



FUTURE SMILE BEGINS TODAY

THE 10TH ASIAN CONFERENCE OF ORAL HEALTH PROMOTION FOR SCHOOL CHILDREN (ACOHPSC)

Guest of Honour

YAB Chow Kon Yeow
Chief Minister Of Penang

Date

20-21th
September
2019

Venue

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WELCOME MESSAGE FROM PRESIDENT



Greetings from Penang, Malaysia. It gives me immense pleasure to welcome all delegates, participants, sponsors and exhibitors to the 10th Asian Conference of Oral Health Promotion for School Children (ACOHPSC) 2019 held here in Malaysia for the very first time. The Malaysian Association of Dental Public Health Specialists (MADPHS) supported by Oral Health Program, Ministry of Health has been given the task to organise this biennial conference. We are also extremely honoured to have the Chief Minister of Penang himself, YAB Chow Kon Yeow taking some time off from his busy schedule to officiate the Opening Ceremony of this much anticipated conference.

The theme chosen this time is "**Future Smile Begins Today**". Literally, it simply means that favourable oral health outcomes in time to come are an end result of well thought and current oral health promotion strategies. Similarly, we are also observing some commendable achievements in the field of dentistry following the implementation of remarkable oral health initiatives years ago. This goes to show the great extent of dynamicity in the management process of oral health promotion. Hence, the past and present treasure of knowledge and experiences with regard to this should be unearthed and shared among all oral health advocates. In light of providing an avenue to share, expound and articulate on such issues, we are delighted to offer a comprehensive programme of notable plenary and symposium speakers, academic and industrial experts, as well as many informative presentations, posters and exhibition booths. Apart from encouraging effective knowledge sharing, the conference also aims to encourage beneficial networking and socializing.

Despite the busy schedule, we hope you will be able to enjoy Penang, also known as The Pearl of the Orient. A fascinating fusion of the East and West, Penang embraces modernity while retaining its traditions and old world charm. These are reflected in its harmonious multiracial populace and well-preserved heritage buildings which led to Georgetown being accorded a UNESCO World Cultural Heritage Site in 2008. Long regarded as the food capital of Malaysia, Penang also entices visitors with its beautiful beaches and scrumptious cuisines.

It is also my sincere hope that this conference will be productive, enlightening and enjoyable to each and everyone of you. We look forward to personally welcoming you in Penang! Lastly, on behalf of the Organising Committee, we extend our heartfelt thanks to all our sponsors and especially to Colgate for being the Main Sponsor.

BRIG GEN (DR) ZULKIFLI ZAINAL ABIDIN

President

Malaysian Association of Dental Public Health Specialists (MADPHS)

Chairman, 10th ACOHPSC Organising Committee

MESSAGE FROM THE CHIEF MINISTER OF PENANG, MALAYSIA



Dear distinguished guests and delegates of 10th ACOHPSC 2019.

It is my utmost pleasure to welcome all delegates to the beautiful Pearl Island of Penang. The State of Penang is greatly honoured to be the host for the 10th Asian Conference of Oral Health Promotion for School Children 2019. I am indeed pleased to be given the opportunity to pen a few lines and commemorate this significant biennial dental event of the Asia Pacific Region.

Malaysia has always welcomed conferences where there is an amalgamation of knowledge and skills from worldwide experts. Thus, I would like to commend the Malaysia Association of Dental Public Health Specialists (MADPHS) for their untiring hard work in bringing together all the top minds in order to share the best practices on diverse topics on oral healthcare for schoolchildren, for the interest of both the professionals and public in general.

With the theme '**FUTURE SMILE BEGINS TODAY**', I strongly believe that the conference this year augurs well with the future of our oral healthcare of the nation and holds a lot of meaningful hopes for Malaysia and to the adjacent countries.

Finally, it is my sincere hope that everyone will gain as much knowledge as possible from this conference and I take this opportunity to wish each and every of you a very happy, fruitful and rewarding meeting.

Have an enjoyable and memorable stay in Penang.

YAB MR CHOW KON YEOW

Chief Minister of Penang



10th ACOHPSC ORGANISING COMMITTEE



Sitting from left to right: Dr Leslie S. Geoffrey, Dr Norliza Mohamed, Dr Salleh Zakaria, Brig Gen (Dr) Zulkifli Zainal Abidin, Dr Faizah Kamaruddin, Prof Tuti Ningseh Mohd Dom, Dr Mustaffa Jaapar.

Standing from left to right: Dr Muhamad Mahadi, Dato' Dr Termizi Zamzuri, Dr Ishak Shaifuddin Ibrahim, Dr Azilina Abu Bakar, Dr Maznah Mohd Noor, Dr Maryana Musa, Dr Norliza Ismail, Dr. Nurul Syakirin Abd Syukor, Dr Nama Bibi Saerah Abd Karim, Dr. Habibah Yacob @ Ya'akub, Dr. Nurul Salwa Che Abdul Rahim, Dr Thaddius Herman Maling, Dr. Azliza Dato' Zabha.

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(ii) **Exhibition / Poster:** Dr Marhazlinda Jamaludin

(iii) **Correspondance:** Dr Muhamad Mahadi

(iv) **Speaker's Nite:** Dato' Dr Termizi Zamzuri

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Dr Mustaffa Jaapar (Team Head)

(i) **ACOHPSC Declaration:** Dr Thaddius Herman Maling

(ii) **Showcase:** Dr Maznah Mohd Noor

SCIENTIFIC PROGRAMME

Date: 20-21 September 2019

Venue: Ballroom, Level 10th, The Wembley, A St Giles Hotel, Penang

Day 1: 20th September 2019 (Friday)

Time	Activities
7.30 am	Registration
8.15 am	Country Report 1. Korea - Dr Ah-Hyeon Kim 2. Malaysia - Dr Chia Jit Chie
8.45 am	Opening Ceremony Officiated by YAB Mr Chow Kon Yeow Chief Minister of Penang, Malaysia
9.30 am	Key Note Address "Future Smile Begins Today" By Professor Datuk Dr Khairiyah Abdul Muttalib, SEGi University, Malaysia
10.30 am	Tea Break /Poster Viewing/Trade Visit
11.00 am	Plenary Session 1: 'Promoting Oral Health for Children with No Access to Care' By Prof Dr Marc Tennant, University of Western Australia
12.15 pm	Lunch/Friday Prayer/Poster Viewing/Trade Visit
2.30 pm	Plenary Session 2: Contemporary Prevention Strategies for Dental Caries in Children Prof Dr Seow Liang Lin, International Medical University, Malaysia
3.15 pm	Adolescent Oral Health Forum: "Vulnerabilities beyond health care" 1. Ms Sharifah Sharina Syed Aswad, Projek Iqra 2. Dr Azizah Abdullah, Association for Creative Art & Play Therapy 3. Dr Zul Azlin Razali, Green Crescent Malaysia
4.30 pm	Tea Break/Poster Viewing/Trade Visit
8.30 pm	Speakers' Night (by invitation only) Venue: Lagenda Cafe

(2.30pm-4.30pm)

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Day 2: 21st September 2019 (Saturday)

Time	Activities	
8.00 am	Country Report 1. Indonesia - Professor Dr Anton Rahardjo 2. Thailand - Dr Piyada Prasertsom 3. Japan- Dr Keisuke Nomura 4. Vietnam - Dr Le Hong Van 5. Cambodia - Dr Suorn Monica 6. Taiwan - Assoc. Professor Lin Yang Chi (10 minutes presentation / country and Q&A session)	
9.15 am	Plenary Session 3: Use of Internet In Promoting Oral Health Care Among School Children Professor Dr Colman McGrath, The University of Hong Kong	
10.15 am	Tea Break/Poster Viewing/Trade Visit	
10.45 am	Plenary Session 4: Promoting Oral Health For School Children Through Technology: Role of Instructional Design Associate Professor Dr Afendi Hamat, Universiti Kebangsaan Malaysia	Executive Board Meeting Venue: Wembley Room 5, Level 9 th (by invitation only) 10.15 to 11.15am
11.30 pm	Symposium I: Sharing of Oral Health-Related Survey Findings of School Children 1. Dr Habibah Yaacob, Malaysia 2. Dr Kornkamol Niyomsilp, Thailand 3. Dr Naoko Yamamoto, Japan 4. Professor Dr Yao-Hui Huang, Taiwan (15 minutes presentation / country and Q&A session)	
12.45 pm	Lunch Break/Poster Viewing/Trade Visit	

Time	Activities
2.00 pm	Symposium II: Oral Health Promoting Schools : What works? 1. Professor Dr Zamros Yuzadi, Malaysia 2. Professor Dr Armasastra Bahar, Indonesia 3. Professor Dr Prathip Phantumvanit, Thailand 4. Professor Emeritus Dr Takahide Maeda, Japan (15 minutes presentation / country and Q&A session)
3.00 pm	Poster competition results Closing Remarks by Organising Chairman Declaration of 10 th ACOHPSC 2019
4.00 pm	Tea Break

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PENANG DECLARATION 2019

10th ASIAN CONFERENCE OF ORAL HEALTH PROMOTION FOR SCHOOL CHILDREN (ACOHPSC) 2019

20 to 21 September 2019

The Wembley, A St Giles Hotel, Penang, Malaysia

Good oral health is of vital importance for general health attainment and is integral in enabling one to eat, speak, socialise, and to enjoy good quality of life. While most oral diseases are largely preventable, substantial inequalities continue to exist with regards to population oral health status. Many people across Asia persist to suffer from discomfort, pain and disabilities associated with these diseases. Therefore, effective oral health promotion strategies and oral disease preventive measures are critical to improve overall population health and reduce burden of healthcare costs.

