President’s Message

We have all experienced those cataclysmic events in history when we can remember exactly where we were and what we were doing. For me, those include the JFK, RFK, MLK assassinations, and of course 911. However, there is one more moment, especially for oral health — the tragic death of Deamonte Driver, a twelve-year old child in Maryland. I didn’t hear about his death on the day he died, February 25, 2007, but read about it three days later in the Washington Post. The article, For Want of A Dentist, by Mary Otto, chronicled the tortuous journey that Deamonte traveled during his last few weeks as a result of a dental abscess. The article shocked the oral health world, as readers could not believe that a child had died from a dental infection, in the middle of the health care epicenter. I cried for the loss of Deamonte, but I also was distraught that my profession was not able to prevent this tragedy. However, it wasn’t the science of dentistry, but moreover the breakdowns in the dental care system—a societal problem where oral health is not regarded as having the same value as general health.

Deamonte did not die in vain, as numerous reforms were made not only in Maryland but throughout the nation.

I haven’t written a book report since high school, but I heartily recommend Mary Otto’s new book, Teeth, as it provides an accurate and balanced description of history and events that have given us the current oral health system that is separated from the medical system. We have separate delivery of care systems where dentists practice mostly in isolation from the medical system. Dental insurance is completely different, where adult dental Medicaid is “optional” for states. Does this mean that care for a dental abscess is optional whereas an abscess in the leg is regarded as a medical necessity? Medicare has its own definition of medically necessary care and does not include coverage for regular dental care. Consequently, millions of adults, including those in residential facilities, go without dental care, resulting in pain, infection, and yes, death.

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President’s Message

continued

The book flows like the placement of a sealant, as Mary walks us through the origin of dentistry and how it became separate from medicine. She describes how this historic separation evolved into the system we currently have where only 60% of adults have dental insurance and where consumers do not recognize the value of oral health and its importance for overall health and quality of life. In a recent conference, the administrator for an emerging community dental clinic was describing how she relied on contributions to buy an autoclave! Can you imagine a medical clinic having to do the same?

Many of you have recently returned from the National Oral Health Conference where you learned about the importance of storytelling as an effective strategy to advocate for oral health. You also learned about the epidemic of street drugs and its relevance not only for oral health but preventing fatal overdoses. You learned about the use of emergency departments that do not provide appropriate dental care to meet the needs of patients. Yet we live in a time where large hospital systems are lavishly purchasing private medical practices to provide value-based payment models. We continue to make progress, as evidenced by the reduction in disease, but we know that there is much more to be done. I urge you to read Mary’s book, as it will provide further inspiration for your efforts.

Executive Director’s Message

Thank you to everyone who attended the 2017 National Oral Health Conference in Albuquerque! Attendance broke all previous records, with 918 people registered for the conference and 34 exhibitors.

ASTDD was well represented during the entire conference. We sponsored three preconference sessions: Dynamic Group Facilitation; Project Management; and Conducting a Successful Older Adult Survey. All were well attended. In addition, Bev Isman, ASTDD Cooperative Agreements Manager, co-facilitated a 3-hour grant-writing course sponsored by the American Association for Community Dental Programs (AACDP).

On Sunday afternoon we held the annual ASTDD Luncheon, Business Meeting, Awards and Member Sharing session. Due to the large number of registrants for this session (more than 120, another record!), it had to be moved to a larger room. During the luncheon, attendees heard a presentation highlighting the work ASTDD has done in the past year and how that work relates to our strategic plan (the PowerPoint is posted in the Members Only section of the ASTDD website). President Greg McClure opened the meeting by welcoming everyone and then recognized several members and colleagues who have recently retired or who will be retiring soon. He then acknowledged the work of six Dental Public Health residents who have worked on ASTDD projects this past year. They included Saad Hamed Alqahtani for the white paper on Oral Health and Primary Care; Eman Bakjurji for the Fluoride Varnish Survey in Schools and analysis; Jennifer Domagalski and Rachel King for the State Oral Health Programs: Make them Part of your Public Health Experience and Future Career handout; Zeeshan Raja for initial work on an update to the Access to Oral Health Care Services: Workforce Development Best Practice Approach Report; and Lyubov Slashcheva for the Silver Diamine Fluoride Fact Sheet.

During the business meeting, Robin Miller, RDH, MPH (VT) was elected as Treasurer and Pierre Cartier, DMD, MPH, (DC) was elected as Director. John Welby, MS, was nominated from the floor for the Associate Member Director position and subsequently, due to the withdrawal of Wendy Frosh as a nominee, he was elected by default.

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All in all, it was a very busy, productive, and educational week. We missed those of you who couldn’t attend and hope you save the dates (April 16-18, 2018 in Louisville, KY) now for the 2018 NOHC, which will also be ASTDD’s 70th anniversary!

Elections were followed by the ASTDD awards ceremony during which Bob D. Russell, DDS, MPH received the Outstanding Achievement Award; Bradley Whistler, DMD was awarded the Distinguished Service Award; Greg McClure presented the President’s Award to Norman Tinanoff, DDS, MS; and Fluoridation Merit Awards were given to William D. Bailey, DDS, MPH, Scott M. Presson, DDS, MPH, and the Santa Clara Valley Water District.

After the business meeting we convened the annual ASTDD member/associate member sharing session. Attendees could participate in discussion on one of nine topics: Use of ASTDD Resources; Silver Diamine Fluoride; Quality Improvement and State Oral Health Programs; Using the Community Eligibility Provision (CEP) for BSS and School-based Prevention Program Planning; Demonstrating the “Value Add” of Oral Health by Supporting Population-Based Chronic Disease Priorities in States and Communities; HI-5! Moving toward High-impact Strategies for Improving Population Health; ASTDD Best Practice Resources; Children’s Dental Health Project National Sealant Workgroup Recommendations; or National Performance Measure 13.

During the ASTDD business meeting, Lori Cofano, consultant to the ASTDD Best Practices committee and Judy Feinstein, consultant to the ASTDD Dental Public Health Resources committee, slipped away to provide a brief presentation to DPH Residency Program directors on how residents can work with ASTDD to meet their residency program requirements.

Monday’s roundtable lunch and learn sessions featuring ASTDD committee members or consultants included: HI-5! Moving Toward High-impact Strategies for Improving Population Health; A Review of the Revised Head Start Program Performance Standards Relevant to Oral Health; Social Media: Getting Started, Raising Your Profile; Communicating About Oral Health: The Right Messages, the Right Tools; School-based Fluoride Varnish Programs Catalog; the Cook Children’s Save a Smile Program and the ASTDD Best Practice Framework.

