President’s Message
Jason Roush, DMD
Dental Director, West Virginia Department of Health and Human Services

The Association of State and Territorial Dental Directors (ASTDD) and the American Association of Public Health Dentistry (AAPHD) are excited to welcome you to their 20th joint meeting at the 2019 National Oral Health Conference (NOHC), “Building on 20 Years of Oral Health.” The conference is taking place in Memphis, TN on April 13-17. The NOHC is a fantastic meeting for those interested in networking and continuing education opportunities in oral health topics. The conference is designed to engage anyone wanting to collaborate to improve the oral health of our nation’s population. Educational settings include seminars, workshops, poster presentations, and roundtable lunch sessions to discuss a variety of issues related to public health and ways to achieve optimal oral health.

The conference will be held at the Memphis Cook Convention Center, which is conveniently located near some of the most popular attractions. Memphis has many historic sites, including the National Civil Rights Museum, Stax Museum of America Soul, Sun Studio, and Graceland just to name a few. Beale Street, voted second most popular
entertainment district in America following Bourbon Street, is full of live music and large crowds enjoying a variety of festivals and activities. Memphis is the home of the blues. Many famous musicians such as B.B. King, Big Walter Horton, and W.C. Handy got their start there and people from all over continue to visit Memphis to listen to today’s best musicians.

If the excitement of the National Oral Health Conference and the popular sightseeing opportunities in Memphis do not convince you that you will have an exciting experience, maybe the mention of the more than 100 barbecue restaurants will do the trick. Memphis is known to serve the best barbecue in North America. The conference has always been well attended by oral health professionals from many areas. With the exciting agenda, popular attractions and wonderful food, this conference is going to be a great opportunity to learn about the latest oral health topics and have a little fun. I look forward to you joining with me in making the 2019 National Oral Health Conference the best yet.

Executive Director’s Message
Christine Wood, RDH, BS

Many of us have heard George Elliot’s quote, “History repeats itself.” Fewer of us have heard a related quote from Ronald Wright, “Each time history repeats itself, the price goes up.” I am currently experiencing a sense of déjà vu and truly believe that both of these quotes are true. As background, in 2011, ASTDD learned that a federal cooperative agreement that we had for 11 years was not going to be reissued. This resulted in an immediate $250,000 reduction in funding for our organization. To guide the painful decisions that had to be made as a result of the loss of funding, the ASTDD surveyed members and asked them the following:

- What should ASTDD’s top 3 priorities be to help state oral health programs this year?
- How can ASTDD better serve state oral health program members this year?
- What are your top 3 priorities for your program or your state’s oral health efforts this next year?

The feedback we received informed revisions to our strategic plan with associated reductions in expenditures in some areas and the redirection of remaining resources to activities that had been identified as priorities for our members. The challenge actually provided ASTDD with an opportunity to sharpen our focus and prioritize those activities that were most critical to our mission and vision.
Executive Director’s Message
Continued

As many of our members and partners know, right now the funding landscape has entered a particularly difficult time. Some organizations have had to discontinue operations while others are reducing staffing and taking other cost cutting measures. Unfortunately, ASTDD is also feeling the impact of reductions in overall income as well as changes in how we are allowed to use federal cooperative agreement funds. So once again we have asked State Oral Health Programs to tell us what resources and activities are most important to them and what are the four most valuable functions ASTDD provides for them. In addition, we have asked them how valuable they find the ASTDD newsletter, *Oral Health Matters*, as well as the ASTDD Annual Report. The information will be used to inform a new strategic plan that the ASTDD Board of Directors will develop when they meet immediately prior to the start of the National Oral Health Conference.

ASTDD has been around for 70 years and we have successfully survived previous challenges to our financial viability. I have no doubt that this time will be no different. I believe that we will emerge with a stronger focus on the priorities that make ASTDD unique and that make us a leader in the dental public health community. In closing, I would like to thank every one of our members for your contributions to our organization. Your membership dues, volunteering to serve on a committee or workgroup, answering surveys, attending the NOHC, and promoting the resources we develop, are all integral to our sustainability. We could not do any of our work without you!
Committees, Consultant Activities, and Resources
Beverly Isman, RDH, MPH, ELS

Updates will be short in this issue as all committees and projects are continuing to implement activities mentioned in the previous OHM. We are well into Year 01 of our new CDC Division of Oral Health (DOH) Cooperative Agreement. New state grantees and Chris Wood and I and consultants Judy Feinstein, Sandy Tesch and Kathy Phipps participated in a CDC National and State Grantees meeting in Atlanta in early December where we conducted presentations, facilitated roundtable discussions during breakouts, provided TA and met with DOH leadership and staff. I also submitted our Five-Year Final Report for our previous CDC cooperative agreement that included a lot of analysis and weaving in examples of lessons learned and outcomes to report on the objectives. No rest for the weary as our year 01 progress report and continuation application for year 02 were due the end of March!

