

**ASTDD**

**~BRANCHING OUT~**



**EXTENDING OUR REACH**

**~STRENGTHENING  
OUR ROOTS~**

**2014 ANNUAL REPORT**





## Foreword

*The Association of State and Territorial Dental Directors (ASTDD) is pleased to share with you the past year's accomplishments and activities in our 2014 annual report. Over the past year ASTDD has continued to advance the national oral health agenda by collaborating with our federal, national, state and local partners. The contributions and dedication from ASTDD partners and members is critical to our success. The power of a group of people striving toward the same outcome can be a potent force. As each of us sets our sights on what is needed in our respective states and communities, ASTDD pushes forward alongside you on the things that play a significant role in advancing oral health. We hope you will find the information in our 2014 annual report both interesting and useful. We appreciate the efforts of all parties that contributed to this report.*



*Kimberlie J. Yineman, RDH, BA  
President, ASTDD*

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of trade names or organizations imply endorsement by the US Government.*

# The Landscape of New Projects and National Partnerships

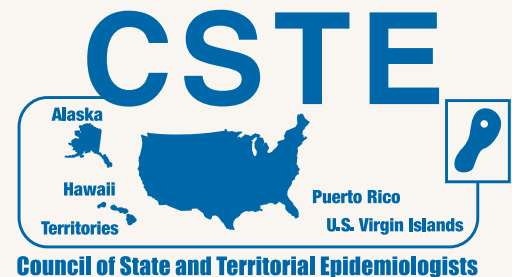


*One way to find food for thought is to use the fork in the road, the bifurcation that marks the place of emergence in which a new line of development begins to branch off.*

~ William Irwin Thompson

## ASTDD Successfully Competes for Another CSTE Contract

In 2001, the Council of State and Territorial Epidemiologists (CSTE) conducted the first of a series of periodic assessments to evaluate the epidemiology capacity of state and territorial health departments in the United States to monitor progress towards achieving Healthy People 2020 Public Health Infrastructure Objective 13 – provision of epidemiology services. These assessments included longitudinal measures to evaluate core epidemiology functions, provided a basis for estimating epidemiology capacity, and gauged the competency and training needs of the epidemiology workforce. Since this first assessment, CSTE has conducted a number of follow-up assessments in 2004, 2006, 2009, and 2013.



In the 2013 National Assessment of Epidemiology Capacity (ECA), CSTE included several additional modules in chronic disease, environmental health, maternal and child health, and oral health to assess epidemiology and surveillance capacity in these specific program areas. Because of the interactions between chronic disease (CD), maternal and child health (MCH), and oral health (OH) programs, CSTE convened an ECA Advisory Workgroup to guide the analysis and interpretation of the data and ensure the recommendations from the report are appropriate and applicable. On April 1, 2014 CSTE issued an FOA to support a consultant to analyze data collected in the CD/MCH/OH module and develop the technical report. ASTDD submitted a proposal on April 11 with a letter of support from the Association of Maternal and Child Health Programs (AMCHP) and was successfully awarded a contract on April 21.

Throughout the spring and summer an ASTDD workgroup provided guidance for the project, with the majority of the work performed by Dr. Kathy Phipps and Dr. Mike Manz. The 93-page final report was submitted to CSTE in September. CSTE released their national Core ECA Report in December 2014, with the CD/MCH/OH Module Report scheduled for release in early 2015. Selected findings will be presented at the 2015 National Oral Health Conference. ASTDD is pleased to have been selected to lead a project that collaborated with other partners to highlight epidemiology workforce capacity and needs in state health departments. We will continue to work with CSTE and others to increase epidemiology capacity for all health department programs.

## DentaQuest Foundation Emergency Department Project Grant Award

Multiple state-level reports have documented the use of hospital emergency departments (EDs) for non-traumatic dental problems (NTDP). EDs generally provide only palliative care. Consumers who access care in EDs do not receive definitive treatment; they frequently return to the ED multiple times for the same problem, creating a high cost to taxpayers since many are dentally uninsured. Because there is currently no standardized protocol for the collection or analysis of data on the use of EDs for NTDP, existing reports often are not comparable and policymakers may not have adequate data to make informed decisions.



In July and August of 2014, ASTDD convened three conference calls with a broad network of stakeholders to inform a proposal with broad-based, multi-organizational strategies to address these issues. In November the DentaQuest Foundation awarded ASTDD a grant to support an Emergency Department Project. In 2015, ASTDD will 1) create a comprehensive report that describes the similarities, differences, strengths, and weaknesses of existing Emergency Department reports and research methodology, 2) develop a Best Practice Approach Report (BPAP) on policies and

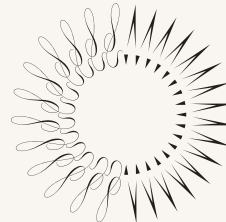
programs to prevent inappropriate use of hospital EDs for primary oral health care, and 3) develop coordinated evaluation and dissemination plans for the project. It is hoped that in 2016 ASTDD can secure funding to convene a workgroup to develop standardized protocols and guidelines for collection of ED data for possible inclusion in national data sets such as the National Oral Health Surveillance System (NOHSS). Standardized protocols will allow advocates to “make the case” for policy changes such as establishment of comprehensive adult Medicaid benefits and creation of programs that will result in fewer visits to the ED and better care for consumers.

ASTDD consultant, Dr. Michael Manz, with assistance from a workgroup and input from two “virtual convenings” of stakeholders, will take the lead in reviewing existing literature related to oral health issues in hospital EDs. ASTDD is contracting with Dr. Chris Okunsari to be the lead author for the Best Practice Approach Report to be assisted by an additional workgroup. ASTDD consultants Lori Cofano, Beverly Isman and Dr. BJ Tatro will assist Executive Director, Christine Wood, with other aspects of the project. Additional content experts may also serve as consultants. This project is bringing ASTDD into an arena that demands a multi-faceted approach with new partners to alleviate the frustrations voiced by state oral health programs and other stakeholders.

