Promoting Strong Oral Health Programs

RESOURCES

SURVEILLANCE CAPACITY

PLANNING & EVALUATION CAPACITY

Leadership & Staffing, Partnerships & Coalitions

POLICY & PROGRAMS

ORAL HEALTH FOR ALL

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Where oral health lives

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Foreword

Strong and well supported State Oral Health Programs play a significant role in advancing the oral health of their respective states and territories as well as the nation. In recognition of this, the Association of State and Territorial Dental Directors (ASTDD) has made it a priority to develop and advance tools to strengthen state oral health program infrastructure and capacity. The 2012 annual report documents many of these efforts including the development of the landmark State Oral Health Infrastructure and Capacity: Reflecting on Progress and Charting the Future report, which is part of an Infrastructure Enhancement Project (IEP) funded by CDC's Division of Oral Health.

As guided by the IEP project, our annual report is structured along five key infrastructure areas needed for strong oral health programs: ample resources and public health agency support; innovative leadership; adequate program capacity in surveillance, planning, and evaluation; sufficient infrastructure and expertise in developing evidence-based oral health programs; and strong and sustainable partnerships. This project, in addition to the numerous other initiatives highlighted in this report, documents the continuing support ASTDD provides to its State Oral Health Programs members and Associate members to collectively be a national voice and advocate for oral health.

ASTDD continues to strive to be a major national resource for best practices, data, policy statements and technical assistance to states and territories as well as to the federal government. These efforts cannot be accomplished in isolation and we truly value the cooperation and collaboration with our many federal, state, and private foundation partners. I hope and trust that you will find our 2012 Annual Report to be both informative and of value to you in demonstrating the range of activities and roles that ASTDD and State Oral Health Programs play in improving the oral health of Americans.

Harry Goodman, DMD, MPH

President, ASTDD

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Partial funding for this report was made possible by cooperative agreement 5U58DP001695 from the Centers for Disease Control and Prevention, Division of Oral Health.

Promoting Strong State Oral Health Program Infrastructure and Capacity

ASTDD celebrated a significant achievement this year, releasing a report, *State Oral Health Infrastructure and Capacity: Reflecting on Progress and Charting the Future,* part of an Infrastructure Enhancement Project (IEP) funded by CDC's Division of Oral Health (DOH). This report looks at State Oral Health Program (SOHP) infrastructure from 2000 to 2010 and the capacity of SOHPs to address Core Public Health Functions and deliver the 10 Essential Public Health Services to Promote Oral Health in the US. The study methods and publication of a background paper in the *Journal of Public Health Dentistry* were mentioned in last year's annual report.

In addition to reviewing past efforts to build infrastructure and capacity, the report provides new information, lessons learned and recommendations to enhance and expand the abilities of SOHP to fulfill their critical role in achieving optimal oral health for all people. Throughout this annual report, the term "state" also applies to "territories" that are eligible to be ASTDD voting members. Although the report does not specifically address territorial oral health programs as their funding streams, staffing, involvement in clinical care programs, etc are all so different, many of the lessons learned and recommendations will be helpful to these programs. We continue to share information and tools and ask for input via surveys, but time zones, distance and intermittent internet connectivity continue to be challenges to fully engaging territorial oral health staff.

The report addresses five categories of SOHP infrastructure elements displayed in the graphic on the cover of this annual report. ASTDD derived the following key messages from the report to highlight in the upcoming year in several ways.

State oral health programs make an essential contribution to public health and must be continued and enhanced.

- A successful SOHP must have diversified funding that includes funding for state and local evidence-based programs.
- A successful SOHP needs a continuous, strong, credible, forward-thinking leader.
- A successful SOHP needs a complement of staff, consultants and partners with proficiency in the *ASTDD Competencies for SOHPs*.
- A successful SOHP needs one or more broad-based coalitions that include partners with fiscal and political clout.
- A successful SOHP must have valid data (oral health status and other) to use for evaluation, high quality oral health surveillance, a state oral health plan with implementation strategies, and evidence-based programs and policies.

We hope to use information from the report to promote the importance of state oral health programs and activities and the need for broad-based, consistent support. Related publications produced in 2012 include:

- *Oral Health Coalitions & Community Advocates: A Key Element of State Oral Health Infrastructure*
- *Why are ASTDD and State Oral Health Programs Important?*

Presentations about the report, state oral health programs, and ASTDD resources for states have been/will be made at the following meetings: 2012 National Oral Health Conference (NOHC); 2012 American Public Health Association (APHA) Meeting; CDC, DOH state grantees meeting; National Oral Health Alliance Symposium on Oral Health Infrastructure; NIH 2012 Summit on the Science of Eliminating Health Disparities; and in January 2013 at a Delta Dental Community Benefit Manager's Forum and for a February UCSF Dental Public Health (DPH) Seminar. ASTDD representatives also served on CDC's Infrastructure and Capacity Development Indicator Project that will create performance measures for future grants to states.

