2009 ANNUAL REPORT
Promoting Collaborative Leadership During Challenging Times
Association of State and Territorial Dental Directors

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Who We Are

Founded in 1948, 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. At the end of 2009 ASTDD had 54 members and 90 associate members.

Vision
A strong and effective governmental oral health presence in states and territories to assure optimal oral health.

Mission
ASTDD provides leadership to advocate for a governmental oral health presence in each state and territory, to formulate and promote sound oral health policy, to increase awareness of oral health issues, and to assist in the development of initiatives for prevention and control of oral diseases.

Key Directions
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 through leadership development, 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.

Governance
ASTDD is governed by a nine-member Executive Committee comprised of the five elected officers, three member directors, one associate member director and three non-voting ex-officio members who have monthly phone calls and meet in person twice a year. A Management Team of the Immediate Past President, President, President-Elect, Executive Director, Emeritus Executive Director and the Cooperative Agreements Manager is responsible for daily operations and decisions.

Member Participation
Members participate in the Association in many ways: serving on committees or workgroups, presenting at or attending meetings as an ASTDD representative or liaison, serving as mentors to new members, writing articles for the newsletter, reviewing or contributing to reports and publications, participating in listserv or webinar discussions, participating/presenting at the annual business meeting and National Oral Health Conference, attending/presenting at other ASTDD-sponsored workshops, providing feedback via needs assessments and evaluation surveys, providing informal peer support to each other.

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

In your own words…

“Each of the members is incredibly welcoming and forthcoming with discussions and ideas about programs that impact the oral health status of our respective states. I have rarely worked with a group of peers that have so much respect for one another. It is a fabulous melting pot of ideas and approaches to improving community outcomes.”
Leading in Times of Change

ASTDD Leadership

This has been a year of transition for the ASTDD central office and leadership. In July Dean Perkins officially retired as ASTDD Executive Director after serving in that role since 2000 and as the Missouri state dental director before that. Of course, that doesn’t mean that he’s spending all of his time with his grandchildren and fishing! Dean continues to serve as ED Emeritus and as the Webmaster a few hours each week.

When Dean retired, ASTDD’s President, Christine Wood, was looking for a new challenge outside the Nevada State Health Division and conveyed her interest in the Executive Director position. ASTDD was extremely lucky to have someone in the top ASTDD leadership position be able to transition smoothly into the ED role and accomplish an entire move of central office functions to Nevada! Peg Snow, President-Elect from New Hampshire, stepped seamlessly into the President’s position a year early. Steve Steed, Immediate Past President, agreed to serve in that position for a couple of extra years—a real trooper. That left the President-Elect position vacant, so ASTDD tapped a previous Executive Committee member, Harry Goodman from Maryland, to serve on an interim basis. In addition, two new Executive Committee members were elected in April. Chris Veschusio from South Carolina was elected as Treasurer and Jeanne Spratt from North Carolina as the Associate Member director. The last change occurred late in the year, with Nick Mosca (Mississippi) resigning as Secretary, and Kimberlie Yineman from North Dakota stepping in to fill that void. Wow! Did everyone follow that???

Given all of those changes, the ASTDD Executive Committee and Management Team have been working tirelessly to improve ASTDD procedures, protocols and communication strategies to help orient new members and communicate more effectively with all members and national partners. The Leadership Committee met in July to broaden its role in ASTDD leadership development and strategic planning, and the Executive Committee met in December for a strategic planning session focused on assessing and strengthening ASTDD’s functioning in each of the seven domains outlined in ASTDD’s new Competencies for State Oral Health Programs. BJ Tatro, ASTDD evaluation consultant, facilitated both sessions. Look for new orientation Webinars, a number of website enhancements, and other improvements in 2010 as a result of these efforts.

Mentoring and Professional Development

ASTDD’s mentoring program for state dental directors was busy this year pairing seven new state dental directors with seven mentors. Thanks to all those state dental directors who volunteer their time and expertise as mentors. We also began a personalized and more frequent orientation program for new ASTDD members that will include orientation Webinars in 2010.

In 2009 ASTDD provided partial support for members to participate in a Public Health Leadership doctoral program, the National Public Health Leadership Institute, the National Leadership Network Annual Conference and two CDC Fluoridation courses. In August ASTDD and CDC collaborated for a one-day CDC orientation for new dental directors and a two-day workshop for all state dental directors or their designees. Topics covered organizational collaboration, coalitions and sustainability, Healthy People 2010-2020, Health Communication, and various updates from ASTDD, CDC and Pew Center for the States.