Healthy Aging Committee (HAC)

Cassandra Yarbrough from the American Dental Association (ADA) Health Policy Institute presented Medicare Dental Coverage: The Consumer Perspective and Potential Economic Impact during the January HAC call; it was recorded and posted to the HAC webpage. HAC will be sponsoring a session at the National Oral Health Conference (NOHC) 2019, Innovative and Emerging Strategies to Leverage Funding for Programs to Support Oral Health for Older Adults and People with Disabilities. They will also hold a committee meeting there. Several members of the committee attended the Surgeon General’s meeting on November 26th to provide input to an update to the 2000 Oral Health in America report.

School and Adolescent Oral Health Committee (SAOHC) and Dental Sealant Activities

SAOHC had a committee call in December and has planned a face-to-face meeting at the NOHC. They are planning a webinar on Improving the Return Rate of School Consent Forms. Sandy Tesch, our Dental Sealant coordinator, is tracking dental sealant listserv inquiries and offering guidance when appropriate. In addition to our Sealant listserv, we created a new CDC-funded states dental sealant group listserv that will serve as the backbone of a School-based Dental Sealant Program Community of Practice. Sandy continues to serve on the Dental Quality Alliance (DQA) Sealant Workgroup. The School-Based Health Alliance (SBHA) will be hosting their annual School-Based Health Care convention in Northern Virginia (metro DC area) June 23-25th with pre-conferences on June 22nd.

National Center on Early Childhood Health and Wellness (NCECHW)

Volunteer State Dental Hygienist Liaisons (DHLs) continue to provide a communication interface for the NCECHW with Head Start and childcare programs and stakeholders. Nine Regional Dental Hygienist Liaisons (RDHLs) also assist in

The School and Adolescent Oral Health Committee is planning a webinar on Improving the Return Rate of School Consent Forms.
Committees, Consultant Activities, and Resources
Continued

coordinating State DHL activities. ASTDD hosted a webinar, *Using Oral Health Resources on ECKLC to Support DHL Collaboration*, on November 9. The RDHL quarterly conference call was held on December 17. The RDHLs will again be providing oral health training at the UCLA Health Care Institute in April. Michelle Landrum and Gina Sharps coordinate the DHL program, provide guidance and maintain/update the DHL webpage and listserv. The American Dental Hygienists’ Association (ADHA) will recognize the DHLs during the ADHA reception at the NOHC.

**Perinatal Oral Health Committee (POHC) and Center for Oral Health Systems Improvement Initiative (COHSII) and Perinatal and Infant Oral Health Quality Improvement Initiative (PIOHQI) Projects**

The POHC continues to support the PIOHQI grantees and is in the process of updating the ASTDD *Perinatal Oral Health BPAR* and collecting practice submissions from PIOHQI and National Performance Measure (NPM)13 grantees. ASTDD consultants continue to participate in weekly team calls and monthly learning events with the OHRC and FrameShift for the PIOHQI state grantees. The final in-person Learning Session for the grantees will be in May 2019.

As mentioned in the last issue, the OHRC received supplemental funding until June 30 from the Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) to work with six state Title V MCH agencies that are addressing NPM13 and implementing strategies to improve access to oral health in primary care settings. They are sponsoring a session at the NOHC, *Overview of The Title V Needs Assessment and Tips for Strengthening the Oral Health Content for Inclusion in the State MCH Action Plan*. The session will address strategies states can take to incorporate oral health into the next cycle of required Title V MCH state needs assessments. The group developed three new documents to help states:

- **Including Oral Health in the Title V Maternal and Child Health 5-Year Needs Assessment and State Action Plan** [tip sheet]
- **Rationale/Arguments for Including Oral Health in the Title V Needs Assessment**
- **“Elevator Pitch” for Introducing Oral Health Issues to MCH Director or Title V Coordinator**

The American Dental Hygienists’ Association will recognize the DHLs during the ADHA reception at the NOHC.
Committees, Consultant Activities, and Resources
Continued

Fluorides Committee (FC)

The committee is in the process of updating the CWF state fact sheet template that states can use to insert their state specific information. The FC is co-sponsoring with CDC an NOHC weekend workshop, “Building Robust State Fluoridation Programs.” LeeAnn Hoaglin-Cooper still is managing the Fluoridation Rollback Catalog; monthly results are announced in the ASTDD Weekly Digest.

