

Share & Learn: Tackling Tobacco to Advance Oral Health

October 17, 2024

Speakers

Rachel Colorafi, California Tobacco Prevention Program

Benjamin Chaffee, UCSF School of Dentistry

Elizabeth Couch, UCSF School of Dentistry

Facilitators

Aubri Kottek, COHTAC at UCSF

Kristin Hoeft, COHTAC at UCSF

Housekeeping

- Meeting is being recorded and will be posted on the COHTAC website and YouTube channel – follow up materials and recording link will be emailed
- Questions, comments, and resource sharing are welcomed in the chat box and will be answered at the end of the presentations – please stay muted until called on
- As always, we appreciate your feedback – please take a minute at the end to complete our evaluation survey
- **Disclaimer: The presentations today are the content of the speakers and do not necessarily represent the views or opinions of the California Department of Public Health, California Health and Human Services Agency, Office of Oral Health, or the California Oral Health Technical Assistance Center (COHTAC)**

Learning Objectives & Agenda

Objectives

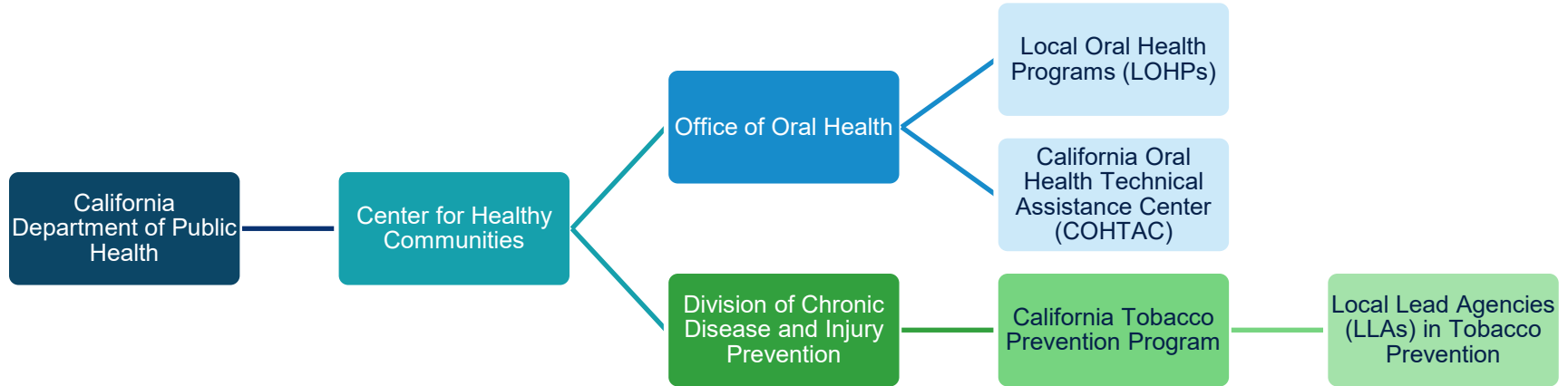
- Learn about the California Tobacco Prevention Program (CTPP) and the shared tobacco goals and objectives of local oral health programs (LOHPs) and local lead agencies (LLAs) in tobacco prevention
- Understand how tobacco use impacts oral health
- Share resources to support tobacco cessation efforts locally and statewide
- Discuss opportunities to collaborate and implement tobacco cessation objectives locally

Agenda

- Welcome and overview – [Aubri Kottek](#)
- CTPP overview and resources – [Rachel Colorafi](#)
- Latest research on tobacco use and its impact on oral health – [Benjamin Chaffee](#)
- Tobacco cessation resources – [Elizabeth Couch](#)
- Q & A and implementation discussion – [Kristin Hoeft](#)
- Wrap up – [Aubri](#)

California Department of Public Health

Where LOHPs & LLAs in tobacco prevention fit in the CDPH ecosystem



Intersecting Objectives

Potential LLA Cessation Activity

- Collaborate with other local health departments/programs such as Oral Health, Asthma, Maternal & Child Health to **integrate tobacco use identification, referral, and treatment activities into the county oral health program** by providing at least 20 hours of training and technical assistance, review of documents, and other supporting activities

LOHP Work Plan Objective 4

- Conduct a survey of dental offices to gauge interest in CEU credits for tobacco cessation training; use survey findings to support tobacco cessation activities and collaborate with Tobacco Control and NEOP when possible
- Provide protocols for dental care providers to assess and document risk factors for oral pharyngeal cancers, conduct, and document assessments; **provide referral resources**
- Coordinate participation in tobacco cessation trainings facilitated by state training
- Provide dental offices with state training and **tobacco cessation toolkits**
- Leverage existing health campaigns (e.g., oral cancer awareness week, Great American Smokeout) to raise awareness of tobacco and oral disease



CTPP Overview & Resources

Rachel Colorafi

Cessation Services and Resources Provided By California Tobacco Prevention Program (CTPP)

California Oral Health Technical Assistance Center (COHTAC) Share and Learn Webinar
October 17th, 2024

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CALIFORNIA
TOBACCO
PREVENTION
PROGRAM

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A high-angle photograph of two young girls sitting on a grey asphalt surface, drawing colorful shapes with chalk. One girl is wearing a light purple long-sleeved shirt and red sneakers, while the other is wearing a blue denim shirt. They are surrounded by pieces of broken chalk in various colors like pink, purple, and blue. The overall scene is bright and focused on the children's activity.

CTPP Overview



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Comprehensive Program

The California Intervention

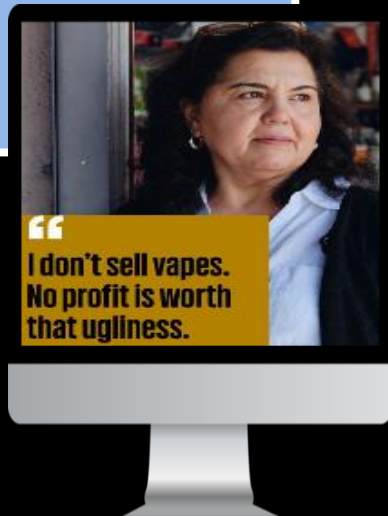
Media

+

Community
Engagement

=

Social Norm
Change



Social Norm Change Strategy

Create an environment where tobacco use is:

Less Desirable

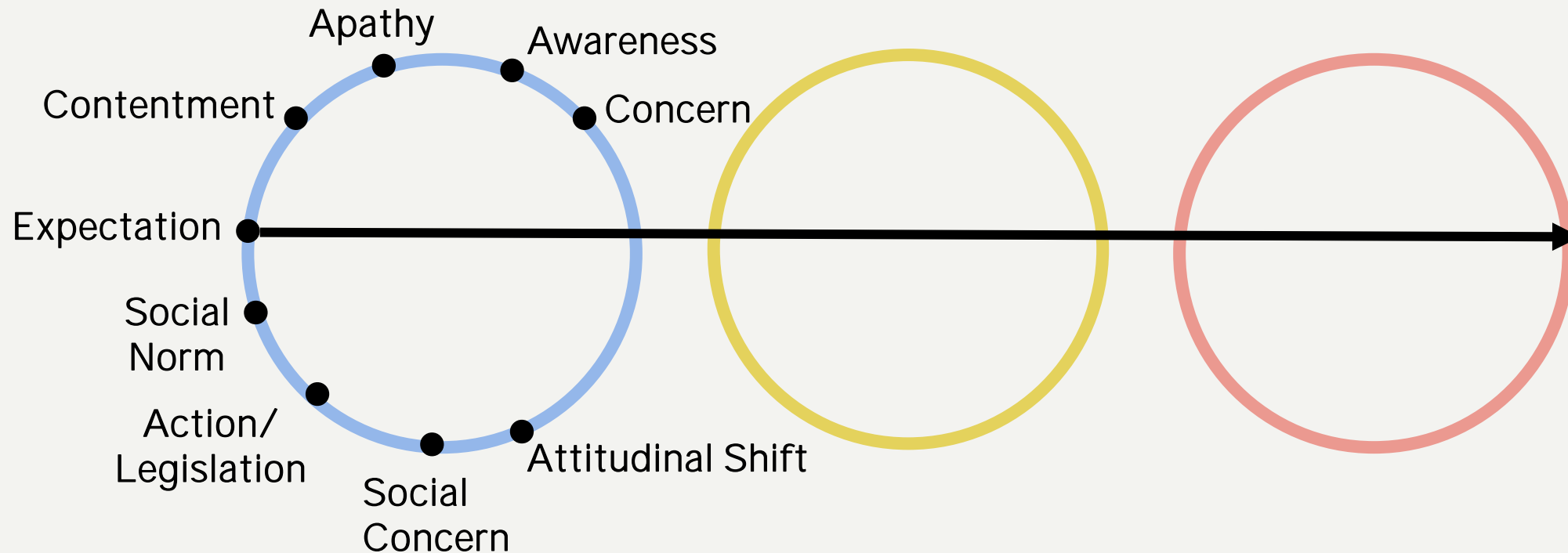
Less Acceptable

Less Accessible

Lasting change in youth behavior regarding tobacco use can only be secured by changing the world in which youth grow up.

Social Norm Change Cycle

For continued progress, the cycle must continue to press forward.



Stagnation in outcome results from not moving through the cycle and not pressing for new public health protections.