In your own words…

“Working with a mentor moves the new dental director into the network of other state oral health programs and into ASTDD more quickly. The mentoring program helps to build the new director’s credibility as the lead for the state oral health program. Being able to have a go-to person who can answer questions, provide program history and link you to resources is invaluable.”
ASTDD National Oral Health Leadership Institute (NOHLI)

ASTDD is a member of and participates in meetings and Webinars of the National Public Health Leadership Development Network, a consortium of organizations dedicated to advancing the practice of public health leadership. ASTDD graduated 13 participants from the third annual National Oral Health Leadership Institute: two dentists, nine dental hygienists and two administrators from 12 different states and one federal agency. The Institute began with a half-day seminar at the National Oral Health Conference in April followed by a retreat at the Arizona School of Dentistry & Oral Health in Mesa, AZ September 17-19, 2009. The NOHLI contracted with the National Association of Chronic Disease Directors for faculty for the retreat, focusing on Strategic Leadership, Critical Thinking and Problem-Solving. Sponsors of the Institute were: ASTDD, Arizona School of Dentistry & Oral Health, American Dental Association, and HRSA/ MCHB. Dr. Altman, NOHLI director, published a history and overview of the NOHLI as an editorial in the March/April 2009 issue of Dental Abstracts.

In your own words...

“ASTDD has helped me immensely with building my leadership skills, my self-confidence in working with upper level management and staff management, has helped greatly with maintaining my enthusiasm about dental public health to prevent early burnout and has greatly helped with knowing the value of the work that I perform and my contributions to improving overall oral health status.”

2009 National Oral Health Conference (NOHC)

The 2009 NOHC, the 10th jointly co-sponsored ASTDD/American Association of Public Health Dentistry (AAPHD) conference, was held in Portland, Oregon on April 20-22 with more than 700 people attending. It featured 4 plenary sessions, 18 concurrent sessions (including 3 groups of oral contributed papers), 24 roundtables, 100 posters, and 25 exhibitors and sponsors. In addition to ASTDD and AAPHD, seven other groups held associated meetings. Sunny, summer-like weather magically appeared for the week, including during the outdoor Opening Taste of Portland event. The program planning committee included 25 representatives from 11 national organizations and federal agencies. ASTDD awards were given to Bradley Whistler, Alaska dental director; Robert Klaus and Sue Dodd for their work with Oral Health America; and Kathy Mangskau, ASTDD consultant. Travel stipends were provided to a number of individuals to attend the NOHC. The 2010 NOHC will be April 26-28, in St Louis.

In your own words...

“I always get information that I can take home and use from attending this meeting. Overall it continues to be one of the best conferences.”
National groups have been busy this year advocating for inclusion of oral health improvements in the various health care reform proposals and bills. ASTDD does not directly lobby, nor does it hire a lobbyist. We primarily work through our national partner organizations by providing talking points, signing on to letters (at least 10 this year), and sharing advocacy alerts and legislative updates with members. Advocacy letters made recommendations for national, regional, state and local improvements in oral health infrastructure, systems and funding to address oral health disparities and inequities in access to preventive services and dental care. In December the ASTDD executive committee met with 21 representatives from national organizations and federal agencies to discuss joint advocacy efforts and other collaborative projects.

ASTDD developed and disseminated a one-page advocacy brief for healthcare reform, Leadership for State Oral Health Programs, and an issue brief, The Dental Public Health Infrastructure: Failing to Meet the Needs of the Underserved, as well as writing a letter to HRSA to encourage reinstatement of regional dental consultant functions to assist states. ASTDD, MSDA, National Association for State Health Policy (NASHP) and the Association of Maternal and Child Health Programs (AMCHP) just completed their first year collaborating with the Children’s Dental Health Project (CDHP) in their role as the MCHB National Oral Health Policy Center. The project created the first in a series of Trend Notes, Better Health at Lower Costs: Policy Options for Managing Childhood Tooth Decay, and plans additional issue briefs and Webinars. ASTDD coordinates many activities with CDHP on monthly calls.

A number of states have contributed information, including case studies, for policy briefs and Webinars conducted by NASHP and the Pew Center on the States (PEW) on topics related to engaging and reimbursing medical providers for oral health services, new workforce models, and increasing access to dental care. These policy organizations also use information in their reports that is contributed by states to the National Oral Health Surveillance System and the State Synopsis for Dental Public Health Programs.

