



# EXPANDING OUR HORIZONS

ACROSS THE LIFESPAN

  
**astdd**  
Where oral health lives



## Foreword

*The ASTDD is where oral health lives. Just as any living organism must be nurtured and directed through periods that include predictable phases and less predictable changes, experience challenges and rewards as well as relationships with others, oral health lives and needs a home. If well nurtured, oral health is robust and able to affect the quality of life of individuals, populations and even whole societies, assuring their comfort and productivity throughout the entire lifespan.*

*The ASTDD nurtures the development of oral health through programs and collaborations that reflect the value of oral health to people and populations at every age. Primary prevention is the focus during pregnancy, infancy and early childhood; health promotion, prevention and treatment are emphasized through programs supporting oral health for children and adolescents, especially those with special health care needs; and a growing area of emphasis is oral health for adults and older adults who face special challenges in all these areas.*

*Enjoy reading this annual report. Discover the vibrant environment that ASTDD promotes to support oral health across the entire lifespan.*

*Margaret M Snow*

Margaret Snow, DMD, MBA, MPH  
President, ASTDD

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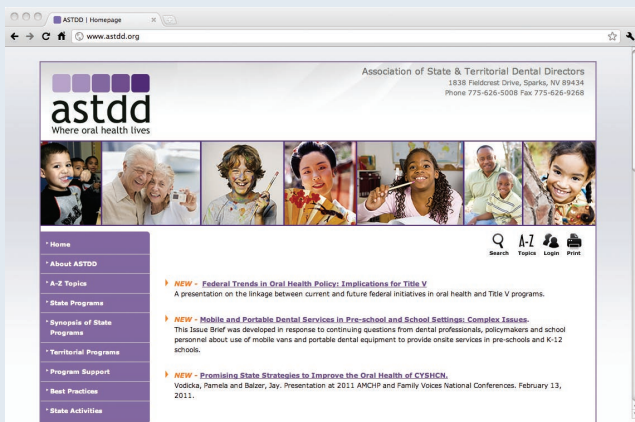
*Partial funding for this report was made possible by cooperative agreement U44MC00177 from the Health Resources and Services Administration (HRSA) and cooperative agreement 5U58DP001695 from the Centers for Disease Control and Prevention (CDC).*

## Putting Our House in Order

ASTDD achieved a new appearance this year, refreshing our home's outside paint and creating more internal organization for improved comfort and efficiency. Working with our communications partner, Stokefire, we launched a new branding campaign in April, complete with a new contemporary logo and tagline. Our tagline, "Where oral health lives," symbolizes a number of messages: each state and territory is where oral health lives; ASTDD members are a family of professionals; oral health resides within ASTDD because of what our members do. It also communicates our Mission: "ASTDD provides leadership to promote a governmental oral health presence in each state and territory, to formulate and promote sound oral health policy, to increase awareness of oral health issues, and to assist in the development of initiatives for prevention and control of oral diseases." Our new logo also speaks to a number of concepts:



- Blocks suggest a metaphorical roof (without being pitched that might suggest realtors selling where oral health lives)
- Gradient coloration references a pathway to the ultimate
- The blocks have a subtle "tooth" message
- Purple is the color of dentistry
- Lowercase letters suggest openness and approachability –ASTDD is a group of equals
- The font is vertical and upright, suggesting process and best practice, with large open spaces also suggesting openness; ASTDD is a resource for oral health that is open to all.

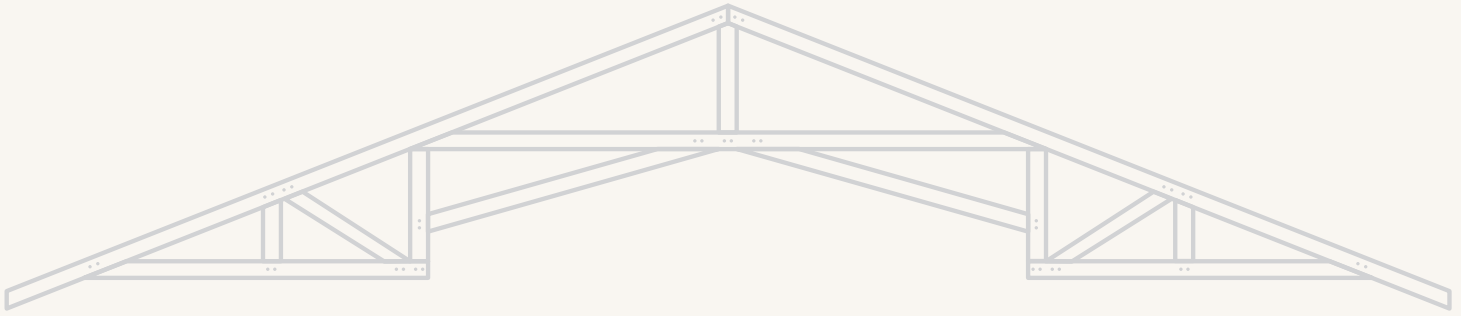


Our Website also incorporates the new branding elements as well as a reconfigured homepage with a continuing emphasis on oral health throughout the lifespan. The left navigation bars provide quick links to the most frequently used ASTDD Information, member information and major resource documents or companion Websites. The homepage highlights new resources and timely announcements as well as a search function and a topical A-Z menu.

