

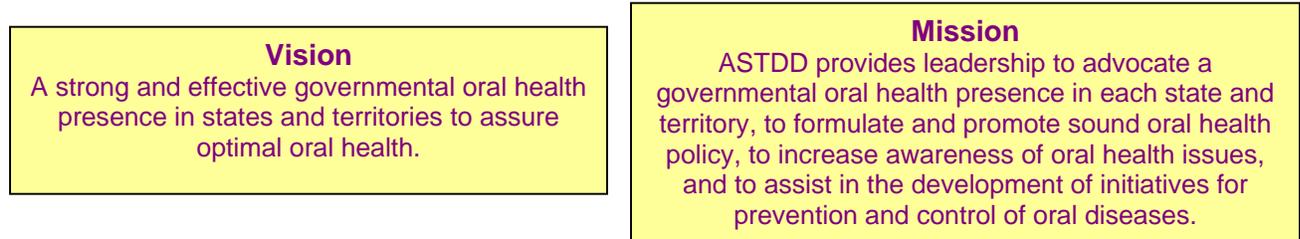
Association of State and Territorial Dental Directors (ASTDD)

2006 Annual Report



Who We Are

The Association of State and Territorial Dental Directors (ASTDD) is a 501 (c)(6) non-profit organization representing the directors and staff of state and territorial public health agency programs for oral health. It is one of 17 affiliates of the Association of State and Territorial Health Officials (ASTHO). In 1993 ASTDD established a non-voting Associate member category.



ASTDD receives funding from member dues and from cooperative agreements with the Centers for Disease Control and Prevention (CDC), Division of Oral Health (DOH), and the Health Resources and Services Administration, Maternal and Child Health Bureau (HRSA, MCHB).



ASTDD formulates and promotes the establishment of national dental public health policy; assists state dental programs in the development and implementation of programs and policies for the prevention of oral diseases; builds awareness and strengthens dental public health professionals' knowledge and skills by developing position papers and policy statements; provides information on oral health to health officials and policy makers; and conducts conferences for the dental public health community.



ASTDD is governed by a nine-member Executive Committee comprised of the five elected officers, three member directors and one associate member director. Ex-officio members include the executive director, the cooperative agreement manger and the editor of the newsletter. Most programmatic activities are accomplished through committees and consultants.

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Partnerships are Crucial to Success

ASTDD continues to increase and improve relationships with a number of national organizations and federal agencies, and is a founding member of the recently formed Oral Health Action Partnership. Collaboration includes serving on committees or advisory boards; participating in annual meetings and topical workshops; developing and disseminating materials and reports; sponsoring and conducting continuing education workshops and conferences; supporting statewide oral health forums; collecting, analyzing and publishing oral health data; advocating for oral health improvements; and collecting and disseminating best practices. ASTDD develops annual objectives and a workplan with many of these groups.

Some National Organization Partners

American Academy of Pediatrics (AAP)
American Academy of Pediatric Dentistry (AAPD)
American Association of Community Dental Programs (AACDP)
American Association of Public Health Dentistry (AAPHD)
American Board of Dental Public Health (ABDPH)
American Dental Association (ADA)
American Dental Education Association (ADEA)
American Dental Hygienists' Association (ADHA)
American Public Health Association, Oral Health Section (APHA)
Association of State and Territorial Health Officials (ASTHO)
Children's Dental Health Project (CDHP)
Medicaid/SCHIP Dental Association (MSDA)
National Association of Chronic Disease Directors (NACDD)
National Oral Health Policy Center (NOHPC)
National Maternal and Child Oral Health Resource Center (OHRC)
Oral Health Action Partnership (OHAP)
Oral Health America (OHA)
Special Care Dentistry Association (SCDA)

Federal Agencies

Administration for Children and Families (ACF), Head Start Bureau (HSB)
Centers for Disease Control and Prevention (CDC), Division of Oral Health
Centers for Medicare and Medicaid Services (CMS)
Health Resources and Services Administration (HRSA)
➤ Maternal and Child Health Bureau (MCHB)
➤ Bureau of Primary Health Care (BPHC)
➤ Bureau of Health Professions (BHP)
Indian Health Service (IHS)
National Institutes of Dental and Craniofacial Research (NIDCR)

2006 Accomplishments

ASTDD Marketing, Communication and Awards

ASTDD's three primary means of communication are its Website, the quarterly newsletter *Oral Health Matters*, and its closed Listserv for members. Using suggestions from the membership and national partners, the Website underwent major revisions in 2006 with significant navigational improvements and expansion of resources. Phase II improvements will be initiated in 2007, including a searchable database. Two PowerPoint presentations and a 2-page fact sheet are available for members on the Website to use to increase awareness of ASTDD resources and State Oral Health Programs. In a cost-sharing arrangement with the National Maternal and Child Oral Health Resource Center (NOHRC), ASTDD now has an exhibit booth for national meetings.