Goal of the California Tobacco Prevention Program

```
graph TD; A[Social Norm Change] --> B[Prevention & Cessation]
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Social Norm Change

Prevention & Cessation

Why Policy Change is an Important Objective

Creates demand for
and reinforces
change in individual
and group behavior

Protects health or
the environment

Sets expectations


Maximizes resources

Builds the capacity
of local communities

Institutionalizes
change

The California Tobacco Prevention Garden



 = Coalitions


 = Media

 = Competitive Grants

 = Health Departments

 = Statewide Projects

 = Evaluation

 = Money/
Funding Sources

CTPP Cessation Resources and Services



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Evidence-Based Strategies for Population-Based Tobacco Cessation

- Beyond tobacco prevention, cessation is the ultimate goal to stop or minimize adverse health effects of tobacco use.
- It is also a successful measure of a tobacco prevention program, policy, or intervention.
- California has the third lowest smoking rate in the nation; even so, millions of Californians still smoke.

Youth Cessation Resource Flyer

Provides quit support tips and recommendations to help a young person using vapes and other tobacco products, as well as a comprehensive list of existing cessation resources.

- [Help Young People Quit Vapes and Other Tobacco Products, Flyer for Adult Family and Friends](#)

- This English resource flyer is also downloadable in [Spanish](#), [Traditional Chinese](#), and [Simplified Chinese](#).



Help young people quit vapes and other tobacco products

Family members and friends, does a young person you care about vape or use other tobacco products? Ultimately, only the young person can make the decision to quit, but friends and family members can help support their quit journey!

How you can support

- 1. Learn More:** Rather than giving advice first, try asking questions and listening to their perspective, concerns, and struggles, and why they started using vapes and tobacco products.
- 2. Create a Safe Space:** Take an open and calm approach, lead with empathy instead of judgement, and work to build trust, so that young people feel safe to initiate future conversations about quitting vapes and tobacco products.
- 3. Be Supportive:** Quitting tobacco at any age is a challenge. It may take several conversations before the choice to quit is made, but don't give up. A young person is most successful at quitting when they have support from friends and family!
- 4. Set a Good Example:** Make your home tobacco and smoke-free, and offer healthy substitutes when cravings happen, like crunchy fruit, trail mix, gum, mints, or toothpicks.
- 5. Be Patient:** Do your best to be patient, and consistent with your support. Quitting tobacco is possible, but it doesn't happen overnight. It may take several attempts for someone to quit, but it's worth it!
- 6. Show Compassion:** Mood swings, slips, and setbacks when quitting are all common. Be sure to praise any effort to quit vapes and tobacco products, even during setbacks.



Free cessation support

Effective resources can help someone decide to quit and support their long-term success! Explore these resources and share with the person you're trying to help when they are ready.

This is Quitting

A text program for ages 13 – 24 that offers messages from other young people who have attempted or successfully quit smoking and vaping.

Text: "DITCHVAPE" to 88709

Visit: [This is Quitting Website](#)

QuitSTART

A smartphone app for ages 13+ that offers personalized tips, support to manage tough days, and encouragement after relapse.

Download: QuitSTART App

Visit: [QuitSTART Website](#)

Kick It California

A(n) text program, online chat, smartphone app, website, and phone hotline for ages 13+ that offers personalized support from a live coach on how to quit smoking, vaping, and using smokeless tobacco.

Text: "KICK VAPES" to 66819

Visit: [Kick It California Chat Online](#)

Download: No Butts App or No Vape App

Visit: [YouTube Videos](#) (<https://bit.ly/Yvape>)

Call: (800) 300-8086

NOT for Me

A website for ages 14 – 19 that offers videos on how to quit smoking and vaping.

Visit: [NOT for Me Website](#)

SmokefreeTXT for Teens

A text program that provides advice, quit support, and motivation to youth and teens ages 13 – 17 that smoke or vape.

Text: "QUIT" to 47848

Visit: [SmokefreeTXT for Teens Website](#)

Free family and friend support

Review this resource for additional guidance on how to help someone quit tobacco.

Become An EX

A text program for family and friends who want to help a young person quit vaping and smoking.

Text: "QUIT" to 202-899-7550

Visit: [Become An Ex Website](#)

Free mental health support

People that vape or smoke, may be using products to cope with a mental health condition. If that's the case with a someone you're trying to help, share these resources as you support them.

California Youth Crisis Line

A 24/7 text program, online chat, and phone hotline for ages 12 – 24 that provides prevention and crisis resources.

Text: Any Message to (800) 843-5200

Visit: [California Youth Crisis Line Chat Online](#)

Call: (800) 843-5200

988 Suicide and Crisis Lifeline

A 24/7 text program, online chat, and phone hotline, support service for people in the United States in distress that provides prevention and crisis resources.

Text: Any Message to 988

Visit: [988 Suicide and Crisis Lifeline Online Chat](#)

Call: 988



KICK / T
California

Formerly the California Smokers' Quitline or 1-800-NO-BUTTS

**FREE STATEWIDE
TOBACCO &
NICOTINE CESSATION
PROGRAM**



Major Funding provided by the California Department of Public Health and First 5 California.

KIC overview

QUIT SMOKING ■ QUIT VAPING ■ QUIT SMOKELESS TOBACCO

- 32-year program operating out of UC San Diego
- Helped 1 million+ Californians
- 1:1 coaching validated in multiple randomized controlled trials¹
- Specialized protocol to help people quit smoking, smokeless tobacco and oral nicotine products
- Multiple languages: English, Spanish, Mandarin, Cantonese, Korean, Vietnamese
- Open Mon-Fri (7am-9pm); Sat (9am-5pm)

VISIT
kickitca.org

KICK / T
California

KIC Services & resources

PHONE	CHAT	TEXT	MATERIALS	APP	VIDEOS	FREE NRT*
						
LIVE COACHING MON-SAT	LIVE COACHING MON-SAT	AUTOMATED MESSAGES	DIGITAL & PRINT	IOS & ANDROID	8 ONLINE VIDEOS	NICOTINE PATCHES (*eligibility applies)
SMOKING	SMOKING	SMOKING	SMOKING	SMOKING	SMOKING	SMOKING
VAPING	VAPING	VAPING	VAPING	VAPING		
CHEW	CHEW		CHEW			
ALL SERVICE LANGUAGES*	ENGLISH & SPANISH	ALL SERVICE LANGUAGES*	ALL SERVICE LANGUAGES*	ENGLISH	ENGLISH & SPANISH	Some clients may be eligible to receive a 2-week kit of free nicotine patches delivered to their home. Free NRT is available thanks to funding from First 5 California and the Centers for Disease Control & Prevention (CDC)

* Service languages: English, Spanish, Chinese, Korean, and Vietnamese. (Asian languages funded by CDC grant.)

KICK / T QUIT SMOKING | VAPING

YOU CAN QUIT *FREE* OUR APP CAN HELP

5 WAYS THE APP CAN HELP YOU QUIT.



Check In Daily



Track Progress



Build a Quit Plan



Crush Cravings



Complete Missions



**KICK IT CALIFORNIA HAS SERVED
1 MILLION+ PEOPLE OVER 30 YEARS.**