A strategic planning meeting in December 2009 resulted in recommendations to strengthen ASTDD's internal functioning. Chris Wood outlined in the Fall issue of Oral Health Matters how some of the recommendations were implemented. Briefly, they include changes to the Bylaws; changing the governing

body name from the Executive Committee to the Board of Directors (BOD); creating an ASTDD Values and Beliefs statement; updating the ASTDD Operations Manual and creating a Central Office Manual, a BOD Orientation Manual, a logic model for the BOD and a listing of responsibilities for the Management Team and for BOD members; a new process for nominations and elections; a new list of member benefits; orientation webinars and materials for new members; and materials to help our liaisons to other organizations carry out and report on their interactions.

The majority of ASTDD activities are carried out by committees comprised of members, non-members and consultants. This year, to increase member involvement, we asked members to list their special areas of expertise or interest that ASTDD could tap into when reviewing topic-focused papers or reports, sending representatives to meetings, developing materials or policies, and looking for committee workgroup members.



# Providing the Framework for the House

## Central Office

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## Board of Directors for 2010

Margaret M. Snow, DMD, MBA, MPH – President  
Steven J. Steed, DDS – Immediate Past President  
Harry S. Goodman, DMD, MPH – President-Elect  
Kimberlie Yineman, RDH – Secretary  
Christine Veschusio, RDH, MA – Treasurer  
Bob Russell, DDS, MPH – Director  
Judith A. Feinstein, MSPH – Director  
Emanuel Finn, DDS, MS; – Director  
Raymond A. Kuthy, DDS, MPH – Associate Member Director  
Christine Wood, RDH, BS – Executive Director, Ex Officio  
Warren R. LeMay, DDS, MPH – Newsletter Editor, Ex Officio  
Beverly Isman, RDH, MPH, ELS – Cooperative Agreement Manager, Ex Officio  
M. Dean Perkins DDS, MPH – Executive Director Emeritus, Ex Officio

## ASTDD Membership

62 state members, 82 associate members,  
7 life members (see Website for list)

## ASTDD Primary Project Consultants for 2010

Donald Altman, DDS, MPH, MBA, MA  
Jay Balzer, DMD, MPH  
Sue Dodd, RDH, BA  
Kathy Geurink, RDH, MA  
LeeAnn Hoaglin-Cooper, RDH, BS  
Michelle Landrum, RDH, BS  
Reginald Louie, DDS, MPH  
Kathy Mangskau, RDH, MPA  
Michael C. Manz, DDS, MPH, DrPH  
Donald W. Marianos, DDS, MPH  
Theresa G. Mayfield, DMD  
Kathy Phipps, DrPH  
Julie M. W. Tang, DMD, MPH  
B.J. Tatro, PhD

## ASTDD Primary Contractors for 2010

Stokefire (branding campaign)  
Sixth Street Website Design & E-marketing, LLC  
(Website and listservs)  
Management Resource Specialists, Inc (annual conference)  
Anunci Creative Group (newsletter and special publications)

## ASTDD Committees

(see directory of members and the logic models  
on their Website pages)

# Creating a Home Across the Lifespan

## Perinatal and Early Childhood

Pregnancy, infancy and early childhood are crucial times to set the stage for a child to have good oral health for a lifetime. Although ASTDD has shown a commitment to the oral health of Early Head Start and Head Start populations for more than a decade, we have insufficient data and information about perinatal and other early childhood oral health efforts in the states. To address this need, we formed a Perinatal and Early Childhood Committee (PECC) in 2009 to serve as a focal point for issues and resources relating to pregnancy and early childhood programs, policies, guidelines and other materials. The Committee includes representatives from universities, state oral health programs, the Medicaid/SCHIP Dental Association (MSDA) and the National Oral Health Policy Center (NOHPC) and the National Oral Health Resource Center (NOHRC). This year we formed an Early Childhood Workgroup (ECW) to interface with the many organizations and HRSA Maternal and Child Health Bureau (MCHB) grantees devoted to early childhood and to allow the broader committee to focus primarily on perinatal issues. Currently the ECW includes state dental directors, the ASTDD Head Start liaison and the Children with Special Health Care Needs (CSHCN) liaison, the NOHRC director and a Hispanic Dental Association (HDA)/American Academy of Pediatric Dentistry (AAPD) representative, but will be expanding. A representative from ASTDD also has served on the American Academy of Pediatric's (AAP) Oral Health Advisory Committee for the past few years.