Recognising the limitations of health education initiatives and clinical interventions, efforts to improve population oral health status must in tandem address physical and social determinants of health at various levels and involving numerous actors. Oral health promotion strategies must tackle issues beyond healthcare and individual risk factors, such as relevant public policies, physical environments where people live and carry out daily living, and availability of resources to access educational, economic, and job opportunities. Communities, organisations, health and education services and individuals and their families must work together synergistically to improve oral health and reduce the need and demand for dental services across the whole population.

Recommendations:

1. Maximise the opportunity to incorporate oral health messages by highlighting and addressing risk factors that are common between oral diseases and other diseases (such as non-communicable diseases) during initiatives that promote healthy lifestyle and general health-related behaviour.
2. Oral health promotion programmes should have a needs-based focus, seek to form inter-sectoral and health network partnerships to maximise impact and the use of resources, as well as be designed with sustainability in mind.
3. Oral health promotion programmes should seek to employ a range of strategies exceeding those of health education alone and these strategies should be rigorously evaluated. Evaluation must be based on improved health outcomes and findings should be widely disseminated to foster best practices approach.
4. Collaborate with all relevant stakeholders for promoting oral health and integrate oral disease prevention through primary health care, general health promotion and healthy policies and practices.
5. Continue to increase parents / carers understanding of matters influencing oral health of their children and advocate for healthy living environment and strong social parental network so that good oral health may be given the opportunity and attention to be initiated and maintained at home and at an early age.
6. Facilitate school children in their effort to inculcate positive oral health behaviour by advocating for healthy environment and supportive school settings and policies.
7. Increase effort in making fluoride toothpaste available and affordable for all. Fluoridation should continue as an important public health measure and as a key supportive environment driver in the management of oral care provision for school children.
8. Review the oral health indicators that are used as part of surveillance systems and enable efforts for its continual quality improvement.



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EXECUTIVE BOARD MEMBERS

No.	Name	Country	Photo
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KEYNOTE ADDRESS

“FUTURE SMILES BEGIN TODAY”



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Dr Khairiyah has a Bachelor of Dental Surgery (Bristol) and a DPHDent (Sydney). She is currently Dean of the Dental Faculty, SEGi University and formerly the Principal Director (Oral Health) in the Ministry of Health Malaysia. A gazetted Dental Public Health Specialist under MOH and the College of Dental Specialists, AMM she has served as Registrar of the Malaysian Dental Council (MDC), Chair of the Joint Technical Committee on Accreditation of Dental Degree Programme; member of the Malaysian Dental Council, the Malaysian Dental Deans' Council, and a short stint as member of the National Conjoint Committee for Postgraduate Dental Education. She is a member and was made a Fellow of the Academy of Medicine Malaysia (AMM). She is a Life Member of the Malaysian Dental Association, and of the Malaysian Association of Dental Public Health Specialists. She has been involved in 10 national oral health surveys up to 2017, 5 as national co-ordinator; and was principal investigator of various studies, author/co-author of survey reports, WHO and MOH documents, and programme guidelines, and editor/co-editor for other documents on healthcare in Malaysia. She continues to be involved in research in her current portfolio. She has been awarded several Federal awards for her contributions.

Future Smiles Begin Today

Future Smiles Begin Today – the topic carries the connotation of Time Past, Present and Future. For the School Dental Programme in Malaysia, the ‘Today’ was 1948 with the first few Dental Nurses (now Therapists) sent to New Zealand to train as operating auxiliaries. Fast forward that to 2019, the unwavering priority for children (school/ preschool/ toddlers) is ingrained in the Ministry of Health (MOH) agenda. Incremental Dental Care spreads across the schools to cover almost 5 million children annually under the MOH, in spite of financial constraints. Water fluoridation covers an estimated 75% of the population, and approximately 2800 Dental Therapists form the backbone of the school programme. Anything else would constitute taking away ‘from the mouths of babes’. The anxiety over caries in the younger generation has given way to escalating concerns for periodontal conditions as the caries experience declines. The conversation of traversing the disconnect in oral healthcare schoolchildren to school leavers continues. In these times of financial constraints, oral health promotion assumes greatest importance.

PLENARY 1



Winthrop Professor Marc Tennant
BDSc PhD FRACDS (GDP) FICD FADI

International Research Collaborative—Oral Health and Equity, School of Human Sciences, The University of Western Australia. Marc has been a member of The University of Western Australia academic staff since the early 1990's having had experience in a number of departments across two Faculties. In addition, to his role as a Winthrop Professor he is currently the Director (and Founder) of the International Research Collaborative - Oral Health and Equity (formally the Centre for Rural and Remote Oral Health). The Collaborative (for over 15 years old now) is a global leader in driving reform particularly focused on marginalisation and addressing health inequality. Marc has a lifetime focus on addressing issues of equity and justice through reforming oral health. Marc is acknowledged as the founding driving force in the sub-discipline of rural, remote and Indigenous oral health with national and international awards for his commitment and innovations in the field.

Promoting Oral Health for Children with No Access to Care

Access to dental services and expertise is an opportunity not open to everyone on earth, in fact, it is quite limited in a global context. As technological advancement rapidly evolves we are going to find more and more of the world's population able to access affordable telecommunications. Just last month the first of SpaceX global network of fast cheap broadband satellites took to the sky, and this, for example, will see global broadband access become a reality. Marc will talk of these technological advances and the opportunity they will bring to enhancing oral health. He will talk about tele-health models as a global affordable surveillance system for dental health. He will also talk on the opportunities for global education and affordable training models as well as community education. Lastly, he will discuss the opportunities of tele-health to support health workers to provide emergency dental care under telepresence models of supported intervention. Marc will talk on some Australian research completed using consumer level technology (eg smartphones) for surveillance systems as effective models for childhood dental health monitoring and the opportunities it brings to form an international network for community advancement. A decade ago these conversations would be mere dreams but today they are a reality and the future will only expand the opportunities for health for everyone on earth.

PLENARY 2



Prof. Dr. Seow is currently the Associate Dean for the School of Dentistry at the International Medical University (IMU), Kuala Lumpur and has previously served as academic staff at the University of Malaya for ten years. Prof. Dr. Seow is actively involved in continuing professional programmes to share her knowledge and experience with fellow colleagues; she has conducted workshops and lectured widely at various regional and international conferences. Her areas of interest include fixed prosthodontics, cariology, aesthetics, direct composite restorations and adhesion. She is part of the cariology working group at IMU, the first university in Malaysia to incorporate teaching of ICDAS and ICCMS in the curriculum.

Contemporary Prevention Strategies for Dental Caries in Children

Dental caries is the single most common chronic oral disease of childhood; it is a preventable disease with modifiable risk factors. Caries in young children is of particular concern as it is distressing and affects both the child and parent. It may have effect on the developing permanent dentition, aesthetics and self-esteem. It is important to acknowledge the significance of dental caries as it highlights a missed opportunity to prevent what should have been preventable. Extensive research on the availability and wide spread use of fluoride in various delivery modes, particularly those in fluoridated water and toothpastes, have been shown to contribute significantly to the decrease in caries prevalence and experience especially among 12 years old children in most developed countries. To enhance the efficacy of fluoride based product, a novel technology based on incorporation of arginine has been introduced. The resultant product delivers the advantage of fluoride and capability in neutralizing the acidic environment of oral biofilm. It is crucial to capture the whole continuum of the caries process, from the earliest non-cavitated through the cavitation stage. This will allow the clinicians to detect whether caries lesions identified is active and progressing, or arrested or regressing. Such clinical detection is important as it will enable clinicians to make informed decisions regarding the use of different prevention strategies including the array of clinical fluoride agents available. This lecture will focus on early identification of high caries risk children in order to initiate early preventive strategies, discuss on the various fluoride therapy that can be used in the management of early carious lesions. Oral Health Education should be incorporated in the prevention strategies as well, as part of a common risk factor approach to improving oral health.

PLENARY 3



Professor Colman McGrath

BA BDentSc DDPHRCS MSc FDSRCS FFDRCSI MEd PhD FPH FICD

Professor Colman McGrath is a Clinical Professor at the Faculty of Dentistry, The University of Hong Kong which he joined almost 20 years ago. Previously he was a Clinical Lecturer at the Eastman Dental Institute, University College London, UK. Colman is Past-President of the Behavioural Epidemiology & Health Service Research Group of the International Association of Dental Research

Use of Internet In Promoting Oral Health Care Among School Children

There has been an explosion of interest in the use of internet in the promotion of oral health; including the use of Apps and on Social Media Platforms. While these technologies offer considerable and many advantages to promoting oral health; there are many concerns. An overview of the value and use of internet in promoting oral health will be provided. The issue of 'misinformation', a lack of 'evidence base' among material on the internet, social media and Apps in prompting oral health exists. There is some evidence of the benefits of internet-based oral health promotion, particularly among school children and preschoolers but ethical considerations and a lack of theory-base is of concern. More research is needed in this area to understand the actual effect of social network technologies on oral health promotion. More trials (of greater length) need to be conducted taking into account contextual factors such as patient/school characteristics and types of a social network technology. Also, more evidence is needed regarding the actual usability of online social networking, and how different interface design elements may help or hinder 'behaviour change' and engagement. The scientific evidence behind such online activities warrants consideration; and to this end the dental professional and professional organisations at a national, regional and international level can play a major role in ensuring evidence-based oral health promotion. Moreover, it is crucial to investigate further the effect of theory on the effectiveness of this type of technology for oral health promotion. Research is needed linking theoretical grounding with observation and analysis of oral health promotion in online networks, social media platforms and with Apps. This has implication for promoting and safeguarding oral health among school children effectively and efficiently through appropriate, accessible and acceptable forms that ultimately may lead to greater equity in oral health.

