Iren.

Naham Cons' career in dental public health spans five decades and includes significant contributions in organizational and administrative leadership as well as clinical research and academia. He received his BS from Brooklyn College in 1935, his DDS from NYU, and his MPH from Columbia School of Public Health in 1958.

He has had a varied career, starting with the private practice of dentistry in New York City from 1940–55. He left New York and joined the USAF Dental Corps, and from 1955–57 was dental surgeon on two air force bases in England. After obtaining his MPH, he coordinated dental services for the Greater Cincinnati area from 1958–62. He then returned to New York as assistant director of dental health for the New York State Health Department from 1962–66, and in 1966 became director of dental health, New York State, a position he held through 1978. In 1979, he left New York again to become professor of community and preventive dentistry at the University of Iowa, a position he held until 1984. He retains his "Iowa connection" today, even though he lives in California, as professor emeritus, University of Iowa.

His professional organization involvement at the national level includes: the ABDPH 1969–75, president 1975; the ASTDD, president 1972–74; APHA, member since 1958, and section council member, chair of the Committee on Dental Care, and chair of the Committee on Public Medicine Care for Children (MCH Section); AAPHD member since 1958, and member of the Executive Council and Editorial Board of the *JPHD* for many years.

On the international level, he has been very active with FDI and the WHO. He has been a member of FDI from 1956 to the present, during which time he served as: vice chairman, Commission of Public Health Dental Services (1978–80); leader, FDI Working Group #2 on Dento-Facial Anomalies (1976–80); leader, FDI Working Group #3 on Education of Public Health Dentists (1977–80); elected member of Commission on Oral Health, Research and Epidemiology (1980–82); and leader, Joint WHO/FDI Working Groups on Social Acceptability of Occlusal Conditions (1979–82). In my own involvement in international meetings, I have continued to see Naham and Joanna at FDI meetings.

Skip Collins and Naham Cons

Dr. Cons has published 45 journal articles on fluorides, dental services under Medicaid and Head Start, health planning, need for dentists, quality of dental care, group practice, dental sealants, education of public health dentists, and malocclusion indices.

Naham considers his two major contributions to dental public health to be his involvement in the Medicaid program and measurement of occlusal traits. He was involved in the planning, development, implementation, and management of the dental aspects of Medicaid for the state of New York as soon as Medicaid legislation was passed by Congress. This program provided comprehensive dental care for about 6 million Medicaid eligible people in New York. Those of us studying for the dental public health boards in the 1970s and 1980s recall Dr. Con's articles in the literature detailing the strategies he and his colleagues used to manage this new and important program to create access to dental care for the underserved.

He considers the development, in collaboration with Dr. Joanna Jenny, of the Dental Aesthetic Index (DAI) as his second major contribution. The DAI was the first orthodontic index to combine the psychosocial and clinical measurements of occlusal conditions into a single score. It was used by the WHO in its International Collaborative Study of Oral Health II (ICS-II) to measure unmet need for orthodontic care. Naham and Joanna have been very persistent and thorough in testing this index in various populations around the world to see if the correlation between public perception of dental esthetics and critical conditions was a consistent one.

On a personal note, I had the pleasure of working with Dr. Cons to arrange a test of the DAI in the Native American population in the early 1980s. I continue to believe it has great potential to assist in the process of determining who should receive orthodontic care in a program with limited resources for such services. As Dr. Larry Green told us earlier today, linking subjective and objective indicators of health will be a key to health promotion in the future. The work of Naham and Joanna is an excellent example of using both the public and professional "lens" to view a problem. Naham and Joanna remain active internationally with the DAI. Their latest collaborators were from the Canary Islands, Nigeria, and Iraq.

Naham, for your many contributions during a 40-year career in dental public health, it is my pleasure to present you with the Distinguished Service Award of the AAPHD.

Remarks on Receiving the Distinguished Service Award

Naham C. Cons, DDS, MPH

I am greatly honored to join the group of public health dentists who have received the Distinguished Service Award. You know that I did not start my dental career in public health, but spent my first 15 years in private practice in New York City. When I was called up for active military duty in 1955, I gave up my practice and went

to England with my family. I had the rank of major and served as base dental surgeon (chief of dentistry) at Lakenheath and Mildenhall Air Force bases. We served the dental needs of rotating Air Force Wings, consisting of about 5,000 air force personnel who would remain on our bases for about three months and then fly home. This experience providing and recording on the dental services of a large group gave me the big picture and led to my decision to investigate the field of dental public health.

