President’s Message

I hope everyone who had the opportunity to attend the 2018 National Oral Health Conference in Louisville learned and networked as much as I did. This conference has always been well attended by oral health professionals from across the country, and I had the privilege of presenting with my State Health Officer, as well as giving the opening remarks to nearly 900 attendees. For those who were unable to attend, I wanted to share an excerpt from my speech that I feel not only applies to our professional lives but to our personal endeavors as well.

“In preparing my remarks, I came across the “Values and Beliefs” of ASTDD, of which I would like to share a selected few. As a State Dental Director, I feel that these are applicable to my daily work, but also universally relatable to us all. I hope you can use these themes and ideas to set the stage for our learning:

• Oral Health for Everyone – Oral health is essential to health. We believe that everyone should have the opportunity to achieve optimal oral health.

• Diversity – We value the individuality, culture, professional backgrounds, and competencies of our members and the diversity of the populations who they serve. Our combined perspectives can strengthen the ability to create a strong and effective governmental oral health presence in every state and territory.

• Science-based Learning – We value lessons learned from the application of scientific principles. We believe the work we do should be grounded in data, research, and rigorous evaluation.

• Collaborative Leadership – We value those individuals, agencies and organizations with whom we interact. We believe that together we can successfully carry out our unique missions and achieve our shared vision.

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President’s Message
continued

• **Accountability** – We value being as good as our word and good stewards of our resources. We believe that our focus should always be on the results of our activities.

• **Integrity** – We value fairness and impartiality and seek to engender the respect of all with whom we interact.

I would also be remiss if I did not share a little about my home state of West Virginia. It may come as a surprise, but I am not the only famous person who was born in “Wild and Wonderful West Virginia.” As I have taken up coaching my daughter’s high school basketball team in the last couple of years, I have a newfound respect for the profession, and a famous coach born in Follansbee, WV, Lou Holtz. Like Lou, we both like to talk and sometimes you must pay close attention to what we say to understand. But as Lou says, “I never learned anything talking. I only learn things when I ask questions.”

With the passage of time and change, whether through unexpected loss or the passing of seven decades, it is important to make time to pause and reflect on what is truly important. Are we inspired and passionate about our work, or are we just going through the motions? Do we feel what we do makes a difference or are we just spinning our wheels? Are we looking for an opportunity to improve or are we waiting for opportunity to find us? Are we part of the problem, or part of the solution? I challenge you to think of these questions, whether you work from your car, your cubicle, or your corner office. Ask questions! Be open to new ideas and new relationships. Network! Take advantage of opportunities to not only develop your work, but also to develop yourself. And remember what Lou says, “Ability is what you’re capable of doing. Motivation determines what you do. Attitude determines how well you do it.”

Jane Casper Receives Award from the University of Maryland

On June 8, 2018, the University of Maryland School of Dentistry honored Jane Casper, R.D.H., M.A. (class of 1999), with the Linda Devore Dental Hygiene Alumni of the Year Award. The award honors Jane’s exceptional achievements and leadership within the dental hygiene profession and beyond. She is passionately engaged in public health issues and increasing access to oral health care.

Jane works as a clinical dental public health specialist for the Maryland Department of Health, Office of Oral Health, where she provides advice on oral health issues to colleagues and others throughout the state. She is past president of the Maryland State Board of Dental Examiners and currently serves on the board. She is also a board member of the Maryland Dental Action Coalition. In addition, for several years, Jane was the Maryland Dental Hygienist Liaison for the federally funded National Center on Early Childhood Health and Wellness (NCECHW). In this capacity, she served as a communication link between NCECHW and Head Start agencies and child care agencies on topics related to improving the oral health of pregnant women and children enrolled in Head Start and children enrolled in child care.
ASTDD convened the first conference of State Dental Directors in 1947. The ASTDD annual conference was officially named the “National Oral Health Conference” (NOHC) in 1986 and in 2000 the American Association of Public Health Dentistry (AAPHD) and ASTDD agreed to convene both organizations’ annual meetings under the NOHC “umbrella.” The 2019 NOHC will be the 20th year the two organizations have hosted a joint conference!

I would like to take this opportunity to thank all of the ASTDD members who contributed to making the 2018 NOHC such a success. ASTDD representatives on the 2018 NOHC planning committee included Christine Farrell, Bev Isman, Greg McClure, Julie McKee, Jason Roush, and Kimberlie Yineman.

During the annual business meeting, the following individuals were elected to the ASTDD Board of Directors: Lindy Bollen, Director; Chris Farrell, President-elect; Robin Miller, Treasurer; Cathy Taylor-Osborne, Director; Mona Van Kanegan, Director; Julia Wacloff, Secretary; John Welby, Associate Member Director. Members of the nominating Committee included Bruce Austin, Jaclyn Seefeldt, Sarah Tomlinson, and Kimberlie Yineman.