Dental Public Health Resource Committee (DPHRC)

The DPHRC helped update an Association of State and Territorial Health Officials (ASTHO) Oral Health Policy Statement that is projected to be posted by ASTHO in the Spring. DPH residents working on new ASTDD white papers include Nazgol Gharbi (sugar-sweetened beverages), and Dane McClurg (use of emergency departments for dental care). Scott Howell’s whitepaper on teledentistry is finished and available. In collaboration with the American Association of Public Health Dentistry (AAPHD), the DPHRC completed their review and compilation of relevant ADA proposed resolutions for the October ADA 2018 meeting, drafted letters of support and provided them to designated ADA representative attending the ADA meeting.

Best Practices Committee (BPC)

The BPC recently finalized and posted the Workforce: Access to Care Best Practice Approach Report (BPAR). Authors are working on a Collaborative Partnerships BPAR and the Perinatal Oral Health BPAR.

Data Committee (DC)

The SOHP Salary Survey that is completed every other year by SOHP has been distributed to states along with the 2019 State Synopses survey. Kathy Phipps presented a webinar on February 12 discussing how to complete the survey and responding to questions. Kathy and Mike Manz continue to provide significant TA to states. Mike traveled to HI in February to provide Oral Health Surveillance training to the Pacific Basin dental chiefs.
Committees, Consultant Activities, and Resources
Continued

Communications Committee (CC)

Matt Jacob of Jacob Strategies has been working with the SOHP in MD to pilot a “message matrix” as a format that SOHP can use during various types of presentations to stakeholder groups to pull together content, then structure and tailor messages. Matt and John Welby will conduct a weekend workshop at the NOHC, *The Message Matrix: Organizing and Delivering Effective Talks to Promote Prevention*. Tips will be given on how to deliver the information to increase people’s comfort in creating effective messages. As of January, I stepped down as consultant to the CC with Kimberlie Payne transitioning into the consultant role and stepping down as chair. John Welby from MD has assumed the chair position; I am still serving on the committee.

State Development and Enhancement Workgroups (SDEW)

Kimberlie Payne continues to orient new associate members to ASTDD, encouraging them to become involved in committee activities, while Lori Cofano coordinates the Peer Support program for new state dental directors. There currently are four active mentoring pairs in the program. As a follow up to last year’s successful two weekend workshops at the NOHC focusing on mentoring and navigating state bureaucracies, Bob Russell, Kimberlie Yineman and Lori Cofano will be hosting a new weekend workshop, “Foundation Building for Oral Health Programs: Join Us for an Honest Conversation About Challenges in Today’s Environment.

Evaluation Consultants

JoAnna Hillman joins our evaluation consultants through our Emory contract for training and evaluation assistance. JoAnna is Director of Research and Evaluation, Emory Centers for Training and Technical Assistance, Rollins School of Public Health. Carissa Beatty and Mary Davis also will continue to serve as our evaluation consultants this year. They are assisting CDC DOH staff by reviewing previous CDC-funded states’ final evaluation reports and newly-funded states’ evaluation plans and providing TA. The consultants worked with Bev to develop ASTDD’s Five-year Evaluation Plan for our new cooperative agreement. ASTDD is co-sponsoring a weekend workshop at the NOHC, *Practical Approaches for Evaluating Oral Health Programs*, facilitated by DOH staff.