ASTDD Policy Committee members work jointly with AAPHD to review and provide testimony on resolutions at the American Dental Association’s House of Delegates, and also provide comments on proposed policy statements for the American Public Health Association (APHA). ASTDD policy statements developed in 2009 included one on community water fluoridation and one on fluoride varnish, with additional ones planned on school fluoride mouthrinse programs and integrated oral health and school health programs. In early 2010 all of ASTDD’s current and past resolutions, policy statements and issue briefs will be placed in a database on the website.

The School and Adolescent Oral Health Committee has taken a multi-pronged approach to influencing local, state and national policies around integration of oral health into school health programs. They have partnered with groups such as the National Association of School Nurses, presenting at their annual meeting, submitting monthly oral health facts in their e-newsletter, and disseminating resources to their members. The Committee also partnered with the National MCHB Oral Health Resource Center to produce a number of materials and resource guides that were widely disseminated. Ms. Kathy Geurink, committee consultant, coordinated a special article for ADHA’s Access magazine that highlighted the coordinated school health model and specific programs in states. Look for release of a Best Practice Approach Report and State Practice Examples in 2010 on the ASTDD website.

The Fluorides Committee has provided valuable expertise in the development of policy statements, issue briefs and articles for newsletters and journals, as well as collecting information from states on community water fluoridation equipment needs and training of water engineers. Their PowerPoint presentation showcasing town water towers during last year’s Fluoridation Awards ceremony was fantastic! They are working to post a list of awards from previous years on the website.
Representing State Oral Health Issues at National Meetings

In 2009 ASTDD representatives attended, presented, or exhibited at more than 35 national meetings in addition to the National Oral Health Conference, including:

- HRSA MCHB TOHSS Grantees Meeting and CDC State Grantees Meeting
- American Dental Hygienists’ Association Annual Meeting
- Association of Maternal and Child Health Programs Conference
- AAPD Head Start National Partners Meeting
- National Head Start Association Annual Conference
- National Rural Health Association Annual Conference
- IOM Oral Health Workforce Workshop
- Chronic Disease Directors Conference
- HP 2020 Oral Health Workgroup
- American Dental Education Association Annual Conference
- ADA Access Summit
- National Leadership Network Annual Conference and Workshop
- AMCHP Best Practices Meeting
- Oral Health America, Dental Trade Alliance Foundation and Give Kids A Smile Galas
- Shils Foundation Youth Workshop Planning Group and Annual Awards Dinner
- USPHS Scientific & Training Symposium
- National Association of School Based Health Centers Annual Conference
- National Association of Local Boards of Health Annual Conference
- National Dental Association Annual Conference
- HRSA Primary Care Workforce Annual Conference
- AAPHD Dental Specialty Summit

- American Society of Association Executives Annual Meeting
- Smokeless Tobacco National Summit
- ASTHO Annual Conference and ASTHO Affiliates Meeting
- DHHS Birth to Three Institute
- National Association for State Health Policy
- Hispanic Dental Association
- National Primary Oral Health Care Conference (NNOHA/HRSA BPHC)
- ASTHO/NACCHO Combined Annual Conference
- AAP Annual Conference and Oral Health Summit
- AAP National Children’s Oral Health Summit
- ADA Annual Conference
- MDS Strategic Planning Meeting
- APHA Annual Conference

Attendance at these meetings has increased ASTDD’s visibility and credibility as a national leader on behalf of state oral health issues and other dental public health concerns. We also have served as an impartial convener of other groups to discuss collaborative approaches to complex issues. ASTDD and CDC convened a meeting and HRSA provided travel support for representatives from 38 national organizations and federal agencies to meet on March 3-4, 2009 in Rockville, Maryland to provide feedback for drafting the Healthy People 2020 Oral Health focus area objectives. The workgroup discussed current Healthy People 2010 objectives, including which objectives should be retained, modified or dropped. The workgroup also proposed new objectives to be added and reviewed dental objectives in other focus areas. CDC staff compiled the feedback and proposed data sources for the objectives. The group submitted final recommendations to DHHS to include for public review and comment in 2010.
Assuring Oral Health Surveillance

Dr. Kathy Phipps and Dr. Mike Manz, ASTDD consultants, with the help of Dr. Sangeeta Wadhawan, directly helped more than 15 states with oral health needs assessment strategies and development of oral health surveillance systems. In 2009 38 states had submitted qualified data on 3rd graders to the National Oral Health Surveillance System (NOHSS). States regularly use the Basic Screening Survey (BSS) to collect data on children’s oral health to submit to the NOHSS. The Indian Health Service may adopt the ASTDD Basic Screening Survey in 2010 for data collection for their oral health surveillance system so the AI/AN data are comparable to the state and national NOHSS data. This year the Data Committee and Healthy Aging Committee have been working collaboratively to develop oral health indicators and a new BSS module for older adults. The new module should be completed in summer 2010.

