

# 2018 ASTDD Annual Report

Facilitating Coordination and Collaboration  
to Promote Excellence and Harmony



## Foreword

Wow! What an amazing and busy year for the Association of State and Territorial Dental Directors (ASTDD) as we built upon past accomplishments and surpassed many of our goals. ASTDD is pleased to share last year's accomplishments and activities in our 2018 annual report. I would like to personally thank the ASTDD Board of Directors, ASTDD Executive Director, Christine Wood, as well as our consultants and members for all of their dedication, expertise, and support. We hope you enjoy our story as we collectively strive for achieving optimal oral health for all!

Jason Roush  
President



And to build on Jason's comments, I would like to say that 2018 was an extra special year for ASTDD as we celebrated the 70<sup>th</sup> anniversary of the founding of our organization and the start of our fifth round of funding from the Centers for Disease Control and Prevention! ASTDD has come a long way since it was first established as an all-volunteer organization. We now have 18 paid consultants and we contract with several organizations such as the American Academy of Pediatrics, Jacob Strategies LLC, the National Association of Chronic Disease Directors, and the Pacific Island Health Officers' Association for specialized services. Thank you to all of them as well as our hard-working committee chairs and committee members for all they do to make ASTDD such a productive organization.

Christine Wood  
Executive Director



astdd

Where oral health lives

# Table of Contents

This Year's Theme ..... page 2

Welcoming Diversity & Fostering Leaders ..... page 3

Promoting Teamwork to Coordinate Finances, Services, & Communication ..... page 8

Fostering Committee & Project Coordination & Collaboration .....page 12

Partnering for Professional Development, Synergy & Common Goals ..... page 22

*Our vision... A strong and effective governmental oral health presence in states and territories to assure optimal oral health.*

ASTDD Central Office  
 Christine Wood, RDH, BS, Executive Director  
 3858 Cashill Blvd., Reno, Nevada 89509  
 Tel: 775.626.5008 / cwood@astdd.org

Report written by Beverly Isman, RDH, MPH, ELS / Cover Design by Kolin Perry, BFA, MEd

Funding provided in part by CDC Cooperative Agreement 1 NU 58DP006573-01-00

Views expressed do not reflect the official policies of DHHS, nor does the mention of trade names or organizations imply endorsement by the U.S. Government.

## This Year's Theme

### Coordination

Definition from Merriam-Webster: the process of organizing people or groups so they work together properly and well; the harmonious function of parts for effective results

Etymology - from Latin *co* + *ordination*, from *ordinare*—to arrange

### Collaboration

Definition: to work with others

Etymology - from Latin *com* (*with*) + *laborare* – to work

2018 has been characterized politically in the U.S. and globally not by coordination and collaboration, but by their antonyms: impedance, division, alienation, estrangement, and disaffiliation. Public health policies and progress have especially been affected. Parts of the U.S. also were ravaged by natural disasters—wildfires, hurricanes, floods. Yet communities came together in these uncertain, tumultuous, contentious times to support each other, to review lessons learned, to highlight successes and to move forward. ASTDD serves as a stellar example of a membership community that prides itself on inclusiveness and peer support and credibility on a national stage to advocate for oral health as an important component of overall health, or as Surgeon General Jerome Adams has stated, “Oral health is not an add-on. It is a value-added issue.”

This year also highlighted some of the unique health issues and infrastructure needs of the U.S. Affiliated Islands or Insular Areas, especially in dealing with devastating hurricanes and typhoons. Although these islands are generically referred to as U.S. territories or jurisdictions, they each have unique legal and other relationships through compacts with the U.S. government. They include the U.S. Affiliated Pacific Islands (U.S. Flag Territories of Guam, the Commonwealth of the Northern Mariana Islands and American Samoa); the three Freely Associated States of the Republic of the Marshall Islands, the Republic of Palau, and the Federated States of Micronesia) and the Caribbean Islands of Puerto Rico and the U.S. Virgin Islands. Their oral health program dental directors have always been included as full members of ASTDD yet they encounter multiple barriers trying to avail themselves of our resources and trying to qualify for federal or other funding opportunities. This September, ASTDD was awarded a new cooperative agreement from

The theme of this year’s annual report serves as a testament and a reminder that despite the divisions and tragedies in our country, the dental public health community has maintained its mission and cohesiveness to reduce oral health inequalities, serve the underserved, and strive for policies and programs that promote health equity for everyone living here.

CDC's Division of Oral Health to continue to work supporting state oral health programs. In addition, a portion of the funding for Year 01 is to support a needs assessment of the islands with a resultant report, and to provide some limited technical assistance. We view this as a perfect opportunity to work in coordination and collaboration with many national partners and islanders to tell their stories and highlight their successes and continued needs.

## Welcoming Diversity & Fostering Leaders

### New Member Orientation and Member Peer Support Program

One ASTDD goal has been to broaden our membership to improve awareness of State and Territorial oral health programs' (S/TOHP) roles, challenges and successful strategies and to bring different perspectives to the table to serve as advocates and advisors. Upon joining, each new member is welcomed by Chris Wood, Executive Director, and sent a welcome email with some brief orientation information. All new associate members are also contacted by an ASTDD consultant to offer additional orientation and ascertain their interests in serving on a committee or in another capacity. We would like to thank Christine Veschusio for coordinating this effort through May

As of December 31, ASTDD had 62 primary members (S/TOHP), 94 new associate members for a total of 305 associate members including 52 individuals who belong as part of 14 organizational members, and 23 life members (state dental directors for at least 10 years).

and Kimberlie Yineman for doing so since September. This year we especially would like to welcome USPHS Chief Dental Officer and Assistant Surgeon General Tim Ricks as an associate member and a new addition to our Fluorides and Data Committees. John Welby is our Associate Member Director on the Board of Directors (BOD). He and Chris Veschusio facilitated a roundtable at the 2018 NOHC, *So, You've Become an ASTDD Associate Member – Now What?* They also collected quotes from associate members to post on the membership section of the website. Here is one from John Welby, Director, Oral Health Literacy, Maryland Office of Oral Health.

I knew very little about oral health when I joined ASTDD. I quickly got involved in committees, presented at conferences, and made friends all over the country. Who could have imagined that in only six years I would be on the ASTDD Board of Directors? I'm amazed every time I think of it. ~ John Welby ~

Developing, implementing and evaluating S/TOHP is a tremendous undertaking and requires a great deal of knowledge, skill, flexibility and diplomacy. S/TOHP directors/managers bring a variety of cultural and professional backgrounds to their positions and often occupy the sole oral health position within their health

agency. ASTDD wants to assist in whatever way possible to help new directors and managers become effective in administering their programs. State dental directors and staff provide much needed support to each other via listervs, emails, and networking meetings. To highlight the importance of working closely with state health officials, we coordinated a seminar, OverALL Health: State Public Health Collaboration for Dental Directors and Health Officers at the 2018 National Oral Health Conference (NOHC).