These are just a few activities that are part of a new ASTDD Strategic Communications plan, informed by a report from NEW Associates, LLC, *A Blueprint for Leadership*. Most of the activities in the plan will be implemented in 2007 and 2008, including a celebration of ASTDD's 60th anniversary as an association.

Every year ASTDD recognizes individuals who have made exemplary contributions to the organization. The 2006 awardees included Judith Feinstein (ME dental director), Conan Davis (CMS Chief Dental Officer) and the ASTDD Website subcommittee (Beverly Isman, Nick Mosca and Julie Tang.) ASTDD, CDC and the ADA also co-sponsor a number of community water fluoridation awards. Merit awards were given to Jayanth Kumar (NY Health Dept) and CDC's Division of Oral Health staff; 114 awards were given to states and communities, including 87 to communities that were celebrating 50 years of fluoridation.

ASTDD Annual Meeting and National Oral Health Conference



Since 1999 ASTDD has partnered with the American Association of Public Health Dentistry to co-sponsor a National Oral Health Conference (NOHC) that includes the annual meetings of both organizations. A joint planning committee of members and partner organization representatives meets biweekly for many months to ensure that sessions combine state of the science information with programmatic applications and meet the many interests of the attendees. A dedicated NOHC Website facilitates online registration, submission of abstracts and viewing presentations from previous meetings.

The 2006 NOHC was held in Little Rock, AR from April 29 to May 4 with 4 plenary sessions, 18 concurrent sessions, a poster session, 41 roundtables, 2 preconference workshops and 20 exhibitors; 65 abstracts were accepted for oral or poster presentations. AACDP, ABDPH, MSDA, and the Military Dental group held preconference sessions on the weekend. This

The 2006 NOHC was attended by 621 registrants, speakers and staff, as well as 25 exhibitors. The new NOHC website was accessed by 84% of attendees, with 64% registering online.

meeting has become a premier dental public health conference and is starting to attract international attendees; 84% of the 2006 participants had attended the conference in previous years. The 2007 meeting will be held in Denver, CO, featuring a joint overlap day with the Special Care Dentistry Association's annual conference.

Oral Health Assessment and Surveillance

Each year ASTDD, in cooperation with CDC, collects oral health information from states for the [National Oral Health Surveillance System \(NOHSS\)](#). NOHSS is designed to monitor the burden of oral disease, use of the oral health care delivery system, and the status of community water fluoridation on both a national and state level. These data elements have been approved by the Council of State and Territorial Epidemiologists (CSTE). Oral health data is also gathered through the Behavioral Risk Factor Surveillance System (BRFSS), a national telephone survey for which ASTDD was instrumental in getting oral health questions included.

In 2006, 33 states submitted qualified data to the NOHSS.

In 2006, Drs. Phipps and Manz provided 300 hours of technical assistance to 14 states.

Two ASTDD consultants provide technical assistance and training to states on use of the *Basic Screening Survey (BSS)*, simple training materials and data collection tools that can be used by screeners with or without dental backgrounds to collect oral health status and access to care information. Originally designed to collect data on 3rd graders and adults, it is now being used to collect data on preschoolers, particularly children enrolled in Head Start.

Each year since 1994, ASTDD has published a *Synopses Report of State and Territorial Dental Public Health Programs*. A subset of the data since 1998 is displayed on the [State Synopses Website](#) that contains information useful in tracking progress toward *Healthy People 2010* oral health objectives.

In 2006, 48 states and 1 territory submitted Synopsis data--the highest response rate yet.