Monday’s events ended with ASTDD Fluoridation consultant, LeeAnn Hoaglin-Cooper presenting a Fluoridation Rollback Database Poster.

On Tuesday morning, ASTDD sponsored a very interesting plenary session, “A Snapshot of Street and Prescription Drug Abuse,” featuring Harold Crossley, DDS, MS, PhD.

The Tuesday National Organizations roundtable luncheon and learn session was moderated by Bev Isman, while the ASTDD table was facilitated by Kimberlie Yineman and Cathy Taylor-Osborne.

A number of ASTDD committees sponsored concurrent sessions including: Implementing an Oral Health Program for Older Adults in Your Community: A Seminar Illustrating the Latest Interactive Resources from the Department of Health and Human Services; The VIEW on School-Based Oral Health: The Whole School, Whole Community, Whole Child Model; Perinatal Oral Health and Title V National Performance Measure 13: a Closer Look at the Rationale, Adoption, and Strategies from both National and State Perspectives; and “The End of Big:” Adapting Health Communications to a Rapidly Changing, Decentralized Online Environment.

All in all, it was a very busy, productive, and educational week. We missed those of you who couldn’t attend and hope you save the dates (April 16-18, 2018 in Louisville, KY) now for the 2018 NOHC, which will also be ASTDD’s 70th anniversary!
Hafa Adai from the beautiful island of Saipan.

When Angelica Sabino returned to Saipan in October 2016, it seemed as if her life had come full circle. She grew up and graduated from Marianas High School on Saipan, and she then found herself continuing some of the work her dad started 50 years ago. Angelica is the daughter of a Chinese immigrant mother from the Philippines and a Sonsorolese dad from Palau. Her dad received his dental degree (DDS) at University of the Philippines at the time she was born. He brought his new family to Yap and then Saipan, where he eventually settled. His work as a public health dentist on both islands had a profound influence on her family.

Her father, with his tireless efforts to promote fluoridation and sealant programs, and her mother, with her work as a teacher, created a strong work ethic in their children. Angelica and her two younger sisters followed in their father’s footsteps, also becoming dentists. They each attended the University of Minnesota, where their father received his Master in Public Health degree, and the girls earning their dental degrees. Her sisters both became Oral and Maxillofacial Surgeons and later trained other OMFS residents. Angelica took the traditional route after graduation, working as a general dentist, though public health and pediatric dentistry continued to interest her. She lived in Georgia for the next 22 years, where she worked as an independent contractor dentist and even harder as mom to her three children — Christopher 28, Geena 22, and Jacob 14.

The turning point in her career came in the summer of 2016. She was just 10 months into a new job in corporate dentistry when she and her three children visited her mother in Saipan to celebrate her mother’s 50th birthday. The CEO of Commonwealth Healthcare Center, who happened to be her high school friend, asked to meet with her. Little did she know that at that meeting she would be persuaded to turn in her resignation in Georgia and return to Saipan to work as a public health dentist, as her father once had. In fact, she would return to the old desk her father once sat in and to the clinic staff who once worked with her father.

According to Angelica, “It has been quite a transition from private practice. I had to change not only my clinical skills, but also my mental approach to dentistry and oral care. I had to put away the skills of doing restorative work such as crowns, bridges and implants and instead polish my pediatric skills of pulpotomies, stainless steel crowns and extractions. I had to adjust to the crying and kicking that often comes with pediatric dentistry. I found myself with the desire to focus on preventive public health dentistry. The idea of finding innovative ways to make oral care more accessible excited me more than I imagined.”

This new excitement was fueled by the invitation to be a part of a Title V NPM 13 Community of Learning and eventually becoming a member of ASTDD as the dental director of the Oral Health Program at the Commonwealth Healthcare Center located on the beautiful island of Saipan, Mariana Islands. During the short time working in her childhood home, she has observed that, though her father’s work continues on the island through the fluoride and sealant programs, she still sees rampant decay in many children. In questioning children with no cavities, she has found that their mothers are the source of their good oral hygiene and lack of cavities. Her goal is to provide oral care education and preventive treatment to pregnant women, making it a part of their prenatal visits. She believes that by targeting the pregnant moms, who will in turn educate their children on oral care, she will see a decrease in the rampant decay among children in the CNMI. Unfortunately, the Medicaid system, which covers most of her patients, does not cover preventive oral care for pregnant women. She believes that they must work to extend insurance coverage so that this underserved population will have access to oral care.
Founded in 1995, the nonprofit School-Based Health Alliance is the national voice for school-based health care. The Alliance works to improve the health of children and youth by advancing and advocating for school-based health care (SBHC), providing the field with high-quality resources, training, and the motivation and inspiration needed to excel in their work. All school health care providers, with their distinct expertise, knowledge, and experiences, work at the intersection of education and health care. By bringing services to where children are, SBHC eliminates access barriers, improves health, and builds academic gains.

It has been demonstrated unequivocally that schools play an important role in the prevention, detection, and early intervention of troubling and preventable health conditions, including childhood oral disease. The Alliance has long supported oral health services in schools and school-based health centers.

In 2011, the Alliance began a two-year project funded by Kaiser Permanente’s National Community Benefit program. Its purpose was to improve SBHC primary care providers’ oral health skills and increase their provision of oral health assessments, visual exams, tooth decay identification, varnish application, and referral and follow-up to community dentists as part of students’ well child visits.

More recently, in February 2015, the Alliance launched the initiative Strengthening School Oral Health Services and Growing the School Oral Health Learning Community, supported by the DentaQuest Foundation.

This exciting and ongoing program focuses on one of the six DQF National Oral Health 2020 Goals; incorporating oral health into the education system. The target for the Oral Health 2020 goal is the 10 largest U.S. school districts. These school districts represent more than 4 million children, including a significant number of high-need students. To advance this work, the Alliance has partnered with national, state, and local stakeholders.

The 10 largest school districts in the U.S. are:
- Broward County Public Schools (Florida)
- Chicago Public Schools (Illinois)
- Clark County School District (Nevada)
- Hawaii Department of Education (Hawaii)
- Hillsborough County Public Schools (Florida)
- Houston Independent School District
- Los Angeles Unified School District (California)
- Miami Dade County Public Schools (Florida)
- New York City Department of Education
- Puerto Rico Department of Education School District (Puerto Rico).