**Pew Charitable Trusts Multi-Project Contract**

In April 2014, Pew Charitable Trusts contracted with ASTDD to provide survey and data-analysis services, report writing, database development and maintenance, and serve as a fiscal agent for The Pew Children’s Dental Campaign, with the goal of:

- 1) Collecting detailed information that can be used by Pew to develop a 50-state (plus the District of Columbia) report card of state performance in establishing policies and programs that promote provision of dental sealants to children.
- 2) Conducting a study and writing a report on the cost of fluoridating different-sized communities across the U.S.
- 3) Developing and maintaining a database to track community water fluoridation rollback attempts.



For the first project, Dr. Kathy Phipps and a small workgroup of ASTDD members and consultants have reviewed and made recommendations for revisions to Pew’s 2011 survey questions of state dental directors and dental boards on their current dental sealant policies and practices. ASTDD administered surveys to the dental director (or, in states without a dental director, a comparable staff person) and a dental board official in each of the 50 states/DC and then compared their responses pertaining to prior exam rules. ASTDD will provide Pew a spreadsheet of the data in 2015.

To accomplish the second goal, ASTDD contracted with WGK Inc. Engineering, a water engineering firm in Mississippi that has conducted estimates of fluoridating a number of community water systems in Mississippi. These studies seek to accomplish two objectives:

- Update the Ringelberg cost study that was based on a 1988 cost index to a more current 2011 or 2012 cost year index by comparing how the costs have changed over time for those 44 communities.
- Increase the number of communities in the sample and increase the number of states in the analysis. Mississippi and California are states with a lot of recent activity and the potential to capture these data.

All data were collected and analyzed and the report is anticipated to be released in spring 2015.

For the third goal, ASTDD has established protocols for Pew, the American Dental Association (ADA), the Children’s Dental Health Project (CDHP) and state dental directors to send information about community water fluoridation decisions or those under consideration to be placed in one spreadsheet. Electoral challenges and their outcomes as well as initiation votes are being tracked. LeeAnn Hoaglin–Cooper is serving as the primary ASTDD consultant on this project. At the end of 2014, 921 entries had been added to the spreadsheet. During 2015, ASTDD will maintain the spreadsheet as a “catalog” with data submitted on a periodic basis.



*There’s always a community somewhere discussing or deciding on fluoridation.*

*~ Howard Pollick*

# National Oral Health Conference (NOHC): Sturdy Roots of Professional Development and Networking



2014 marked the 15th year that ASTDD and the American Association of Public Health Dentistry (AAPHD) have co-hosted the National Oral Health Conference, the premier US dental public health annual meeting. More than 750 professionals attended the meeting in Fort Worth, TX, starting with pre-conference sessions on April 26 and 27 and continuing on April 28-30 for the regular conference sessions.

Dental public health professionals can't adequately perform the core public health functions or the Ten Essential Public Health Services without relevant knowledge and skills. The NOHC Planning Committee committed to offering more interactive options for conference attendees in 2014 to facilitate their learning. Attendees could earn up to 22.5 continuing education credits

during the main conference, with additional CEUs on the weekend.

On April 28, 38 individuals presented on topical issues at a roundtable luncheon. On April 29, 22 national organizations and federal agencies hosted roundtables to discuss their programs and services. Roundtables are a popular interactive format for more intensive and individualized discussions where facilitators can answer participants' questions. Another opportunity to interact with individual presenters was the poster session on April 28 featuring a record 93 posters including some student award winners and AAPHD Foundation grant presentations. In addition, 29 exhibitors shared their products and services in the exhibit hall. Four hands-on, limited attendance pre-conference workshops and six regular conference workshops were offered in addition to an opening keynote, four plenary sessions and 14 concurrent sessions featuring panelists or individual presenters. The American Association for Community Dental Programs also held symposia sessions on the weekend. In addition to the evaluations completed immediately after the conference, the planning committee conducted an additional online survey to gain feedback on preferences for the NOHC format, especially the workshops. Responses to both evaluations were used to plan the 2015 NOHC in Kansas City. NOHC attendees repeatedly report on evaluations that the NOHC is a crucial avenue for their professional development and networking...oh, and fun and good food. The Tuesday night event at Billy Bob's was definitely a colorful event!



ASTDD held its annual member lunch, business meeting and member sharing session on Sunday April 27 attended by more than 85 people. New officers were elected and are listed at the end of this report. During the member sharing session the Best Practices Committee and School and Adolescent Oral Health Committee jointly held an excellent interactive session to help



*This meeting just gets better and better every year!  
This was by far one of the best NOHC meetings in the past few years.*



members better understand the Best Practices submission and review process and how to use State Activity Submissions from other states for planning, implementing or modifying practices for their own programs. This session was followed by a discussion of grantwriting tips from ASTDD consultants Beverly Isman and Kathy Mangskau, with states sharing some of their grantwriting frustrations and successes. ASTDD 2014 award recipients included:

- Outstanding Achievement Award: Judith A. Feinstein
- Distinguished Service Award: Sherry W. Goode and Julie Ann Janssen
- President’s Award: RADM William Bailey
- Fluoridation Merit Awards were presented to the Tampa Bay Times, Pinellas County Oral Health Coalition, Upper Pinellas County Dental Association, and the Pinellas County Dental Association.



## The Nourishing Ground Cover of Policy Development

One of the core public health functions is Policy Development based on sound science and leading to evidence-based practice. ASTDD, its Policy Committee and its many national partners work collaboratively to help promote and support sound policy development at the national, state and local levels. Just as ground cover is important for stabilizing the nurturing soil in yards and forests, policy development provides a unifying fabric for nurturing and sustaining public health programs. To assure that ASTDD is responding to the needs of oral health programs, the Policy Committee asks ASTDD members to provide input each April on their policy priorities. Resources in the form of educational public health policy resource documents, webinars, and workshops are developed for states based on these priorities. Top priorities identified by members and associate members this year included:

- Emergency room use for non-traumatic dental care
- Needs assessment/surveillance/dental surveys
- Workforce
- Access to oral health care.