Best Practices

The goal of the ASTDD Best Practices Project is to promote best practice approaches and cultivate best practices among state, territorial and community oral health programs to improve oral health and reduce disparities. Effective programs will be better able to help achieve the Healthy People 2010 Oral Health Objectives and to meet the National Call to Action to Promote Oral Health. Since oral health

The screenshot shows the ASTDD website interface. At the top, there is a navigation bar with links for Home, About ASTDD, State Programs, and Territorial Programs. Below the navigation bar, the main heading reads "Proven and Promising Best Practices for State and Community Oral Health Programs". Underneath the heading, there is a photograph of a diverse group of people, with the caption "Optimal oral health across the lifespan...". Below the photo, there is a section titled "Best Practice Approaches" with two buttons: "View Best Practice Approach Reports" and "View State & Community Practice Examples". On the left side of the page, there is a sidebar with contact information for the Association of State and Territorial Dental Directors, including the address (105 Westerly Rd, New Bern, NC 28560), phone number ((252) 637-6333), and fax number ((252) 637-3343). There is also a "User ID:" field with a text input box.

programs have different environments, infrastructure, cultures, resource availability, local burden of disease, and political considerations, end-users are encouraged to critically assess the best practice information and adapt ideas and strategies to better meet their needs.

Primarily through funding from CDC, the Project has created eight Best Practice Approach Reports, defined as public health strategies that are supported by evidence for their impact and effectiveness. Evidence includes research, expert opinion, field lessons, and theoretical rationale. State and Community Practice Examples illustrate successful implementation of Best Practice Approaches. Forty-seven states and two territories have submitted their success stories so far.

At the end of 2006, the Best Practice Website contained 120 summaries of successful practices and 72 expanded descriptive reports in addition to the 8 Best Practice approach reports.

In 2006, the Best Practices Project created two new sections of the Website. The State of the Science section focuses on scientific research studies and analyses that provide evidence on the effectiveness and/or the efficiency of dental public health strategies and methods. The other section lists Emergent Issues important to dental public health and state oral health programs, created from input from ASTDD members and associate members. The range of emergent issues illustrates the many challenges faced by states, and demonstrates the need for public health actions. In response to recent national disasters such as 911 and Hurricanes Katrina and Rita, many dental directors have been involved in training and relief efforts. In 2006 ASTDD created an Oral Health and Medical Response Systems Committee that will help disseminate information and resources in a timely manner and develop a standard operating manual for disaster response for state dental programs.

Oral Health Forums and State Profiles

With funding from HRSA, MCHB and the ACF, Head Start Bureau, ASTDD has provided support to states and territories since 2002 to convene forums focused on various dental access and oral health disparity issues. As of 2006, Head Start oral health forums resulting in action plans have been held in all states and 5 U.S. territories; 32 states have received funding for follow-up Head Start activities.

A recent evaluation of Head Start support to 16 of these states revealed that they were able to leverage over \$60,000 of sponsorship or in-kind support from community partners in addition to the \$40,000 of ASTDD support.

During 2006, ASTDD also provided support to 16 states for oral health forums and action plans for Children with Special Health Care Needs. ASTDD members and national partners volunteer their time to review proposals and provide recommendations for improvements. ASTDD consultants provide coordination for proposal reviews and technical assistance to the states. Forum final reports and action plans are posted on the ASTDD and NOHRC websites. Successes are highlighted at the National Oral Health Conference and in submissions to the ASTDD Best

Practices project. The Head Start Bureau, with the help of ASTDD and Regional HS Oral Health Consultants, will begin to collect promising Head Start oral health state models in 2007. In addition, ASTDD is working with the Head Start Bureau to foster collaborative relationships between state oral health programs, state Medicaid/SCHIP programs and Head Start state collaboration offices, and to promote sharing of information regionally.

ASTDD's School & Adolescent Oral Health Committee is collecting examples of school policies for school and adolescent oral health and features profiles of more than 25 state S & AOH programs on the ASTDD Website. A new Best Practices Approach Report on this topic is underway.

Leadership and Professional Development

ASTDD supports a very active Leadership Committee that just developed another 2-year workplan. The committee developed a Mentoring program in 2001 for new state dental directors to help them in their new roles.

Prior to 2006, 18 mentor/mentee pairs have participated in the program. Four new pairs were assigned in 2006.

For the first time, new dental directors were paired with seasoned members at the 2006 NOHC to help them navigate the meeting and meet other attendees. A new member orientation session is also held the same afternoon as the ASTDD annual business meeting.

Leadership development for ASTDD Executive Committee members in 2006 consisted of 1) completion of a self-assessment exercise and an orientation to their roles, and 2) a summer retreat on Board development and strategic planning. Media training was scheduled for January 2007.

ASTDD sent a team of four individuals to the CDC sponsored 2005-06 Public Health Leadership Institute. For their project, the team developed a framework for a National Oral Health Leadership Institute (NOHLI) for state dental directors. One of the team members was hired by AT Still University as an Associate Dean to direct the NOHLI as well as new MPH and PH certificate programs. The NOHLI launch is planned for April 2007 during the NOHC, with a second session in October. The curriculum has been designed, and funding and CE credits secured for this inaugural year, thanks to some generous sponsors. Nineteen people have been accepted into the first NOHLI.



