

*Leveraging New Partnerships  
and Resources for the Future*



**astdd**

Where oral health lives



## Foreword

*Seventeenth century British author, John Donne, famously said, “No man is an island...,” and neither is the Association of State and Territorial Dental Directors (ASTDD). Our success is dependent on the relationships we have with our national, state and local partners. None of us can be successful working alone. While we may have different perspectives or take different approaches, we must coordinate and collaborate with others so that we can all achieve our goals.*

*This is also true of the work of our Members, State Oral Health Programs, and our Associate Members, the many individuals and organizations who are associated with public agencies, voluntary organizations, tribal entities and/or health professionals employed or interested in dental public health. Little, if anything, they do could be done without input from and cooperation/collaboration with their partners. ASTDD recognizes this and strives to provide resources such as best practices, data, policy statements and technical assistance to support collaborative efforts.*

*This year’s annual report focuses on the work we do in collaboration with our partners. It highlights how much we value them and the successes we have been able to accomplish in partnership with them. As you read it, enjoy the success stories and let us know if you identify new opportunities for collaboration!*

*Christine Wood*

*Christine Wood, RDH, BS  
Executive Director, ASTDD*



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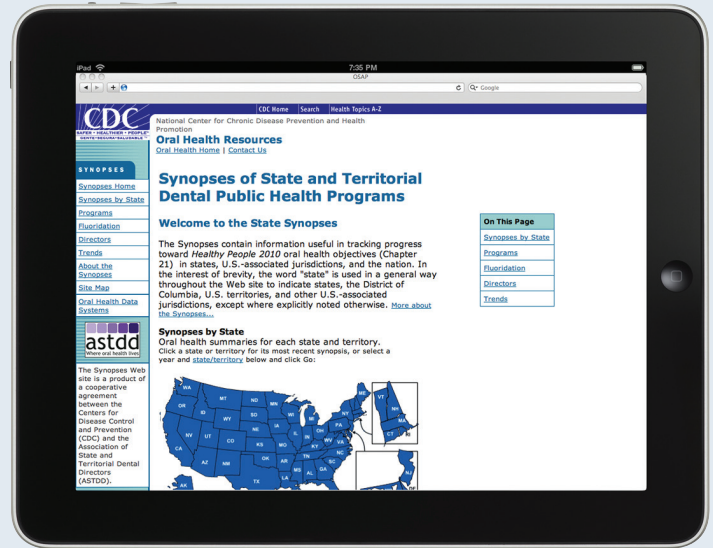
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# Building on Proven Models

## Oral Health Surveillance and State Oral Health Program Data

The Data Committee worked with partners this year to accomplish significant gains in establishing state oral health surveillance systems and acquiring information from 49 states and DC for the 2011 State Synopses. Synopses information is used in grant applications; presentations to city councils, health department administrators, legislators and advocates; and research by the Pew Center on the States, the Centers for Disease Control and Prevention (CDC) and other groups.

As of January 1, 2012 43 states had submitted qualified data for third grade children for the National Oral Health Surveillance System (NOHSS), with 22 states having data for multiple years. Drs. Phipps and Manz provided more than 100 hours of technical assistance to 20 states for the collection of oral health needs assessment data and development of surveillance systems this year! They are in the process of collecting preschool oral health data from states to add to the NOHSS as a new indicator. Data are now uploaded by CDC to the NOHSS site quarterly rather than once a year, and sample press releases are sent to each submitting state to highlight their data. To assist states, the Data Committee updated the handout on *IRB review, HIPAA and Oral Health Surveys* and created an issue brief on the National School Lunch Program in relation to disclosure of information on school-lunch programs and how it impacts oral health surveys. Position papers have been drafted and will be presented to the Council of State and Territorial Epidemiologists for 1) recommended NOHSS changes and developmental indicators and 2) a discussion of the definition for a state oral health surveillance system.



Children International, with the help of CDC and ASTDD, translated the children's Basic Screening Survey (BSS) manual and video into Spanish last year. They report that since January 2011 their Spanish-speaking agencies used the materials for screening more than 48,000 children and their English-speaking agencies screened more than 33,000 children! Since release of the Basic Screening Survey for Older Adults, a number of states are using it to collect data. The National Association of Chronic Disease Directors (NACDD), in conjunction with CDC, issued a healthy aging funding opportunity; one component supported planning or conducting an older adult BSS, a much welcome influx of funding for the handful of states with successful applications. Presentations on the Older Adult BSS and other healthy aging issues occurred at the National Oral Health Conference and the American Public Health Association Meeting (APHA).