As you will see throughout this annual report, ASTDD is attempting to address these priorities in multiple ways, especially through internal collaboration and coordination across ASTDD committees and externally with CDHP, the Association of State and Territorial Health Officials (ASTHO), the ADA, and others. One ASTDD public health policy resource for states was approved this year by the membership: *Healthy People 2020 Oral Health Leading Health Indicator*. The indicator is to increase the proportion of children, adolescents and adults who used the oral health care system in the past year. Other topical statements in progress include *Nutrition Education and Healthy Eating in School Settings*, *Oral Health Literacy*, *State-Based Oral Health Surveillance System*, and *Fluoride Toothpaste*. ASTDD shares national resources such as the *Health in All Policies* document with members.

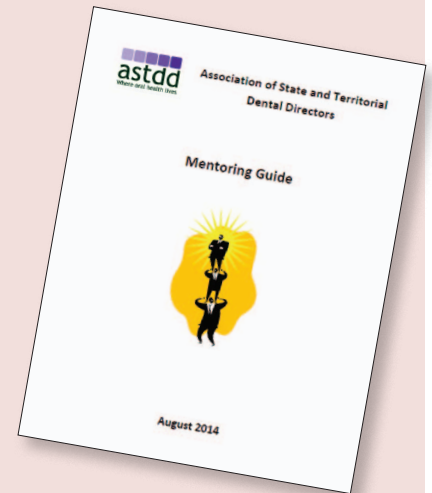
ASTDD reviewed and provided comments on other organizations’ proposed policies, resolutions, issue briefs, guidelines and actions. For example, ASTDD, in collaboration with AAPHD, reviewed proposed resolutions for the ADA House of Delegates, monitoring 14 of them and providing testimony on seven. ASTDD also is in the process of completing and submitting revisions to an ASTHO Position Statement on Oral Health. ASTDD provided comments on ASTHO’s Public Health and Health Services Block Grant Guiding Principles, signed onto a CDHP letter for the Child Health Improvement Program (CHIP) reauthorization, and signed onto letters to add oral health to the agenda for a White House Conference on Aging and on replacing sequestration with a balanced approach to deficit reduction. The Policy Committee continues to communicate with Dental Public Health Residency Directors to involve their residents in drafting policy related documents.



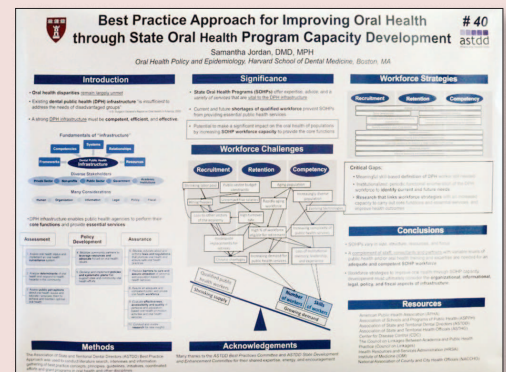
# Strengthening the Tree Trunk and Boughs: SOHP Infrastructure and Workforce Development Activities

ASTDD’s State Development and Enhancement Committee (SDEC) has responsibility for the mentoring program, requests for infrastructure and capacity development technical assistance (TA), developing and helping states use resources such as the *ASTDD Guidelines and Competencies for State Oral Health Programs* as well as related policy and best practices documents, conducting State Oral Health Program Reviews, and interfacing with key national partners.

The Mentoring Program was extremely busy this year because of turnover in state dental directors. Mentoring program materials were sent to 21 new state dental directors/interim directors in 2014, and orientation calls were held with 15 of them. Seven completed the process evaluation at six months and will be completing final outcome evaluations that focus on progress related to the 10 Essential Public Health Services to Improve Oral Health and the *ASTDD Competencies*. Three new mentors were recruited. One orientation webinar was held for 47 participants on *National Partner Organizations: Working Together to Achieve National Oral Health Goals*. This fall the Mentoring Program was updated and renamed New Member Services with two components: Peer Support and New Member Orientation. Associated materials and the website page were updated and a *Guide for Mentoring* was completed and shared with peer mentors. Kathy Mangskau’s mentoring program responsibilities are being assumed by Lori Cofano in 2015. Since many of the new state dental directors either do not have a dental credential or a public health credential, ASTDD has initiated development of Dental 101 and Dental Public Health 101 learning modules adapted from existing materials developed by other groups but tailored to the needs of SOHP. Our annual member survey showed an overwhelming interest in these modules as well as connecting to *PH 101* modules already available through many other sources.



A major activity for SDEC this year was developing a new *Best Practice Approach Report, State Oral Health Program Workforce Capacity Development*. Dr. Samantha Jordan, a previous DPH resident and current staff dentist at a community health center, served as the primary researcher and writer, with assistance from an SDEC workgroup. Dr. Jordan presented a poster and a roundtable at the 2014 NOHC highlighting and seeking input on some of the concepts. The narrative and associated state descriptive reports will be finished in 2015 and a panel presentation has been accepted for the 2015 NOHC.



