

CHANGING WITH THE TIMES

DO NOT
PLEASE STAND BY



ASTDD ANNUAL REPORT
TWO THOUSAND & THIRTEEN

TIME HAS BEEN TRANSFORMED, AND WE HAVE CHANGED

IT HAS ADVANCED AND HAS SET US IN MOTION; IT HAS UNVEILED ITS FACE,
INSPIRING US WITH BEWILDERMENT AND EXHILARATION.

~KHALIL GIBRAN



Foreword

The Association of State and Territorial Dental Directors (ASTDD) is pleased to share news of the past year's activities and events in our 2013 Annual Report. In collating all that was accomplished during the past year, it is an opportunity to reflect on the extraordinary efforts that ASTDD annually makes on behalf of state and territorial oral health programs and all the important work that we do as a voice for oral health at the community, state, and national level.

State and territorial oral health programs play a significant, if not central, role in advancing oral health and health for their respective states and territories as well as for the nation. As highlighted in this report, ASTDD offers an abundance of evidence-based support, technical assistance and other resources for our members around best practices, needs assessment and surveillance, policy, communication, workforce and infrastructure development, evidence-based oral disease prevention initiatives, and activities impacting individuals and populations throughout the lifecycle.

ASTDD cannot advance the national oral health agenda without the cooperation and collaboration of our many federal, national, state, local, and other partners. The contributions of ASTDD members and partners play a critically important role in the success of the tools, strategies, and activities listed in this report and we are ever grateful for their efforts. We hope you will find the information in our 2013 Annual Report of value and guidance in working toward our shared and collective mission to improve the oral health of our nation's residents.

*Harry Goodman, DMD, MPH
President, ASTDD*



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Partial funding for this report was made possible by cooperative agreement 1U58DP004919-01 from the Centers for Disease Control and Prevention, Division of Oral Health.

ASTDD's Communication Strategies



As social media has taken over communication pathways, ASTDD has joined the fray. In 2009 and 2012 surveys, state oral health programs (SOHP) noted social media was of low priority for them as they weren't allowed to use certain types in their state government workplace. But things have changed and we're now on Facebook, so please "like" us. This is one area where ASTDD and states definitely need to develop broader understanding and skills. Communication is an important aspect of everything we do. The *SOHP Competencies* address specific communication skills in each of the seven domains while one of the *10 Essential Services to Promote Oral Health in the US* is to "Assess public perceptions about oral health issues and educate/empower people to achieve and maintain optimal oral health."

In a recent survey SOHP gave themselves low ratings in being able to adequately address communication issues; few use communication plans to guide their efforts, nor do they evaluate their communication activities. ASTDD and CDC are focusing more efforts on helping states improve these skills. ASTDD's Communications Committee oversees the communication activities of the association and provides technical assistance to states. Three workgroups currently fall under its purview: Newsletter, Editorial Review Board, and Website; other workgroups are formed as needed. In 2014 we will establish a Social Media Workgroup to determine how to best take advantage of social media for ASTDD and how to help SOHP do the same.

Examples of strategies ASTDD uses to communicate:

1) To foster communities of practice and peer support, ASTDD maintains seven listservs including those for members, associate members, dental directors, state staff interested in fluoridation, SOHP epidemiologists, CDC state grantees, and Head Start state dental hygienist liaisons (DHL); we are considering one for SOHP evaluators. The listserv manager now compiles a quarterly report of the number of people enrolled and posting messages in each, as well as topics that receive the most posts/interest.



2) The ASTDD website remains an important tool for information dissemination, with about 45,000 total visits per year. Updates are posted almost daily, with committees taking responsibility for reviewing certain pages; the website workgroup does a more thorough review of the 129 pages and 1660+ documents on the site at least annually.

3) Thanks to the leadership and initiative of Lynn Bethel, ASTDD newsletter editor and previous MA state dental director, ASTDD established an ASTDD Facebook page early in 2013 that was first used to post interesting facts and photos from the National Oral Health Conference (NOHC) sessions. The page now is used to promote ASTDD activities and oral health messaging; it has more than 114 "likes" with messages posted about 10 times per month.

4) Three issues of the *Oral Health Matters* newsletter were published this year, highlighting ASTDD, SOHP, member, associate member and partner activities, resources and photos as well as columns by the ASTDD president, executive director and cooperative agreement manager.

5) The ASTDD *Weekly Digest* that is posted by the ASTDD executive director, Chris Wood, on the members listserv includes announcements, resources, new research and tips for improving programs or individual job skills; this was developed in response to members asking for weekly vs daily postings.

6) We staffed an exhibit table at the National Primary Oral Health Conference, the NOHC and the American Dental Hygienists' Association's 100th Anniversary Meeting this year. Short handouts for the exhibit highlight our resources on specific topics. The NOHC provides an opportunity for members to staff the exhibit and network with colleagues and other exhibitors.

7) ASTDD has initiated a new partnership with the National Public Health Information Coalition (NPHIC), extracting news highlights from their news digest for our *Weekly Digest*, highlighting their organization in *Oral Health Matters*, and making plans to use their expertise for future trainings.



