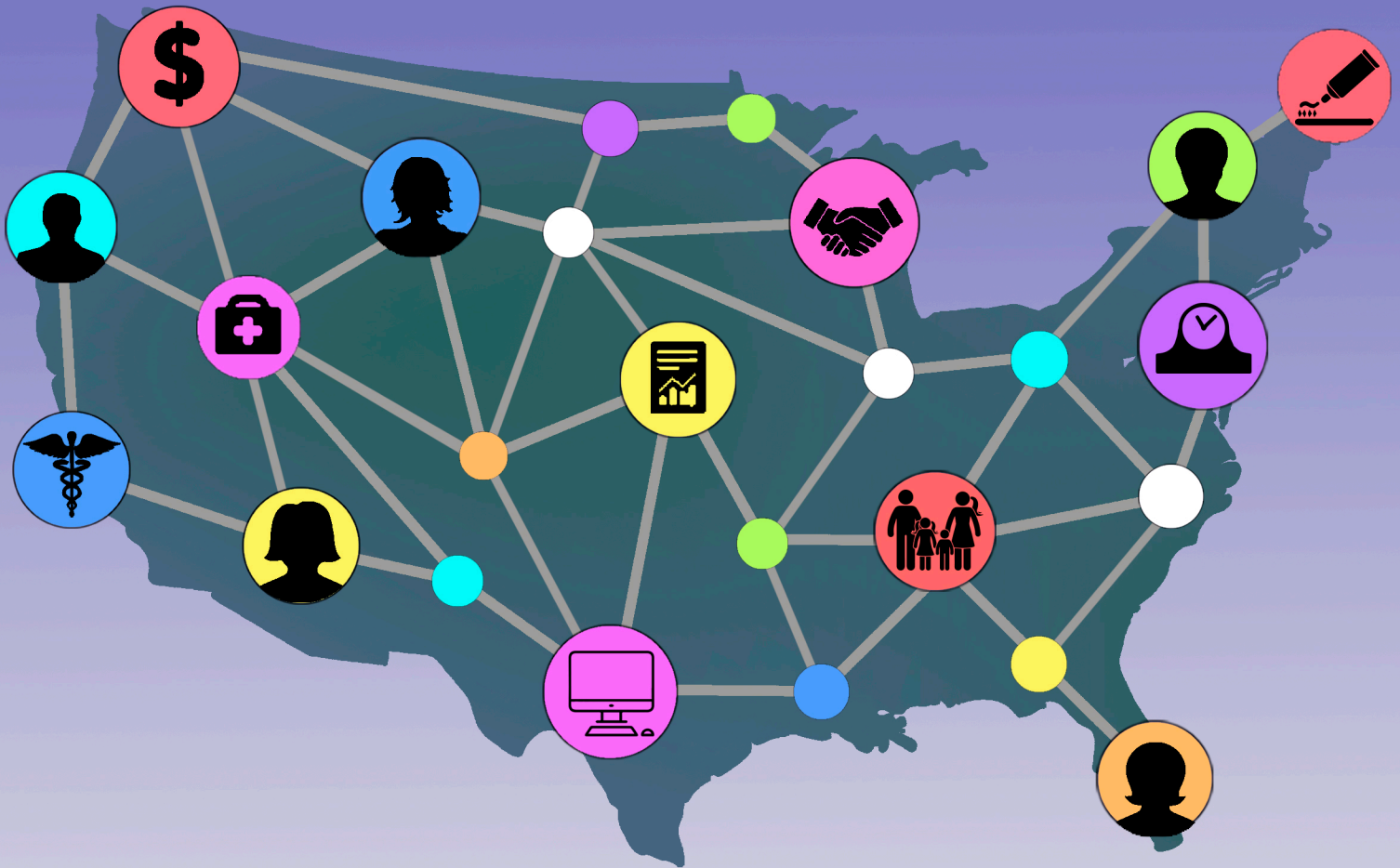


2019 ASTDD ANNUAL REPORT

**Ensuring Accountability
and Sustainability**
Supporting a Network of Collaboration



**Association of State and
Territorial Dental Directors**

2019 ASTDD ANNUAL REPORT

FOREWORD



***At the end of the day we are accountable to ourselves –
our success is a result of what we do.*** ~ Catherine Pulsifer ~

Ensuring accountability and sustainability are critical roles for the leadership of any organization. ASTDD does great work, and much of it is done by our volunteer committee chairs and committee members. To support all the wonderful work they do, we must maintain a robust infrastructure. This includes paying for rent, phones, computers, Internet, accountants, auditors, insurance, business licenses, domain names, website and listserv hosting, spam filtering, web services, and subscription services such as Microsoft, Survey Monkey, Drobox, Adobe Acrobat, and web meeting software. The list goes on and on! And then there are our paid consultants who support the work of the volunteers. Without them, ASTDD would not be anywhere near as productive as it is!

All of these “behind the scenes” costs are needed to support our programmatic activities. While grant income has stayed the same, expenses have increased. So, 2019 was a year when ASTDD leadership took a hard look at our organization and made some big decisions about what we are and what we are not going to do to assure the continued success of ASTDD. Read about these decisions and our accomplishments in this annual report. Fortunately, both cost-cutting efforts and resource development efforts have been successful, and 2020 is shaping up to be an excellent year for ASTDD!

Addendum, March 2020: This report was written before COVID-19 became a reality in the US, and the NOHC was cancelled. Look for an explanation of how we dealt with the many disruptions in the 2020 Annual Report.

Jason Roush, President and Christine Wood, Executive Director

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This annual report is available at <http://www.astdd.org>

Report written by Beverly Isman, RDH, MPH, ELS; Formatting by Lynn Bethel Short, RDH, MPH
Cover Design by Kolin Perry, BFA, BA, MEd

Funding provided in part by CDC Cooperative Agreement 5 NU58DP006573-02-00

Views expressed do not reflect the official policies of DHHS, nor does the mention of trade names or organizations imply endorsement by the US Government.



Association of State and Territorial Dental Directors

Strategic Map 2019-2021

Vision

A strong and effective governmental oral health presence in states and territories to assure optimal oral health.

ASTDD Mission Statement

ASTDD provides leadership to:

- promote and support a governmental oral health presence in each state and territory,
- increase awareness of oral health as an important and integral part of overall health,
- address oral health equity,
- promote evidence-based oral health policies and practices, and
- assist in the development of initiatives to prevent and control oral diseases.

| Strengthen S/TOHP Leadership | Promote Use of Evidence-based Policies & Practices | Assure ASTDD Staffing/Consultant Capacity & Expertise | Identify & Address Cross-Cutting Issues |
|--|---|--|---|
| Assess & Respond to Member Needs Related to Infrastructure & Capacity | Provide Tools & TA to Evaluate & Improve S/TOHP Policies, Plans, Programs, Surveillance Systems, & Communications | Promote ASTDD Membership Strengthen Member Engagement | Build Consensus on Key Issues |
| Support S/TOHP Professional Development & Mentoring | Identify & Analyze Emerging Issues and Promising Approaches | Develop ASTDD Leadership Engage Those with Different Perspectives and Skill Sets in Leadership & Partnerships | Serve as a Thought Leader on S/TOHP Practice, Policy, Research, Analytics & Communication |
| Enhance Peer Connections & Communication | Connect Members to Resources | Create & Implement a Sustainability Plan | Collect & Disseminate Data & Information about S/TOHP |
| Build Support Among National, State, & Territorial Policy Makers, Funders & Advocates for S/TOHP | Promote & Support S/TOHP Collaborations | Maintain an Informed Board to Provide Governance, Strategic Planning & Support | |
| | Promote Collection, Analysis & Use of Data to Inform Planning & Decisions | Assure Strategic Communication | |
| | | Establish & Support a Responsive Structure to Address Key Issues | |
| Serve a Primary Leadership Role in the National Oral Health Conference (NOHC) | | | |
| Cultivate Continuous Quality Improvement | | | |
| Expand and Strengthen Strategic Partnerships | | | |
| Promote Oral Health & Oral Health Equity across the Lifespan | | | |
| Foster Oral Health Literacy | | | |

** S/TOHP represents State and Territorial Oral Health Programs

This Year's Theme: Ensuring Accountability and Sustainability

These words serve as the goal for any national non-profit organization, but they are the most difficult to achieve. In plain language, **ensure** means making certain that something shall occur or something will be obtained or provided to prevent a problem from happening. The role of ASTDD leadership is to ensure or safeguard the viability and credibility of the organization and to meet members' needs. Without its members, ASTDD would cease to exist.