Also, during the Annual Business meeting, awards were presented to the following individuals: Christine Farrell, Outstanding Achievement Award; LeeAnn Hoaglin-Cooper, Distinguished Service Award; and Greg McClure, President’s Award. The ASTDD Awards committee included Jason Roush, Julie McKee, and Kimberlie Yineman.

The ASTDD Fluoridation and Fluorides Committee, in partnership with the Centers for Disease Control and Prevention (CDC) and the American Dental Association (ADA) recognized Ernest Newbrun with the Fluoridation Special Merit Award. In addition, 30 states were recognized for having communities that have fluoridated continuously for 50 years (1967 – 2017); five states received awards for having communities that passed water fluoridation initiatives in 2017; awards for communities that defeated initiatives to discontinue community water fluoridation in 2017 were presented to 15 communities in 12 states; five states were presented with awards for consistent optimally fluoridated water in over 90% of the adjusted water systems or population supplied by adjusted water systems; and two states tied for an award recognizing the state with the most new systems fluoridating and/or the state that had the greatest population on fluoridated water in the past calendar year.

Volunteers at the ASTDD Exhibit Booth included: Tammy Alexander, Donna Behrens, Rudy Blea, Lindy Bollen, Elizabeth Dowd, Carrie Farquhar, Sarah Finne; Wendy Frosh, Deborah Jacobi, Kelli Johnson, Linda Kaste, Prasida Khanal, Beth Lowe, Marla Morse, Sam Zwetchenbaum, Mona Van Kanegan, and Judy White.

Over the weekend, ASTDD members presented during a number of the workshops. Bob Russell conducted a workshop for members of the ASTDD Board of Directors and ASTDD members who have volunteered to be mentors in the ASTDD Peer Support Program. He also led an ASTDD sponsored workshop on Navigating State Government. Denise Kall and Mark Moss presented during two workshops that were jointly sponsored by ASTDD and the CDC.

Once the conference officially started on Monday, ASTDD members continued to make significant contributions. Ann Battrell participated in the opening keynote panel and Conan Davis participated in the Tuesday plenary session. Wednesday’s plenary session was organized by the ASTDD Healthy Aging committee. There were 23 concurrent sessions and 20 members presented during those. During the four Oral Presentation sessions, two of the presenting authors were ASTDD members. Eleven of the presenting authors for the 78 posters were ASTDD members. Of the 61 lunch and learn roundtables on Monday, 20 of the presenters were ASTDD members. During the Tuesday roundtable lunch and learn session, ASTDD members led ten of the 21 tables.

The NOHC is a perfect example of “peer led learning” and I am so proud of, and thankful for, the major contributions made by so many of our members. Thank you!
Not everyone lists “State Dental Director” on their career bucket list when planning a journey in dentistry. And it was no different for Julie Watts McKee, DMD, Kentucky’s chief dental officer. But, she is thankful for where the journey has brought her.

A lifelong native of Kentucky, she received her degree in Biology from the University of Kentucky and her dental degree from the University of Louisville. She grew up in a small town, and after seeing the bright lights of Lexington and Louisville, she knew even then she wanted to return to small town Kentucky. She practiced as a general dentist in the foothills of central Appalachia for a decade. Marriage moved her to Kentucky’s capital of Frankfort, where she worked in state government’s facilities regulation programs, learning the importance of state and federal regulation in the provision of health care.

For twelve years, she was the Public Health Director of a multi-county district health department and learned from the front lines about public health: what it is, what it isn’t and why it is always important to address.

In 2006, Dr. Jim Cecil (the then-dental director) recruited Dr. McKee to be his successor as he was shifting his career path to university professor. “But, I already have a job I enjoy,” said Dr. McKee. But, persistence prevailed and she began as the State Dental Director in the summer of 2007.

The blend of dental practice, regulation enforcement and public health administration creates a unique skillset to bring to her current position. During her tenure, the Oral Health Program has expanded the nurse-based varnish program to almost all local health departments; trained dentists regarding assessments and treatment of the very young patient; through a special project, reduced new dental decay by 20% through focused varnishes placement in the school setting, and established a public health dental hygiene program to move underserved children into dental care through a focus on sealants. The program recently published their Strategic Plan for Oral Health, which is a plan for all dental stakeholders to impact the state’s oral health status.