Currently, the Alliance has engaged seven of these school districts in a school oral health learning community: Chicago Public Schools; Clark County School District; Hillsborough County Public Schools; Houston Independent School District; Los Angeles Unified School District; Miami Dade County Public Schools; and New York City Department of Education. Thanks to support from The Duke Endowment, five additional school districts are also participating in the learning community, bringing the number of school district partnerships to 12. The Duke Endowment-supported school districts are: Allendale School District (South Carolina); Clarendon School District One (South Carolina); Clarendon School District Two (South Carolina); Dillon School District (South Carolina); and Montgomery County Public Schools (North Carolina). The Alliance will be recruiting new school districts to join the learning community in Fall 2017.
The Alliance’s project activities include:

- Developing a school oral health learning community of partners and stakeholders from the 10 school districts. Participating school oral health teams are working to increase the consent and utilization rates of their school oral health services.

- Defining a set of core components for school oral health.

- Creating, testing, and revising an online data collection tool to measure successes of the work in the learning community.

- Creating a web-based Oral Health Resource Library to provide a single point of entry to school oral health tools, resources, and organizations.

- Developing a strategic document on the policy, finance, and sustainability of school oral health programs.

To date, each of the 12 school district teams assembled their local school oral health work group. School district teams participated in group learning webinars and monthly calls, and developed their unique work plan and success measures. All teams stay connected through monthly conference calls and a group online networking platform. In September 2016, the Alliance and other Oral Health 2020 Network partners held a national convening of school oral health stakeholders, including members from each of the Alliance’s learning community teams. The second school oral health convening occurred June 18, 2017.

In addition to these grant-funded initiatives, the Alliance continues to host a wide variety of oral health-focused webinars, as well as oral health workshops at its annual convenings.

For more information about the Alliance’s oral health initiatives, please contact Donna Behrens (dbehrens@sbh4all.org), director of school oral health services for the School-Based Health Alliance, or visit www.sbh4all.org.
1. What sparked your interest to become a dental hygienist and how did you become involved in dental public health?

I began my career in public health as a nutritionist in 1996. Shortly after receiving my undergraduate degree in Nutrition and Food Sciences from Texas State University, I volunteered with an Early Head Start program in Austin, Texas. My role was to assess the nutritional status of infants and toddlers enrolled in their home-based program. When visually assessing for nutritional deficiencies, the soft tissues of the oral cavity are the primary areas of assessment. It was during this time in my career when I had my first “aha moment” about the important connection between oral health and overall health. This spawned my interest in oral health and eventually led to my earning a dental hygiene degree from the University of Texas Health Science Center at San Antonio (UT Health San Antonio) in 2003. While I was volunteering with Early Head Start, I also realized that the most effective prevention strategies for reducing chronic diseases start very early in life. So, I simultaneously developed a passion for working with underserved pregnant women and children younger than five.

2. How does your educational and professional background support your work with ASTDD?

I was offered a clinical faculty position at UT Health San Antonio in 2004, where I taught part-time until 2008. In 2006, the health department in San Antonio received a grant from the Office of Head Start to provide oral health education and preventive services for the San Antonio Head Start program, which served nearly 6,800 children and families. I was thrilled when I was hired as the consultant to oversee the grant because I was able to come “full-circle” and work with Head Start once again. We developed a nationally recognized comprehensive school-based program that included oral health education for parents, teachers, and staff; on-site dental exams, referrals, fluoride varnish; and implementation of a case management program that ensured Head Start children received dental treatment when needed. I moved back to Austin in 2008, but continued to manage the program until 2013.

I joined the Dental Hygiene Department at Austin Community College when I moved back to Austin. I am now an Associate Professor and the Clinic Coordinator for first-year dental hygiene students. I also teach Community Dentistry and Applied Community Dentistry. Recognizing the critical importance of establishing healthy habits at home during pregnancy and early childhood, I became interested in learning how to apply best practices in health education, promotion, and literacy. This led me to graduate school, where I earned a Master of Health Education with an emphasis in community health from Texas State University in 2013.

3. Explain your responsibilities as a consultant for ASTDD.

In 2010, I was hired by ASTDD as a consultant under a cooperative agreement with the Maternal and Child Health Bureau (MCHB) and to form an early childhood oral health workgroup (EC workgroup). ASTDD entered into a contract with the National Maternal and Child Oral Health Resource Center (OHRC) at Georgetown University in 2011 to oversee the oral health component of a newly formed Office of Head Start national center called the National Center on Health (now called the National Center on Early Childhood Health and Wellness or NCECHW). With this funding, the EC workgroup became the Early Childhood Oral Health Committee (EC) and has been chaired by Christine Farrell since its inception. Our primary scope of work is to support NCECHW oral health activities. The NCECHW is led by the American Academy of Pediatrics (AAP) and is funded by the Office of Head Start, MCHB, and the Office of Child Care. It provides

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3. Explain your responsibilities as a consultant for ASTDD, cont’d.

training and technical assistance to improve health and wellness services within early childhood education (ECE) settings. In partnership with the American Dental Hygienists’ Association, Kathy Geurink and I initiated the NCECHW Dental Hygienist Liaison (DHL) Project in 2012, and I became the lead DHL coordinator in 2016. This project identifies a dental hygienist in each state and the District of Columbia who voluntarily serves as an oral health liaison between the NCECHW and Early Childhood Education (ECE) programs within the state. Examples of DHL activities include sharing NCECHW oral health resources, providing presentations at the state and local level, assisting ECE programs find dental care, collaborating with stakeholders around their state, serving on committees, and providing technical assistance. To learn more about the DHL project or to locate the DHL in your state, visit our webpage at http://www.astdd.org/head-start-state-dental-hygienist-liaisons-information.

4. What do you like most about being a consultant for ASTDD?

I feel like the members of the EC, ASTDD staff and leadership, and the DHLs have become like extended family. The friendship, collaboration and support I receive on a daily basis are definitely what I appreciate most about working with ASTDD. Additionally, working on the DHL project has provided me with the opportunity to collaborate and learn about the amazing work these dental hygienists are doing all over the country to improve the oral health of children and families. ASTDD is so well organized and provides a phenomenal amount of information and resources. I am constantly learning from my ASTDD colleagues, which helps inform my work in both public health and dental hygiene education.

5. What would you like to accomplish over the next twelve months as a consultant for ASTDD?

I have several goals for the upcoming year, which include increasing the visibility of the DHL project through networking and publications and providing relevant, high-quality resources and tools for the DHLs to advance their work. The EC is also committed to providing resources that serve to promote increased oral health education and implementation of daily oral health practices in home visiting programs. In 2014, we published an environmental scan, Oral Health Educational Resources for Early Head Start and Head Start Home Visitors and Families, and we are currently working on updating this resource guide for state oral health programs and others working in dental public health.