This year for the first time all states and DC submitted information to the ASTDD Synopses for State Dental Public Health Programs. The 2009 Synopses Summary Report provided aggregated data (from 2007-2008) for responses to selected items from the state specific Synopses report. States and other organizations use this information to track trends, compare their programs to those in similar states and to educate legislators, agency administrators and stakeholders.

ASTDD members and consultants have been involved in a number of presentations and publications this year that focused specifically on data for oral health surveillance. Some examples include an article on the history of the NOHSS in the April issue of the online journal, Preventing Chronic Disease; a panel at the NOHC on State Surveillance and the Basic Screening Survey; 10 Years Later, a pre-conference workshop at the NOHC, Using Web-Based Data Resources to Create Data-Oriented Documents; and a poster on NSBHIC Census Tracks Trends in School Based Oral Health Services at the National Assembly on School Based Health Care conference.

In your own words…

“ASTDD has come to my rescue when trying to find national data and best practices in urgent situations. It is the best repository for oral health program planning, implementation, and evaluation information.”

Facilitating Communication and Collaboration

ASTDD maintains an active listserv for all members to pose questions and concerns, announce resources and successes, and solicit feedback for planning purposes. If state oral health program directors only want responses from other directors, then there is a separate listserv, as well as one for associate members only. We are also developing a listserv for state fluoridation staff. This is a direct result of the increasing diversity of interests, employment settings and backgrounds of our members. To better document the listserv use, all postings are now archived and can be searched by time frame or topic.

Oral Health Matters, our newsletter, is published at least three times per year. It has regular features related to cooperative agreement activities, national partner organizations and resources, and highlights individual states, consultants, associate members, and members. Since our members are spread across the country and across oceans, communicating primarily via email and phone, we like to include photos to personalize the news. In 2010 we will be enhancing this personalization by posting photos and bios of members who submit them on the Website. The National Oral Health Conference has become so large a meeting that we want to create every opportunity for people to recognize members and not get lost in a sea of faces.

The Communication Committee was reinvigorated this year to spearhead a new ASTDD branding campaign and to help state oral health programs improve their information infrastructure and capacity. We will launch the branding campaign at the 2010 NOHC using key messages and a new contemporary look to improve all of our communication materials.

States were surveyed in the fall to determine how they plan and evaluate their communication strategies. To address the identified needs, the Committee is working on 1) communication plan templates to help states strategically plan their communications to various audiences, 2) resource lists on how to select and test messages and media channels, and 3) workshops or Webinars on ways to evaluate the impact of communication vehicles and messages.

The annual member survey and the annual business meeting are just two ways that ASTDD solicits feedback from members on their use of resources, whether ASTDD is meeting their needs for assistance, how well ASTDD is representing their needs on a national level, and how ASTDD can best focus its efforts and allocate resources. Topic-focused surveys are also conducted throughout the year.

ASTDD also uses an annual evaluation plan that includes methods and measures related to cooperative agreement activities, national partnerships and ASTDD functioning. This year ASTDD contracted with Dr. Rebeca Gajda and Dr. Michael Hutton to begin to develop a handbook for state oral health programs to use in evaluating collaborative relationships, particularly around communication with other agencies and organizations. ASTDD has used their framework to assess, prioritize and improve relationships with other organizations.

ASTDD fosters networking among members via the listserv, committees, Webinars, and during the NOHC. An incredible amount of informal peer support also occurs on a daily basis among members. ASTDD strives to instill a feeling of family—of group and individual trust and support among members and our national partners. The In Your Own Words quotes from members in this report indicate that we have had another successful year despite a political and economic environment that has presented challenges on a daily basis.
Enabling Broad-Based Involvement and Assistance

ASTDD accomplishes most of its activities and provides resources to states through consultants and committees. More than 35 state members, 20 associate members and 40 non-members from other organizations or federal agencies serve on ASTDD committees. Their expertise ensures a broad, balanced and informed approach to all projects. In addition, ASTDD members and associate members serve on the committees and boards of other organizations. ASTDD project-related committees include:

- **National Oral Health Conference** (Program Planning & Steering Group) (Dr. Peg Snow & Ms. Chris Wood)
- **Best Practices** (Dr. Lynn Mouden, chair)
- **Communication** (Dr. Lynn Mouden, chair)
- **Data and Oral Health Surveillance** (Dr. Brad Whistler, chair)
- **Fluorides** (Ms. Judy Feinstein, chair)
- **Healthy Aging** (Ms. Diane Brunson, chair)
- **Leadership and Professional Development** (Drs. Peg Snow and Steve Steed, co-chairs)
- **Oral Cancer, Tobacco and Risk Factors** (Ms. Chris Veschusio, chair)
- **Oral Health and Medical Response** (Dr. Manny Finn, chair)
- **Perinatal and Early Childhood** (Dr. Jay Kumar, chair)
- **Policy** (Dr. Harry Goodman, chair)
- **School and Adolescent Oral Health** (Ms. Lynn Bethel, chair)
- **State Program Assistance and Resources** (Dr. Bob Russell, chair)

All committees now work from logic models and annual work plans that include evaluation strategies. ASTDD’s 2009 annual membership survey elicited information about potential TA needs for the upcoming year. Responses helped to inform decisions about which assistance can be provided via workshops, Webcasts or other tools versus onsite training or one-on-one phone conferences.

The State Program Assistance and Resources Committee, formed to provide a more proactive and rapid response to states that have dental director vacancies or states in jeopardy of losing their program, was extremely busy this year. Economic downturns created cuts to staffing and programs in many states, while others were attempting to fill vacancies or create new strategic plans. Some of the states used the new ASTDD Competencies to assess skill sets of current staff, while others used them to create position descriptions and interview questions. CDC is using the competency domains to complete an analysis of the linkages between the 10 recipient activities for their first state/territorial oral health program grantees and the outcomes reported by the states in case studies as part of their evaluation. The Competencies will be marketed as a companion document to the newly revised Guidelines for State and Territorial Oral Health Programs, which will be released in April 2010. States can use both documents as tools for assessing, evaluating and implementing quality improvements in their oral health activities and programs.


The Best Practice Committee provides assistance to states and other organizations on Best Practice approaches; Dr. Julie Tang coordinates the Project. To date, 48 states and 2 territories have submitted more than 230 descriptions of their most successful practices. Nine Best Practice Approach Reports on dental public health strategies are posted on the ASTDD Website, and new reports on Prevention of Early Childhood Tooth Decay and on Integration of Oral Health into School Health will be posted in March 2010. For 2009, Best Practice resource pages on the ASTDD Website have received 122,000 hits.
and the Best Practice Approach Reports have been downloaded more than 15,000 times. This year ASTDD became part of a Best Practice Collaborative, working particularly with AMCHP, MCHB and NACDD to promote, disseminate and advance best practices.

The Oral Health and Medical Response Team Committee will be consulting to states in the upcoming year on emergency preparedness for state oral health programs. The committee developed draft Emergency Preparedness Protocols for State and Territorial Oral Health Programs that Dr. Mayfield field tested in Mississippi and the District of Columbia. The online manual, which includes worksheets and templates for states to use, will be released in April 2010. Dr. Mayfield has also helped states locate guidelines for dealing with the H1N1 outbreak and state dental directors have helped in numerous local and national disasters.

The Oral Cancer, Tobacco and Risk Factors Committee and the Perinatal and Early Childhood Committee are new committees this year and are in the process of conducting needs assessments of states that will further inform their workplans. Both committees have engaged participation from a variety of organizations such as CDC, dental schools and medical schools, Children’s Dental Health Project, National Maternal and Child Oral Health Resource Center, and others. They are providing information to state oral health programs on relevant guidelines and tools.

The Healthy Aging Committee also is new and has partnered with organizations such as the American Dental Association, Special Care Dentistry Association, Washington Dental Service and its Foundation, Centers for Medicare and Medicaid Services, Apple Tree Dental, American Dental Education Association, DENTISPLY International and a variety of dental schools. They held two Webinars this year: Assessing the Oral Health of our Aging Population and Oral Health Programs and Resources for the Aging Population; a session at the 2010 NOHC is built around the information in the Webinars.

Through a supplemental budget request to HRSA, ASTDD provided assistance to MSDA this year around strategic planning, hiring staff and seeking other funding. We are striving to create closer working relationships between state oral health programs and state Medicaid and CHIP programs.
A look back at 2009 . . .