Begun in August 2013, a joint effort between ASTDD and the National Network for Oral Health Access (NNOHA), *Facilitating Partnerships and Collaboration between State Oral Health Programs and Primary Care Associations Project*, continued into 2014. This project cultivated enhanced relationships between six SOHP and their respective state PCA in Colorado, Hawaii, Illinois, Kentucky, Ohio and Oklahoma to develop a collaborative project of mutual benefit. Three ASTDD consultants (two SDEC members) served as “coaches” for two states each and guided states throughout the project, e.g., program sharing, and project identification and development. The project culminated with a session at the 2014 NOHC where each state reported on their collaboration and joint project. The presentations highlighted

the variability of the team project plans, which included: development of a data collection system to track quality improvement; coordination around a patient centered dental home; funding for a PCA oral health coordinator; collaboration on a dental sealant model project; development of a structure to help provide an educational umbrella for a continuum of oral health education with health professionals, babies, and mothers; earlier entry into preventive care via physician services; improved access to follow-up dental care for children participating in a statewide school-based sealant program; and fostering medical/dental inter-professional collaboration. Additional follow up will document the long-term impact of these partnerships.





SDEC members have been very successful this year in sharing information about SOHP infrastructure and capacity and ASTDD resources. ASTDD has representatives on ASTHO’s Access to Care Committee, Prevention Committee, Public Health Workforce Workgroup and Affiliates Council. Drs. Louie and Marianos have been working with the deBeaumont Foundation and national public health professional associations (APHA, ASPPH, ASTHO and its Affiliates, NACCHO, and NNPHI) and federal public health agencies as part of a Public Health Workforce Development Consortium. This consortium is developing innovative approaches to support public health workforce development and crosscutting skills that are required to enhance the existing public health infrastructure. Dr. McKee presented *Strengthening Oral Health Status by Strengthening Oral Health Infrastructure* at the 9th Annual Conference of the Oregon Oral Health Coalition, where the new *Strategic Plan for Oral Health in Oregon: 2014-2020* was also released.

Drs. Goodman and Louie and Ms. Wood have participated in several activities sponsored by RESOLVE, a nonprofit DC-based organization that convenes and manages the RWJF-funded Public Health Leadership Forum. These include meetings in Bethesda and New Orleans and feedback activities on the project to define “Foundational Public Health Services.” They have had the opportunity to advocate for the inclusion of oral health in the project. Dr. Goodman participated in an ASTHO Public Health Taxonomy Initiative, a project to vet a proposed public health workforce taxonomy with key leaders in both state public health agencies and national stakeholder organizations.

Support for SOHP infrastructure and capacity is the primary “trunk” of our activities, with other activities serving as boughs. Many of the ASTDD resources are committed to this endeavor.

## The Canopy of Oral Health Needs Assessment and Surveillance

Like the uppermost spreading branchy layer of a forest, the Data Committee covers all of the activities of the Association regarding the National Oral Health Surveillance System, the Synopses of State Dental Public Health Programs, other national and state surveys, and Basic Screening Survey (BSS) training and technical assistance. Dr. Phipps and various advisory groups work with committee members to accomplish all objectives. Drs. Phipps and Manz provide technical assistance and training to states on oral health assessment and surveillance. The Data Committee also assists other ASTDD Committees with their data collection activities and contributes to discussion on the Epi listserv that ASTDD maintains for epidemiologists who provide services to SOHP.

Oral health surveillance is one of the crucial essential services for state oral health programs, so ASTDD devotes significant resources to helping states develop, maintain and evaluate their surveillance systems. State Basic Screening Surveys completed in 2014 or 2013/2014 school year included:

- Third Grade: FL, IL, NH, MT, SD, VT, WV
- Kindergarten: VT
- Head Start: CO, TX
- Older Adult: MD, OR

**Take Home Message #3**

Surveillance data does not need to be perfect but it does need to be consistent and easily obtainable.

Feedback from the participating states enumerated the outcomes from the TA and gave rave reviews to the consultants.

Already mentioned was ASTDD’s role in helping CSTE assess and report on epidemiology capacity for Oral Health, MCH and Chronic Disease programs. Questions also have been added to the 2015 State Synopsis survey to follow up on SOHP access to epidemiology expertise. ASTDD conducted and reported information on the 2014 State Synopsis (FY 2012-2013) and distributed the biennial salary survey to SOHP. The Committee, in conjunction with CDC, provided input on 1) the oral health components of the 2013-2014 School-Based Health Alliance Census, 2) the Pew-funded 2014 Survey of School-based Sealant Programs and Policies, and 3) revision of the National Oral Health Surveillance System Indicator Position Statement. The NOHSS position statement includes strong and clear messages on what elements state-based OH surveillance should have, and will support the enhanced definition on the OH surveillance system defined by CSTE.



*The 2014 data will assist OOH in its prevention/treatment services for the next 5 years, which will be in compliance with the 2015 NM Strategic Health Plan. The data will also assist other oral health advocates promote oral health and improve their coordination efforts with DOH and other stakeholders.*

# ASTDD's Communication Strategies: Sprouting and Thriving

The Communications Committee oversees the various communication activities of ASTDD and creates an Annual Communication Plan to guide and track progress. Other committees and SOHP are also encouraged to use this type of planning template. The Committee meets monthly to assure that ASTDD communications are strategic, relevant and timely.

The editorial review workgroup held two calls to help the editor plan newsletter issues, and ASTDD subsequently published and distributed three issues of the online *Oral Health Matters* with Lynn Bethel serving as editor and Henry Schein providing in-kind services for formatting the newsletter. More than 90% of members and associate members read at least one issue of the newsletter last year. With the talented graphics assistance of Bill Zillmer/Anunci Creative Group, we produced and distributed copies of the *2013 ASTDD Annual Report* and posted it on the website. Ms. Wood posted the ever popular Weekly Digest to the members listserv every week; 97% of the members read it regularly, and the information covers a diversity of topics.