I followed up my military experience by applying to Columbia University School of Public Health and to the USPHS for a traineeship. Fortunately, I was accepted at Columbia and approved for the traineeship. This experience was the beginning of my dental public health career.

When I started training for the MPH degree in 1957, I thought I knew a lot about science and dental research, having had loads of chemistry and biology in my undergraduate training as well as the required courses in the dental curriculum. I though, like most of my dental colleagues, that all research was done in laboratories. But my studies of epidemiology and statistics gave me a completely new perspective on research.

Although research was not required at the city and county levels, almost from the start I began studies of caries prevalence, the effects of fluoridation, and dental manpower in the Cincinnati area. When I left Cincinnati for New York State, I worked for many years with David Ast. Dr. Ast was very research oriented and always wanted to have at least one research project in progress. I worked with him on all the bureau's research projects that were going on at that time. He also encouraged me to start some research on my own. Among the research projects I worked on were: time and cost factors to provide regular, periodic dental care for children in fluoridated and nonfluoridated areas, the Albany topical fluoride study, an adhesive sealant trial that studied the effects of sealants in a fluoridated city, and a study on the effectiveness of dental hygienist teams in applying pit and fissure sealants.

Since 1945, New York State has been providing orthodontic services to children with physically handicapping malocclusions. In 1963 New York State conducted a study on the need for orthodontic care in the state. The New York study employed the Angle Index to assess need for orthodontic care.

In 1975 the Fédération Dentaire Internationale (FDI) and the World Health Organization (WHO) published a paper listing and defining occlusal traits that in their opinion were important in describing malocclusions. It was believed that psychosocial aspects of malocclusion should be incorporated in an orthodontic index.

At that time Cons and Jenny began the development of an orthodontic index, the DAI, that combined the physical and social aspects of malocclusion. They used the public's perceptions of each of 200 photographs of teeth and the FDI's method for measuring the physical traits of occlusion. The DAI is an orthodontic index that links the clinical and aesthetic traits of occlusion mathematically to produce a single score. Scores are obtained by measuring in the mouth 10 occlusal traits deemed to be important in describing malocclusions.

The Medicaid program started in 1966. One year into the program legislative leaders in New York State were shocked by the skyrocketing costs of the dental program. Having spent $3 million per year prior to Medicaid, now they were faced with a $300 million bill. The legislative leaders were ready to eliminate all dental care except for the relief of pain and infection. They were particularly concerned with the provision of prosthetic care. I urged them not to eliminate preventive and "routine" dental care. The legislators rewrote the law to include "preventive, prophylactic, and routine dental care" and to require prior approval for all prosthetic care. This new language allowed me to keep many dental services including amalgam fillings in the regulations that I subsequently wrote.

I want to thank my parents for encouraging their children to pursue higher education. I want to thank the city of New York for providing free education through the baccalaureate degree. I'd like to thank all my colleagues for their support throughout all my years in dental public health. I want to thank Joanna Jenny, my wife and colleague in research. Finally, I want to thank the awards committee for honoring me with this award.

1998 Distinguished Service Award: John K. Peterson, DDS, MPH

Presented by Robert J. (Skip) Collins, DDS, MPH

Our second Distinguished Service Award is presented to Dr. John K. Peterson. John is unable to be with us today due to ill health (although several of us tried mightily to persuade him to come).

John is a very special person whose role in clinical research trials is well known to those who have prepared for boards in dental public health. He is a 1945 DDS graduate of the University of Minnesota, where he also received his MPH in 1950. After five years of private dental practice and service in the Army Dental Corps, he was appointed as assistant chief, Section of Dental Health for the state of Minnesota (1950–57), and then director of the Division of Dental Health, North Dakota.

Among the memberships, honors, and offices he has held in professional organizations are the following: chair, Section of Public Health (1961), and consultant, Council on Dental Therapeutics and Council on Dental Research for the American Dental Association; President of the North Dakota State Dental Association; president of the North Dakota Public Health Asso-