This year we revamped our membership and dues structure to be more inclusive of State/Territorial Oral Health Program (S/TOHP) staff. The **State/Territorial Oral Health Program Membership** category (\$400/year) is for the Chief Dental Public Health Officer (Dental Director) of each State or Territorial Health Department or equivalent agency and up to 15 oral health program staff who work directly for the S/OHP in its central office. This does not include staff who work in regional or county programs. The individual dental director is considered the voting Member and staff are non-voting Associate Members. **Individual Associate Membership** (\$75/year) is open to individuals from a public agency, voluntary organization or tribal entity, or health professionals employed or interested in dental public health. **Organizational Associate Membership** (\$400/year) is open to not-for-profit organizations. This membership opportunity entitles organizations to one primary associate member contact and up to three additional associate member contacts.

Organizational members in 2019 included:

- America's ToothFairy: National Children's Oral Health Foundation
- American Dental Hygienists' Association
- Future Smiles
- Missouri Coalition for Oral Health
- Oral Health Kansas
- Organization for Safety, Asepsis & Prevention
- School-Based Health Alliance
- Virginia Commonwealth University
- Virginia Health Catalyst
- West Virginia Oral Health Coalition
- Wyoming Primary Care Association

As of December 31, 2019, ASTDD membership included:

- 61 S/TOHP Members
- 338 Individual Associate Members including 113 OHP staff who are Associate Members and those under the 11 Organizational Associate Members
- 23 Life Members (state/territorial director for at least 10 years)

Each category entitles members to [specific benefits](#) that are listed on the ASTDD website, including reduced registration rates for the annual National Oral Health Conference (NOHC). To safeguard members' contact information, only members can access the Membership Roster on the website. The Members Only pages include many resources not included on the public side of the website. More than 80 members and associate members serve on ASTDD Committees.

We are happy to report that the Gary and May West Foundation has approved a grant for increased collaboration between State Oral Health Programs, Aging and Disability Services, and Area Agencies on Aging to improve the oral health of older adults. The Foundation has awarded us funding to support Healthy Aging Committee activities over three years, starting January 1, 2020 with Apple Tree Dental serving as the fiscal agent.

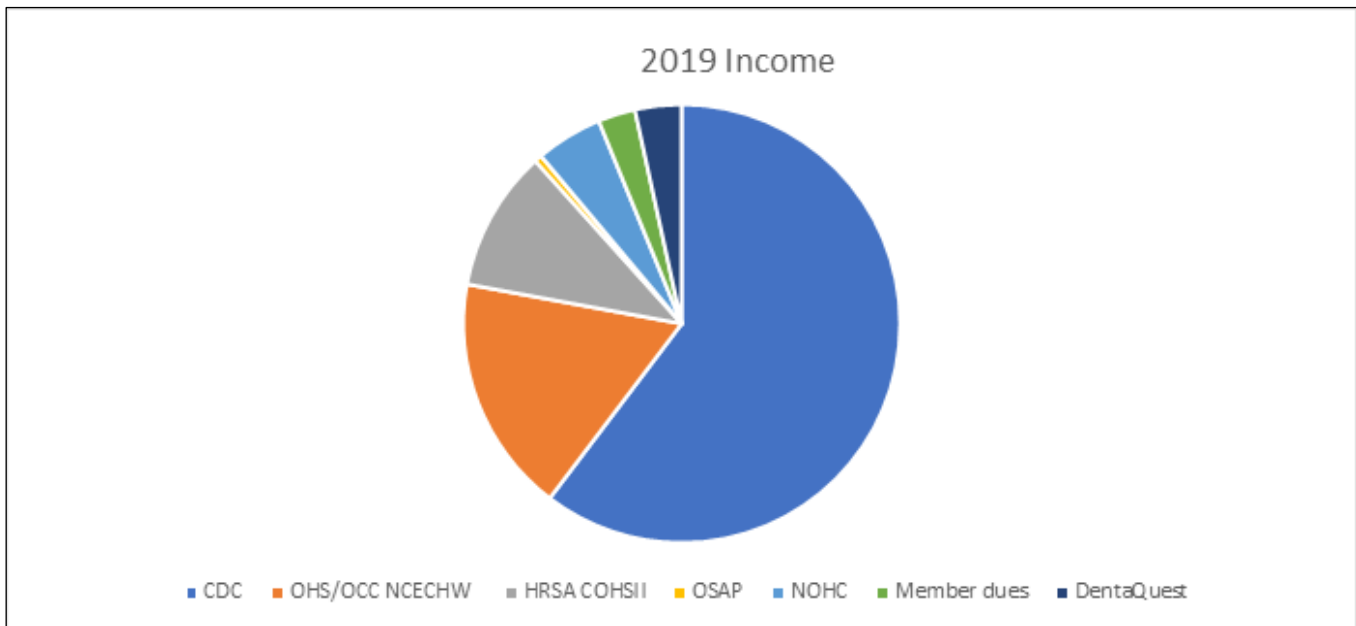
Sustainability became a very visible issue this year as two of our major partners disbanded their nationally recognized, long-standing organizations. Oral Health America (OHA) has been an important partner in many ways, but particularly for advocacy and healthy aging activities. The Healthy Aging Committee (HAC) has been mostly inactive for the last six months, especially since losing our OHA partners and trying to refocus on projects that more directly benefitted S/TOHP rather than national efforts. To try to garner support to reinstate HAC activities, we worked closely with Apple Tree Dental on a grant application.

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Another key partner, the Children’s Dental Health Project (CDHP), ceased operations on December 30, after a very successful 22 years making significant in-roads to expand oral health access in pregnancy, for parents, and caregivers. ASTDD partnered with CDHP on numerous projects, webinars and publications including a State Oral Health Plan Comparison Tool, which they turned over to us to update, and the Policy Consensus Tool that many states have used to analyze and advance their policy agendas. CDHP has moved many of its resources to a leading health advocacy organization, Community Catalyst. Stay tuned for updates on where to still access some of their other outstanding resources. Loss of these two important partners highlights the need for continued advocacy, increased funding and national coordination around oral health issues across the lifespan.

As a way to review our own accountability and sustainability, the ASTDD Board of Directors (BOD) held a strategic planning session prior to the National Oral Health Conference in April 2019 facilitated by BJ Tatro who had previously led similar sessions and served as our evaluation consultant for many years.

The very productive discussions resulted in the 2019-21 Strategic Map on page 1. One of the major headings addresses **Organizational Effectiveness and Sustainability**, with several strategies for doing so listed. After reviewing our annual budgets, we instituted some cost containment measures such as reducing some committee and consultant calls from monthly to quarterly; conducting an annual financial review by our CPA rather than a costly audit since the current level of our federal funding does not require the more advanced type of audit we have conducted in the past; using ZOOM for BOD and other calls and webinars rather than the costlier Adobe. We also continue to search for ways to increase our income through grants and contracts and leverage additional resources through partnerships. The income for 2019 from each source is displayed in the pie chart; more than 90% is from grants and contracts. It demonstrates how reliant we are on “soft money” that requires an inordinate number of hours to identify appropriate funding opportunities and relevant activities, write the grants and progress reports, and meet funder deliverables and timelines. We predict that competition for limited dollars to support oral health will continue to persist, so we must be very clear about our mission and focus activities to fulfill the mission.