6. Anything else you would like to add?

I got married nearly two years ago. My spouse and I live in south/central Austin, and we enjoy live music, good food, friends and our four rescue pets (our “children”). I feel so fortunate that I get to do what I love for a living. I can’t thank ASTDD enough and I am looking forward to what the future brings!
Teledentistry will allow dentists to cover a larger geographic area, including isolated and rural areas, than is currently feasible. This is an important advancement for Missouri, which has a problem with access to dental care.
Dr. Johnny Johnson is a private practice pediatric dentist from Palm Harbor, FL. He received his dental degree from the University of Florida in Gainesville, FL, and his pediatric dental certificate and M.S. degree from the University of North Carolina at Chapel Hill.

Dr. Johnson was in a career-ending bicycle accident in 2002. In 2009, his right dominant wrist required full fusion and his clinical days were over. There was a serious void in his life that could not be filled easily.

At a time when he was ready to give back to his community after 30 years of practice, he had to find something to challenge him. That opportunity came unexpectedly through a water fluoridation challenge in Pinellas County, Florida where he lived in 2011.

A group of dentists attended a Pinellas County Commission budget hearing where fluoridation was to be discussed. This county had been fluoridated since 2003, so they were there to encourage them to continue. Little did they know, community water fluoridation (CWF) was under attack by the anti-fluoridationists, and it was under the radar. The people who were opposed to fluoridation showed up in force. When the topic of fluoridation was brought up, the opponents went on a tirade of public comments decrying the health harms and infringement upon their rights caused by CWF. Their heated testimony went on for nearly three boisterous hours, while the dentists presented the evidence-based, credibly conducted science, which overwhelmingly supports CWF. At the end of this discussion, and with four of seven members of the commission obviously opposed to CWF, a quick vote was taken. They voted to cease CWF October 4, 2011, by a vote of four to three.

The wish for a new direction in using his dental training and career was granted on that date. According to Dr. Johnson, “After my bicycle accident, when I totally separated my shoulder, cracked my helmet, and tore ligaments in my wrist, I was lost and a bit depressed. I had a conversation with my pastor one day, talking about where I was emotionally and spiritually. He said to me ‘Johnny, God didn’t push you off your bicycle. Open your eyes. He has laid out opportunities before you.’”

With his background of research in fluoride content in infant formulas, fluoride, and fluoridation at UNC, Dr. Johnson was approached to be the liaison of the re-fluoridation group that had been formed to attempt to return CWF. While Dr. Johnson was not one to speak in front of crowds, the vote to cease CWF to more than 700,000 residents in Pinellas County angered him into action. What ensued was a six-month educational project to help the four who voted it out learn the science that they said that they did not know. During that educational period, one thing became abundantly clear; this was a political move not one of misunderstanding the science.

At that point, the re-fluoridation group agreed that with two of the four negative voting commissioners up for re-election, they would seek out qualified candidates that were supportive of CWF to return it to Pinellas County. At the general election in 2012, the two incumbents were solidly voted out of office solely on their position against CWF. The third commissioner was later voted out, and the fourth changed his position. Fifteen months after CWF had been ceased, the tap was turned back on in Pinellas County.

With that effort, Dr. Johnson had found a new direction in public health. He became an accidental spokesman for CWF. After requests to help others learn how this had transpired in Pinellas County and involvement with others who fought to defend CWF, re-start, and initiate it, he and four other CWF advocates formed the American Fluoridation Society (AFS). The purpose of this group is to defend, protect, and initiate CWF across the U.S. They also provide “boots on the ground” when expert testimony is needed in challenged communities.

According to Johnson, “I have found my new career. My hands may not be able to do what I want them to, but my mouth still works. We (AFS) will not allow the opponents to harm our families.”

The AFS is an all-volunteer group of five Board of Directors who receive funding from foundations for travel to a community in need, a place to sleep, and a sandwich. They do not accept a penny for their efforts.

Water fluoridation is the foundation for better oral and physical health.

www.AmericanFluoridationSociety.org

“I have found my new career. My hands may not be able to do what I want them to, but my mouth still works. We (AFS) will not allow the opponents to harm our families.”
March and April were frantic months for us as we prepared for the National Oral Health Conference, wrote our Annual ASTDD Report, held three webinars and submitted our continuation application (progress report, work plan and budget) for year 05 of our cooperative agreement. May was a bit quieter as we all recuperated and only did one webinar. Since Chris already discussed the NOHC sessions conducted or sponsored by committees, I won’t report them in my column.

**Healthy Aging Committee (HAC)**

HAC sponsored a webinar on March 22. View the recording [Data Sources: Where to Uncover Oral Health Information for Older Adults, PowerPoint Slides](#) and an [infographic template](#) on the ASTDD website.

**School and Adolescent Oral Health Committee (SAOHC)**

The SAOHC announced the completion of the School Health BPAR at NOHC titled, *Improving the Oral Health of Children through the Whole School, Whole Community Whole Child Model*. Fourteen members of the committee held a face-to-face meeting at the NOHC. Kathy Geurink, consultant, helped develop a session on Community Partners for the School Based Health Alliance Learning Collaborative Pre-Conference for June 18, 2017 and she is serving on the Design Team for the DQF sponsored meeting. The SAOHC has helped to create an oral health resource list for approval by CDC to be included in the CDC online School Health Resource Guide. The National Association of Chronic Disease Directors (NACDD) has released an expansion of the School Health Online Resource Guide ([http://www.nacdd1305.org/schoolhealth/](http://www.nacdd1305.org/schoolhealth/)). The new updates primarily include content for oral health and additional resources for seizure disorders to assist efforts regarding the management and care of chronic conditions in schools. NACDD’s School Health Online Resource Guide is designed to help all states in the implementation of school health strategies and performance measures for Domains 2 and 4 of the 1305 State Public Health Actions federal grant, funded by the CDC. It is targeted to state health and education departments implementing CDC FOA-1305 (Domains 2 & 4) although valuable for all school-related work in nutrition, physical education and physical activity, and/or the management and care of chronic conditions. The resource guide includes key resources and policy guidance, example activities, strategies and tools to support school health partnerships with information on the Whole School, Whole Community, Whole Child model, an interactive school environment to access model and sample policies, and more.