The PECC and a Dental Public Health (DPH) resident from NY conducted a survey of state oral health program perinatal efforts and data, and partnered with the (MSDA) to collect additional data. Most of the 36 states responding had conducted public education and outreach around perinatal issues, interfaced with other state partners to integrate oral health messages, and recommended recent guidelines that were developed by New York, California and other states or organizations. Few states, however, had provided continuing education or training to increase the acceptance and use of these guidelines for dental or other healthcare professionals or published any oral health success stories or best practices. Data regarding Medicaid coverage of pregnancy related services are still being analyzed. Of the 37 states that collect data for the Pregnancy Risk Assessment Monitoring System (PRAMS), 20 include oral health questions. The Data Committee acquired feedback from states on inclusion of one or two oral health questions in the core PRAMS survey beginning in 2012. These survey findings were presented to the membership and are informing decisions about priorities for the upcoming year, including the development of a new Best Practice Approach Report on Perinatal Oral Health. Last spring the Best Practices Committee released a new Best Practice Approach Report: Prevention and Control of Early Childhood Tooth Decay with 15 associated state successful practices. This report was developed in collaboration with the Children's Dental Health Project (CDHP).

The Data Committee reports that 13 states have collected Basic Screening Survey (BSS) preschool data; the committee is advocating for preschool dental caries data to be added to the National Oral Health Surveillance System (NOHSS). The ECW plans to focus on partnerships with early childhood organizations and MCHB grantees to develop strategies that state and local oral health organizations can use to increase the number of young children with dental homes, improve access to oral health services, and highlight promising models via materials or presentations. ASTDD's Head Start coordinator, Ms. Geurink, served as ASTDD liaison to the national Office of Head Start and the AAPD for their Dental Home initiative to promote collaborations, as well as presenting at national Head Start meetings. In early 2011 ASTDD will be surveying state dental directors and state Head Start collaboration office directors to determine if previous collaborations funded by HRSA MCHB and generated through state oral health forums and action plans have persisted, including any outcomes that resulted. ASTDD supported the Louisiana Dental Association Foundation this year to convene statewide meetings, public forums and other meetings related to Head Start in collaboration with the Louisiana Oral Health Coalition. The Coalition created a new plan based on recent data and the Oral Health Strategic Plan developed during a 2002 Oral Health Summit to address the oral health needs of Louisiana children, particularly those enrolled in Early Head Start and Head Start.

Dr. Balzer, ASTDD’s CSHCN coordinator, presented a roundtable at the National Oral Health Conference (NOHC) discussing the status of CSHCN activities in HRSA’s Targeted Oral Health Systems and Services (TOHSS) grant program, and a roundtable at the Special Care Dentistry Association (SCDA) annual conference discussing oral health data resources for CSHCN.

To promote evidence-based preventive approaches for infants and preschoolers, the ASTDD Fluorides Committee worked with the Policy Committee to produce the following Fluoride Varnish Policy Statement.

*“ASTDD supports the use of fluoride varnish, beginning with tooth eruption, for individuals at moderate to high risk for tooth decay as an effective adjunct in programs designed to reduce lifetime dental caries experience.”*

The Fluorides Committee also collaborated with the NOHRC on a fact sheet, Fluoride Varnish: An Effective Tool for Preventing Dental Caries, which was marketed with ASTDD’s Policy statement and a NOHRC Fluoride Varnish Resource Guide. The Policy Committee is also working on a statement related to early childhood caries and nutrition.

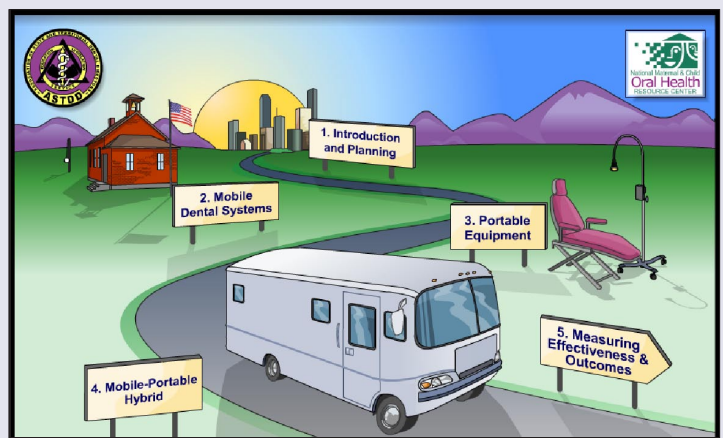
ASTDD provided input to the NOHPC’s TrendNotes on 1) Strategies for Sustaining and Enhancing Prevention of Childhood Tooth Decay during Challenging Times and 2) Opportunities for Preventing Childhood Dental Caries through Implementation of Health Care Reform. The 2010 NOHC featured a number of presentations on early childhood issues including concurrent sessions such as WIC: Building Collaboration to Improve Oral Health, NIH-Funded Collaborating Research Centers to Reduce Oral Health Disparities: Early Childhood Caries, and New Technology for Prevention of Tooth Decay—Combining New Agents with Fluoride.

## Childhood and Adolescence

State oral health programs traditionally have focused the majority of their resources on children, partly due to funding sources but also to highlight the benefits of early preventive intervention. Just as the U.S. has increased its focus on access to quality health and education for children in grades K-12, ASTDD has enhanced activities related to school health and health behaviors that put children at risk for oral health problems and other health issues. The many presentations at the 2010 NOHC reflected this emphasis, including one on Childhood Obesity: Is There a Role for the Dental Profession in this Health Crisis. The ASTDD School and Adolescent Oral Health Committee (SAOH) has been very active reaching out to new partners such as the National Association of School Nurses (NASN), National Assembly of School-Based Health Care (NASBHC), American Federation of Teachers (AFT) and the American School Health Association (ASHA) through liaisons, involvement in committee projects, and many presentations on integrating oral health into coordinated school health.