8) ASTDD participated and encouraged states to participate in the Children’s Dental Health Project’s (CDHP) social media blitz with associated oral health materials around the Centers for Medicare and Medicaid Services (CMS) *Connecting Kids to Coverage* initiative at the end of September 2013 to coincide with launch of the new health exchanges and dental benefits. We will continue these information sharing opportunities as it is important for national partners to promote consistent messages.



9) The Communication Committee developed a protocol for 30-minute “coffee break” sessions on various topics using Adobe Acrobat Pro. This new format allows greater flexibility to have short, focused, interactive discussions on specific topics, especially around time sensitive issues. We continue to hold and record webinars on a variety of topics and post them to the members only section of the website as well as co-sponsor or have speakers on webinars hosted by other groups.

10) Each year we evaluate use of ASTDD materials via member and partner surveys; results are shared in the newsletter. This year’s survey showed that many SOHP use our materials in grantwriting and for program improvements as well as sharing them with stakeholders. Federal agencies and national groups have used ASTDD documents as resource materials or guidelines in their funding opportunity announcements.

11) ASTDD maintains an email distribution list of almost 70 people representing more than 35 organizations and also has regular phone calls with many of the groups. ASTDD also wrote, signed onto or commented on 23 letters or documents this year, e.g., supporting grant applications, supporting or not supporting proposed legislation or specific issues, and providing reviews of draft guidelines or standards.

National Partnerships

Authors Hanleybrown, Kania and Kramer described in a 2012 *Stanford Social Innovation Review* article, “Channeling Change: Making Collective Impact Work,” that there are five conditions of collective impact:

1. Common Agenda
2. Shared measurement
3. Mutually Reinforcing Activities
4. Continuous communication
5. Backbone Support



Communication is key to maintaining and expanding ASTDD’s presence on the national scene and for having collective impact.

ASTDD strives through continuous, consistent, open and transparent communications to build trust, demonstrate a balanced and evidence-based perspective on issues, promote a common agenda around collaborative and complementary activities, and continuously evaluate relationships with our members and with other organizations. ASTDD solicits feedback from its members and from national organizations each year. Surveys were sent to 36 organizations in 2013, with 23 responding. Partners were asked to rate their relationship with ASTDD as 1= networking, 2= cooperation, 3= coordination and 4=collaboration; definitions of the levels were provided. Eight groups noted mature partnerships (ratings 3- 4) with seven ratings at 2 and five as 1--more beginning or casual partnerships. The ASTDD Board of Directors (BOD) also performs the same rating assessment of the organizations; combined findings are used to plan and prioritize future activities and discussions with partners.

More than 50% of the 23 groups surveyed noted their partnership with ASTDD resulted in more coordinated or strategic efforts and shared/increased resources that supported their mission or state/national oral health efforts. In the 2013 ASTDD annual member survey states listed more than 20 of these national groups as having made an impact on oral health in their states.

National organization representatives serve on all ASTDD committees and contribute valuable insights; the American Dental Association (ADA), the Organization for Safety, Asepsis and Prevention (OSAP), the Center for Oral Health, the Children’s Dental Health Project (CDHP) and the DentaQuest Institute have joined ASTDD as organizational associate members, along with the MI Coalition for Oral Health and the NJ Dental Association. Many ASTDD members belong to multiple partner organizations and serve on their committees. ASTDD representatives attended 27 meetings sponsored by national or federal groups in 2013. ASTDD receives many more invitations to attend meetings/conferences than we can possibly attend. We prioritize attendance by the location and costs, proximity to facilitate attendance by a BOD member, opportunity to present or substantially participate in discussions or decisions, relevance to our mission, and importance to state oral health programs.

National Oral Health Conference (NOHC)



The 2013 National Oral Health Conference, *Odyssey 2013: Exploring the Oral Health System: Policy, Science and Practice* was held in Huntsville, AL on April 22-24, with pre-conference sessions April 19-21. In addition to this being the 14th joint conference of ASTDD and the American Association of Public Health Dentistry (AAPHD), it was ASTDD's 65th anniversary. Attendees included 698 participants with 24% first timers and 32 exhibitors.

For the first time, ASTDD organized and facilitated a roundtable session for 23 national organizations and federal agencies at the 2013 NOHC; abstracts were included in the NOHC abstract booklet. The conference provides the opportunity to earn 19.5 CE credits. New for 2013 was that CE certificates could be downloaded online after completion of all evaluation forms. The evaluations consistently reflect overall high satisfaction with all aspects of the NOHC. The program planning committee uses evaluation information to inform decisions for the following year regarding topics, format, speakers and venue.

ASTDD Awards included:

- Outstanding Achievement Award: Stuart Lockwood (previous CDC staff and former AL state dental director)
- Distinguished Service Award: David Cappelli, faculty at UTHSC School of Dentistry
- President's Award: Reginald Louie, ASTDD consultant and previous HRSA regional MCHB and Head Start regional consultant
- Fluoridation Special Merit Awards: 1) The Children's Dental Health Project for its role in developing the Fluoride Legislative User Information Database "FLUID" and 2) the Pew Children's Dental Campaign for its work in support of community water fluoridation and for developing and launching the Campaign for Dental Health.