KIC's Record in Serving the Priority Populations

QUIT SMOKING ■ QUIT VAPING ■ QUIT SMOKELESS TOBACCO

- Compared to the English-speaking Caucasian ethnic group,
 - African American smokers are **more likely** to use the quitline
 - American Indian smokers are **equally likely** to use the quitline
 - Asian immigrants who prefer to speak Chinese, Vietnamese, and Korean (due to their low English proficiency) are **equally likely** to use the quitline
- LGBTQ+ smokers are **equally likely** to use the quitline as non-LGBTQ smokers
- Low-income smokers are **actively using** the quitline services (over **70%** of its current clients are **Medicaid recipients**)
- Behavioral health: **Over 50%** of the quitline clients report having at least one mental health condition
- Rural population is **just as likely**, if not more, to use the quitline services as the urban population

VISIT
kickitca.org

KICK / T
California

RESOURCES FOR ORAL HEALTH PROVIDERS

Oral Health, Tobacco, and Nicotine

Smoking and other tobacco use can cause oral health problems, such as oral cancer, gum disease, tooth loss, tooth staining, and bad breath.² Quitting is one of the best things your patients can do for their oral health.

How Quitting Tobacco and Nicotine Can Improve Your Patients Health

- Mouth sores from using tobacco heal within 2 weeks
- Lower risk of leukoplakia
- Reduced tooth decay, cavities, receding gums, black hairy tongue, bad breath, and teeth staining
- Decreased risk of mouth and throat cancer



More info: kickitca.org/what-to-expect

How Kick It California Can Help Oral Health Providers

The logo for Kick It California is displayed on a dark blue rectangular background. The word "KICKIT" is written in a large, bold, white, sans-serif font. Below it, the word "California" is written in a smaller, white, sans-serif font. A white wisp of smoke or steam rises from the top of the letter 'I' in "KICKIT".

KICKIT
California

Tobacco and nicotine cessation as one of the strategies to improve the oral health of all Californians can be reached by increasing the percentage of patients who receive and are referred to evidence-based tobacco cessation counseling and other cessation aids in dental care settings. However, dental health professionals may not always have the time to provide these cessation services.

That's where Kick It California (KIC) comes in!

“
The most effective strategy to quit tobacco and nicotine is to combine
evidence-based quit counseling with a quit aid.³

”

Ask, Advise, Refer

People are more likely to get KIC Quit Coaching when referred by their healthcare provider. Kick It California offers options for providers to securely refer patients and clients to their proven/science-based Quit Services:

- Proactive Referrals:
 - Web-based Referrals <https://kickitca.org/patient-referral>
 - Electronic Referrals (through health record)
- Self-referrals ([promotional materials](#) handed to the patients/handouts)

Reasons for Proactive Referrals



Associated with a significantly higher participation rate than simple advice to quit (2-3% vs 40%)



Sending an e-referral through the EMR can help organizations meet various metrics (such as QIP)



Clinical teams can make a big impact on the lives of their patients and reduce healthcare costs by referring them to evidence-based tobacco treatment programs like KIC

More info: kickitca.org/health-professionals

Proactive Referrals

- Refer patients (13+ yrs old) who want help to quit vaping, smoking, or using smokeless.
- A Quit Coach will call the patient within 2-5 business days once referral is made to create a personalized quit plan and set a quit date.
- After initial coaching call, relapse-sensitive follow-up calls are scheduled
- Coaching available in English, Spanish, Mandarin, Cantonese, Korean, and Vietnamese.
- Patients will receive education about withdrawal symptoms, pharmacotherapy, and referral to other services if appropriate

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What happens after referral?

- QUIT COACH CALL**
Quit Coach will call within 2 business days of receiving the referral.
- QUIT PLAN**
Quit Coach will help create a personalized Quit Plan.
- QUIT AIDS**
Smokers may qualify for free nicotine patches delivered to their home.


After the first call, a **Quit Coach** will proactively follow up with the person at key points after they've quit, to help them stay motivated and to increase their chances of **quitting for good**.

Program Benefits

- **TOTALLY FREE**
- **1:1 QUIT COACHING**
- **PERSONALIZED QUIT PLANS**
- **EVIDENCE-BASED PROTOCOLS**
- **FREE NICOTINE PATCHES AND HOME DELIVERY**
(Subject to eligibility)

More info: kickitca.org/health-professionals

Web-based Referrals

Health Professional Information First Name* <input type="text"/> Last Name* <input type="text"/> Email* <input type="text"/> Clinic Name* <input type="text"/>	Patient Information First Name* <input type="text"/> Last Name* <input type="text"/> Date of Birth (MM/DD/YYYY)* <input type="text"/> Phone Number* <input type="text"/> 123-456-7890 Gender <input type="text"/> Language <input type="text"/>
Patient Consent Patient or Patient's Guardian (if under 18) consents to allow the referring organization to share contact information with Kick It California for the purpose of offering cessation services through phone or email. <input type="checkbox"/> Yes, I consent	Verify <input type="checkbox"/> I'm not a robot  Privacy Terms <input type="submit" value="Submit"/>

 kickitca.org/patient-referral

E-referrals (via EHR)



For more information on proactive referrals, fill out the referral Interest form: kickitca.org/referral-interest-form or contact Carrie Kirby at ckirby@ucsd.edu

How to Submit
Web-based Referrals
to **Kick It California**




STEP 2 Enter ALL fields for Health Professional & Patient

Health Professional Information	Patient Information
First Name*	First Name*
Last Name*	Last Name*
Email*	Date of Birth (MM/DD/YYYY)* Phone Number*
Clinic Name*	Gender Language

STEP 3 Enter FULL clinic or community-based organization name

Patient Consent	Verify
Obtain patient consent. Quit Coaching is available to those aged 18 or older. Patient or Patient's Guardian (if under 18) consents to allow the referring organization to share contact information with Kick It California for the purpose of offering cessation services through phone or email.	<input checked="" type="checkbox"/> I'm not a robot
STEP 4 <input checked="" type="checkbox"/> Yes, I consent	STEP 5 <input type="button" value="Submit"/>

 A quit coach will call the patient within 2 business days after referral is made.

1.800.300.8086



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YOU CAN QUIT.
KICK IT CALIFORNIA
CAN HELP!



You have taken the first step toward a healthier life. A Kick It California coach will call you within 48 hours from an (800) number to discuss:

-  **QUIT PLAN**
Call from a Quit Coach to start your personal quit plan.
-  **QUIT MATERIALS**
Custom quit materials to help guide you through your quit journey.
-  **QUIT AIDS**
Free nicotine patch evaluation.

If we don't reach you on the first call, we'll try back a few times.
Feel free to call us if you have any questions or want to get started right away!