The Best Practices Committee worked with the SAOH Committee to release a new Best Practice Approach Report: Improving Children’s Oral Health through Coordinated School Health Programs with 16 associated state successful practices. The SAOH Committee also assisted the NOHRC in developing a fact sheet, Pain and Suffering Should Not Be an Option: School-based and School-linked Oral Health Services for Children and Adolescents. The Committee held a successful webinar for school nurses and state dental directors on Integrating Oral Health into Coordinated School Health: Empowering School Nurses to Take Charge, which is archived on the ASTDD Website. They also post monthly oral health messages in the NASN weekly e-newsletter.

ASTDD, with assistance from CDHP, is completing an issue brief, Mobile and Portable Dental Services in Preschool and School Settings: Complex Issues, that will be released in early 2011. It is a companion piece to the ASTDD-sponsored/ NOHRC-hosted online Mobile-Portable Dental Manual, which also has been recently updated. ASTDD plans to issue an accompanying policy statement on mobile-portable dental services in educational settings next year. In another project, ASTDD members assisted the Organization for Safety and Asepsis Prevention (OSAP) in developing two resources for alternative dental care sites: one is a site assessment form and the other an infection control and prevention checklist. ASTDD hopes that such resources will help maintain quality programs delivered through alternative delivery mechanisms at community-based sites.



The Fluorides Committee and the SAOH Committee conducted a survey of states to assess the status of school fluoride mouthrinse programs that will help inform development of a school-based fluoride mouthrinse programs policy statement and a panel presentation for the 2011 NOHC. The committee is also working with the Best Practices Committee to update the Best Practice Approach Reports on community water fluoridation and school-based fluoride mouthrinse and supplement programs. A dental resident from the University of Iowa drafted a policy statement on dental amalgam and created an annotated bibliography on dental amalgam. The SAOH Committee completed a policy statement on school dental sealant programs. The Policy Committee plans to produce additional child-focused policy statements in the upcoming year.



*“ASTDD supports and endorses the use of dental amalgam as a restorative material with proper disposal of waste amalgam.”*

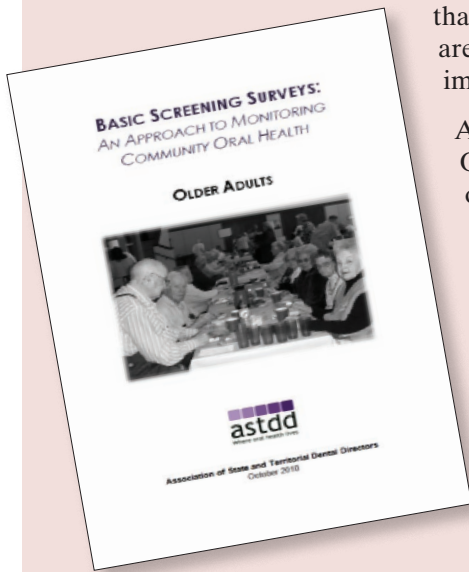
*“ASTDD fully supports, endorses, and promotes expansion of school-based and school-linked dental sealant programs that follow evidence-based guidelines as part of a comprehensive community strategy to serve the greatest number of children and adolescents at highest risk for dental disease. The ASTDD recommends school-based and school-linked dental sealant programs as an important and effective public health approach that complements clinical care systems in promoting the oral health of children and adolescents.”*

Many states have been using the revised BSS for Children modules to collect statewide preschool and third grade data. Drs. Manz and Phipps continue to provide technical assistance (TA) and training to states. By the end of 2010, 42 states had submitted qualified third grade data on caries experience, untreated tooth decay and presence of sealants to the NOHSS, with another two states either in the process of collecting or analyzing data. This year ASTDD partnered with Children International, a nonprofit humanitarian organization, and CDC to translate the preschool and schoolage BSS modules into Spanish for use in Latin America; they will be available in early 2011.

Dr. Balzer is collaborating with an MCHB Leadership Education in Adolescent Health (LEAH) training program on adolescent oral health issues for CSHCN as they transition to adulthood and with CDHP on an issue brief that discusses the impact of the Affordable Care Act on CSHCN. He also provides technical assistance to Family Voices on oral health and CSHCN issues. In an effort to track and highlight CSHCN activities in HRSA-funded TOHSS grants, Dr. Balzer presented a roundtable at the 2010 NOHC, will present a session with HRSA MCHB staff at the 2011 Association of Maternal and Child Health Programs (AMCHP) meeting, and will help develop a fact sheet on the projects in partnership with the NOHRC.