**Data Committee (DC)**

Since the last column, Mike Manz has provided BSS or oral health surveillance TA to MI, LA, FL and NV. Kathy Phipps has provided TA to HI, OR, AR NE, IA, CT, NV, WA, NH, MT, TX and KS. The State Synopses TA was provided by email, phone and in-person at the NOHC. Mike and Kathy have started reviewing the Child BSS Manual for possible updates, and an “expert” panel met at NOHC to discuss how to deal with the confusing issue of possibly arrested carious lesions. States finished submitting the State Synopses forms, and Kathy Phipps entered and analyzed data and created the [Summary Report](#) posted on the Data Committee webpage and completed the State report (100+ pages) available in the members only section of the website.

A workgroup of the Data and Communication Committees developed *Turning Data into Action: A Seven-Part Webinar Series for State Oral Health Programs*. See the related article for the topics and times.

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The FC completed the fluoridation awards and created a fantastic PowerPoint with great slides of animals in or drinking water. View them in the members only section of the website. Also check out the new Silver Diamine Fluoride Fact Sheet; it was so popular we ran out of copies at the exhibit table! LeeAnn has also been assisting CDC in a technical, in depth review of their future online fluoridation-training program for water operators. The FC will be releasing an Enamel Fluorosis Issue Brief this summer.

Dental Public Health Resources Committee (DPHRC)
The DPHRC recently posted a new White Paper, Integrating Oral Health with Primary Health Care and ASTDD Guidance for Drafting Dental Public Health Resource Documents to assist anyone who serves as an author for ASTDD documents. Look for an upcoming HPV and Oral Cancer White Paper. Lori Cofano and Judy Feinstein met with the residency directors to discuss how they can involve their DPH residents in ASTDD activities and projects.

Communications Committee (CC)
Bill Zillmer of Anunci Creative Group, LLC did an amazing job on the cover design and layout of the 2016 ASTDD Annual Report that was distributed to partners, to members during the business meeting, and at the exhibit booth. You can also read it on the ASTDD website. The presenters at our Communication Challenges roundtable at the NOHC reviewed and used our Communication Planning Template to help participants plan and evaluate their communication strategies. We are providing TA to the CA state oral health program to use this template with their state oral health plan and their oral disease burden document.

State Development and Enhancement Committee (SDEC)
We did quite a bit of analysis on mentoring, leadership development and state TA to incorporate into the CDC continuation application. Most of our consultants also met with state program directors and staff at the NOHC to answer questions and provide TA. David Cappelli distributed copies of our State Oral Health Programs: Make Them Part of Your Public Health Experience and Future Career and the White Paper on Dental Public Health Residencies at the Residency Directors meeting.

Perinatal Oral Health Committee (POHC)
The POHC sponsored the webinar Give You and Your Baby A Lifetime Of Healthy Teeth on March 15, which provided a look at the new, free perinatal oral health educational module available through wichealth.org. Katrina Holt and Reg Louie presented at the Pacific Jurisdictions MCH Title V Technical Assistance Meeting sponsored by MCHB in San Francisco on May 1-5. In addition to the Pacific jurisdictions, Title V staff from the U.S. Virgin Islands participated. Their presentation focused on NPM13 and provided targeted TA to individual jurisdictions. Chris Wood continues to serve on the Leadership Team and Reg Louie on the Learning Collaborative Team (LCT), providing technical assistance to the MCHB Perinatal and Infant Oral Health Quality Initiative. Reg attended the PIOHQI grantee face-to-face meeting in Washington, DC on April 4-5th and the Learning Collaborative Team meeting on April 6th (see Recent Meetings beginning on page 20). Reg continued to assist in drafting and reviewing materials for the PIOHQI final contract deliverable to MCHB. Reg will be also be responsible for organizing and continuing on page 13...
conducting the July grantee webinar learning session. Reg participated in three LCT calls and has maintained contact with his CA “buddy state” and scheduled a “buddy call” with MA.

**Early Childhood Committee (ECC)**
See separate article on the NCECHW

**Chronic Disease Coordination Workgroup (CDCW)**
Barb Park, assisted by Carissa Beatty, convened a meeting of the Chronic Disease Collaborative Workgroup to review and discuss outcomes and performance measures for the CDCW Logic Model and Workplan. She also communicated and met with University of Iowa Prevention Research Center and Dental School faculty to obtain preliminary results of the three surveys they sent to state oral health and chronic disease program directors and local oral health programs and to plan for follow-up interviews.

**Evaluation Consultants**
Mary Davis led the April 12 webinar, *Adopting Performance Management Strategies to Improve Oral Health in Your State*, and she has begun to write a PM/QI toolkit for state oral health programs. Both Mary and Carissa Beatty met with Marcia Parker, CDC Program Services lead staff, and Nital Patel, CDC evaluation staff, at the NOHC to identify opportunities for alignment and collaboration in providing evaluation TA to states. Carissa helped to draft interview questions for acquiring feedback from writers of ASTDD documents, especially DPH residents. She formulated the interview guide and conducted phone interviews with past student writers of ASTDD publications. The report will be used by ASTDD to identify opportunities to make writing experiences more beneficial for students and workgroups/committees.

**Oral Cancer and Tobacco Issues Consultant**
Chris Veschusio serves on the Association of State and Territorial Health Officials (ASTHO) Tobacco Issues Forum. She has been working to more fully integrate tobacco strategies and oral cancer issues into the four Chronic Disease Domains.

**Emergency Department (ED) Project funded by DentaQuest Foundation**
Mike Manz and Kathy Phipps have been focusing on preparation of a toolkit for data collection, analysis, and reporting on emergency department use for non-traumatic oral health conditions.
The National Maternal and Child Oral Health Resource Center serves as oral health lead for the National Center for Early Childhood Health and Wellness (NCECHW), and ASTDD coordinates the dental hygienist liaison (DHL) project.

**Health Care Institute, April 12, 2017, Albuquerque, NM**

NCECHW oral health staff and regional dental hygienist liaison (DHL) coordinators participated in the Health Care Institute (HCI). Two staff members from each of 30 Head Start programs from across the country and 11 regional Head Start health specialists attended HCI. Each year, HCI provides in-person training on a specific health topic, and this year’s focus was on oral health. The regional DHL coordinators presented important oral health information related to pregnancy and early childhood. It is expected that Head Start staff who attended the institute will use this information to provide trainings to parents of children enrolled in their programs. The regional DHL coordinators and regional Head Start health specialists also helped each program within their region develop individualized action plans to accomplish desired goals. In addition, HCI provided a wonderful opportunity for the regional DHL coordinators to network with their regional Head Start health specialist and work with Head Start program staff.