Assuring ASTDD Staffing/ Consultant Capacity and Expertise and Developing/Awarding Leadership

ASTDD has been extremely lucky to retain many of our consultants for more than a decade while engaging new consultants with additional expertise. Our Executive Director (ED) Christine Wood, BS has served in that capacity since 2009, and administrative support provided by Dean Perkins, DDS, MPH (Executive Director Emeritus and Webmaster), Beverly Isman, RDH, MPH, ELS (Cooperative Agreement Manager and Writer/Editor), and Cheryl Thomas (Business Manager) has remained unchanged for the past 20 years.



Chris Wood, BS



Dean Perkins, DDS, MPH



Bev Isman, RDH, MPH, ELS



Cheryl Thomas

This continuity assures that our history as an organization is not lost but built upon, and that members recognize they are part of a well-established and trusted family of professionals. We maintain two- or three-year terms for our BOD positions to build commitment to the organization and consistency in leadership. We also appoint seasoned members to chair committees and represent us at national meetings. These facts allow us to be adaptable, proactive and responsive to any issues that may arise. We'd like to thank those who served in leadership or staffing capacities for 2019.



Board of Directors

President: Jason Roush, DDS (WV)

President-Elect: Christine Farrell, RDH, BSDH, MPA (MI)

Immediate Past President: Kimberlie Payne (formerly Yineman), RDH, BA

Secretary: Julia Wacloff, RDH, MS (AZ)

Treasurer: Robin Miller, RDH, MPH (VT)

Director: Mona Van Kanegan, DDS, MS, MPH (IL)

Director: Bruce Austin, DMD (OR)

Director: Lindy Bollen Jr, DDS (AR)

Associate Member Director: John Welby, MS (MD)

Ex officio members included Chris Wood and M. Dean Perkins

Committee Chairs

Best Practices Committee: Steven Geiermann, DDS
Communications Committee: John Welby, MS
Social Media Workgroup: Lynn Bethel Short, RDH, MPH
Data and Oral Health Surveillance Committee: Mona Van Kanegan, DDS, MS, MPH
Dental Public Health Policy Committee: Harry Goodman, DMD, MPH
Fluorides Committee: Bruce Austin, DMD
Healthy Aging Committee: Samuel Zwetchkenbaum, DDS, MPH
Perinatal Oral Health Committee: Mark Moss, DDS, PhD
School and Adolescent Oral Health Committee: Rudy Blea, BA



ASTDD Consultants – 2019 NOHC

Consultants

Jay Balzer, DMD, MPH, Children with Special Health Care Needs (CSHCN) Specialist
Carissa Beatty, MPH, CHES, Evaluation Consultant
Lori Kepler Cofano, RDH, BSDH, Best Practices, Healthy Aging and Peer Support Coordinator
Donna Behrens, MPH, BSN, School and Adolescent Oral Health Coordinator
Mary Davis, DrPH, MSPH, Evaluation Consultant
Magda de la Torre, RDH, MPH, Caribbean Needs Assessment Consultant
Judith Feinstein, MSPH, Dental Public Health Policy Committee Coordinator and Fluorides Committee Coordinator
Kathy Geurink, RDH, MA, MCH Consultant
Harry Goodman, DMD, MPH, MCH Consultant
JoAnna Hillman, MPH, Evaluation Consultant
LeeAnn Hoaglin-Cooper, RDH, BS, Fluoridation Rollback Catalog Coordinator
Michelle Landrum, RDH, MEd, NCECHW Lead Consultant
Reginald Louie, DDS, MPH, Perinatal Oral Health Coordinator, MCH Consultant and Territorial Coordinator
Michael Manz, DDS, MPH, DrPH, Data Consultant
Kimberlie Payne, RDH, BA, Associate Member Coordinator, Oral Cancer/Tobacco Issues Coordinator and Communications Committee Coordinator
Kathy Phipps, DrPH, Data & Oral Health Surveillance Coordinator
Gina Sharps, RDH, NCECHW Consultant
Sandy Tesch, RDH, MSHP, Dental Sealant Consultant
Ohnmar Tut, BDS, MPhil, USAPI Needs Assessment Consultant

Contractors

Bradley Cummins, Sixth Street Website Design & E-Marketing, LLC, Website and Listserv Hosting and Management

Association Central, Inc, NOHC Planning and Staffing: Jan Aument, Bonnie Chandler, Sandi Steil

Matt Jacob Strategies, Messaging Matrix Project

Emory University Centers for Training and Technical Assistance, Evaluation Consultants

American Academy of Pediatrics, Fluoridation Messaging and Interface with Primary Care Professionals

Pacific Island Health Officers Association, Meeting and Communication Support for Pacific Islands

ASTDD awards are presented at our annual business meeting on the weekend prior to the NOHC. The Fluoridation Awards will be described later in the report. 2019 Awardees included:

- Outstanding Achievement Award (present or past member of ASTDD): Kimberlie Payne, RDH, BA
- Distinguished Service Award (member, associate member or non-member or organization): Renée Joskow, DDS, MPH, FAGD
- Greg McClure Memorial President's Award: Steven P Geiermann, DDS



Kimberlie Payne, RDH, BA



Renée Joskow, DDS, MPH, FAGD



Steven P Geiermann, DDS

Also, at the annual business meeting, Chris Wood provided an overview of activities during the past year, and the treasurer presented the financial report; Casey Hannan from the CDC Division of Oral Health (CDC DOH), Renée Joskow from the Health Resources and Services Administration (HRSA) and Tim Ricks from the US Public Health Service (USPHS) presented updates from their agencies; officers to the BOD were elected and installed.

One of our most valuable services is our **Peer Support Program**. Upon joining ASTDD, each new member and associate member is welcomed by Chris Wood and either Lori Cofano for state/territorial directors or Kimberlie Payne for associate members. Kimberlie sends a personal email with a follow-up phone call to each associate member to find out more about their professional responsibilities and to discuss what committees and resources would be most beneficial to them in their work. In 2019, ASTDD added 131 new associate members, keeping Kimberlie extremely busy!

Thank you to Angie Bailey, John Dane, Chris Farrell, Lew Lampiris, Katya Mauritsen, Kimberlie Payne, Bob Russell, Julia Wacloff, and Sam Zwetchkenbaum for serving as mentors to directors/managers from Alabama, Alaska, Connecticut, Georgia, Idaho, Kansas, Maryland, Montana, New Jersey, North Dakota, Pennsylvania, Wisconsin.

Directors vary in their backgrounds and skills. The *2019 State Synopses* (data for 2017-2018) reports that about 14% of state directors had been in their position less than one year, with another 49% serving less than five years. Most positions require public health experience but only nine require a public health degree. Some do not require any oral health credentials. Each oral health program is unique, with different staffing patterns and levels of authority within the health agency. Orientation and mentoring, therefore, needs to be tailored to each person's strengths, experience, confidence levels in the *ASTDD Competencies and Guidelines*, and state environment, politics and priorities. Lori holds orientation calls with all new directors to acquaint them with the ASTDD website. She offers them the opportunity to engage with a peer mentor from another

state for a year. Those interested in participating complete an online application. Based on their identified needs, interests and location, a peer mentor is selected; together they complete a technical assistance plan. In 2019 there were ten mentoring pairs at different stages in the program.

The 2019 NOHC workshop: *Foundation Building for Oral Health Programs: Join Us for An Honest Conversation About Challenges in Today's Environment*, facilitated by Bob Russell and Lori Cofano, assisted by BOD members Lindy Bollen and Chris Farrell, provided a forum for participants to share insights and tips about mentoring and leadership.