The rest of this 2012 ASTDD Annual Report will highlight activities conducted this year around lessons learned for each of the five key infrastructure elements noted in the cover graphic.

Resources: Funding and Technical Assistance, SOHP Position and Authority within the Public Health System

> A successful SOHP must have diversified funding that includes funding for local programs. Relying on just one funding source can jeopardize a program, especially during economic downturns. In recent years, several states that relied solely on state general funds have faced dramatic budget cuts resulting in the loss of state staff and local programs. Placement of the SOHP within the state's health division is also important. Successful programs tend to have a higher placement within the state's organizational structure giving them direct access to the health director and the ability to negotiate to be included in funding opportunities.
>
> *ASTDD. State Oral Health Infrastructure and Capacity: Reflecting on Progress and Charting the Future. 2012.*

ASTDD began a new communication tool this year, a Weekly Digest that goes to the membership. The digest features numerous funding opportunities for states/territories, coalitions and local programs. The ASTDD listserv and the newsletter, *Oral Health Matters*, also feature funding opportunities and resources that will help states identify new resources, outline their needs and describe their program successes. The listserv also announces which states/territories were successful in securing grants so peers can network to share information. During the IEP interviews, the project team discovered that state programs sometimes do not receive funding directly but the funds go to coalitions or local programs overseen by the SOHP. An additional question was added to the State Synopsis to capture this information.

According to 2011 Synopses data, eight states received 100% of their funding from one primary source (Medicaid, Non-Medicaid state funds, HRSA or CDC) while 10 states received more than 75% of their funding from non-federal sources (Medicaid and non-Medicaid state monies.) The rest of the states have a mix of funding sources. Fourteen states received no direct MCH Block Grant funding, while three had 100% MCH Block Grant funding.

ASTDD also is attempting to diversify its funding base to be able to increase several types of support to states. ASTDD is in the last year of its five-year cooperative agreement with CDC, but will apply for new funding if available. We were able to secure Office of Head Start (OHS) funds for 2012-13 through the Head Start National Center on Health (NCH) contract. We increased the number of organizational and individual associate members, bringing in a bit more dues revenue and expanding our diversity. This year we focused on establishing closer relationships with key national groups such as DentaQuest, Delta Dental, Henry Schein, Inc., and others. Henry Schein Inc. became our first corporate member and has also provided support for the NOHC and in-kind support such as formatting for the newsletter and occasional webinar hosting. We also are in the process of developing a group of corporate alliance partners. ASTDD representatives spent time during exhibits at the NOHC and other national conferences meeting the other exhibitors and learning about their community benefit programs and other efforts to bring their products and services to states and local communities. This was also a prime opportunity to share information about state oral health programs and ASTDD with these groups. The 2012 NOHC drew 33 exhibitors, including five new ones, and a number of sponsors.

Ken Goff of Aseptico is a major NOHC supporter

ASTDD tries to keep track of the placement and configuration of SOHPs, as well as staffing, but situations constantly change. SOHP designations (e.g., offices, divisions) often change with health agency reorganizations, and designations do not directly correlate with level of authority. Placement of the SOHP and level of authority of the dental director in the health agency are important for advocacy, policymaking and securing critical resources. Lines of authority and communication are further complicated by state models that use general management staff for multiple programs vs. professional management staff for more categorical programs. The general management model has created challenges for states that do not have sufficient dental public health expertise or staff to be able to adequately address the 10 Essential PH Services to Promote Oral Health. To help some increase their knowledge, ASTDD shared the ADA resource, Dental Public Health Orientation Module, that some of our members helped develop.

Continuity of directors and staffing is also important. Of concern is that in 2010 12 states had directors that had been in the position for less than one year, compared to four states in 2005. During the past two years a few highly respected, long-time state dental directors retired. Other 2010 data about directors show a concerning trend:

- Only 17 states (33.3%) had a dental professional with a public health degree
- 13 states (25%) do not require that the director have any public health experience
- 10 states (19.6%) did not have a dental professional (dentist or dental hygienist) as the director.

On a more positive note, some of our directors have been recognized for their leadership skills and asked to perform broader functions within state health departments.

Various levels of technical assistance are offered to states through ASTDD, including consultant advice on a specific topic, how to conduct a self-study to determine progress or areas for improvement, and a comprehensive onsite program review by a consulting team. ASTDD works closely with CDC and CDHP to provide assistance to states. ASTDD is working with national and federal partners to design new training and TA models to help states meet their responsibilities and address staffing challenges, as well as creating a policy statement on SOHP Infrastructure and Capacity.