Lori Cofano, our Peer Support Coordinator, holds orientation calls with all new directors and managers. She offers the opportunity to engage with a peer mentor from another state for a year through our Peer Support Program. We have not yet offered this to TOHP directors. The new directors complete an online application via Survey Monkey. Based on their identified needs, interests, and location, a peer mentor is selected; together they complete a technical assistance plan. The mentor acquaints the director with ASTDD resources for effective

Thanks to Bob Russell, Angie Bailey, Chris Farrell, Katya Mauritson, Kimberlie Yineman, and Lew Lampiris for serving as mentors to directors from HI, IL, NV, GA, MD, WI, MS, AL, NE, CT, RI, and MN.

program administration and management and responds to questions throughout the year. This year there were twelve mentoring pairs at various points. Directors complete an evaluation after six months and then again after completing the program to provide feedback on specific knowledge and skills they have gained and to make recommendations to improve the process. This year two completed six-month evaluations and four completed one-year evaluations.

To recruit new mentors and increase the skills and comfort level of current mentors, Bob Russell and Lori Cofano held a *Mentoring* workshop for the BOD and others during the 2018 NOHC including a pre-workshop query about mentor/mentee experiences; about 10 people attended the session. Evaluations noted high satisfaction. Two resources help S/TOHP directors and their staff who do not have an oral health or a dental public health background. [Oral Health 101](#) includes three modules with the option of viewing PowerPoint slides with notes or listening to the recording. *Dental Public Health 101* also includes slides and a recording as well as a syllabus with suggested learning activities. We also updated and revised a slide series with the help of Marcia Brand, a previous HRSA administrator, which provides an overview of [The Role of Health and Human Services \(HHS\) and Its Agencies in Promoting Oral Health](#)



States with an SOHP with a full-time dental director fluctuated between 47 and 44 in the past five years. The 2018 Synopses (2016-17 data) notes that 73% of state dental directors have been in their positions less than five years; none have been there more than 15 years, creating a lack of Institutional memory in many programs. There were 29 dentists, 11 dental hygienists, nine dental directors with no dental background, and two non-respondents to the survey. To address frustrations voiced by many directors and staff, Bob Russell led an interactive workshop at the 2018 NOHC. *Navigating State Government: Common Questions and Scenarios*. A follow-up to this workshop and the mentoring one is planned for the NOHC 2019 to address additional issues and enable participants to share concerns and effective approaches.

## Promoting and Awarding Excellence in Leadership

Previous ASTDD BOD members included mostly seasoned dental directors to share their expertise on a national level. New dental directors have been recruited in recent years to foster early leadership skills and to highlight areas where new directors and staff need more help. The BOD met monthly via Adobe Connect and in person during the NOHC. Most of the committees are chaired by BOD members or other state dental directors working with ASTDD consultants who staff the committees and provide subject matter expertise. Many ASTDD BOD members and consultants also serve on other organizations' task forces, boards or committees, and attend national meetings.

In 2018, 26 dental directors, 6 life members, and 72 associate members were participating on ASTDD committees, a good way to promote participation in broad-ranging issues and to be more aware of ASTDD activities and those of our national funders.



**ASTDD Board of Directors**

## Board of Directors

- President: Jason Roush, DDS (West Virginia)
- President-elect: Christine Farrell, RDH, BSDH, MPA (Michigan)
- Immediate Past President: Kimberlie Yineman, RDH, BA (North Dakota)
- Secretary: Julia Wacloff, RDH, MS (Arizona)
- Treasurer: Robin Miller, RDH, MPH (Vermont)
- Director: Mona Van Kanegan, DDS, MS, MPH (Illinois)
- Director: Cathleen Taylor Osborne, DDS, MA (Kansas)\*
- Director: Bruce Austin, DMD (Oregon)\*\*
- Director Lindy Bollen, Jr., DDS (Arkansas)
- Associate Member Director: John Welby, MS (Maryland)

Ex officio members included Chris Wood, RDH, BS, Executive Director; M Dean Perkins, DDS, MPH, Executive Director Emeritus and Webmaster; Beverly Isman, RDH, MPH, ELS, Cooperative Agreement Manager and Writer; and Lynn Bethel Short, RDH, MPH, Newsletter Editor and Social Media Coordinator.

\*\* Cathleen Taylor Osborne resigned her position as a director in September. Bruce Austin was appointed to serve in the vacant Director position.



## Committee Chairs

- Best Practices Committee: Steven Geierman, DDS
- Communications Committee: Kimberlie Yineman, RDH, BA
- Data and Oral Health Surveillance Committee: Beth Anderson, MPH through mid-September and then Mona Van Kanegan, DDS, MS, MPH
- Dental Public Health Resources Committee: Harry Goodman, DMD, MPH
- Early Childhood Oral Health Committee: Christine Farrell, RDH, BSDH, MPA
- Fluorides Committee: Jason Roush, DDS through January and then Bruce Austin, DMD
- Healthy Aging Committee: Samuel Zwetchkenbaum, DDS, MPH
- Perinatal Oral Health Committee: Mark Moss, DDS, PhD
- School and Adolescent Oral Health Committee: Rudy Blea, BA
- State Development and Enhancement Committee: Cathleen Taylor-Osborne, DDS, MA



# ASTDD recognizes exemplary service and leadership to the organization each year at the NOHC – 2018 Awardees



**Outstanding Achievement Award:** presented to a past or present member for significant contributions to ASTDD and dental public health.

Christine Farrell, RDH, BSDH, MPA



**Distinguished Service Award:** presented to an individual or organization for excellent and distinguished service to dental public health.

LeeAnn Hoaglin-Cooper, RDH, BS



**President's Award:** presented at the discretion of the President to individuals or organizations that have contributed to the advancement of state dental programs and dental public health.

Greg McClure, DMD, MPH, MPA (posthumously)



**Fluoridation Merit Award:** presented for outstanding contributions toward the progress of fluoridation.

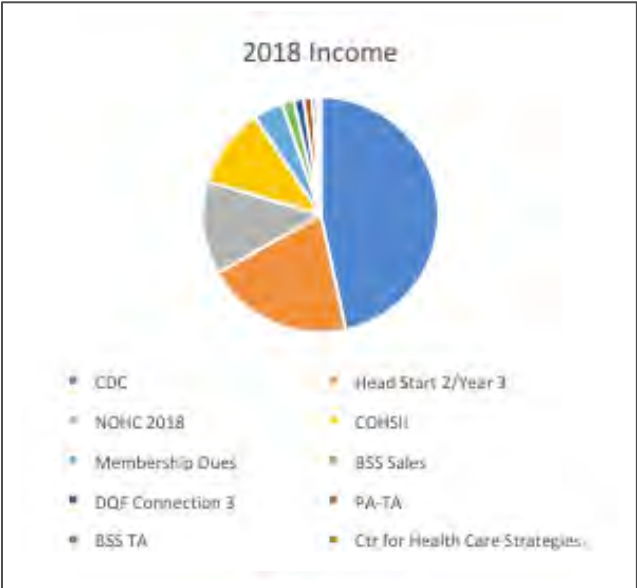
Ernest Newbrun, DMD, PhD

The ASTDD Fluorides Committee, in collaboration with the Centers for Disease Control and Prevention (CDC) and the American Dental Association (ADA), present numerous other Fluoridation Awards to communities and water districts every year that promote equitable access to community water fluoridation (CWF). They also developed a Fluoride Award Distribution Toolkit including cover letters and media release materials to help states promote increased recognition and media coverage for the award winners back home. In 2018 the number of awards given in each category for 2017 performance included:

- 50 year of Fluoridation (132 in 30 states)
- CDC Quality—the ability of fluoridating systems to conduct monitoring and maintain optimal fluoride levels (1,498)
- Reaffirmation of Fluoridation—communities that defeated initiatives to discontinue community water fluoridation during the past calendar year (or approved an initiative to maintain community water fluoridation) (15 communities in 5 states)
- State Initiative—the state that had the greatest increase in population on fluoridation in the past calendar year (2)
- State Quality—states that maintain the quality of fluoridation as determined by the ability of fluoridating systems to conduct monitoring and maintain optimal fluoride levels in over 90% of the adjusted water systems (5)
- Community Initiative—communities that passed water fluoridation initiatives during the past calendar year (5)

## Promoting Teamwork to Coordinate Finances, Services, and Communication

Managing the many aspects of a national non-profit organization involves membership promotion and maintaining satisfaction; securing and managing grants and other funds to be fiscally responsible and sustainable; arranging for legal, accounting and IT services; hiring professionals to coordinate and provide services; communicating with multiple stakeholder groups; and evaluating efforts for quality improvement. As noted in previous reports, ASTDD maintains a virtual central office from Executive Director Chris Wood's home, with support personnel who are independent consultants or contractors scattered across the country, making coordination and communication crucial for daily operations and effectiveness. Cheryl Thomas, our Business Manager, tracks all income and expenditures; pays invoices and bills; reviews the budgets with the executive director, treasurer, and cooperative agreements manager; and interfaces with the accountant and



auditor. As noted in the chart, grants and contracts constitute most of our income; we keep state/territorial membership dues low to not create a burden on already stressed budgets. Our associate memberships have increased significantly, partly by keeping those dues low as well.



State budgets also have become more diversified yet fluctuate immensely around grant funding. In the 2018 Synopses (2015-17 data), of the states that provided information on source of funding, 17-18 still reported receiving 75% - 100% of their funding from just one of the following sources: Medicaid, Other State, HRSA, CDC, and Other, which puts some at high-risk for program sustainability.

We use multiple communication pathways to acquire and disseminate information, all of which are coordinated by our Communications Committee. Our *Weekly Digest* of announcements and links to resources is emailed to the members listserv and a national distribution list of organizations; all issues are archived on the members only section of the website. Three issues in 2018 of our *Oral Health Matters* newsletter contained a wealth

of information including regular columns highlighting national partners (National Interprofessional Initiative on Oral Health, Children's Dental Health Project, and the DentaQuest Foundation), state oral health programs (CA, MI, AL), state dental directors/managers (MD, KY, NM), associate members (John Welby, Steve Geiermann, Alejandra Valencia) and consultants (Mary Davis, Carissa Beatty and Sandy Tesch), the cooperative agreements manager's summary of the committee and consultant activities, ASTDD resources and recent meetings, and columns by the executive director and the president. Recent issues are posted on the website.

Our [2017 Annual Report](#) was distributed at the NOHC and posted on the website. The website had more than 22,600 users last year (many were new users) with 35,481 sessions and 84,113 page

views. We added a new tutorial on navigating the website and one on using the various listservs. ASTDD now maintains more than 20 listservs, most for specific committees or projects. This year ASTDD had 460 Facebook followers and about 20 posts per month between Facebook and Twitter. We participate with other organizations in social media Storms and Twitter chats. The Social Media Workgroup sponsored a seminar at the NOHC, *The New Neighborhoods: How Social Networks are Reshaping Public Health Communication*. NOHC also provides an opportunity to have an exhibit booth;



volunteer members staff the booth and distribute materials, giving them an opportunity to network

and promote ASTDD resources. Most materials at the booth are one to two page topical resource lists of documents posted on the website. State communications also seem to be increasing and diversifying in format and target audiences. In the *2018 Synopses*, 28 states reported having communication plans, indicating a positive response to using the ASTDD [Communication Plan Template for a Goal-Specific Project or Document and Year at a Glance Template](#), which was revised and improved this year. Designing effective communication strategies and making full use of social media in hopes of improving oral literacy of the public is complicated due to increasingly diverse populations with different cultural beliefs and languages, as well as lengthy health department information review processes and limitations on use of social media and other communication formats. The Social Media Workgroup surveyed state oral health coalitions to determine their use of social media for oral health messaging during the past year; 44 responses were received. More than 50% used Facebook and Twitter but 27% did not use any social media, primarily due to lack of time and expertise. For those who did use social media, 16 had posted more than 20 messages in the past year while 11 others had posted between five and 15. Working with local advocacy groups and community representatives and oral health coalitions can enhance oral health literacy efforts. Forty-four states had a broad-based oral health coalition according to the *2018 Synopses*.



## Consultants

Our consultant and contractor pool expanded this year to address some specific projects and to better address the needs of the U.S. Affiliated Islands. All consultants are experienced public health professionals who also provide subject matter expertise.

- Jay Balzer, DMD, MPH, CSHCN Coordinator
- Carissa Beatty, MPH, CHES, Evaluation Consultant
- Lori Kepler Cofano, RDH, BSDH, Best Practices, Healthy Aging and Peer Support Coordinator
- Donna Behrens, MPH, BSN, School and Adolescent Oral Health Coordinator (since October)

- Mary Davis, DrPH, MSPH, Evaluation Consultant
- Magda de la Torre, RDH, MPH, Caribbean Consultant
- Judy Feinstein, MSPH, Dental Public Health Resources Coordinator and Fluorides Coordinator since September
- Kathy Geurink, RDH, MA, School and Adolescent Oral Health Coordinator through September and Maternal and Child Health Consultant
- Harry Goodman, DMD, MPH, Maternal and Child Health Consultant
- JoAnna Hillman, MPH, Evaluation Consultant
- LeeAnn Hoaglin-Cooper, RDH, BS, Fluorides Coordinator through August
- Beverly Isman, RDH, MPH, ELS, Cooperative Agreement Manager, Communications and State Development Enhancement Coordinator
- Michelle Landrum, RDH, MEd, NCECHW Lead, Early Childhood Oral Health Coordinator
- Reginald Louie, DDS, MPH, Perinatal Oral Health Coordinator, Maternal and Child Health Consultant, and Territorial Coordinator
- Michael Manz, DDS, MPH, DrPH, Data Consultant
- Barbara Park, RDH, MPH, Chronic Disease Coordinator
- M. Dean Perkins, DDS, MPH, Executive Director Emeritus, Webmaster
- Kathy Phipps, DrPH, Data and Oral Health Surveillance Coordinator
- Gina Sharps, RDH, Early Childhood Consultant
- Sandy Tesch, RDH, MSHP, Dental Sealant Coordinator
- Ohnmar Tut, BDS, MPhil, Pacific Consultant
- Christine Veschusio, RDH, DrPH, Associate Member Coordinator and Oral Cancer/Tobacco Issues Coordinator through May
- Kimberlie Yineman, RDH, BA, Associate Member Coordinator and Oral Cancer/Tobacco Issues Coordinator since May

## CONTRACTORS

- Bradley Cummins, Sixth Street Website Design & E-Marketing, LLC, Website and Listserv Hosting and Management
- Bill Zillmer, Anunci Creative Group, LLC, Annual Report Design and Production
- Association Central, Inc., NOHC Planning and Staffing: Jan Aument, Bonnie Chandler, Sandi Steil
- Matt Jacob, Jacob Strategies LLC, Messaging Matrix Project
- Emory University Centers for Training and Technical Assistance, Evaluation Consultants
- American Academy of Pediatrics, Fluoridation Messaging and Interface with Primary Care Professionals
- National Association of Chronic Disease Directors, Territorial and Chronic Disease Linkages
- Pacific Island Health Officers Association, Meeting and Communication Support for Pacific Islands