PLENARY 4



Dr. Afendi Hamat is an associate professor at the School of Language and Linguistics, Faculty of Social Sciences and Humanities, Universiti Kebangsaan Malaysia. His research areas are e-learning and the intersections between technology and humanities. He has developed various e-learning platforms such as the Second Language Instruction and Management System (SLIM) and the intelligent English Language Literacy System (i-ELLS). He also designed i-Folio, the successful hybrid LMS currently used by UKM.

Promoting Oral Health Through Technology Among Schoolchildren: The Role of Instructional Design

Instructional design can be summarized as a field that seeks to improve the retention of skills and knowledge through a systematic planning and design of learning materials and experiences. Its value in a tech-centric world is immense as uninformed application of technology often leads to inefficiencies and failures. Although it is usually associated with learning experiences and materials, instructional design principles could also play a useful role outside of its traditional fields such as in the design of promotional technologies and materials. This session will introduce participants to the core principles of instructional design: Analysis, Design, Development and Evaluation. It will then discuss ways and scenarios to implement these principles within the general efforts of healthcare promotion and awareness using technology.



SYMPOSIUM 1:



Dr Habibah Yacob

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Dr Habibah Yacob was appointed as the Deputy Director of Epidemiology and Oral Health System Research, Oral Health Programme, MOH Malaysia in 2018. She is a Dental Public Health Specialist. She obtained her dental degree in 1993 and completed his Master of Community Medicine (Oral Health) in 2016 at the University of Science Malaysia (USM).

She has been involved in Epidemiology Survey Research since 2007 and has contributed in several National Survey ever since. She developed herself to become the expert in Research Methodology and Medical Statistics. Her experience and expertise has been recognized nationwide and has been consulted in many research projects. She had been invited as speaker and facilitator in Research Methodology, Data Management & Statistics workshop.

She is member of Ethics Committee for Dental Faculty of University Malaya, Visiting Lecturer for Dental Faculty of University Malaya, Dental Faculty of University Science of Malaysia, Dental Faculty of National University of Malaysia, Dental Faculty of International Medical and Dental Faculty of MAHSA University.

In addition to her research duties, Dr Habibah is an active Health Systems Research and Public Health Investigator. She has, to date more than 10 publications/chapter on various topics especially those pertaining to health systems research, epidemiology and instrument validation study. Recently she was appointed as alumni of Talent Grooming Programme, Ministry of Health Malaysia.

Oral Health-related Survey Findings Of School Children In Malaysia

Introduction: This presentation highlighted on findings of National Oral Health Survey of Preschool Children (NOHPS) 2015 and National Oral Health Survey of Schoolchildren (NOHSS) 2017. **Objectives:** The objectives of the surveys were to determine the oral health status and treatment need of oral conditions among 5-year-old pre-school children and 12-year-old schoolchildren and the future needs and planning of school oral health programmes in Malaysia. **Methodology:** A cross-sectional surveys were conducted with primary sampling frame were from the list of government, government-assisted and registered private kindergartens and schools. Data collection was carried out through clinical examination by standardization and calibration of Dental Public Health Specialists/dental officers based on criteria adapted from the Oral Health Surveys, Basic Methods, World Health Organization (WHO). **Results:** The caries prevalence in 5-year-old preschool children was 71.3%. Less than a quarter (21%) of the 5-year-old have 2 or less of decayed or filled deciduous ($dft \leq 2$). Almost 65% of them need dental treatment. About 40.1% of the preschool children had good oral hygiene ("no visible plaque"). Finding from NOHSS 2017 showed dental caries prevalence among 12-year-old schoolchildren was 33.3% and the mean DMFT was 0.78. Almost all of them (99.8%) were found to have gingival bleeding on probing and required reinforcement of oral hygiene instruction. This survey also showed that the preventive need was higher (22.9%) twice than the need in 2007 (11.5%). **Conclusions:** The overall trend seems to be one of improving caries status among preschool children in Malaysia. However, the improvement rate is slow which indicates there is still unmet high treatment and preventive need for the pre-schoolers. NOHSS 2017 showed the drastic decline in periodontal health in the face of commendable improvement in caries status among 12-year-old. **Recommendation:** Malaysia Incremental Dental care Programme for School Children needs to make a strong paradigm shift towards emphasis on prevention and control of periodontal conditions alongside the continuing focus on dental caries.



Dr. Kornkamol Niyomsilp
Bureau of Dental Health, Department of Health,
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Dr Kornkamol Niyomsilp is currently the Chief of Division, Oral Health Development for Young Children and School-Aged Children, Bureau of Dental Health, Department of Health, Ministry of Public Health, Thailand. She graduated from Chulalangkorn University in 1990, completed her Master of Science (MSc.) in Dental Public Health from University College London, UK. She is also serves as Board Member of Dental Public Health in the Thailand Dental Council. Area of Interest: Dental Public Health, Community, Milk Fluoridation, Social Determinants, Health Promotion.

Oral Health-Related Survey Findings of School Children: Thailand

In Thailand, there are 2 oral health surveillance systems which are National oral health survey that has been conducted every 5 years and Annual oral health and risk factors survey. Both of them covered oral health status and behavioral risk factors. **Main objectives:** To assess oral health status and related factors in order to set National oral health plan and evaluate the National oral health program and subsequently to monitor changes in disease levels or patterns. Thailand started the first National oral health survey in 1977 and conducted every 5 years. The latest survey has just been done in 2017. After each survey the national program to control oral diseases was designed base on the information from the survey. Moreover, the oral health status and risk factors surveillance have been done annually. Data from the latest National Oral Health Surveys in 2017 showed that oral health status of children in Thailand tends to improve slightly over the past decade. From 1994 to 2017 dental caries decreased from 61.7% to 52.9%, 85.1% to 75.6% and 53.9% to 52.0% in 3, 5 and 12 years olds respectively. From latest National oral health survey in 2017, percentage of children ate snacks and drank sugary drink was increasing and for protective factors percentage of children regularly brushing teeth after lunch at school was decreasing. Dental service utilization of children aged 12 years covered 50.8%. Surveillance data from the oral health and risk factors survey during the year 2014 to 2017 showed the caries prevalence in children aged 18 months, 3 and 12 years old were gradually decreased. Despite of a decreasing trend, the prevalence of dental caries in children is still high and most of decay teeth are un-treated. This mean that prevention program to control dental caries have to be done more effectively. The National prevention program introduced in preschool children was integrated in Well Child Clinic and Child Care Center. The concept of health promotion was implemented countrywide and integrated in school setting and also create supportive environment by public health policy such as the SSBs tax and ban of carbonated drink in school. Moreover, basic oral health package for these age group was developed covering oral examination, Fluoride varnish, sealant on first Molar and oral health treatment as needed.



Yao-Hui Huang
Clinic Professor, School of Dentistry, National Defense Medical Center, Taiwan
President, Taiwan Oral Care Association

Dr Yao-Hui Huang graduated from National Defense Medical Center (NDMC), Taiwan and completed his MDSc at Institute of Dental Science, Graduate School, NDMC. He also pursue a diploma in Dental Specialist and Dental Lab. Specialist, Academy of Health Science in Texas USA. Dr Yao-Hui Huang also undergone Postgraduate Field Epidemiology Training Program, CDC. He's also a fellow in International College of Dentists. He has been vast experience such as Project Leader, National Oral Health Survey for Schoolchildren and Adolescents 2011-2012, Deputy President of Family Dentistry, Taiwan and Deputy Chairman of Oral Health Promotion Committee, Taiwan Dental Association (TDA). He is now Deputy Chairman, Committee of Oral Health Promotion, Association of Dental Sciences (ADS), Taiwan.

The National Oral Health Survey For School Children And Adolescents In Taiwan, 2011-13

Background: The national oral health surveys for school children and adolescents in Taiwan were held every six years since the year of 2000. **Objectives:** The purposes of this survey were to understand the oral health status of children and adolescents as well as oral health knowledge, attitude and behavior of them and their parents together with related factors in Taiwan during 2011-2013. **Methods:** Children and adolescents of 6 to 18 year-old from all 22 counties in Taiwan were our study population. A multi-stage stratified random cluster sampling was performed by using probability proportional to size method. Research tools included oral health examination and a self-addressed structural questionnaire. After received parental consent form, oral health examination by pre-calibrated dentists ($\text{Kappa value} > 0.8$) was performed and questionnaires were filled by students and their parents, respectively. The criteria of oral health examination were according to the Oral Health Surveys, Basic Methods, 4th ed., WHO, 1997. The statistical methods include general descriptive statistics, t-test, and ANOVA analysis by SPSS 12.0 software. **Results:** A total of 10,586 children and adolescents aged 6 to 18 were our study sample, which included 5,323 students from elementary schools (50.3%), 2,750 from junior high schools (26.0%) , and 2,513 from senior high schools (23.7%). 5,304(50.1%) were male and 5,282 were female (49.9%). The oral health status of 12 years old children were as follow: weighted DMFT index was 2.50, caries experience prevalence of permanent teeth was 70.6%, untreated caries prevalence of permanent teeth was 32.8%, filled rate of permanent teeth was 69.9%. **Conclusion:** The DMFT index of 12-year-olds in Taiwan revealed a decreasing trend from 3.31 in 2000 to 2.58 in 2006, and to 2.50 in this survey. However, while comparing to the Global weighted mean DMFT index of 12 year-old in 2011 published by WHO, which was 1.67, we still have to keep our pace with the other countries. Applying of evidence-based preventive strategies and reviewing of the existing oral health care system would be essential for both dental professionals and governmental health sectors in the future.



Naoko Yamamuro, DDS
Nerima Prefecture Toyotama Junior High School Dentist.