Prioritizing Meeting Representation

Budgetary concerns also impacted ASTDD's decisions to send representatives to national partner meetings not related to grant activities; we attended 10 vs the 20 or more we usually attend, asked for support to attend some meetings, and tried to send BOD members located geographically close to the meeting, or acquire trip reports from those already attending but whose travel was being supported by their state. A summary of key points from these meetings was shared in the ASTDD newsletter, *Oral Health Matters*, and then in the bimonthly update, *ASTDD Roundup*. Meetings attended were:

- American Institute of Dental Public Health Colloquium (AIDPH), San Antonio, TX, January 24-25
- National Association of Chronic Disease Directors (NACDD) GlaxoSmith Kline Listening Session on Oral Health and Chronic Disease, Washington, DC, February 7
- Oral Health Progress and Equity Network (OPEN) Mid-Year Regional Convening in Houston Texas, May 21-23
- Exploring Opportunities to Improve Chronic Condition Management in Schools, American Academy of Pediatrics, (AAP) Itasca, IL, May 8-9
- Engaging Medical & Dental Professionals in Human Papillomavirus (HPV) Prevention and Vaccination, AAP, Itasca, IL, May 30
- National Governors Association (NGA) Meeting Improving Capacity for Health Care Service Delivery, Indianapolis, IN, June 5-6
- International/American/Canadian Associations for Dental Research (IADR/AADR/CADR) General Session and Exhibition, Vancouver, BC, June 18-21
- Coalition for Modernizing Dental Licensure, Chicago, IL, October 11
- 2019 OPEN National Convening, Baltimore, MD, October 21-25
- National Network for Oral Health Access (NNOHA) Annual Conference, Las Vegas, NV, November 13-16

Highlighting Committee and Consultant Activities

The **Communications Committee** oversees the various communication activities of the organization. It creates, distributes, and displays promotional materials for member and partner use and provides technical assistance/guidance to engage S/TOHP in promoting oral health using multiple communication channels. The webmaster works with the committee to promote, manage and update the ASTDD website and listservs. During 2019, the website had 24,336 users with 35,994 sessions and 81,020-page views. Chris Wood works with all ASTDD committees to conduct webcasts and to produce the *Weekly Digest*, all issues of which have been archived and are searchable. Our seasonal newsletter, *Oral Health Matters*, was discontinued after the Winter issue. Thanks to Lynn Bethel Short for soliciting and coordinating the articles and to Henry Schein, Inc for formatting the newsletter for the past nine years.

To create more timely updates of committee and consultant activities, meetings attended and partner activities,

these items are now incorporated into the bimonthly *ASTDD Roundup* that began in June and in other timely communication pathways. The [2018 ASTDD Annual Report](#) was distributed at the NOHC and posted on the website. The Committee also coordinated the ASTDD exhibit booth at the NOHC, which was staffed by many ASTDD members. We are printing fewer copies of materials to lower shipping costs and recycling since many one-page overviews of resources are updated every year. Quarterly webinars are being planned to highlight ASTDD or state successes and challenges; the first webinar highlighted the Dental Hygienist Liaison Project (see related NCECHW article) with presentations from New Mexico, West Virginia, and Connecticut.

ASTDD continued to actively use social media platforms this year. With more than 500 followers on Facebook, posts included promoting ASTDD’s materials and those of our partner organizations as well as S/TOHP updates and local, state and national news stories that focused on oral health. Social media also played a large role in offering updates on the NOHC before and during the meeting. There is regular participation in Social Media Storms, and we engaged in Twitter Chats with other national organizations in February. The social media workgroup held a webinar November 20 with the Virginia and Missouri Oral Health Coalitions highlighting social media and how it is used in their programs and when collaborating with SOHP.

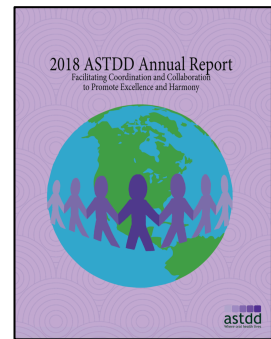
In March, the Dental Public Health Resources Committee changed the committee’s name to the **Dental Public Health Policy Committee (DPHPC)**, similar to its former name, to prevent confusion as most committees produce *dental public health resources*. Papers produced prior to that remain *white papers* and those produced after are *policy statements*. These are educational resources to help states develop policies, not our internal ASTDD policies. The DPHPC met eight times via conference calls and produced two new documents that are posted on the committee’s webpage:

- [Teledentistry: How Technology Can Facilitate Access to Care](#) in March, working with Scott Howell, DMD, MPH, FSCD
- [Sugar-Sweetened Beverages](#) in April, working with Nazgol Gharbi, DDS

A third document, a policy statement, *Reducing Emergency Department Utilization for Non-Traumatic Dental Conditions* with Dane McClurg, DDS, MPH as primary author, was mostly completed in 2019, with approval by the BOD and posting expected in January 2020. The DPHPC regularly looks at resource documents when they are five years old to identify those likely to need updating. In collaboration with the Association of State and Territorial Health Officials (ASTHO), the DPHPC completed an update of ASTHO’s 2015 *Oral Health Position Statement*, now to be known as a policy statement. This is a short paper to be linked to a longer background document. ASTHO’s Population Health and Informatics Policy Committee approved the statement; their Board approval is anticipated in early 2020.

The **Best Practices Committee (BPC)** supports more effective state, territorial and community programs through the development and sharing of Best Practice Approach Reports (BPAP). The collection of State Activity Submissions (SAS) and Descriptive Reports (DR) promote the integration of oral health best practices into other programs. This activity supports the ASTDD Strategic Plan by encouraging the use of evidence-based practices and offering technical assistance. The committee held three conference calls in 2019 and one in-person meeting at the NOHC. Their work included preparing and updating BPAP, reviewing draft narratives and DR.

Early in 2019, there was an effort to align ASTDD, CDC and HRSA state reporting to simplify sharing of success stories. Due to funding issues, the BPC was not able to pursue this project, but the conversation with our federal partners remains vibrant. Rene Lavinghouze, the Translation Team Lead in the Division of Nutrition,



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Physical Activity & Obesity at CDC, presented during the September BPC call and provided resources from the CDC Chronic Disease Center's best practices.

During the NOHC, Lori Cofano, Steve Geiermann and David Cappelli met with the dental public health residency directors to share a list of potential ASTDD projects. A workgroup was formed in collaboration with the DPHPC to develop guidance for the directors who have residents working on ASTDD projects. The resulting documents, [Residency Director Guidance](#) and revised [Guidance for Drafting ASTDD Resource Documents](#) have been finalized and posted to the ASTDD website. In addition, the [Best Practices Development Protocol](#) was updated to reflect changes in process and also posted.

BPAR in process or completed in 2019:

- [The Role of Oral Health Workforce Development in Access to Care](#) was posted to the ASTDD website in April along with the associated DR.
- *State Oral Health Coalitions and Collaborative Partnerships* started as an update but changed its focus and has been renamed *State and Territorial Oral Health Programs and Collaborative Partnerships*; the narrative has been completed and DR are in the process of being submitted and reviewed.
- [Perinatal Oral Health](#) (update) was developed by the Perinatal Oral Health Committee (POHC) in collaboration with the MCH Oral Health Resource Center (OHRC) and posted to the ASTDD website in October along with the associated DR.
- *Data Dissemination* will be a new BPAR. A workgroup was formed with members from the BPC, Communications Committee and Data Committee. DPH resident, Arealle Franklin from the University of Texas Health Science Center San Antonio, agreed to develop the narrative that will focus on data, what to do with data and how to disseminate data.

The **Fluorides Committee (FC)** assures that ASTDD positions and policies are presented in all appropriate venues and oversees all ASTDD activities regarding fluorides including the fluoride awards in collaboration with the ADA and CDC at the ASTDD Annual Meeting. Four new members joined the committee this year, and Tracy Boehmer became the CDC representative after Kip Duchon retired. Kip has provided invaluable technical assistance and training to S/TOHP for many years and received a Certificate of Recognition!

During the 2019 NOHC, Fluoridation Awards recognized achievements in four categories based on 2018 data:

- Fifty Year Awards (294 systems in 34 states)
- Community Initiative Awards (2 communities in 2 states)
- Community Fluoridation Reaffirmation Awards (10 communities in 8 states)
- State Fluoridation Quality Awards (5 states)



Kip Duchon, MSEE, PE (left)

There were no awards in the Healthy People 2020 or State Initiative Award categories. The Fluoridation Merit Award for “an outstanding contribution toward the progress of fluoridation” was presented to Bridget Walsh, MPH, and the Schuyler Center for Analysis and Advocacy in Albany, NY.