Life balance is important to Dr. McKee, and she has learned this the hard way. After her husband’s passing, she focused solely on work as the public health director of a district health department and could see herself becoming one-dimensional. Being offered the position of state dental director allowed her to hit a “restart button” and focus on balancing professional work with family, friends, and faith and community involvement. She enjoys hosting company and entertaining. She is always excited to show off her town and her state to all visitors. She is active in her neighborhood, actually reads a book for her monthly book club, adores her dogs and is addicted to knitting. You can spot her attending the National Oral Health Conference plenary sessions with a knitting project in her lap while absorbing all the information occurring behind the podium.
Over the last two decades, dental coverage for children, and particularly those in underserved communities, has been the focus of the Children’s Dental Health Project (CDHP). We are proud that our efforts and the partnerships we’ve built — including with ASTDD — have helped secure dental coverage for 90 percent of children today.

Yet we also know that dental coverage alone is not enough to keep children healthy and able to fulfill their potential. A child’s oral health and long-term success depends on many other factors. Children’s well-being is largely shaped by social determinants of health that affect their families, including the opportunities and challenges faced by their parents and caregivers.

CDHP has begun turning its attention to family-centered factors with the goal of strengthening kids’ oral health in the context of their families. We are examining data to understand how the economic and social barriers that families encounter affect the oral health of children, and vice versa. By exploring these links, we aim to discover policy solutions that can help more children and adults achieve optimal health and lasting success.

As I explained in a recent video announcing our effort, parents and caregivers have greater barriers to dental coverage than their children have, and a parents’ oral health has broader implications for family success beyond just their own health. For example, data has shown that women who grow up with healthier teeth (thanks to water fluoridation) earn nearly 5 percent more than women who lacked access to this preventive practice. At the same time, a parent’s employment influences their family economic security and access to health and dental insurance. Those factors, in turn, impact whether they or their children have the resources needed to attain good oral health.

Taking a holistic approach that considers these different factors could improve children and families’ oral health as well as their long-term well-being and success.

Through our expanded lens, CDHP will be looking for opportunities we can create to address the oral health of the entire family. At this stage, we are focused on the intersection of oral health and factors including:

- Family economic stability
- Family stressors and/or mental health
- Adverse childhood experiences (abuse, homelessness, and similar traumatic events)
- Children’s educational outcomes

While we are entering this new, multi-generational space, CDHP continues to monitor and safeguard children’s dental coverage. From Congress to state legislatures, the policy environment remains unpredictable as efforts to undermine Medicaid and the Affordable Care Act persist. CDHP is committed to protecting the progress in coverage that we and our partners have fought so hard to achieve.

Our family-centered oral health focus will help us identify new ways to strengthen both children and families. It’s recognition that our progress on children’s oral health will be limited unless we recognize and address the social determinants that punish families and affect the quality of their oral health.

At this stage, our family-centered research continues — both to learn more about the connections between oral health and barriers to family success, and the role of oral health in the “whole family” or 2-generational (2Gen) interventions. In the process of uncovering some answers, we hope to gain insights from long-standing allies. CDHP has partnered with ASTDD on a variety of initiatives, including perinatal/infant oral health and efforts to improve data measurement.

As we place greater focus on exploring family-centered health needs, we welcome collaboration and input from ASTDD members who have experience or insights to share from multi-generational efforts in their states. To share your experiences, please contact Amy Cotton at acotton@cdhp.org.

Meg Booth is executive director of the Children’s Dental Health Project, a nonprofit policy institute in Washington, DC that advances innovative solutions so no child suffers from tooth decay. Learn more at http://www.cdhp.org.
The past few years have seen a lot of changes and growth within the Michigan Oral Health Program (OHP). While the OHP is housed within the Public Health Administration, there have been a few organizational changes within the past few years. For many years, the OHP was part of the Division of Family and Community Health with the Maternal and Child Health activities. In 2015, the OHP was moved to the Division of Chronic Disease and Infection Control with all the chronic disease activities. In January 2018, the OHP was moved again to the Division of Child and Adolescent Health. This new division includes activities with maternal and child health but also activities with the Medicaid Program. While the OHP has moved organizationally, the populations they are involved with have not changed. The OHP continues to promote oral health across the continuum—from perinatal services to the aging.

Since 2010, the Oral Health Program has grown from three staff to ten staff. The core functions to promote evidence-based practices such as sealants and fluoridation remain but other programs, such as perinatal oral health, Ryan White Part B dental program, and the oral health workforce and prevention program have been added. In 2015, the OHP developed a team purpose statement to provide a framework on our mission. At the next team-building event, they are going to fashion a logo to represent the OHP.

