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Foreword

The Association of State and Territorial Dental Directors (ASTDD) is pleased to share with you our 2015 activities and accomplishments in this annual report. We think of ASTDD as a Community—state oral health program members and others (associate members) interested in our mission and vision—who contribute to our decision-making and our quality improvement efforts, who conduct our activities and services, who celebrate our accomplishments. This report will highlight the many contributions of community members and other partners and our ASTDD successes.

Kimberlie J. Yineman, RDH, BA
President, ASTDD



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Governing and Enhancing Financial Stability

Community Governance

Governance entails making and evaluating decisions and plans that affect the life of a community or organization. A group called The Results That Matter Team (<http://www.rtmteam.net/>) uses an Effective Community Governance Model that recognizes 1) engaging citizens (or members), 2) getting things done, and 3) measuring results as core community skills. They emphasize four community improvement themes:

- Robust citizen engagement in multiple roles
- Use of performance feedback in organizational or community decisions
- Linking desired results to resources and accountable people or organizations
- Use of collaborations.



ASTDD engages our community members in multiple ways and believe that we exemplify this Governance Model. Our virtual central office (our city hall) is led by an executive director (city manager) with total commitment and passion who was a previous dental director and board member. The executive director assists the President and Board of Directors in managing the operations of the Association.

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Our finances are managed on a daily basis in our finance department by Cheryl Thomas, Executive Business Assistant, who tracks all income and expenditures, draws down money from the federal financial management system, pays invoices and bills, and works with our accountant and auditor, making sure that we are fiscally responsible and accountable. Our yearly audits almost never have any exceptions. The ASTDD Executive Director, Cooperative Agreement Manager and Treasurer work together to develop realistic budgets, approve invoices on an ongoing basis and review budget balances monthly and at the end of the fiscal year and for grant close outs.

A Board of Directors (BOD) (all of whom are dental directors except for one associate member who is a former director) is elected by their state peers during our in-person annual business meeting (town meeting) each April. The BOD serves as our voluntary city council, making decisions and developing strategic plans for ASTDD. They receive guidance from an operations manual, have monthly phone calls and also correspond and vote via email.

Those who served for 2015 include:

- 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
- Carol Smith, RDH, MSHA; Director
- Jason M. Roush, DDS; Director
- Julia Wacloff, RDH, MS; Director
- A. Conan Davis, DMD, MPH;
Associate Member Director