1.800.300.8086

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Download these
flyers for free from
KIC materials catalog.

Free Education and Training Materials

KIC provides basic education and training materials on tobacco and nicotine cessation topics.

- [Educational Materials Catalog](#)
- [Webinar Trainings](#)
- Tobacco Cessation and Health-related [Courses](#).

Additional Educational Resources

- [UCSF Smoking Cessation Leadership Center's \(SCLC\) California Center for Tobacco Cessation](#) - the statewide program providing cessation training and technical assistance to tobacco & nicotine cessation and prevention partners.

- [Empowering Change: Using Brief Motivational Interviewing for Tobacco Cessation in Oral Cancer Prevention Webinar, co-hosted by the American Dental Hygienists' Association](#)

More info: kickitca.org/education-training



ALL MATERIALS



All Materials

Search products

195 Products

Show 12 Availability

- Cigarettes (76)
- Vapes (39)
- Smokeless Tobacco (21)
- Other Tobacco Products (10)
- Quitting Aids (18)
- Marijuana (6)

MATERIAL TYPE

- Fact Sheet (108)
- Rack Card (9)
- Flyer (14)
- Poster (7)
- Interactive Plan (6)
- Wallet Card (3)

FORMAT

- Digital (134)
- Print (13)

LANGUAGE

- English (81)
- Spanish (77)

AUDIENCE

- Pregnant & Parents (37)
- Friends & Family (20)
- Health Professionals (16)
- Priority Populations (94)
- Hispanic & Latinx (30)
- Youth (1)

Parents and Pregnant Wallet Card (Printed)

Pregnant and Smoking Rack Card (Printed)

Parents with Children Ages 0-5 Rack Card (Printed)

Cómo hablar con sus pacientes acerca de vapear

Talking to Patients about Vaping

Kick It: Quit Smoking | Vaping App Flyer

Vapear durante el embarazo

Pregnancy and Vaping

County Enrollment Data Reports

- Where to get them: <https://kickitca.org/reports>
- Track over time

Call Report for California

CALIFORNIA	7/1/21 0:00 a	---	#####					
	July	August	Sept	October	November	December	Total	%
AGE								
<=13 years	5	0	1	1	4	0	11	0.09 %
14 to 17	4	3	5	4	5	2	23	0.19 %
18 to 24	79	67	93	61	67	70	437	3.67 %
25 to 44	766	856	756	612	537	558	4085	34.29 %
45 to 64	1243	1246	985	723	725	635	5557	46.64 %
65+	442	423	323	198	201	205	1792	15.04 %
Unknown	0	0	0	5	2	2	9	0.08 %
TOTAL	2539	2595	2163	1604	1541	1472	11914	100.00 %
GENDER: Identifies as_								
Female	1371	1400	1158	856	841	830	6456	54.19 %
Male	1122	1147	950	689	653	602	5163	43.34 %
In Another Way	11	14	16	21	10	12	84	0.71 %
Unknown	35	34	39	38	37	28	211	1.77 %
TOTAL	2539	2595	2163	1604	1541	1472	11914	100.00 %
SEXUAL ORIENTATION								
Number Assessed	2232	2259	1897	1423	1334	1327	10472	100.00 %
Heterosexual	1932	1937	1628	1172	1124	1104	8897	85.35 %
Lesbian or Gay	78	76	63	56	49	53	375	3.60 %
Bisexual	84	98	81	65	64	68	460	4.41 %
Other	37	53	34	34	31	35	224	2.15 %

Monthly and six-month reports of people who enroll in the KIC program, including age, gender, ethnicity, language spoken, and referral source.

- Demographics
- Behavioral health conditions
- Physical health conditions

County Contact Information



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County Contact Information

- The CDPH informs, coordinates, and assists local health services and offices in the matters of public health.
- Because California has such a large and diverse population across a vast geographic area, we encourage you to contact your local health services department for more information on programs and information related to you and your region.
- Local Health Service/Office Listing Websites:
 - <https://www.cdph.ca.gov/pages/localhealthservicesandoffices.aspx#>
 - <https://kickitca.org/county-listing>

CTPP & KIC Contact Information



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CTPP & KIC Contact Information

Kick It California (KIC):

- Email: cshoutreach@ucsd.edu

California Tobacco Prevention Program (CTPP):

- Email: rachel.colorafi@cdph.ca.gov

Thank You

UNDO[™]



Latest Research on Tobacco Use and Its Impact on Oral Health

Benjamin Chaffee



Vaping, Cannabis, and a New Tobacco Landscape

Implications for Dental Patients



Benjamin W. Chaffee, DDS MPH PhD

UCSF School of Dentistry

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COHTAC

Share & Learn

October 17, 2024



University of California
San Francisco

advancing health worldwide

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- Paid consultant to Westat on oral health measures in the Population Assessment of Tobacco and Health Study

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US National Institutes of Health, Grant KL2 TR000143

Content solely the responsibility of the presenter and does not necessarily represent official views of the California Department of Public Health, NIH, FDA, or UCSF

Tobacco Use: Still a Global Catastrophe

Worldwide, expected **1 Billion** deaths from tobacco in the 21st Century

Deaths per year:

9 million worldwide

>400,000 in the United States

>35,000 in California

(^most of any U.S. state)

Tobacco Use: Not Just Cigarettes



New and emerging products = new challenges for research, policy, clinical care, & public health

Tobacco Use Causes Poor Oral Health

Causes oral diseases

Periodontitis, tooth loss

Oral & pharyngeal cancers

Mucosal lesions, calculus, staining, halitosis, etc.



Makes treatment less successful

Implant failure

Post-surgical complications

Impaired response to periodontal therapy

Tobacco Use: We Are Well Positioned for Action



Dental professionals have **skills, resources, and opportunities** to reduce tobacco use among patients

Tobacco Use and Health



Combustible Cigarettes

Device carefully designed to maximize addiction

Most common tobacco product used by U.S. adults

11.2% nationally (2022)

6.2% in California (2021)

Marked inequities in use and disease burden by geography, socioeconomic position, race/ethnicity, LGBTQ+ status, etc.



Combustible Cigarettes

Cigarette smoke affects virtually every body system

Negative effects extend to involuntary exposure

Increased Risk: cancers, pulmonary diseases, cardiovascular diseases, infertility, cataract, diabetes, and more...



Combustible Cigarettes

Cigarette smoke affects virtually every body system

Negative effects extend to involuntary exposure

Increased Risk: cancers, pulmonary diseases, cardiovascular diseases, infertility, cataract, diabetes, and more...

REGARDLESS of effects on the oral cavity, reducing smoking must be a priority for all healthcare providers



Smoking and Oral Health

Tobacco smoking causes:

1. Oral and pharyngeal cancer
2. Periodontal disease + poor response to periodontal therapy
3. Tooth loss
4. Dental implant failure
5. Post-operative complications (e.g., dry socket)
6. Oral leukoplakia, calculus (tartar), staining, halitosis
7. Dental caries, xerostomia, and oral pain <-- *less conclusive*



Smoking and Oral Health

Mechanisms of Destruction

- Tobacco smoke contains dozens of human carcinogens

For periodontitis, smoking causes:

- Pathologic changes to the oral microbiome
- Altered host immune response (innate + inflammatory)
- Impaired reparative capacity of periodontium
- Reduced vascular flow

Non-Cigarette Combustible Tobacco and Oral Health

Cigars

- Vary widely in size, use patterns
