



## **Organizational, Committee, and Consultant Subject Matter Experts Activities**

**The purpose of this newsletter is to provide an informal brief summary of ASTDD activities to keep our members and partners aware of what we do on your behalf and to highlight resources. We also like to share more personal stories as ASTDD really is a family.**

### **ASTDD Leadership and National News**

The ASTDD Board of Directors (BOD) met on May 12 and June 9. At each BOD session, consultant summaries, partner organization updates, and BOD member updates are shared. Chris Wood and the BOD amended the bylaws in May at the request of members to say, “The Board of Directors shall consist of the elected officers, and five (5) Directors, four (4) representing the regular members, and two (2) representing the associate members,” thus increasing the representation of associate members. ASTDD also conducted an environmental scan of its members to determine future priorities for topics, activities, and resources so that additional funding can be pursued. Thanks to everyone who participated in the scan as it provided valuable information. Both BOD meetings included a discussion of priorities and planning for ASTDD’s future.

As of the end of June, the Centers for Disease Control and Prevention (CDC), Office of Head Start (OHS), and Health Resources and Services Administration (HRSA) invoices were still being honored, and our consultants and committees were still working.

One of ASTDD’s partners, the Association for Dental Safety (ADS), has launched a new ADS Institute for Dental Safety and Science. This is a separate entity from ADS itself and the ADS Foundation. The institute will allow them to expand their reach globally. ADS has also launched a new resource, Ask ADS, a cutting-edge, AI-powered assistant—built to be the ultimate knowledge resource for ADS. It delivers instant, expert answers in the language the user asks questions in, to help users stay on top of the latest best practices and keep their practices safe and successful. For a limited time, Ask ADS is available to everyone. Soon, only ADS members will be able to access this resource.

### **Peer and Member Support Program (PSP)**



Lori Cofano oriented Alia Hayes, the program manager from NH. Elizabeth Lewis (GA) mentored by Robin Miller (VT) and Nicole Reynolds mentored by Charles “Fritz” Craft completed their one-year evaluations and received completion certificates. Kimberlie Payne reports there were 8 new associate members in May and June.

## Fluorides Committee (FC)

Judy Feinstein participated virtually in the American Dental Association's (ADA) National Fluoridation Advisory Committee (NFAC) annual meeting on May 1 and 2. She presented a summary of ASTDD's activities and joined in discussions of next steps around community water fluoridation (CWF) promotion. Judy also participated in an ADA/National Fluoridation Advisory Committee webinar as part of ADA's Fluoridation Ambassador program on June 25 to discuss ASTDD's role in CWF promotion and advocacy. She stressed the value of partnership and collaboration between and among state oral health programs, state oral health coalitions, and state dental associations. The session was attended by about 45 people from all over the country. The FC continues to follow state level fluoridation legislation activity and is also considering what intentional approaches ASTDD might take or develop on behalf of members relative to other fluoride modalities.

With his retirement from University of California San Francisco (UCSF) effective the end of June, this was Howard Pollick's last meeting with the ASTDD FC. He is stepping down from his role with the ADA as well. We wish to thank Howard for all he has contributed to this committee and nationally around fluoridation and wish him well in his retirement.

The CWF Community of Practice (CoP) session on June 17 was attended by 15 participants from most of the CDC-funded states. The group discussed two ideas for "projects" to work on during the next two months: identifying concepts for talking points to respond to requests from water systems and communities when CWF is ended and planning a webinar on state-specific CWF/Oral Health dashboards. These will be presented as a CoP in late August and open to other states.

## Communications Committee (CC)



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In May, Kimberlie Payne attended the Public Health Communications Collaborative Webinar, "Crash Course Podcasting to Amplify Public Health Messaging," and in June, the "State of Social Media for Health Communications" webinar. The Communications CoP met on June 11 discussing "Changes in Public Health Language." There were 35 attendees. The next CCoP will be

in the fall and all ASTDD members will be invited. The topic will be infographics that states have developed to highlight Medical/Dental integration (MDI), and how they progressed from start to finish. The CC meeting was held on June 18. Discussion focused on recruiting new members, a 2025 NOHC review, *Roundup*, and the Weekly Digest. Matt and Heather will provide social media technical assistance (TA) to the Iowa state oral health program through 2025. They have had an initial call to develop goals. Bev Isman, ASTDD consultant, continues to serve on the CA Communications Workgroup that was formed as part of the State Oral Health Plan, and she participated in the virtual June CA Partnership meeting to share ASTDD resources and activities as well as the status of federal funding to states. She also attended a University of Southern California "Health Equity" webinar.