We have done significant marketing of underused and new ASTDD resources this year and evaluated use of the materials via our annual survey and partner survey; many SOHP and partners use our materials and share them with stakeholders. We exhibited at the NOHC but no other conferences this year due to shipping costs. One-page overviews of topic-specific resources were developed specifically for the exhibit, and members signed up to help staff the booth. An ad-hoc workgroup created content for a new ASTDD Services brochure that focuses primarily on ASTDD technical assistance; it will be formatted and printed in 2015. The Committee also posted resources about health communication and oral health literacy on the ASTDD listservs and on the Health Communications portion of the website



We continued collaborating with the National Public Health Information Council (NPHIC), sending them oral health content for their newsletter or website, featuring information about their group in our newsletter, and sharing excerpts from their weekly digest in our *Weekly Digest*. Linda Orgain from CDC and Matt Jacobs from CDHP report on their organization's activities on every Communications Committee call; ASTDD collaborates with them on many social media campaigns and webinars. Working through committees and partners, ASTDD has conducted and evaluated 20 webinars or coffee breaks this year on a variety of topics, further enhancing professional development opportunities for SOHP staff and other audiences.

Our Social Media Workgroup was very active this year, meeting monthly and also regularly posting to Facebook. The ASTDD Facebook page had 180 likes by the end of the year and we established a Twitter account to start posting in 2015. The workgroup 1) conducted a social media survey of SOHP via Survey Monkey, which showed that most SOHP still are not using social media; 2) held a webinar in October on *Insights into Using Social Media to Promote Oral Health*; and 3) have planned a concurrent session seminar at the 2015 NOHC on *Social Media Matters: Making Oral Health Part of the Conversation*.

The ASTDD Webmaster, Dr. Perkins, maintains seven listservs and submits quarterly reports of listserv usage and topics; 65% of members and associate members use the member or director listservs on a regular basis. Sixth Street Website Design and E-Marketing and the Webmaster regularly revised website pages, updated links, upgraded website functionality, and converted the website to a mobile responsive format. The Best Practices section now links State Activity Submissions (SAS) to their corresponding Descriptive Report that is associated with a Best Practice Approach Report. The website continues to be a key resource for state oral health programs and others.

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### Why Use Social Media to Promote Oral Health?

1.28 Billion  255 Million 

- Increases visibility
- Advocates
- Teaches
- Influencers
- Media/News
- Policy Makers
- Cost Effective
- Quick & Easy
- Easily Accessible
- Little Time or Experience
- Reach Multiple & Diverse Audiences
- Expand Partnerships and Stakeholders



## Cultivating Best Practices

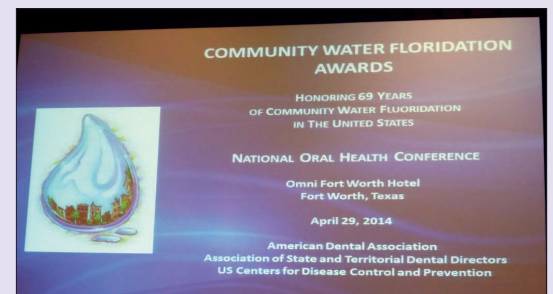
The Best Practices Committee (BPC) oversees the ASTDD Best Practices Project, which promotes the development of best practices by state, territorial and community oral health programs to enhance the oral health of Americans and to reduce disparities. A major focus of the committee this year has been cultivating and supporting states in how to capture, summarize and evaluate successful practices that might benefit adaptation, integration or replication in other areas. In February, the BPC held a webinar on *Sharing Your Program's Success Stories*. Two presenters shared how they have used Best Practice Approach Reports (BPAR) in their states to support program growth, planning and education. The webinar also provided technical assistance on the process for submitting a State Activity Submission for placement on the BP webpage. The BPC continues to work with other committees on developing and updating BPAR and acquiring State Activity Submissions and Descriptive Reports.



A 2014 analysis of the ASTDD website statistics showed the BP home page had 7,723 hits and 4,025 unique page views. The Committee worked on a number of procedural enhancements this year. A Dropbox account was created to simplify the process for sharing BPAR documents. Rather than the BP Committee determining the Strength of Evidence for a BPAR, the initial Strength of Evidence now will be determined by the specific committee working on the BPAR using a Strength of Evidence Ranking document. A protocol was developed for adding new information to BPAR that have been updated within the past five years. The committee of origin will be responsible for adding any significant information such as new guidelines, important changes to protocols or new evidence, and will determine whether this impacts the Strength of Evidence for the BPAR. Information now may be added as an addendum rather than a complete update. The BPC will be recognizing BPAR primary authors during the ASTDD annual business meeting at NOHC; if the primary author is a DPH residency candidate they will also be recognized during the DPH residency directors meeting at the NOHC. In addition, the BPC will send an ASTDD acknowledgement letter to those submitting Descriptive Reports as they require a significant amount of time and effort.

## Prevention Program Related Activities: Nurturing and Watering the Seeds and Sprouts

Primary prevention programs often start as pilot programs (seeds) and are then replicated, and if they are effective, sprout and grow quickly. Along with best practices, ASTDD promotes evidence-based as well as innovative prevention programs in states and communities. Working with the School and Adolescent Oral Health (SAOH) Committee, the BPC posted an updated *School-based Dental Sealant Programs BPAR* with associated state Descriptive Reports on the website in September. The Fluorides Committee has almost completed updates to the *Community Water Fluoridation BPAR* with updated Descriptive Reports. *Fluoride Varnish: an Evidence-Based Approach Research Brief*, originally produced in 2007 by the Fluorides Committee, was updated this year. The Committee also produced a checklist for states to use to prepare for the final DHHS recommendations on community water fluoridation levels when they are released. Judy Feinstein, the long-time chair of the Fluorides Committee, has represented ASTDD on the Campaign for Dental Health's National Strategy Workgroup on community water fluoridation.