Certificates were distributed directly to the awardees or their representatives at the meeting or mailed following the meeting. State dental directors were offered a toolkit including cover letters and media release materials with ideas for recognizing awardees to promote increased recognition and/or media coverage at home and also to save the costs of creating and mailing certificates.

The FC helped plan a workshop at the NOHC, *Building Robust State Fluoridation Programs*; presenters included committee members, the committee consultant Judy Feinstein, a state dental director and a state fluoridation coordinator.



Bridget Walsh, MPH (left)

Other FC activities included:

- Provided annual report on ASTDD Fluoridation Activities (June 2018 to May 2019) to the National Fluoridation Advisory Committee of the ADA Council on Advocacy for Access and Prevention.
- LeeAnn Hoaglin-Cooper continues to collect and maintain monthly updates to the Fluoridation Rollback Catalog on the FC webpage, reporting information in the *Weekly Digest*. During 2019, she catalogued 25 challenges to maintain fluoridation (includes reaffirmed and retained) and eight to rollback (end fluoridation – formal or informal), with two formal votes to initiate fluoridation for the first time or re-initiating after stopping for one year or more. The catalog also includes listings of television and newspaper op-eds, letters to the editor, city or water board minutes and various other actions.
- In collaboration with CDC, the FC updated the state fact sheet template on Community Water Fluoridation, which is available on request from ASTDD’s executive director.
- Judy Feinstein convened an ad hoc group of state dental directors at their request via conference call in September to discuss concerns about the availability and cost of fluoride mouthrinse that has been used in school programs. No solutions have emerged.
- The FC submitted a letter to the National Academy of Sciences expressing concerns about the draft National Toxicology Program (NTP) monograph on fluoridation, as did committee member Jay Kumar. Howard Pollick and others submitted a response to an article in *JAMA Peds* that was published online December 30 and should be in print in February.

One major objective for our CDC grant was to organize a “Community of Practice” (CoP) around community water fluoridation issues for the 20 states funded by the CDC’s DOH.

As part of the CDC DOH CoP we established a dedicated listserv to communicate with the grantees, to post resources, and for them to post questions. Judy Feinstein facilitated six webinars between May and December, focusing on current issues in fluoridation and on deliverables for CDC grants. The first one, *Communicating Your Messages about Community Water Fluoridation*, was offered twice and in collaboration with the AAP.

The **School and Adolescent Oral Health Committee (SAOHC)** promotes the importance of good practices that improve the oral health of school age children and adolescents through education, networking and collaborative partnerships at local and national levels. School-based dental sealant programs are a focus area for SAOHC activities. **Dental Sealant Consultant**, Sandy Tesch, provides TA and resources for CDC-funded states regarding school dental sealant programs. The SAOHC hosted a three-part webinar series focused on *Improving Consent Returns* within school dental sealant/oral health programs. Topics were:

- May 15 - *Tools, Tips, and Strategies to Increase Consents in School Sealant Programs*
- July 17 - *Successfully Working with Schools to Improve Oral Health Consent Returns*
- September 27 - *Successfully Partnering with Students to Improve School Oral Health*.

New and revised resources were posted on the SAOHC webpage including the webinars. SAOHC consultant Donna Behrens connected with National Association of School Nurses Project Director of the five-year CDC-funded cooperative agreement, *Collaboration to Support Students with Chronic Health Conditions* and with the Program and Professional Development Team Lead for the School Health Branch in the Division of Population Health at CDC. They coordinated to draft an email outreach to five DOH-funded states that are also funded for *Improving Student Health and Academic Achievement through Nutrition, Physical Activity and the Management of Chronic Conditions in Schools*. The emails will be sent to the identified grant managers in the health departments and education agencies early in 2020.

Donna solicited input and ideas on school oral health from SAOHC members to inform a draft document

she wrote on school oral health sent to the committee coordinating contributions for the upcoming Surgeon General's Report on Oral Health. In September she also met with members of the Department of Preventive & Restorative Dental Sciences at the University of California San Francisco, which houses the state-funded California Oral Health Technical Assistance Center, to discuss resources for school oral health programs. The purpose of this center is to provide technical assistance to California's local oral health programs to implement dental public health best practices including school-based and school-linked programs.

Learning events for the Dental Sealant CoP included:

- *Introduction to a CoP* on September 11
- *Sealant Calibration* on October 18
- *Sealant Retention* on November 22
- CDC SEALS Team hosted 4 sessions from June to August in response to TA requests for training.

Sandy Tesch established a Community of Practice for DOH-funded states around school-based dental sealant programs, which includes monthly learning events, training, or webinars.

Sandy also added resources on dental sealants and infection prevention and control (IPC) procedures to the ASTDD dental sealant resources webpage. Sandy served on the ADA Dental Quality Alliance (DQA) ad hoc sealant workgroup representing ASTDD. She also assisted the Organization for Safety, Asepsis and Prevention (OSAP) to update IPC resource guides for school sealant programs (see later section about OSAP).

The **Data and Oral Health Surveillance Committee (DC)** oversees all ASTDD activities regarding the National Oral Health Surveillance System (NOHSS), Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Survey (YRBS), Pregnancy Risk Assessment Monitoring System (PRAMS), the *Synopses of State Dental Public Health Programs*, and *ASTDD Basic Screening Survey (BSS)* training and technical assistance. Two consultants and various advisory groups work with committee members to accomplish all objectives. The Data Committee also assists other ASTDD Committees with their data collection activities.

The committee completed the *2019 Synopses* and State Oral Health Program Salary Survey reports, updated the 2020 Synopses questionnaire including an online submission process, worked with CDC DOH on revisions to the *Children's BSS Manual* in preparation for Office of Management and Budget (OMB)/Paperwork Reduction Act (PRA) review, and created a list of state-added BRFSS/PRAMS questions. During 2019 Mike Manz and Kathy Phipps provided TA and training to 27 states and the US Affiliated Pacific Islands (USAPI) for more than 200 hours on the BSS or on oral health surveillance systems. Representatives from the USAPI received general information on oral health surveillance and the BSS during two different meetings in Honolulu (see US Territorial Needs Assessment section).

Here are some selected findings from the *2019 State Synopses* of 2017-2018 data for states and DC:

- 43.1% of states had a decrease in overall budget compared to the prior year, while 21.6% had an increase
- 90% of states had an oral health coalition and 76% participated in non-dental statewide coalitions
- More than 75% of states had an oral health plan, 40% had a communication plan, only 4 states had a sustainability plan, 8 states had a quality improvement plan, 41% had a dental sealant plan, and 47% had a fluoridation plan
- 41% met the CSTE requirements for having a state oral health surveillance system
- 67% had done a statewide dental workforce survey, although some were more than 5 years old
- SOHP collaborated with chronic disease programs in the following areas: Tobacco (69%), Sugary drinks (61%), Oral Cancer (33%), Diabetes screening (49%), HIV testing (only 1 state), Blood pressure screening (22%), HPV vaccines (57%), Opioid control (45%), Antibiotic awareness (12%), Healthy aging (39%).

To evaluate CDC Cooperative Agreement activities, three ASTDD evaluation consultants, Carissa Beatty, Mary Davis and JoAnna Hillman, provided technical assistance to ASTDD and 20 states funded by CDC DOH on completing evaluation plans to meet CDC requirements and creating a five-year evaluation plan for the ASTDD objectives in the cooperative agreement. They also worked with CDC to plan and conduct two

evaluation webinars, one on *Disseminating Evaluation Results* and the second on *Implementing Evaluation Plans*. JoAnna conducted a Roundtable at the NOHC, *Engaging with a Professional Evaluator: Tips for Success* and met with states for individual TA; one outcome from this interaction resulted in a state hiring a new evaluation team. JoAnna also provided TA to five states while at the NOHC.

Approximately 15 postings were made to the CDC-funded state evaluators listserv on a variety of evaluation topics including meeting CDC evaluation planning and reporting guidance, webinar announcements, implementing evaluation plans, and engaging evaluation stakeholders.