## Fostering Committee and Project Coordination, and Collaboration

### State Development and Enhancement Committee (SDEC) including Evaluation and Quality Improvement Activities

The goal of this committee is to promote and support S/TOHP leadership and staff development through several resources. The committee also oversees ASTDD orientation, mentoring and professional development activities through workshops and webcasts as well as referring members to other learning and leadership opportunities. Various levels of technical assistance are offered, including consultant advice on a specific topic. Committee calls were held in January, March and June. Since most activities are carried out via ad-hoc workgroups or individual efforts, SDEC as a committee was disbanded in late fall but the activities will continue. Many of the activities are listed under the Mentoring and Peer Support and Leadership sections and under other committees as SDEC played a collaborative and supportive role. Evaluation efforts cover all ASTDD activities but are reported here.

ASTDD surveyed S/TOHP several times this year to inform our grant applications and a five-year progress report for CDC. Mary Davis and Carissa Beatty assisted in surveying states about their needs to inform our applications to two CDC Notices of Funding Opportunities (NOFO); they conducted phone focus groups as part of this process. We conducted a survey of S/TOHP to assess perceptions of program progress and barriers to progress in relation to the 10 Essential PH Services to Promote OH, the ASTDD Competency Domains and some Chronic Disease domains. Results were used in the five-year final CDC report. We also asked states about the impact of being funded or not funded for new HRSA and CDC NOFOs. ASTDD and the American Network of Oral Health Coalitions (ANOHC) will use some of these statements to advocate for more federal funding for oral health programs.

States have made substantial progress in statewide planning, building, and mobilizing support through networking, communication planning and information dissemination, and evaluating their efforts. Continued emphasis on these areas and training/TA is needed to maintain these advances given the frequent changes in staffing and funding, however.

In 2012 ASTDD issued a report, [\*State Oral Health Infrastructure and Capacity: Reflecting on Progress and Charting the Future\*](#), to document advances and challenges for S/TOHP since a 2000 report. That report highlighted that dental director leadership skills and staff public health experience and competencies are more important for SOHP success than academic credentials or numbers of staff in most cases. We began to update the 2012 report again this year, reviewing the table of funders and other groups who have provided significant resources to S/TOHP and progress of the Next Steps for ASTDD and Other Organizations section. We created trend tables from the 2012-2018 Synopses and used the data in our CDC five-year report. Rather than producing another long report, we wove some of the findings from the Synopses and other surveys into the CDC report and will produce a shorter document in 2019 highlighting the key findings.

CDC funded the Children's Dental Health Project (CDHP) many years ago to produce a State Oral Health Plan Comparison Tool; CDHP last updated this in 2015 but CDC no longer funds them for updates. With CDHP's permission, ASTDD is working with a DPH resident from Columbia University to update this valuable tool. In preparation for the research, the latest state plans have been posted on the ASTDD state webpages. In the *2018 State Synopses*, only nine states currently do not have an existing statewide oral health plan, although some of the existing plans are a few years old. This represents significant improvement and commitment by states to long-term planning.

Our evaluation consultants have provided technical assistance (TA) to California, Hawaii, Illinois, Kansas, New York, Rhode Island, and Virginia as well as updating the ASTDD Evaluation and QI webpage. They continue to provide cooperative agreement evaluation technical assistance to the CDC Division of Oral Health (DOH) staff and ASTDD consultants for the new cooperative agreement and are reaching out to newly funded states to provide evaluation resources and facilitate peer support through a revitalized listserv.

## Evidence-Based Practices

Promoting evidence-based prevention programs and strategies is a cornerstone of ASTDD's activities. Our primary role is to provide information and resources to states to translate into policies, programs and understandable messages for policymakers and the public. We also provide TA to states and national partners and serve on relevant task forces, expert panels and committees.

Examples of some specific changes in state programs noted in *Synopses* over the past few years include:

- Having a requirement for school entry dental screening increased from nine states in 2015 to 16 in 2018
- Fluoride mouthrinse programs decreased from 23 states to 14; most fluoride tablet programs ended in 2016; fluoride varnish programs fluctuated between 33 and 40 states
- States with dental sealant programs hovered around 35 since 2013
- Programs for pregnant women increased from 22 states in 2015 to 29 in 2018
- Programs for adolescents increased from seven states in 2016 to 17 in 2018
- Programs for older adults increased from seven states in 2014 to 15 states in 2018.

Because state health departments have been moving away from providing clinical services, SOHP do not directly manage as many preventive service programs but try to provide guidance or funding to local programs.

## Fluorides Committee (FC)

In addition to coordinating the Fluoridation Awards, this committee assures all ASTDD communications and resource documents related to community water fluoridation and use of other fluorides reflect the latest science and are realistic for communities. The FC maintains and updates the Fluorides and Fluoridation webpage, this year adding [Community Water](#)

[Fluoridation, Best Websites for Scientific Evidence](#), and the [Compendium of ASTDD Fluoridation and Fluorides Resources](#). Working with the School and Adolescent Oral Health and Best Practices Committees, the FC completed an update of the [Fluoride in Schools Best Practice Approach Report](#), which includes information on school-based fluoride mouthrinse and supplement programs and reviews other fluoride products as they are used in school settings; they also sponsored a roundtable presentation at the 2018 NOHC on this report. The FC compiled a listing of states with CWF plans, posted them on the ASTDD website, and developed a template for a fluoridation equipment needs survey as a potential tool for states, especially those funded by the CDC, DOH. Judy Feinstein, FC consultant, also monitors two fluoridation listservs, one of which will serve as the basis for a new Fluoridation Community of Practice, and provides TA as requested. She participated in an ASTDD Resources presentation and roundtable facilitation at the December CDC grantee meeting.

LeeAnn Hoaglin-Cooper maintains and updates the Fluoridation Rollback Catalog, and summarized results for the past few years in an update, [Fluoridation Challenge Surveillance 2014-2017](#). The Fluorides Committee also interfaces with many partners, including the American Academy of Pediatrics (AAP) through their Campaign for Dental Health, a network of more than 140 local, state, and national organizations for promotion of community water fluoridation. FC consultants provided TA to AAP via extensive comments on a draft webpage reference guide for fluoridated water system operators for their *I Like My Teeth* website. Our consultants also provided TA to the National Association County and City Health Officials (NACCHO) on materials they were developing for water operators. They continue to partner with the American Fluoridation Society (AFS), referring states and communities for assistance with CWF promotion, TA/training, and via a rapid response team. Consultants held an orientation call with the American Water Works Association (AWWA) to apprise them of our resources. The FC provided an annual report on ASTDD Fluoridation Activities (June 2017 to May 2018) to the National Fluoridation Advisory Committee (NFAC) of the ADA's Council on Advocacy for Access and Prevention (CAAP). The FC provided feedback to CDC on the new operational range for water systems adjusting fluoride levels in drinking water.