Several DHLs attended the National Oral Health Conference and networked at a reception hosted by the National Maternal and Child Oral Health Resource Center, ASTDD, and the American Dental Hygienists’ Association (ADHA). ADHA president, Betty Kabel, and ADHA governmental affairs director, Ann Lynn, thanked the DHLs for all of their contributions to improving the oral health of pregnant women and young children and their families. Katrina Holt and Michelle Landrum presented a roundtable, A Review of the Revised Head Start Program Performance Standards Relevant to Oral Health, at the conference.

**Illinois Head Start Association Health Institute Regional New Health Managers Orientation, May 2, 2017, Oak Brook, IL**

Diane Flanagan, regional DHL coordinator, gave a presentation, on behalf of NCECHW that focused on improving health managers’ understanding of oral health issues. She reviewed the Head Start oral-health-related program performance standards and described prevention and treatment of oral diseases for pregnant women and young children.

**Collaboration**

Katrina Holt and Michelle Landrum serve on the national advisory committee for Oral Health America’s Early Childhood Caries Prevention Project funded by Ronald McDonald House Charities. Diane Flanagan, regional DHL coordinator, attended the projects’ planning meeting held on March 28–29, 2017, in Oak Brook, IL.

**Resources**

Check out two recent issues of *Brush Up on Oral Health*, with the April issue focusing on oral injuries to the face and mouth and the May issue focusing on oral health in adults and its impact on staff wellness.

*continued on page 15*
Turning Data into Action

A Seven-Part Webinar Series for State Oral Health Programs

In the last decade, there has been a substantial increase in the availability of oral health data. The Behavioral Risk Factor Surveillance System (BRFSS), Pregnancy Risk Assessment Monitoring System (PRAMS) and Youth Risk Behavior Surveillance System (YRBS) contain oral health questions and most states are collecting information on the oral health of children using the Basic Screening Survey (BSS) protocol. Data, however, only matters if it translates into action. In other words, states should measure, and then based on the results, act. Using examples from a variety of states, this webinar series will provide information on the importance of data dissemination, methods for data dissemination and how oral health data can be used to shape policy. Please join us for one or all webinars of this seven-part series or view the recordings and slides on the website.

Thursday, May 18, 3:00-4:00 ET
Turning data into action: the importance of data dissemination. ASTDD’s Data and Surveillance Coordinator, Kathy Phipps, presented an overview of why data dissemination is important and why it’s a key component of any surveillance system.

Thursday, June 1, 3:00-4:00 ET
Developing and using state oral health data reports. Representatives from Hawaii and Vermont discussed how they developed their oral health reports and how they have used the reports for program planning, program evaluation and advocacy.

Thursday, June 15, 3:00-4:00 ET
Using the CDC oral health data portal to visually depict oral health data. CDC Division of Oral Health staffer, Valerie Robison, demonstrated how to use the data portal portion of CDC’s Oral Health Data web platform for data analysis, visualization and export.

Thursday, June 29, 3:00-4:00 ET
Infographics – a practical tool for data dissemination. Carole Stampfel from the Association of Maternal & Child Health Programs provided an introduction to infographics including what they are, how they can be used and how they should be developed.

Thursday, July 27, 3:00-4:00 ET
Web-based oral health data systems – state examples. Representatives from Colorado, Minnesota and Wisconsin will discuss how they developed their web-based data systems with special emphasis on the target audience and necessary resources.

Thursday, August 3, 3:00-4:00 ET
Oral health infographics – state examples. Representatives from Arizona and New Hampshire will discuss how they developed and used oral health specific infographics.

Thursday, August 10, 3:00-4:00 ET
Using coalitions and partners to spread the message. Representatives from the Children’s Health Alliance of Wisconsin and Washington Dental Service Foundation will talk about how to use outsides partners for data dissemination and advocacy.
Summary Of ASTDD Sharing Session Roundtable Discussions On April 23, 2017

Use of ASTDD Resources:
Facilitators Lori Cofano, Judy Feinstein, Greg McClure, Steve Geiermann
The group discussed the Best Practice (BP) Project’s forms and submission process and the process for developing white papers and how the subject matter is selected, developed and reviewed. They discussed the intended uses of the documents and stressed the importance of documentation of resources and references. Dr. Tonya Fuqua and Becki Hale from Cook Children’s Save a Smile Program shared how they developed Promising and Evidence-based Practices information sheets (PEP) for Dental Health, Substance Abuse, Asthma, Mental Health and Obesity. Their PEP quotes the ASTDD Introduction to Best Practices and links to the BP webpage.

Silver Diamine Fluoride:
Facilitators LeeAnn Hoaglin Cooper and Bruce Austin
Discussion focused on the new ASTDD SDF Fact Sheet. The discussion included the pros and cons of SDF application and that it is useful for caries arrest of any tooth surface, at any age. The comparison of the darkening of teeth with SDF to “scarring” of teeth was noted. Discussion of the variability of Medicaid coverage by state was reviewed along with the variance in state rules on who can apply it. Future discussions could address how states approached their state Medicaid offices about SDF code adoption and professional concerns.

Quality Improvement and State Oral Health Programs:
Facilitator Mary Davis
Discussion focused on the need to ensure that data used for performance management is valid. Are specific measures measuring what they should be? Feedback on the proposed Performance Management toolkit included the need to include real life examples with visuals as well as various kinds of evaluation; how to align program goals with state agency goals; and making the case for performance management with leaders and programs.

Using the Community Eligibility Provision (CEP) for BSS and School-based Prevention Program Planning:
Facilitators Kathy Phipps and Kathy Geurink
The Community Eligibility Provision (CEP) is a meal service option for schools and school districts in low-income areas. Schools that adopt CEP are reimbursed using a formula based on the percentage of students participating in other specific means-tested programs. The purpose of this roundtable was to provide information on CEP and how CEP impacts:
1. sampling for a Basic Screening Survey and
2. determining if a school is eligible for school-based oral health services. CEP schools should be classified as 100% eligible in BSS sampling unless the state's department of education uses another measure of poverty, in which case that measure should be considered during the sample selection process.
If a state oral health program selects schools for school-based oral health services based on a high percent eligible for the National School Lunch Program (>= 50% eligible) than CEP schools should be classified as eligible. ASTDD will be reviewing the current guidance and revise based on NSLP eligibility to include information on CEP.
Summary Of ASTDD Sharing Session Roundtable Discussions On April 23, 2017

Demonstrating the “Value Add” of Oral Health by Supporting Population-Based Chronic Disease Priorities in States and Communities:
Facilitator Barbara Park

An overview of the work that is being conducted by the six CDC-funded DP16-1609 pilot states was provided. Barbara provided an overview of the four chronic disease domains and shared the documents that are posted on the CDC Chronic Disease website. She discussed opportunities and challenges for collaborating with State Chronic Disease programs and distributed a draft document, Aligning Oral Health Prevention and Evidence-Based Intervention Strategies to The Four Domains of Chronic Disease Prevention—Some Examples, and asked for feedback.