The **Healthy Aging Committee** serves as a conveyor for a wide array of stakeholders to discuss healthy aging issues including chronic diseases and provides resources for S/TOHP. Committee members are experts in the area of healthy aging and oral health as well as state oral health program directors and staff interested in advancing statewide efforts to improve the oral health of the older adult population. The HAC has been involved with reviewing model programs, policies and resource materials related to healthy aging with the goal of supporting statewide efforts in these areas. The committee held calls in January and March, with a face-to-face meeting at the 2019 NOHC. During the January call, Cassandra Yarbrough from the ADA's Health Policy Institute presented, *Medicare Dental Coverage: The Consumer Perspective and Potential Economic Impact*. The presentation was recorded and posted to the HAC webpage. They also sponsored an NOHC concurrent session, *Innovative and Emerging Strategies to Leverage Funding for Programs to Support Oral Health for Older Adults and People with Disabilities*.

Promoting National Oral Health Conference Importance, Innovation and Sustainability

ASTDD and the American Association of Public Health Dentistry (AAPHD) have partnered for 20 years to conduct the NOHC, which was held in Memphis, TN on April 15-17 with weekend workshops, meetings and American Board of Dental Public Health (ABDPH) specialty Board exams on April 11 - 14. Statistics for 2019 included: 849 attendees, 58 topical roundtables, 26 national organization/federal agency roundtables, 93 posters, 26 exhibitors, an opening keynote, two plenaries and 40 concurrent sessions including three oral presentation sessions.

Attendees could earn up to 21 continuing education hours for the main conference and additional hours for weekend workshops. Plenary session topics included: 1) *Focusing on the Whole Family: Exploring Multi-generational Strategies to Strengthen Children's Oral Health*, 2) *Dental Public Health for the 21st Century*, and 3) *Improving Rural Oral Health: What Difference Would It Make!* Plenary and concurrent sessions were recorded this year with the audio recordings and the speakers' PowerPoint presentations available to attendees on the NOHC website after the conference. To cover the cost, a \$15.00 increase was included in the registration fees; this will not be continued in 2020 as utilization of the recordings was exceptionally low. ASI staff continue to serve as our Meeting Planners.



Memphis, TN



ASI Meeting Planners

Weekend ASTDD- or AAPHD-sponsored workshops included:

- *Practical Approaches for Evaluating Oral Health Programs*
- *Foundation Building for Oral Health Programs: Join Us for An Honest Conversation About Challenges in Today's Environment*
- *Building Robust State Fluoridation Programs*
- *The Message Matrix: Organizing and Delivering Effective Talks to Promote Prevention*
- *Tools to Improve Work-Life Balance and Reduce Burnout.*

The ASTDD and AAPHD BODs held their annual joint luncheon; the American Association for Community Dental Programs (AACDP) held their Annual Symposium; and there was a Federal Dental Services

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Dental Programs (AACDP) held their Annual Symposium; and there was a Federal Dental Services Breakout session. The Tuesday night dinner and networking event was held at the Memphis Zoo, sponsored by our friends at Aseptico, Inc. OPEN also held a convening/reception on the last day.

Numerous enhancements and changes were made this year:

- The Planning Committee scored each of the 45 abstracts submitted for concurrent or plenary sessions using three questions based on a 0 - 5 point scale, with the Cadmium online system automatically tallying the scores. This was a much more valid and efficient way to score than in previous years.
- A community service project supported the Women's Foundation for a Greater Memphis with individual member donations as well as oral hygiene kits. WFGM is an organization of women helping women break the cycle of poverty through philanthropy, leadership, and collaboration.
- Building on formats used at IADR meeting, Bev Isman from ASTDD and Frances Kim from AAPHD created a *Five-Minute Masterpiece* luncheon session for DPH residents to present a project in five minutes using plain language and one slide. Five residents presented, with John Welby and Matt Jacobs from the ASTDD Communications Committee providing feedback on the residents' strengths and ways to improve.
- A New Attendee Welcome Reception was held on Sunday prior to the PlakSmacker-sponsored Opening Reception, with seasoned ASTDD and AAPHD members offering tips on navigating the conference and making the most of networking opportunities. AIDPH sponsored a fun NOHC Photo Booth for selfies or other photos.
- Most people used the NOHC app to navigate the conference, with a pdf of the program also available to print.



2019 NOHC Exhibit Hall



Matt Jacobs and John Welby

Planning began in the summer for the 2020 NOHC, which will be held in San Diego April 6-8 with workshops and meetings on the weekend. Six representatives from ASTDD, six from AAPHD and three of the ASI meeting staff served on the Planning Committee. The group held many discussions about ways to use feedback from last year's evaluations, how to make the most productive and efficient use of attendees' and exhibitors' time when scheduling sessions, carving out enough networking time and opportunities to see the sights of San Diego, how to cut meal costs and food waste, and making registration rates and hotel rates affordable. Although an increase in registration fees was considered, it was not implemented this year, instead focusing on cost-cutting measures. A new website is linked to the Cadmium system for abstract submission and review so much of the content is driven by the information in Cadmium. The new interface is very bright, colorful, and eye-catching. The exhibitor prospectus has a new look with better organization. Starting in 2020, payment in full will be required when registering for the conference. Several people still have not paid for attending the 2019 NOHC, which necessitated the change in policy to prevent this problem in the future. To increase the NOHC's contribution to the host city, we are planning a community service project with the Veterans Village of San Diego (VVSD) putting together individual oral care kits. VVSD has served all veterans since 1981 and is dedicated to "Leave No One Behind." With five locations throughout San Diego County, VVSD is the only program of its kind in the United States and is nationally recognized as the leader in serving homeless military veterans. Each year VVSD provides services to more than 3,000 military veterans throughout the County of San Diego.

The Planning Committee received 64 abstracts for concurrent and plenary sessions for 2020, 54 for oral presentations, 98 for posters, 49 for topical roundtables and 19 for national organization roundtables. The two sets of roundtables will be combined to occur on Monday and will follow lunch rather than be held during lunch to lessen disruption.

Maintaining and Enhancing Partnerships for Maximum Impact

The ASTDD BOD invited several partner organizations to meet prior to the 2019 NOHC to garner support for additional funding for S/TOHP through increased CDC DOH funding. Currently, DOH only has enough funding to support limited activities in 20 states. In the new federal budget passed in December, CDC did receive an increase



John O'Malley

but it is unknown how that might translate into future support. Also, at this meeting, John O'Malley, who has experience building state-level oral health surveillance portals and analyzing complex healthcare datasets, demonstrated a prototype of an oral health data portal based on Tableau software. ASTDD seeks to create the nation's first comprehensive oral health data portal. The National Oral Health Data Portal will bring oral health status, workforce, access, cost, and quality of life information from existing federal, state, and other datasets into one consolidated publicly accessible website hosted by ASTDD. ASTDD has identified more than 50 separate oral health datasets with national scope from 11 federal agencies and 10 non-governmental organizations. The proposed

website will serve anyone interested in obtaining oral health information. Epidemiologists, researchers and statisticians will be able to link directly into the database to download individual datasets for their own detailed analysis and visualization. The project will work in partnership with S/TOHP staff. The dataset finder and dashboards will allow anyone with professional or public interest in data to find information for themselves. Curated analysis will help translate complex public health topics into consumer and policymaker-friendly digests.

We were excited to learn in December that we are receiving initial funding from Delta Dental of Michigan for \$165,000 for the Oral Health Data Portal and \$10,000 from Glaxo Smith Kline. We will need to continue to seek funding for its maintenance so it continues to be a sustainable and relevant resource.

Other efforts to support partners and initiatives are to sign on to letters of support and send comments on federal initiatives or priorities. This year ASTDD participated in 14 submissions including supporting ASTHO and AMCHP appropriation requests, support letters to territories seeking CDC and HRSA funding, and comments on HP 2030 proposed objectives, Pain Management Best Practices, and Oral Health in Universal Coverage Proposals to name a few. ASTDD continues to partner with the National Maternal and Child Oral Health Resource Center (OHRC) at Georgetown University around several initiatives.