With all the changes to the organizational structure, the OHP has continued to maintain and increase collaborations within the Michigan Department of Health and Human Services (MDHHS). As part of an earlier CDC cooperative agreement, one of their activities was to increase the number of collaborations within MDHHS. They have made a concerted effort to collaborate with the tobacco, diabetes, cancer and cardiovascular sections. They have been successful in that regard, and now have an oral health component in a health system change initiative that includes establishing a tobacco dependency treatment program in dental clinics. The OHP has also worked with the cardiovascular and diabetes section on a survey of dental providers to garner their knowledge and beliefs about blood pressure screening and diabetes testing in dental offices. The survey results were made into a poster and presented at the 2016 American Public Health Association meeting. Currently, the OHP is working with the cardiovascular and diabetes teams to develop statewide guidelines on blood pressure and diabetes testing. They are also beginning to work closely with their cancer colleagues and personnel within the Immunizations Division around promoting the HPV vaccine and the message of cancer prevention. A survey to dental providers is in progress to determine their knowledge and beliefs about HPV and vaccinations.

With all the changes to the organizational structure, the OHP has continued to maintain and increase collaborations within the Michigan Department of Health and Human Services (MDHHS).
The Michigan Oral Health Program

ORAL HEALTH PROGRAM
TEAM PURPOSE STATEMENT

We serve Michiganders to reduce the impact of dental disease with special attention to those experiencing health inequities by:

...promoting access and use of affordable and timely preventive oral health care;

...expanding educational resources and programs that promote evidence based practices such as: Sealants and Fluoride;

...providing statewide programs that focus on vulnerable populations, including pregnant women, infants, school-aged children, the elderly and individuals with special needs;

...collaborating with key stakeholders and community-based health organizations that guide program and policy development to address oral disease;

...providing dental disease related consultation and resources to community health partners to help facilitate treatment options;

...encouraging behavior change through increasing access, awareness and education to oral health resources;

...addressing the Social Determinants Of Health across the life-span in our Oral Health Programs whenever possible;

...to help improve the Oral Health of Michiganders to achieve better overall health.

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Fluoridation and sealants continue to play a huge part of the OHP. With the support of an HRSA grant, the fluoridation coordinator has developed a chairside guide for dental office staff and six educational modules on fluoridation. The six modules are 30 minutes in length and will be accessible on the Michigan Public Health Institute (MPHI) website. MPHI is a close partner that has helped the OHP with many different activities, including their evaluation activities. The fluoridation coordinator has also become a member of the Michigan chapter of the American Water Works Association. This membership and attendance at meetings has been greatly beneficial. She has now become a member of their education council and provides fluoridation training to water operators and engineers.

The SEAL! Michigan program continues to expand and improve. The OHP’s school-based oral health consultant has implemented programs with local health departments, Federally Qualified Health Centers, university dental hygiene programs, and non-profit programs. The SEAL! Michigan program has been in existence since 2006. With assistance from Title V funds, Delta Dental Foundation and other grant funding, they have been able to expand and serve more students each year. The results have been apparent in the Count Your Smiles surveys (3rd grade BSS survey). Three surveys have been completed –2005, 2010 and 2015. The first survey (2005) indicated that 23% of third grade students had sealants. In 2010 that number improved to 27% and the 2015 survey indicated an increase to 39%. Since 2013, the annual SEAL! Michigan results are part of the MDHHS dashboard and they have been able to show improvement each year.

Another part of the OHP activities revolves around perinatal oral health. Oral health is a part of the Infant Mortality Reduction Plan and will now be a part of the Maternal Infant Health Improvement Plan. Due to a large grant from Medicaid, current activities include working with the Michigan Primary Care Association to locate a dental hygienist in an OB/GYN clinic. The pilot project started with six clinics and has now grown to seven clinics. Hygienists can work in different settings due to the PA 161 Public Dental Prevention program that allows dental hygienists to work on underserved populations without the assignment of a dentist. The OHP is currently looking for sustainable funding to continue this project since the Medicaid funds will cease at the end of this fiscal year.

The direct service program that is administered by the OHP is the Michigan Dental Program (MDP). This is the dental program for individuals living with HIV/AIDS. This program has been in existence since 2000. In 2016, the OPH contracted with Delta Dental Plan of Michigan to be the third-party administrator of the program. Over 1900 individuals are enrolled in the MDP. By contracting with Dental Dental, the OHP has provided access to over 2000 dentists statewide to the enrolled MDP members. They work closely with the Division of HIV/STDs in promoting the MDP to HIV case managers and providing information to HRSA HIV/AIDS Bureau.