- Small cigars and cigarillos may resemble cigarettes
 - Often available in flavors and at discount prices
- Likely: oral health effects resembling cigarettes (direct evidence sparse)



Sources: Albandar JM, et al. J Periodontol 2000; 71: 1874-1881; Krall EA, et al. J Am Dent Assoc 1999; 130: 57-64; Ismail AI, et al. J Am Dent Assoc 1983; 106: 617-621.

Conventional “Smokeless” Oral Tobacco

Moist Snuff (dip) and Chewing Tobacco

- Conventional dip and chew associated with oral cancer, pancreatic cancer, and tooth loss
- Fewer proven cessation tools compared to cigarettes
- Most major brands now owned by cigarette companies



Enter Nicotine Pouches... (and others)

Late 2010s: New types of “tobacco-free” nicotine products



Enter Nicotine Pouches

- Teabag-like pouches with nicotine, filler, and flavorants
- Marketed as “fresh way” to enjoy “nicotine satisfaction”
- Interest in these products is growing among individuals outside typical market for oral tobacco (e.g., female, non-smokers)
- “Tobacco-free” = very effective messaging



Enter Nicotine Pouches

The New York Times

Can Nicotine Pouches Like Zyn Harm Your Health?

What we know about the new products, addiction and cancer.



What are nicotine pouches, and are they actually better for you than cigarettes?

February 13, 2024

The Guardian

Zyn Nicotine Pouches Take Off—and Land in the Culture Wars

Zyn draws debate among lawmakers, public-health experts: Are its pouches a boon for public health or a threat to children?

By [Jennifer Maloney](#) [Follow](#)
Feb. 18, 2024 at 7:41 am ET

THE WALL STREET JOURNAL.



Enter Nicotine Pouches

Reasons to be concerned?

- For now, use is still low (~1-2% among youth)
- Nicotine is highly addictive
- Addiction is a serious substance use disorder
- Nicotine itself is not harmless
- Not proven to help smokers quit
 - Could make quitting harder
- Made by companies that make most of their profits from selling cigarettes



Electronic Cigarettes



Electronic cigarettes are...

- Battery powered devices, aerosolize a nicotine-containing liquid
- Increasing use since 2010; mostly among cigarette smokers and youth
- Deliver many toxicants at lower levels than cigarettes
- Highly variable in design and evolving rapidly

IMPORTANT:
No ashtrays needed

blu | SOMETHING BETTER
BETTER TASTING • MORE SATISFYING

WARNING: This product contains nicotine.
Nicotine is an addictive chemical.

UNDERAGE SALE PROHIBITED VAPOR PRODUCT

VUSE

Alto

YOUR VAPE. YOUR WAY.

Choose the color, taste, and nicotine level that matches your style.

Customize your vape now at vusevapor.com

VUSE CHARGE BEYOND™

©2020 RUIVC. Website restricted to 21+ tobacco consum.

Electronic cigarettes are evolving over time

- Terminology: vapes, vape pens, mods, JUULs, Puff Bars, **Electronic Nicotine Delivery Systems (ENDS)**
- Design: “cigalikes” -> build-your-own -> pods -> disposables
- Generally, products have become *easier to use* and *more effective at nicotine delivery*



Electronic cigarette use prevalence

Adults

Nationally: **4.5%** in 2021

Men (5.1%) vs. Women (4.0%)

Age 18-24 (11.0%) 25-44 (6.5%) 45-64 (2.7%) 65+ (<1%)

Most adult e-cigarette users also smoke conventional cigarettes

Adolescents

Surpassed cigarettes as most-used tobacco product (2014)

Reached 27.5% among high school students in 2019

Lower use prevalence in 2020-2023 (**10.0%** in 2023)

Electronic cigarette constituents and exposures

- E-cigarette aerosol contains ultrafine particles and toxins, such as acetaldehyde, acrolein, toluene, formaldehyde, and heavy metals (e.g., lead)...
 - ...albeit at much lower levels than found in cigarette smoke
- Cigarette smokers switching to e-cigarettes for two weeks:
Reduced biomarkers of carcinogens and other toxins

Electronic cigarettes... the “harm reduction” debate

The Promise:

A “cleaner” source of nicotine for smokers unable to quit

Potential to save millions of lives



The screenshot shows the BBC News website interface. At the top, there is a navigation bar with the BBC logo, a 'Sign in' button, and links for 'Home', 'News', 'Sport', 'Reel', and 'Worklife'. Below this is a red banner with the word 'NEWS' in white. Underneath the banner is a secondary navigation bar with links for 'Home', 'War in Ukraine', 'Coronation', 'Climate', 'Video', 'World', 'US & Canada', 'UK', 'Business', and 'Tech'. A third navigation bar below that has links for 'UK', 'England', 'N. Ireland', 'Scotland', 'Wales', 'Isle of Man', 'Guernsey', 'Jersey', and 'Local News'. The main content area features a large headline: 'Vaping: Free e-cigarettes to be handed out in anti-smoking drive'. At the bottom left of the article, there is a timestamp '11 April' and a 'Comments' link.

BBC Sign in | Home | News | Sport | Reel | Worklife

NEWS

Home | War in Ukraine | Coronation | Climate | Video | World | US & Canada | UK | Business | Tech

UK | England | N. Ireland | Scotland | Wales | Isle of Man | Guernsey | Jersey | Local News

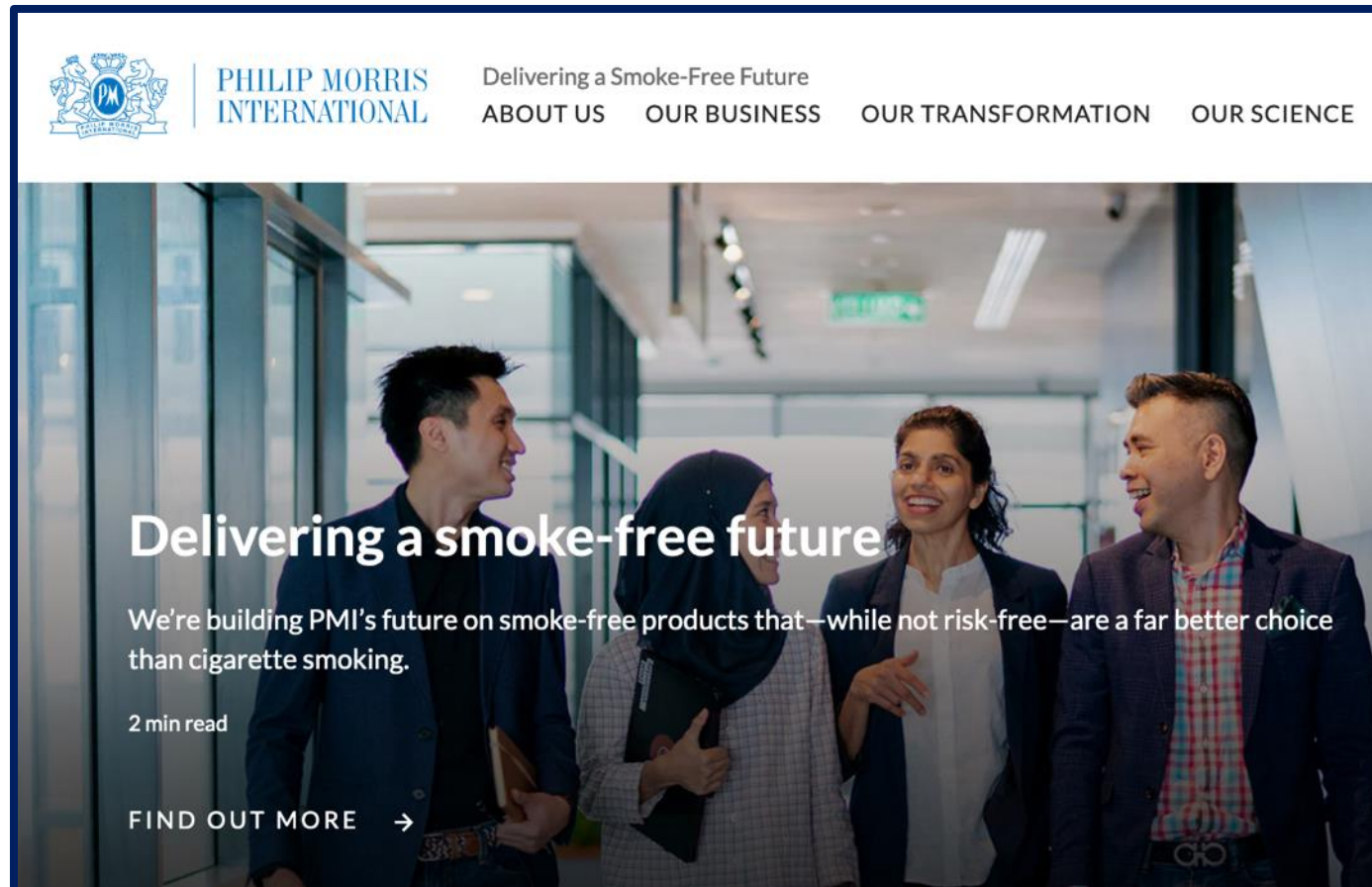
Vaping: Free e-cigarettes to be handed out in anti-smoking drive

🕒 11 April · 💬 Comments

Electronic cigarettes... the “harm reduction” debate

The Promise:

A “cleaner” source of nicotine for smokers unable to quit



The image shows a screenshot of the Philip Morris International website. At the top left is the PMI logo, a crest with a crown and the letters 'PMI'. To its right is the text 'PHILIP MORRIS INTERNATIONAL'. Further right is the tagline 'Delivering a Smoke-Free Future' and a navigation menu with links: 'ABOUT US', 'OUR BUSINESS', 'OUR TRANSFORMATION', and 'OUR SCIENCE'. Below the header is a large photograph of four diverse people (two men and two women) in a modern office hallway, smiling and talking. Overlaid on the bottom left of the photo is the text: 'Delivering a smoke-free future', 'We're building PMI's future on smoke-free products that—while not risk-free—are a far better choice than cigarette smoking.', '2 min read', and 'FIND OUT MORE →'.

PHILIP MORRIS INTERNATIONAL Delivering a Smoke-Free Future
ABOUT US OUR BUSINESS OUR TRANSFORMATION OUR SCIENCE

Delivering a smoke-free future

We're building PMI's future on smoke-free products that—while not risk-free—are a far better choice than cigarette smoking.

2 min read

FIND OUT MORE →

Electronic cigarettes... the “harm reduction” debate

The Problems:

- 1) Under current market conditions, adult smokers are not switching
 - Most e-cigarette users also smoke (dual-use)
 - Addiction continues, may make quitting harder / more relapse
- 2) Tobacco smoking on a steady downward trajectory without vapes
- 3) Use by youth who would have never smoked
- 4) Cigarette companies (largest vape makers) are hard to trust
- 5) Reduction in harm may not match optimistic expectations

Electronic cigarettes: potential health risks

- **Cardiovascular:** could impair blood vessel function (e.g., vascular stiffness and endothelial function); increase heart rate variability
- **Respiratory:** no effect on spirometry; elevated lung damage biomarkers; increased risk of self-reported symptoms
- **DNA Damage:** increased levels found in oral cells of vape users who never smoked

Electronic cigarettes as a cigarette cessation tool?

- Some adult smokers report using e-cigarettes to quit smoking