## Dental Public Health Policy Committee (DPHPC), Perinatal Oral Health Committee (POHC), and Best Practices Committee (BPC)

Produced by the BPC and the National Maternal and Child Oral Health Resource Center (OHRC), [Best Practice Approach: Perinatal Oral Health](#) provides information on oral health during pregnancy and the postpartum period offering a strategic framework for improving perinatal oral health. Guidelines and recommendations from authoritative sources, research evidence, and practice examples are included.



Also produced by the DPHPC, the POHC, and the OHRC, [Policy Statement: Perinatal Oral Health](#) provides information on oral health during the perinatal period and on issues that prevent women from achieving optimal oral health for themselves and their child during pregnancy and postpartum. The document discusses problems and offers a strategic framework to address them.

## Healthy Aging Committee (HAC)

Lori Cofano shared a funding opportunity released by the Administration on Community Living (ACL) and completed the mid-year grant report for the Gary and Mary West Foundation funding. She also updated the *Older Adult Oral Health Resources for Collaboration* document. Twenty-four links were revised due to the unavailability of multiple federal links. A link to the 2024 *Older Adults and Oral Health: A Continuing Challenge* policy statement was added as well. Members of the HAC have been asked to share legislative success stories as well as challenges for inclusion in the new Advocacy Guidebook using a template the HAC provided.

## School and Adolescent Oral Health Committee (SAOHC) and Dental Sealant Subject Matter Expert



Karen Philips from Oregon's Oral Health Program presented during the May 8 SAOHC meeting on their sealant certification program. Funding for school sealant programs comes from Medicaid and grants from philanthropies. As of the 2021-2022 school year, all OR sealant programs are local sealant programs. Programs are required to have an infection prevention and control plan and submit data reports. Technical assistance is provided in several areas: sealant placement modifications, trauma-informed care, health equity, improving program participation. Oregon is no longer requiring their programs to do retention checks. As of 8-1-24, a self-monitoring rule change has been implemented with mid-year assessment and end-of-year reporting. Oregon has 19 certified sealant programs.

Lori Cofano and Sandy Tesch responded to numerous TA requests in May and June, and Sandy monitored the dental sealant group listserv posting information on the ADS Boot Camp on-demand registration deadline and upcoming CareQuest webinars, "Oral Health in Older Adults" and "Messaging 101." Sandy attended the ASTDD webinar on "Caries Management and MI Techniques" on May 16 and also the ADS webinar "Leadership in Infection Control: Empowering Your Team for a Safer Visit" on June 25 and shared an email with dental

sealant state coordinators with a list of the Association for State and Territorial Health Officials (ASTHO) affiliates with whom they might want to partner to share oral health related data or consistent messaging.

### Evaluation Activities

The ASTDD Emory evaluators, Kristin Giordano and Maggie Pustinger, and other Emory staff and interns worked with ASTDD consultants these past two months to:

- Review the State Synopses questionnaire for questions to include to assist in the development of case studies and partnership analysis and request Synopses data for analysis. They drafted data collection templates to use for the review of data collected for the purpose of case study development and partnership analysis.
- Meet with consultants to discuss monthly consultant data collection forms and Community of Practice data collection tools.
- Develop and disseminate the ASTDD environmental scan previously referenced.
- Coordinate CoP survey dissemination and analysis of survey results.



### Data and Oral Health Surveillance/Diabetes Medical-Dental Integration (MDI) Technical Assistance and Training

The Data and Medical-Dental Integration (MDI) CoP with the CDC - funded states met on June 17 with 25 participants. Three states (IA, ND and OH) shared draft data briefs. ASTDD consultants and state colleagues shared feedback and guidance, discussing the data and communication elements. Extensive notes were shared with the participants.