*ASTDD has had a global influence this year with Children International using the Spanish version of the Basic Screening Survey with more than 81,000 children!*

## Best Practices

The Best Practices (BP) Committee focused attention on updating existing resources this year. Nine Best Practice Approach Reports have had the main narrative updated, while 26 practice summaries from eight states and one territory have been updated. A new Best Practice Approach Report on Perinatal Oral Health has been drafted and successful practices collected. Another Best Practice Approach Report on Older Adult Oral Health is under development. Look for these new resources in 2012. Seven new practice summaries from six states on various topics have also been added to the online collection. An analysis of ASTDD website statistics shows that the BP webpages continue to be the most viewed part of the website, with almost 24,000 annual hits! The Best Practice collection has been used to influence programmatic and policy decisions of public health leaders and legislators, and is being used as a model for other organizations to establish similar collections. We would like to acknowledge the more than 12 years of dedication and stellar contributions of Dr. Julie Tang who resigned as the Best Practices consultant this summer. She made the Best Practices project the nationally recognized model that it is today! Rhonda Sledge RDH, MHSA, a previous staff member of the Arkansas state oral health program, stepped in this fall to work with the committee in streamlining the committee processes and placing more responsibility on the committee members, other committees and states for development and submission of best practices.



*To date, 50 states/territories have contributed more than 240 successful dental public health practices.*

## Office of Head Start National Center on Health

In 2011, ASTDD partnered with the National Maternal and Child Oral Health Resource Center (OHRC) and other organizations to submit an application, led by the American Academy of Pediatrics (AAP), for funding to operate the National Center on Health (NCH). The application, which was submitted to the US Department of Health and Human Services, Administration for Children and Families, Office of Head Start, was successful, and NCH was launched.

NCH supports Head Start program directors, health managers and staff with the goal of improving the overall health, oral health, mental health and nutrition of infants and children, including those with special health care needs and pregnant women enrolled in Head Start. The center serves as a vehicle for the identification, development and dissemination of evidence-informed information and materials focusing on health promotion, disease prevention and early intervention. NCH employs evidence-informed practices to help ensure that the Head Start community has access to high-quality information, materials, training, and technical assistance, with the goal of achieving the best possible outcomes for Head Start participants.



Additional partners include the Education Development Center; the Center for Child and Human Development at Georgetown University; the Health Care Institute at the University of California, Los Angeles, Anderson School of Management; and the National Training Institute for Child Care Health Consultants at the University of North Carolina at Chapel Hill.

ASTDD and OHRC are building on more than 10 years of experience working with states, communities and national partners in improving the oral health of Head Start participants and their families. ASTDD is taking the lead on the Dental Home Initiative, currently being coordinated by Paltech, to focus on building and sustaining state- and community-based efforts. ASTDD and the Office of Head Start presented a panel on Head Start Oral Health Issues at the 2011 APHA meeting.

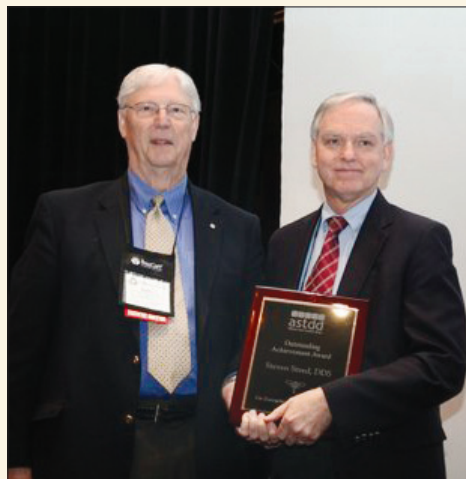


**2011 National Oral Health Conference — “Converge on the Future”**

More than 640 professionals “converged” on the Westin Convention Center in Pittsburgh, Pennsylvania from April 9-13, 2011 for the twelfth joint ASTDD/American Association of Public Health Dentistry National Oral Health Conference. Major sponsors were CDC, Aseptico, Medical Products Labs and the American Dental Association (ADA); 25 total groups exhibited. Preparations for a federal government shutdown (which, fortunately, didn’t occur) caused a few tense days prior to the conference and disrupted travel plans for a number of attendees. Some dedicated individuals used very creative transportation alternatives when their travel orders were delayed!