## **School and Adolescent Oral Health Committee (SAOHC) and Dental Sealants Consultant**

The ASTDD School and Adolescent Oral Health Committee serves as a resource to state oral health programs and works to ensure a strong oral health component in all school and adolescent health initiatives. In that role it partners with many groups including the School-Based Health Alliance (SBHA), National Association of School Nurses (NASN), CDC's Division of Adolescent and School Health (DASH) and the National Association of Chronic Disease Directors' (NACDD) School Health consultant. Kathy Geurink joined the SBHA Design Team to plan the 2018 SBHA Summer Conference, and Lynn Bethel Short presented on the CDC-Whole School, Whole Community, Whole Child (WSCC) model at the conference. SAOHC members participated in preparation and review of materials for the SBHA January 2018 launch of the SBHA Resource Library. The new



consultant to the SAOHC, Donna Behrens, previously worked for the SBHA.

The SAOHC reviewed and revised the school health webpage and added resources to the dental sealant resources webpage. At the NOHC, committee members presented sessions on SAOHC projects and held a face-to-face committee meeting. School-based sealant program activities for the new CDC cooperative agreement will be an important focus of the committee's activities for 2019. Sandy Tesch updated the ASTDD sealant listserv distribution list, responded to messages and provided TA; she recently posted a kickoff/welcome message to a new CDC-funded states dental sealant group listserv and listserv distribution list, responded to messages and provided sealant listserv and participated in an ASTDD Resources presentation and roundtable facilitation at the December CDC grantee meeting. Congratulation to Sandy - she was appointed to the ADA's Dental Quality Alliance (DQA) ad hoc sealant workgroup representing ASTDD.

## Healthy Aging Committee (HAC)

On the other end of the age spectrum, HAC serves as a focal point for healthy aging issues, including chronic diseases, and provides resources for oral health programs. Much work has focused on adult Medicaid dental issues, inclusion of dental benefits in Medicare and the relationship between chronic diseases and oral health. Six committee calls were held in 2018 as well as an informal breakfast gathering during the NOHC.

The group was very visible during the NOHC program, presenting a plenary session panel in collaboration with the ADA National Elder Care Advisory Committee (NECAC), *Conversations About the Greying of America*, a poster highlighting the white paper, *Improving Oral Health Access and Services for Older Adults* presented by the primary



author DPH resident Anubhuti Shukla, and a roundtable facilitated by primary author Sam Zwetchkenbaum for the *Best Practice Approach Report, Oral health in the Older Adult Population (Age 65 and Older)*. The HAC also hosted two webinars, *Chronic Disease and Older Adult Oral Health* and *Training Health Care Professionals to Focus on the Oral-Systemic Health of Older Adults*.

In January, Lori Cofano, HAC Consultant, presented to Michigan's Coalition for Oral Health for the Aging (CPHA) on the [Best Practice Approach Report, Oral Health in the Older Adult Population \(Age 65 and Older\)](#). In February seven HAC members attended Oral Health America's Symposium *Moving Towards 2029: The Future of Tooth Wisdom® for Older Adults*. An abstract submitted for

NOHC 2019, *Innovative and Emerging Strategies to Leverage Funding for Programs to Support Oral Health for Older Adults and People with Disabilities*, has been accepted for a concurrent session. HAC participated in a collaborative project with the American Dental Education Association (ADEA) to collect information on innovative dental and dental hygiene training around older adult dental care. A survey was sent to all state dental directors/managers and the responses were tabulated and shared with ADEA to add to their collection. The committee also collaborated with the Data Committee to update the *Older Adult Basic Screening Survey (BSS) Manual*.

## Dental Public Health Resources Committee (DPHRC)

This committee develops, promotes and supports resource and policy-related documents to assist S/TOHP to improve oral health. These documents describe the issues and evidence base and contain statements that may include recommendations, strategies or information to assist decision makers or the public in choosing between alternative courses of action in specific situations. In collaboration with the Chronic Disease Collaboration Workgroup, they completed a new white paper, [Opportunities for Improving Oral Health and Chronic Disease Program Collaboration and Medical-Dental Integration](#), focusing on the four chronic disease domains. As a DPH resident, Scott Howell authored a white paper, *Teledentistry: How Technology Can Facilitate Access to Care*. Following contacts made at the 2018 NOHC, two A.T. Still University (ATSU) DPH residents started work on white papers: Nazgol Gharbi on sugar-sweetened beverages and Dane McClurg on dental diversion programs in hospital emergency departments. ASTHO contacted ASTDD in January 2018 to review and update its 2015 Oral Health Position Statement; drafts and revisions have been submitted; approval and posting by ASTHO is expected by the spring of 2019.

The DPHRC sponsored a session at the 2018 NOHC, *Promoting HPV Vaccine: An Opportunity for Medical-Dental Collaboration*, with DPHRC chair Harry Goodman as a speaker and consultant Judith Feinstein serving as the moderator. The Best Practices Committee invited the DPHRC to co-sponsor a webinar on June 27, *What's the Defining Line between Policy and Advocacy?* Nicole Johnson, CDC DOH Associate Director for Policy, Partnerships, and Strategic Communications, described CDC's view of health policy, both formal and informal, and discussed the difference between providing education, policy development, and lobbying.

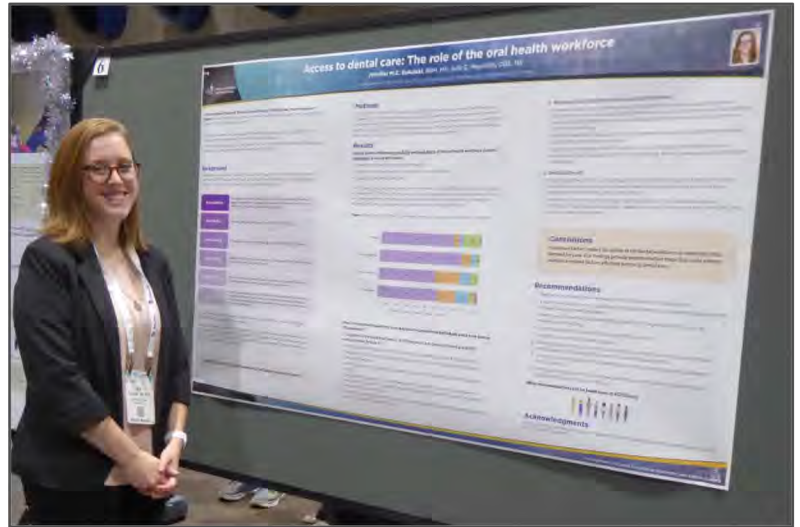
Every year the committee collaborates with the American Association of Public Health Dentistry (AAPHD) to review ADA Resolutions of interest/concern to dental public health. Several proposed resolutions were monitored, although letters of support were submitted for only a few this year. Charles Craft, NE dental director, and Angelica Sabino, CNMI dental director, represented ASTDD at the ADA's Annual Session in October.