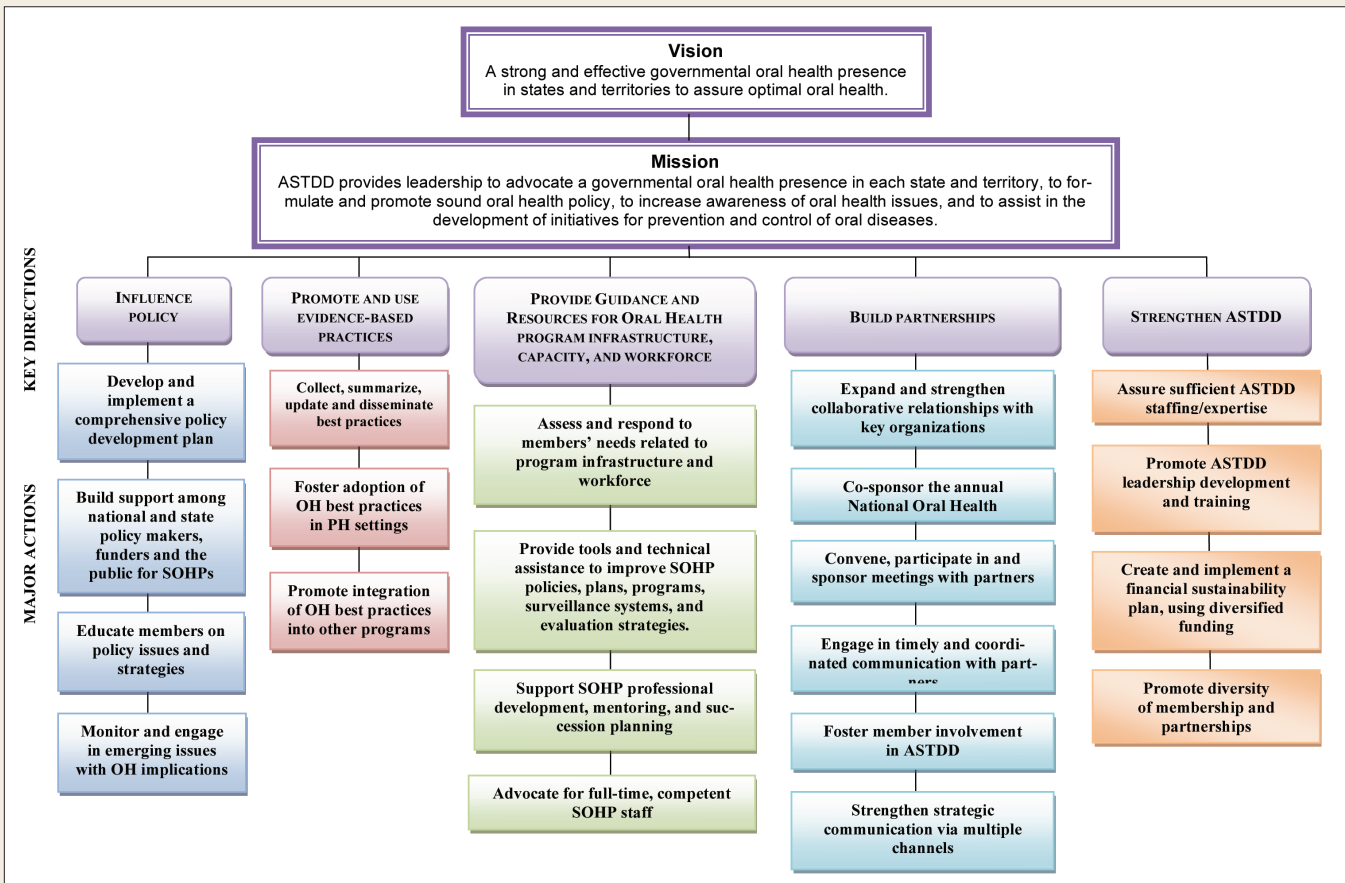


Ex officio BOD members participate in coordination/advisory roles and include:

- Christine Wood, RDH, BS; Executive Director
- Lynn Bethel RDH, MPH; Newsletter Editor
- Beverly Isman, RDH, MPH, ELS; Cooperative Agreement Manager
- M. Dean Perkins DDS, MPH; Executive Director Emeritus and Webmaster

We have established multiple mechanisms to accomplish our goals and follow our strategic plan. We will be reviewing our current strategic plan in 2016.

Association of State & Territorial Dental Directors Strategic Plan: 2012 - 2015



In addition to standing committees for Awards, Nominations, and the Annual Meeting, Ad-hoc committees focusing on specific topics or life stages are one effective structure we use to accomplish our work. A directory of committee members is posted on our Website along with guidance for committee chairs and consultants. Each committee develops a logic model and annual workplan based on priorities elicited from members at various times of the year and objectives included in grants and contracts we receive. These are also posted on the committee webpages. ASTDD volunteer Ad-hoc committee chairs who are appointed to that role and served for 2015 include:

Best Practices Committee: Gregory B. McClure, DMD, MPH, MHA
 Communications Committee: Kimberlie J. Yineman, RDH, BA
 Data and Oral Health Surveillance Committee: Junhie Oh, BDS, MPH
 Early Childhood Oral Health Committee: Christine M. Farrell, RDH, BSDH, MPA
 Fluorides Committee: Jason Rousch, DDS
 Healthy Aging Committee: Diane Brunson, RDH, MPH
 Perinatal Oral Health Committee: Jay Kumar DDS, MPH
 Policy Committee: Harry S. Goodman DMD, MPH
 School and Adolescent Oral Health Committee: Rudy F. Blea, BA
 State Development and Enhancement Committee: Julie Watts McKee, DMD

A very experienced cadre of paid consultants serve as staff for our committees, develop resources and provide technical assistance and training for state oral health programs (SOHP), our primary stakeholders. They communicate on a regular basis, participate in monthly group calls and meet with community members at the annual meeting. They also have joined as associate members. ASTDD project consultants for 2015 include:

Jay Balzer, DMD, MPH	Michelle Landrum, RDH, BS
Carissa Beatty, MPH, CHES	Reginald Louie, DDS, MPH
Linelle Blais, PhD	Michael C. Manz, DDS, MPH, DrPH
Lori Kepler Cofano, RDH, BSDH	Donald W. Marianos, DDS, MPH
Mary Davis, DrPH, MSPH	Kathy Phipps, DrPH
Judith Feinstein, MSPH	B.J. Tatro, PhD
Kathy Geurink, RDH, MA	Christine Veschusio, RDH, DrPH
LeeAnn Hoaglin-Cooper, RDH, BS	Karen Yoder, PhD
Beverly Isman, RDH, MPH, ELS	

Additional contractors who provided specific expertise for 2015 include:

Sixth Street Website Design & E-marketing, LLC (Website and listservs)
 Association Central, Inc. (ACi) (Annual meeting)
 Anunci Creative Group, LLC (Annual report)

Corporate Sponsor
 Henry Schein, Inc.



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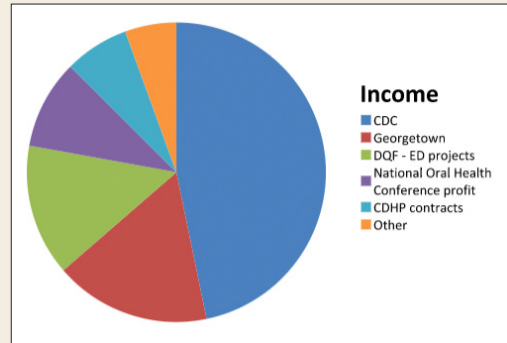


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Financial Accountability and Sustainability

The sustainability of a community such as ASTDD depends on continual vigilance to keep membership costs reasonable and pursuit of new funding opportunities to support core projects and expand into new areas. ASTDD Membership as of 12/31/2015 was 51 state members, 7 territorial members, 150 associate individual members, 18 life members, and 7 organizational members (with 27 additional associate members under the organizational memberships). Such a small group only generates limited income to use toward core administration and expenses not covered by other sources.