Naoko Yamamuro graduated from Tokyo Medical and Dental University, School of Dentistry in 1986 and completed her Orthodontic Training Course in 1988. She is a member of Nerima Dental Association. Naoko Yamamuro also serve as Committee Member of International Liaison of Japan Association of School Dentistry. She was appointed as Director of Yamamuro Dental Clinic in 1999. Currently, she is working in Nerima prefecture Toyotama Junior High School.

School Health Statistical Survey of 2018

Objective: To understand growth and health condition of pre-school and school children. **Target:** From age 5 year old preschool children to 17 year old high school student. **Survey items:** (1) General health condition (body height, body weight, internal medicine, ophthalmology, otolaryngology etc) (2) Oral health condition (dmft & DMFT, dental plaque, tartar, gingivitis, periodontitis, tooth anomaly, eruption anomaly, fused teeth, malocclusion etc) (3) Temporomandibular joint disorder.

Period; From April 1, 2018 to June 30, 2018. In Japan, we have been carrying out the health survey annually since 1948.

Results: (1) Caries incidence (caries treated + caries) in 2017 amongst preschool, elementary, junior and senior high schools were 35.45%, 47.06%, 37.32%, and 47.30%, respectively. In 2018, incidences were 35.10%, 45.30%, 35.41%, and 45.36%, respectively. In all school categories, %declined compared to the previous year. Junior and senior high schools were at a record low. (2) Caries incidence was at its peak in 1970 for preschool and 1980 for the rest of the school children. The incidence has declined year by year since then. The incidence of school children with non-treated teeth has declined compared to when the survey started in 1948. The only exception is found in preschool children. (3) The percentage of those with caries by age is highest at age nine years old (51.90%). From age eight years old, there is a consistent trend of those with treatment completed exceeding those with non-treated teeth. **Consideration:** These excellent results reflect persistent school health education by teachers and school dentists. School dentists offer lectures at least once a year to teach students not only how to brush their teeth, but to raise awareness of the importance of teeth and eating with their own teeth, not with dentures.

SYMPOSIUM 2:



Professor Dr Zamros Yuzadi Mohd Yusof

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Professor Dr Zamros Yuzadi Mohd Yusof obtained his Bachelor of Dental Surgery from the Queen's University of Belfast in 1997. He pursued his vocational training in England for 2 years from 1997-1999 and subsequently worked with the Newcastle-upon-Tyne NHS Trust for 5 years from 1999-2004. He completed a Master degree in Dental Public Health from the University of London in 2004 and obtained the Membership of the Royal College of Surgeon of England (DDPH) in the same year. He joined University of Malaya in 2005 and completed his PhD with distinction in 2013. Dr Zamros is listed in the Malaysian National Specialists Register since 2011. His primary research interest is in Oral Health Promotion (OHP) and Oral Health-related Quality of Life (OHRQoL). He was a principal investigator of numerous research projects related to his research interest, 2 of which were aimed at evaluating the health-promoting school in Malaysia. In 2015, Dr Zamros has been included in the expert committee for the *Dr Muda* Programme, a national health-promoting school programme in Malaysia. Currently, Dr Zamros is stepping up the collaboration further with the Oral Health Education Unit by assessing the oral health impact of *Dr Muda* programme in secondary schools. Apart from his research on the *Dr Muda* programme, Dr Zamros is also a co-investigator of more than 18 other research projects with an overall research grant of more than RM 1.5 million. He has published numerous scientific papers in high impact journals and has translated and validated 6 OHRQoL instruments to assess the outcomes of OHP programmes. Dr Zamros has been appointed by the Oral Health Programme, Ministry of Health Malaysia as an expert panel in the steering committee for the National Oral Health Survey of Preschool Children 2015.

The Oral Health Impact Of The *Dr Muda* Programme In Primary And Secondary Schools In Malaysia. What Evidence Do We Have?

The WHO defines Health Promoting School (HPS) as one that constantly strengthens its capacity as a healthy setting for living, learning and working. In Malaysia, a HPS model was first introduced in primary schools in the 1980s called the *Doktor Muda* programme (DMP). The DMP is essentially a school-based child-to-child peer-led health promotion programme where a selected group of schoolchildren known as *Doktor Muda* (DM) are empowered with health knowledge and skills to deliver health education to their peers and conduct health promotion activities through approved co-curriculum activities at school. Throughout the year, DMs act as an agent of change to foster and develop health-promoting behaviours in order to promote health (including oral health) of the schoolchildren. An evaluation of the DMP in primary schools in Malaysia had been conducted in 2013. The results showed that the programme has been effective to improve oral health behaviour score and reduce caries incidence over 6 years. Following the success story of the programme in primary schools, a DMP model for secondary schools was introduced in 2014. Recently, a similar evaluation has been conducted on DMP in secondary schools in 2019. In this lecture, a brief account of the DMP will be described. The impact of the programme on the schoolchildren's oral health will also be presented.



Prathip Phantumvanit

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Dr. Prathip Phantumvanit is currently Dean, Faculty of Dentistry, Thammasat University and Board member of Thai Dental Council. He also serves as the WHO Advisory Expert Panel on Oral Health since 1988 and past Vice-chair of Public Health Committee of the World Dental Federation (FDI). He was former dean of the Faculty of Dentistry, Khon Kaen University and founder-dean at Thammasat University Dental School in Thailand. Besides, he was Past-President of the International Association for Dental Research – Southeast Asia Division (IADR/SEA), the Southeast Asian Association for Dental Education (SEAADE) and Asian Academy for Preventive Dentistry (AAPD). Dr. Prathip Phantumvanit was the recipient of the Merit Award in International Community Dentistry from the American Association for Public Health Dentistry in 2006 and Distinguished Service Award from the International Association for Dental Research in 2012. He was the founder of the household water defluoridation devise and co-founder of the Atraumatic Restorative Treatment (ART) for caries control. His research interest has been on the fluoride for caries prevention as well as appropriate restorative and preventive care for primary teeth caries such as SMART.

Oral Health Promoting Schools: Pre-school Children And Integration With Health Promoting Activity

School setting is the ideal location for health promotion including oral health promotion due to the mass well-controlled population children under the close supervision of the school teachers. The most common oral health promoting schools is implemented mostly in primary school which is correct in term of caries prevention for permanent dentition which has been proved to be successful in many countries. However, caries prevalence in children is much higher in primary dentition and therefore pre-school children or kindergartens should be more emphasized as the important part of oral health promoting schools. Moreover the concept of "early detection for early prevention in early age" is working well especially in caries control in pre-school children. In the meantime, integration of oral health promotion with other health promotion is young children will be more practical and more benefit for children, family and community overall. Some integration of health and oral health promotion activity such as after-lunch hand-washing and tooth-brushing practice, less sugar and nutritious lunch with organic vegetables and fruits, healthy snacks with less sugar or salt at the school vendors, etc. There are some common risk factors for oral and systematic diseases. Public health dentists and dental auxiliaries should work side-by-side with other health workers such as nutritionists, nurses, pediatricians and others. Besides, other stakeholders such as school teachers, parents and community leaders can take part for both health and oral health promoting schools programs for the benefit of quality of life of their children.



Professor Armasastra Bahar

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He graduated from the Faculty of Dentistry, University of Indonesia in 1981, then was appointed as a teaching staff at the Dept. of Preventive and Public Health Dentistry, Faculty of Dentistry, University of Indonesia.

In 1990 he continued his education in the Department of Preventive Dentistry, Kyushu University in Japan and graduated as a Ph.D in 1995.

Since then he has written extensively on preventive dentistry in scientific journals and as a speaker at scientific meetings both nationally and internationally.

In 2000 - 2004 he was assigned as deputy dean for student affairs and in 2004 - 2008 as deputy dean for academic affairs at Faculty of Dentistry, University of Indonesia.

In 2011 it was confirmed as a Professor at Faculty of Dentistry University of Indonesia.

Active in associations such as Indonesian Dental Association, International Association of Dental Research, Asia Pacific Dental Federation especially in the field of preventive dentistry and dental public health.

In 2000 – 2018 he served as Chairperson of Indonesian Society of Dental Public Health.

In 2012 – 2004 he served as the President of Asian Academy of Preventive Dentistry (AAPD) and is currently active as a board member of the AAPD executive committee.

He also serves as a member of the Indonesian Higher Education National Accreditation Board (1996 – present).

From 2014 to 2019 he carried out his duties as Chair of the Indonesian Dental Council.

Oral Health Promotion for School Children in Indonesia

Since 1980 the Ministry of Health of the Republic of Indonesia has implemented the School Dental Health Program. The programs implemented are based on a selective approach, which is to obtain dental health data by conducting dental health examination on students in grades 1 and 6 in primary schools. Dental health education and mass toothbrushes for all students carried out by dental nurses. To prevent dental caries rinse 0,2% Na F solution every 2 weeks. In the condition of the first molar teeth with deep pit and fissure, a pit fissure sealant is performed. Milk teeth with indications of extraction and permanent teeth with caries fillings indication are referred to the "Puskesmas" (Community Health Center). Since 1990 the programs could not run properly due to the limited staff in the Puskesmas who were going to carry out the school. The Department of Preventive and Public Health Dentistry, Faculty of Dentistry, University of Indonesia designed an innovation for the "Usaha Kesehatan Gigi Sekolah" (School Dental Health Program) activity by educating elementary school teachers in the target area to wash hands together of students before entering class and to brush their teeth together in the classroom with a little toothpaste and single rinse methods. Training for selected students is carried out to assist school teachers in carrying out these activities. Teachers are trained to educate their students by using "Kartu Menuju Gigi Sehat" (Towards Healthy Teeth Card). In the condition of curative action is needed, it can be referred to the "Puskesmas", except surface protection on the teeth can be done by dental students who carry out internships at the "Puskesmas".