- E-cigarettes are **NOT** approved cessation devices
- Randomized controlled trials have tested smoking cessation efficacy... some of those results are encouraging
- Trial results and “real-world” studies do not always agree

Electronic cigarettes as a cigarette cessation tool?

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- Trial results and “real-world” studies do not always agree

IF a dental patient wants to try vaping to quit:

- Congratulate, enhance, & support the willingness to quit
- Offer evidence-based, approved cessation aids

Electronic cigarettes and oral health



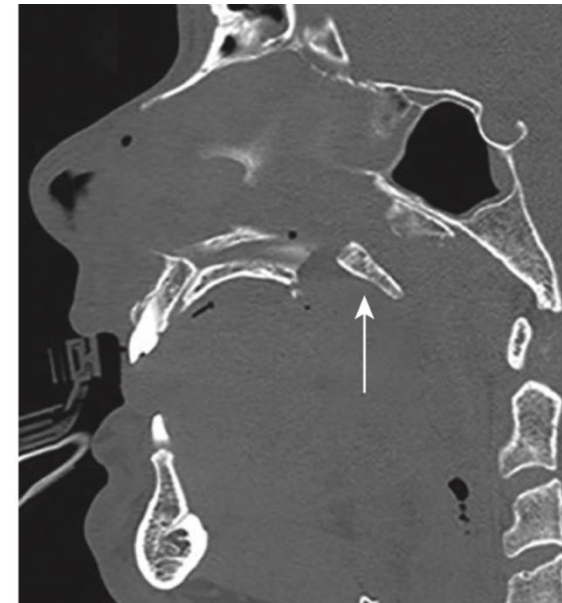
Brooks JK, et al. Dent Traumatol. 2017



Harrison, Hicklin. J Am Dent Assoc. 2016



Norij, Plate. J Emerg Med. 2017



Cason DE, et al. Ann Intern Med. 2016

Electronic cigarettes and oral health

Evidence of oral health effects is limited...

...Why?

1. Most oral diseases are chronic, develop over time
2. Most e-cigarette users are younger
3. Most e-cigarette users have a history of smoking
4. Difficult to mimic realistic exposures in laboratory
5. Prevalence of e-cigarette use relatively small

Electronic cigarettes and oral health

Oral Microbiome



E-cigarette use changes microbial diversity/abundance

Distinct profile from tobacco non-users and from smokers

Some differences associated with periodontal disease:

- More pathogens (e.g., Fusobacterium, Bacteroidales)

- More markers of inflammation

Long-term impact on periodontal condition unclear

Electronic cigarettes and oral health

Clinical Studies



Possible outcomes more prevalent in e-cigarette users:

Gingival bleeding

Oral / mucosal lesions

Peri-implantitis

Caveats:

Most studies cross-sectional with small sample size

Complicated by past/current smoking

Conditions (e.g., bone loss) may take years to occur

Electronic cigarettes and oral health

Population-Based Studies

Associations have been reported between vaping and...

Bleeding gums

Mouth or throat irritation

“Dental problems”

“Gum disease” history or treatment

Associations generally weaker than for tobacco smoking

Largest studies often assess oral health by self-report



Why should *dental professionals* care about vaping?

Legitimate Reasons for Concern:

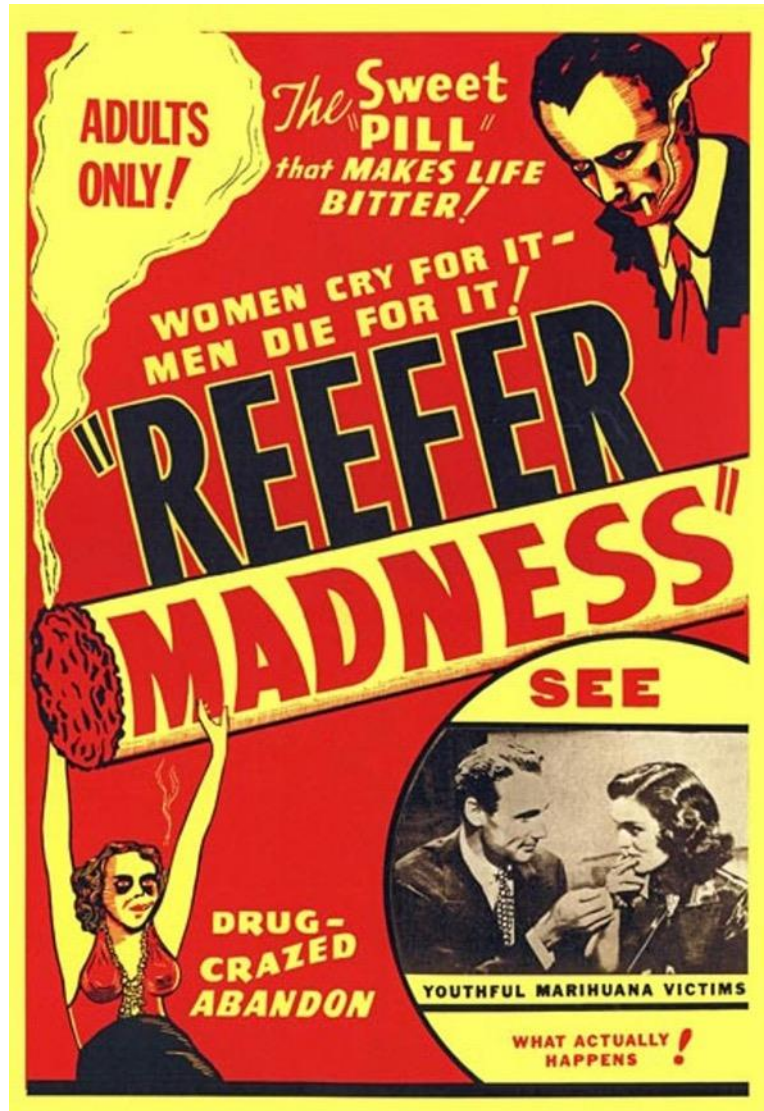
- May not be helpful as smoking cessation aid
- Linked to changes in the oral microbiome
- Potential cardiovascular and respiratory risks
- Public health perspective:
 - Uptake by youth
 - Renormalization of nicotine/tobacco

As voices in communities and through professional organizations, we have power to influence policy and public perception

Cannabis and Dental Practice



Cannabis: Evolving attitudes and policies



1936 Film:

A Highly Potent and
Dangerous Drug

Cannabis: Evolving attitudes and policies



Today:

A Health and
Wellness Product



...for your pet!

Cannabis: Health effects



- Distorted perception, poor concentration, psychosis
- Toxic at high concentrations:
sedation, respiratory depression, hyperemesis, and cardiotoxicity
- ~Double risk of motor vehicle accident
- May harm brain development in adolescents
- 8-12% of users develop use disorder (dependence, withdrawal)

Cannabis: *Oral* health effects

Greater Risk of...

- Xerostomia
- Periodontitis, clinical attachment loss
- Leukoedema / Hyperkeratosis
- Candida albicans
- Oral cancer??
- Plaque??
- Dental caries??

Marijuana *smoke* closely resembles tobacco smoke, delivering carbon monoxide, tar, and carcinogens

Cannabis and dental practice

Many dental patients likely use cannabis.

May cause:

Anxiety, agitation, dysphoria

Impaired decision-making

Potential drug interactions

(e.g., epinephrine & tachycardia)



Cannabis and dental practice

Cannabis use is relevant to oral health and dental practice

RECOMMENDATION 1:

Include cannabis in patient history and patient conversations

Patients may **self-medicate** w/cannabis for dental pain & anxiety

Cannabis and dental practice

Patients may **self-medicate** w/cannabis for dental pain & anxiety

If patients arrive to dental visit while intoxicated...

RECOMMENDATION 2:

Have a policy / protocol in your practice

Consent, care delivery, drug interactions, transportation



Cannabis and dental practice

Smoke is harmful to oral tissues, impairs post-op healing

RECOMMENDATION 3:

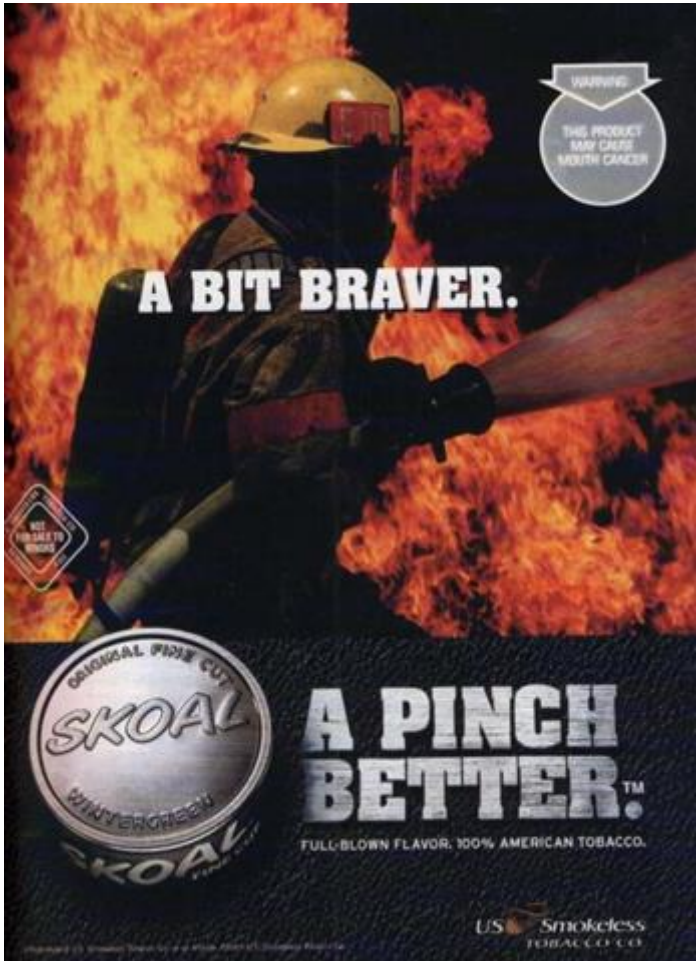
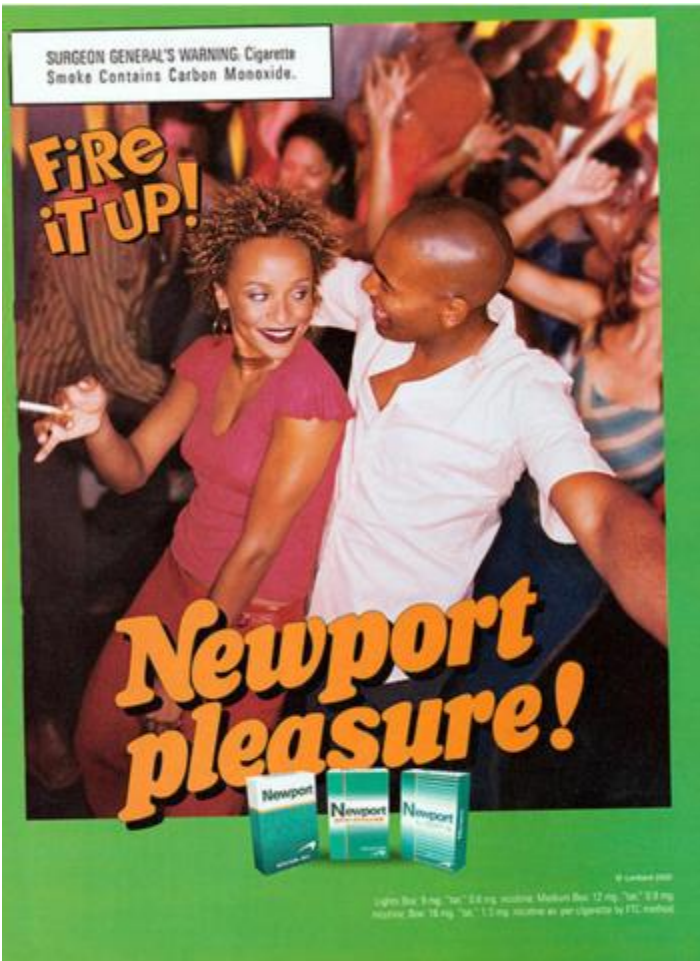
Include cannabis in patient history and post-op instructions



Closing Thoughts



The Tobacco Pandemic Continues because the Tobacco Industry Protects Its Profits, Despite Killing Consumers



Be a Part of the Tobacco **ENDGAME**

- Address tobacco use with **all patients** at each visit
- *At a minimum*, commit to brief tobacco interventions as part of routine care
- Ask, Motivate, and CONNECT patients who use tobacco with tangible help
- Leverage your position and influence to advance policies that bring the tobacco epidemic to an end



Tobacco Cessation Resources

Elizabeth Couch



Tackling Tobacco to Advance Oral Health: The Role of Dental Professionals

Elizabeth Couch, RDH MS
COHTAC Share and Learn

October 17, 2024



Disclosures

I have NO financial affiliations or conflicts of interests related to the tobacco, nicotine, cannabis, or pharmaceutical industries

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 - California Department of Public Health, Contract #20-10026
 - US National Institutes of Health, Grant U54 HL147127
 - US National Institutes of Health, Grant P50 CA0180890
 - US National Institutes of Health, Grant KL2 TR000143

Overview

1. The Role of Dental Professionals in Tobacco Cessation
2. Data: Dental vs. Other Health Professionals
3. Proven Tobacco Cessation Strategies (Motivational Interviewing, AAR, 5 A's, etc.)
4. Resources and Tools
5. Role of the Entire Dental Team
6. Collaboration to Improve Outcomes

Why should dental professionals get involved?

Tobacco use matters to the dental profession:

- Causes oral diseases
- Decreases the success of dental treatment
- Severely impacts our patients' overall health

Why should dental professionals get involved?



California Dental Association
1201 K Street, 14th Floor, Sacramento, CA 95814
800.232.7645 cda.org

Minutes of the 50th Annual Session of the
California Dental Association (CDA) House of Delegates
Hyatt Regency Sacramento
November 15-16, 2019

Dentists have a professional responsibility to:

“educate and advise patients regarding the health risks associated with, and **support cessation of**, the use of cigarettes, smokeless tobacco, electronic cigarettes, [and other tobacco].”

CDA House of Delegates Resolution 8-2019-H

American Dental Hygienists' Association: Policy on Prevention & Wellness



*ADHA advocates for a tobacco-free environment and supports laws which prohibit the marketing and distribution of nicotine delivery and promotional look-alike products that encourage tobacco use. Further, the American Dental Hygienists' Association supports the **role of the dental hygienist in prevention and cessation of tobacco usage** through education.*



WHO Clinical Treatment Guideline: **Tobacco Cessation in Adults (2024)**

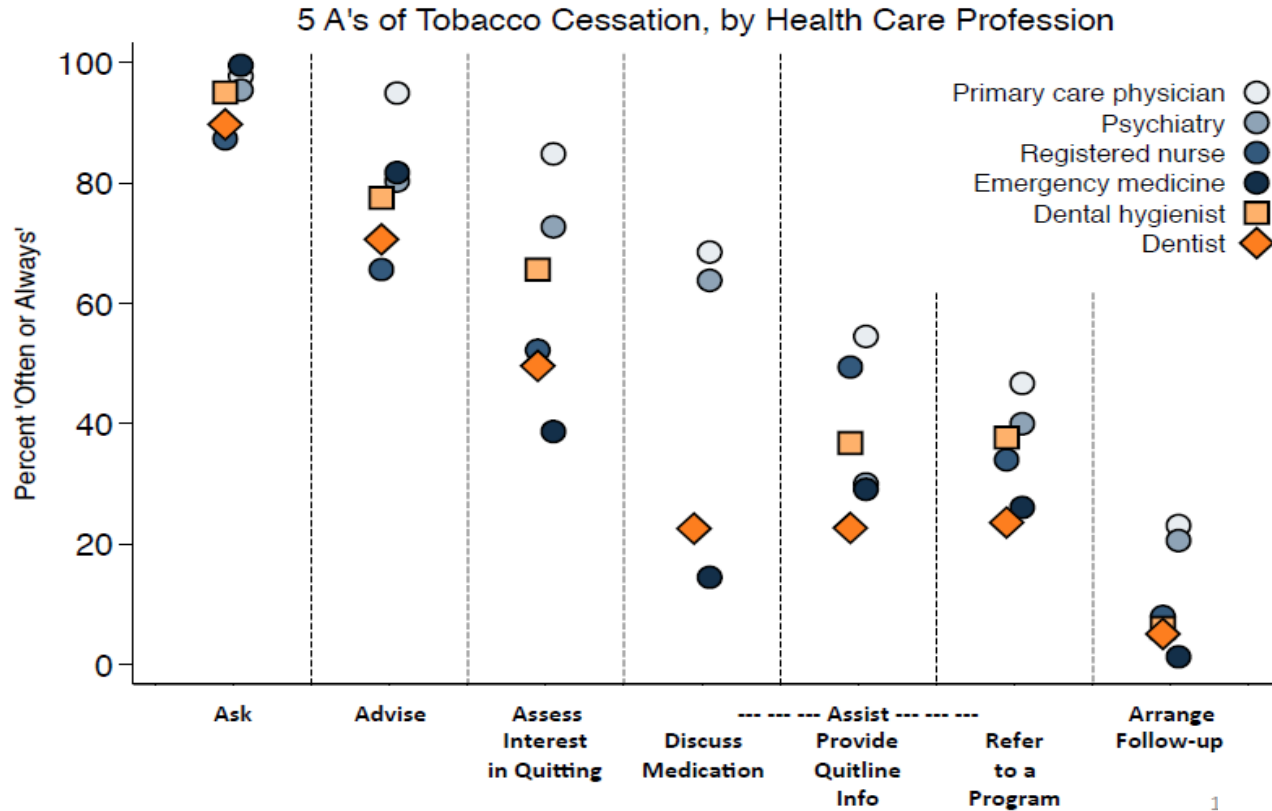