## Adulthood and Older Adults

As America ages, people who have benefited from preventive oral health measures are keeping their teeth longer, which means they are still at risk for developing dental caries, periodontal disease and other oral conditions. ASTDD’s Healthy Aging Committee reminds state oral health programs, therefore, that ongoing health promotion and preventive care are still important at all ages. Although many state oral health programs traditionally were part of MCH programs and focused their efforts primarily on children, many are now aligned with family health programs or chronic disease programs, thus expanding their activities to cover oral health across the lifespan. Oral health items are included in the rotating core questions and occasional supplemental questions on state Behavioral Risk Factor Surveillance System (BRFSS) surveys, a telephone survey of U.S. adults. Questions ask about health risk behaviors, preventive health practices, and health care access. Oral health data are entered into the NOHSS Website, which is managed jointly by CDC and ASTDD. The Data Committee surveyed states this year on 1) their use of national and state BRFSS information, 2) suggestions for changes



that would increase use of BRFSS oral health content, and 3) priorities for content areas for an alternative rotating core. The information will be used to recommend improvements in the program.

ASTDD’s Healthy Aging Committee and the Data Committee recently released the Older Adult Basic Screening Survey module that allows standard data collection and optional additional information for states to collect, primarily for high-risk older adults at congregate meal sites and long-term care facilities. Thanks to the state oral health program staff in Connecticut for piloting the module and arranging for the filming of the video! The Committee also provided input to CDC and the Centers for Medicare and Medicaid Services (CMS) on the elements to be considered for development of their Health Risk Assessment for Older Adults. The two committees sponsored a session at the 2010 NOHC on The Next Crisis: Elder Oral Health Care. A follow-up panel is scheduled for the 2011 NOHC. Another session at the NOHC addressed Periodontal Disease and Chronic Diseases: Emerging Science and Programs. Some members of the Healthy Aging Committee subsequently participated in the fall American Dental Association’s National Coalition Consensus Conference: Oral Health for Vulnerable Older Adults and Persons with Disabilities.

The Healthy Aging Committee and the Oral Cancer, Tobacco and Other Risk Factors (OCTRF) Committee are reaching out to numerous adult and aging organizations through their members and activities. For a list of members and links to resources, view the committee Webpage on the ASTDD Website. The OCTRF Committee recently began partnering with the Legacy Foundation to share resource links for tobacco issues and to dialogue about additional projects; they will present a joint roundtable at the 2011 NOHC. As part of its advocacy efforts, ASTDD has been working with partners to address access to care and dental financing issues, including coverage for adults and those with special health care needs, and promoting various oral health measures in health care reform.



States differ in their capacity to provide oral cancer surveillance and prevention programs. The OCTRF Committee conducted a survey of state dental directors this year to document current capacity and future needs; 41 states responded. Results are highlighted below. To address some of these issues, the committee is working on a project with CDC and a dental resident to improve state surveillance capacity and to increase resources, as well as working with a student from Iowa on oral cancer and tobacco related policies.

*Although 31 states have a surveillance plan that includes oral cancer, and 26 have published oral burden of disease documents that include oral cancer, only 12 states participate in an oral and pharyngeal cancer coalition or advocacy group, while 13 state oral health coalitions address prevention/early detection of oral cancer. Only 3 states receive any funding for oral cancer prevention/early detection activities.*



# Linking the Home to a Larger Community

## State Infrastructure and Capacity

State Oral Health Programs only take on their character and importance when they are linked to local communities and other state resources—when they become part of a larger community. ASTDD continues to promote this concept in the ASTDD Guidelines and ASTDD Competencies for State Oral Health Programs. Individual states have used both documents to critically evaluate and improve/enhance their programs. Currently ASTDD is in the process of developing a structured Competency Self-Assessment Process.

ASTDD is pleased to report that this year we received one year of supplemental funding from CDC to conduct a State Oral Health Program (SOHP) Infrastructure Enhancement Project to provide new resource information and recommendations on how to build a stronger infrastructure and how to use it to effectively achieve oral health outcomes. The project team and advisory committee will:

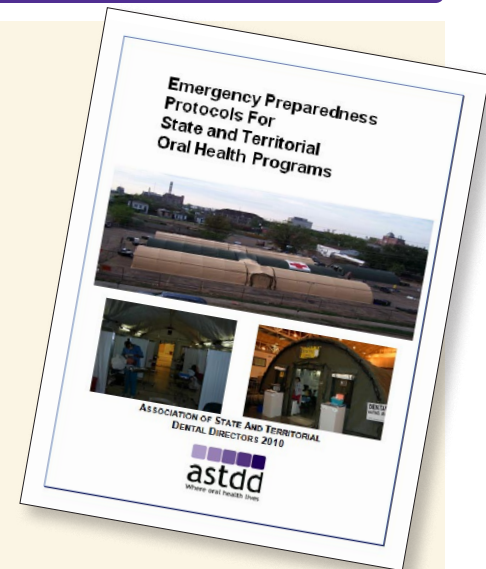
1. Obtain input from constituents, partners and stakeholders on the essential elements/activities, knowledge gaps, need for focused efforts, and building linkages related to SOHP infrastructure.
2. Review existing data, collect new data, conduct analysis, and interpret findings to determine the adequacy of investment in SOHP infrastructure by states, reasons for successes, and guidance in how to address disparities.
3. Incorporate findings and recommendations from the CDC State Infrastructure and Capacity Building cooperative agreement national evaluation efforts.
4. Incorporate research findings from in-depth literature reviews.
5. Study selected state models and case histories to better understand how to effectively build SOHP infrastructure.
6. Develop a model framework to better understand the elements and dynamics of building SOHP infrastructure.
7. Develop new resource information, key messages and recommendations for SOHP infrastructure.
8. Update the 2000 ASTDD Building Infrastructure and Capacity in State and Territorial Oral Health Programs Report with new content, learned lessons, and recommendations.
9. Initially disseminate the report through the ASTDD and our partners' listservs.
10. Develop a dissemination and promotion plan for follow-up actions.