Working with our U.S. Affiliated Islands

Consultants for the Affiliated Islands in the Pacific, Reg Louie and Ohnmar Tut, have held ZOOM calls with the Pacific Basin Dental Association (PBDA) members and communicated via a listserv. They participated in a meeting February 4-7 in Honolulu of the PBDA, hosted by the Pacific Island Health Officers’ Association to inform an oral health needs assessment as part of the CDC cooperative
agreement and to help them plan for PBDA sustainability (see separate meeting report). A panel at the upcoming NOHC, *Forming Partnerships to Overcome Challenges and Barriers in Promoting Oral Health: United States Territorial Oral Health Programs*, will feature speakers from the Pacific and the Caribbean. Magda de la Torre and Reg have been working through MCHB representatives, chronic disease directors, and dental directors to plan the Puerto Rico and USVI needs assessment and involve stakeholders. ASTDD has shared a recent CDC Chronic Disease Center Notice of Funding Opportunity Announcement (NOFO) and a HRSA MCHB NOFO with the islands, encouraging them to apply, providing links to helpful resources and writing letters of support if requested. Learn more about Ohnmar Tut and Magda de la Torre in the following article.

**CONSULTANTS CORNER**

**An Interview with**

**Ohnmar Tut, BDS** &

**Magda de la Torre, RDH, MPH**

**ASTDD**: What sparked your interest to become a dentist and how did you become involved in dental public health?

**Ohnmar Tut (OT)**: I was trained in pediatric dentistry and eventually I got involved in children’s dental preventive programs.

**Magda de la Torre (MDLT)**: I have always had an interest in public health. As a teenager I remember starting a Girl Scout troop for young girls with special needs and organizing community projects. It came naturally to me to continue my interest as an adult. My interest in the dental field came much later while in college pursing a degree in Psychology and learning about the profession of dental hygiene. At first, I remember thinking, “work in people’s mouths, never!” but the more I learned the more interest I had because it was not only about working in people’s mouths but about access to care and the many barriers that individuals face when they try to receive the oral health care. Throughout time, I have collaborated in programs and projects that combine both interests. In addition, as an educator I am now able to instill in students a desire to have an impact on the oral health and overall health in communities.
An Interview with
Ohnmar Tut, BDS &
Magda de la Torre, RDH, MPH
Continued

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

OT: I worked as a pediatric dentist, a lecturer at the dental school, and many years as a Chief of Dental Preventive Services and a Regional Oral Health Consultant and trainer. My expertise and experience in children’s dentistry and training dental and public health personnel especially in the U.S. Affiliated Pacific Islands support my consultation work for ASTDD.

MDLT: My experiences, both professionally and personally, provide a broad view of possible solutions to problems or to find an efficient way to convert an idea into an effective program. My experiences vary widely. I have had academic positions in dental, dental hygiene, and dental assisting. I have provided clinical dental care in private dental practices and served children of migrant farmworkers in a school-based oral health program. I worked on a statewide oral health survey team, in Head Start programs, with HIV-AIDS advocates, at two health policy organizations, and an internship at HRSA in Maryland. I believe that my experiences along with my educational background align well to work as a consultant with ASTDD. I enjoy working with individuals to develop solutions and especially if it will help those in need and improve overall oral health outcomes.

ASTDD: Please explain your responsibilities as a consultant for ASTDD.

OT: I am responsible to work with the Pacific Islands Regional Health Associations and the dentists in the U.S. Affiliated Pacific Islands on behalf of ASTDD and facilitate a meeting to discuss the needs, challenges, gaps, and partnerships in the Islands, and to assist ASTDD and its consultants to document the needs assessment for the U.S. Affiliated Pacific Islands and to provide technical assistance and training as needed and requested by the Island dental chiefs. I am responsible to provide consultation to ASTDD under the CDC funded CDC-RFA-DP18-1811Strategy 3 Territorial Oral Health Programs Needs Assessment for US Affiliated Pacific Islands.

MDLT: I am working with the new ASTDD CDC Cooperative Agreement and will be focusing on Strategy 3 with the Territorial Oral Health Program Assessment and Technical Assistance. My role as Caribbean Consultant is to work with the Department of Health, Oral Health Programs in Puerto Rico and the U.S. Virgin Islands. Specifically, I will collaborate and support both islands in conducting a program needs assessment that considers cultural influences, capacity and future needs for the
populations they serve across the islands. Once this portion of the project is completed I will collaborate on developing a report on the oral health infrastructure needs and the findings from the program assessment to address capacity in the future. Also, I will coordinate technical assistance from ASTDD to each individual island based on the identified oral health program needs.