One highlight of the conference was the keynote speaker and performance artist, Eva Grayzel, who shared stories of her personal battle with oral cancer. Everyone was riveted in their seats and learned how to put a face to an extremely devastating disease. Eva and her sister also stayed with us for the rest of the conference so attendees could talk with them individually about oral cancer efforts and share stories from their states.

Kudos as well to OSAP for sponsoring and coordinating a stellar late-breaking panel on infection control breaches, *March 28 Tulsa OK: A Teachable Moment*, including presentations by OK state dental director, Dr Jana Winfree; Dr Monina Klevens from CDC; Dr Kathy Atkinson, a retired State Board of Dentistry Executive Director; and Ms Kathy Eklund from Forsyth Institute and OSAP. Another highlight was the social event and museum night at the Space Center on Tuesday.



SOHP Infrastructure & Workforce Development Activities

This year ASTDD wrote the final five-year report for our CDC cooperative agreement for the period 2008-13 and successfully competed for a new cooperative agreement (CA) for 2013-18.

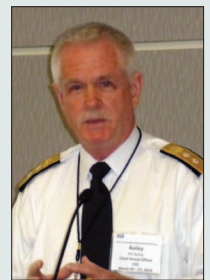
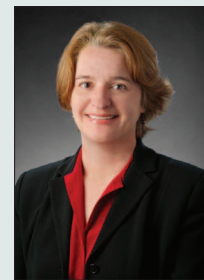
Overall Strategies for CDC Cooperative Agreement:

Strengthen SOHP basic capacity to perform essential public health functions

Strengthen SOHP capacity to perform public health functions in the four chronic disease domains

Develop partnerships with national organizations to enhance capacity of SOHP

Member feedback from the 2013 annual ASTDD member survey and the national partner surveys provided valuable information that informed both the final report and the new CA application and year 01 workplan. ASTDD hopes to provide significant assistance to the new round of CDC grantee states as well as those who don't have CDC state infrastructure grants. We also are proud that a former ASTDD BOD member / treasurer and Kansas SOHP director, Dr Weno, was selected as the new director of the CDC Division of Oral Health. We look forward to her using her extensive knowledge of SOHP, ASTDD and national oral health partners to succeed Dr Bailey as a strong oral health advocate. We thank Dr Bailey for his years of support for SOHP and ASTDD.



Essential Public Health Services to Promote Oral Health in the U.S.

Assessment

- Surveillance
- Analyze determinants and respond
- Inform, educate, empower

Policy Development

- Community partnerships, leverage resources, advocate
- Policies and plans

Assurance

- Laws and regulations
- Services
- Workforce
- Evaluation
- Research

ASTDD conducted a directors listserv query of how well SOHP are addressing the *10 Essential Services to Promote Oral Health in the US (ES)*, including examples of their strengths and areas for improvement. The ES that received the highest average ratings (strengths) were #1 (assessing oral health status and implementing a surveillance system) and #4 (mobilizing community partners). The lowest ranking ones (needing the most improvement) were #10 (conducting and reviewing research), #3 (assessing public perceptions and educating and empowering people), and #9 (evaluation). The ratings somewhat reflect where ASTDD and CDC have targeted some resources during the past decade. ASTDD is using these findings to inform future activities, especially around training, TA and resource development, and to work with states to highlight success stories.

To begin to create a profile of dental hygienists in state government, 39/51 states/DC responded to a short dental directors listserv query about employed and contractual dental hygienists who work directly in or are supervised by the SOHP. ASTDD will continue to create a more complete profile of dental hygienists in SOHP in 2014.

ASTDD has sponsored a Mentoring program for more than 10 years. Currently under the purview of the State Development and Enhancement Committee (SDEC) and overseen by ASTDD consultant, Kathy Mangskau, activities focus on the *ASTDD Guidelines and Competencies for SOHP*. Three new mentors were recruited this year. Mentoring program materials were sent to 19 new state dental directors/interim directors in Nevada, Puerto Rico, Hawaii, Wisconsin, South Carolina, Florida (2), Utah, Idaho, Washington, District of Columbia, Texas, North Carolina, Wyoming, Missouri, Massachusetts, Nebraska, Montana and Kansas. Mentoring program orientation calls were held with 11 of the 19 states; 8 states actually enrolled in the mentoring program during 2013. One state completed the mentoring program outcome evaluation after one year and one state completed

the process evaluation at six months. Two states did not complete the mentoring program or the evaluations; others are still participating. Major factors hindering mentoring assignments and completion are vacancies that result in individuals in an “acting” capacity, people leaving shortly after they’ve started, and directors becoming overwhelmed in their positions before they can start the program.

In addition to the mentoring program, SDEC also handles requests for technical assistance (TA) on SOHP infrastructure and capacity development as well as special assignments from the Board of Directors. During this past year, SDEC provided targeted TA to twenty-nine states using a number of models. In addition to staffing vacancies and turnover, the uncertain economic climate and fluctuating funding opportunities continue to challenge SOHP. 2013 actually was a fairly active funding year as HRSA announced an Oral Health Workforce FOA as well as a Perinatal FOA, CDC announced a new state infrastructure FOA, and DentaQuest released their OH 2014 and their Innovation Fund for Oral Health FOAs.