## Best Practices Committee (BPC)

This committee supports more effective state, territorial and community programs through the development and sharing of Best Practice Approach Reports. The collection of State Activity Submissions (SAS) and Descriptive Reports (DRs) promote the integration of oral health best

practices into other programs. The BPC held four conference calls and met in person at the NOHC. Their work included preparing and updating BPARs, reviewing draft narratives and using Dropbox, soliciting updates of SAS and DR submissions, and providing technical assistance for completing them. Sixteen topical areas currently house 181 state activity submissions. BPARs in process or completed in 2018 include:

- *Use of Fluoride in Schools* (update): with FC as lead
- *The Role of Oral Health Workforce Development in Access to Care* with primary author Jennifer Sukalski presenting a poster on it at the 2018 American Public Health Association (APHA) meeting
- *State Oral Health Programs and Collaborative Partnerships* with Judy Feinstein as the primary author
- *Perinatal Oral Health* (update): with the Perinatal Oral Health Committee and the National MCH Oral Health Resource Center (OHRC).



## Data and Oral Health Surveillance Committee (DC)

The Committee oversees all the activities of ASTDD regarding the National Oral Health Surveillance System (NOHSS), Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Surveillance System (YRBSS), Pregnancy Risk Assessment Monitoring System (PRAMS), the *Synopses of State Dental Public Health Programs*, and BSS training and TA. The DC also assists other ASTDD committees with their data collection activities. The committee completed the 2018 Synopses reports, started the process of updating the 2019 Synopses questionnaire, finalized the 2018 oral health program salary survey questionnaire (distributed December 2018), updated the *Older Adult BSS Toolkit* with the HAC, updated the [State Surveillance Data Resource Guide](#), updated the handout [Oral Health Data Collection, Assessment and Surveillance Resources](#), and reviewed and prioritized the HP2020 oral health objectives in preparation for development of the HP2030 oral health objectives. They also provided comments on the Dental Quality Alliance (DQA) Pediatric Measures Set, a process that is done annually.

Data Committee consultants Kathy Phipps and Mike Manz provided technical assistance on oral health surveillance issues to the following states: AZ, CA, CO, DC, FL, GA, HI, IL, KS, LA, MD, MI, MN, MO, MT, NE, ND, NV, NY, OH, OR, PA, RI, TX, UT, VT, WV. Most frequent types of TA were survey design, sample design and selection including replacement schools, data analysis and interpretation of data, and assistance with developing an oral health surveillance system.

In 2018, all but seven states have publicly available data such as reports or a web-based interface. Many states now have links to their oral disease burden documents or other data reports on the ASTDD website on their state pages. Most states need continuing TA over many years if they are performing more than one type of BSS survey or if they don't have consistent epidemiology support from professionals who understand the nuances of oral epidemiology.

By the end of 2018:

- 48 states have now submitted NOHS eligible 3<sup>rd</sup> grade data with 40 of these states having completed multiple surveys
- 32 states have conducted preschool surveys with 15 submitting NOHSS eligible data for Head Start children
- 25 states have completed an older adult BSS but at this time we don't collect older adult data for NOHSS
- 24 states in the 2018 *Synopses* met the CSTE 2013 Definition of Oral Health Surveillance System v. 13 in the 2016 *Synopses*

Dr. Manz presented a poster at the March American Association for Dental Research (AADR) meeting, *Development of Standardized Protocols for Emergency Department Oral Care Surveillance*, and in June at the Council on State and Territorial Epidemiologists (CSTE) meeting, *Standardized State Level Surveillance Protocols for Non-Trauma Related Oral Care Provided in Emergency Departments*, both based on ASTDD projects funded by the DentaQuest Foundation (DQF). Kathy Phipps presented a webinar on the *2018 State Synopses* and presented on *Oral Health Surveillance Resources and Requirements* at the CDC Grantees Meeting and facilitated surveillance roundtable discussions. Beverly Isman presented *Progress in State Oral Health Surveillance: 1990s-2017* at the American Public Health Association (APHA) meeting.

## **Perinatal Oral Health Committee (POHC) Collaboration with the Center for Oral Health Systems Integration and Improvement (COHSII)**

The POHC serves as the primary ASTDD focal point for issues and resources for S/TOHP relating to perinatal oral health. Most activities of the POHC have related to programs, initiatives and priorities focusing on the Maternal and Child Health (MCH) population, and specifically with state and national MCH programs. In 2018 the POHC updated the POH webpage on the ASTDD website and updated the ASTDD Perinatal Oral Health Policy Statement.

The POHC continued its partnership with the OHRC primarily focusing on supporting the Health Resources and Services Administration's (HRSA) Perinatal and Infant Oral Health Quality Improvement (PIOHQI) grantees and the 28 states and four jurisdictions that selected the Title V Block Grant national performance measure (NPM) 13, which has two parts (most selected one): percentage of women who had a dental visit during pregnancy, and percentage of children ages 1-17 who had a preventive dental visit in the last year.

The POHC provided comments and recommendations for the proposed oral health related changes to the FY2019 MCH Block Grant guidance.

## **ASTDD Involvement in the Center for Oral Health Systems Integration and Improvement (COHSII)**

TA and training by the COHSII goal 1 team (involvement from Chris Wood and ASTDD consultants Reg Louie, Harry Goodman, and Kathy Geurink) for PIOHQI grantees included participating in weekly team calls, monthly ZOOM learning sessions, two face-to-face learning sessions in May and October and individual TA. Kathy Phipps, ASTDD data consultant, presented on using data effectively during the PIOHQI October learning session. ASTDD is assisting OHRC in updating the *Perinatal Oral Health BPAR* and collecting practice submissions from PIOHQI grantees. The consultants also provided support for the NPM 13 community of learning and assisted in developing several documents related to the Title V 5-year needs assessment that were sent to S/TOHP and other key MCH and oral health stakeholders. Kathy also served on the COHSII Quality Indicators Advisory Team that produced a report identifying a set of quality indicators, most of which can be computed using existing data sources.

## **Early Childhood Committee (ECC) Collaboration with the National Center on Early Childhood Health and Wellness (NCECHW) through the OHRC**

Target populations for this committee and project include children and pregnant women enrolled in Early Head Start, Head Start, some home visiting and child care programs; and children with special health care needs. The consultant, Michelle Landrum, serves as the ASTDD lead for the NCECHW Dental Hygienist Liaison (DHL) project where one dental hygienist in each state volunteers to serve as a communication interface for the NCECHW with Head Start and child care programs and stakeholders in the state. Nine Regional Dental Hygienist Liaisons (RDHLs) also assist in coordinating State DHL activities; Gina Sharps, RDHL, also serves as a consultant to help Michelle administer and coordinate the project. ASTDD consultants assist in reviewing *Brush Up on Oral Health*, a newsletter focused on important issues for Head Start and child care staff as well as other publications on specific topics. All NCECHW materials are posted on the Early Childhood Knowledge and Learning Center (ECKLC) website.

Each quarter the state DHLs submit a report of their activities that are summarized by Michelle and the RDHLs, which is shared with the ASTDD BOD and consultants, OHRC, AAP, ADHA and the NCECHW federal steering committee, consisting of the Office of Child Care, the Office of Head Start, and Maternal and Child Health Bureau representatives. RDHLs participated in quarterly calls, held calls for state DHLs in their region, and attended an annual RDHL meeting at the American Dental Hygienists' Association (ADHA) in Chicago. Training and TA are important aspects of the NCECHW's work. Two DHL learning webinars were held this year. The RDHLs presented important oral health information related to pregnancy and early childhood at the Health Care

Institute held in April in Albuquerque, NM. Two staff from 30 Head Start programs, two staff from a childcare program, and 11 regional Head Start health specialists attended the Health Care Institute. The RDHLs and regional health specialists also helped each program develop individualized action plans to accomplish desired goals for incorporating the information with their other staff and parents.