At both the 2014 and the upcoming 2015 NOHC, numerous sessions were selected to address issues related to fluoridation, other fluoride modalities and dental sealants. ASTDD helped plan and coordinate *Water Fluoridation: A Skill-building Workshop for Advocates and Spokespersons*, a full-day pre-conference session at the 2014 NOHC. ASTDD will co-sponsor a pre-conference workshop with CDC on *Estimating Costs and Impact of School Sealant Programs Using Minimal Data* at the 2015 NOHC. The Fluorides Committee, in collaboration with the CDC and the ADA, presented a number of awards at the 2014 NOHC to states and communities that had demonstrated consistent and high quality community water fluoridation efforts. These awards recognized 89 communities celebrating 50 years of continuous community water fluoridation, 30 communities for successfully defeating initiatives to discontinue fluoridation and three communities that initiated fluoridation for the first time.

# Lifecycle Focused Activities: From Seeds to Maturity

Just as trees and other plants go through lifecycles, ASTDD addresses oral health issues across the human lifecycle.

## Perinatal and Early Childhood

The ASTDD Perinatal Oral Health Committee (POHC) continues to add new members as the seeds of national perinatal efforts are germinating. The committee partnered with the Children's Dental Health Project, Association of Maternal and Child Health Programs, and the National Academy for State Health Policy to apply for Phase 2 of the MCHB Perinatal and Infant Oral Health Quality Improvement initiative (PIOHQI) to establish a National POH Learning Collaborative Network. This three-year project was awarded to the partnership with CDHP as the lead group, and began September 1, 2014. ASTDD consultants provide assistance to the project, including Reg Louie, who serves on the project management team. A new round of funding in 2015 will support an additional five to seven statewide projects that will become part of the Learning Collaborative.

Early in 2014, POHC members participated in a workgroup including representatives from the Early Childhood, Data, and School and Adolescent Oral Health Committees as well as outside groups. The workgroup provided three recommendations for Title V national performance measures to MCHB that would promote the breadth of the work of SOHP. MCHB eventually chose slightly different ones but kept the focus on dental visits for pregnant women and children. In many states SOHP receive MCHB funding for activities and programs. The revisions to the Title V Block Grant guidance and the performance measures, however, make the inclusion of oral health in needs assessments and MCH state plans an elective option to states. ASTDD is preparing a document encouraging states to include oral health in their needs assessments and to select national performance measures for oral health and develop state specific ones.



The Early Childhood Committee seeks to improve the oral health of young children (birth to 5 years of age) 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 with special health care needs (CYSHCN). At the 2014 NOHC the committee facilitated a workshop on *Oral Health in Home Visiting Programs: A Perfect Opportunity*. Marcia Manter, an active committee member, wrote an article featured in the Nov/Dec issue of *PULSE*, AMCHP's newsletter, highlighting an environmental scan the Committee conducted in 2014 that identified oral health education materials available for home visitors.

ASTDD continued its involvement in the National Center on Health's (NCH) activities to facilitate a dental home for children through training and TA. Consultants and state Dental Hygienist Liaisons (DHL) to the NCH conducted numerous national, regional and state presentations at Head Start related meetings and at dental professional meetings. DHL networking and education activities in states, informed by TA from our NCH consultants, have been key to successes achieved for Head Start populations through the NCH's Oral Health Project. Webinars conducted for state dental directors and DHL this year included: *Collection of Data in Head Start*, *Building Successful Collaborative State Oral Health Consortiums* (non-NCH activity) and *Head Start Program Information Report Pilot Project for Oral Health*. ASTDD collaborated with NCH evaluation staff to analyze Head Start's Program Information Report (PIR) oral health data to identify trends. We began a pilot project to create a list of low-performing Head Start programs in six states to share with the national Office of Head Start's Integrated Services Team, regional offices, and state contacts (e.g., DHL, Head Start grantee specialists, program directors, health managers) and to facilitate calls to develop strategies to help the programs improve their performance. A report on this pilot project will be released in 2015 to inform future efforts. ASTDD also continued to provide technical assistance to states on planning and conducting Basic Screening Surveys with Head Start populations.

Two publications were developed and disseminated this year: *Head Start Oral Health State Activities Report*, a brief description of Head Start oral health activities in the areas of oral health education, disease prevention, and treatment programs from a few states, and *Oral Health Educational Resources for Early Head Start and Head Start Home Visitors and Families: Environmental Scan*. ASTDD consultants and committees also assisted in writing and reviewing monthly issues of *Brush Up on Oral Health* newsletter, which is produced by the National Maternal and Child Oral Health Resource Center (NCH partner) and widely read and used by ASTDD members. NCH's Oral Health Project activities are informed by the NCH Oral Health Workgroup that meets annually in Washington, DC. Numerous evaluation strategies have documented successes and lessons learned throughout the four years of this project, including an assessment of DHL activities and collaborations. ASTDD is indebted to the commitment of its NCH team members led by Ms. Kathy Geurink, committee members, ADHA, DHL and state networks for their contributions to improving the oral health of Head Start families.

**School-Age and Adolescent Youth**

In addition to the activities already mentioned for this age group, the SAOH Committee has been diligently communicating with non-dental groups such as the American Association of School Superintendents and the American School Health Association to focus on a coordinated approach to health that includes oral health. Monthly oral health messages are submitted to the NASN weekly e-newsletter. The committee has been promoting the new CDC School Health Model, Whole School, Whole Child, Whole Community, and updating ASTDD materials to reflect the new model. Presentations this year included:

- A collaborative workshop at the 2014 NOHC with the School Based Health Alliance and the CDC on *Dental Referrals for At Risk Children Aren't Working: Alternative Strategies*
- *ABCs of Oral Health at School* at the NASN 2014 annual conference
- Fall 2014 webinar for school nurses and state dental directors, *ABCs of Oral Health at School: Assessment, Best Resources and Community Based Initiatives.*