The final program included three plenary sessions; 19 concurrent sessions that included three for 15 oral papers; 84 posters including student posters; and 35 roundtables. You’ll recognize your colleagues in some of the photos. The annual business meeting was combined with a state sharing session focused on five topics: 1) Strategic planning and thinking, 2) State oral health plans, 3) Oral health coalitions, 4) Visibility of oral health programs, and 5) Oral health surveillance. The pre-conference workshop, Hispanic Cultural Awareness for Oral Health Professionals, sponsored by the Hispanic Dental Association and ASTDD, was a valuable experience for participants. This session was also repeated as a webinar in August for those who could not attend the NOHC workshop. The American Association for Community Dental Programs also held their annual meeting on the weekend and co-sponsored a joint reception with ASTDD members.



The following ASTDD awards were presented during the awards ceremony:

- Fluoridation Merit Award: Steven Levy, DDS
- Multiple other community fluoridation awards
- Outstanding Achievement Award: Steven Steed, DDS
- Distinguished Service Award: Kathy Geurink, RDH, MA
- President’s Award: Jay Kumar, DDS, MPH



Thanks to everyone for making this meeting a huge success!

# Working Together to Advocate for Sound Policies and Adequate Resources

## Healthy People 2020 Leading Health Indicators (LHIs)

For the first time, Oral Health has been selected as one of the national Healthy People 2020 Leading Health Indicators (LHIs). The LHIs highlight current critical health issues that will reduce some of the leading causes of preventable death and major illnesses if they are addressed. The LHIs are meant to drive action for better public health and prioritize key critical issues for collaboration. Social determinants also made the list of LHIs for the first time, reflecting a new trend that seeks to include health in all policies. The Oral Health Leading Health Indicator is: *Persons aged 2 years and older who used the oral health care system in the past 12 months.* (OH-7) Beginning in January 2012, a new resource, *Who's Leading the Leading Health Indicators*, will focus on one LHI each month, providing an overview of the health topic, noting the most recent data and trends, showcasing states, communities or organizations that are addressing the LHIs in innovative ways. Oral Health will be featured in August. Sessions on this topic will be presented at the 2012 National Oral Health Conference.



## Influencing National Policy by Joining Coalitions, Signing onto Letters, Providing Testimony

ASTDD increased its national advocacy and signed onto joint letters, sent individual letters or provided comment on policies 33 times in 2011 compared to 20 in 2010. Many of these letters or comments were sent to the President, Congress, the Department of Health and Human Services (HHS) or agencies within HHS. They addressed proposed cuts to the Prevention and Public Health Fund, WIC, and funding for CDC, Division of Oral Health (DOH). ASTDD sent a letter opposing changing the division status of the CDC DOH and in support of the inclusion of oral health as a Leading Health Indicator for Healthy People 2020. ASTDD joined others in expressing concern about possible reductions in HRSA funding for Dental Public Health Residency Programs and about a letter Kathleen Sebelius wrote about oral health benefits being considered optional under Medicaid. ASTDD submitted comments regarding the Essential Health Benefits package and barriers to meaningful use in Medicaid. We signed a group letter on the National Prevention and Health Promotion Strategy (NPS) draft vision, goals, and strategic directions, and sent an individual letter on the need to include oral health as recommendations are being developed. ASTDD and AAPHD sent a joint letter to the EPA commenting on the *Fluoride: Dose-Response Analysis for Non-Cancer Effects and Fluoride: Exposure and Relative Source Contribution* documents. We also sent comments to CDC DOH regarding proposed Engineering and Administrative Recommendations



for Water Fluoridation (EARWF) changes. Additional letters addressed concerns about banning mercury in amalgam, a Partnership for Health in Aging Position Statement on Interdisciplinary Team Training in Geriatrics: An Essential Component of Quality Healthcare for Older Adults, and the exemption of “traditional large and premium cigars” from being regulated under the Family Smoking Prevention and Tobacco Control Act.

Each year ASTDD collaborates with AAPHD to review and testify on ADA resolutions before their House of Delegates. The ASTDD Policy Committee also reviews and provides comments if requested on APHA and other groups’ resolutions or policy statements.

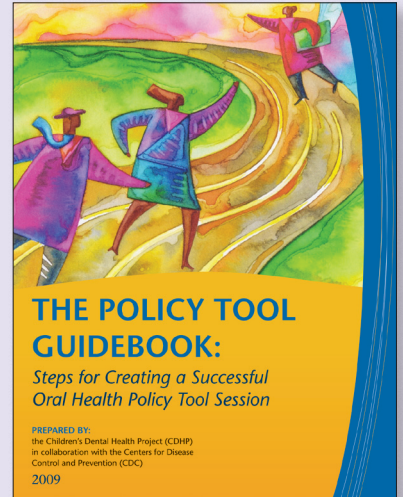


### Creating Policies that Support State Level Programs and Activities

ASTDD is the principle voice in promoting the leadership capacity of state dental programs and the impact that their collective oral disease prevention and health promotion activities have on the nation’s oral health. ASTDD develops and adopts policy documents including issue briefs, position papers, policy statements and resolutions to reflect the Association’s priorities and stance on dental public health issues. In 2011 the ASTDD membership approved four policy statements submitted by the Policy Committee:

- Health Care Reform
- Dental Sealants and Bisphenol A
- School-Based Fluoride Mouthrinse Programs
- Coordinated School Oral Health.