Takahide Maeda

Professor Emeritus, Nihon University

Professor Emeritus Takahide Maeda graduated from Nihon University Dental School in 1977. He served in Oral Surgery Department in Jichi University in 1977. Then he continue his service at Oral Anesthesiology Department, Tokyo Medical and Dental University. In 1988 he move to University of Toronto Dental School. Takahide Maeda has been serving in Department of Pediatric Dentistry, Nihon University, Matsudo Dental School from 1995 until 2014.

Cultivating The Energy To Go On Living Through An Oral Health Promotion.

The overall prevalence of dental caries in Japanese children decrease in recent years, and the average DMF index is shown less than 1.0, and one of the factors is oral health education by school dentists. The task of school dentist is not simply to detect caries and gingivitis at an early stage, but to make school children understand the onset process of these diseases and to educate about the importance of regular lifestyle, diet and oral cleaning. In addition, when initial stages of caries and gingivitis develop, the children experience a return to healthy enamel and gingiva by aggressive oral cleaning and dietary guidance. Children are able to learn that early illness can gain health through their own efforts, in which most suitable teaching material is early stage of plaque associated gingivitis. In summary, oral health promotion for school children succeeded by collaboration of school dentists, dental practitioners and the community.

COUNTRY REPORT



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MALAYSIA

Dr Chia Jit Chie has a Bachelor of Dental Surgery (University of Malaya) in 1987. He then obtained a Masters in Community Dentistry (UM) in 1998. He has served as the Ministry of Health's dental officer at various levels in the state of Sarawak before being appointed as Sarawak Deputy State Health Director (in charge of Oral Health) in 2011. He was subsequently appointed Deputy Health Director (in charge of Oral Health) in the Federal Territories of Kuala Lumpur and Putrajaya in 2018.

He has been actively involved in research on fluoride mouth rinse, oral health services dental services and oral health promotion in Sarawak. Besides that, he has contributed as the organizing committee of several regional and national dental congress and scientific conferences organized by the Malaysian Dental Association.

He is currently the Director, Oral Healthcare Division, Ministry of Health Malaysia since June 2019.

Oral Health Promotive And Preventive Programmes For School Children In Malaysia

Problem Statement:

The Oral Health Programme, Ministry of Health (MOH) Malaysia, is the lead agency in the provision of oral healthcare to various target groups in Malaysia, including the pre-schoolchildren (5-6 year-olds), schoolchildren (7-17 year-olds) and children with special needs. The Incremental Dental Care Approach is one of the main thrusts of MOH primary oral healthcare services via school dental service. Over the years there is improvement seen in caries status among schoolchildren. Nevertheless the caries status of the pre-school children remains high.

Significance and Objective(s) of the OHP Program/Initiative:

Various programmes are being implemented to reduce the prevalence of dental caries, from population-based water fluoridation programme to targeted preventive approach for high caries risk schoolchildren.

Program/Intervention(s):

While fluoridation of public water supply for the general population is a continuing policy, Promotive and preventive programmes for schoolchildren include School-Based Fissure Sealant Programme; Fluoride Varnish Programme with four times application within two consecutive years; School-based Fluoride Mouth Rinsing Programme for year 2 to year 6 schoolchildren; and Early detection of caries lesions through the Ministry of Health Modified International Caries Diagnosis and Assessment System (MMI). Meanwhile, oral Healthcare for the Special Needs children at Daycare Community Centers are being provided through Mobile Dental Teams/Clinics.

Outcome and Impact(s):

Caries experience (Mean DMFT) for both 16-year-olds and 12 year-olds have declined from 2.8 (1997) to 2.1 (2007); and 1.12 (2007) to 0.78 (2017) respectively. Mean dft for 5-year-olds has declined from 5.5 (2005) to 4.8 (2015). In 2018, a total of 20,622 (96.0%) kindergartens and preschools; 7,420 (94.5%) primary schools and 2,247 (87.5%) for secondary schools received primary oral healthcare services. 74.1% of Malaysians received fluoridated water in 2018 compared to 69.1% in 2005.

As for the School-Based Fissure Sealant Programme, in 2018, a total of 245,795 (96%) schoolchildren who needed fissure sealants were rendered fissure sealants. More than half (51.3%) were 7 and 8 years old and out of 549,302 teeth requiring fissure sealants, 95.5% were fissure sealed. A total of 42,766 (79.3%) high caries risk toddlers received fluoride varnish and 18,640 schoolchildren were included in the Fluoride Mouth Rinsing Programme. A total of 564 institutions with special needs children were visited in 2018 and 13,826 children received dental care services. Primary school coverage for MMI has increased from 80 schools in 2017 to 4,397 schools in 2018.

Conclusion(s):

Continuous implementation of preventive and promotive oral health programmes, identification of high risk population through systematic screening of schoolchildren through MMI, Gingival Index Score, Incremental Dental Care for Preschool Children, and 'Dentistry Going Digital Oral Health Promotion' are some of the ways forward. More intensified efforts are also required to strengthen the implementation and evaluation of programmes, collaborate with parents and teachers, and optimize the use of resources.



Dr. Ah Hyeon Kim

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Dr. AhHyeon Kim graduated from the University of WONKWANG with a BDS in 2007. Later she gained an MDSc in "Pediatric dentistry" from the University of WONKWANG and PhD in "Preventive dentistry" from the University of Gangneungwonju. In 2011 she worked at WONKWANG university SANBON dental hospital and in 2012 CHOSUN university dental hospital as full-time faculty. She studied abroad in Japan for Dr. HONDA and came back to Korea she was belong to private dental clinic from 2013 to 2018 in Daejeon metropolitan city. Presently she is living in Seoul where she is Adjunct professor of college of dentistry, Gangneungwonju university, and CEO of Reddental research institute. Kim is also Scholarship planning director of Korean Academy of General Dentistry and academic board of halitosis control study group.

Registered Dentist Program Of Seoul City In South Korea

Problem Statement:

The Republic of Korea has a very low health insurance coverage for dental services, while dental diseases were rank in the top 20 of the frequent diseases. In addition, the level of oral health of children is strongly influenced by the socio-economic level of the health care infrastructure in the residential area, especially the parents. Therefore, early intervention through provision of preventive services for children and adolescents can have the effect of mitigating oral health inequality in adulthood.

Significance and Objective(s) of the OHP Program/Initiative:

1. Establish primary dental health care system for the most frequent oral diseases in children and adolescents.
2. Provide continuous and comprehensive oral health care services to address oral health improvement and oral health inequalities.

Program/Intervention(s):

As of April 2019, the city of Seoul is promoting the registered dentist program in 2012 and is being carried out in all 25 districts. Services provided by the registered dentist program include oral examinations (history taking, oral examinations, radiographic examinations), oral health promotion (oral hygiene, eating habits, fluoride use, smoking cessation/restrain drinking), preventive care (professional oral health care, fluoride application, dental sealants, scaling).

Outcome and Impact(s):

1. According to 2012-2013 research, prevalence of dental caries in participating children decreased slightly from 46.0% in 2012 (first year of project) to 40.2% in 2013 (second year of project). Service delivery rate were 99.3%, dental health education, 93.6%, preventive care, 95.5%, satisfaction rate of the participants. But treatment needs did not meet cause of low budget.
2. According to 2012-2014 research, indicators of oral health behavior, utilization dental care, oral symptom experience, and oral health-related quality of life was little improved. In addition, the Seoul City supports the cost of 40,000 won per person per year, which provides a dental care service with a value of 77,944 won through a private dental clinic, thus earning an additional benefit of 37,944 won.

Conclusion(s):

The registered dentist program is not a completed but a progressive system. Therefore, if improvement of registered dentist program will be possible to improve the oral health of the children and adolescents as well as to improve the oral health of the adults in Seoul. In addition, it is necessary to set up a reasonable indicator to evaluate the effect of future registered dentist program and to monitor it continuously.



Dr Keisuke Nomura

Graduated Josai Dental University, March 1987. DDS.
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Director of Nomura Dental Clinic, March 1992~present

Current Strategy Of Oral Health Promotion For Pre-school And School Children In Japan

It was declared at the 9th ACOHPSC meeting in Cambodia that oral health promotion should be started early in life, with encouraging to recognize its importance to improve QOL.

In Japan, every public pre-school and school employ a school dentist who is appointed by the Committee of Education in the Local Administration Office under controlled by Ministry of Education, Culture, Science, Sports and Technology(MEXT).

The school dentist has several missions, such as conducting annual oral health examination and having communication with school teachers, children's family, and also with school physicians. Furthermore, he sometimes gives a lecture on oral health care program to children as a guest teacher. It is very important for him to brush-up his knowledge to enable him to accomplish tasks as the school dentist.

From the above, JASD has provided a new continuing learning and educational system. It includes "basic training course", "specialized training course" and "update training course". After attending these courses, JASD admits the dentist as a recognized school dentist and give him a certificate. Attendees are mostly joining with their own will, but others are recommended by their belonging regional dental association who will be expected to be future leaders of their regional dental association.

The Basic training course was first held in 2009. However, seating capacity is limited, so each regional JASD also holds the same type of training course.

From 2013, JASD started the specialized training course. This course is not duty for every school dentists but it is very attractive course to brush up their own knowledge and skills to pursue oral health promotion activities.

From last year, JASD prepared the third training course as the updated course. This course deals with some important educational regulation changes those are introduced with some years interval by MEXT. In addition to these regulations change, JASD will also respond when some topics such as food education and sports promotion are included in school curriculum. Basic and specialized courses are composed of three different areas, such as "health education", "health care management" and "organization activity".