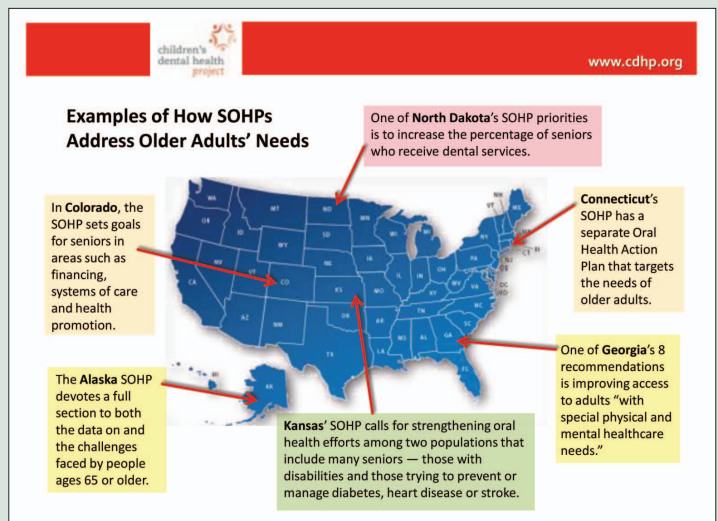
**Adults and Older Adults**

ASTDD has supported state activities to include adult Medicaid benefits and national efforts for Medicare to include oral health benefits. ASTDD broadly promoted the CDC's *Tips From Former Smokers* campaign videos and messages that focused on the effects of smoking related to oral cancer and periodontal disease as well as other conditions. In an effort to increase SOHP knowledge of other chronic diseases, ASTDD shared numerous chronic disease related resources from partner organizations.

We also conducted a survey of SOHP to determine relationships with Chronic Disease programs in the state health agency to identify how ASTDD, CDC, NACDD and other national partners should focus technical assistance, professional development efforts and development of resource materials to improve collaboration. Thirty-three percent of the 43 responding SOHP are now located in chronic disease units in health departments, with 28% sharing some staff. Oral health is included in 32% of the Coordinated Chronic Disease State Plans and 56% noted oral health representation on a chronic disease coalition or advisory group. Coordinated health messaging occurs most often around tobacco and to a lesser degree around diabetes, obesity, and HPV. States are asking for more assistance to further collaborative efforts around adult and adolescent health issues.

As trees mature, they require more attention to sustain their viability, just as humans do. ASTDD supports model programs, policies, best practices and resource materials for older adults through its Healthy Aging Committee (HAC). An Older Adult Best Practice Approach Report is almost completed along with the associated Descriptive Reports. Presentations facilitated by the committee included:

- *Older Adults Oral Health: Translating Data to Action* with speakers from the University of Massachusetts Medical School, the North Dakota State Oral Health Program, the HHS Administration for Community Living/ Administration on Aging (ACL/AoA), and the Children's Dental Health Project
- *Senior Oral Health: Using Data to Affect Policy*, a session at the 2014 NOHC where materials were sent to participants in advance to assist them with creating a one page info-graph on older adult oral health using the information presented during the session
- *Evidence-based Strategies for Improving Older Adult Oral Health* was accepted as a concurrent session for the 2015 NOHC.



The HAC collaborated with the Michigan Coalition for Oral Health for the Aging (COHA) on sharing older adult oral health information from various national resources to improve the level of information HAC members and SOHP receive around older adult oral health. Informative emails are shared on a regular basis. 2015 State Synopsis questions were added to provide more specific information on older adult oral health. The Maryland and New Hampshire SOHP presented their experiences conducting older adult BSS to the committee, which resulted in the HAC deciding to provide TA to states on how to approach and communicate with senior care facilities. The HAC was made aware of changes taking place around the use of Title III-D funds for oral health services, which will only allow funds to be used for evidence-based services. The HAC worked with HHS ACL to get fluoride varnish approved as a covered service. The HAC also wrote a joint letter with Oral Health America and the NACDD to encourage the new president of ASTHO to encourage states to include oral health in their healthy aging efforts.

## Evaluating Our Growth and Reach

Throughout the past few years, with the guidance of our Evaluation consultant, Dr. Tatro, ASTDD has been nurturing a culture of evaluation for everything we do as well as what state oral health programs do. Dr. Tatro helps develop a five year evaluation plan for our cooperative agreement and to provide assistance to states on their evaluation plans, logic models, and workplans. She collaborated to provide a workshop at the NOHC and developed content and resource materials for webinars. Specific projects included revamping the mentoring program evaluations, creating a best practices reviewer inter-rater reliability process, and creating Survey Monkey questionnaires for the many surveys we conducted.

Examples of evaluation surveys included:

- SOHP and community linkages survey (specific information on linkages, or barriers to linkages, with community-based dental clinics and health centers with dental programs or that want to expand to include dental services)
- SOHP and chronic disease program collaboration survey previously described
- ASTDD annual member survey (help us evaluate our past year's activities and inform decisions and priorities for the upcoming year)
- DHL impact survey (evaluate the impact of DHL collaborative activities in states over the past two years)
- SOHP/PCA Project survey (to assess the project's short-term success in relation to its intended results. )



ASTDD continues to make sure that we are documenting and sharing outcomes and impacts from our activities, not just process measures. We use many strategies to gain broad input from our national partners including annual surveys, attendance at more than 20 meetings of their organizations, their attendance at the NOHC and our BOD meetings, involvement of their members in all of our committees/workgroups, participation in national initiatives and joint advocacy efforts. To acquire input from states, in addition to annual member surveys, we post periodic queries on our listservs and encourage members to serve on committees; by the end of 2014 50% of state dental directors, 30% of life members, and 50% of individual associate members were serving on ASTDD committees or workgroups. In the future we will strive to improve measurement of ASTDD's reach and impact.