Dental public health residents from the University of Iowa, UCSF, NIH, and CDC have been working with ASTDD committees helping to develop some of the policy statements. ASTDD, with assistance from the Children’s Dental Health Project, also released an issue brief this year, *Mobile and Portable Dental Services in Pre-school and School Settings: Complex Issues*. A companion policy statement will be finished in 2012. ASTDD works closely with the Children’s Dental Health Project (CDHP) on a variety of policy-related projects and encourages states to use the CDHP/CDC *Oral Health Policy Tool Guidebook*, which supports a facilitated process for oral health stakeholders to work together to make decisions about priorities based on suggested criteria. More than 20 states have used this tool, some more than once. CDHP is in the process of producing a five-year evaluation of how states have used the tool, including outcomes such as new partnerships, legislation or policy priorities for oral health coalitions.



# Helping States Improve Their Programs and Collaborations

## State Oral Health Program Reviews

In August, an ASTDD State Oral Health Program Review (SOHPR) team visited Alaska to conduct a review of the Alaska State Oral Health Program. Program reviews are designed to assist state health agency oral health programs in 1) assessing their current program goals, objectives and key program activities; and 2) building their capacity to promote and maintain oral health in the state. The SOHPR involves a self-study process followed by a team site visit of oral health and public health experts. During the visit, the SOHPR team interviews the oral health program staff, other health department staff and key stakeholders. The team then produces a report that describes the status of the program and makes recommendations for its advancement. The review team included Ms. Diane Brunson, President, AAPHD and Director, Public Health School of Dental Medicine, University of Colorado; Dr. Robert Isman, Dental Consultant for Public Financing and Policy Issues; Dr. Lew Lampiris, Director of the ADA's Council on Access, Prevention, and Interprofessional Relations; Dr. Warren LeMay, Chief Dental Officer, Wisconsin State Oral Health Program; and Ms. Christine Wood, ASTDD Executive Director and previous Nevada State Dental Director. Massachusetts has contracted with ASTDD for a SOHPR visit in April 2012, with a new onsite review team selected to address the state's unique needs.



*A six-month Evaluation Interview revealed improvement in awareness of the Alaska health department administration, especially the Health Director, in a number of areas (especially fluoridation), raised the profile of the program among stakeholders and assisted with stakeholder input on program strengths/weaknesses and priorities.*

## Focused Technical Assistance and Mentoring

Requests to ASTDD for technical assistance (TA) are addressed via formal and informal consultation. This year eight states were assisted through the State Program Assistance and Resources Committee. Some technical assistance was directed to Primary Care Associations, public health departments and local clinics rather than to the dental directors. In the course of conducting interviews with state dental directors and MCH directors for the ASTDD Infrastructure Enhancement Project, TA was provided to 17 states. Dr. Balzer, ASTDD consultant for Persons with Special Needs, continued to provide TA to states and organizations on systems integration, data resources and best practices. Dr. Tatro, ASTDD's Evaluation consultant, also provided TA to three states, all ASTDD committees and the Board of Directors, as well as ensuring that ASTDD evaluation efforts align with those of CDC and other partners.

The Mentoring Program was also very active this year. Mentoring program materials were sent to eight new state dental directors/interim directors in PA, NE, GA, OR, MS, CO, MO and IL; three of these completed the paperwork and entered the program. Three new mentors were recruited: Dr. McClure (DE), Dr. Weno (KS), and Dr. Richardson (MS). In addition, WV completed mentoring program evaluations and MN had ongoing mentoring activity.

ASTDD also posts Funding Opportunity Announcements and other resources of relevance to state and local programs on the listserv. Tips are shared about how state oral health programs can interface with other health agency programs or other organizations to apply for funds.



