ASTDD Perinatal Oral Health Committee Annual Report
January 1, 2019 – December 31, 2019

Chair: Mark E. Moss, DDS, PhD
Consultant: Reg Louie, DDS, MPH

Members: Mayté Canto, Amos Deinard, Katrina Holt, Hiroko Iida, Jay Kumar, Emily Norrix, Rocio Quinonez, Renee Samelson, Rhonda Stokley, Sarah Tomlinson, Pam Vodicka, Jane Weintraub, Chris Wood (ex officio)

1. List any new members or subcommittee members or partnerships with other organizations:

In 2019, the membership of the Perinatal Oral Health Committee (POHC) evolved with Michelle Landrum and Anne Lise Musselman leaving and Rhonda Stokley joining.

2. Describe the purpose of your committee:

POHC is a broadly representative group of ASTDD members and non-member key informants. POHC serves as the primary ASTDD focal point for issues and resources for state oral health programs (SOHPs) relating to perinatal oral health (POH). Most POHC activities have related to programs, initiatives and priorities focusing on the maternal and child health (MCH) population. POHC has functioned as a single group and has also separated into smaller, targeted work groups or has assigned individuals for specific projects and activities.

3. List your recent committee accomplishments:

POHC continues its partnership with the National Maternal and Child Oral Health Resource Center (OHRC), lead for the Center for Oral Health Systems Integration and Improvement (COHSII), a consortium working in partnership with ASTDD and Dental Quality Alliance and funded by the Maternal and Child Health Bureau (MCHB). This report covers the period 2018-2020 and includes POHC’s and other members’ participation in various program activities. Early in 2019, POHC primarily focused on supporting MCHB-funded Perinatal and Infant Oral Health Quality Improvement (PIOHQI) grantees. The PIOHQI project ended on June 30, 2019. This focus on perinatal oral health continued by assisting COHSII in providing training and technical assistance to three MCHB-funded grantees of the Networks for Oral Health Integration (NOHI) within the MCH Safety Net (NOHI). POHC also provide support through COHSII to state MCH state oral health programs (SOHPs) that selected the Title V MCH Services Block Grant National Performance Measure (NPM) 13.

- Title V MCH: Many SOHPs are located within, receive funding from, or work closely with their state Title V MCH and SOHP programs. Many states and US jurisdiction Title V programs (35) support SOHP activities plus an additional number of states receive grants from MCHB for NOHI. In July 2019, state and jurisdictions submitted their Title V MCH Services Block Grant (BG) applications, including their 5-year MCH needs assessments and updates of their action plans. For FY 2020, each was required to choose five (down from the previous 8) priority NPMs. Twenty states and four jurisdictions selected NPM 13, which has...
two parts: 13.1) the percent of women who had a dental visit during pregnancy and 13.2) the percent of children and adolescents, ages 1 through 17, who had a preventive dental visit in the last year. States and jurisdictions were not required to select both NMP 13.1 and NPM 13.2.

In addition, POHC members served on a planning group that developed the agenda and secured speakers for an Association of Maternal and Child Health Programs (AMCHP) sponsored webinar on NPM 13. The target audience was state Title V program directors and state oral health directors and staff were also invited to participate. State MCH directors and state oral health program directors from Georgia and Iowa presented.

- The 2019-20 POHC work plan and the revised 2019-21 logic model were completed and accepted in September 2019. They included the activities supported by the COHSII collaborative, specifically, Goal 1: TA/T to NOHI grantees, and T/TA to states and jurisdictions selecting NPM 13.

- Some POHC members served on a small work group of the Best Practices Committee to update ASTDD’s Best Practice Approach Report: Perinatal Oral Health (2012) (BPAR-POH). As part of the BPAR process, examples/models were solicited from PIOHQI grantees and the states that selected NPM 13. The updated BPAR for Perinatal Oral Health (2019) was adopted by the ASTDD Executive Board in September and formal dissemination followed.

4. Describe your current committee activity:

- POHC members and other ASTDD staff will continue to participate on the COHSII Goal 1 team in planning/participating on monthly webinars and as well as the bi-monthly planning NOHI and monthly planning NPM calls. Along with other ASTDD consultants, Dr. Louie serves as the ASTDD representative on one of the three NOHI grantee-COHSII teams.

- MCHB Title V NPM 13: A small COHSII workgroup, including POHC members, will be reviewing the state action plans of the 32 states/jurisdictions and identifying common themes. Also, Reg Louie will continue supporting the “community of learning” for states and jurisdictions focusing on NPM 13. Some POHC members are assisting in drafting the OHRC publication: Strengthening State and Jurisdictional Efforts Related to Title V Maternal and Child Health National Performance Measure 13 (Oral Health). This publication is targeted at SOHPs and their partners to implement NPM 13 (e.g., describing evidence based approaches and measures).

- The POHC began the update of the ASTDD Perinatal Oral Health Policy Statement (2012) in late 2018 and drafts were forwarded to the Dental Public Health Resources Committee for review. However, because this effort coincided with drafting the BPAR-POH, this update was tabled until the BPAR-POH was completed. (Note: the BPAR-POH significantly informed the update.) A small work group was convened in October 2019 with representatives from OHRC and POHC and other ASTDD consultants. Ruth Barzel, OHRC and primary writer for the updated BPAR-POH, was tasked to draft the update with the assistance of POHC and other ASTDD members. It is anticipated that the updated policy statement will be completed and disseminated by the 2020 National Oral Health Conference.

5. Describe any delays in accomplishing planned activities including causes, and plans for when the activities will be completed.
No delays are anticipated in accomplishing planned activities.

6. Describe some of the future activities planned by your committee:

Title V MCH NPM 13: (An extension of 4. above)
- Harry Goodman, Kathy Geurink and Reg Louie with assistance from POHC members will review final action plans from states and jurisdictions that selected NPM 13 and prepare summaries and analyses. In addition, the work group will explore, what if any efforts may be focused on those states NOT selecting NPM 13 but that have chosen an oral health related SPM.
- Support/maintain a community of learning that consists of a peer-to-peer professional network to facilitate communication, learning, sharing of current and emerging needs, strategies, and approaches to address NPM 13 and provide information about available resources.

NOHI: (An extension of 4. above)
- See aforementioned activities in partnership with COHSII Goal 1 team (e.g., participating in monthly learning webinars, grantee teams and scheduled face-to-face meetings).

7. Describe any subcommittees or work groups you use, their roles and activities:

Although there are ad hoc POHC work groups (e.g., for NPM 13), currently, there are no POHC subcommittees.

8. List any unmet needs of your committee (e.g., members, funding) and how ASTDD can help.

ASTDD has received funding for many of the POHC activities, including the update of the Policy Statement on Perinatal Oral Health.

Other activities in the work plan include the caveat “as resources permit.” This is a reality and will dictate the degree and extent to which these other activities are addressed and outcomes and results are achieved.

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