National Center on Early Childhood Health and Wellness (NCECHW)

Since 2011, the OHRC has contracted with ASTDD to coordinate the dental hygienist liaison (DHL) project where one DHL in each state volunteers to serve as a communication link for the NCECHW. The DHLs play an integral role at the state and local levels in promoting oral health for pregnant women and children enrolled in Head Start and children enrolled in child care. The American Dental Hygienists' Association (ADHA) has been an important partner since 2012 by assisting in DHL recruitment and promotion.

Michelle Landrum serves as the ASTDD lead consultant for the NCECHW DHL project, and Gina Sharps serves as the co-lead consultant. Michelle, Gina and others assisted in reviewing the monthly *Brush Up on Oral Health*, a tip sheet focused on important issues for Head Start and child care staff, as well as other publications on specific topics. All NCECHW materials are posted on the Early Childhood Knowledge and Learning Center (ECKLC) website. In 2019, a DHL page was added to the ECKLC website that includes a one-page handout on the services provided by the DHLs. Michelle and Gina also attended the NCECHW Oral Health Workgroup meeting in Washington, DC in August to interface with workgroup members and AAP and Office of Head Start (OHS) leadership.

Nine state DHLs also serve as regional DHL coordinators to support and mentor their assigned DHLs. Each quarter, the state DHLs submit a report of their activities that are summarized by the regional DHL coordinators for a final summary report prepared by Michelle and Gina. Each quarterly summary report

is shared with the ASTDD BOD and consultants, OHS, AAP, ADHA and OHRC. In 2019, the regional DHL coordinators participated in quarterly calls, held calls for state DHLs in their region, and attended an annual regional DHL coordinators' meeting at the ADHA headquarters in Chicago.

The DHLs were awarded the Presidential Citation from ADHA President Michele Braerman during the 2019 ADHA annual conference. An article on the DHL project was published in the May/June issue of ADHA's *Access* magazine, and an additional article in the December issue highlighted how three state DHLs provide nutrition education in their states.

Training and TA are important aspects of the NCECHW's work. The regional DHL coordinators presented information and facilitated hands-on station activities related to key oral health messages for pregnant women and parents at the annual Health Care Institute held in April in Albuquerque, NM. Several Head Start regional health specialists and two staff from 30 Head Start programs attended the Health Care Institute. These 30 programs serve more than 16,850 pregnant women and children (ages 0-5); all 12 ACF regions were represented. The attendees were expected to deliver the oral health information and replicate the station exercises within their programs during parents' night. The regional DHL coordinators also helped each program develop

individualized action plans to accomplish desired programmatic oral health goals for the upcoming year. DHLs gave numerous presentations at the regional, state, and local level, and the project continues to receive recognition from all partners as a stellar example of collaboration and coordination.



Dental Hygienist Liaisons at the 2019 NOHC

Several DHLs attended a reception sponsored by ADHA at the NOHC where they were recognized for their service. The DHLs also received a letter and certificate of appreciation from OHS Director, Deborah Bergeron, who also recognized their contributions on her blog. Three DHLs discussed the partnerships they have fostered in their DHL role during ASTDD's first spotlight webinar in November.

Maternal and Child Health Initiatives

The ASTDD Perinatal Oral Health Committee (POHC) is a broadly representative group of ASTDD members and non-member key informants. The POHC serves as the primary ASTDD focal point for issues and resources for S/TOHP relating to perinatal oral health. Most of the activities have related to programs, initiatives and priorities focusing on MCH populations. Much of this is done in collaboration with the OHRC to support Oral Health Special Projects of Regional and National Significance (SPRANS) funded by the Maternal and Child Health Bureau (MCHB) as part of the Center for Oral Health Systems Integration and Improvement (COHSII) consortium led by the OHRC working in collaboration with ASTDD and the Dental Quality Alliance (DQA). ASTDD consultants Reg Louie, Kathy Geurink and Harry Goodman provided TA and training to oral health SPRANS initiatives (described below) including helping to plan webinars and meetings, moderating and facilitating sessions during events, assisting projects with submissions for ASTDD's *Best Practice Approach Report on Perinatal Oral Health* and with submissions for AMCHP's Innovation Station Best Practices, and providing tailored assistance to individual projects.

Perinatal and Infant Oral Health Quality Improvement (PIOHQI) Initiative

To reduce the prevalence of oral disease among pregnant women and infants at high risk for oral disease, MCHB funded the PIOHQI initiative for the period 2013–2019. The initiative's aim was to enable sustainable integration of oral health care into primary care, resulting in improved access to and utilization of oral health care

for pregnant women and infants. The PIOHQI initiative funded 16 projects—Arizona, Connecticut, California, Colorado, Maine, Maryland, Massachusetts, Minnesota, New Mexico, New York, Rhode Island, South Carolina, Texas, Virginia, West Virginia, and Wisconsin. During 2019, POHC primarily focused on supporting the grantees. The PIOHQI project ended on June 30. For more information about the PIOHQI initiative, see [The Maternal and Child Health Bureau—Funded Perinatal and Infant Oral Health Quality Improvement \(PIOHQI\) Initiative 2013–2019: Final Report](#) posted on the OHRC website.

TA to S/TOHP Regarding Title V National Performance Measure 13

Twenty states and four territories selected the oral health related NPM13, which has two parts: 13.1) the percent of women who had a dental visit during pregnancy and 13.2) the percent of children, ages 1 through 17, who had a preventive dental visit in the last year. States/territories were not required to select both.

Many S/TOHP are located within, receive funding from, or work closely with their Title V MCH programs. Thirty-five state/territorial Title V programs support S/TOHP activities, plus an additional number receive grants from MCHB. In July 2019, states and US territories submitted their Title V MCH Block Grant applications, including for the upcoming five-year state MCH needs assessment and updates to their action plans. For FY 2020, each was required to choose five (down from the previous eight) priority National Performance Measures (NPM). The POHC

provided support through COHSII to oral health programs that selected NPM13. In addition, POHC members served on a planning group that developed the agenda and participated in the kick-off webinar in January for those states/territories retaining NPM 13 and who interact with primary care sites.

The OHRC supports state agencies and local primary care settings in their efforts to integrate NNOHA's [interprofessional oral health core clinical competencies into practice](#). Primary care health professionals do so by completing risk assessments and screenings, providing preventive interventions and education, and conducting interprofessional collaborative activities for pregnant women, infants, children, and adolescents. Georgia, Illinois, Maryland, Michigan, and Rhode Island participated in Phase I of a project from January through June and are continuing in Phase II from July 2019 through June 2020. Project settings include community health centers, a local public health department, and a university-based women's health clinic. ASTDD Data consultant, Kathy Phipps, participated on the COHSII Quality Indicator Workgroup to identify a set of MCH quality indicators to monitor oral health services delivered in public health programs and systems of care at the national, state/territorial, and local levels; the five states piloted these indicators.

Projects have been awarded in three geographic areas across the country. ASTDD consultants serve as leads for the regional teams.

Consultants conducted the 2019 NOHC panel session, *Overview of the Title V Needs Assessment and Tips for Strengthening the Oral Health Content for Inclusion in the MCH State Action Plan*. The session focused on the MCH Title V Block grant process including development of priorities, strategies, and strategy measures, and planning for oral health needs assessments. Three documents were developed and are posted on the OHRC website and the ASTDD MCH webpage: 1) [Including Oral Health in the Title V Maternal and Child Health 5-Year Needs Assessment and State Action Plan](#), 2) [Rationale for Including Oral Health in the Title V 5-Year Needs Assessment](#), and 3) [Elevator Pitch for Introducing Oral Health Issues to MCH Director or Title V Coordinator](#). POHC members also participated in the planning process and attended an AMCHP Title V/SOHP Partnership webinar in September targeted to state Title V programs and state dental directors. State teams from Iowa and Georgia presented.

Some POHC members served on a small workgroup of the BPC to update ASTDD's [Best Practice Approach Report: Perinatal Oral Health](#) originally developed in 2012. As part of the BPAR process, examples/models were solicited from PIOHQI grantees and the states that selected NPM 13. An update to the ASTDD *Perinatal Oral Health Policy Statement* is also underway and will be available in 2020.

