative implications to access to, and use of, dental care to a population that bears extensive oral care needs. Although Link & Phelan stigmatization concept based the model developed, it does not allow for positive empowerment that some patients felt by empathetic dentists. We suggest that an increased social awareness of these health issues be enhanced among current and future dental professionals to help improve dental care experiences for this marginalized population.
EXPLORING ACCESS TO ORAL HEALTH CARE AMONG MARGINALIZED PERSONS WITH A HISTORY OF INCARCERATION

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\textbf{Objectives:} This study, in collaboration with The John Howard Society of the Lower Mainland (JHSLM) and the Elizabeth Fry Society of Greater Vancouver (E-Fry), aims to explore access to oral health care issues faced by individuals with a history of incarceration, and to identify contributing factors for current oral health inequalities and unmet oral health needs within their communities. \textbf{Methods:} Five focus groups were conducted with a subset of the clients who receive services from the JHSLM and E-Fry as well as one focus group with staff and administration from each organization. Focus groups explored knowledge, values and beliefs of oral health as well as perceived facilitators and barriers to accessing oral health care. Demographic information and perceived oral health impact (OHIP -19) was gathered by questionnaire from clients. \textbf{Results:} Forty-one men and women with a history of incarceration, and 15 staff members who routinely work with these individuals participated in the focus groups. Four major themes were identified: oral health care is a luxury; conflicting priorities; finding trustworthy care and resources; perceived stigma of current oral health status. \textbf{Conclusions:} In general the men and women with a history of incarceration perceive their oral health to be poor, but have limited ability to address their problems because they are unaware of how to comfortably access information and care to meet their oral health needs. Oral health care needs are addressed to a limited extent in prison and can leave individuals requiring more extensive care when they are released. Resources both in and out of prison are needed to support these individuals in taking care of their oral health.
PATIENT-CENTRED CARE THROUGH NARRATIVE DENTISTRY: AN INNOVATIVE PILOT PROJECT FOR DENTAL STUDENTS TREATING UNDERSERVED CANADIANS

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Objectives: Narrative practice encourages empathy and listening to foster patient-centred care respecting evidence-based approaches. Drawn from the development of narrative medicine at Columbia University, narrative dentistry seeks to improve self-reflection among dental practitioners, inspiring them to acknowledge the personhood of all people in their care. Encouraged by Vergnes and collaborators’ 2015 article “What about narrative dentistry?”, a pilot project was developed for dental students to provide experience in narrative dentistry during an intensive clinic serving marginalised populations in Quebec City. Methods: Sixteen third-year dental students received in-class training in patient-centred care, narrative dentistry, social inequalities and caries and behaviour management in the context of a four-week free clinic treating individuals at high caries risk. Students wrote four narratives, reflecting upon various aspects of the experience. Evening workshops where students chose stories to recount to their colleagues were facilitated by the professor. Results: Participants were eager to share their stories, and both written reflections and workshop sessions included discussion of social determinants of health, difficulties with “ideal treatment planning” and empathy for patients. A variety of ethical questions arose in student stories. Conclusions: This innovative project could serve as a model for the development of narrative dentistry in Canada. Particularities of this clinic that seem to have facilitated success include the immersive experience of a full-time summer clinic; the apprehension among students at treating complex caries among youth and people with disabilities for the first time; the more comprehensive nature of this clinic in the context of a normally discipline-based program, and the fact that all care was provided free of charge. The intersection of patient centred-care, narrative dentistry, ethics and treatment planning is a promising avenue for exploration.
PARENTS’ ONLINE DISCUSSIONS ABOUT CHILDREN’S DENTAL HEALTH: A CRITICAL CONTENT ANALYSIS

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Objectives: This project intends to explore Canadian parents’ opinions, perceptions and beliefs around their children’s dental health expressed in an online setting (parenting forums) in order to discover salient themes common throughout the discussions and compare these results to current dental health guidelines. Methods: This project is a critical qualitative content analysis of the Canadian parenting forum BabyCenter Canada. The critical lens of this project meant attention was paid to how the discussion within threads related to gendered, scientific and cultural discourses. Relevant threads were found using the search function of the site and keywords targeted towards dental health and then downloaded into Nvivo, where they were coded to help organize the analysis. Results: Of the 1024 threads considered for inclusion, 479 were included and analyzed. We found two main themes from our analysis, each with sub-themes and implications: 1) mothers were in conflict with dental health professionals and science and 2) mothers faced conflict with gendered and cultural expectations. Conclusion: These findings have implications relevant to policy and practice to improve dental health outcomes, with future directions such as engaging other demographics of contributors in the forums, including dental health professionals or policy makers, exploring areas of cultural gender dynamics and their effects such as mother guilt, and using Internet resources in new ways to engage parents.
CHALLENGES AND OPPORTUNITIES IN COMMUNICATING ABOUT COMMUNITY WATER FLUORIDATION: PERCEPTIONS OF DENTAL HYGIENISTS IN ALBERTA

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Objectives: The current impasse in the community water fluoridation (CWF) debate is a significant problem for public health. Beyond the issue of best evidence, CWF encompasses many factors including: ethics, values, authority, power, and credibility. The objectives of this study were to 1) understand key stakeholder views surrounding broader public health concepts including communication, equity and health, and 2) understand the challenges and opportunities for communicating about CWF. Dental hygienists, as the core providers of client education and preventive care, are an understudied but key stakeholder group. Methods: 74 dental hygienists from a linked quantitative study, who consented to future contact from the research team, will be invited to participate in follow up focus groups. Participants’ self-rating of their personal stance on CWF (i.e., strongly supportive, supportive, neutral, oppose, strongly oppose) during phone or email screening will guide focus group composition. A discussion guide will be developed that focuses on encouraging participants to share and understand diverse views around health, health equity, population-level policies in general, and CWF in particular; and implications for communication will be drawn. Results: Synthesis of focus group discussions about challenges and opportunities will yield important insights aimed at improved CWF communication and public health communication in general. We expect to present key findings from qualitative analysis of focus group transcripts. Conclusions: Traditional public health communication approaches are being challenged within a changing communication landscape (e.g., access to online information, equalization of expertise, and an increasingly health-literate public). We expect that this engaged approach to understanding CWF will deliver key insights into this complex health communication problem and may offer a means of tempering the stalemate on the CWF debate locally and in the literature. Findings will have relevance to the broader area of health sciences communication with the public.
CROSSING BORDERS TO IMPROVE ORAL HEALTH IN CANADIAN CHILDREN: A COLLABORATION BETWEEN DENTISTRY AND NURSING

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Objective: To examine the perspectives of nursing students about their education, training, and practical experiences with respect to child and adolescent oral health in a mid-western Canadian university. Methods: Thorne’s Interpretive Description (2009) was used to guide data collection (in-depth, semi-structured focus group interviews) and subsequent data analysis including coding and comparative analysis. Results: The main themes included ‘nursing education is key’, ‘fading away’, and ‘spreading the culture’. Findings highlighted a predominant culture in nursing education and practice that does not support knowledge and skill acquisition related to pediatric oral health. As a result nursing students do not develop the basic knowledge, skills, and resources to adequately care for infants, children and adolescents in a holistic and comprehensive manner. Nursing students shared insightful suggestions for improving nursing education and ‘spreading a culture’ of oral health education and practice such that their learning does not ‘fade away’. Conclusion: Effective strategies to improve nursing education include an interprofessional approach to early integration of oral health concepts, demonstration and hands-on practice of oral health care practices and assessment. These interprofessional oral health education strategies will support enhanced preparation of registered nurses, and ultimately, holistic and comprehensive pediatric oral health care for Canadian children.