Dr. LeMay is ready to retire to his Harley

Three consecutive Colorado dental directors

CDC Division of Oral Health partners

Leadership/Staffing and Partnerships/Collaborations

Successful oral health programs tend to have one thing in common—a continuous, strong, credible leader with the ability to create partnerships and leverage available assets to ensure that 1) the state program is addressing the 10 Essential Public Health Services to Promote Oral Health and the Guiding Principles of the *SOHP Competencies*, and 2) clinical services are being provided at the local level through local programs and staffing. A SOHP does not need to be big but it must be *strong* and *forward thinking*. Strong SOHPs have broad-based coalitions that include partners with financial and political clout. State program staff need not be proficient in all SOHP competencies but should identify where gaps exist, determine if the gaps are crucial for program functioning, and identify resources outside the program to fill the gaps. Taking advantage of ongoing leadership and professional development opportunities is important for skill development and succession planning.

In late 2012, ASTDD re-aligned its committee structure, merging the Leadership Committee with the State Program and Resources Committee to become the State Development and Enhancement Committee. The goal of this committee is to promote and support SOHPs and SOHP leadership and staff development through a variety of resources, including the *ASTDD Guidelines for State and Territorial Oral Health Programs, Competencies for State Oral Health Programs* and the *State Oral Health Program Review Manual*. The committee also oversees ASTDD orientation, mentoring and professional development activities through one-on-one peer coaching, workshops and webcasts as well as referring members to other learning and leadership opportunities. Members participated in webinars sponsored by the Pew Children's Dental Campaign, CDC, Medicaid/CHIP State Dental Association (MSDA), HRSA and other groups.

The committee assisted in planning and presenting a roundtable discussion at the 2012 Annual Association of Maternal and Child Health Programs (AMCHP) Conference in Washington, DC entitled, *Integrating State Title V and SOHPs*; it featured the presidents of both AMCHP and ASTDD. Members from the committee also presented a panel on *Collaborating with Your State Oral Health Program* at the 2012 National Primary Oral Health Conference that was primarily geared to community health center staff and primary care associations.

Targeted technical assistance (TA) in 2012 was provided by the committee to seven states using a number of models. Assistance also was provided for planning and implementing OH Summits in HRSA Regions VII and VIII and in Wyoming, as well as follow-up TA to the new Wyoming OH coalition; initial planning for an OH Summit in Montana was requested but postponed to 2013. Dr. Russell, previous chair of the State Program and Resources Committee, provided technical assistance in person or by phone to several states by invitation including Missouri, Minnesota and California, and was invited to address the primary care programs in Kansas, Arizona, Alaska, and a public health clinic site visit in Minnesota. These visits started in 2012 and will continue in 2013.

ASTDD has developed a formal on-site comprehensive program review (SOHPR), which includes assembling a peer review team, collaborating with state officials to plan and implement a review visit, and developing a final report. *SOHP Reviews: They Work!* was a featured article in *Oral Health Matters*. At the request of the Massachusetts SOHP, a SOHPR team was deployed in April, and a final report with specific findings and recommendations was delivered in July. An additional dividend of this visit was the contribution of the SOHPR process to the professional development of the three state dental directors who were members of the review team. A 2012 NOHC roundtable presentation featured last year's program review, *ASTDD State Oral Health Program Review of Alaska: A Model for Program & Policy Affirmation and Validation*.

ASTDD held an Orientation webinar for state dental directors in August, with more planned in 2013. The mentoring program and activities now focus on the 10 Essential Services to Promote Oral Health used in the *Guidelines* and on the *Competencies for SOHP*. Process and outcome evaluation measures based on these were added to the mentoring program evaluation form this year. An outline for a Guide for Mentors was developed to create a more standardized program with flexibility for mentoring

in key areas of need; two new mentors were recruited. Mentoring program materials were sent to 14 new state dental directors/ interim directors; 5 states entered the mentoring program as of December 2012 and an additional state completed the mentoring evaluation for the year. As a means of leadership development, ASTDD sponsored Mentoring Program Coordinator Ms. Mangskau's participation in the *Action Learning Coach the Coach Training*, conducted through webinars by CDC, ASTHO and the National Leadership Network.

ASTDD continued to maintain collaborative relationships with more than 20 groups this year, attended at least 25 national meetings and exhibited at two of them. We conducted our annual collaboration evaluation survey and used the information to discuss issues and projects throughout the year via conference calls and meetings with the Board of Directors (BOD) at the NOHC. For example, ASTDD worked with the Association of State and Territorial Health Officials (ASTHO) on an ASTHO policy statement supporting state oral health programs and with MSDA on a Partnership for Alignment project with state Medicaid dental consultants and state dental directors. ASTDD continued its collaboration with the Organization for Safety, Asepsis and Prevention, facilitating a session at the OSAP 2012 Symposium and sharing resources on infection prevention and control for mobile/portable dental care systems. Each ASTDD committee also has a cadre of partners participating in committee activities and promoting oral health. National partners attended the NOHC and more ASTDD members attended the National Primary Oral Health Conference (NPOHC) this year hosted by HRSA and the National Network for Oral Health Access (NNOHA). ASTDD also participated in national multi-organizational efforts such as Pew's Campaign for Dental Health, the National Roundtable for Dental Collaboration, National Oral Health Alliance Colloquia and the Ad Council's Oral Health Campaign, Partnership for Health Mouths, Health Lives.