NOHLI Sponsors in addition to ASTDD
HRSA, MCHB
Arizona School of Dentistry & Oral Health/A.T. Still University
American Dental Association
The Dr. Edward B. Shils Entrepreneurial Education Fund
The Children's Dental Health Project
Dentsply International

In August 2006, more than 40 state dental directors attended a workshop in Atlanta sponsored by the CDC, Division of Oral Health. This served as an orientation to CDC resources and joint projects with ASTDD. CDC also hosted a workshop for state epidemiologists where ASTDD consultants presented. ASTDD also is actively working with the U.S. territories/jurisdictions, particularly in the Pacific Basin, to involve the dental directors more in ASTDD activities and to highlight the special needs of the island nations.

Another project is the creation of a joint ASTDD/AAPHD Dental Public Health Workforce Task Force to interface with national partners, address coordination of activities related to curriculum development and evaluation, redefine and market the dental public health workforce, and identify and leverage resources for workforce development initiatives. The Task Force created two sessions for the 2007 NOHC—the opening plenary, *Will Today's Dental Public Health Workforce Meet Tomorrow's Needs?* and a concurrent session, *Promising Models to Increase the Dental Public Health Infrastructure.*

Publications and Webcasts

ASTDD has worked collaboratively with the NOHRC for the past six years to produce and disseminate materials for professionals, policymakers and the public. Many have dealt with oral health for Head Start and Children with Special Health Care Needs. All can be viewed on both the ASTDD Website and the Resource Center Website.

One important tip sheet produced this year is *Strategies to Improve Oral Health by Enhancing the Integration of Oral Health and MCH Programs*. In addition, ASTDD and ASTHO have planned a Webcast on *Monitoring the Prevalence of Obesity and Tooth Decay in Children* for February 2007. ASTDD continues to collaborate with the NOHRC, the Ohio Department of Health and the Indian Health Service to maintain and update the very popular Web-based [Safety Net Dental Clinic Manual](#), which received, on average, more than 5,000 hits per month in 2006, 2,000 of which were unique visitors and 630 were repeat visitors.



ASTDD and ADEA conducted a joint needs assessment of state dental directors and dental/allied dental education institutions to determine current collaborative relationships. Results from this study were presented at the 2006 ADEA annual meeting and the 2006 APHA annual conference. A journal article is under development.

ASTDD has begun to work closely with the Children's Dental Health Project, ADEA, ADA, Oral Health America, CDC and others to create quick responses, issue briefs and talking points on emergent and controversial issues for state dental directors to share with their partners and constituents. Templates are available for state programs to customize to highlight their unique needs and programs.

State Program Review and Technical Assistance

For the past two decades ASTDD has developed and used [*Guidelines for State and Territorial Oral Health Programs*](#), self-assessments, and onsite program reviews to help states perform needs assessments and improve their oral health programs. The *Guidelines* are now linked to Best Practice reports and State Examples for easy use and updating. In 2006, Kansas participated in a comprehensive onsite review led by an ASTDD team, using the new *State Oral Health Program Review Manual*. The manual is based on a similar program used by the State and Territorial Injury Prevention Directors Association. ASTDD also developed a number of other technical assistance and peer exchange options for states that will be marketed more aggressively in 2007.

Evaluating Our Efforts

Each year ASTDD creates an evaluation plan, with the help of an evaluation consultant, to guide our quality improvement efforts. Evaluation strategies include member needs assessments; feedback from partner organizations, mentors, mentees, and states participating in onsite reviews; quarterly consultant reports and annual committee reports; reports from meetings attended; staff and consultant self-assessments and phone conferences; evaluation forms from conferences, webcasts and workshops; and Website statistics reports and usability studies. Interim progress reports and final reports for both cooperative agreements include both process and outcome measures. States that receive support from ASTDD for Head Start and CSHCN forums and action plans are expected to include evaluation strategies and to provide feedback to ASTDD on outcomes. The Best Practices project is an example of how ASTDD widely disseminates proven practices and promising models.

In 2006, 43 states (86%) and 31 associate members (50%) completed the ASTDD annual feedback form. The majority of members and associate members are actively involved in association activities through committee participation, review of policies or proposals, or other activities. Most ASTDD consultants have chosen to remain as project coordinators for more than five years—a major advantage for coordination, consistency and sustainability.