Networks for Oral Health Integration (NOHI) within the MCH Safety Net Initiative

To improve access to and delivery of comprehensive, quality oral health care for children and adolescents, MCHB funded the OHRC for the NOHI project for the period 2019–2024. NOHI works to achieve 1) enhanced integration of oral health care within MCH safety net services, 2) increased knowledge and skills among health professionals to improve their ability to deliver optimal oral health services, and 3) increased parent and caregiver knowledge about preventive oral health behaviors and awareness of oral health services to encourage adoption of these behaviors and use of the services. For more information about the NOHI initiative, see the [Networks for Oral Health Integration within the Maternal and Child Health \(MCH\) Safety Net](#) on the OHRC website.

Continuing our Relationship with the Organization for Safety, Asepsis and Prevention

This fall, ASTDD partnered with OSAP to plan and conduct a focus group of school sealant coordinators to review abstracted information from the *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care* and the *Infection Prevention Checklist for Dental Settings*.

With the feedback gained from the school sealant coordinators, OSAP is now developing an IPC guide and checklist for school sealant programs. The guide will include action steps, procedures and policies that demonstrate how school sealant programs can implement CDC recommendations.

The goal was to gather qualitative data to help ascertain resource needs and gaps on how school sealant programs currently translate existing CDC guidance into practice. IPC resource guides exist for dental settings, however there are no IPC resources dedicated to school sealant programs. School sealant programs can face unique IPC concerns due to many factors, including use of mobile equipment, provision of care in non-traditional settings, and differing state and local policies. Experts in the field have indicated the need for resources and evaluation materials specific to school sealant programs. Moderated by ASTDD consultant,

Lori Cofano, a two-hour focus group of eight school sealant coordinators, three contract personnel and one scribe met via videoconference on October 30. Sandy Tesch assisted in the planning process. In 2020, ASTDD will assist OSAP in disseminating the guide and checklist to school sealant programs.

Assessing and Responding to US Territorial Dental Public Health Needs

Our CDC cooperative agreement asked us to “assess and report on oral health program infrastructure and capacity, identifying strengths, gaps and needs for the US Affiliated Pacific Islands including the US Flag Territories of Guam, the Commonwealth of the Northern Mariana Islands and American Samoa; the three Freely Associated States (the Republic of the Marshall Islands, the Republic of Palau, and the Federated States of Micronesia--Chuuk, Kosrae, Pohnpei and Yap) and the Caribbean islands of Puerto Rico and the US Virgin Islands.” ASTDD provided program support, coordination and technical expertise for the needs assessment through consultants Reg Louie, Ohnmar Tut, Kathy Phipps, Bev Isman, and Magda de la Torre, with assistance from Mike Manz. To inform our planning and to implement the needs assessment, liaisons were initiated with PIHOA for major assistance and logistics and with NACDD and ASTHO for general assistance with island contacts and information and report review. During project implementation, the Pacific Island Primary Care Association (PIPCA) and HRSA, MCHB provided additional financial support for training and TA.

Major activities included:

- Numerous existing reports from HRSA, ASTHO, NACDD and other groups were reviewed for information that would inform the needs assessment.
- Because of the many time zones that spanned the Pacific islands, ASTDD established distance communications via a new ASTDD listserv and video conferencing links via Zoom for individuals identified as key USAPI contacts, mostly the dental chiefs. Numerous announcements of grant opportunities and resources have been posted to the listserv, and dental chiefs have participated in a few ZOOM calls with our consultants.

- Because of the infrastructure losses in Puerto Rico and the USVI from the various hurricanes, communication with health department staff has been difficult and limited. Staff transitions also hindered communication.
- ASTDD consultants developed assessment tools and table templates to collect information, i.e., *Priority Oral Health Topics and Components* and *Characteristics of the Oral Health Environment*.
- ASTDD, PIHOA, the Pacific Basin Dental Association (PBDA) and PIPCA planned and convened PBDA and the Needs Assessment meetings in Honolulu in February to discuss their priorities and the needs assessment process to gain local input, assuring a grassroots approach that would result in culturally relevant and realistic information. Mike Manz provided information on oral health surveillance and the Basic Screening Survey at the meeting.
- Each USAPI completed the *Characteristics of the Oral Health Environment* tables, which were the basis for a summary report of findings.
- Puerto Rico's Working Group meeting was held at the Hospital Centro Comprensivo de Cancer in San Juan, Puerto Rico in March. Eleven people attended representing nine different affiliations including not-for profits, academia, national organizations, local professional organizations, health department, and federally qualified health centers.
- An NOHC panel, *Forming Partnerships to Overcome Challenges and Barriers in Promoting Oral Health: United States Territorial Oral Health Programs*, featured dental directors from the Commonwealth of the Northern Mariana Islands (CNMI), Republic of Palau, Puerto Rico, and ASTDD. They met with the consultants while at the NOHC.
- Also, in April, Reg Louie presented on the needs assessment and Kathy Phipps presented on oral health data collection and analysis including the BSS to all USAPI MCH Title V directors and staff in Honolulu.
- Kathy Phipps and Ohnmar Tut conducted BSS training for dental professionals in America Samoa (AS) May 28-30. During the 2019-2020 school year, the LBJ Hospital and department of health staff will screen Head Start and 3rd grade children at all 25 public elementary schools in AS.
- Magda de la Torre traveled to St Thomas and St John from July 15-19 to conduct meetings with key oral health advocates in the USVI. Upon her return, she, Reg Louie and Bev Isman facilitated a call with the USVI health department staff as bad weather prevented her from traveling to St Croix where the offices are located.
- Ohnmar Tut has provided significant TA to the USAPI on several topics and will work with Kathy Phipps on BSS training for CNMI and Guam in 2020.



Hawaii PBDA Members' Meeting



Panel & Consultants, 2019 NOHC



Attendees at BSS Training in AS



Oral Health Meeting in USVI

A draft needs assessment report consisting of three sections and appendices of their tables was sent to each USAPI for review as well as to representatives from key national organizations and federal agencies. ASTHO shared the [Executive Summary](#) in their Insular Areas Update newsletter in December and it is posted on our website.

The final USAPI reports and an executive summary were submitted to CDC with some recommendations for next steps. Separate Puerto Rico and USVI reports will be completed in 2020.

Ending Thoughts

This report has provided details about our important activities and our efforts to ensure accountability and sustainability. The following table is an effort to summarize some of those efforts.

| Summary of Sustainability Efforts | |
|--|---|
| Increase Revenues | Reduce Costs |
| <ul style="list-style-type: none"> • Identify new multi-year grants to apply for as primary applicant • Identify opportunities to partner on grants as a subcontractor • Identify new short-term contracts for specific projects or TA • Increase exhibitors and sponsors at NOHC • Seek out new partners to share or leverage resources • Change membership structure • Solicit more associate members | <ul style="list-style-type: none"> • Reduce printing/shipping of materials for NOHC exhibit • Eliminate ASTDD Member/Associate Member lunch at NOHC • Eliminate NOHC session recordings • Limit # and types of meals and offsite functions at NOHC • Use less expensive or free software for conference calls and webinars • Reduce consultant time devoted to scheduling calls, doing minutes and participating on calls by having fewer committee calls • Reduce number of consultants calls from monthly to quarterly • Replace seasonal <i>OHM</i> newsletter that required submission and review of articles and interviews by multiple people and more formatting with short bimonthly <i>Roundup</i> written by one person in a WORD doc • Attend fewer national meetings, send someone who lives close to meeting, or ask meeting sponsor to support or cost-share travel • Provide project opportunities for DPH residents/Master's students • Build more administrative expenses into grants and contracts • Arrange for audits at the appropriate level required by funders rather than at higher levels |

As we end 2019, a few relevant quotes from famous people can guide us into 2020.

“Action is the foundational key to all success.”—Pablo Picasso

“If you are working on something that you really care about, you don’t have to be pushed. The vision pulls you.” —Steve Jobs

“I didn’t get there by wishing for it or hoping for it, but by working for it.” —Estée Lauder

“Leadership and learning are indispensable to each other.” — John F. Kennedy