Several DHLs attended the NOHC and a reception sponsored by ADHA where they were recognized for their efforts. DHLs gave numerous presentations at the regional, state, and local level. Michelle, Gina and Michelle Martin presented *Promoting the Oral Health of Young Children by Working in Dental Public Health* at the 2018 ADHA annual conference.



Michelle and Gina attended the NCECHW Oral Health Workgroup meeting in Washington, DC in August to interface with workgroup members and AAP and OHS leadership. The program continues to receive kudos from all partners as a stellar example of collaboration and coordination. An article was published in the

September/ October issue of ADHA's Access magazine that highlighted the DHL project and five state DHLs. In addition, a video, [Steps for Toothbrushing at the Table: Growing Healthy Smiles in Early Care and Education Programs](#) was produced in collaboration with the OHRC.



Because most of the ECC activities relate to the NCECHW project, having a separate committee in addition to the NCECHW oral health workgroup was somewhat redundant, so ASTDD is retiring the committee

as a whole and only working through specific workgroups. The home visiting workgroup of the ECC released [Oral Health Educational Resources for Home Visitors and Families: Environmental Scan, 2018](#).

## Medical-Dental Integration and Chronic Disease - Oral Health Integration

In the 2018 Synopses, we asked a question about interaction with chronic disease programs around specific issues, with the following results indicating increased collaboration from 50 responding states:

- Tobacco: 35 states
- Oral Cancer: 22 states
- HIV Testing: 2 states
- HPV Vaccines: 25 states
- Antibiotic Awareness: 6 states
- Sugar Drinks: 27 states
- Diabetes Screening: 21 states
- Blood Pressure: 12 states
- Opioid Control: 21 states

In a separate 2018 query of S/TOHP, three areas were assessed that relate to the Chronic Disease Domains (CDD):

- Assess environmental approaches that promote health and reinforce healthy behaviors
- Increase community clinical linkages to improve patient care
- Establish new or improved health systems interventions to improve use of clinical and other preventive services.

Of the 34 S/TOHP that responded, seven noted no improvement in these areas, four noted improvement in one area, eight noted improvement in two areas and 14 noted improvement in all three areas.

ASTDD established an MOU from 9/1/17 - 8/31/18 with the National Association of Chronic Disease Directors (NACDD) with Barbara Park serving as the chronic disease coordinator. The purpose of the project was to assemble and staff a Chronic Disease Coordinating Workgroup (CDCW) to assist with the development of tools and resources for ASTDD and NACDD members on the relationship between oral health and chronic diseases. Barbara also served as the ASTDD liaison to NACDD consultants and Councils and CDC Chronic Disease Center staff; helped develop resource documents, workshops and webinars on oral health/chronic disease integration; and provided TA to state oral health programs on oral health and chronic disease. Other activities accomplished in 2018 included:

- [Chronic Disease Domain Framework one-pager](#) outlining how oral health fits into the four chronic disease domains
- Identified state success story candidates
- Linked NACDD consultants with ASTDD consultants/committees
- Identified opportunities for including oral health in chronic disease communications
- Provided technical assistance to the six CDC-funded 1609-pilot states
- Revised the chronic disease and oral health resources on the ASTDD webpage

- Presented a poster at the NACDD Showcase, *NACDD's Partnership with ASTDD to Integrate Oral Health and Chronic Disease*
- Completed white paper, *Opportunities for Improving Oral Health and Chronic Disease Program Collaboration and Medical-Dental Integration*

**NACDD's Partnership with the Association of State and Territorial Dental Directors (ASTDD) to Integrate Oral Health and Chronic Disease**  
 Consultant: Barbara Park  
 Click to add Consultants

INTRODUCTION	PRIORITIES	IMPACT
<ul style="list-style-type: none"> <li>• In 2016, NACDD established a Memorandum of Understanding (MOU) with the Association of State and Territorial Dental Directors (ASTDD) to identify emerging models of oral health and chronic disease collaboration/integration in state health departments.</li> <li>• State oral health programs have an opportunity to demonstrate the added value they can provide in supporting a variety of chronic disease risk reduction and health promotion priorities by aligning their efforts with those being implemented by state/community chronic disease programs.</li> </ul>	<ul style="list-style-type: none"> <li>• Establish a Chronic Disease Collaboration Workgroup (CDCW) to inform the development of tools and resources for ASTDD and NACDD members</li> <li>• Align oral health risk reduction and health promotion strategies to the four chronic disease domains</li> <li>• Develop oral health/chronic disease prevention messages so states can share messages about oral health and chronic disease with local communities and dental/health providers</li> <li>• Collect success stories and lessons learned from states - especially the CDC-funded DP-18-1810 cases (AR, CO, GA, HI, MN, and NY)</li> <li>• Link ASTDD and NACDD consultants and committees</li> <li>• Share relevant new research related to chronic disease and oral health</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness has increased among state oral health and chronic disease programs about opportunities that exist for collaboration</li> <li>• Roundtables conducted at ASTDD's National Oral Health Conference provided an opportunity to talk with state oral health programs about current and existing opportunities to collaborate with state chronic disease programs</li> <li>• Technical assistance on chronic disease and oral health integration and collaboration is available to states and partners</li> <li>• Increased collaboration has occurred between NACDD and ASTDD consultants on joint priorities</li> <li>• A joint ASTDD/NACDD General Member Webinar was conducted in October 2017 that featured the appearance by CTN and Chicago to integrate oral health into CDC's Whole Community Whole Child (WSCC) model</li> </ul>
OBJECTIVES		OUTLOOK
<ul style="list-style-type: none"> <li>• Identify opportunities for oral health programs to lead state chronic disease risk reduction and health promotion strategies</li> <li>• Identify emerging and existing models of collaboration between oral health and chronic disease programs</li> <li>• Promote the role of existing oral health programs in chronic disease prevention efforts</li> <li>• Provide technical assistance to oral health programs and partners on chronic disease prevention and promotion</li> </ul>		<ul style="list-style-type: none"> <li>• State models of collaboration will be featured at the ASTDD Member Sharing Session at the National Oral Health Conference in April 2018</li> <li>• Tools and resources to promote oral health and chronic disease collaboration are being developed</li> <li>• Success stories in oral health and chronic disease collaborations are coming soon</li> </ul>

This two-year MOU has strengthened the working relationship between NACDD and ASTDD. NACDD successfully competed for the CDC DOH NOFO DP18-1811 Component 2 to support the work of CDC-funded DP18-1810 Component 2 states and will work closely with ASTDD to share lessons learned and success stories with other states.

ASTDD also provided consultation from 2016-2018 to the University of Iowa Public Policy Center through a CDC Prevention Research Center grant for their study and subsequent report on [Medical-Dental Integration in Public Health Settings: An Environment Scan](#). The study found well-developed efforts for environmental approaches targeting sugar-sweetened beverage consumption, state efforts targeting tobacco use and oral cancer, and co-location of medical and dental services.

Christine Veschusio served on ASTHO's Tobacco Forum for the past few years and helped assemble and post resources on our website related to oral cancer and smoking and tobacco use. When she went back to work full time this year, Kimberlie Yineman assumed her role on the Tobacco Forum.