The Basic Screening Survey (BSS) CoP met on June 16 with 12 participants. Discussion focused on 1) middle school participation in BSS, 2) state BSS status updates, 3) Illinois dental screening tool data collection additions due to funding uncertainty, 4) silver diamine fluoride (SDF) data collection in BSS, 5) standard operating procedures for BSS, and 6) application of SDF by dental hygienists [scope of practice wheel](#).

Kathy Phipps and Brooke Mehner, ASTDD data and surveillance consultants, provided TA to states for BSS or other surveillance assistance for 19.25 hours these past two months to Mississippi, Montana, Illinois, and Nebraska:

- Illinois: Analyzed data from 3<sup>rd</sup> grade BSS
- Montana: Completed standardized data brief displaying Older Adult BSS results to submit to state and provided replacement sites for Kindergarten/Head Start BSS
- Mississippi: Continued/completed 3<sup>rd</sup> grade BSS sampling
- Nebraska: Began sample design for Older Adult survey.

Kathy provided data entry for the OHRC Improving Oral Health Integration (IOHI) Environmental Scan, reviewed and requested revisions, and updated the chartbook. Brooke completed data cleaning, analyses, and reporting for the State Synopses. Barbara Park participated on calls with the National Association of Chronic

Disease Directors (NACDD) Diabetes Self-Management Education Specialist (DSMES) Network and the Diabetes Leadership Council to update them on the work being done by the CDC-funded states and to solicit their input on potential partnership opportunities. She introduced them via email to the oral health program staff in their respective states so they can have conversations about how to promote the Year 1 data briefs to diabetes partners in their states.

### **Consortium for Oral Health (COH) Update**

#### **Maternal and Child Health Bureau–Funded Oral Health Learning Collaboratives**

ASTDD consultants such as Reg Louie, Harry Goodman, Kimberlie Payne, and Kathy Phipps provide significant technical assistance to these OHRC projects every month.

#### **Building State Capacity for Integration (BSCI) Projects**

In January 2025, the COH kicked off the BSCI Learning Collaborative (LC). The LC includes five state oral health programs—Idaho, Michigan, Pennsylvania, Rhode Island, and West Virginia. The 16-month LC focuses on enhancing state capacity to integrate oral health care and prenatal care at the systems level. Each state oral health program has engaged partners including state agencies, managed care organizations, nonprofits, and coalitions to participate in project activities.

Teams began their work by completing the *Capacity Inventory for Integrating Oral Health Care into Primary Care for Pregnant Women: Tool* to evaluate systems-level capacity factors, prioritize needs, and develop action plans in selected areas to improve the integration of oral health care and prenatal care in their states. Recently, with support from COH, state teams reviewed and revised their action plans to ensure they include specific, measurable aim statements for the work ahead. State teams are addressing topics such as patient education, provider education and training, scope of practice for medical assistants, provider participation in state referral systems, and partnerships with managed-care organizations or home-visiting programs to disseminate information.

COH anticipates a second LC cohort from fall 2027 to early 2028. A call for applications will be released in spring 2026 and announced via e-mail to ASTDD members and via OHRC's monthly e-newsletter.

#### **Maternal and Child Health–Improving Oral Health Integration (MCH-IOHI) Projects**

COH also supports the MCH-IOHI LC comprising eight projects in seven states: Colorado, Connecticut, Montana, New York, South Carolina, Texas, and Wisconsin, and one jurisdiction, Puerto Rico. The projects focus on advancing the integration of preventive oral health care (POHC) into primary care to make POHC more accessible to children, adolescents, and pregnant women who are at risk for poor oral health. Projects are implementing a two-tier, state- and local-level improvement approach that addresses three core functions: 1) policy and practice, 2) education and outreach, and 3) data, analysis, and evaluation.