Profit after expenses derived from the annual National Oral Health Conference (NOHC) and shared with our co-sponsor, the American Association of Public Health Dentistry (AAPHD) provides an additional but variable boost for discretionary income. For 2013-2018 the Centers for Disease Control, Division of Oral Health provides about \$350,000 annually via a cooperative agreement to ASTDD and occasionally some supplemental funds. The funds primarily are used for developing and providing key guidance and resource documents, technical assistance and training to state oral health programs and developing collaborative relationships with other national organizations. In 2015 ASTDD also received about \$150,000 as a subcontract for Early Head Start/Head Start oral health related activities for the National Center on Health, funded by the Administration for Children and Families, Office of Head Start.



2015 was an exceptional year for ASTDD for generating funding for additional projects, many with other national partners. These projects are described elsewhere in the report but include:

- Use of Emergency Departments for Oral Problems: DentaQuest Foundation (DQF)
- Database of Community Water Fluoridation Rollback Attempts: Pew Charitable Trusts (Pew)
- Perinatal and Infant Oral Health Quality Improvement Project: contract with the Children's Dental Health Project (CDHP) from their Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) cooperative agreement
- Oral Health Measurement project: contract with CDHP from a DQF grant
- Additional small contracts for specific technical assistance to states not covered by CDC
- Financial administration for a few small grants for other individuals or organizations.

Economic development will continue to be a priority for ASTDD to assure we can sustain our infrastructure and facilitate economic growth for our members.

Neighbors Helping Neighbors and Recognizing Contributions

Members of ASTDD repeatedly note that one important benefit of membership in the ASTDD community is the networking and support they get from other members—let's call them neighbors. ASTDD tries to promote a feeling of "family" that is reflected in the tagline of our logo, *Where Oral Health Lives*.

Peer Support and Leadership Development

ASTDD has sponsored a vibrant mentoring program since 2001 where new state dental directors are paired with experienced directors to learn about their roles in leading a state oral health program (SOHP) and about resources and services that ASTDD and other national partners offer. New directors complete an online peer support application and then create a peer support plan with their assigned peer mentor. Both parties complete feedback forms on their experiences, a process that was converted to online forms in 2015. Peer support consultant, Lori Cofano, assigns peer mentors and coordinates the process. During 2015 eight new dental directors participated in orientation calls and six (MT, NE, OR, VT, WI and WY) participated in the peer support program. Thanks to Jay Kumar, Greg McClure, Kimberlie Yineman and Bob Russell for serving as mentors, especially Bob Russell who mentored three directors! Eleven new peer mentors who are former dental directors or ASTDD Life members have been added to the "good neighbor" mentoring pool.

We also provide various types of orientation to new community members, including webinars and personal phone calls to encourage them to join committees or workgroups and to share insights from their unique backgrounds and experiences. This year we rebranded the mentoring and orientation activities as New Member Services and Peer Support; these are coordinated through the State Development and Enhancement Committee (SDEC). Seasoned dental directors are also encouraged to assume leadership roles as committee chairs, members of the BOD, ASTDD representatives on special task forces or committees of other organizations, or, after retirement, as ASTDD consultants. New BOD members complete self-assessments to rate their confidence in performing relevant BOD roles and then re-assesses their confidence one or two years later; three BOD members recently completed re-assessments, noting increased confidence on all items. Many BOD members have served more than one term as they enjoy this type of community service and their commitment is recognized by members through their re-election.

Networking and Learning Opportunities

ASTDD members are encouraged to ask questions and share ideas with each other and with ASTDD consultants and other experts via several ASTDD listservs, during networking discussions and professional development sessions at the annual National Oral Health Conference (NOHC), and during webinars and coffee break calls.

Networking tables during the 2015 ASTDD annual meeting in Kansas City in April focused on:

- 1) Medical/dental collaboration
- 2) School-based dental programs/ Impact of the new “free care” ruling
- 3) Oral health literacy
- 4) Head Start/Early Head Start collaborations
- 5) Healthy aging and oral health
- 6) Data and surveillance
- 7) Innovative new disease prevention or control programs
- 8) Social media
- 9) Impact of the 2015 Pew Community Water Fluoridation cost study
- 10) Mid-level providers



Workshops held during or the weekend prior to the 2015 NOHC included:

- Estimating Costs and Impact of School Sealant Programs Using Minimal Data
- State Oral Health Data and HP 2020 Targets
- Sustaining Programs and Improved Outcomes
- Mobilizing Locally for Oral Health: Tools and Tactics for Creating Change
- Fluoride: Policy to Practice in a Changing Environment
- Innovations in Integrated Service Delivery for Pre-School Age Children: Improving Performance in Safety Net Clinics
- Predoctoral Dental Public Health Curriculum Workshop
- Setting Priorities, Securing Consensus: How State Coalitions Can Take the Next Step
- The Power of One—Advocacy and You.