Basic course is conducted mainly lectures by specialist. Specialized course is conducted by lectures and also workshops. After lecture, attendees are grouped in six or ten groups and discuss about given topics within their group. Each group presents their group decision.

JASD are now planning to modify the time schedule for the course to make it easier for school dentist to attend course. Members of JASD are almost 100% general dentists. They usually work in their own private office. When he has to participate for his appointed school, he must have a good communication with school teacher and nursing teacher. Also he must have a good enough dental knowledge to be able to teach children. JASD always encourages general dentists to join our system and work together for oral health promotion to pre-school and school children.



Dr. Piyada Prasertsom

Diplomate ,Thai Board of Dental Public Health
Thai Dental Council, 1997
MSc. Medical Epidemiology
Mahidol University, 1993;
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Cavity Free School : The Ultimate Goal for Oral Health School Program

Data from National oral health survey showed gradually decreasing trend of dental caries among Thai children, from 1994 to 2017. In deciduous teeth, prevalence were from 61.7% to 52.9% and 85.3 to 75.6% in 3,5 years old children respectively, and from 53.9% to 52.0% in 12 years old children. . Despite of a decreasing trend, more than half of children still have caries experience, dental caries is still a major health problem among Thai children.

Thailand has launched a National program to prevent dental caries for preschool and school children for more than thirty years. National programme such as “The School Network for Good Oral Health Program”, aims to provide a community of sharing, coaching and learning from school network. ‘Sweet enough campaign’ was introduced throughout the country aimed to reduce sugar consumption among children. Message of ‘Brush Your Teeth with 2-2-2’ was launched to increase the effectiveness of tooth brushing. And In 2017, The “Cavity Free School” was set as ultimate goal for daycare centre and school setting to achieved.

National programme tackle with dental caries according to aimed “Cavity Free School” based on Health promotion concept and strategies, integrated in Health promoting school scheme. Oral health promotion and prevention programme were campaigned and implemented for both in day care center and primary school over the country. National Oral health benefit package was set up for children cover; oral check-up, apply topical fluoride, and pit and fissure sealant. Key activities composed of three main components; Behavior modification, Create supportive environment, and Effective oral health prevention service. These include after-lunch tooth brushing with fluoride toothpaste, promotes consumption of fruit and milk as between meals menu, establishment of healthy environment; ban of snacks and sugary beverages, oral hygiene instruction, and regular oral check-up. The National policy for all health facilities to increase coverage of comprehensive care for all children from preschool to school-aged was created. Services such as the out-reach services in school by dental personnel to provide essential services and SMART technic as key activity to fill cavities of primary teeth in day care center were provided. Key performance indicators such as topical fluoride, sealant on first molar and filling teeth were set up for monitoring and regulate in every level of health facilities.

To date, there are 1,149 “The School Network for Good Oral Health Program” network in 74 provinces cover 10,044 schools, ‘Sweet enough’ school network over the country and 24 provinces launched the cavity free school as a provincial goal for oral health. The cavity free rate in these province are obviously increase (average > 60%). Cavity free school is not only a significant strategy to improve quality of life of children but also provide impact for better oral health in adults.



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Community Engagement In Oral Health Promotion And Prevention In Pre-schools And Primary Schools In Indonesia

Data from the Indonesian National Basic Health Research (RISKESDAS 2018) more than 90% of primary teeth have cavities with an average dmft 8.10. Permanent teeth at 12 years old, the average DMF-T was 1.9. The ignorance of parents assumes that cavities in the primary teeth are natural and do not need to be treated because they will be replaced with permanent teeth. After Directorate of Oral health in MOH was dissolved, The Preventive Promotion Program is carried out at the Community Health Center (CHC) in its working area and is run on its own and based on the initiative of the dentist at each CHC. Since March 2019, a National Committee on Oral Health has been formed, which is tasked to provide input to the minister of health in dental health policies. Policies for the promotion and prevention of oral health use the continuum of care approach. Many program initiatives reported from CHC in the region and at the Center for Dentistry Education through community engagement programs will be reported and will be re-tested for national guidelines. On this occasion, we will only report two of the more than 20 main activities of the Promotion and Prevention Program initiated by the Faculty of Dentistry, University of Indonesia. Program targets range from pregnant women, babies under three years old, pre-school children, and school age. Irene donut Apps is a caries risk assessment tool for 3-8 years old children that have been adopted as MOH national regulation (2016), found out that engagement of parents and teachers play a significant role in the success of the preventive program. It can give direct feedback on each child caries risk, provide not only pieces of advice but giving menu so parents can choose based on their capabilities and take necessary responsibilities. A personalized report and checklist are given to parents with empathy and self-efficacy. The results of the program intervention were improved of student oral health status, and sustainability of programs in East Jakarta and Kalimantan for 543 elementary schools reached almost 90% on four years. It can be concluded that the community engagement programs initiated independently by the University of Indonesia and others can be applied nationally in Indonesia.



Dr Monika Suorn

President of Cambodia Dental Association¹; Bathsheba Turton, Dental Public Health Consultant²; Sithan Hak, Deputy-Director, Preventive Medicine Department³, Ministry of Health; Tepirou Chher, Head of Oral Health Bureau, Preventive Medicine³; Callum Durward, Dean of Health Sciences, University of Puthisastra²

Introduction:

Since the last ACOHPSC meeting it has become clear that school-age is too late for intervening to prevent tooth decay. Therefore the dental prevention activities in Cambodia have been focused on getting a better understanding early childhood caries in Cambodia and also upscaling existing interventions both in a school setting and in a primary health care setting.

Aim/objective:

To report the upscale of two projects and to understand more about the natural history of early childhood caries in Cambodia

Methods and Materials:

Data are presented from 3 projects; The Cambodia Longitudinal Health and Nutrition (CAHENMS) study which is a birth cohort study with a dental module to examine caries experience across 3-years of life; Healthy Kids Cambodia which is holistic school based oral health program where the effectiveness of therapy at each level of care has been evaluated; Cambodia smile which focuses on the prevention of caries in a primary health care setting.

Results:

1-year old children in the CAHENMS had the highest caries increment with 2-new carious lesions per year compared with 1.7 for 2-year old and 3-year old children and 0.3 lesions among 4-year-old children. The Healthy Kids project has demonstrated that SDF can achieve 90% reduction in incidence of dental abscess, 80% arrest rates among the target population. In addition, the referral system has been effective at concentrating treatment on those children with the most complex treatment needs and reducing the need for new restorations by 50% at 1-year. The Cambodia smile intervention demonstrated that Fluoride varnish can reduce the number of cavities present by 40%.

Conclusion:

In Cambodia, 1-year-old children are the most caries active compared to other age-groups. School based and primary health care based interventions are being progressively upscaled. Children participating in the Cambodia smile intervention have a lower caries experience. Therapies delivered through the Healthy Kids project are leading to a significant reduction in disease experience among school children environment.



Dr. Le Hong Van

Master degree in 2001 from Hanoi Medical University
PhD. Degree in Endodontics in June, 2014.
Head of International Cooperation Department

Dr. Le Hong Van graduated in 1997, received Master degree in 2001 from Hanoi Medical University. She obtained her PhD. Degree in Endodontics in June, 2014. After graduation, she was the lecturer in Restorative and Endodontics Department, Faculty of Dentistry, Hanoi, Medical University from 2001 to 2007, then she moved to National Hospital of Odonto-Stomatology. Currently, she is the head of International Cooperation Department, working in the High technology Department, National Hospital of Odonto-Stomatology Hanoi. She has been successfully running the Brush Day and Night (so called Live Learn Laugh before) project for school children in Vietnam since 2009.

New Approach In Oral Health Programme For School Children

Vietnam is a developing country with the population over 95 million people. The School Based Dental Program (SDP) in Vietnam has been established since 1980s and became the national program given by the Ministry of Health and the Ministry of Education and Training.

The SDP consists four contents: (1) Oral Health Education and Promotion; (2) Mouth rinsing with fluoride 0.2%; (3) early caries detection and treatment and (4) Pit and Fissure Sealant. Over the past decades, the SDP in Vietnam has shown good coverage of schools and schoolchildren in many provinces and also the oral health status of schoolchildren has shown marked improvement. However, some difficulties in oral health care for schoolchildren still exist across the population in some areas of the country and it presents a big challenge to policy makers. One of the most effective program to push the oral health improvement in Vietnam is the fluoride strategy to manage the dental caries for schoolchildren. This strategy include the water fluoridation in some urban areas, salt fluoridation in mountainous areas and topical fluoride such as varnish for preschool children. These fluoridation programs have been revealed a good result to change the severity of dental caries status of schoolchildren, especially the salt fluoridation program has moved the D1-2 index of ICDAS to D0 in six-to-fourteen year old children after three years.

The development of oral health promotion and prevention is ongoing to reach all school children with efforts of school, family and the related governmental institutions. The SDP now is developing the standard school dental clinics in many primary schools, mobile dental chairs for provincial hospital to improve the quality of prevention and early treatment.

All lesson learnt for a long way of almost 40 years was just the contribution of many people around children in order to reach the goal of oral health as well as the goal of health for schoolchildren.