## Partnering for Professional Development, Synergy, and Common Goals

Many national groups and federal agencies have stepped up to address oral health disparities and have dedicated significant resources to support state and community efforts. State and community representatives attend the numerous meetings and webinars hosted by these groups that provide multiple opportunities for learning new information and skills and gaining new



perspectives. ASTDD works with national partners to assure efforts are complementary and synergistic. Our new cooperative agreement with CDC's DOH continues our long-standing collaboration to assist state oral health programs. The focus of this cooperative agreement is much narrower than previous ones, primarily focusing on TA and training around CWF, school-based sealant programs, oral health surveillance and evaluation but mainly for the 20 states funded under the new DP-18-1810 cooperative agreement. Chris Wood, Bev Isman, Judy Feinstein, Sandy Tesch, and Kathy Phipps represented ASTDD at the CDC grantees meeting in December, networking with state staff and assisting DOH staff during presentations and facilitating roundtable discussions. Despite limitations of the CDC funding, ASTDD will continue to provide services to all S/TOHP, as noted in our mission, and try to identify resources and partners to assist in those efforts.

Many organizations promote overall wellness and address chronic disease, but they do not include oral health. ASTDD works to integrate oral health as an important and integral part of overall health and wellness.

~ ASTDD Member ~

ASTDD has developed a lot of partnerships with other organizations to bring dental public health into their dialogue.

~ ASTDD Member ~

ASTDD receives more invitations to meetings/conferences than we can possibly attend. We prioritize attendance by the opportunity to present or substantially participate in discussions or decisions, importance to S/TOHP, relevance to our mission, priorities of our funders, and budget limitations. They provide a valuable venue to increase awareness of S/TOHP strengths and ongoing needs as well as ASTDD resources. A summary of key points from these meetings is shared in the ASTDD newsletter, *Oral Health Matters*.

#### Members represented ASTDD this year at the following meetings:

- American Institute of Dental Public Health (AIDPH) Precision Dentistry Colloquium
- ADA National Roundtable for Dental Collaboration
- Multiple Oral Health 2020 national and regional convenings
- Oral Health America Older Adult Symposium
- The Southwest Consortium of Indian Head Start Programs, Inc. Native American Child and Family Conference
- American and International Associations for Dental Research (AADR/IADR)
- Georgetown University Health Justice Alliance CSHCN Oral Health Convening
- MCHB Oral Health Stakeholders Meeting

**Members represented ASTDD this year at the following meetings:**

- NCECHW Health Institute
- HRSA COHSII/PIOHQI Grantee Meetings
- Organization for Safety, Asepsis and Prevention (OSAP) Annual Meeting
- Medicaid/Medicare/CHIP Services Dental Association (MSDA) Symposium
- Council of State and Territorial Epidemiologists (CSTE) Annual Meeting
- American Dental Hygienists' Association Annual Meeting
- School-Based Health Alliance Annual Meeting
- ASTHO Annual Meeting and Policy Summit
- Oral Health America Advocacy Day and Training
- American Public Health Association Annual Meeting
- National Network for Oral Health Access (NNOHA) Annual Meeting
- PIHOA Annual Meeting

This was the 19th year of the ASTDD/AAPHD partnership to conduct the National Oral Health Conference, which was held in Louisville, KY April 14-18. Statistics for 2018 included: 857 attendees; 61 topical roundtables; 26 national organization/federal agency roundtables; 78 posters; 27 exhibitors; opening keynote, 3 plenaries and 25 concurrent sessions. The ASTDD and AAPHD BODs also held their annual joint luncheon. A core ASTDD/AAPHD/DQF planning group met in February 2018 to brainstorm ways to upgrade the meeting offerings and experiences for attendees. Many of the ideas will be incorporated into the 2019 or 2020 conferences.

ASTDD provided the following Letters of Support (LOS) and Comments this year:

1. LOS for Community Water Fluoridation for
  - a. Spotsylvania, VA
  - b. Houston, MO
  - c. Brooksville, FL
  - d. Potsdam, NY
  - e. Hayward, WI
  - f. Watertown, WI
  - g. State of VA to support proposed amendments to support Virginia's Waterworks Regulations



2. LOS for GA Institute of Technology National Institutes of Health (NIH) grant to support informed and reliable policy making for access to dental care for children at the national level.
3. Nomination of Chris Farrell for appointment to the Medicaid and CHIP Payment and Access Commission (MACPAC)
4. LOS for Lynn Mouden for appointment to the MACPAC
5. Endorsed the Society of Behavioral Medicine Oral Cancer Policy Brief
6. ASTHO 1802 Office for State, Tribal, Local and Territorial Support (OSTLTS) application
7. NACDD federal budget sign on letter
8. NACDD 1804, 1811, and OSTLTS grant applications
9. Association of Maternal and Child Health Programs (AMCHP) 1804 and 1802 grant applications
10. Endorsed the ASTHO 22 X 22 campaign, which seeks to increase CDC's funding by 22% by 2022
11. Letter asking NIDCR to reconsider a "pause" in the NIDCR DPH Residency Program for the upcoming 2018-2019 academic year
12. LOS for NACCHO 1802 OSTLTS grant application
13. AMCHP Friends of MCH Letter re Title V Block Grant
14. Letter confirming that ASTDD will participate as a stakeholder on the Study Advisory Committee for a proposed Patient Centered Outcomes Research Institute (PCORI) study, Comparative Effectiveness of Two Community-Delivered Non-Surgical Strategies to Reduce Caries Disparities in Young Underserved Children
15. LOS for ADA Opioid policy
16. AAP sign-on letter to members of Congress in opposition of the White House's proposal to rescind \$7 billion dollars of funding from the Children's Health Insurance Program (CHIP).
17. LOS for the American Fluoridation Society for their application to the Oral Health Foundation of the Pierre Fauchard Academy for funding to support the Community Water Fluoridation Rapid Response Team.
18. Letter to the National Institute on Aging recommending that oral health be considered in the planning of the Geroscience Summit.
19. LOS for NIH application from the University of Maryland School of Dentistry for a Practice Based Research Network.
20. Letter to Congress regarding renewal of School-based Health Center Authorization
21. Letter of Nomination for Sandy Tesch for DQA sealant workgroup
22. Comments to CDC on Operational Tolerance Range for Community Water Fluoridation

# EPILOGUE

As we ended 2018 and reflected on our accomplishments and relationships, we truly can say they represented cooperation, teamwork, partnerships, a sense of community and collegiality, synergy, integration, solidarity and unity around common goals, and a commitment to improve people's oral health and embrace their uniqueness.



## In Memoriam



Bill Zillmer Jr. served as our graphic artist, designing our eye-catching annual reports from 2009 to 2017. He was in the process of designing our 2018 report cover when he suddenly passed away from natural causes on January 24, 2019. We did not find out about his death until mid-February. Bill, age 52 from Madison, Wisconsin, worked as a graphic designer and started the Anunci Creative Group, LLC and cofounded the networking group, Max. Bill and I had many email and phone conversations and met in person when he personally delivered our annual reports to the NOHC in Milwaukee. We also bonded over our love of cats. We are saddened by the loss of such a talented colleague at such an early age.

*Bev Isman, RDH, MPH, ELS  
Annual Report Writer*



# astdd

Where oral health lives



[facebook.com/astdd](https://facebook.com/astdd)



[@astddorg](https://twitter.com/astddorg)