WHO recommends brief advice (between 30 seconds and 3 minutes per encounter) be consistently provided by health-care providers as a routine practice to all tobacco users accessing **any** health-care settings

Dental professionals make a difference

- ***Frequent Patient Contact:*** Dental visits offer regular opportunities to screen for tobacco use
- ***Trust and Influence:*** Dental providers are trusted health professionals who can motivate patients to quit
- ***Oral Health Impact:*** Dental providers can observe early signs of tobacco-related conditions

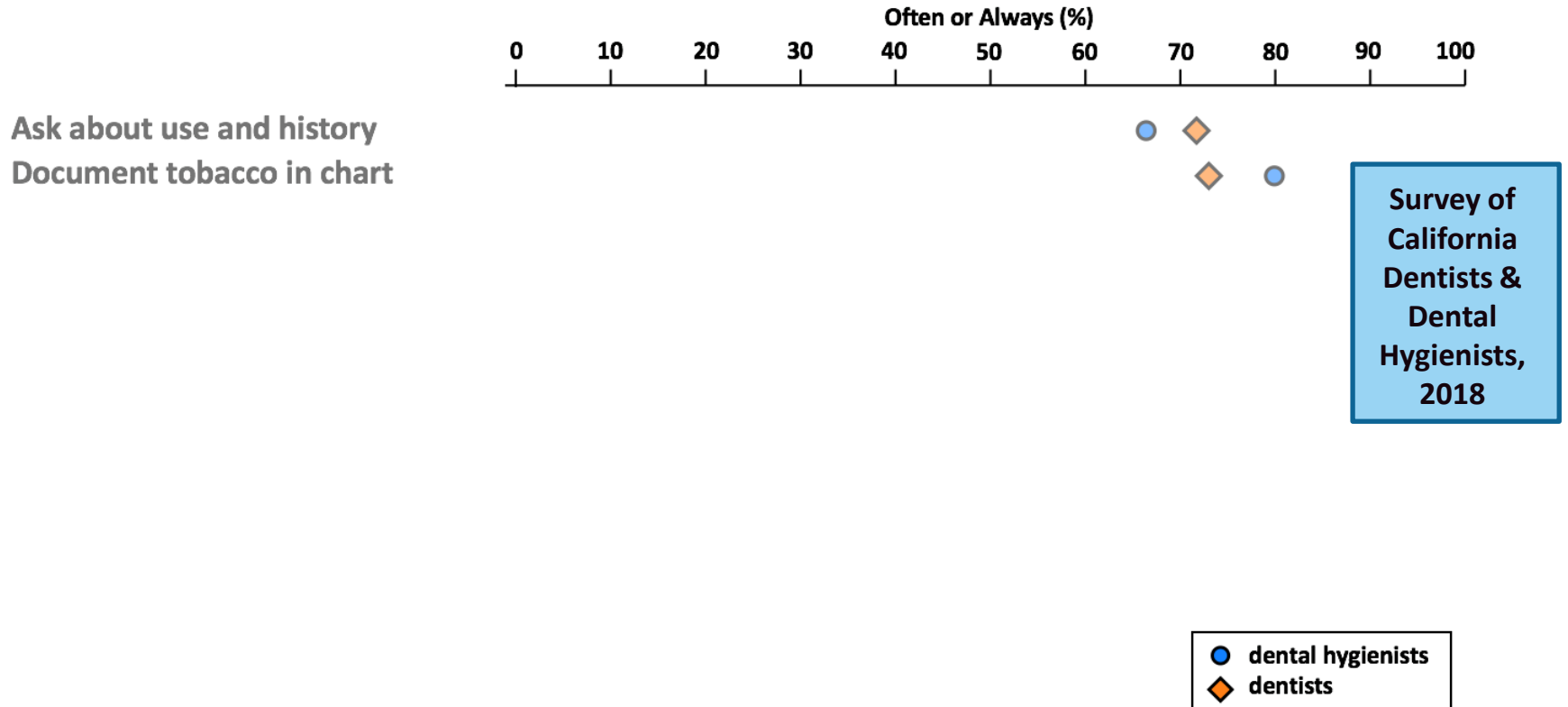
It Works: Tobacco interventions in dental settings help patients to quit

Health Professionals' Reported Behaviors



Source: Tong, et al. Nicotine Tob Res 2010;12(7):724---733.

Dental professionals are falling short



Dental Professionals and Tobacco

Common perceptions from dental professionals:

“I don’t have time!”

“It doesn’t work!”

“I don’t get reimbursed”

“Patients will get mad or leave my office.”

“I don’t know what to do...”



Dental Professionals and Tobacco

Lack of Time?

- More time dedicated to in-office cessation, the more likely patients will remain tobacco-free after 5-months
- As little as **3 minutes** discussing tobacco and encouraging cessation does increase chance of success



Dental Professionals and Tobacco

Patient Resistance?

- Patients who use tobacco products *expect* to be encouraged to quit by health professionals
- Screening for tobacco use and providing cessation counseling *positively associated* with patient satisfaction
- Survey of >3000 dental patients: ~60% believed that dental offices *should* provide tobacco cessation treatment

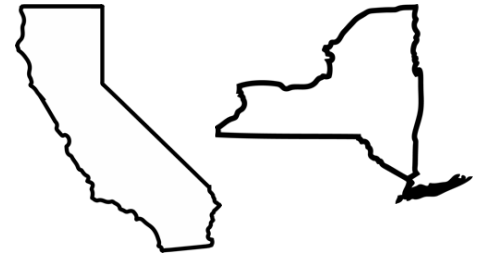
Dental Professionals and Tobacco

Don't Get Paid for It?

American Dental Association CDT Code for Tobacco Use Cessation Services (**D1320**)

Using D1320, even if not payable, sends signal to insurers that we value this service

D1320 is covered by Medicaid-dental in California and New York



Resource for California Dental Providers

UCSF University of California San Francisco

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Toolkits

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Home > Toolkits > Tobacco Cessation Toolkit

Tobacco Cessation for California Dental Providers: Toolkit and 1-hour Webinar

Tobacco Cessation Toolkit for Dental Providers

Dental teams can play a critical role in helping their patients live tobacco free. The [Tobacco Cessation Toolkit for California Dental Providers](#) toolkit is designed to assist dental providers with integrating brief tobacco cessation interventions into their routine dental care workflows. The toolkit provides practical tools and evidence-based resources to help dental providers and their tobacco-using patients.

This toolkit was created by the UCSF California Technical Assistance Center (COHTAC) in partnership with San Joaquin County Public Health Services Smoking & Tobacco Outreach and Prevention Program (STOPP) and Local Oral Health Program, and the California Department of Public Health, Office of Oral Health.

Included in this toolkit, you will find information about:

- Trends in tobacco products and use in California
- Dental professionals' role in tobacco cessation and why it matters
- Tobacco dependence and the benefits of quitting
- Brief interventions for dental settings
- The role of the entire dental team in tobacco cessation
- FDA-approved medications for tobacco cessation
- Resources available for providers and patients

TOBACCO CESSATION TOOLKIT FOR DENTAL PROVIDERS

Webinar: Tobacco Cessation for California Dental Provider



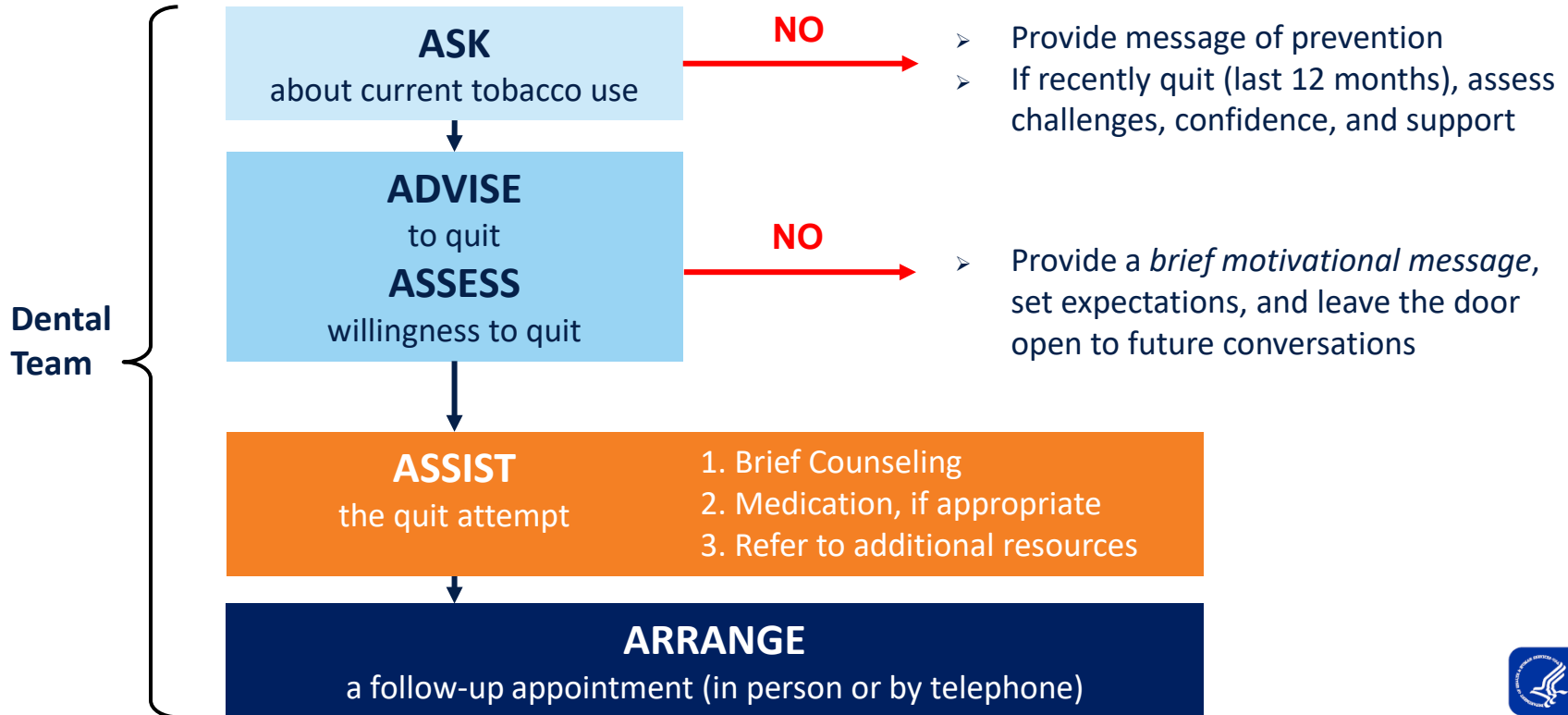
<http://tiny.ucsf.edu/TobaccoToolkitCA>

Models for Tobacco Cessation

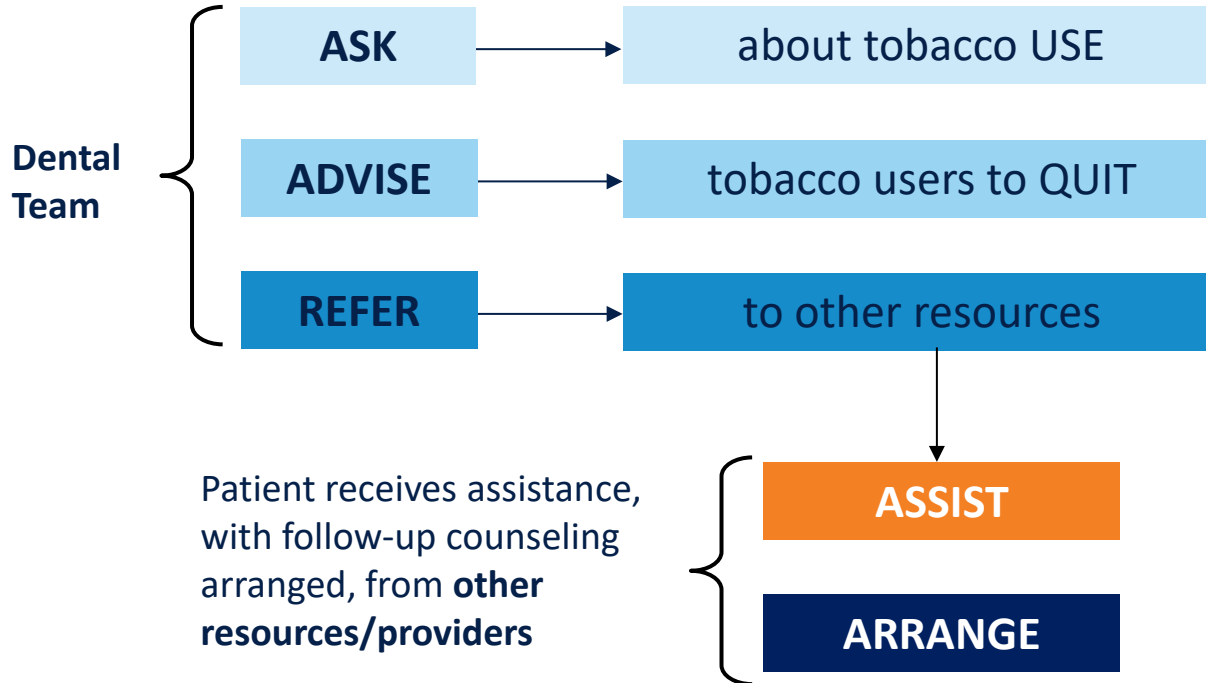
5 A's

A-A-R

The 5 A's



ASK-ADVISE-REFER



ASK about all tobacco use

Document in the chart: Tobacco use status should be updated, for all patients on a regular basis, including youth (>12 years)

“I take time to ask all of my patients about tobacco use—because it’s important.”

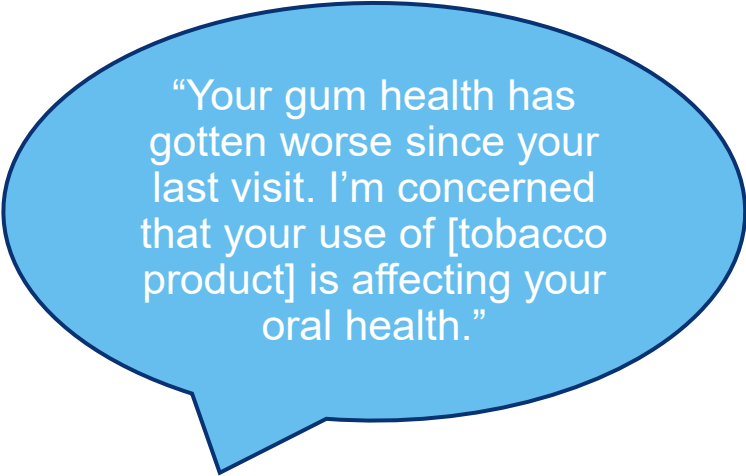
“Have you ever smoked or used other types of tobacco or nicotine products, such as e-cigarettes?”

ADVISE and ASSESS

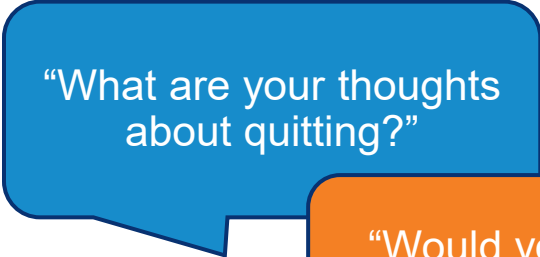
Clinicians should advise patients to quit and assess their willingness to quit

Message should be clear, strong, non-judgmental, and personalized

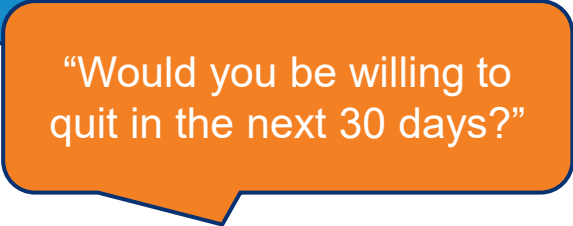
When possible, link tobacco use to oral findings / dental treatment



“Your gum health has gotten worse since your last visit. I’m concerned that your use of [tobacco product] is affecting your oral health.”



“What are your thoughts about quitting?”



“Would you be willing to quit in the next 30 days?”

ASSESS their readiness to quit

Not ready to quit

Might be aware of the need to quit (or want to quit), but are wary or ambivalent about making a change *right now*

GOAL for providers: Get patients to *start thinking about quitting.*

Motivational Interviewing

A patient-centered communication style to enhance a person's own motivation for change or behavior action.



Core Techniques:

- Open-ended questions
- Affirmations
- Reflective listening
- Summarizing

Motivational Interviewing Resources

- *ADHA Webinar: Motivational Interviewing Techniques to Help Patients Quit Tobacco Use & Educate Them on Pharmacological Alternatives*
- SCLC Webinar: Empowering Change: Using Brief Motivational Interviewing for Tobacco Cessation in Oral Cancer Prevention, co-hosted by the American Dental Hygienists' Association

ASSIST with the quit attempt

Ready to quit

Ready to quit in the next month

- Patients are aware of the need to, and the benefits of, making the behavioral change

GOAL for providers: Achieve cessation.

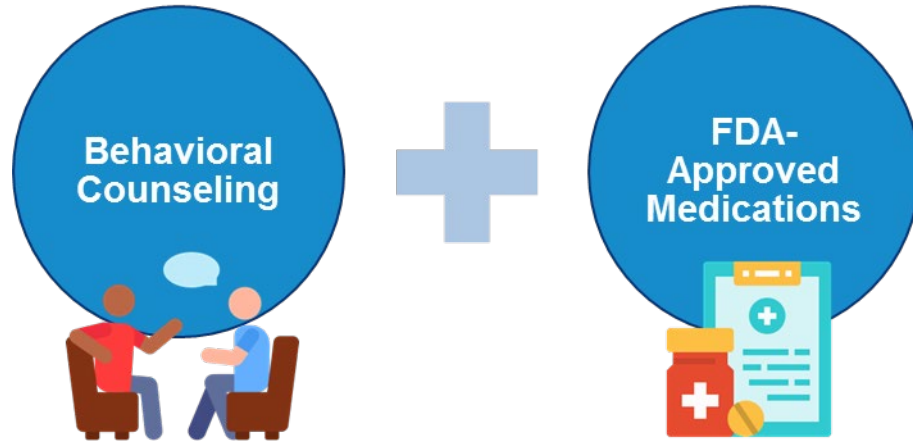
↓
Refer

OR

↓
Assist

ASSIST with the quit attempt

Everyone ready to quit should be offered:



ASSIST with the quit attempt

Behavioral counseling (3-10min)

1. Help set a quit date (within 30 days)
2. Review past quit attempts and treatment used
3. Discuss withdrawal symptoms and triggers and potential coping strategies
4. Refer a patient for additional support
5. Recommend medications, when appropriate

Tobacco Cessation Medications

Over the counter (OTC)	Require Prescription (Rx)
Nicotine gum - 2 mg - 4mg	Nicotine nasal spray
Nicotine patch - 7 mg - 14 mg - 21 mg	Nicotine inhaler
Nicotine lozenge (standard/mini) - 2 mg - 4mg	Bupropion SR (Zyban®, Wellbutrin) - 150 mg - 300 mg
	Varenicline (Chantix™) - 0.5 mg - 1 mg

*Electronic cigarettes are *not* FDA approved cessation aids*

ARRANGE Follow-Up Care

Follow up with patients making a quit attempt

1st Within a week of quit date

2nd Within the first month

Document discussions in chart

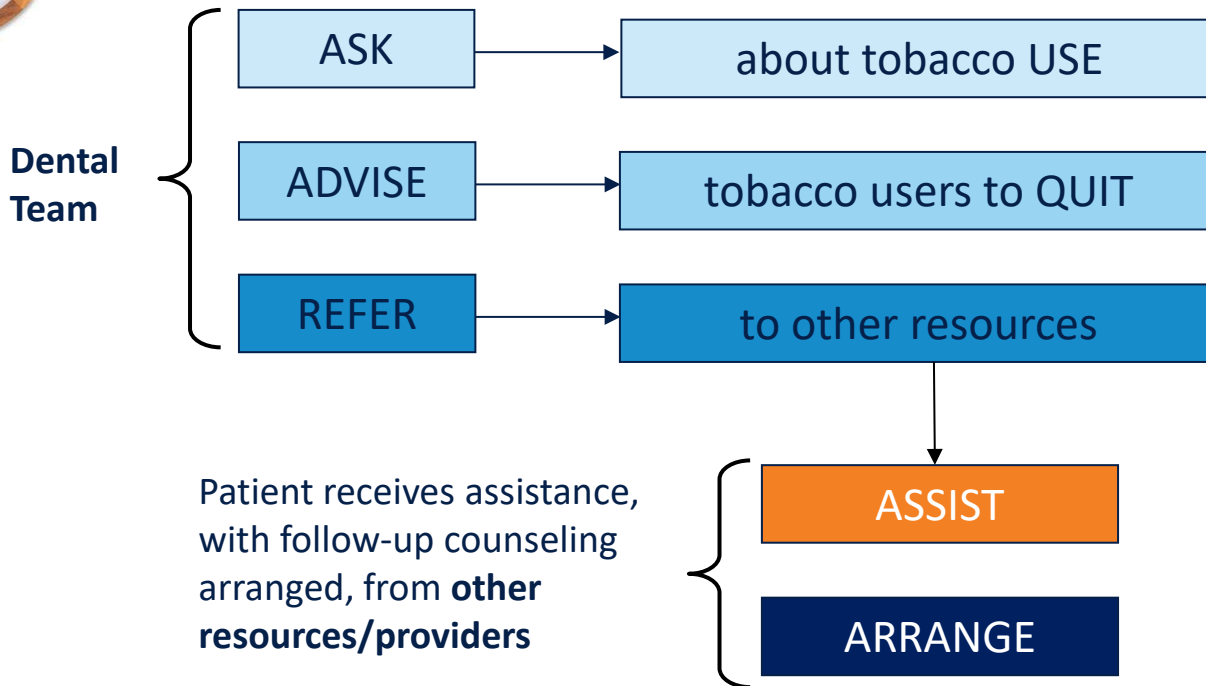
Can be done by telephone with any team member

Use chart reminders and patient alerts!

Before you leave, let's set up a time close to your quit date to follow up. We can see how you are doing and provide additional support, if needed.




ASK-ADVISE-REFER



REFER to outside support

Behavioral support referral options:

- **Individual face-to-face counseling**
- **Group face-to-face counseling**
 - kickitca.org/county-listing 
 - UCSF Fontana Tobacco Treatment Center