Documents developed and disseminated this year to support SOHP infrastructure and capacity:

- *ASTDD Resources to Support Key Messages*
- *Ten Reasons Why SOHP Still are Important*
- *Evidence-Based Policies: A Key Element of State Oral Health Infrastructure*
- *State Oral Health Program Infrastructure and Capacity Policy Statement*
- *Roles for State Health Officials: Supporting the 10 Essential Public Health Services to Promote Oral Health in the US*

We also updated the *Guidelines Part II* matrix that covers SOHP roles, activities and resources. A SDEC workgroup is developing a Best Practices Approach Report (BPAR) on SOHP Capacity Development that is addressing strategies based on public health workforce strategies not just oral health workforce models.

ASTDD arranged for four pre-conference workshops this year at the NOHC:

- *Speaking Up Effectively About Water Fluoridation: A Speaker’s Training Workshop for Advocates and Spokespersons*, sponsored by CDC, Pew Children’s Dental Campaign, the ADA and ASTDD
- *Tips, Trick and Resources to Diversify and Increase Funding*, sponsored by ADI Mobile and DentaQuest Institute
- *Objectives, Indicators, Measures and Metrics*, sponsored by CDC
- *Tools for Oral Health Stakeholders to Foster Chronic Disease Integration Activities*, sponsored by ASTDD and the Children’s Dental Health Project.

ASTDD hosted 12 webinars in 2013 for different audiences, with some co-sponsored by partners; topics are noted elsewhere in this report. This year some ASTDD consultants and state dental directors also participated in audioconferences for dental public health residents across the country conducted by the University of California-San Francisco, as well as webinars sponsored by Pew, CMS, the Medicaid/CHIP State Dental Association (MSDA), and others. ASTDD also partnered with MSDA to facilitate communication and data collection/analysis between SOHP and their counterparts in the state Medicaid/CHIP oral health programs. Some states completed the survey and then met to discuss their responses. ASTDD and MSDA created a collaboration tipsheet to facilitate more communication.

In August, ASTDD, a HRSA Region VIII consultant and the National Network for Oral Health Access (NNOHA) initiated a joint effort, “Facilitating Partnerships and Collaboration between State Oral Health Programs and Primary Care Associations (PCA) Project.” This project requested applications from SOHP and their respective state PCA to develop a collaborative project of mutual benefit. Six states were selected: Colorado, Hawai’i, Illinois, Kentucky, Ohio and Oklahoma. The project

“kickoff” was a webinar to share successful collaborative models from three states (Arizona, Michigan, New Mexico); to describe the project methodology, resources and tools; and to introduce the three ASTDD consultants that were recruited as “coaches” for the states. Subsequently, the coaches guided their assigned states through several phases of program sharing, and project identification and development. The states will continue to develop their collaborative project plans in 2014 and present them during the NOHC. Additional support for the project was provided by Delta Dental of Colorado and the DentaQuest Foundation. ASTDD and NNOHA hope to find funding to replicate this project in 2014-15 with more states.



Oral Health Needs Assessment & Surveillance

The Data Committee oversees ASTDD activities regarding the National Oral Health Surveillance System (NOHSS), other national and state surveys, the Synopses of State Programs, Basic Screening Survey (BSS) training and TA, and any other data requests or TA. Forty-nine states/DC completed the 2013 State Synopsis survey (July 2011 – June 2012). One resource developed and disseminated in 2013 to meet states' requests was *Budget Estimates for Oral Health Surveys*. Eight states submitted links to their burden documents for their state page on the ASTDD website. State Basic Screening Surveys started or completed in 2013 or the 2012/2013 school year included:

- Third Grade BSS: AL, DE, FL, IL, MD, NH, OK, OR, SC, TX, NC and IN
- Kindergarten BSS: AL and SC
- Head Start BSS: None
- Older Adult BSS: LA, MD and VT started data collection

State BSS data that are submitted to ASTDD are sent to CDC on a quarterly basis, with the last submission in December 2013.

45 states now have third grade data for uploading to the NOHSS website.

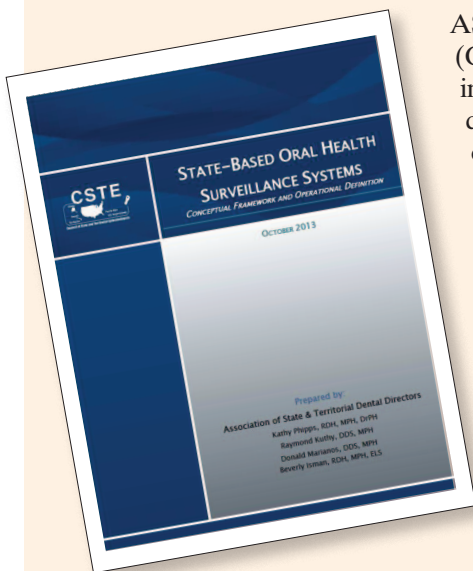
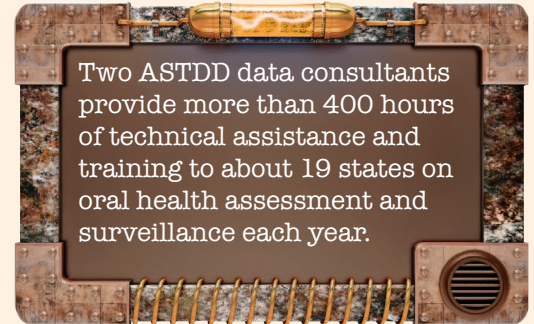
Unfortunately, the data have not been uploaded to the NOHSS website since late 2011 because the supporting structure for the website is outdated; a CDC contractor is in the process of upgrading the system. Now that many states have basic data they can move into other components such as an oral health surveillance plan with an evaluation component.