In May and June, COH convened a series of webinars and calls focusing on 1) trainings in projects' primary care settings, 2) project plans to enhance state oral health surveillance including plans to develop or adapt existing data dashboards, and 3) state policy-related improvement strategies and project plans for using findings from an environmental scan and capacity inventory to communicate with stakeholders and primary care sites.

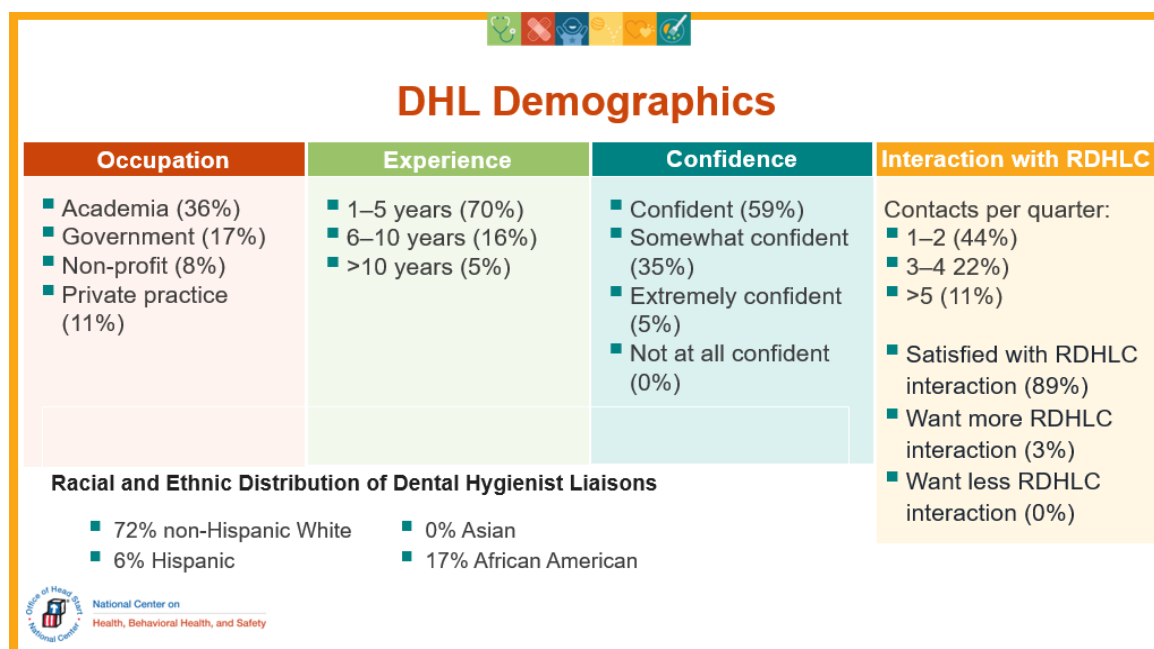
## National Center on Health, Behavioral Health, and Safety (NCHBHS)

Oral Health Team accomplishments for this past two months included:

- Lead consultants provided administrative and technical assistance to Regional DHL Coordinators (RDHLC).
- RDHLC provided mentorship to state dental hygienist liaisons (DHL) in their region and served as a contact for regional Head Start staff.
- Planned and prepared for the annual RDHLC meeting in Chicago in August.
- Planned and prepared for attendance and a DHL exhibit at the American Dental Hygienists' Association (ADHA) meeting in Long Beach, CA in August.