**ASTDD: What do you like most about being a consultant for ASTDD?**

**OT:** Being appreciated by the Executive Director, the Program Manager, and the Public Health Consultant of ASTDD, and their support.

**MDLT:** I appreciate the opportunity to work with ASTDD staff and other consultants to reach common goals on this unique project in collaboration with the territories. It is important to feel that our work has a positive impact, and when this is achieved by collaborating with like-minded professionals, the outcomes are usually very productive. Our lessons learned can be shared with ASTDD members and associate members in states across the country. I find it energizing to be a consultant for ASTDD and enjoy the way in which partnerships are formed and maintained for long-term oral health improvements.

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

**OT:** I facilitated the two-day ASTDD Strategy 3 meeting in Honolulu in February 2019, and I would like to guide the Pacific Island dentists and work as the on-site coordinator for the seminar session at NOHC 2019, and assist in reporting for both meetings. I would like to assist in conducting on-site technical assistance on surveillance and data management, and inter-disciplinary training for dentists and public health staff on dental preventive procedures if needed.

**MDLT:** I hope to continue my current role as Caribbean Consultant and form partnerships with dental public health workers throughout Puerto Rico, the U.S. Virgin Islands and perhaps connect with others across the Caribbean region that can expand beyond the project. I aspire to assist them in becoming active leaders in various capacities and having ASTDD link better to address their needs. I would be interested in continuing to provide support and expand this project or contribute to other ASTDD programs if the opportunities arise.
MSDA—aka, the Medicaid|Medicare|CHIP Services Dental Association is the national membership organization that represents all State Medicaid and CHIP Dental Programs, as well as Medicaid, CHIP and Medicare Advantage corporate vendors, dental schools, providers, researchers, and others who work toward improving the oral health of all Medicaid, Medicare, and CHIP beneficiaries.

Established in 2004 as a 501c3, MSDA’s mission is to improve Medicaid, Medicare, and CHIP Oral Health Programs by collaborating with key stakeholders, sharing resources and disseminating innovative strategies. The organization’s infrastructure, shown below, creates the channels by which policy development, programs, education and technical assistance services are organized and delivered.

**MSDA Center for Policy, Quality and Financing**

Since 2010, MSDA has focused its efforts on identifying and describing evolutionary changes in government dental programs. To this end, each year MSDA collects state level information from State Members via the Medicaid and CHIP Oral Health Program Survey Questionnaire. The survey tool captures information in five categories: General Information; Benefits; Policy; Administration; and Management. State Medicaid and CHIP program administrators complete the survey and submit it to MSDA for online publication in the *MSDA National Profile of State Medicaid and CHIP Oral Health Programs*, www.msdanationalprofile.com. The purpose of the online *MSDA National Profile* is to catalog current, relevant and reliable Medicaid and CHIP Oral Health Program data and information. The interoperability of the online platform allows for national, regional and state program comparisons by the end user.

New this year, the MSDA National Profile will include National and State level CMS-416 Reports. These reports, developed in collaboration with the DentaQuest Partnership,
MSDA continued

will allow for more in-depth qualitative and quantitative analyses of state programs. Such analyses have been limited in recent years making it difficult to discern Best Practices. These new tools will allow for better program assessment and policy and business strategy development.

With rapid changes occurring across state programs, it is imperative that policy makers, dental vendors, providers, and the public have access to accurate and trustworthy information and resources so that well informed decisions may be made.

The 2017 MSDA National Profile, which includes state program contact information; updated benefit structures; and policies was released in early March. The remaining categories, which include program administration, quality measurement, and management are scheduled to be released in May 2019.

Each year MSDA hosts the MSDA National Medicaid, Medicare, and CHIP Oral Health Symposium. This three-day event takes place in Washington DC, where national, federal and state level policy makers convene to network, share and learn new ways of improving Medicaid, Medicare and CHIP dental policy, administration and practice. On June 1-3, 2019, the MSDA Symposium will take place at the Willard Intercontinental Hotel on Pennsylvania Avenue. Surgeon General Jerome Adams has been invited to deliver the Keynote Address. See Symposium Agenda The theme of the 2019 MSDA Symposium is Medicaid Transformation—How Value Based Strategies are Making a Difference. Also of note, is our Closing Keynote, Senator Ben Cardin, who has been invited to share his work related to Bill S. 22: Medicare Dental Benefit Act of 2019. For more information on the MSDA Symposium, see www.medicaiddental.org

Education and Technical Assistance

MSDA provides education and technical assistance to Medicaid, Medicare and CHIP stakeholders. Beyond the aforementioned traditional stakeholders, MSDA also works with public health program partners, advocacy and coalition groups who seek to learn new ways of designing, developing and sustaining community-based programs via Medicaid, Medicare, and CHIP financing.