Funding is always an issue with the OHP and they are continually trying to diversify and look for other funding sources. Currently, funding comes from CDC, HRSA MCHB, HRSA HAB, HRSA Oral Health Workforce grants, Medicaid and General Fund Infant Mortality Reduction Funds. New activities and projects include looking at teledentistry and opioid prevention.
Dr. Steve Geiermann, a retired Captain in the U.S. Public Health Service, serves as the Senior Manager addressing access, community oral health infrastructure and capacity within the American Dental Association’s Council on Advocacy for Access and Prevention. He is a longtime ASTDD Associate Member and is the chair of the ASTDD Best Practices Committee, operating under the watchful eye of Ms. Lori Cofano, consultant extraordinaire.

Steve grew up in a small rural town in southeast Michigan with no traffic lights and more bars than churches! He hated his dentist, though he learned later that it was in vogue to try to do “small fillings” without anesthesia; that dentist also smoked like a chimney back when gloves and masks were not in vogue. Steve went to the University of Michigan with a half-conceived notion of being a dentist…largely because his three closest friends had the same wish. Surprisingly, Steve is the dentist, while the others became a neurobiologist, a physical therapist and a third grade teacher.

After graduating from the University of Michigan School of Dentistry, Dr. Geiermann served in the Indian Health Service and Federally Qualified Health Centers as well as being a HRSA regional dental consultant for the Upper Midwest building collaboration between health centers and private dental practitioners. Though he originally planned to stay 30 years with the USPHS, he was lured away by Dr. Lew Lampiris, who was building his DPH cadre at the American Dental Association. Most of Steve’s friends bet he wouldn’t last two years. He should have taken those wagers as he just begun his 11th year reminding his peers that advocating for the profession and protecting the oral health of the public are two sides of one coin.

Steve has been partnered with Quenten Schumacher for over 25 years and together they have raised “Mickey” a beloved red-haired miniature dachshund, as well as “Chili” a massive black and tan mini-doxie. He has successfully spoiled eight nieces and nephews, as well as scores of godchildren. He is now embarking on a second career of leading seven (so far) great nieces and nephews astray. It is a challenging job, but someone has to do it.

Steve serves on the Board of the National Network for Oral Health Access (NNOHA) and is an expert advisor for Safety Net Solutions. He serves on the National Oral Health Connections Team for the Oral Health 2020 Network. He still values his early career days serving Native Americans, so he has been assisting the Navajo Nation Community Health Representatives integrate oral health into their efforts to promote better overall health across the lifespan.

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Steve is an avid reader of fantasy books. He has never encountered a wizard, dwarf or elf that he didn’t love! He has sung with the Chicago Gay Men’s Chorus for 20 years. Most recently, he was seen gallivanting around in a neon blue wig with a matching glitter beard as a beloved bearded lady in a CGMC circus show!
As I’m writing this report sitting on an airplane heading off on a long vacation, I’m happy and relieved to report I just finished writing and uploading the ASTDD grant application in response to the Centers for Disease Control and Prevention (CDC) Notice of Funding Opportunity (NOFO), Partner Actions to Improve Oral Health Outcomes, a competitive 5-year cooperative agreement to provide technical assistance (TA) and training to the lucky few states that will be awarded new CDC cooperative agreements starting September 1. ASTDD has successfully competed for these national opportunities since the late 1990s. Fingers crossed! In developing the workplan, we reached out to existing partners and new partners to help us accomplish proposed activities and write letters of support. I’m pleased to say we received more than 20 letters of support! One required aspect of the NOFO is to conduct a needs assessment of all the U.S. “territories”—they aren’t all officially called territories. This provided an opportunity to reach out to potential Caribbean and Pacific Island organizations to discuss culturally relevant and cost-effective ways to accomplish a needs assessment and provide recommendations. Timing was in our favor as Reg Louie and I were able to have lunch with Emi Chutaro, the Executive Director of the Pacific Island Health Officers Association (PIHOA), who just happened to be in San Francisco, to develop some approaches and discuss how PIHOA might convene the dental directors of the territorial oral health programs and re-invigorate the Pacific Basin Dental Association. We hope this will foster closer relationships with our Pacific Island members.

We also submitted a grant application at the end of March to CDC’s Office of State, Territorial, Local and Tribal Services to be eligible for monies that come to that office from other Divisions in the next five years—no word yet on our success.

I will not include many references to sessions at the National Oral Health Conference (NOHC) as they were covered in the previous issue of Oral Health Matters (OHM) and also in other sections of this issue.

Healthy Aging Committee (HAC)
The HAC is in the process of surveying programs to determine dental and dental hygiene student involvement with older adults. Look for results in the next issue of OHM. Plan to attend the Older Adult Oral Health and Chronic Diseases webinar scheduled for Wed 8/22 at 2pm ET. Speakers: Pierre Cartier and Barb Park.