Attendees had the opportunity to attend two of more than 44 topical roundtables on April 27 and one national organization/federal agency roundtable of the 24 groups presenting on April 28. Also offered were four plenary sessions, a poster session and 25 concurrent sessions (including six of the previously listed workshops.) Many of these presentations were led by ASTDD members or consultants or sponsored by ASTDD such as the concurrent sessions, *Fostering Coordination with Chronic Disease Programs*, *State Oral Health Program Workforce Capacity Development*, *Evidence-Based Strategies for Improving Older Adult Oral Health*, and *Social Media Matters: Making Oral Health Part of the Conversation*. Continuing education credits are offered through the American Dental Association's Continuing Education Recognition Program (CERP) and the Academy of General Dentistry.

Some examples of ASTDD sponsored webinars/coffee break topics during 2015 included: help with learning social media skills; how to complete the State Synopsis Questionnaire; how to use Dropbox for sharing and storing documents; interfacing with state public health information officers and the National Public Health Information Coalition; and providing care for populations such as American Indian/Alaska Natives and Children with Special Health Care Needs. 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 a Dental Public Health 101 learning module 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 Public Health 101 and Dental 101 modules already available through many other sources.



Dental Hygienist Liaisons for Early Childhood Issues—A Coordination Model

Another model of neighbors helping neighbors is the use of state and regional Dental Hygienist Liaisons (DHLs) arranged through the American Dental Hygienists' Association (ADHA) and their state components. The DHLs serve as a communication link via ASTDD between the new National Center on Early Childhood Health and Wellness (NCECHW), formerly the National Center on Health (NCH), and early childhood programs in each state. NCECHW is funded by the Administration on Children and Families' Office of Head Start and Office of Child Care and the Health Resources and Services Administration's Maternal and Child Health Bureau. NCECHW is focused on serving Early Head Start, Head Start, child care, and home visiting programs. The DHLs provide early childhood information to oral health professionals and oral health resources to the early childhood groups via meetings, presentations or email. DHLs in each state assist Head Start and early childhood educators locate local dentists who are prepared and willing to provide dental services for young children. ASTDD consultants Karen Yoder and Michelle Landrum work with five regional DHLs to coordinate activities and provide mentoring to the state DHLs. DHLs share ideas via a listserv and have met at previous ADHA Annual Sessions and at National Oral Health Conferences (NOHC). In addition to meeting at national conferences, DHLs participate in quarterly webinars to share ideas and resources. ASTDD would like to acknowledge the many years of service to Head Start populations by ASTDD consultant Kathy Geurink, who transitioned out of her lead Head Start role this summer.



Recognizing Excellence



The National Oral Health Conference is such a success because of our stellar meeting planners and our long-time sponsors.

ASTDD holds an Awards ceremony every year to recognize exemplary service and activities. Individual awards given in 2015 include:

- Outstanding Achievement Award, Lynn Bethel
- Distinguished Service Award, Kathy Phipps
- President's Award, Beverly Isman
- Fluoridation Special Merit Awards, Barbara Gooch and Judith Feinstein
- CDC/ADA/ASTDD Fluoridation Awards: about 85 50-year awards for continuous community water fluoridation; 10 communities that passed water fluoridation during the previous calendar year; 17 communities that defeated initiatives to discontinue water fluoridation; 2 states with the most new systems fluoridating or that had the greatest increase in population on fluoridated water; 6 states for fluoridation quality awards (optimal fluoridation levels >90%).



OHC 2015 was the first time ASTDD Best Practice Approach Report (BPAR) primary authors were recognized and given certificates of recognition signed by ASTDD president Kimberlie Yineman. Those recognized were: Bunmi Adekugbe, Samantha Jordan, Shillpa Naavaal, and Sam Zwetchkenbaum. The Best Practice Committee also created, approved and sent letters of recognition to states/entities that submitted a descriptive report that was included in the three new BPARs this year.

Kathy Phipps and Junhie Oh from the ASTDD Data Committee presented a poster, *Monitoring State-Based Oral Health Surveillance Systems: 2014 Synopses of State Dental Public Health Programs*, at the Council of State and Territorial Epidemiologists annual meeting in June, which highlighted the number of states with an oral health surveillance system, using the CSTE definition, and addressed the need for expanded technical assistance to states by both CSTE and ASTDD. It was selected as the Poster Award Winner among more than 35 posters presented in the Chronic Disease/Maternal and Child Health/Oral Health Section.