Since the release of the Affordable Care Act, the landscape of each government program [Medicaid, Medicare and CHIP] has changed drastically. New models have emerged and continue to evolve, creating complexity across the states. For those who don’t work in the Medicaid and CHIP arena on a daily basis, these changes create challenges to program design, development and implementation. As a result of these ongoing programmatic changes and nuances, MSDA has established a mechanism to support programs by providing education and technical assistance to states, corporate vendors, dental schools, coalitions, advocacy groups, community programs, and providers. To learn more about MSDA’s education and technical assistance services, contact mfoley@medicaiddental.org
RECENT MEETINGS

ASTHO Policy Summit, Alexandria VA, September 25, 2018; Reporting: Judy Feinstein

The purpose of the meeting was to (a) engage federal partners in “conversations” about state, territorial, and federal programs, priorities, and partnerships, in several roundtable sessions; and (b) review and shape ASTHO’s policy agenda around the Three Pillar Framework for Population Health and the work of the newly configured Population Health and Informatics Policy Committee: clinical to community connections, addressing health equity and the social determinants of health, and data analytics and public health informatics.

Judy attended four “Leader to Leader” Executive Roundtables: 1) Expanding the Public Health Agenda for Primary Prevention of Chronic Disease; 2) Addressing Rural Health and Serving Underserved Populations, 3) Key Changes within Federal Agencies that Impact National Informatics Policy, Programs and Practice; and 4) Combating Antimicrobial Resistance: The Threat, Challenges and Opportunities.

This also was the first meeting of the newly configured and named committee. Issues around data collection, including instruments and surveys and problems with the existing data collection infrastructure were noted. The challenge is to maximize the impact of what we have, while knowing that the public health workforce needs new skills around data analysis. We need good definitions for Population Health, priorities within each of the Three Pillars, and we must be better able to “communicate the value proposition” and show the ROI on what we do. The committee engaged in a priority identification / setting exercise around the Pillars. Judy will continue to serve on this committee.

Oral Health America, (OHA) 2018 Advocacy Week, Washington, DC, October 1-3, 2018, Reporting: John Welby

This meeting was meant to empower oral health advocates to raise awareness of the importance of oral health as a key factor of overall health and wellness to influence short- and long-term legislative policy solutions.

Legislative Training: On the morning of Tuesday, October 2, 2018, John took part in a training session that provided knowledge and tips for conducting successful meetings with legislators and/or their representatives to advocate for important oral health policy issues. The training discussed what
influences elected officials as well as what are appropriate asks, what advocates should know about their legislators and what should be expected from a short legislative meeting. Background and talking points were provided on five legislative issues, which were to be the focus of the legislative meetings that took place that afternoon and the following day. They were:

- Funding HRSA Oral Health Training Programs
- Fill the CMS Chief Dental Officer Position
- Support the RAISE Family Caregivers Act
- Support SB 3016, Action for Dental Health Act of 2018
- Discuss A State of Decay, Vol. IV

The training session stressed the importance of sharing a personal story that is relevant to the oral health topic during the legislative visit. It also emphasized the importance of discussing oral health as a key factor of overall health and wellness during the visit.

**Hill Visits:** On Tuesday afternoon and throughout the day on Wednesday, October 3, John visited with legislators on Capitol Hill to advocate for the five priority oral health issues. He was part of a small group that had the opportunity to visit and speak with representatives from the offices of:

- Senator Patty Murray, (D-WA)
- Senator Chris Van Hollen (D-MD)
- Rep. Derek Kilmer (D-WA)
- Senator Ben Cardin, (D-MD)
- Senator Maria Cantwell (D-WA)

**Evening Reception:** On Tuesday evening, he attended a reception at the U.S. Capitol where Caswell Evans, DDS, MPH, was honored by Oral Health America for his life’s work. The training and experience provided during OHA Advocacy Week is critically important for continuing to advance oral health policy and the goals and objectives of ASTDD.