School and Adolescent Oral Health Committee (SAOHC)
Many committee members were able to meet at the NOHC. Other members are helping to plan the School Based Health Alliance conference in June including the presentation on the WSCC model. Members also reviewed and revised the SAOH web page—check it out!

Data Committee (DC)
Mike Manz and Kathy Phipps continue to provide TA to states on all three BSS modules. Mike presented a poster for the Council of State and Territorial Epidemiologists meeting in June on the ASTDD Emergency Department projects. Kathy completed the 2018 Synopses Report and Summary Report that are posted on the website. Questionnaires were returned by all 51 states/DC.

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Committees, Consultant Activities and Resources

Best Practices Committee (BPC)
The BPC held a webinar in conjunction with the DPHRC on 6/27/18 on “What’s the Defining Line Between Policy and Advocacy?” Nicole Johnson, CDC Division of Oral Health Associate Director for Policy, Partnerships, and Strategic Communications, described CDC’s view of health policy, both formal and informal. The recording and PowerPoint slides are on the website. The update to the Workforce: Access to Care Best Practice Approach Report (BPAR) is still undergoing revisions and state submissions are being solicited. The State Oral Health Coalitions and Collaborative Partnerships BPAR was archived; a new BPAR will just focus on Partnerships. Look for an update to Use of Fluoride: School-based Fluoride Mouthrinse and Supplement Programs BPAR.

Fluorides Committee (FC)
LeeAnn Hoaglin Cooper has served as our Fluorides guru for a long time and has decided to spend more time with her grandkids and travel more. We honored her commitment during the ASTDD Awards ceremony but know that she will need to jump back into some special projects because she won’t be able to have all those deep fluoride discussions with her new grandbabies! The committee has transitioned to a new committee chair, Bruce Austin from OR, and Judy Feinstein has agreed to be the committee consultant; Judy previously served as the FC chair. Check out the new Community Water Fluoridation, Best Websites for Scientific Evidence. The FC recently posted a query to Dental Directors on the status of fluoridation plans in hopes of adding them to the ASTDD FC webpage. LeeAnn recently connected with the National Association of City and County Health Officials to provide TA on fluoridation messaging. We hope to continue to collaborate with them around a number of issues to share our resources with local health departments.

Dental Public Health Resources Committee (DPHRC)
The DPHRC still is updating the Association of State and Territorial Health Officials (ASTHO) 2015 OH Position Statement, now to be a Policy Statement. The Fluorosis Issue Brief still remains in process, under review. The Teledentistry white paper author is revising draft content based on comments received at the NOHC. The committee will be working with one to three Dental Public Health residents on new white papers this year.

Communications Committee (CC)
In case you didn’t see it at the NOHC or you want to share it with colleagues, the 2017 Annual Report is posted on the ASTDD website. We also recently revised the ASTDD Communication Plan templates to add some items to consider and to combine the goal-oriented template with the year-at-a-glance template.

State Development and Enhancement Committee (SDEC)
Lori Kepler Cofano continues to match new state dental directors with peer mentors and make sure the mentors and mentees are completing their 6-month and one-year evaluations. Most mentor/mentees were able to meet during the NOHC. Slides from the mentoring workshop are posted to the New Member Services section of the Members Only page. Chris Veschusio is contacting all new Associate Members requesting input on their rationale for joining ASTDD based on the Member Services listed by ASTDD.

Feedback from the mentoring workshop for the Board of Directors and a few other dental directors will be used to improve the peer support program.
Committees, Consultant Activities and Resources

**Perinatal Oral Health Committee (POHC) and Center for Oral Health Systems Integration and Improvement (COHSII) Projects**

Harry Goodman, Kathy Geurink and Reg Louie are assisting states regarding the new guidance from the Maternal and Child Health Bureau regarding the Title V National Performance Measures (NPMs) and related domains. They participate in regular planning calls and also attended the face-to-face meeting (see Meetings Summary). They also participate in all of the Perinatal and Infant Oral Health Quality Improvement (PIOHQI) learning events.

**Early Childhood Committee (EC)**

Michelle Landrum presented the following presentations at the Native American Child and Family Conference in Las Vegas, NV on March 14th and 15th: Oral Health Resources to Support Head Start Programs and Partnering with Parents to Improve Children’s Oral Health, Oral Health Educational Resources. New resource on the website: Resources for Home Visitors and Families: Environmental Scan, 2018 Update. A Regional Dental Hygienist Liaisons (DHL) coordinators’ teleconference was held on May 21st.