Workgroups are developing the chapters and will have the report completed by late summer 2011; more topic-focused and audience-focused short pieces will follow.

The Data Committee succeeded in motivating 100% of states to complete the 2010 Synopses of State Dental Public Health Programs survey with information for July 1, 2008-June 30, 2009. The annual Synopses collects information on state demographics, infrastructure, workforce, administration and oral health programs. Information from the survey has been used by numerous organizations including the Pew Center on the States for their Dental Campaign, and continues to support some of the reporting for Healthy People objectives. Some ASTDD Data Committee members serve on the MSDA Data Committee to ensure that the most valid and up-to-date Medicaid and CHIP data are being collected and reported. In addition, a total of 50 states/territories have shared more than 230 of their successful dental public health practices for the ASTDD Best Practices collection.



While states continued to deal with natural disasters such as hurricanes, floods and earthquakes in 2010, the ASTDD Oral Health and Medical Response Team (OHMRT) Committee released their online manual *Emergency Preparedness Protocols for State and Territorial Oral Health Programs*. Chapter 1, an Overview of a Public Health Crisis, provides a broad overview of the crisis preparedness and response planning in America and promotes the need for public responsibility for population-based, oral health integration into the current emergency response system. Chapter 2, Preparing for Public Health Crisis Events, focuses on the role of the oral health program and essential crisis preparedness action steps including pre-event mitigation and preparedness, response, and recovery planning. Appendices include worksheets and other tools to help develop an emergency preparedness plan. The committee disseminated information about the manual at the NOHC and at the USPHS Scientific and Training Symposium. Technical assistance is available to states on how to use the manual to develop state specific protocols. The OHMRT consultant assisted CDC in reviewing public health laws regarding volunteer response to a public health crisis event, and also provided information to states and partners related to H1N1.



In 2010 the State Program Assistance and Review Committee (SPARC) provided technical assistance to eight states using various models: informal TA, tutored state self-studies, and formal targeted TA either onsite or via email or phone. Alaska has requested a formal onsite comprehensive program review, which includes assembling a peer review team, collaborating with state officials to plan and implement a review visit, and developing a final report. The onsite review is planned for late summer 2011. Between 2007 and 2009 ASTDD provided technical assistance to the following states that received State Access Workshop (SAW) grant funding from MCHB: DC, Idaho, Minnesota, Missouri, Nebraska and New Mexico. Most of the TA was conducted in partnership with Altarum Institute. Interviews were conducted in the fall of 2010 to determine the progress and accomplishments each state had made since the TA. Outcomes include the following.

- The DC oral health program produced an Issue Brief that was used to publicize and promote the critical oral health issues among key stakeholders in DC and to advance the need for more integration of oral health into existing school readiness efforts.
- In Idaho the public-private State Oral Health Coalition was strengthened through a statewide oral health summit and a focused strategic planning workshop. An Issue Brief was produced that served as the rallying point for the Coalition's follow-up efforts. Since the TA, the coalition evolved and matured to produce a five-year state oral health plan endorsed by key stakeholders. The state oral health program has become an integral part of an overarching program featuring nutrition and oral health. A state oral disease burden document will be completed by early 2011.
- ASTDD provided direct assistance to Minnesota in developing and conducting an Oral Health Summit and two follow-up meetings: Minnesota OH Coalition Meeting and Oral Health Promotion Workgroup Meeting. Since then, Minnesota has hired a new state dental director, obtained a HRSA Workforce Supplemental Grant entitled Minnesota Oral Health Workforce Innovation Project (Collaborative Practice Modules), and a CDC five-year infrastructure grant. They also completed a draft state oral health plan, a surveillance plan and a burden document, and also the first statewide BSS for third graders.
- The TA to Missouri was support for a hands-on training workshop on fluoride varnish that involved community health centers and Head Start agencies. They subsequently received a HRSA Workforce grant and a CSHCN grant, and their State Oral Health Network of Missouri is supported by a not-for-profit foundation.
- Direct assistance was provided to Nebraska in developing and conducting a Maternal and Child Oral Health Stakeholders Action Planning Meeting. As a result, a plan was developed for moving forward with their MCH oral health agenda in an environment where the state government can only play a limited leadership role. A new state dental director was hired, and the state oral health program currently centers around prevention (primarily sealant and fluoride varnish efforts in targeted areas) and implementing a HRSA-funded Workforce project.
- ASTDD provided direct assistance to New Mexico in strategic planning with key stakeholders and to the state oral health program. Since the TA, there has been realignment of the state oral health program and its staff to more core public health functions, including: expansion of sealant and fluoride varnish programs; expansion of the case manager program with special focus on MCH populations, including CSHCN; an enhanced cadre of contractors with expertise and activities that are more congruent with core public health functions; and more engagement with dental providers in the state to address access issues and increase services.