News and Social Media

The ASTDD community has a robust means of sharing news and upcoming events, highlighting community member accomplishments and describing services available. Chris Wood compiles and disseminates the Weekly Digest, an online “newspaper” of announcements and resources, to members and national organizations. Members note that this is their most popular communication from ASTDD so in 2016 we will begin to archive issues so members can search by topic. Lynn Bethel serves as editor of Oral Health Matters, a seasonal newsletter that has grown from about 10-12 pages per issue to more than 20 during the past year. There are regular columns to highlight ASTDD activities and resources as well as articles that highlight individual state oral health programs, member and associate member profiles, meetings attended, national partner organizations and resources. Henry Schein, Inc contributes their staff time and expertise to format the newsletter, and an editorial workgroup helps collect and contribute articles. ASTDD also produces our annual report with the creative expertise of Bill Zillmer at Anunci Creative Group, LLC. ASTDD services are highlighted in a new brochure for 2015 describing the technical assistance and associated tools and resources available. ASTDD was an exhibitor at the NOHC, with more than 22 members serving as volunteers to staff the booth, engage participants in discussions and distribute resources about several topics.

ASTDD now has a very active social media workgroup that continues to encourage SOHP to use social media to promote oral health. A survey of programs early in 2015 demonstrated a general increase in their use of social media and in the different outlets; many, however, still face challenges working within health department restrictions. To address some of the challenges, the workgroup developed two factsheets, Using Social Media to Promote Oral Health: Twitter Messaging, and Let’s Tweet! They were used during the NOHC session previously mentioned and during the previously mentioned webinar. At the end of December 2015 we had 282 Facebook likes and 110 Twitter followers. ASTDD also joined the Social Media Health Network, enabling state oral health programs to also join. The workgroup is in the process of compiling a library of Twitter messages on Oral Health and regularly collaborates with organizations such as the Children’s Dental Health Project on Twitter storms around specific topics. As a leadership learning opportunity, ASTDD sponsored John Welby, Communication Committee member and Maryland’s oral health literacy campaign director, to attend the CDC-sponsored Health Communication, Health Marketing and Media conference in Atlanta in August.

Website (Community Calendar and Library)

The ASTDD website hosts a calendar of ASTDD-sponsored webinars and conference calls. We developed a Year at a Glance document this past year that lists deadlines and announcement dates by month to help members plan. BOD monthly minutes, annual meeting minutes and annual committee reports are posted on the Members Only section of the website.

ASTDD maintains a robust collection of resources and documents on the website that serves as our town library. State Program pages include links to state information and reports. This year we added oral health data reports to these pages and a list of states conducting Older Adult BSS surveys to the Healthy Aging Committee webpage. Key documents that serve as roadmaps for state oral health programs include the ASTDD Guidelines for State and Territorial Oral Health Programs Part 1 and Part II and the ASTDD Competencies for State Oral Health Programs; both parts of the Guidelines were updated this year. Another document, State Oral Health Infrastructure and Capacity: Reflecting on Progress and Charting the Future looks at SOHP infrastructure from 2000 to 2010 and their capacity to address the core public health functions and the 10 essential public health services to promote oral health. Two related documents for policymakers include Why are ASTDD and State Oral Health Programs Important? and 10 Reasons Why State Oral Health Programs Still are Important. Customizable flyers about state oral health programs also are available to use with policymakers and stakeholders.



Our Best Practices collection includes 14 Best Practice Approach Reports (BPAR) with associated descriptive reports of state practices on a variety of subjects and hundreds of shorter state and community practice examples. Five additional BPAR are in progress. Older practice submissions are in the archives section. New BPAR developed this year include:

- *School-based Dental Sealant Programs* (updated from 2003)
- *Emergency Department Referral Programs for Non-traumatic Dental Conditions*
- *Developing Workforce Capacity in State Oral Health Programs*

Our Policy Committee was renamed this year as the Dental Public Health Resources Committee and in collaboration with specific committees of interest produced or updated the following White Papers (previously called Policy Statements):

- *Community Water Fluoridation*
- *Fluoride Varnish*
- *Fluoride Toothpaste*
- *Integrating Oral Health into the Whole School, Whole Community, Whole Child School Health Model(WSCC)*
- *Nutrition Education and Healthy Eating in School Settings*
- *School-Based Dental Sealant Programs*
- *State-Based Oral Health Surveillance Systems.*

The School and Adolescent Oral Health Committee produced an online Oral Health Tool Kit, a fact sheet and an archived webinar supporting activities related to the CDC’s WSCC School Health model. They also assisted in developing an ASTDD tip sheet for states on incorporating oral health into the new HRSA, MCHB national performance measures.