### Use of State Oral Health Program Competencies and Competency Assessment Tools

The ASTDD Leadership Committee created *ASTDD Competencies for State Oral Health Programs* in 2009. This past summer the Maine and Alaska Oral Health Programs field tested *Competency Assessment Tools*. Alaska used the tool in conjunction with their onsite program review. In Maine the staff and contractors completed the program self-assessment tools and then met with an ASTDD consultant to discuss ways to use the information to recognize and enhance skills of current staff, fill gaps by reaching out to partners and set priorities for strategic planning. At least 22 states have used the Competencies for various purposes in the past year, including writing job descriptions and interview questions, realigning work responsibilities, justifying requests for additional resources and creating professional development plans. The ASTDD Mentoring Program has been reframed around the *Competencies and the ASTDD Guidelines for State and Territorial Oral Health Programs*.

### Emergency Preparedness and Response Technical Assistance

Dr. Finn (DC) attended the CDC Crisis Emergency Risk Communication training in New Orleans in May to help him provide technical assistance to states in using the ASTDD document, Emergency Preparedness Protocols for State and Territorial Oral Health Programs. Information about the manual and including dental professionals in response efforts was shared with the director of the Center for Infectious Diseases & Emergency Readiness at UC Berkeley School of Public Health. A roundtable, Readiness Now, was held at the NOHC where 12 participants received hands on assistance for the development of a continuity of operations plan that included handouts and the entire manual on a jump drive. In August Dr. Finn and Dr. Mayfield visited South Dakota to provide TA to both ND and SD representatives. The focus of TA was to: 1) Assess current status of preparedness using a pre-site visit survey; 2) Assist the dental director in preparing an operations protocol for the oral health program; 3) Identify key stakeholders and initiate a meaningful social network for collaboration in preparedness planning; and 4) Provide education for dental directors, staff and collaborative partners to improve public health crisis preparedness and response capabilities for the state oral health program. SD was commended for building an infrastructure to provide for disaster mitigation, preparedness, response and recovery of delivery of dental care services and dental public health. The TA suggested next steps to build on the solid foundation that currently exists. This type of TA will continue in 2012. These efforts received additional support through passage in December of HR 570, the Dental Emergency Responder Act of 2011. Members of the ASTDD Oral Health and Medical Response Team Committee and national partners participated in an HR 570 Coalition to provide input to the bill as well as the Senate's S.1855 Pandemic and All Hazard's Preparedness Reauthorization Act of 2011.



#### *Quotes from two ND and SD Participants after the Technical Assistance*

*“I added two questions to our workforce survey that asks the dental professionals if they have any emergency preparedness plan in place and if they would like further information.”*

*“Finally a specific reason (without waiting till a disaster occurred) to bring everyone to the table to discuss the matter!”*

## Collaboration with the Organization for Safety and Asepsis Prevention (OSAP)

ASTDD partnered with OSAP, the leading non-governmental organization focusing exclusively on infection prevention and safety for oral healthcare, to 1) Link SOHPs with state and national infection prevention and safety agencies and resources; 2) Foster coordination of efforts with public/private partners to manage emergency response requirements; and 3) Provide leadership in assuring the safety of oral health services for which the states have responsibility. To assess the current status of infection prevention and safety efforts in state oral health programs and within ASTDD, the project team looked at current ASTDD surveys, guidelines, policies and competencies and reviewed OSAP information for relevant applications. The team reviewed ASTDD policy statements and issue briefs, the ASTDD webpage on infection control, the Safety Net Dental Clinic Manual, the Mobile-Portable Dental Clinic Manual and the Basic Screening Survey documents, identifying gaps in infection control information and providing recommendations for additions/changes. The review found that a number of issue briefs, strategy documents and the infection control area of the website needed to be updated to include current infection prevention and safety information. An infection control review protocol will be included in the final review of all future ASTDD documents and projects. ASTDD previously collaborated with OSAP to develop guidance on *Infection Control Considerations for Dental Services in Sites Using Portable Equipment or Mobile Vans* to include a checklist and site/program assessment form. During the many natural disasters this past year, information on boil water advisories and OSAP infection and prevention resources was distributed to state and national groups. A public health portal also was created on the OSAP website to make infection prevention and control information available to all public health professionals.



## Highlighting State and Community Based Collaborations

ASTDD Committees created a number of documents highlighting collaborations between state oral health programs and community-based programs. All are posted on the ASTDD website and continue to be widely distributed in hard copy and electronically.