The Basic Screening Survey is a fundamental component of Children International's global Dental Services program. In Fiscal Year 2013 the survey was used to screen 102,610 children and youth between the ages of 3 and 19 through dental clinics in Little Rock, AR and 10 countries in Latin America, Asia, and Africa. Children International translated the BSS materials and videos into Spanish for ASTDD. In addition, the National Association for Chronic Disease Directors (NACDD) awarded grants to six states in 2011 and five states in 2013 to plan for and use the Older Adult BSS. This year we received a request from a DPH consultant to the Surgeon General of the Army to duplicate BSS training materials for their programs.

ASTDD was awarded a contract from the Council of State and Territorial Epidemiologists (CSTE) to develop a paper providing an overview of oral and craniofacial health surveillance including components of a state oral health surveillance system, an overview on the development and revision of NOHSS, an operational definition for Healthy People 2020 objective OH-16, and future potential changes and directions for oral health surveillance systems. The paper was approved by CSTE and there are questions on the 2014 State Synopsis to establish baselines for states to meet the new definition and to identify technical assistance needs.

Data Committee representatives attended the CSTE conference in June. Dr Kathy Phipps presented a roundtable, *Sampling and Analysis Strategies for Monitoring the Health of School Children*, based on resources developed for SOHP on BSS Sampling Guidelines for elementary schools and a Data Analysis Module that included coding for the R statistical package (free software). She also attended an all-day Epi Info workshop taught by CDC faculty on form design, using a new app for Android devices, and other topics; she has since met with CDC staff to begin designing a new app for use with the BSS in 2014. Dr Mike Manz updated a *State Data and Surveillance Template* that provides information on indicators and data sources along with links to state data available on national websites (e.g., BRFSS data) and has held seminars for residents

and graduate students on oral health surveys and surveillance. The Data Committee held a webinar on the ASTDD 7-Step Model for oral health assessment, the data and surveillance template, and an overview of the new indicators added to the NOHSS. Data Committee representatives continue to participate in the NOHSS workgroup with CSTE and CDC.



Policy Development & Review

The role of the ASTDD Policy Committee is to develop, promote and support policies to assist SOHP to improve oral health. They have been incredibly busy this year interfacing with multiple committees! The committee conducted the annual Policy Priority Survey of members and associate members at the ASTDD Annual Meeting and through the listserv for those who did not attend. Top priorities for development of policy statements included:

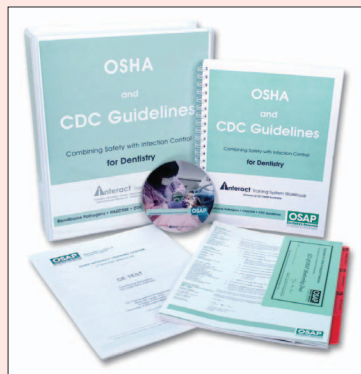
- Access to Oral Health Care
- Oral Health Literacy
- State-based Oral Health Surveillance
- Workforce
- Dental Home/Health Home
- Oral Health Coalitions/Collaborative Partnerships

Many of the topics have been assigned to other committees. The Policy Committee reviewed and the membership approved five policy statements this year including the one previously listed about infrastructure:

- *Fluoride Supplements*
- *Preventing Tobacco Use and Eliminating Exposure to Secondhand Smoke*
- *Integrating Oral Health Education into Health Education Curricula in Schools*
- *Healthy People 2020*

To assist CDC they also surveyed state dental directors regarding their state Healthy People 2020 Oral Health Leading Health Indicator activities.

The Policy Committee has been fortunate to be assisted by two dental public health residents from CDC and one from UTHSC-San Antonio this year who have conducted the research and drafted the narrative for policy statements. The committee also collaborated with OSAP to host a policy webinar, *ASTDD and OSAP: Partners in Infection Prevention and Safety*, and with the Children's Dental Health Project on *Dental Coverage Under the Affordable Care Act*.



Each year the Policy Committee coordinates with AAPHD to review and provide testimony at the ADA Annual Session on ADA resolutions of interest/concern to dental public health; 22 resolutions were monitored, and testimony was provided on four. They also reviewed and submitted comments on behalf of ASTDD on various policy statements and standards such as:

- Agency for Healthcare Research and Quality Patient Centered Medical Home Draft Standards
- US Preventive Services Task Force draft statement on Oral Cancer Screening
- US Preventive Services Task Force draft statement on Prevention of Dental Caries in Children from Birth through Five.