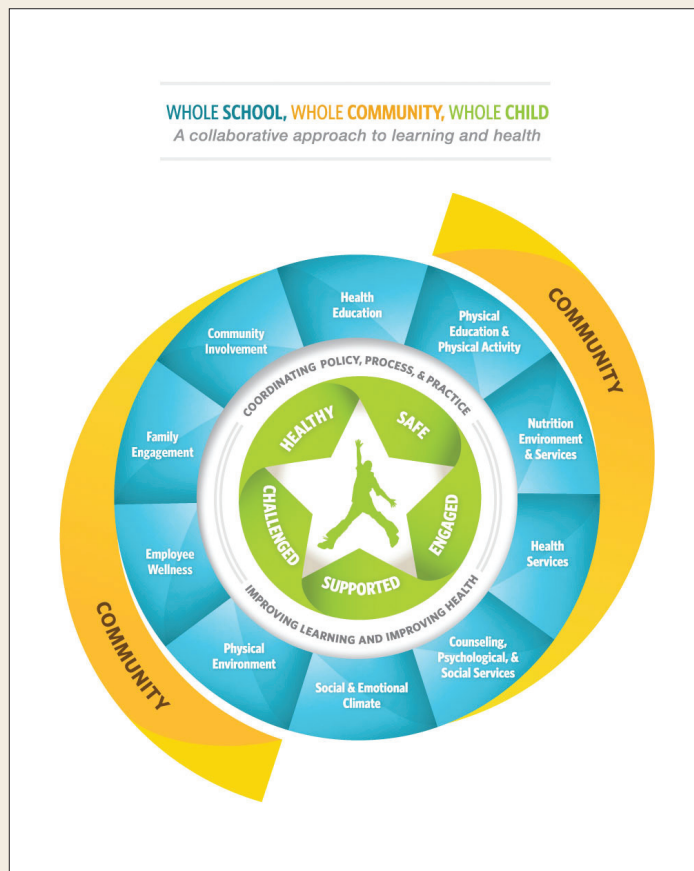
The Data Committee and its consultants created or updated numerous reports and documents this year:

- *2015 ASTDD State Synopses*
- *Children’s Basic Screening Survey Toolkit*
- *Oral Health Data Collection, Assessment and Surveillance Resources*
- *Data Surveillance Reference Guide*

Dr. Manz and a special workgroup also developed a report funded by the DQF on *Methods in Assessing Non-Traumatic Dental Care in Emergency Departments.*

The Healthy Aging Committee worked with an ADA staff member to create a one-page infographic on *Why Oral Health in Older Adults is Important* that is also included in an ADA’s *Dentistry in Long-Term Care Toolkit.* The Early Childhood Committee created two reports for the NCECHW: *DHL Impact Assessment Survey Summary* and *Program Information Reporting Pilot Project Summary.*

The ASTDD website houses two Fluorides Committee projects: The Fluoridation Awards Database, which includes a list of CDC/ADA/ASTDD Fluoridation Awards given to communities, systems, states, individuals, groups, agencies and organizations since 1998; and the Pew-funded Community Water Fluoridation Rollback Catalog with data since 2002. This is a listing of communities that have either stopped or are considering stopping community water fluoridation.



Assessing, Responding to and Reporting

ASTDD conducted its annual member survey in August that collected feedback on: 1) use and usefulness of communication pathways and how to improve our communication; 2) collaboration with specific national groups that sponsor community-based activities so we can work more closely with them to enhance partnerships; 3) use of ASTDD new and updated resources; 4) what ASTDD professional development opportunities states are using, how useful they are, and what knowledge and skills have been gained. Results were published in *Oral Health Matters* and were used to plan ASTDD priorities and activities for the upcoming year.

We also conducted the annual policy priority survey in April, with the membership listing the following as their top priorities for development of resources:

- Access to oral health care
- Workforce
- Emergency room use for non-traumatic dental care
- Needs assessment/dental surveys
- Adult oral health benefits in Medicaid
- Oral health and chronic diseases

We are addressing these priorities in phases that build on each other and in different ways. The Best Practice Committee has identified a primary author for a BPAR on Access. We've already published the Workforce BPAR, presented two panels on its contents at the NOHC and at APHA, and planned two more presentations, a webinar, and some other resource documents (photo 13 workforce panel at APHA). As noted previously, we produced a BPAR on *Emergency Department Referral Programs for Non-traumatic Dental Conditions* developed in consultation with a special workgroup by primary author Chris Okunseri and the Best Practices Committee. Another special workgroup assisted primary author Michael Manz to produce *Methods in Assessing Non-Traumatic Dental Care in Emergency Departments* for release in January 2016. The intended purpose of this project was to fully explore the extent of variation in the different aspects of research conducted, including target populations, outcomes of interest, predictive factors investigated, data sources used, and specific research methods employed including the diagnostic codes used in defining ED dental care. This report presents the findings of the investigation, summarizes the positive and negative aspects of the findings, and provides recommendations on the conduct of future research. Both projects were funded by the DQF. ASTDD hopes to participate in a new phase of this project later in 2016. We presented a panel on Oral Health and Chronic Diseases at the NOHC; we've identified a primary author for a white paper on the topic, and we've initiated a chronic disease workgroup to coordinate chronic disease related activities and information.