HI-5! Moving Toward High-Impact Strategies for Improving Population Health:
Facilitator Carissa Beatty

The health impact pyramid, a model developed by former CDC director Tom Frieden, emphasizes high-impact approaches aimed at improving population health in entire communities. CDC’s HI-5 initiative promotes community-wide approaches for which there is strong evidence of positive impacts, have the potential for a broad health impact in the span of five years, and that are cost-effective or save money. Water fluoridation is one of the public health strategies highlighted by CDC’s HI-5 initiative. For the greatest public health impact, the emphasis should be on the base of the pyramid – “Social determinants of health” and “Changing the context to make healthy choices easier.” Public health organizations can consider existing strategies and priorities, and look for opportunities to move their approaches “down the pyramid” toward addressing social determinants of health and changing the context to make healthy choices easier. The health impact pyramid can be a useful tool for introducing the public health approach to partners who may be more familiar with clinical approaches. SOHPs can educate key stakeholders on the evidence for community water fluoridation by disseminating CDC’s new online training modules on fluoridation to those who are implementing community fluoridation systems, partners who can champion policies, etc. See Health Impact in 5 Years (CDC’s HI-5 initiative) https://www.cdc.gov/policy/hst/hi5/.

CDHP National Sealant Workgroup Recommendations:
Facilitator Matt Crespin

They discussed a few of the recommendations at length (program certification and data collection) and provided some examples of incentives to drive up participation in school-based programs. They also discussed how the recommendations might help to advance their own work in states.

MCH National Performance Measure (NPM) 13:
Facilitators Reg Louie and Katrina Holt

Half of the states at the table had selected NPM13 and half did not. They discussed the common themes and action plan foci of the 31 states and jurisdictions selecting NPM13. Should a state wish, state action plans and evidence-based/-informed strategy measures can be modified in the state’s upcoming MCH Block Grant application due July 15, 2017. In addition, states NOT selecting NPM13 can work to have an oral health related state PM included in the future, e.g., based on the upcoming FY 2020 MCH statewide needs assessment, upon which the state’s five-year MCH plan should be based.
Results of Recent Surveys of State Oral Health Programs:

Communication Planning, Implementation and Evaluation Strategies

*Improvements in General Communication Strategies*

Perceptions of how much the State Oral Health Program has improved its effectiveness in communicating with each of the following groups in the past 2 years (# states) N=34, 2017 survey

<table>
<thead>
<tr>
<th>Target Groups</th>
<th>Greatly Improved</th>
<th>Somewhat Improved</th>
<th>Not improved</th>
<th>Don’t Know</th>
<th>Not a Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other public health agency programs (e.g., MCH, chronic disease, rural health)</td>
<td>11</td>
<td>18</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other state agencies (e.g., Education, Corrections, Health Financing)</td>
<td>5</td>
<td>16</td>
<td>9</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Oral health coalitions</td>
<td>14</td>
<td>12</td>
<td>5</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Other advocacy groups</td>
<td>6</td>
<td>17</td>
<td>8</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Policymakers/legislators</td>
<td>2</td>
<td>15</td>
<td>12</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Print media reporters</td>
<td>1</td>
<td>13</td>
<td>10</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>TV or radio media staff</td>
<td>3</td>
<td>10</td>
<td>8</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>General public or specific subgroups</td>
<td>4</td>
<td>17</td>
<td>9</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Community programs (e.g., schools, WIC, Head Start)</td>
<td>13</td>
<td>16</td>
<td>4</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Potential funders, (e.g., foundations, businesses)</td>
<td>3</td>
<td>13</td>
<td>10</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Oral health workforce</td>
<td>7</td>
<td>14</td>
<td>8</td>
<td>3</td>
<td>2</td>
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<tr>
<td>Other health professionals</td>
<td>4</td>
<td>24</td>
<td>4</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Dental/Dental hygiene education programs</td>
<td>8</td>
<td>16</td>
<td>8</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

States have noted many improvements. However, 21 state oral health programs don’t evaluate their communications, citing usual barriers such as funding, lack of expertise and time, no communication plan. Most usual methods for disseminating information are websites, fact sheets, newsletters, press releases and webinars. Programs have increased information technology via new website pages and “for purchase IT services,” e.g., Survey Monkey; 11 had not increased their use. IT is used for surveys and polling, data collection, videoconferences and developing graphic enhancements.

*continued on page 19*
**Improvements in Use of Communication Plans**

In a 2012 survey with 27 respondents, only two states had a comprehensive Communication Plan while seven had one or more targeted plans with seven more in progress. In the 2016 State Synopses report (data from 2015 from all states), 27 states had some type of communication plan—11 had a comprehensive plan, six had a project specific plan and 10 didn’t specify; 12 had a multi-department plan, 12 had a separate plan and three didn’t specify. States have noted usefulness of the ASTDD Communication Plan Template.

**Use of Social Media:**

Results of two SOHP Surveys on Use of Social Media, January/February 2017 (N=51) were compared with a similar survey conducted February/March 2015 (N=51).

**Social media outlets used to promote OH messaging (# of states)**

- Facebook (24 in 2017) (24 in 2015)
- Twitter (22) (16)
- Pinterest (0) (1)
- Instagram (3) (1)
- Did not use any during 2016 (20) (25)

**Table 2. # of oral health messages promoted (27 respondents to the Q in 2015, 32 in 2017)**

<table>
<thead>
<tr>
<th>Account</th>
<th>2015 0</th>
<th>2017 0</th>
<th>2015 1-10</th>
<th>2017 1-10</th>
<th>2015 &gt;10</th>
<th>2017 &gt;10</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOHP</td>
<td>19</td>
<td>21</td>
<td>5</td>
<td>6</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>State Health Agency</td>
<td>6</td>
<td>4</td>
<td>15</td>
<td>22</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>OH Coalition</td>
<td>11</td>
<td>19</td>
<td>10</td>
<td>8</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>18</td>
<td>22</td>
<td>5</td>
<td>6</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

The only meaningful increase was in use of Twitter, which has been ASTDD’s main focus in webinars, workshops and at NOHC. Lack of SOHP expertise and health department policy restrictions or bureaucratic hoops continue to be significant barriers. For example, in one state, the state oral health program can only submit social media messages through the Communications Department. Once a press release is sent, partners post to social media. Another state developed a new website that has social media; they used the ASTDD resource [Promoting Oral Health Using Social Media](#).