Best Practices Project

The Best Practices (BP) Committee is the steering committee for the ASTDD Best Practices Project. The BP Project aims to build more effective state, territorial and community oral health programs with the goal of promoting the development and adoption of best practices by state, territorial and community oral health programs to enhance the oral health of Americans and to reduce disparities. The responsibility for researching and drafting BPAR and soliciting state submissions has been shifted to relevant committees or special workgroups with subject expertise; this has improved the quality and shortened the time frame for production. Based on feedback from roundtable participants during the ASTDD Business Meeting, the committee created a rubric to guide states on the State Activity Submission process. One BPAR was completed in 2013, *The Prevention and Control of Early Childhood Tooth Decay*. Others are in various stages of development and are reported under other committees' activities. A 2013 analysis of ASTDD website statistics showed the BP home page had 7,099 visits, one of the most frequently used portions of the website.



Fluoridation & Other Fluoride Related Activities

States continue to struggle with anti-fluoridation activity and uncertainty from delays in new fluoridation recommendations from the EPA and HHS, so ASTDD has partnered with the ADA, CDC, Pew and others to provide training, resources and technical assistance. ASTDD was represented on the Campaign for Dental Health's National Strategy Workgroup on Community Water Fluoridation. The goal of the ASTDD Fluorides Committee is to provide ASTDD members 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 assures that ASTDD positions and policies are presented in appropriate venues and oversees all ASTDD activities regarding fluorides. In addition, the committee assists in coordinating fluoride monitoring and surveillance activities at the local, state and federal level. ASTDD promotes the *CDC Water Fluoridation Reporting System (WFRS)* and *CWF Basic Principles* training to assure quality systems and data.

The committee has completed a number of documents this year:

- *Fluoride Supplement Policy Statement*
- A policy statement on Fluoride Toothpaste and a BPAR and policy statement on Community Water Fluoridation are being held pending release of the US DHHS final recommended level for community water fluoridation
- *ASTDD School-based Fluoride Mouthrinse Program Survey Results*
- Update of ASTDD's *Community Water Fluoridation Fact Sheet*, which provides a template for states to adapt with their own data.

The Fluorides Committee also coordinates the Community Water Fluoridation awards at the NOHC in collaboration with CDC and the ADA's Council on Access, Prevention and Intergovernmental Relations. This year's slide show for the awards featured waterfalls in the states receiving the awards—always a nice touch by LeeAnn Hoaglin Cooper, committee consultant.

Community Water Fluoridation Awards

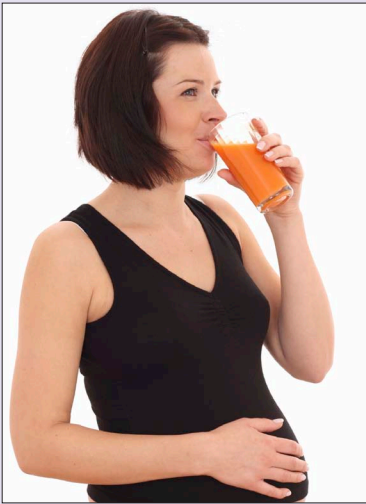
Honoring 68 Years of Community Water Fluoridation in the United States

National Oral Health Conference
Huntsville, Alabama • April 23rd, 2013

American Dental Association
Association of State and Territorial Dental Directors
Centers for Disease Control and Prevention



Lifecycle Focused Activities



Perinatal Period

The Perinatal Oral Health Committee (POHC) serves as an ASTDD focal point for issues and resources for SOHP relating to perinatal oral health issues. Much of its effort is directed to coordinating with other national and state perinatal initiatives and making sure that states are aware of these resources and any funding opportunities. Committee members provided TA to HRSA MCHB'S *Perinatal and Infant Oral Health Quality Initiative (PIOHqi)*, a three-phase approach that includes: 1) the state mandated perinatal initiative in Michigan with a dedicated oral health component and three new PIOHqi projects in New York, West Virginia and Connecticut; 2) support for a State-National Learning Collaborative Network in FFY 2014; and 3) expansion to include additional states in FFY 2015. This program is based on ASTDD'S Perinatal OH Committee Logic Model. The POHC collaborated with the American Academy of Pediatrics (AAP) on a webinar, *Oral Health During Pregnancy*, targeted to health care providers and discussing the importance of oral health care during pregnancy and how to find care; there were more than 1,000 registrants and 600 phone connections to the webinar. The POHC created a fact sheet for distribution and conducted a roundtable session on the activities of the committee at the NOHC.

Early Childhood

The Early Childhood (EC) Committee is the primary ASTDD committee focused on improving the oral health of young children (birth to 5 years of age) living in the U.S. and its territories through disease prevention and management, access to care, and systems integration. Target populations include children and pregnant women enrolled in Early Head Start (EHS) and Head Start (HS), Maternal Infant and Early Childhood Home Visiting Programs (MIECHV), and children and youth with special health care needs (CYSHCN). The EC Committee also coordinates portions of the workplan for the Office of Head Start-funded National Center on Health - Oral Health Project (NCH-OHP). ASTDD completed Year 02 and is in Year 03 of a contract with Georgetown University to help conduct activities of the NCH-OHP for AAP and the ACF Office of Head Start.