OSAP panel at NOHC

ASTDD Members at National Primary Oral Health Care Conference

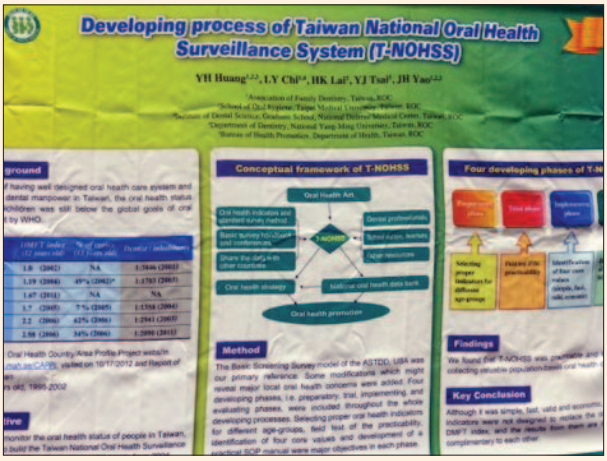
ASTDD is in its second year staffing portions of the Head Start National Center on Health's Oral Health Project. Consultants attended NCH workgroup meetings in February 2012 and an oral health strategic planning meeting in September 2012 in Washington D.C. ASTDD conducted surveys of state oral health programs, Head Start State Collaborations Offices and Head Start Associations to acquire feedback on successful models and lessons learned during the previous Dental Home Initiatives and recommendations for the future. We also collected and are reviewing promising models from states, tribes, and communities. Consultants gave several presentations at key national and regional Head Start conferences including Parent Institutes and Health Institutes. ASTDD partnered with American Dental Hygienists' Association (ADHA) to identify and recruit dental hygienists in all 50 states to serve as liaisons and communication portals between NCH and state Head Start activities and programs. Plans are underway to develop a national collaboration plan with several national organizations.

Head Start NCH Oral Health Project partners

Oral Health Surveillance Capacity

> Data drives decision-making. Ongoing, high quality oral health surveillance and broad dissemination is an essential factor for a successful SOHP. Surveillance alone, although valuable, is substantially less effective than surveillance with sound analysis and dissemination. Sharing reader-friendly oral health surveillance data reports with partners and funders promotes understanding of the importance of oral health and disease prevention programs, as well as the need for and value of funding for these programs.
>
> *ASTDD. State Oral Health Infrastructure and Capacity: Reflecting on Progress and Charting the Future. 2012.*

The ASTDD Data Committee oversees all Association 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 Synopsis of State Programs, Basic Screening Survey (BSS) training and technical assistance, any MCH or Head Start related data requests or technical assistance, and any data activities of other committees. ASTDD consultants provided TA to six states for conducting a third grade BSS, one state for a Head Start BSS, and 10 states for an older adult BSS. As of Dec 2012, 44 states had submitted qualified third grade BSS data to the NOHSS. Of these states, 22 have collected data in multiple years. The Data Committee also has been working with CDC, MSDA, the Centers for Medicare and Medicaid Services (CMS) and CDC staff to plan a preconference workshop, "Objectives, Indicators, Measures and Metrics," for the 2013 NOHC.



The 2012 State Synopsis report was completed by 49 states and DC and an aggregated summary is posted on the website. ASTDD is planning to transition Medicaid dental participation questions from the State Synopsis Survey to a MSDA Survey, so the 2013 State Synopsis will be the last year these questions are asked on the ASTDD survey.

ASTDD and CDC representatives presented position papers to the Council of State and Territorial Epidemiologists (CSTE) to add indicators to the NOHSS. Most of the additional indicators relate to those used in *Healthy People 2020*. CSTE approved the additional indicators; a workgroup has been formed for ongoing review of NOHSS indicators. Abstracts have been submitted for presentations at the 2013 CSTE meeting. Data Committee members also helped revise oral health indicators within the list of CDC Chronic Disease Indicators; these will be finalized in 2013. Taiwan recently developed a T-NOHSS based on our NOHSS.

The Basic Screening Survey was used extensively by Children International's Global Dental Services program in 2012 to screen 125,610 children and youth between the ages of 3 and 19 through dental clinics located in 11 countries in Latin America, Asia, Africa and North America. Results are summarized in a 2013 issue of *Oral Health Matters*. The NCH is working to improve the comparability of oral health data across Head Start programs and to create a form that reflects BSS elements as well as Head Start Performance Measures that are submitted in Program Information Reports.

Data committee members have provided comments to CSTE on a 2013 state survey of epidemiology capacity that will include information on oral health surveillance. This is the first year in the State Epidemiology Capacity Assessment Survey that oral health will have a separate survey module. The committee is also assisting CSTE in developing a written support manual containing surveillance tools and references for use in the training of new oral health epidemiologists. Sufficient access to epidemiology staff is crucial to maintaining an oral health surveillance system and disseminating reports. To facilitate this communication, ASTDD created a listserv for epidemiologists who provide assistance to state oral health programs.