- *Opportunities for Collaboration between State Oral Health and Maternal and Child Health Programs to Improve Early Childhood Oral Health.*
- *Strategies to Improve Collaboration Between State Oral Health Programs and Head Start State Collaboration Offices*
- *Strategies to Improve Collaboration Between State Oral Health Programs and Health Center Oral Health Programs*
- *Promoting Access to Oral Health Care through Public-Private Partnerships*

ASTDD surveyed state dental directors to determine which states had relationships with their state/regional Delta Dental Foundations. Thirty three states responded, with 14 having positive relationships and 19 having no relationships. The findings were summarized in the fall issue of Oral Health Matters. ASTDD hopes to work with state Delta Dental Foundations to brainstorm ways to promote more interaction with state and local oral health programs and to share best practices to inform their funding decisions.

## State Dental Director Workshop and CDC Grantee Workshops

ASTDD representatives served on planning committees for CDC's State Dental Director Workshop in August and their State Grantee Workshop in March. The March meeting included sessions on HP 2020, the Basic Screening Survey for Older Adults, Emerging Oral Health Workforce Issues, National Fluoridation Update, State Best Practices, Fluoride Legislative User Information Database and Staff Peer Consulting. The August workshop included a full day of orientation for new dental directors followed by two days of sessions on Chronic Disease and Oral Health, Health Literacy, Public and Private Initiatives for Oral Health, Proposed Updates to the NOHSS, Reducing Oral Health Disparities and Achieving Health Equity, and New Action on Community Water Fluoridation and Communication Challenges. ASTDD, CDHP, the ADA and DentaQuest Foundation also provided updates. These are important venues for professional development and networking and to showcase how collaborations can enhance success.

# Strategizing for Better Communication

## Ad Council Campaign for Oral Health

ASTDD and many other groups are partnering with the Ad Council and distinguished members of the Partnership for Healthy Mouths, Healthy Lives coalition on a three-year oral health literacy campaign. The goal of the campaign is to raise awareness and educate parents and caregivers about the value of good oral health for their children and how it can be achieved. Some unforgettable slogans from the Ad Council's previous campaigns include the United Negro College Fund's *A Mind is a Terrible Thing to Waste*, and the U.S. Department of Transportation's *National Highway Traffic Safety Administration's You Could Learn A Lot From A Dummy* and *Friends Don't Let Friends Drive Drunk*. Initial phases of the research for the national campaign on oral health are complete. The next step is to begin the creative process and test the ideas through focus groups and other means. The Ad Council hopes to begin production of materials for the campaign in March 2012.



## State Oral Health Program Communication Template

Last year the ASTDD Communications Committee developed a *State Oral Health Program Communication Template* to help programs plan and evaluate individual communications such as press releases, issue briefs, health education campaigns and other media. A material/project- specific template and a year-at-a-glance template are used to highlight key messages, responsible parties, evaluation measures, resources needed, and timelines for all major communication strategies. North Dakota's Oral Health Program used it extensively to plan their Oral Disease Burden document, while ASTDD is asking its committees and consultants to use the template when planning ASTDD documents.

## Tracking Use of Information and Resources

ASTDD newsletter, listservs and website are key communication tools. The online newsletter, Oral Health Matters, is published three times a year and features ASTDD and state oral health program activities and resources as well as those of our associate members and national partners. ASTDD maintains five listservs, with the dental directors' and members' listservs being the most active. Highlights from the National Public Health Information Council's electronic newsletter and other groups' newsletters are frequently shared on the members' listserv to keep them informed of other health-related initiatives and resources. In 2011 our website received more than 47,000 overall hits and almost 31,000 unique visitors. The website currently contains 176 pages, 1619 documents and 3135 internal and external links.



ASTDD conducts an annual survey of its members to solicit feedback on its activities, technical assistance and resources, as well as assess states' needs and priorities for the upcoming year. Members provide valuable information on which resources they use, how they are used and some examples of outcomes. National partner organizations also were asked this year to provide similar feedback. Responses were used to identify the need for new resources and how to better market underused resources. A new software function for the website allows tracking of downloadable documents rather than just "hits" to webpages. All of this information will enhance our ability to better track the usefulness and impact of ASTDD resources.