The ASTDD Communications Committee and Social Media Workgroup will use this information to plan future webinars, technical assistance and resource documents.
Perinatal Infant Oral Health Quality Initiative (PIOHQI) Grantees Meeting

April 4-6, 2017, Washington, DC
Reporting: Reg Louie

This meeting focused on further developing a functioning community of learning/community of practice among the HRSA grantees and institutionalizing the use of QI tools among them. Most of day one was devoted to three facilitated state team breakout discussions, i.e., the three PIOHQI AIM statements: access and utilization, policy and outreach. After each breakout, each state team was charged with committing to at least one AIM-related follow-up action to undertake upon returning home. On day two, there was a presentation on Sustainability of our PIOHQI Project, followed by additional Show & Tell small group breakouts, e.g., QI in Action where states shared their QI tools such as BAR/AAR, driver diagrams & AIM statements, process maps & PDSAs, and QI-coaching and toolkits.

Campaign for Dental Health - Healthy Communities: Building Engagement for Community Oral Health

May 8-9, 2017, Chicago, IL
Reporting: Christine Wood, Greg McClure, Cathy Taylor-Osborne

Supported by the DentaQuest Foundation, The Campaign for Dental Health chose Building Healthy Communities as the theme of this year’s annual meeting because creating communities that benefit everyone requires a multi-sector approach, one that includes schools, neighborhood groups, the private sector, the faith community, and more. The meeting focused on learning about public attitudes towards health equity and engaging in skills building to stimulate multi-sector collaboration. A workshop on the first day led by Carmen Nevarez and Karya Lustig from the Center for Health Leadership & Practice focused on the Challenges and Opportunities for Multi-Sector Leadership. Larry L. Bye, from the National Opinion Research Center (NORC) presented findings from the American Health Values Survey (AHVS), a study conducted by NORC at the University of Chicago with funding from the Robert Wood Johnson Foundation. Part of the Foundation’s Culture of Health (CoH) vision, the goal is to construct a typology of U.S. adults based on their health values and beliefs. Mr. Bye presented the typology as well as implications for the design of effective efforts to promote equity and population health in the United States. State oral health programs could modify their messaging and approaches based on the findings of the survey. Participants had an opportunity to use a Big Picture Tool and practice some basic strategies for intersectoral work. ASTDD and state oral health programs can use the Big Picture tool to help understand our environment and opportunities for moving a larger health agenda, including oral health (see links to these resources on the ASTDD website). Hollis Russinof discussed the CDH #HealthyCommunities Initiative and Matt Jacob discussed Building Relationships to Enhance Promotion of Fluoride. ASTDD President, Greg McClure, shared several initiatives that his state oral health program has implemented that use a bi-directional approach. California SOHP director, Jay Kumar, described a collaborative approach to improving the health of children by incorporating the requirement that students in their first year in public school must submit proof of oral health assessments. Jorelle Alexander from Cook County Health and Hospitals System highlighted partnerships in Chicago area between private, public, government and corporate entities. CDH Fluoridation Awards were also presented.
Community of Practice for Public Health Improvement, Open Forum for Quality Improvement in Public Health

April 19-21, 2017, New Orleans, LA
Reporting: Mary Davis

This conference, conducted by the National Network of Public Health Institutes and supported by the Robert Wood Johnson Foundation, featured presentations on quality improvement and performance management and discussions with state leaders. Many national public health organizations supporting QI and accreditation participated. Mary attended to identify strategies and resources to align state oral health programs with state performance management and quality improvement strategies.

Dental Quality Alliance Conference: Collaboration in Quality Measurement for Improved Oral Health

May 12-13, 2007, Chicago
Reporting: Greg McClure

The concept of value in healthcare was addressed. Examples of value-based payment models (VPM) in medicine were provided where payment is not based on procedures but on outcomes with incentives for quality care. CMS has implemented its Quality Payment System, but Value Payment Models are relatively rare in dentistry. State Innovation Models, sponsored by CMS, have spawned a variety of models where the state priorities are used to address payments for quality outcomes. The importance of performance metrics was emphasized for developing the costs of payments and insurance plans. It was noted that healthcare services represent only 20% of health outcomes.

Marko Vujicic, ADA Health Economist, presented on what value means for the dental community and if dentistry needs it. Roadblocks to VPM in dentistry included less public funding, lack of diagnostic codes, surgical model, current practice models imbedded in dentistry, and an information challenge for quality procedures. He provided three changes that could move dentistry to VPM and improved outcomes: 1. Consensus of how we define oral health with oral health measures that are accepted by providers and patients, 2. A “tool box” to bring patients from an oral health status of A to B using evidence-based clinical pathways, and 3. Reform the payment models to pay for outcomes instead of “doing things.” Small incentives could be introduced to begin the models.

The afternoon session focused on quality improvement and oral health outcomes success in global outcomes. Richard Scoville provided a comprehensive review of QI 101 that included a Model for Improvement based on AIM, Measures, and Change. He illustrated a variety of tools such as Dashboards for DQA Measures, Plan, Do, Study, Act (PDSA), and testing and implementation of changes. Mike Shirtcliff of Advantage Dental described its dental Medicaid program in Oregon using global budgeting where Medicaid pays Advantage for administering the program, and payment for services where the rate varies by the age of the client and the program. Providers can become invested in the company and includes a centralized case management system.

The Saturday session focused on Interprofessional Collaborations of oral health practices. Sean Boynes, from the DentaQuest Institute, described its model, Medical Oral Expanded (MORE) Care where oral health is integrated into primary care. Additional presentations described the dental-medical integration models for Humana and the work of the Altarum Institute in Michigan for a partnership between Medicaid and Delta Dental, as well as its Smile Connect program for placing children in need of care with dental resources. Jess Ruff of American Dental Partners described caries risk assessment as a component of quality improvement. The program includes the practical application of a patient risk assessment registry to improve outcomes of dental care.
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National Oral Health Conference 2017
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States with new state dental directors from 2/2017 through 6/2017. For their contact information and to welcome them to ASTDD please go to www.astdd.org/membership-roster.

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