Resources developed for states in 2012, some to be posted in January 2013, include:

- *Using Oral Health Data to Inform Decisions and Policy Development*
- *ASTDD State Data Surveillance Template (being updated)*
- *Guidance for Selecting a Sample for a School-Based Oral Health Survey.*

State Planning, Evaluation Capacity

> For a SOHP to succeed it must have a current (within the last five years) and comprehensive state oral health plan with a practical evaluation component. Evaluation can assess a program's relevance, progress, efficiency, effectiveness and impact. Program evaluation engages stakeholders and is useful for continuous quality improvement. Carefully planned evaluation can yield new evidence. SOHP infrastructure is needed to build capacity for evaluation. Evaluation helps build infrastructure and enhance sustainability when results are used to improve programs, increase program visibility and demonstrate program achievements. Strong programs have evidence-based goals, conduct routine evaluation and alter their programs based on evaluation results
>
> *ASTDD. State Oral Health Infrastructure and Capacity: Reflecting on Progress and Charting the Future. 2012.*

Strategic planning and development of an oral health plan is crucial for states as well as for ASTDD. In conjunction with the 2012 ASTDD Annual Business Meeting, members engaged in facilitated roundtable discussions to provide feedback on the ASTDD Strategic Plan to determine if changes were needed. We also received many valuable suggestions for ASTDD activities that were forwarded to the various committees. Only a few changes were recommended to the plan, which was then revised and approved by the Board of Directors; it is displayed at the end of this report.

ASTDD's Evaluation Specialist, Dr. Tatro provides ongoing assistance to states that request input on their evaluation strategies and to ASTDD committees on their logic models and workplans. She assists with design, analysis and reporting for the many surveys ASTDD conducts with its members and national organizations throughout the year. Evaluation is part of everything we do. Responses to an annual survey of members are used by the BOD and committees to establish priorities for the next year and to determine marketing strategies for resources not being used to their full potential.

ASTDD published a new resource for states (mentioned in last year's annual report), *Handbook on Planning, Evaluating and Improving Collaboration for Oral Health Programs* and an accompanying Workbook. These documents include tools for 1) determining a shared purpose, 2) raising collaboration literacy, 3) inventorying and mapping communities of practice, 4) monitoring stages of development, 5) assessing levels of integration, 6) assessing inter-professional collaboration, and 7) developing a communication plan to share findings. This resource was featured during a CDC state grantees meeting and during an NOHC roundtable. Included in the Handbook is an *ASTDD Communication Planning Template* produced in 2010 that has been used by states and ASTDD committees to help plan and evaluate their communication strategies and key messages. In addition to ASTDD evaluation resources, CDC provides significant guidance and resources to funded states on evaluation. States report having more access to evaluation expertise in recent years.

Looking ahead to future challenges for SOHP, ASTDD, and other organizations, we believe that the ability to scale programs up and down in response to the environment and identify and sustain core elements can help to sustain programs in challenging times. Continuous planning and evaluation are key to these efforts. A truly resilient program or association will not only respond to and recover from these circumstances, but over time may increase its ability to respond to unpredictable events.

Policy Work, Evidence-Based Prevention & Promotion Programs

> States that have documented improvements in the oral health status of their residents have in common strong evidence-based local programs with quality guidance from the state. The directors/staff interviewed agreed that local level evidence-based programs such as dental sealants and fluorides targeted to high-risk populations were essential to oral health improvements. Local programs without guidance, however, were not always successful, partially because local programs may not understand the need for or use of evidence-based approaches. States with local programming limited to oral health education have not seen improvements in the oral health of the children they serve.
>
> *ASTDD. State Oral Health Infrastructure and Capacity: Reflecting on Progress and Charting the Future. 2012.*

A number of interesting findings about prevention activities emerged from the IEP report. Since 2000, due to increased funding, resources and guidance from multiple federal agencies and national organizations such as ASTDD, there has been an increase in the number of states with dental sealant programs and the number of children who have received sealants through these programs. In 2000, about 193,000 children received dental sealants through 25 state sealant programs. In 2010, 40 states had a sealant program that served almost 400,000 children. States with fluoride varnish programs also increased from 23% of states in 2002 to 62% of states in 2010. Anecdotal reports suggest that fluoride varnish applications have especially increased in WIC and Head Start programs.