Last year's NOHC in St Louis was a resounding success. The 2010 NOHC featured 58 speakers for three plenary sessions and 25 concurrent sessions, an increase from past years. AAPHD's Science and Education Committee reviewed 88 poster abstracts and accepted 87 for presentations. This was an increase of 33% over 2009 and led to the decision to offer two days of poster sessions; oral presentations were held during one concurrent session each day. Three primary corporate sponsors (Aseptic, Incorporated; DentaQuest; and Medical Products Laboratories) and 29 exhibitors contributed \$56,000 toward the meeting expenses, a new record for the conference. Despite severe travel restrictions this year, total attendance was a 5% increase over the previous year and a 37% increase in attendance since 2004. Fewer than 27% were first-time attendees.



Although HRSA MCHB decided to no longer fund professional development or leadership development through the National Oral Health Leadership Institute (NOHLI) or the NOHC after July 2010, ASTDD is working with the CDHP and other groups to develop and offer professional development and leadership opportunities. The Leadership Committee will reconsider its current logic model and develop a new workplan. ASTDD sponsored three preconference workshops at the NOHC: Coaching and Team Building, Socialize It - An Introduction to Social Media for Health Promotion, and Creating a Culture of Evaluation: Weaving Accountability and Program Improvement into Everything You Do. Continuing Education reports and evaluations for all NOHC sessions are collected electronically on-site and for several weeks after the conference; 319 attendees requested CE verification, an increase from the 250 last year. ASTDD also worked with CDC to plan their funded states grantee meetings and a summer workshop for state dental directors. The ASTDD Mentoring Program has been very active this year with seven state dental directors (VT, NV, NE, MN, AZ, IN, WV) participating. Two new mentors were recruited.



## Communication

Communication is the key to involving all of our members to be part of the ASTDD community and the larger public health community. The member listserv continues to be rated by members as a major tool for communication on national, state and organizational information and resources, funding opportunities, legislative updates and alerts, and peer exchange of information on specific issues. In addition, the dental directors and the associate members also have separate listservs for purposes of surveys and focused discussions. We also maintain a restricted Community Water Fluoridation listserv for state oral health and fluoridation program personnel and one for dental directors of CDC grantee states. Our Website enhancements already have been described. ASTDD published and widely distributed three issues of our newsletter Oral Health Matters in 2010, thanks to our Editor, Dr. LeMay, our Associate Editor, Ms. Bethel, our editorial review board, and the many people who contributed articles. We also regularly distribute ASTDD information via a national partners email distribution list, and our 2009 ASTDD Annual Report was a great success both in terms of content and the great graphics provided by Anunci Creative Group.



As a resource to states, the Communications Committee developed a State Oral Health Program Communication Plan Template and Glossary in response to a survey that showed only four states had been using any type of communication plan to inform or summarize their communication strategies. The tools were launched via a Webcast where members of the North Dakota program highlighted their use of the tool. The Committee also created a protocol for review/approval of ASTDD materials and updated the Health Communication page of the Website. ASTDD maintains membership in the National Public Health Information Council (NPHIC) and passes information on to our members. ASTDD continues to jointly exhibit with the NOHRC at two or three meetings per year to highlight resource materials.

The Fluorides Committee has been busy this year working on policy statements, providing updates about pending fluoridation issues and Environmental Protection Agency guidelines to the membership and updating the Fluoridation and Fluorides section of the Website. In collaboration with CDC and the American Dental Association, the Committee honored 65 years of community water fluoridation in the U.S. and provided numerous state and community fluoridation awards and a Fluoridation Merit Award to Dr. Howard Pollick at the 2010 NOHC.

## Partnerships and Policy Efforts



ASTDD has been active in policy efforts this year, signing onto more than 20 letters addressing health care reform, funding of programs and other issues. The Policy Committee again provided comments to the ADA and American Public Health Association (APHA) on their proposed resolutions, to the National Rural Health Association on their Healthy People 2020 rural health priorities and need for resources, and to the Department of Health and Human Services National Prevention Council on a draft National Prevention and Health Promotion Strategy. The committee also streamlined their paperwork and process for developing and reviewing policy statements. In December, representatives from 20 national organizations and federal agencies met in DC at ASTDD's invitation to participate in a policy priority-

setting exercise using an Oral Health Policy Tool developed by CDHP in conjunction with CDC. ASTDD is working with these groups to decide on next steps for moving the six policy priorities forward. The Oral Health Policy Tool also has been used in a number of states to further their policy agendas. ASTDD has monthly calls with the CDHP/NOHPC to coordinate policy efforts and technical assistance to states. ASTDD regularly forwards legislative alerts from many national partners to the membership to share with their state and local advocacy groups.