In collaboration with the National Oral Health Resource Center (OHRC), several ASTDD EC members, sometimes in conjunction with volunteer state dental hygienist liaisons (DHL), helped plan and/or conduct 13 presentations for parents, Head Start professionals or health/dental professionals and three webinars for DHL to support the NCH-OHP. To support the state DHL, ASTDD also developed a listserv for them to share information and, with support from Henry Schein, Inc, coordinated a DHL meeting/luncheon at the ADHA Annual Conference in Boston in June. ASTDD presented a certificate of appreciation to ADHA leadership/staff for their joint role in coordinating the state DHL efforts. We also assembled a group of individuals in March to advise the NCH-OHP on ways that national organizations can promote and support EHS/HS oral health activities in states and local communities.

The EC Committee held conference calls with several national organizations, including the Early Head Start National Resource Center, the Education Development Center (EDC), and the Association of Maternal and Child Health Programs (AMCHP). A committee member attended Pew's *National Summit on Quality Home Visiting* in February and two members facilitated a roundtable presentation on home visiting at the 2013 NOHC. In collaboration with the OHRC, committee members contributed to the NCH *Brush Up on Oral Health* newsletters and to the development of an updated Head Start Oral Health Form.

School-Age and Adolescent Youth

The mission of the School and Adolescent Oral Health Committee (SAOH) is to promote the importance of good oral health practices that improve the oral health of schoolage children and adolescents through education, networking and collaborative partnerships at local, state and national levels. The SAOH serves as a resource to SOHP and works to ensure a strong oral health component in all school and adolescent health initiatives. Members presented a panel at the 2013 NOHC on *Diversity of Successful School Based Programs and Factors that Sustain Them* and a roundtable on *State Dental Sealant Programs under Examination*. A member also represented ASTDD and presented a poster on *Oral Health for School Nurses* at the National Association of School Nurses (NASN) in June. The SAOH contributes monthly oral health messages (~ 50 words in length) for the NASN weekly e-newsletter. In partnership with the OHRC, the SAOH participated in final review and dissemination of the fact sheet, *Oral Health and Learning: When Children’s Oral Health Suffers, So Does Their Ability to Learn*. They wrote the previously mentioned policy statement, *Integration of Oral Health Education in the School Curriculum*, and are working on another one on Nutrition and Healthy Eating in School Settings as well as updating the BPAR on *School Based Dental Sealant Programs*.



Adults

Although we don’t have a specific ASTDD committee focusing on activities addressing adult oral health issues, other committees address issues such as health benefits under Medicaid and the new health exchanges, oral health literacy, promotion of healthy habits and prevention of chronic diseases, prevention of periodontal diseases and oral cancers, and accessing dental care. ASTDD *Weekly Digests* have highlighted various research related resources such as ASTHO’s *E-cigarettes* webinar, the Surgeon General’s *Health Consequences of Smoking report*, and ASTDD’s policy statement on *Preventing Tobacco Use and Eliminating Exposure to Secondhand Smoke*.

Speakers

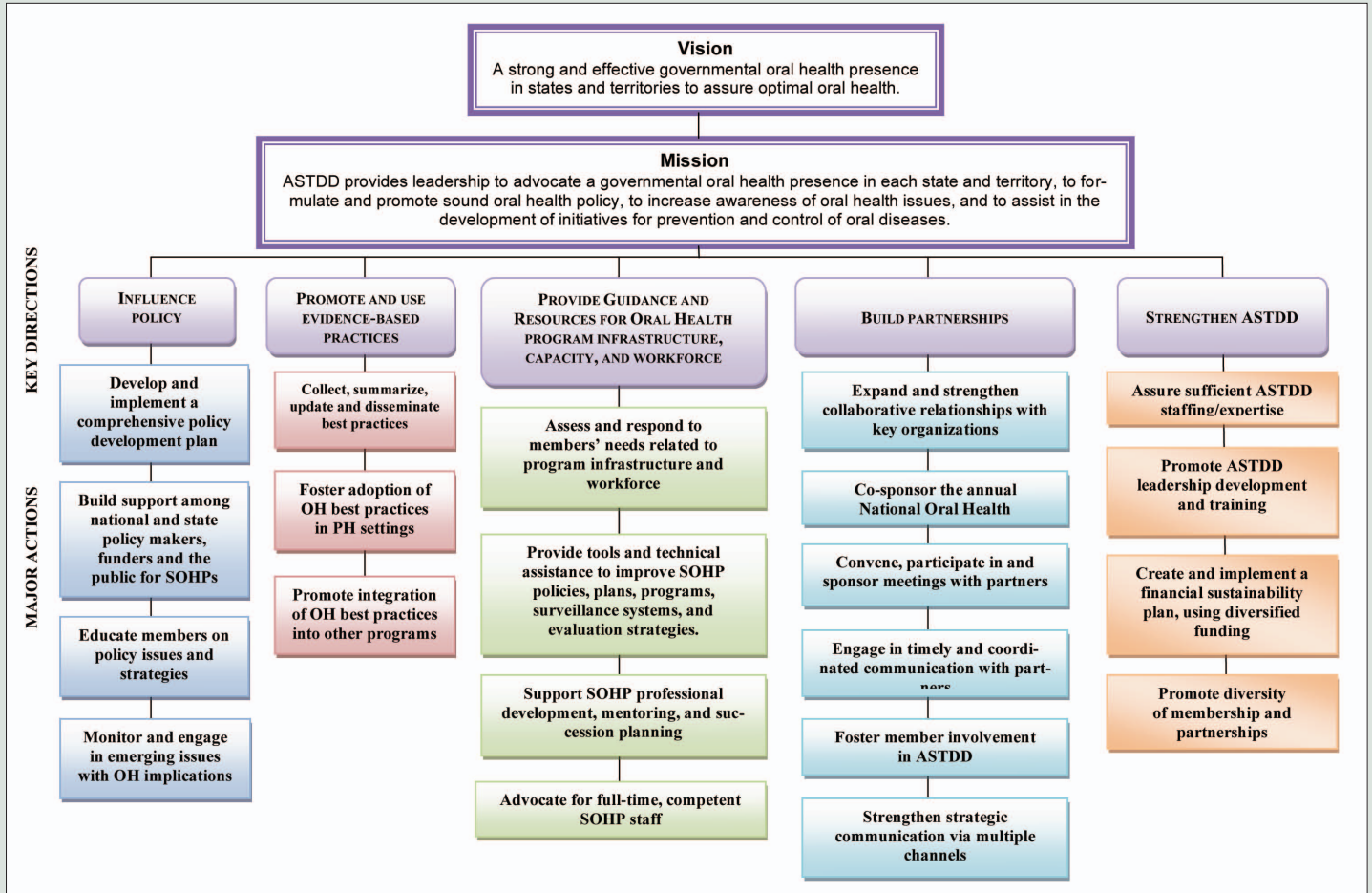
- Jennifer L. Cleveland, DDS, MPH
- Christina A. Demopoulos, DDS, MPH
- Julie A. Janssen, RDH, MA
- Janet A. Yellowitz, DMD, MPH