The Data Committee provides assistance to states that plan to conduct Basic Screening Surveys for preschool (Head Start), Kindergarten or third-grade children and older adults. These data are uploaded to the National Oral Health Surveillance System that is now on a new CDC Oral Health Data platform that allows better cross-state comparisons. The Committee updated the *Children's Basic Screening Survey Toolkit* this year, and our two data consultants, Drs Phipps and Manz, provided technical assistance (TA) to 17 states. In addition, they provided information/draft language for state fact sheets, helped determine a data report format, and provided input on selection of survey questions. Examples of outcomes reported by states included:

- *We were able to get approval from our State's IRB to conduct our Children's BSS with passive consent, which we've never done before (Maryland)*
- *Creation of electronic data collection software for non-android tablets and technical assistance and training on digital data entry at point of service on electronic devices (Washington)*
- *Completion of first Hawaii BSS using a representative sample and completion of data analysis/report*
- *BSS data surveillance updated for 3rd grade children in Montana after nearly a decade gap, and production of a data brief*
- *Nebraska will be able to conduct a statewide HS and 3rd Grade Survey for the first time in ten years*
- *Florida successfully completed the first ever third grade and Head Start BSS in the state with submission of data to NOHSS; our Pew grade increased to a C-this year from an F in 2011.*

In their CSTE poster presentation, Drs Phipps and Oh discussed data from the 2014 *State Synopsis* that showed that only 28 states (55%) reported having a written oral health surveillance plan. Of the six indicators available to all states through existing sources, only 10 states (20%) reported having all six indicators. Overall, only seven states (14%) reported having all 10 items included in the CSTE operational definition. These results highlight the need for expanded technical assistance to states by both CSTE and ASTDD. They recommended that technical assistance focus on the development of a written surveillance plan and providing guidance to oral health programs on locating data from external sources. The committee, therefore, updated the *ASTDD Oral Health Data Collection*,

Community Needs and Oral Health Needs

Assessment and Surveillance Resources document and also the *Data Surveillance Reference Guide*. They also are working on a state oral health surveillance plan template. Drs Phipps and Manz were authors on a poster at the NOHC on *Oral Health Epidemiology Capacity: State of the States*, based on a previous ASTDD contract with CSTE to assess epidemiology capacity in states. They found that the status of state oral health epidemiology and surveillance capacity is abysmal; most jurisdictions have minimal to no capacity. ASTDD continues to maintain an Epidemiology listserv so that professionals performing oral health epidemiology functions in state health departments have a venue for sharing information and asking questions.

As mentioned previously, ASTDD is participating in an Oral Health Measurement Project led by CDHP to create a common and comprehensive understanding of existing oral health measures. Stakeholders from two different groups—provider-focused organizations and the policy, advocacy, and research community—as well as some federal agencies, completed a Delphi process using online questionnaires about priorities and challenges in the current system. Conference calls were held to arrive at a consensus of each group's highest priority recommendations for data collection to improve oral health. The final priorities were then presented to federal agency stakeholders and a "measurement matrix" was created that provides a framework for establishing a set of high-priority, aligned oral health measures that can be implemented across agencies and utilized by public surveillance initiatives as well as more direct service and coverage programs such as Medicaid and Medicare. Discussions will continue to determine next steps.

ASTDD conducts another type of SOHP assessment using the *ASTDD Competency Assessment and Guidelines Tools*. This year Beverly Isman provided onsite TA to the NH SOHP and the VT SOHP at their request because of their addition of new staff or existing staff transitioning into new positions. Both states receive CDC state infrastructure funding. Each staff person completed individual Competency assessments and as a group they completed the Guidelines assessment. After three half-day sessions in NH and one half-day session VT, along with phone calls and emails, the consultant wrote a summary report with recommendations that was reviewed by SOHP staff and their comments incorporated into a final report shared with their administrations. This process proved valuable for initiating a number of immediate actions to put recommendations in place.

ASTDD also provided several types of assistance to the Hawaii SOHP around recruiting and interviewing new SOHP staff, reviewing and editing various data-related documents, and assisting with planning, training and report writing for a third grade BSS survey. Our Evaluation consultant Dr Tatro provided TA and information to SOHP in Idaho, Mississippi, New York, Delaware, New Hampshire, Indiana, Iowa, and Vermont.

Promoting Innovation and Health through Partnerships

Each year ASTDD reviews and provides 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. The resolutions we monitored covered a range of concerns, such as the ADA's policy on access to professional dental care, promotion of culturally competent oral health strategies for underserved communities, and community water fluoridation. We provided testimony on resolutions related to the recognition and certification of dental public health as a dental specialty, and on five related to sugar consumption, including public information efforts and encouraging more research to investigate the relationship between diet, nutrition and oral health. The ongoing collaboration with AAPHD – a good neighbor – allows for a more comprehensive perspective and broader coverage of the ADA's activities during the House of Delegates' meetings. ASTDD also provided substantive revisions to an ASTHO Position Statement on Oral Health that was finalized this year.

2015 marked the 16th 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 840 professionals attended the meeting in Kansas City, MO, starting with pre-conference sessions on April 25 and 26 and continuing on April 27-29 for the regular conference sessions.

