

Mission Statement: To promote the importance of good oral health practices that improve the oral health of school age children and adolescents through education, networking and collaborative partnerships at local, state, and national levels. The committee serves as a resource to SOHPs and others who work to ensure a strong oral health component in all school health initiatives.

Vision: Optimal oral health and general well-being of school age children, adolescents, and their families.

Goal: Promote a strong oral health component in all school and adolescent health initiatives.

INPUTS (Resources to carry out activities)	ACTIVITIES (Work or services)	OUTPUTS (Accomplishments, products & service units)	OUTCOMES (Changes as a result of the activities)
<p>ASTDD Best Practices Committee</p> <p>ASTDD Policy Committee</p> <p>ASTDD SAOH Committee</p> <p>ASTDD SAOH Committee Chair</p> <p>ASTDD SAOH Consultant</p> <p>ASTDD Sealant Coordinator</p> <p>ASTDD Members</p> <p>ASTDD Website/SAOH Webpage</p> <p>CDC Healthy Schools</p> <p>NASN and other organizations representing school nurses</p> <p>National Maternal and Child Oral Health Resource Center</p> <p>Primary & secondary data providing baseline/status of SAOH needs and services including:</p> <ul style="list-style-type: none"> - Basic Screening Survey - input from Sealant CoP - Surveys and feedback from TA and webinar evaluations <p>School Based Health Alliance (SBHA) and other national organizations with school oral health goals</p> <p>State Oral Health Programs (SOHPs)</p>	<p>1) Information Sharing</p> <ul style="list-style-type: none"> a) Distribute information and resources related to school and adolescent oral health via listserv and on SAOHC webpage if appropriate. b) Review and update SAOHC webpage as needed. c) d) Identify relevant topics from the field of school and adolescent oral health and provide learning opportunities. e) Identify ways to share the CDC WSCC model, as it relates to oral health. f) Work with and support the School Sealant CoP and the CDC funded states. g) Identify and update information in WSCC BPAR. <p>2) Partnership Building</p> <ul style="list-style-type: none"> a) Identify, develop, and strengthen partnerships to promote school and adolescent oral health. b) Reach out to organizations that support school and adolescent oral health. c) Serve on work groups/ advisory groups with other organizations as needed. d) Continue to partner with the National Maternal and Child Oral Health Resource Center, the National Assn of School Nurses and the School-Based Health Alliance. <p>3) Resources</p> <ul style="list-style-type: none"> a) Review and update policy statements relevant to school and adolescent oral health b) Amend WSCC BPAR in collaboration with ASTDD Best Practices Committee. c) Host topically relevant webinars for ASTDD members, SAOH committee members and CDC funded school sealant programs (SSP)/members of CoP. 	<p>1) Information Sharing</p> <ul style="list-style-type: none"> a) Materials and resources shared with SOHPs and other partners. b) Policy statements reviewed by Policy Committee and posted to website. c) Topical speakers and webinars offered d) New resources posted to SAOHC web page. e) Postings/resource sharing on School Sealant CoP list serve. <p>2) Partnership Building</p> <ul style="list-style-type: none"> a) Partnerships developed/sustained. b) Participate in partnership projects. c) Expand School and Adolescent Oral Health Committee membership. <p>3) Resources</p> <ul style="list-style-type: none"> a) SAOH webpage updated with new materials as appropriate. b) Webinars and/or speakers hosted on topics of interest to SAOHC. 	<p>Short-term outcomes: (Achieving knowledge, skills &/or attitude changes)</p> <ul style="list-style-type: none"> ▪ Change attitude of traditional partners, non-traditional partners and the public about the importance of SAOH. ▪ Increase knowledge of traditional partners, non-traditional partners and the public for improving oral health of school age children and adolescents. ▪ Increase knowledge and information sharing with CDC funded SSP states. <p>Intermediate outcomes: (Achieving behavioral changes)</p> <ul style="list-style-type: none"> ▪ New and revised legislation and policies that improve the oral health of school aged children and adolescents. ▪ Improved oral health services for school age children and adolescents. ▪ Increased number of SSPs and increased utilization of dental services. ▪ Networking among CDC funded states via CoP and SSP listserv. <p>Long-term outcomes: (Achieving program goal & impact)</p> <ul style="list-style-type: none"> ▪ Improved oral health and general well-being of school age children, adolescents and families. ▪ Improved systems to support oral health of school age children, adolescents and families. ▪ Increase in SSPs in states funded by CDC. ▪ Increase in SSPs in non-CDC funded states.