**Chronic Disease Coordination**

Check out the new Chronic Disease and Medical-Dental Integration webpage. Barbara Park has been providing technical assistance to many states on chronic disease/oral health integration. Barb also participated in a Healthy Aging call to discuss several topics related to healthy aging and chronic disease. She participated in a follow up meeting with ASTDD and National Association of Chronic Disease Directors (NACDD) leadership to discuss coordination of effort for the CDC DP18-1811 NOFO where it was agreed that NACDD will apply for Component 2 of the NOFO that calls for providing TA to five newly funded states for chronic disease/oral health integration and ASTDD will apply for Component 1. Barb developed an Oral Health Impact Brief for NACDD. It features information about the ASTDD/NACDD collaboration that has been in place for the past 18 months and opportunities for continued collaboration in the future. The impact brief is included as part of a monthly newsletter that goes out to all NACDD members.

**Oral Cancer and Tobacco Issues**


**Children with Special Healthcare Needs**

See the meeting summary relating to CSHCN.

**Evaluation Consultants**

Carissa Beatty and Mary Davis held a focus group discussion to inform ASTDD proposal writing. Topics included TA/training interests related to leadership, management, evaluation and/or Continuous Quality Improvement; topics of interest for direct onsite TA; and status and nature of relationships with local health departments. ASTDD evaluation team met the CDC evaluation lead, Nita Patel, to discuss opportunities to coordinate TA and training to State Oral Health Program. The ASTDD evaluation consultants also provided 1:1 TA at NOHC to states and to the other ASTDD consultants. Mary posted to state oral health program listserv tips for getting the most out of evaluation reports.
recent meetings

Georgetown University Health Justice Alliance—Oral Health Convening Focusing on Children with Special Health Care Needs
March 29, 2018, Georgetown Law, DC
Reporting: Jay Balzer

The meeting was convened because of long-standing dental access problems in DC for CSHCN. The meeting discussed those problems faced by CSHCN to receive oral health services in DC and proposed solutions. Attendees included parents of children with disabilities, law faculty and students. DC Dept of Health Medicaid officials, Georgetown Medical School researchers in health disparities, and dentists representing private practices, hospital-based programs and school-based dental programs also attended. Dr. Balzer was invited to discuss potential solutions including those highlighted in the ASTDD Best Practice Report on Access to Care for Individuals with Special Health Care Needs. Some key issues discussed were: transportation problems, success and limitations of case management services; the use of financial incentives for providers to serve CSHCN; expanding the scope of dental practice and school-based dental programs as potential solutions. Law programs such as Georgetown are very interested in access to dental care as a social justice issue.

Center for Oral Health Systems Integration and Improvement (COHSII) Perinatal Infant Oral Health Quality Improvement (PIOHQI) Initiative Learning Session
May 7-9, 2018, Denver, CO
Reporting: Kathy Geurink, Harry Goodman, Reg Louie, Christine Wood

The intended results of the meeting were that PIOHQI grantee participants:

- Leave with specific ideas about how to sustain PIOHQI project activities after the grant program ends.
- Leave with specific ideas about how to ensure that their learning laboratories sustain interventions that promote utilization of oral health services after the formal partnership with them ends.
- Hear examples and real-life experiences from PIOHQI state teams about activities.
- Identify ways to tweak their PIOHQI project activities in the next 3 months to improve their ability to meet project goals.
- Identify ways to use COHSII staff during the next 3 months for technical assistance (TA).
- Consider ways to improve data collection and analysis to sustain their promising practices (and those in learning laboratories) in the future.

Key Points from the Meeting:
Funding is a necessary but not sufficient path to sustainability. Other contributing factors include:

- Understand the mission of the National Network for Oral Health Access (NNOHA) and learn about the activities of NNOHA’s learning collaborative.
- Program Adaptation (taking actions to adapt the program to ensure its ongoing effectiveness);
- Communications (strategic communications and storytelling using both qualitative and quantitative data with stakeholders and the public about the program);
- Strategic Planning (using processes that guide the program’s directions, goals, and strategies).

Even with all of those supports, without financial resources (and programs cannot depend on continued federal funding), programs cannot be sustainable. If the programs are spun off to other partner organizations, those organizations will have to expend resources when they take the programs on. The next round of MCHB funding for states will probably focus on a different segment of the MCH population. The structure and format of the PIOHQI meetings have worked well.
recent meetings

Oral Health 2020 Northeast/Mid-Atlantic, & West Regional Convening
May 15 to 18, 2018, Phoenix, AZ
Reporting: Julia Wacloff, John Welby, Christine Wood, Kimberlie Yineman

The purpose of the meeting was to develop or provide:

- A deeper understanding of the history and current reality of Arizona;
- A shared understanding of the historical context of racial injustice and health inequities as experienced in the Native American community and how this informs the work of the OH2020 Network;
- An awareness of the OH2020 progress to date across network evolution and expansion, impact, the 2020 inflection point, and branding and messaging;
- An update on how the network will gather data on the 2018 milestones that mark progress toward the OH2020 goals and targets;
- An assessment of progress and next steps on goals and targets in each state.