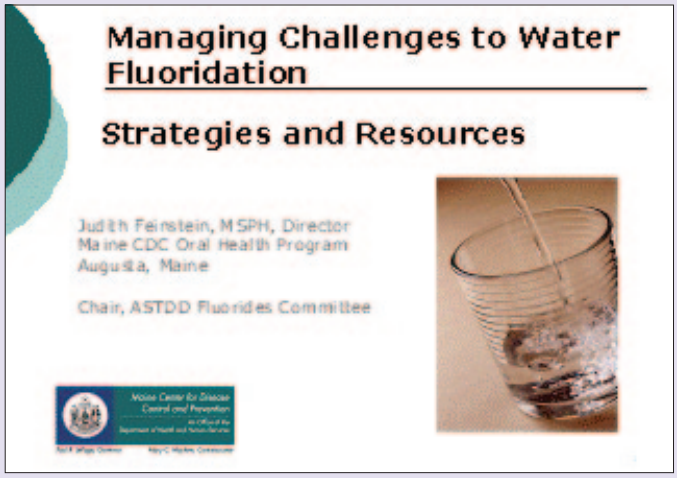
Programs for pregnant women have increased from 45% in 2005 to 54% of states in 2010 and are continuing to increase. States benefited from many pregnancy/perinatal resources developed by ASTDD and other groups this year as well as presentations at meetings:

- MCHB/HRSA document, *Oral Health During Pregnancy: A National Consensus Statement– A Summary of an Expert Workgroup Meeting*
- *ASTDD Best Practice Approaches for State and Community Oral Health Programs on Perinatal Oral Health*
- *ASTDD Policy Statement on Perinatal Oral Health*
- *ASTDD Policy Statement on Early Childhood Caries*
- *ASTDD Dental Visit by Age One Policy Statement*
- *Improving Access to Perinatal Oral Health Care: Strategies and Considerations*, a CDHP-NIHCM Dental Perinatal Oral Health Issue Brief
- NOHC panel, *Improving Perinatal and Early Childhood Oral Health through Partnerships with MCH Programs*
- 2012 Annual AMCHP conference panel, *Putting 'Teeth' into Title V Oral Health Partnerships*

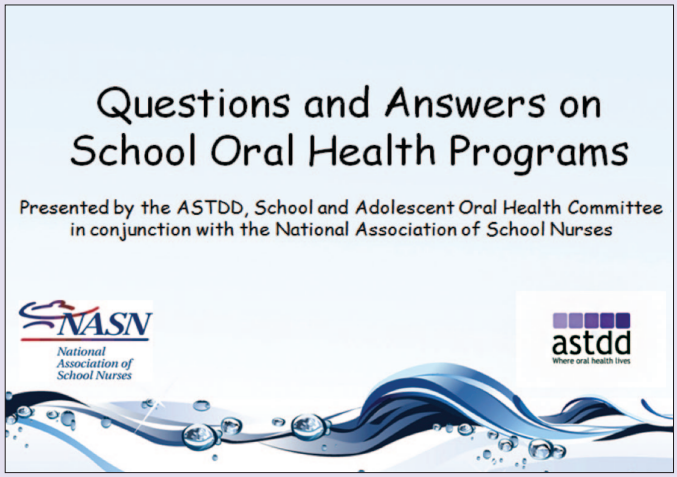
NOHC Panel

ASTDD's Perinatal and Early Childhood Committee split into two committees this year to emphasize the many resources and activities devoted to each area and to incorporate some of the activities in the Head Start National Center on Health subcontract to ASTDD. The Early Childhood (EC) Committee conducted a follow-up survey to one done in 2011 of SOHP collaboration with MCH early childhood programs, particularly focusing on collaboration with the Maternal Infant Early Childhood Home Visiting Program (MIECHV) and the Early Childhood Comprehensive Systems Initiative (ECCS); 26 states responded. Findings were incorporated into the NOHC panel presentation. Several EC members presented at key national and regional Head Start Association conferences and parent institutes. The EC Committee formed a Home Visiting Forum to increase

collaboration with other national organizations to promote oral health awareness in home visiting programs and increase the number of home visiting programs that include an oral health education and prevention component.



The ASTDD Fluorides Committee has been very active partnering with other groups to provide resources to states and communities this year. The goal of the ASTDD Fluorides Committee is to provide ASTDD membership with the partnerships, policies and guidelines needed for the appropriate use of fluoride in community, population-based programs designed for dental caries prevention. The committee planned and sponsored two webinars for ASTDD members. *Community Water Fluoridation: Effective Strategies and Messaging* was done in collaboration with the Pew Children's Dental Campaign in February with 95 participants, and *Managing Challenges to Community Water Fluoridation: Perspectives from the Field, Tools and Resources* was held in May with 72 participants. The Fluorides Committee hosted a roundtable on *Fluoride Supplements in Community Programs* at the NOHC, inviting participants to join a discussion of how new evidence is changing recommendations for school-based fluoride supplement programs. ASTDD representatives participated in a workgroup of the American Dental Association Council on Scientific Affairs Expert Panel that conducted a systematic review of topical fluoride agents including fluoride varnish, as well as the Campaign for Dental Health's National Strategy Workgroup on community water fluoridation. Five state dental directors or staff participated in initial testing for online fluoridation training CDC plans to offer. ADA launched its Fluoridation Tool Kit and worked with ASTDD to help share the information with non-dentist/non-ADA member state dental directors.