Associate Professor Lin Yang Chi

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- 4 Institute of Epidemiology and Preventive Medicine, College of Public Health, National Taiwan University, Taiwan;
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- 6 Department of Oral Hygiene, College of Oral Medicine, Taipei Medical University, Taiwan;
- 7 Department of Mental and Oral Health, Ministry of Health and Welfare, Taiwan

Government-Supported Preventive Fluoride Varnish Application Service And Pulp-Involved Primary Molars

Introduction: The prevalence of dental caries in preschool children is higher in Taiwan, a non-fluoridated country, than those observed in most other industrialized countries. In 2011, 79.3% of Taiwan's 4–6-year-old children had one or more decayed, extracted, or filled primary teeth. **Background:** All children younger than 5 years are eligible for the biannual or quarterly dental examination coupled with FV applications by dentists. The FVAS, including clinical examination, oral health education for the parents, and application of FV, were provided in dental clinic settings, and the government covered the costs. **Objective:** To improve children's oral health from a preventive aspect, the Taiwan government started providing fluoride varnish application services (FVAS) since July 2004. **Outcomes and Impacts:** After adjusting for confounding factors, adjusted hazard ratios for the treatments of pulp-involved primary molars for children who received preventive-FVAS were 0.96 (95% CI = 0.92–1.00) for initiation of pulpectomy, 0.93 (95% CI = 0.86–1.00) for completion of pulpectomy, and 0.87 (95% CI = 0.82–0.92, $P < 0.0001$) for early extraction, especially for those who received 3 times or more FVAS. **Conclusions:** Although preventive FVAS were associated with a 4%–13% decreased risk of undergoing treatments of pulp-involved primary molars within a lower risk subset, it showed relatively limited evidence of the program being efficacious or cost-effective for the entire FVAS program. Further studies are warranted to evaluate whether it would be a better strategy if the program focused only on the high risk group.

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8.00 PM

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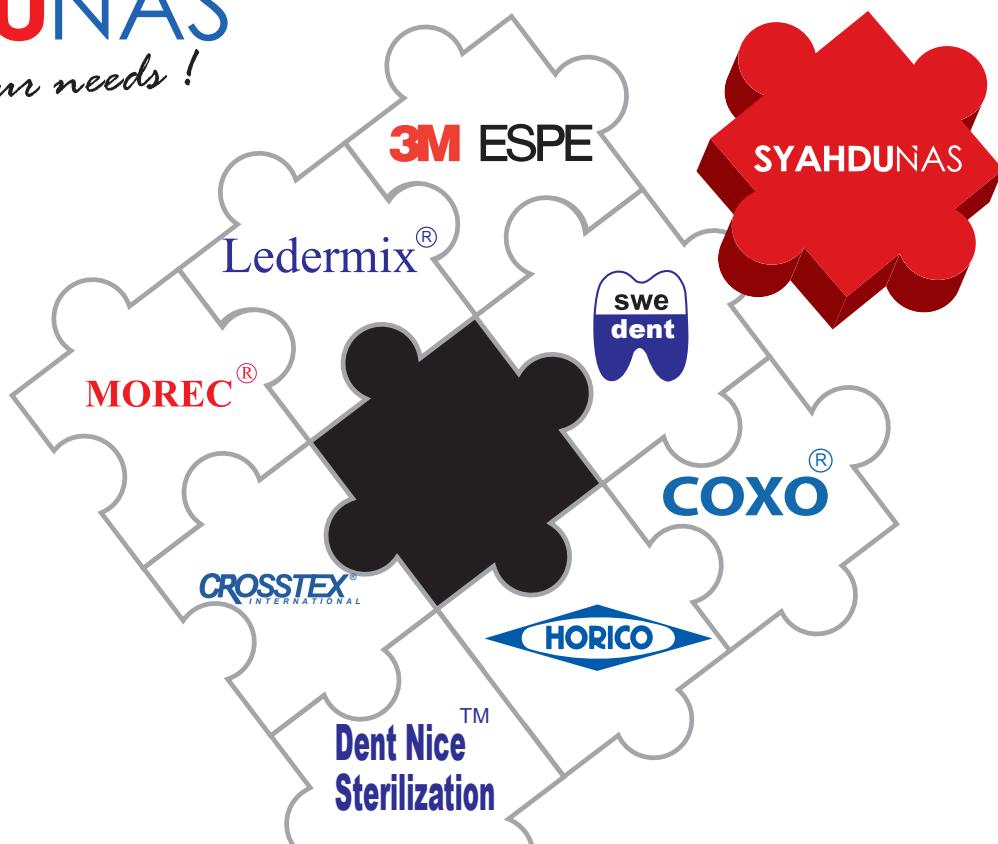
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LIST OF PRESENTERS FOR POSTER COMPETITION

GROUP 1 – TODDLERS/ KINDERGARTEN/ PRESCHOOL CHILDREN/ PRESCHOOL TEACHERS/ CARETAKERS

NO.	POSTER NO.	NAME OF PRESENTER	POSTER TITLE	COUNTRY OF ORIGIN
1.	G1P01	Nurul Hayati Anwar	Oral health literacy of caregivers and preschool children's oral health-related quality of life	Malaysia
2.	G1P02	Yudha Rahina	The drama-education method effect on dental treatment and knowledge of Saraswati pre-school children	Indonesia
3.	G1P03	Yoshihiro Huma	Effects of early childhood lifestyle on oral function	Japan
4.	G1P04	Farinawati Yazid	Oral hygiene gamification of preschool children in the B40 community	Malaysia
5.	G1P05	Su-Jung Lee	The effect of oral health education program using ASSURE model on oral health of pre-school children	Korea
6.	G1P06	Janyarut Lekjaisue	SMART technique in Mueng-Samutprakan District day-care center	Thailand
7.	G1P07	Yuanita Lely	Assessment of children oral health-related quality of life using Soho-5	Indonesia
8.	G1P08	Lakkana Ouijirakul	SMART preventive restoration in preschool children: results of 1-Year Evaluation	Thailand
9.	G1P09	Muhammad Farid Nurdin	Association between kindergarten (TASKA) teachers' oral health literacy and TASKA-based oral health-related activities and facilities	Malaysia
10.	G1P10	Nguyet Thi Hanh	Evaluation the effectiveness of preventive treatment in 2 -4 years old children	Vietnam
11.	G1P11	Yada Chestsuttayangkul	Comparisons of knowledge, attitude and behavior of caretakers and their child before and after health education program implementation	Thailand

LIST OF PRESENTERS FOR POSTER COMPETITION

GROUP 2 – PRIMARY SCHOOL CHILDREN

NO.	POSTER NO.	NAME OF PRESENTER	POSTER TITLE	COUNTRY OF ORIGIN
1.	G2P01	Somjit Tupsa-arj	The impact of “Sweet Enough Canteen” project to health of the primary school students in Saraburi Province, Thailand	Thailand
2.	G2P02	Risqa Rina Darwita	The effect of comparison on CPP-ACP application containing Propolis and Non Propolis on the child’s dental plaque index aged 7-10	Indonesia
3.	G2P03	Rerngsit Namwichaisirigun	Oral health promotion in schools in Lamplaimat District, Buriram Province	Thailand
4.	G2P04	Joseph M. Acosta	Motion comics as an educational medium for oral hygiene instruction among children aged 7 to 8 years	Philippines
5.	G2P05	Wannapa Chonthong	“Sweet Enough Canteen” policy in Wat Ka Riang Kor Ma School, Cha-Om Subdistrict, Kaeng Khoi District, Saraburi Province, Thailand.	Thailand
6.	G2P06	Zar Chi Kyaw Myint	Oral health education with a Peer Group approach model	Japan
7.	G2P07	Thanatnon Assavawattaki	Plaque disclosing toothpaste -> Easy to use ready to know	Thailand
8.	G2P08	Gita Ariffa Sjarkawi	The efficacy of 16 surfaces brushing tooth program on the decrease of dental plaque index in student age of 7-9 years old at Sdn Cipinang Besar Utara 09 Pagi	Indonesia
9.	G2P09	Wilawan Chanchorn	The Magic Diagram	Thailand
10.	G2P10	Rathmawati Ahmad	Children’s oral health practice: a preliminary study for school-based fluoride mouth rinsing programme	Malaysia
11.	G2P11	Saowapapach Puprapadilok	Integrated oral health program for Wat Saingam school children, Trang	Thailand
12.	G2P12	Jaruwan	‘Dry brushing’ and ‘Brushing 2-2-2” techniques among Bandung children	Thailand



LIST OF PRESENTERS FOR POSTER COMPETITION

GROUP 3 – PRIMARY SCHOOL CHILDREN/ SECONDARY SCHOOL CHILDREN/ ADOLESCENTS

NO.	POSTER NO.	NAME OF PRESENTER	POSTER TITLE	COUNTRY OF ORIGIN
1.	G3P01	Nazirah Ab Mumin	Opinions of secondary school students on the school dental service: A qualitative study	Malaysia
2.	G3P02	Jutamat Treratphan	Dental services for 0-12 year-olds in Muang Trang	Thailand
3.	G3P03	Su-Kyung Park	Oral health behaviours of adolescents from multicultural families	Korea
4.	G3P04	Nurul Izzah Ali	Clustering health behaviours among adolescents in Kedah	Malaysia
5.	G3P05	Thidarat Yok Yong	Program promotes the oral health of primary school's students in Bang Pla Ma Subdistrict	Thailand
6.	G3P06	Ellyna Jade W. Reliquias	Caries experience in relation to oral hygiene performance among public schoolchildren aged 6-12 in Baguio City	Philippines
7.	G3P07	Sarawut Thongpaiwan	Edutainment procedure to prevent initiation of smoking in teenagers	Thailand
8.	G3P08	Aiko Suzuki	Research on School Dental Health In The Tokyo Metropolitan Area	Japan
9.	G3P09	Angsana Rityoue	Oral health situation of border patrol police school children	Thailand
10.	G3P10	Wan Salina Wan Sulaiman	Influence on smoking behaviour and nicotine addiction among school children in Kelantan: Family or Friends	Malaysia
11.	G3P11	Apapunnee Khemwuttipong	Low sugar canteen in Trang Schools	Thailand
12.	G3P12	Enny Esdayanty Abdul Manab	Smoking and cessation advice among schoolchildren in Pulau Pinang, Malaysia	Thailand