# Assessing and Evaluating Partnerships and Collaborations

## New Tool for Evaluating Collaborations

ASTDD, with consultants Drs. Rebecca and Michael Woodland, has developed a *Handbook on Planning, Evaluating and Improving Collaboration for Oral Health Programs*, which was funded and reviewed by CDC and will be posted on the ASTDD website in February 2012. The *Handbook* contains basic concepts on collaboration literacy, suggestions for using the worksheets, examples of their use and a list of references and other resources. There is also a *Workbook of Steps and Worksheets to Accompany the Handbook*, a short overview of the steps and worksheets discussed in the *Handbook*. Separate files of nine *worksheets* can be adapted for various situations, along with a link to an evaluation feedback form to provide comments on use of the tools and any suggestions for revisions or additional tools. Although written for state oral health program collaborations, the concepts and worksheets can be used for any type of collaboration. ASTDD field tested the materials in Colorado and Arkansas and plans to assist states in their use in 2012. ASTDD has used the worksheets to evaluate its level of collaboration with 20 federal agencies, national organizations and corporations. On a scale of 1-4 (4 being the highest level of collaboration), eight of the 14 individuals (from seven organizations) felt our partnership is at the highest level, while two rated the partnership as a 3, five rated it as a 2, and one individual said we are still at the networking stage. This is a significant accomplishment and is due to some targeted persistent attempts to collaborate around specific areas of interest. Attendance at partner meetings, partially supported by CDC funding, has helped these partnerships mature.



## Partnership for Alignment Project

Experience in a number of states has shown that strong collaboration between a state's public health oral health staff and its state Medicaid and CHIP dental program staff can enhance the success of both dental public financing and public health programs. Lack of collaboration can negatively impact the effectiveness of the limited resources available to improve the oral health status of low-income residents. ASTDD and MSDA were able to acquire funding from the DentaQuest Foundation to work with the Centers for Medicare and Medicaid Services (CMS) to develop a project to address these issues.

The purpose of the Partnership for Alignment Project is to draw upon the expertise and influence of both MSDA and ASTDD, working with CMS and CDC, to help states improve their levels of inter-agency and intra-agency collaboration as the solid foundation on which to 1)

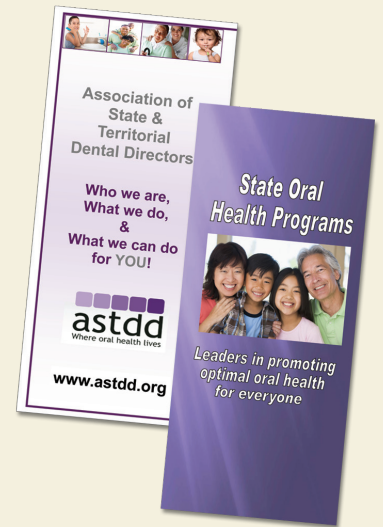
build their Action Plans for increasing children's utilization of preventive dental services in Medicaid and CHIP; and (2) ultimately create stronger public health oral health programs. The primary product of this project will be a collaboratively developed diagnostic tool for use by states to assess their current level of collaboration. The tool will include sample best practices to begin to help states improve their collaboration. A group of 21 people from ASTDD, MSDA, CMS and the DentaQuest Foundation met in DC in November to outline steps and make assignments to move the project forward.



# Increasing Visibility and Appreciation for State Oral Health Programs and ASTDD

## Promotional Materials

ASTDD continues to build on its branding elements that were created in 2010. With extensive input from its members, ASTDD produced two brochures in 2011. One focuses on ASTDD and its role in providing leadership at the national level and support to state oral health programs and activities through collaborations and advocacy. It also serves as a membership recruitment brochure. The second brochure highlights state oral health programs, describing what they are, what they do, examples of activities and partnerships, and why oral health is important. Brochures are available in hard copy or via the website. A new handout will be released in 2012: *Why Are ASTDD and State Oral Health Programs Important?* These materials and others will now be displayed on a portable ASTDD exhibit at the 2012 NOHC and other meetings.



ASTDD has increased its membership categories to include organizational associate members, entitling not-for-profit organizations to one primary associate member and up to three additional associate members. By the end of 2011 ASTDD had 51 state members, 7 territorial members, 8 life members, 100 associate members, and 2 organizational members (includes 7 individuals.) All of ASTDD's committees have representation from outside groups to heighten ASTDD/state oral health program visibility and create broader linkages and opportunities for collaboration; more than 50 non-members serve on ASTDD committees. In addition, ASTDD representatives serve on CDC, IOM, ADA, AAPHD, APHA, OSAP and ASTHO committees.

ASTDD representatives attended or presented at 30 national meetings in 2011. Some were annual conferences of our national partners while others were expert panels, task forces, national strategy workshops or institutes, grantee meetings, a leadership colloquium, and meetings with federal officials. Many of these were the result of specific invitations to ASTDD while others resulted from acceptance of abstracts submitted.