**COHSII and PIOHQI Learning Session, Alexandria, VA, October 15-17, 2018, Reporting: Kathy Geurink, Harry Goodman, Reg Louie, Christine Wood**

This was the semiannual meeting of the Center for Oral Health Systems Integration and Improvement
(PIOHQI) Initiative grantees. Intended results were:

- Adhere to the Learning Session main theme of compliance with a Sustainability Framework given all PIOHQI grantees are within 7-10 months of completing their formal grantee work.
- Identify small adjustments grantees can make to their PIOHQI project activities in the next 3 months that could improve their ability to meet project goals.
- Provide and receive input from state teams about how to most effectively show the impact PIOHQI projects have had at the site and state levels.
- Leave with specific ideas about how to ensure that the learning laboratories sustain interventions, in adherence with the Sustainability Framework that promote utilization of oral health services after the formal partnership with them ends.
- Consider ways to improve existing strategies for data collection/analysis to sustain promising practices (and those in learning laboratories) in the future.

Grantees found the working sessions on Storytelling and Data Reports and Display (led by Kathy Phipps) very informative and useful. Almost all PIOHQI grantees have plans to continue their training initiatives after the grant ends. ASTDD team members led a discussion on this topic that included: a) The importance of partnerships in sustainability, b) What data is being collected on trainings and is behavior change measured? c) What training materials are being used effectively and shared online or in person? d) Successful strategies and challenges. Almost all PIOHQI grantees intend to attempt to partner with government agencies to extend and sustain their work. However, additional challenges will be present for those grantees that are currently non-government agencies and must work outside the physical channels and confines afforded to those grantees currently in government agencies to continue to partner. Attendees discussed how to partner with a government agency and what arguments need to be made to integrate oral health into their work.

The next HRSA MCHB Special Projects of Regional and National Significance (SPRNS) Notice of Funding Opportunity with a focus on oral health was released in December with a focus on children.


The purpose of the Oral Health 2020 National Network Gathering was to deepen connections as a network, ground network members in a new identity, build network capacity as activists and change agents, and look ahead to 2020-2025. The Oral Health 2020 Network has been rebranded as OPEN: Oral Health Progress and Equity Network. OPEN will be working to identify a 501C3 organization,
which can serve as a temporary fiscal agent for a new, independent backbone organization that will then obtain its own 501C3 status and support the network. It is hoped that this will open the door for new funders to step forward to sponsor the network. The Network currently has slightly over 1400 members. DentaQuest Institute, DentaQuest Foundation, and the other two arms of DentaQuest have all been consolidated into one organization, the DentaQuest Partnership for Oral Health Advancement. The new Partnership has three priorities:

- Models of care through value-based transformation;
- Advocate for a public adult dental benefit;
- Establishment of a single oral health measurement system.

ASTDD will continue to participate on the National Oral Health Connection team, the Data/Measurement Network Response Team, and other workgroups as appropriate.

**American Public Health Association Annual Conference, San Diego, CA, November 10-14, 2018, Reporting: Bev Isman, Christine Wood**

This is the annual conference of the American Public Health Association. They conduct their annual business meetings, elections, and provide continuing education during the conference. The theme of the meeting related to Health Equity. ASTDD Newsletter editor, Lynn Bethel Short, ran for President of APHA but was not elected. ASTDD School and Adolescent Oral Health Committee member, Martha Dewey-Bergen, ran for APHA executive Board, but she also was not elected. The American Public Health Association Governing Council adopted 12 new policy statements, none of which were specific to oral health but covered some topics that impact oral health. Approximately 13,000 people attended the conference. As of July, the Oral Health Section had 352 members.

Bev attended Oral Health Section sessions and International Health Section sessions while Chris attended Governing Council and Oral Health Section meetings. Jennifer Sukalski from Iowa presented a poster based on ASTDD’s Access to Care: Oral Health Workforce Best Practice Approach Report for which she served as the primary author while finishing her Master’s degree. Bev presented an oral paper on Progress in State Oral Health Surveillance: 1990s-2017. There were several state oral health programs or their partners presenting on projects, including PIOHQI projects. Chris will continue to participate on the monthly Oral Health Section conference calls.
RECENT MEETINGS
continued

National Network for Oral Health Access (NNOHA), New Orleans, November 11-14, 2018, Reporting: Kimberlie Yineman

The purpose of the meeting was to help health centers reach their potential by having better health outcomes for patients, learning the latest clinical techniques, applying promising practices from others and integrating oral health skills with other professionals in the health centers. A key point of the conference focused on “disruptive innovation,” which is going to create a paradigm shift in dental health care delivery by having centers get reimbursed on value rather than volume. This will transform the siloed care into a network, which will increase care coordination, promote good oral health behaviors and will decrease the need for restorative, emergency and operating room dental care. Community Health Centers are an essential partner for state oral health programs, as many of their priorities are the same. NNOHA brings together many professionals from disciplines that share a common desire to improve the oral health of underserved populations.