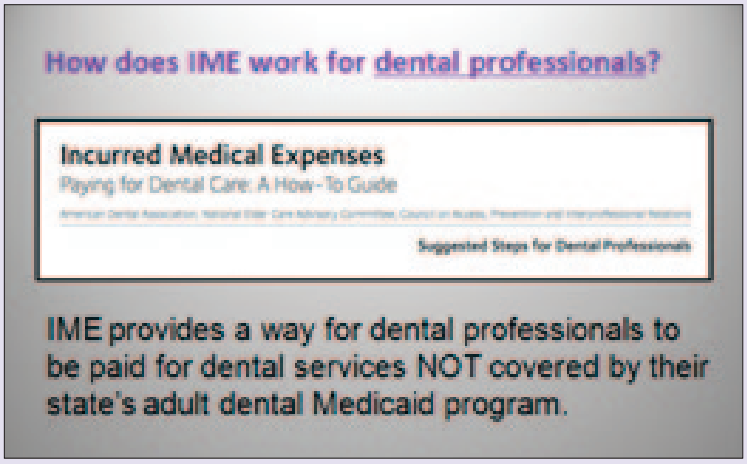
The ASTDD School and Adolescent Oral Health Committee, our largest with 27 members, serves as a resource to state oral health programs and works to ensure a strong oral health component in all school and adolescent health initiatives. In October committee members presented a webinar on *Questions and Answers on School Oral Health Programs* in collaboration with the National Association of School Nurses (NASN). The committee also submits monthly oral health messages (~ 50 words in length) to the NASN weekly e-newsletter. Members presented concurrent sessions at the NOHC on *Creative Liaisons: A Partnership to Sustain School Sealant Programs* and *Milwaukee Smart Smiles: Connecting National and Regional Resources to End Oral Health Disparities*. They partnered with the Maternal and Child Oral Health Resource Center to review and provide updates to a fact sheet, *Oral Health and Learning: When Children's Oral Health Suffers, So Does Their Ability to Learn*.

The Best Practice (BP) Committee supports the ASTDD Strategic Plan with a commitment to advancing the Key Direction to "promote and use evidence-based practice" and the related Major Actions:

- Collect, summarize and disseminate best practices
- Foster adoption of oral health best practices
- Promote integration of oral health best practices into other programs (cross-program, cross-discipline.)

A 2012 analysis of the ASTDD website statistics showed the BP website had 7,454 hits and the BP State Activities page logged 49,971 hits. The BP Committee continued to contact states to update or archive state activity submissions; about 50% had completed reviewing/updating/archiving their submissions. States were also asked to continue to submit new submissions. The committee continues to collaborate with the Healthy Aging Committee on development of a new Older Adult Best Practice Approach Report (BPAR), with the School and Adolescent Oral Health Committee to update the *School-based Dental Sealant Programs Best Practice Approach Report*, and with the State Enhancement and Development Committee to update the *Access to Oral Health Care Services: Workforce Development Best Practice Approach Report*.

A few ASTDD consultants and state dental directors have published articles or reviews in the *Journal of Evidenced Based Dentistry*. ASTDD's consultant for Children with Special Health Care Needs (CSHCN) issues, Dr. Balzer, provided TA to several individuals and states regarding the *ASTDD Best Practices Approach Report on CSHCN*, CSHCN activities in HRSA grants and in dental hygiene programs, and to a group setting up a special needs clinic. Dr. Balzer reviewed a new edition of the NOHRC Head Start Oral Health Resource Guide to suggest additional resources related to CSHCN and reviewed slides submitted to the Office of Head Start for accuracy of CSHCN content. He also participated in a stakeholder interview related to the Insure Kids Now (IKN) dental provider locator to assure it is responsive to needs of CSHCN.



The Healthy Aging Committee (HAC) serves as a focal point for healthy aging issues and resources for state oral health programs. The committee is involved with reviewing model programs, policies and resource materials related to healthy aging with the goal of supporting statewide efforts in this area. Oral Health America's 10th Anniversary *State of Decay Report Card* included information obtained from interviews with states that submitted summaries for the Older Adult BPAR that will be completed in 2013. The ADA's National Elder Care Advisory Committee (NECAC) reviewed the outline for the Older Adult BPAR. The ASTDD Healthy Aging Committee worked with numerous partners to hold a webinar in October on *Increasing Access to Care for Older Adults Using the Incurred Medical Expense Benefit*.