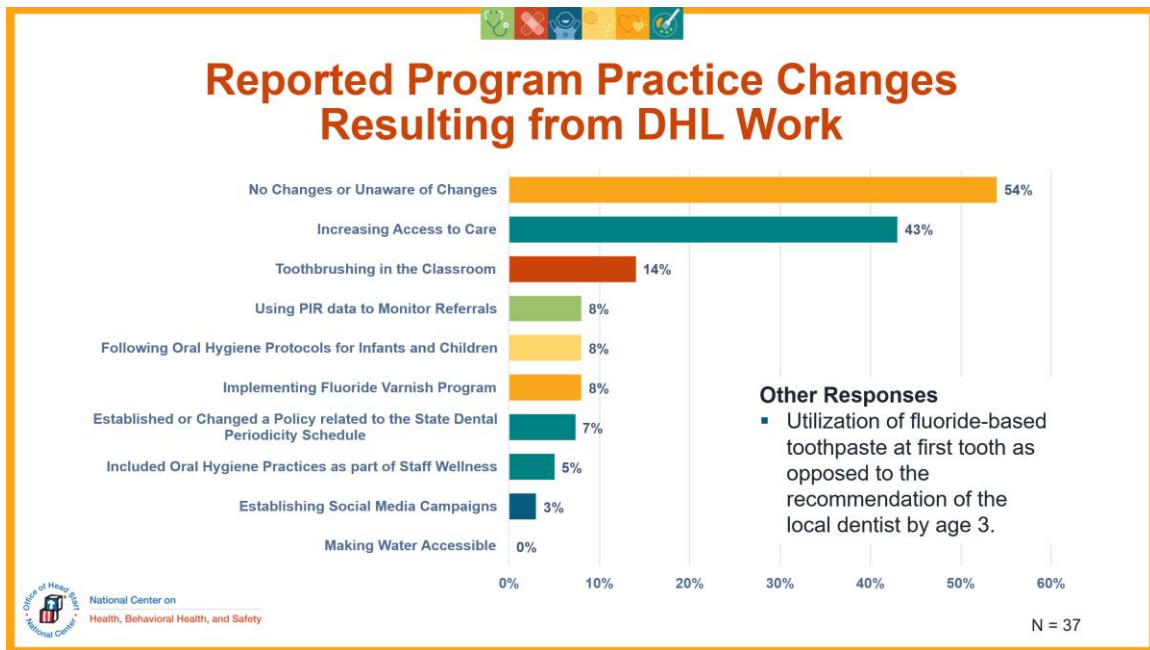
The team also conducted the 2025 DHL annual assessment. The following graphics include information from that assessment. The volunteer state DHLs provide a variety of supports to local Head Start programs, give oral health presentations, and build relationships with state level stakeholders. Active DHLs are eligible to receive an annual expense allowance not to exceed \$590 to cover costs associated with that support including supplies, travel, and association dues. RDHLCs provide mentoring and other support to the state DHLs in their region as well as to regional Head Start staff. They receive a quarterly stipend based on the hours spent in this role, not to exceed \$1,000 per quarter. With more than 60 participants in the DHL project, excellent communication is essential. A key strategy to ensure effective and efficient communication between the DHLs and project leadership involves conducting an annual assessment. Findings from the annual assessment serve to inform the oral health leadership team how they can further strengthen the project and support DHLs.

**Demographics**-Demographic highlights from the 2025 annual assessment include occupation, experience, confidence, and interaction with RDHLCs.