*There is no top. There are always further heights to reach.*

*~ Jascha Heifetz*

# Snapshots

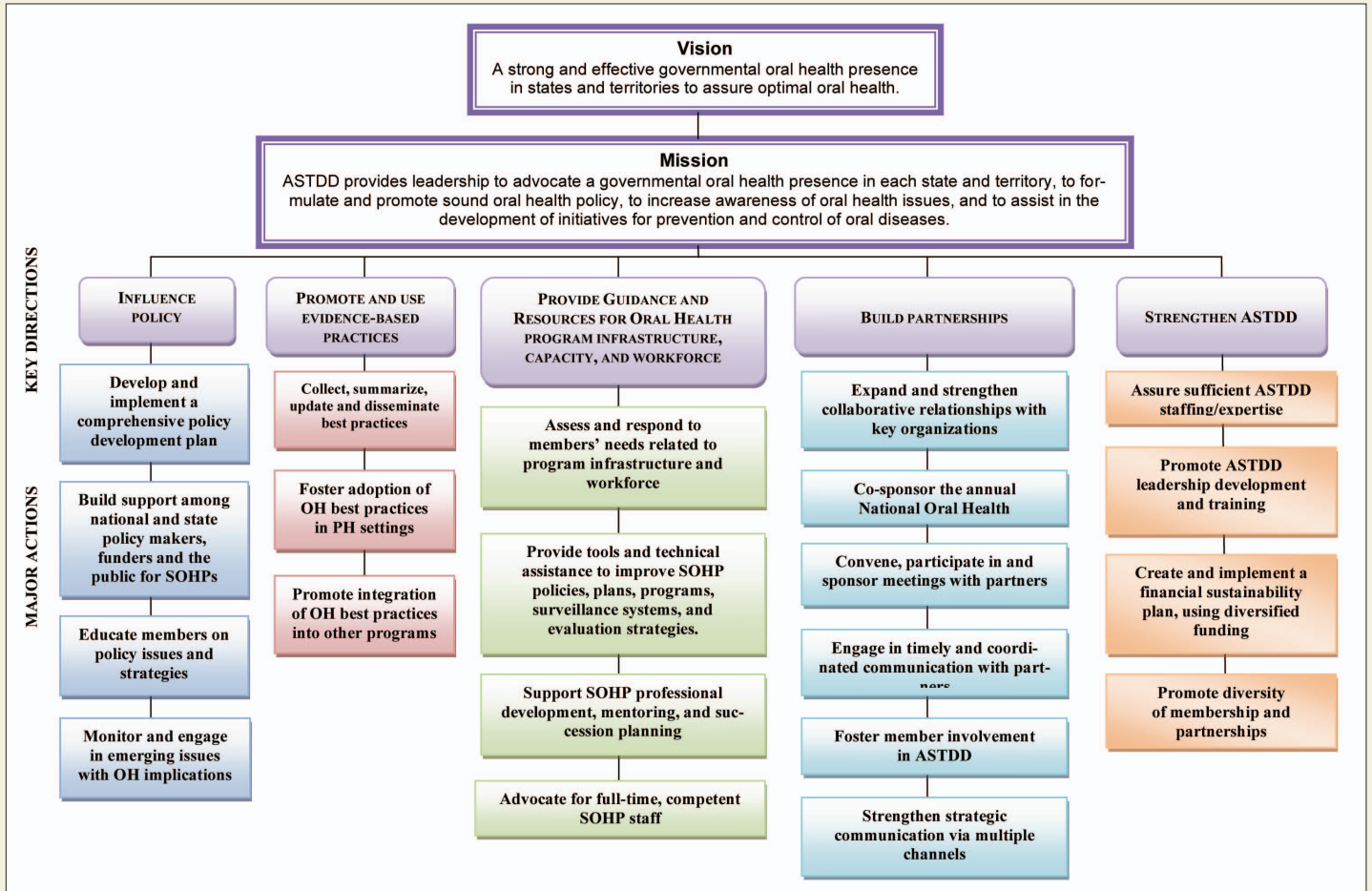


# Snapshots





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



For many years Kathy Mangskau has served as the ASTDD consultant for the Policy Committee. Upon Kathy's retirement at the end of 2014, Judy Feinstein will serve as the new consultant to the committee. We want to thank Kathy for her outstanding service to ASTDD, not only to the Policy Committee, but for her dedication to the Healthy People initiatives, the mentoring program, chronic disease/oral health collaboration, her years of leadership as the North Dakota state oral health program director and tobacco program director, and serving as a former ASTDD president! We certainly are going to miss her but hope she continues to be involved as a lifetime ASTDD member!

*Thank You & Best of Luck!*

## ASTDD Team Members

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### Board of Directors for 2014

Kimberlie Yineman, RDH, BA – President  
 Greg McClure, DMD, MPH, MHA – President-Elect  
 Harry S Goodman, DMD, MPH –  
 Immediate Past-President  
 Julie Watts McKee, DMD – Secretary  
 Carrie L Farquhar, RDH, BS – Treasurer (1/2 year)  
 Carol Smith, RDH, MSHA – Director  
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 Julia Wacloff, RDH, MS – Director  
 A Conan Davis, DMD, 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 (as of 12/31/14)

51 state members, 7 territorial members, 122 associate individual members, 16 life members and 7 organizational members (with 22 additional associate members under the organizational memberships).

### ASTDD Primary Project Consultants for 2014

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

Best Practices: Gregory B. McClure, DMD, MPH, MHA  
 Communications: Kimberlie J. Yineman, RDH, BA  
 Data & Oral Health Surveillance: Brad Whistler, DMD  
 (1/14-3/14) Junhie Oh, BDS, MPH  
 Early Childhood Oral Health: Christine M. Farrell, RDH, BSDH, MPA  
 Fluorides: Judith A. Feinstein, MSPH  
 Healthy Aging: Diane Brunson, RDH, MPH  
 Perinatal Oral Health: Jay Kumar DDS, MPH  
 Policy: Harry S. Goodman DMD, MPH  
 School and Adolescent Oral Health: Rudy F. Blea, BA  
 State Development & Enhancement: Julie Watts McKee, DMD  
 (see directory of members and the logic models  
 on their Website pages)

### Corporate Sponsor

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