Older Adults

The ASTDD Healthy Aging Committee (HAC) serves as a focal point for healthy aging issues and resources for SOHP. The committee consists of selected experts in the area of healthy aging and oral health as well as SOHP directors and staff interested in advancing statewide efforts to improve the oral health of this population. The committee reviews model programs, policies and resource materials related to healthy aging with the goal of supporting statewide efforts in this area. The committee sponsored an NOHC roundtable on *Incurred Medical Expense* and a webinar, *Cancer... It’s on the Move – Let’s Find It!* Some members attended OHA’s *Collaborative Health Care for Older Adults: A Symposium for Creating Inter-professional Community Models* and are currently working on the Older Adult BPAR narrative.

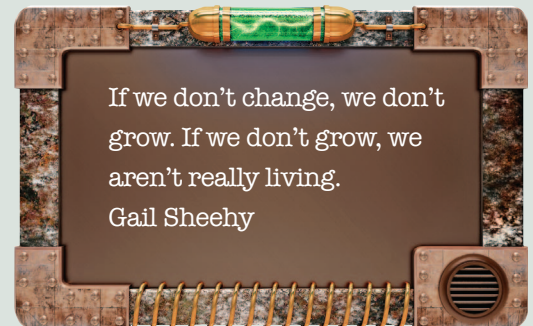


Association of State & Territorial Dental Directors Strategic Plan: 2012 - 2014



Evaluation of ASTDD Priorities & Activities

To live up to our tagline, Where Oral Health Lives, we need to keep changing and growing. One way to do that is to constantly evaluate our priorities and activities. ASTDD uses an evaluation consultant, Dr BJ Tatro, to help coordinate



our strategic planning and evaluation strategies and provide assistance to our committees and SOHP. This year Dr Tatro delivered an *Evaluation Resources* webinar in collaboration with CDC DOH; helped plan, conduct and report on a NOHC pre-conference *Chronic Disease Icebreaker* session in collaboration with CDHP; including a participant pre-survey; helped prepare and facilitate the ASTDD Regional Roundtables at the business meeting and a *Communication Planning and Evaluation* roundtable at the NOHC; provided evaluation-related technical assistance; assisted with development, administration, and analysis of various surveys; and helped prepare the CDC five-year final report and the new CDC application. ASTDD endeavors to create a culture of evaluation throughout the organization to document successes and challenges.



STATE ORAL HEALTH INFRASTRUCTURE ELEMENTS

Snapshots of Colleagues



ASTDD Team Members

Central Office

Christine Wood, RDH, BS – Executive Director
1838 Fieldcrest Drive, Sparks, NV 89434
Tel: (775) 626-5008
Fax: (775) 626-9268
cwood@astdd.org
<http://www.astdd.org>
Cheryl Thomas, Executive Business Assistant

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Beverly Isman, RDH, MPH, ELS –
Cooperative Agreement Manager, Ex Officio
M Dean Perkins DDS, MPH – Executive Director Emeritus,
Ex Officio

ASTDD Membership (as of 12/31/13)

51 state members, 7 territorial members, 125 associate individual members, 15 life members and 6 organizational members (includes 19 individuals)

ASTDD Primary Project Consultants for 2013

Jay Balzer, DMD, MPH
Lori Kepler Cofano, RDH, BSDH
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
Kathy Phipps, DrPH
BJ Tatro, PhD

ASTDD Primary Contractors for 2013

Sixth Street Website Design & E-marketing, LLC
(Website and listservs)
Management Resource Specialists, Inc (annual conference)
Anunci Creative Group, LLC (annual report)

ASTDD Committees

(see directory of members on their ASTDD website pages)

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