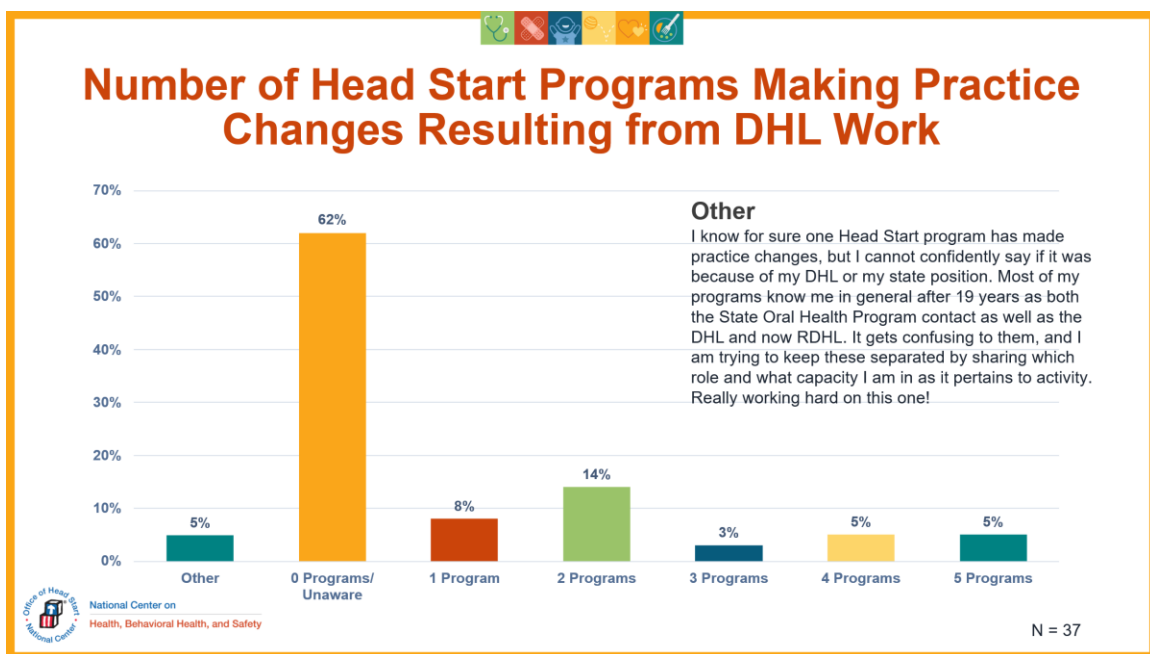




**Practice Changes** -DHLs reported a variety of positive practice changes as a result of their involvement with the DHL project. Program practice changes included:



**Impact Numbers**-DHLs shared that in this last programmatic year, Head Start programs are making key practice changes as a direct result from their DHL work.



**Project Satisfaction**-DHLs report that the most rewarding aspects of being a DHL are:

- ✓ Providing assistance by getting involved, giving back, and making a difference in their communities
- ✓ Providing expertise in a manner that is practical for families to adopt and incorporate into their daily lives
- ✓ Increasing oral health awareness
- ✓ Improving access to care
- ✓ Connecting/networking with other DHLs.

**Key Quotes**

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*"I absolutely love knowing I am a resource for those in need."*

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*"It is a great feeling to help and support our communities towards better oral health. It is also great to connect with fellow hygienists that have a passion to do similar work."*

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**U.S. Territories and Freely Associated States**

**Republic of Marshall Islands Silver Diamine Fluoride (SDF) and Fluoride Varnish (FV) Training and Technical Assistance (May 19-21, 2025)**



Ohnmar Tut, ASTDD Oral Health Consultant for U.S. Affiliated Pacific Islands and Peter Milgrom, Emeritus Professor of Oral Health Sciences, University of Washington, served as faculty for this recent training in the Marshall Islands Resort, Majuro. The objective was to provide didactic and hands-on clinical training in the use of SDF and FV. The training provided:

- 1) didactic training on SDF and FV
- 2) laboratory exercise in the application of SDF and FV on tooth models
- 3) supervised hands-on clinical training applying SDF and FV to the teeth of children from 5 to 7 years; hands-on participants practiced applications on each other and on at least 3 children.

Thirty-two participants attended the didactic training and 24 trainees attended lab work and hands-on training. These included 12 trainees from Public Health ranging from trainers to MCH and Immunization nurses and home visitors; 5 trainees (2 EDDAs and 3 DAs) from the Dental Department, Majuro; and only 1 trainee from Ebeye CHC as 3 other trainees missed their flights; 6 trainees from the Women's Organization, Marshall Islands.

All trainees took a written assessment on Day 3 after the training. All trainees demonstrated increased knowledge of SDF and skills in applying SDF and FV. Their evaluation of the training was highly positive and appreciative. The Acting Secretary of Health presented the Certificates of Completion on SDF and FV training. All trained clinical participants are anticipated to explore incorporating SDF and FV into their respective clinical



practices, thus enhancing access to oral health care. In addition, possible follow-up training for adult application of SDF and FV would be explored.

This short-term training/technical assistance was supported by multiple sponsors:

- Ministry of Health, RMI
- ASTDD
- Oral Health Resource Center/Maternal and Child Health Bureau
- Pacific Islands Primary Care Association.

***Send any questions, comments, or articles to Bev Isman at [bev.isman@comcast.net](mailto:bev.isman@comcast.net)***