One key role of state oral health programs is to interface with local communities to provide guidance and help identify resources to implement evidence-based health promotion and disease prevention programs. The Best Practices Committee convened an ad-hoc workgroup to assess local programs' need for best practices information. The report they produced is posted on the Best Practice portion of the Website. Organizations such as the ADA, CDC, AMCHP, NOHRC, and the DentaQuest Foundation continue to feature and promote ASTDD best practice resource information on their Websites. OSAP, the National Network for Oral Health Access (NNOHA) and MSDA are using the expertise of ASTDD's Best Practice consultant, Dr. Tang, to help their organizations develop best practices, while ASTDD continues to collaborate with AMCHP and the National Association of Chronic Disease Directors (NACDD) in a national Best Practice Collaborative.

Dr. Manz and Dr. Phipps attended a meeting co-sponsored by the National Institute of Dental and Craniofacial Research (NIDCR) and CDC on National Oral Health Surveillance: Gaps, Priorities and Future Strategies in Washington, DC. The purpose of the meeting was to convene leaders to chart the most effective and efficient path toward developing a national oral health surveillance strategy that aims to culminate in a plan that addresses the utility of surveillance data for populations-based research, public health practice and developing public health policy. ASTDD continues to help provide updates to states on development and release of the Healthy People 2020 Health Objectives, which includes 17 oral health objectives and eight objectives in other topic areas that are related to oral health.

ASTDD partners with more than 25 national organizations and federal agencies, and in 2010 attended more than 30 of their meetings. Periodically these relationships are assessed to determine if progress has been made in maturing the level of collaboration, if additional partners are needed to advance particular priorities, if more efforts or official liaisons would enhance the joint outcomes, or if some less than productive efforts should be discontinued until a later time. One project that is helping to inform this effort is participation with Drs. Rebecca and Michael Woodland to develop a handbook and accompanying workbook on Planning, Evaluating, and Improving Interagency Collaboration for Oral Health Programs. The materials are currently being fieldtested and will be released in 2011. An example of one outcome from a new partnership is a joint document to be released in 2011 with NNOHA highlighting the importance of state oral health programs and community health centers and suggesting strategies for collaborative efforts. Another new partnership is a collaborative project between ASTDD and OSAP, supported by supplemental funding from CDC. Funding will allow enhancement of efforts to incorporate infection prevention and control, and patient and staff safety information into state oral health program activities. Partnerships to produce other documents have been described in other sections of this report.

## Maintaining and Improving the Home

Just as people try to take care of their home, regularly check for problems and initiate home improvements, ASTDD has embraced a culture of evaluation and quality improvement. ASTDD's evaluation consultant supports the inclusion of evaluation in all ASTDD activities, assists committees with their logic models and evaluation strategies, assists in survey design and data analysis, and provides technical assistance, tools and training to states. This year the evaluation team determined long-term outcomes from previous NOHC workshop attendees and three cohorts of National Oral Health Leadership Institute graduates. Dr. Tatro provided an evaluation workshop for CDC state grantees in October to help them make better use of their evaluation findings.

*More than 90% of the 21 NOHLI respondents indicated they had taken on new responsibilities since participating in the Institute, and 83% noted that the NOHLI contributed to this. More than 50% noted improvement in all eight leadership categories included in the self-assessment tool. Results of the workshop evaluations also showed that participants are using the knowledge and skills they learned to improve their oral health programs.*

ASTDD is still evaluating ASTDD-supported CSHCN state oral health forums and action plans developed over the past several years. Interim evaluation results were presented at the 2009 NOHC and an outcome evaluation using the CDHP State Plan Comparison Tool was completed in June 2010. Additional outcome evaluation will be conducted in 2011. ASTDD also evaluates the technical assistance provided to states, whether it is for BSS assistance, topic-focused consultation or comprehensive program reviews.

During the 2010 ASTDD Annual Meeting, members participated in a focused discussion session built around five topics:

- Sustainability of state oral health programs in challenging times
- School based/linked programs
- Legislation
- Workforce/professional development
- Integration of oral health with other health issues.

Members shared successful strategies, lessons learned and recommendations for follow-up by ASTDD or its partners.

ASTDD surveys the membership every summer to acquire feedback on current activities, use of resources and priorities for future activities. This year we gained feedback on:

- Ways that ASTDD or its resources have helped members individually or their programs
- Barriers to using ASTDD resources or technical assistance
- If there were activities, programs or lessons learned they wanted to share via newsletters or final reports
- What improvements they've seen in the past year as a result of direct or indirect activities/resources/advocacy by ASTDD or its national partners
- Priority activities or a focus to improve oral health in their communities, state or the nation in the upcoming year
- How often they use the listserv and how well it achieves its functions
- How they have used or shared information from specific documents or other resources.

A new Website statistical package allows the Webmaster to produce quarterly reports to track use of single pages or documents to determine which are most useful and those that may require additional marketing or archiving. The Webmaster can also track listserv discussions by searching on topic, date or posting source; this provides another way to determine which topics are of most concern to members and the amount of peer consulting that occurs electronically.

All of these efforts clearly demonstrate that 2010 has been another successful year for ASTDD. Thanks to our family of members and partners for being part of our home!



## Some Members of our ASTDD Family

in pictures



## Some Members of our ASTDD Family

*in pictures*