ASTDD has representatives on ASTHO's Access to Care Committee, Prevention Committee, Public Health Workforce Workgroup and Affiliates Council. ASTDD consultants 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.

ASTDD members are active participants in the DentaQuest Foundation’s Oral Health 2020 initiative, serving on the National Oral Health Connection Team, as regional coordinators and as state grantees. Their meetings and webinars provide another important venue for community members and partners to share innovative approaches to preventing and reducing oral diseases in US populations and having a collective impact on the oral health of the nation.

ASTDD also collaborates with the Medicaid/Medicare/CHIP Services Dental Association (MSDA) and the Centers for Medicare and Medicaid Services (CMS) and other national partners to collect and share the most current information on dental benefits and resources for low-income and underserved populations. Much national and state advocacy occurred in 2015, especially around expanded benefits for adults and pregnant women and coverage of school-based and “offsite” services. Promotion of inclusion of dental benefits under Medicare continues to be a focus of advocacy.

We continued collaborating with the National Public Health Information Council (NPHIC), featuring information about their group in our newsletter and through a webinar, and sharing excerpts from their weekly digest in our Weekly Digest. Linda Orgain from CDC and Matt Jacob from CDHP report on their organization’s activities on every Communication Committee call; ASTDD collaborates with them on many social media campaigns and webinars.

The SAOH Committee continues to communicate with other non-dental groups such as the American Association of School Superintendents, the American School Health Association and the National Association of Chronic Disease Directors’ School Health consultant to focus on a coordinated approach to health that includes oral health. Monthly oral health messages are submitted to the National Association of School Nurses weekly e-newsletter.

ASTDD consultants provide assistance to CDHP’s Perinatal and Infant Oral Health Quality Improvement initiative project, including Dr Louie who serves on the project leadership team. A new round of HRSA/MCHB funding in 2015 supported an additional eight statewide projects in addition to the original three that have become part of a National Learning Collaborative. As part of this project we are developing a list of states that selected oral health as a national or state MCHB performance measure, and we created a cross walk to identify those that have CDC, HRSA workforce or PIOHQI, or DQF funding that might be used to support these efforts.

Drs Louie and Goodman are representing ASTDD on the Association of Maternal and Child Health Programs’ new MCH Collaboration Council to identify opportunities for alignment and coordination among organizations, including the coordination of technical assistance and agreement on strategies for ongoing communication. Dr. Goodman attended their onsite meeting in DC in December.

ASTDD Fluorides consultant Lee Ann Hoaglin-Cooper monitors several sources of information and communicates with states and other national partners to maintain the Pew-supported Fluoridation Rollback database as an information resource to states. In 2015 90 communities attempted to rescind fluoridation, with 79 retaining it and 11 rolling it back. ASTDD leadership attended the annual meeting of the Campaign for Dental Health in Chicago in June. The conference brought partners, advocates and thought leaders together to help them gain insight into recent social science on important factors influencing personal positions on fluoridation and similar issues. The goal of the conference was that attendees leave with effective communications strategies. ASTDD joined many other organizations in Chicago again on September 11 to celebrate 70 years of community water fluoridation.



ASTDD broadly promotes the CDC’s Tips From Former Smokers campaign videos and messages that have focused on the effects of smoking related to oral cancer and periodontal disease as well as other conditions.(photo 15) In an effort to increase SOHP knowledge of other chronic diseases, ASTDD shared numerous chronic disease related resources from partner organizations.



An ASTDD BOD member Carol Smith and consultant Christine Veschusio serve on ASTHO’s Tobacco forum to highlight the roles that tobacco plays in oral diseases.

ASTDD assists the organization for Safety and Asepsis prevention in suggesting resources for their Public Health webpage and encourages member s to attend their meetings and training courses.



ASTDD prioritizes invitations to meetings each year to make sure our limited travel dollars result in tangible outcomes for the association and state oral health programs; ASTDD members attended and submitted reports for 18 national meetings this year. In addition, ASTDD uses the venue of the National Oral Health Conference to meet with the leadership of national organizations and federal agencies in attendance. At the 2015 conference we met with more than 13 groups and were thrilled to have a special meeting with Deputy Surgeon General Boris Lushniak.



Improving Our Services and Planning for the Future



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 helped develop evaluation strategies and tools; assisted with evaluation data collection, analysis and reporting; provided training and technical assistance to states; and shared expertise with other ASTDD consultants and committees. Much to our chagrin, Dr Tatro retired this year after sharing her evaluation expertise with ASTDD and its members and national partners for 15 years. We are thrilled that two very experienced evaluators, Dr. Mary Davis from Chapel Hill, NC and Carissa Beatty from the Emory Global Center for Training and TA in Atlanta, have joined our consultant team.



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, special projects, participation in national initiatives and joint advocacy efforts. By the end of 2015 50% of state dental directors, 26% of life members, and 50% of individual associate members were serving on ASTDD committees or workgroups.

In closing, we have a highly engaged group of members who actively contribute to the success of our community!