## State Oral Health Infrastructure and Enhancement Project

In 2000, ASTDD released the report, *Building Infrastructure and Capacity in State and Territorial Oral Health Programs*, funded by CDC. The 2000 Infrastructure Report led to the CDC DOH and the HRSA Maternal and Child Health Bureau adopting the top infrastructure and capacity elements in their funding guidance for states and establishing cooperative agreements for state oral health programs to work with partners and coalitions to increase oral health infrastructure and capacity. The report also established the ASTDD Best Practices Project to highlight successful strategies to improve state oral health program activities, and emphasized the need for state oral health surveillance systems to contribute data to the NOHSS.

CDC awarded supplemental funding to ASTDD for a new project in 2010-11 to look at state oral health program (SOHP) infrastructure from 2000 to 2010 and each state's capacity to address Core Public Health Functions and deliver the 10 Essential Public Health Services to Promote Oral Health. The aim of this project was to review past efforts in infrastructure and capacity building and provide new information and recommendations to enhance and expand states' abilities to fulfill their critical role in achieving optimal oral health for all people. The project also studied the question of what elements foster resiliency and progress in some programs while others encounter major obstacles to conducting the services and ensuring sustainability.

The ASTDD project team: 1) Reviewed articles in the scientific literature, governmental publications and reports and data from the ASTDD State Synopses from 2000 – 2011, as well as numerous additional surveys (published and unpublished); 2) Conducted targeted interviews with multiple and diverse key informants; and 3) Analyzed quantitative and qualitative



information to identify key elements contributing to successful programs. The release of the final report was planned for Feb 2012, with subsequent shorter overviews for specific audiences. In addition, the Maryland Oral Health Coalition commissioned ASTDD to write a background paper on state oral health infrastructure for their Oral Health summit last summer; the paper was submitted and will be published in an upcoming special issue of the *J Public Health Dentistry*. Further activities and publications resulting from this study will occur in 2012.

**Transitioning to New Models and Funding**

With funding from two cooperative agreements, ASTDD worked closely with the HRSA MCHB staff for 11 years helping states to improve the oral health of pregnant women, children and their families. Although ASTDD still is continuing this focus, no funding opportunity has been available since August 2011 to support these activities. As noted earlier in this report, funding from the Office of Head Start is now supporting some of ASTDD’s oral health activities for Head Start populations through the National Center on Health. A small portion of the CDC cooperative agreement supports activities for perinatal and early childhood oral health activities. ASTDD is actively pursuing other avenues of support for MCH-related activities by establishing new partnerships and enhancing existing collaborations.

Although ASTDD is looking for long-term support to be able to continue its support of state efforts, indirect support or cost-sharing of specific activities by other national or state organizations, such as being an NOHC exhibitor or sponsor, have been extremely helpful. Other examples include covering audiovisual costs, travel or internet charges for professional development workshops or webinars, printing and graphic arts support for the newsletter or other publications and cost-sharing for onsite program reviews and technical assistance. With a difficult economic environment at the national, state and local levels, states and communities are encouraged to create strong oral health coalitions and pursue innovative collaborative partnerships. One of ASTDD’s goals is to increase the visibility of oral health professionals’ roles and responsibilities in improving overall health, as well as the roles and resources of federal agencies, national organizations, dental insurer, manufacturers/distributors of oral health products and other groups. ASTDD has developed an orientation webinar, *An Overview of Federal Partners and their Role in Oral Health*, and is in the process of developing a similar webinar on National Organizations.

After ASTDD evaluated its level of collaboration with 20 groups earlier in the year, the Board of Directors (BOD) prioritized how to partner with each group during the upcoming year. Central to the collaboration process is sharing a common mission and reviewing strategic plans and workplans for areas where collaborative efforts might enhance outcomes of individual efforts. Particular progress has been made with OSAP, NNOHA, the ADA, Henry Schein and DentaQuest Institute and Foundation, some of whom will be presenting sessions at the 2012 NOHC. The BOD will be meeting with representatives from at least 12 of the groups during the NOHC. We hope to announce new partners in next year’s annual report.





## ASTDD Team Members

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### Board of Directors for 2011

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  
Katherine Weno, DDS, JD – 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  
Lynn Bethel, RDH, 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

51 state members, 7 territorial members, 100 associate members, 8 life members and 2 organizational members.

### ASTDD Primary Project Consultants for 2011

Jay Balzer, DMD, MPH  
Sue Dodd, RDH, BA  
Kathy Geurink, RDH, MA  
LeeAnn Hoaglin-Cooper, RDH, BS  
Michelle Landrum, RDH, BS  
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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  
Rhonda Sledge, RDH, MHSA  
B.J. Tatro, PhD

### ASTDD Primary Contractors for 2011

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)





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Where oral health lives