The Policy Committee develops, promotes and supports policies to assist state oral health programs to improve oral health. The committee collaborated with CDC and CDHP to sponsor a roundtable on *HP2020 Oral Health Leading Indicator* at the 2012 NOHC and a concurrent session on *The Role of Social Determinants of Oral Health in Implementing HP 2020 Oral Health Objectives*. ASTDD and CDHP also presented a webinar on *Policy Scans* and a policy workshop, *From Oral Health Policy to Practice*, prior to the 2012 NOHC; there were more than 80 participants at the workshop. ASTDD also collaborated with CDHP on *Trend Notes V, Quality Improvement in Children's Oral Health: Moving from Volume to Value*. As a result of conducting the ASTDD annual policy priority survey of members, funding, access and oral health coalitions emerged as the top issues for policy development. Committee representatives met with the DPH residency program directors at the 2012 NOHC to discuss opportunities for dental residents to be involved in policy actions with ASTDD; a number of dental residents assisted in researching and drafting policy statements this year. In addition to the new policy statements already mentioned, ASTDD members passed a policy statement on School-based or School-linked Mobile or Portable Dental Services. ASTDD again facilitated a review with AAPHD of ADA Resolutions and provided testimony.

Development of socio-political systems and policy changes that support oral health interventions are important to the long-term sustainability of state oral health programs. The process of policymaking guides decisions about program priorities as well as resource allocation and appropriation. States deal with several public health issues each year, some of which are incorporated into policies, laws or regulations. ASTDD is a partner in the policymaking process and serves as the principle voice in promoting the leadership capacity of state oral health programs and the impact that their collective activities have on the nation's oral health.

American Network of Oral Health Coalitions coordinators

American Dental Hygienists' Association breakfast

National Network for Oral Health Access and Henry Schein partners

Policy Pre-Conference Workshop

MA SOHP staff with Dr. Beltran

Enjoying the Posters at the NOHC

Association of State & Territorial Dental Directors Strategic Plan: 2012 - 2014

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

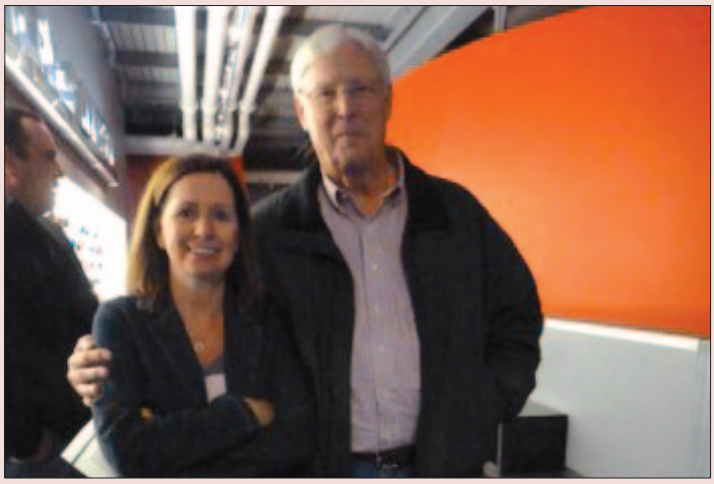
Mission
ASTDD provides leadership to advocate a governmental oral health presence in each state and territory, to formulate and promote sound oral health policy, to increase awareness of oral health issues, and to assist in the development of initiatives for prevention and control of oral diseases.

KEY DIRECTIONS / MAJOR ACTIONS

Influence policy	Promote and use evidence-based practices	Provide guidance and resources for oral health program infrastructure, capacity, and workforce	Build partnerships	Strengthen ASTDD
Develop and implement a comprehensive policy development plan	Collect, summarize, update and disseminate best practices	Assess and respond to members' needs related to program infrastructure and workforce	Expand and strengthen collaborative relationships with key organizations	Assure sufficient ASTDD staffing/expertise
Build support among national and state policy makers, funders and the public for SOHPs	Foster adoption of OH best practices in PH settings	Provide tools and technical assistance to improve SOHP policies, plans, programs, surveillance systems, and evaluation strategies.	Co-sponsor the annual National Oral Health	Promote ASTDD leadership development and training
Educate members on policy issues and strategies	Promote integration of OH best practices into other programs	Support SOHP professional development, mentoring, and succession planning	Convene, participate in and sponsor meetings with partners	Create and implement a financial sustainability plan, using diversified funding
Monitor and engage in emerging issues with OH implications		Advocate for full-time, competent SOHP staff	Engage in timely and coordinated communication with partners	Promote diversity of membership and partnerships
			Foster member involvement in ASTDD	
			Strengthen strategic communication via multiple channels	

Approved by the ASTDD Board of Directors 12/10/2012

ASTDD and AAPHD EDs and Past-Presidents



ASTDD ED Emeritus and Executive Business Assistant

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ASTDD Membership (as of 12/31/12)

51 state members, 7 territorial members, 111 associate individual members, 12 life members, 4 organizational members (with 13 members between the 4 organizations)

ASTDD Primary Project Consultants for 2012

Jay Balzer, DMD, MPH
Lori Kepler Cofano, RDH, BSDH
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LeeAnn Hoaglin-Cooper, RDH, BS
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Kathy Mangskau, RDH, MPA
Michael C. Manz, DDS, MPH, DrPH
Donald W. Marianos, DDS, MPH
Kathy Phipps, DrPH
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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Some members of the Board of Directors

ASTDD consultants; missing from photo: Dr. Marianos


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