- **Telephone counseling**
 - Kick It California

Personal ^{FREE} Quit Services



Call English: 1-800-300-8086
Spanish: 1-800-600-8191
M-F 7 am-9 pm | Sat. 9 am-5 pm PT



Chat kickitca.org/chat
M-F 7 am-9 pm | Sat. 9 am-5 pm PT



Text "Quit Smoking" or "Quit Vaping"
to 66819



Mobile Apps [NoButts](#) | [NoVape](#)

kickitca.org

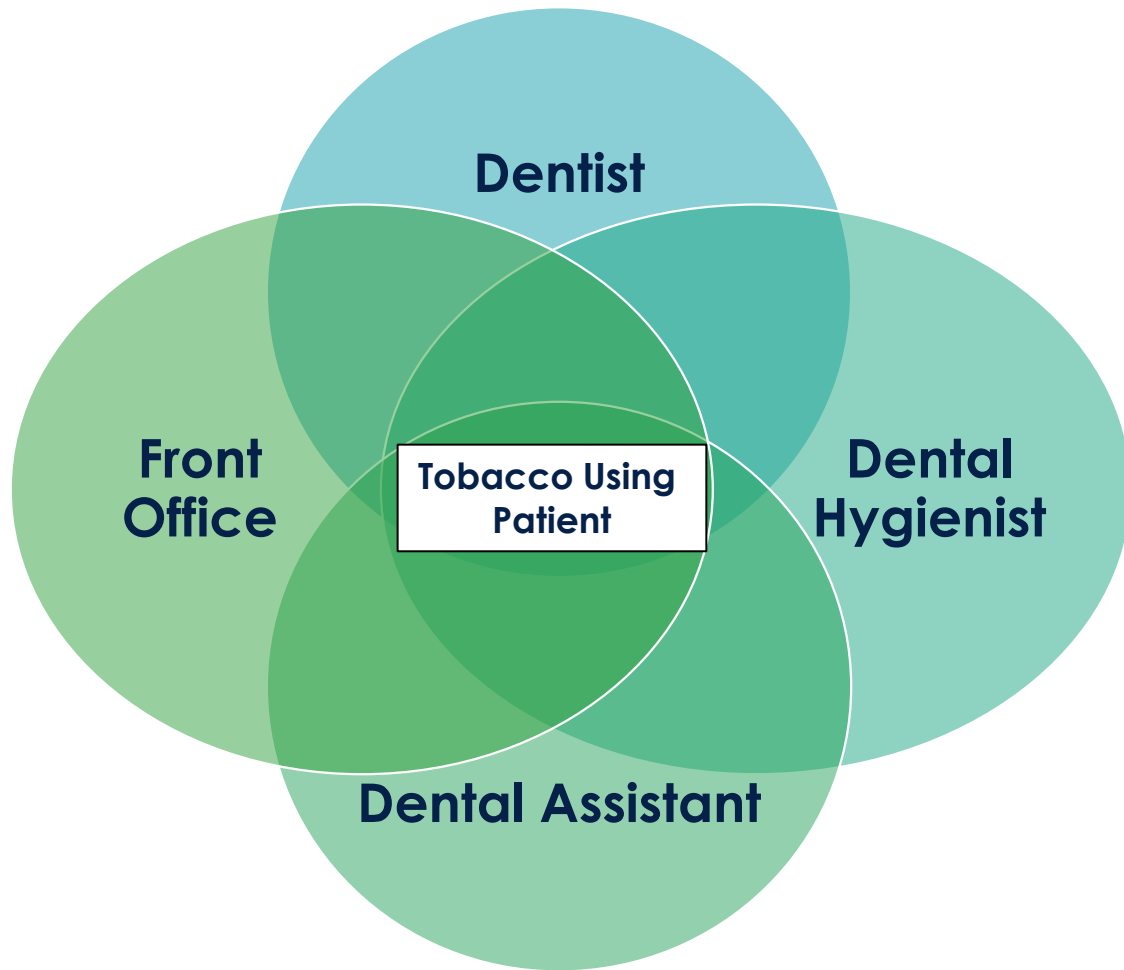
REFER to outside support

Digital tobacco cessation modalities (individually or combined) can be offered as an *adjunct to behavioral support* or as a self-management tool:

- **Text messaging**
- **Smartphone apps**
- **AI-based interventions**
- **Internet-based interventions**



The Role of the Dental Team



The Role of the Dental Team

Dentist

- Initiate discussion
- Assign duties to team members
- Recommend and Rx medications
- Discuss tobacco use as part of surgical pre- and post-op advice

Dental Hygienist

- 5A's or A-A-R
- Link oral health with tobacco use
- Provide MI
- Refer patients to support
- Assist in motivating/providing trainings to staff

Dental Assistant

- Support screening efforts
- Order/download/print cessation materials
- Assist with follow-up
- Encourage and support the patients

Front Office Staff

- Schedule follow ups
- Complete e-referral with patient
- Set up chart reminders/alerts
- **Use code D1320** during billing process
- Display educational materials in waiting room or website

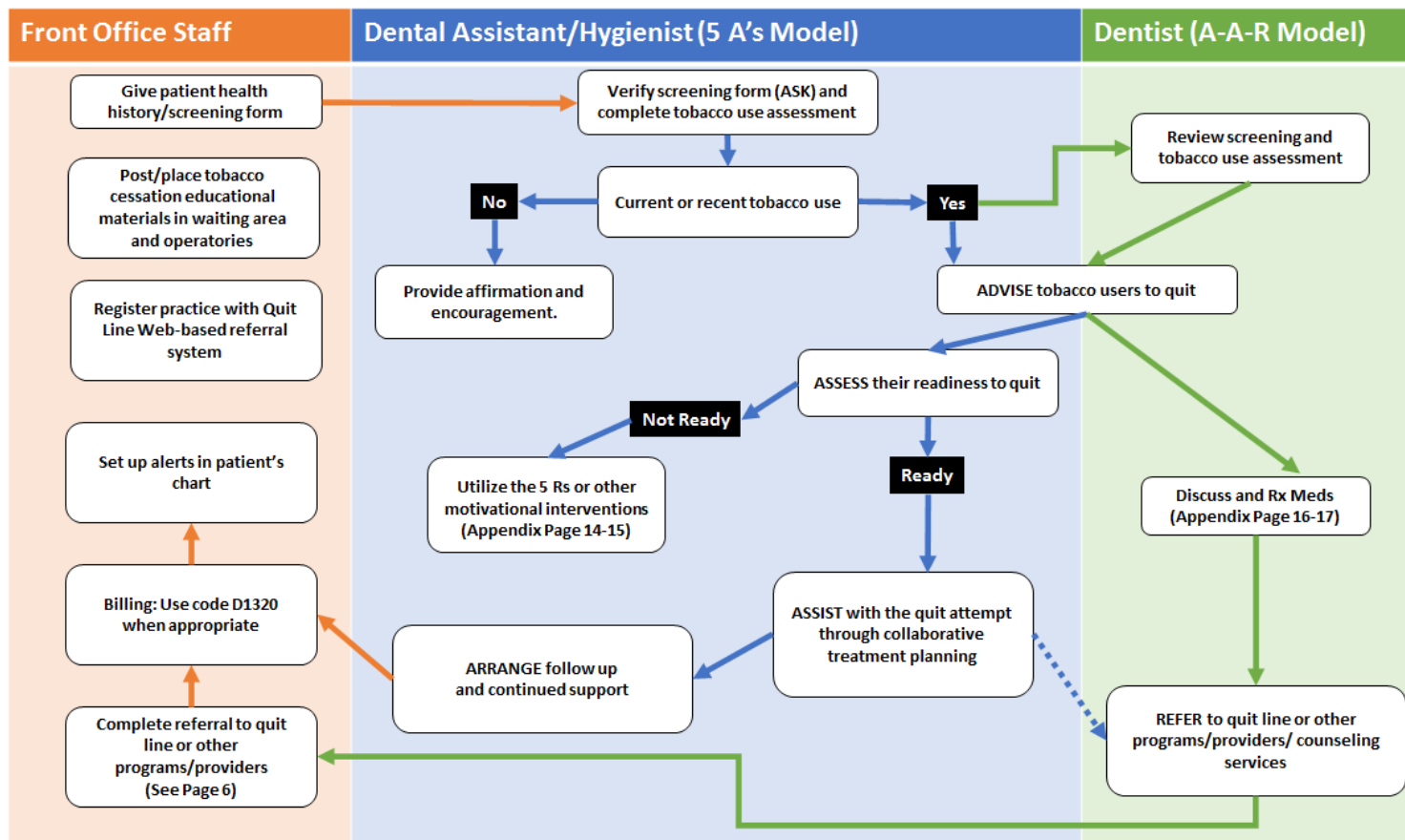
ADA CDT Code for Tobacco Use Cessation Services (D1320) – a **covered service** for Medicaid-dental beneficiaries in CA and NY

What can dental practices in your community do?

Actions to improve system-level change

- Engage the whole dental team (identify a “champion”)
- Implement a standardized screening and intervention protocols
- Proactively provide ongoing support to patients who use tobacco
- Enhance clinical decision support using electronic health records
- Measure performance and provide feedback and recognition
- Implement tobacco-free policies in dental and healthcare settings

Example Tobacco Treatment Workflow



Patient Resources: Appendix C

Audiences:

Youth

Veterans

Adults

Pregnant women

More!

Phone Counseling Services				
Agency/ Contact	Times		Language	
Kick It California (formerly California Smokers' Helpline) 1-800-300-8086 (English) 1-800-600-8191 (Spanish)	Mon-Fri 7am-9:30pm Sat 9am-5pm		English Spanish Korean Chinese Mandarin Vietnamese	
American Cancer Society 1-800-227-2345			English and Spanish Other languages available through translation services	Rt
American Lung Association 1-800-548-8252			English Spanish	
Smokefree.gov 1-877-44U-QUIT (1-877-4 1-800-QUIT-NOW (1-800-784-8665)			English and Spanish Other languages available through translation services	
Kaiser Permanente: APPT We 1-866-251-4514			English and Spanish Other languages available through translation services	
Text Messaging Programs				
Program	Agency		Language	
Kick It California Text "Quit Smoking" or "Quit V Texto "Dejar de Fumar" o "No V			English and Spanish	
SmokefreeTXT (SmokefreeTXT en español)	Tobacco Control Research Branch of the National Cancer Institute		English and Spanish	Text r
SmokefreeMO			English	
SmokefreeVET (SmokefreeVET en español)	Tobacco Control Research Branch of the National Cancer Institute		English and Spanish	
DipfreeTXT	Tobacco Control Research Branch of the National Cancer Institute		English	
SmokefreeTXT for Teens	Tobacco Control Research Branch of the National Cancer Institute		English	

Phone Counseling

Text Messaging Programs

Mobile Applications

Chat Programs

Websites

Collaboration Opportunities (IMO)

An illustration of a globe composed of various colored puzzle pieces (red, orange, yellow, green, blue, grey). Several hands of different skin tones are shown reaching out and touching the globe, symbolizing global collaboration and teamwork.

- *Partnership opportunities*
- *Joint training programs*
- *Resource sharing*

Key Takeaways

1. **Dental and health providers can make a difference!**
2. **By helping integrate cessation services into dental practice, you can make a significant public health impact**
3. **Practice- and system-level interventions, incorporating the entire dental team, improve outcomes**

Toolkit:



Elizabeth T. Couch, RDH, MS, CTT'S
elizabeth.couch@ucsf.edu



Q & A

Kristin Hoeft



Wrap Up

AB 2630 (Bonta)



Adds TK to KOHA

- Defines kindergarten as TK+K and requires a KOHA only once during the two-year period
- Signed by Gov Newsom, goes into effect January 2025
- OOH, CDE, SCOHR, and others are working to support implementation and will communicate updated guidance as soon as possible


Upcoming Information Session

Dental Public Health (DPH) residency partnership opportunity

- UCSF hosts a 1-year DPH residency program
 - Residents are dentists with an MPH degree
 - Residents receive hands-on experiences in various aspects of DPH, including community outreach, needs assessments, program planning, etc.
- Interested in hosting a DPH resident?
 - **Attend an info session on Thursday, November 7, from 11am-12pm**



Matching UCSF Dental Public Health Trainees to California Rural Local Oral Health Programs



Typical Day of DPH Trainee
Once assigned to a local oral health program, DPH trainees are encouraged to spend 4-8 hours per week at their field site, depending on the needs of the department and trainee's schedule.

Past DPH Trainee Projects
Some past DPH trainee projects have included presentations to local dental societies, developing training materials for school-based/titred programs, and writing articles on topics such as tobacco cessation, sugar-sweetened beverages, community water fluoridation, healthy mouth habits, kindergarten oral health assessment, and dental sealants.

Field Site Supervisor
A field site supervisor mentors the DPH trainee by identifying a project that builds on the work in-progress at the local oral health program and matches the trainee's skills, as well as completes quarterly reports to provide ongoing feedback on learning opportunities.

To become a field site supervisor, please email us at dphpostgrad@ucsf.edu

The UCSF Dental Public Health (DPH) Program Postgraduate Program is a one-year full-time certificate program focused on dental public health competencies and research. DPH trainees are dentists who have obtained a Master of Public Health degree and are interested in gaining real life experience working with rural, vulnerable, and underserved populations.

DPH trainees are building expertise in:

- Program planning activities
- Designing oral health surveys
- Developing oral health outreach materials
- Evaluating the impact of oral health programs
- Analyzing data and conducting research on oral health topics

If you are inspired to bring public health and dentistry together, we look forward to meeting you and getting to know about your local oral health program and how we can match a DPH trainee's skills and interests to your in-progress activities.

TO LEARN MORE

Visit our UCSF Dental Public Health webpage, dentistry.ucsf.edu/programs/post-grad/dental-public-health and our UCSF Open Smiles Collaborative webpage, opensmiles.ucsf.edu.



Upcoming Webinars



COHTAC Share & Learn:
Highlighting LOHP Care Coordination Models



Thank You