The DentaQuest Foundation has seen a significant reduction in funding resulting in fewer, smaller grants being awarded. The National Oral Health Connection Team, Regional Oral Health Connection Teams, Network Response Teams, Network Implementation Teams and Network Workgroups do the work of the Oral Health 2020 Network. Each of the Network Response Teams and Network Implementation Teams are housed under a Workgroup. Of the six goals/seven targets, only one, Data/Measurement has an associated Network Response Team. All the other workgroups and teams are focused on the internal workings of the Network. At the convening DentaQuest did announce that in June, they will be asking for volunteers to coordinate communication about the work network members are doing around each of the goals and targets. The volunteers will also be asked to collect information to evaluate progress on each of the goals and targets. The Oral Health 2020 Network has created a virtual roadmap [https://oh2020-network.ushahidi.io/views/map](https://oh2020-network.ushahidi.io/views/map) on which organizations can document work they are doing that supports any of the six goals/seven targets. The work does not have to be funded by the DentaQuest Foundation. This is an easy way for state oral health programs to share information about work they are doing that supports the goals of the Oral Health 2020 Network.

Maternal and Child Health Oral Health Stakeholder
May 30 - 31, 2018, Washington, DC,
Reporting: Christine Wood

The purpose of the stakeholder meeting was to stimulate dialogue among stakeholders and reach consensus on priority areas that need to be addressed to support an optimal MCH oral health system. Consensus building focused on identifying what areas will be important for a range of organizations to consider addressing. The priorities identified were to be broad based rather than prescriptive or directive for specific organizations or individuals. In addition, stakeholders will identify those that could be achieved by MCHB through the Title V block grant program and oral health program. Attendance was limited to approximately 20 stakeholders and there was a waiting list of organizations that wanted to participate. ASTDD had an existing relationship with almost every organization in the room and the meeting provided an opportunity to network with the few organizations with which we did not already have a relationship. Others frequently mentioned ASTDD at the meeting as being a “key player.” All of the ideas ASTDD proposed during the small and larger group discussions were eventually identified as key priorities MCHB should pursue. An identified priority was to evaluate various policy levers that have been implemented by states (for example, mandatory dental examinations/screenings prior to school enrollment) to identify policies that have resulted in improved outcomes and analyze why similar policies may or may not have been successful in different states. As a COHSII partner, ASTDD will be expected to provide TA to the next round of funded states.
**recent meetings**

**2018 Organization for Safety, Asepsis and Prevention Annual Conference**

May 31 – June 3, 2018, Dallas, Texas

*Reporting: Kimberlie Yineman*

The annual conference of OSAP, “Dental Safety: Integrate, Innovate and Motivate!” is to create and empower champions in the safe delivery of oral healthcare through didactic, interactive and network sessions. OSAP recognized ASTDD at the opening ceremony. The annual conference addressed the evolving guidance and regulations and current emerging compliance issues while delivering the most relevant science, policies, procedures, and resources for patient and provider safety and infection control and prevention. The CDC guidelines for OSAP and infection control in the new Notice of Funding Opportunity (NOFO) for states provide an opportunity to work more closely with OSAP; OSAP has written a letter of support for the ASTDD application for the new CDC national partner NOFO.

**Medicaid- Medicare—CHIP Services Dental Association Annual Conference**

June 4 – 5, 2018, Washington, DC,

*Reporting: Christine Wood, Kimberlie Yineman*

Value-based care for Medicaid and CHIP recipients is being advocated for and adopted, by an increasing number of states. There is a real opportunity for state oral health programs to educate Medicaid programs and providers about caries risk assessment, social determinants of health, community water fluoridation, silver diamine fluoride, fluoride varnish, dental sealants, and Atraumatic Restorative Treatment (ART)/Interim Restorative Treatment (IRT). Payment for outcomes rather than procedures is here and it is only growing in importance. MSDA is proposing to institute membership dues based on the size of each state’s Medicaid population. A dental insurance provider sponsored every session of the conference. Sarah Finne, an ASTDD member and State Dental Director in New Hampshire is President of MSDA. Bruce Austin and Sam Zwetchkenbaum, State Dental Directors in Rhode Island and Oregon respectively, are also MSDA members. They represent their states’ Medicaid as well as public health programs.
people, places & events
National Oral Health Conference 2018
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States with new state dental directors from 3/2018 through 6/2018. For their contact information and to welcome them to ASTDD please go to www.astdd.org/membership-roster

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