LIST OF PRESENTERS FOR POSTER COMPETITION

**GROUP 4 – HEALTH VOLUNTEER/ SCHOOL CHILDREN/ SPECIAL NEEDS CHILDREN/ TEACHERS/ PARENTS/
MOTHERS/ TRAINEE TEACHERS/ PUBLIC**

NO.	POSTER NO.	NAME OF PRESENTER	POSTER TITLE	COUNTRY OF ORIGIN
1.	G4P01	Kemanat Chuachaitas	The activities of health volunteer championship in oral health	Thailand
2.	G4P02	Merlya Balbeid	Effect of parent's Health Belief Model (HBM) on Oral Hygiene Index-simplified (OHI-S) of children aged 8-15 years in Brawijaya Hospital	Indonesia
3.	G4P03	Rokiah Mamikutty	Mothers' perception and barriers in utilising early childhood oral healthcare programme	Malaysia
4.	G4P04	Saranthorn Kanokvijitsilp	Effectiveness of mobile dental unit service team in primary school	Thailand
5.	G4P05	Yau Xiao Hui	Compliance of Daily fluoridated toothbrushing (dftb) programme in primary schools in the Brunei-Muara District, Brunei Darussalam	Brunei
6.	G4P06	Worrawan Asawakun	Oral health services in primary care for school children from 2016 to 2018	Thailand
7.	G4P07	Sheila Rani Ramalingam	Exploring the effectiveness of the Tobacco Endgame program in Johor	Malaysia
8.	G4P08	Pimpha Ladda	Oral health promotion among parents in the Child Development Center of Na-Yang Subdistrict, Lampang Province	Thailand
9.	G4P09	Manikandan Natarajan	School-based Interventions in reducing dental caries among economically deprived children: An adapted Systematic Review	Thailand
10.	G4P10	Kitisak Watyota	Children accessibility to oral health promotion after providing health mobile unit in remote areas	Thailand
11.	G4P11	Trining Widodorini	The impact of the Cosgi puzzle educational game on changes in dental and oral health behaviour of children with special needs	Indonesia
12.	G4P12	Hathaichanok Najermploi	Network Child Developments come together for a brighter smile	Thailand



LIST OF PRESENTERS FOR POSTER SHOWCASE

NO.	POSTER NO.	NAME OF PRESENTER	POSTER TITLE	COUNTRY OF ORIGIN
1.	PS 01	Pattraporn Hasadiseevee	Bright smile kids smart: An evaluation of school-based oral health network in Thailand	Thailand
2.	PS 02	Putu Rusmiany	Effectivity of tomato juice 100% and lime juice 2.5% on teeth whitening	Indonesia
3.	PS 03	Min-Ji Byon	Factors related to gingivitis of children aged 12 years	Korea
4.	PS 04	Miyuki Kibayashi	Examination of the effect of exercise capacity improvement on 100 m running of Masticatory Ability Improvement Program (MAIP)	Japan
5.	PS 05	Nama Bibi Saerah	Oral health status of preschool children: Kedah findings	Malaysia
6.	PS 06	Nomin-Erdene Erdenebaatar	The study of dental caries and body growth status among Mongolian children with Autism	Mongolia
7.	PS 07	Nguyen Thi Hong Minh	Deciduous caries status of Vietnamese children	Vietnam
8.	PS 08	Pathomporn Chapsuwan	Amazing walk rally to protect tooth decay	Thailand
9.	PS 09	I Gusti Ketut Armiaty	Effect of polishing of composite on the rate of discoloration in nanofiller composite resins caused by chlorhexidine mouthwash	Indonesia
10.	PS 10	Jin-Bom Kim	Factors related to periodontal health of school adolescents	Korea
11.	PS 11	Soh Yi Yong	Hypodontia pattern in orthodontic patients in Pasir Mas and Tumpat, Kelantan	Malaysia
12.	PS 12	Noor Baiti Bab	Knowledge, attitude and perception of dental therapists on modified MOH ICDAS implementation in Penang – A pilot study	Malaysia
13.	PS 13	Watana Thongpatsano	Dental caries associated with nutritional status of Grade 6 primary school children, Bangkrathum, Phitsanulok, Thailand	Thailand
14.	PS 14	Safwanah Mohd Noor	The uniqueness of oral health promotion practice and auxiliary training in CDC & TIMOH(D): A sharing experience	Malaysia
15.	PS 15	Supoj Chamnanprai	Dental fluorosis among the school children aged 6–12 years in Lamphun Province	Thailand
16.	PS 16	Young-Eun Lee	Clinical efficacy of two low exposed bleaching modalities	Korea
17.	PS 17	Chiraporn Khitdee	Alliance for a cavity free future Thailand	Thailand
18.	PS 18	Putu Yetty Nugraha	Inhibitory capability of yam bean extract (<i>Pachyrhizus Erosus</i>) on <i>Streptococcus Mutans</i> in early childhood caries	Indonesia

LIST OF PRESENTERS FOR POSTER SHOWCASE

NO.	POSTER NO.	NAME OF PRESENTER	POSTER TITLE	COUNTRY OF ORIGIN
19.	PS 19	Nurfarhana Farah Abdullah	Unprecedented of oral health promotion practice in government post-basic training institution: A sharing experiences.	Malaysia
20.	PS 20	Kittiya Srisuk	Primary school oral health promotion: Bokeaw Model	Thailand
21.	PS 21	Se-Yeon Kim	Dental caries and periodontal health of school children and adolescents	Korea
22.	PS 22	Faizah Abdul Karim	The musculoskeletal disorder (MSD) among dental therapists in Malaysia	Malaysia
23.	PS 23	Yong-Keum Choi	Awareness for family dentist system for students and children	Korea
24.	PS 24	Patraphorn Mekkhatphat	Attitude of dental personnel towards oral health activities: A case study in Sukhothai Province	Thailand
25.	PS 25	Eun-Seo Jung	Oral hygiene maintenance of dementia patients by their families	Korea
26.	PS 26	Elavarasi Kuppusamy	Caries experience and oral hygiene status among children in an urban poor community	Malaysia
27.	PS 27	Johannes Widijanto Sudhana	Analysis of oral health knowledge among children 10-14 years old using Rasch model	Indonesia
28.	PS 28	Kyeong-Hee Lee	Oral hygiene maintenance of dementia patients by care workers	Korea
29.	PS 29	Haslina Rani	Factors related to halitosis among high school students	Thailand
30.	PS 30	Rafeah Md Yassin	Factors influencing smoking behaviours amongst male adolescents in Kuantan District	Malaysia
31.	PS 31	Tuti Ningseh Mohd Dom	Building the alliance for a cavity-free future: A gift for the children of Malaysia	Malaysia
32.	PS 32	Piyawan Hopattararaput	Atraumatic primary teeth restorations in mobile dental service network in Lamphun, Thailand	Thailand
33.	PS 33	Hye-Young Kim	Relation between cognitive function and chewing ability using chewing gum	Korea
34.	PS 34	Dr. Rapeah Mohd Yassin	Factor Influencing Smoking Behaviours Amongst Male Adolescents In Kuantan District	Malaysia
35.	PS 35	Dr. Jamaliah Omar	Three Years Effect Of KOTAK Programme In Kedah	Malaysia
36.	PS 36	Dr. Norhaslina Mohd Hashim	KOTAK Programme And Prevalence of Smoking Among School Children In Selangor	Malaysia
37.	PS 37	Dr. Nabilah Mokhtar	Prevalence Of Smoking Among School Children In Muar, Johor	Malaysia



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1 Based on 0.5mL dose/application. 2 Full article: JADA. Topical fluoride for caries prevention. November 2013, Volume 144, Issue 11, Pages 1279-1291. Available at: [http://jada.ada.org/article/S0022-8177\(14\)60559-0/fulltext](http://jada.ada.org/article/S0022-8177(14)60559-0/fulltext). Accessed September 2016.

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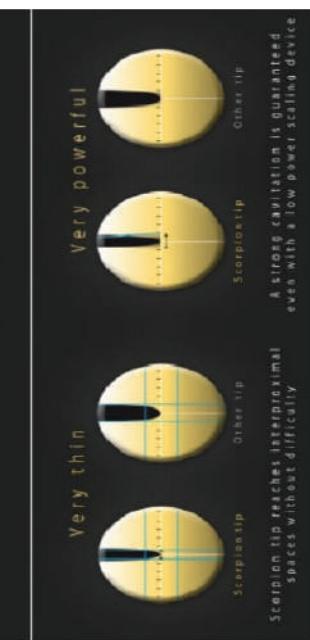
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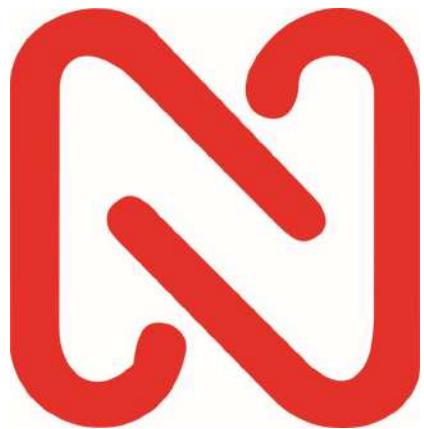
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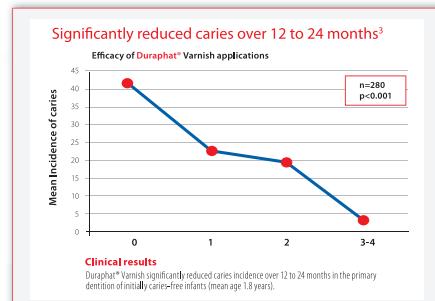


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References:

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