The purpose of the meeting was to solicit input from key stakeholders for a new Surgeon General’s Report on Oral Health. Numerous ASTDD members attended. The 2000 Surgeon General’s (SG) Report on Oral Health transformed how people think about oral health. A new report is needed that reflects the changes in our environment and the evolving science about oral health. The National Institutes of Health is paying for the new report. Their goal is to have the new report completed by the end of 2020. The lead editors are Captain Bruce Dye and Dr. Judith Albino. The SG wants to make sure the new report addresses health equity, new workforce models, and opioid abuse. He also wants to make sure the report differentiates between oral health and dentistry. The SG believes that “oral health is not an add-on. It is a value-added issue.” This is a message that has the potential to elevate the importance of oral health programs within state health departments. The new report will have five key themes:

1. Oral Health Across the Lifespan
   a. Infant and Child Life Stage Issues
   b. Adolescent and Teen Life Stage Issues
   c. Working Age Adult Life Stage Issues
   d. Older Adults and Elder Life Stage Issues

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Continued

2. Effect of Oral Health on the Community, Overall Wellbeing, and the Economy
3. Special Topics
4. Oral Health Integration and Workforce
5. Emerging Technologies and Promising Science to Transform Oral Health

Oral health is one of the new SG’s six priorities. They include:
- Opioids and addiction
- Tobacco
- Community Health and economic prosperity
- Health and National security
- Emerging public health threats
- Oral health

Oral health can be tied into all the other priorities. State Oral Health Programs should try to leverage these priorities by tying into them for grant applications, reports, program planning, and all communications.

There was a January 10, 2019 at 12 noon EST public comment webcast. Information also is posted on the Surgeon General’s website: http://www.surgeongeneral.gov

CDC Division of Oral Health State and National Grantees Meeting, Atlanta, GA, December 11-13, 2018, Reporting:, Lindy Bollen, Judy Feinstein, Bev Isman, Robin Miller, Kathy Phipps, Sandy Tesch, Christine Wood, Kimberlie Yineman

This meeting provided grantees with an opportunity to discuss the DP18-1810 and DP8-1811 Cooperative Agreement strategies, activities, performance measures, and related issues. State and Partner staff members also had the opportunity to meet their CDC project officers, subject-matter experts, and division leadership. In addition, state staff had the opportunity to meet one-on-one with national partners to receive technical assistance, and with other state oral health programs to engage in peer-to-peer learning.

ASTDD and NACDD were asked to present an overview of our cooperative agreement strategies and our resources for states.

ASTDD and NACDD were asked to present an overview of our cooperative agreement strategies and our resources for states. The meeting consisted of presentations by CDC staff and examples of successes and lessons learned presented by states, as well as a series of roundtable breakout sessions. Attendees were also given the opportunity to preview portions of The Fluoridation Learning Online (FLO), which launched just before the release of this OHM newsletter. It takes the place of the biannual trainings for fluoridation.
staff (oral health drinking water programs) and will be open to anyone with an interest.

American Institute of Dental Public Health Colloquium, San Antonio, TX, January 24-25, 2019, Reporting: Lori Cofano, Bev Isman, and Sandy Tesch

The theme for this annual AIDPH colloquium was “Evolving the Dental Public Health Landscape: Interprofessional Practice and Value-Based Care.” The goal was for the 90+ attendees to gain a better understanding of the value-based movement and how it will impact the provision of oral health care services, with a focus on interprofessional care, changes in workforce and payment systems. Eight presentations and a panel were followed by group discussion. All recorded presentations and slides are available on the AIDPH website. There are still significant barriers in technology, payment and communication to effective interprofessional practice, but several research findings and practice examples were presented to overcome these barriers. Roles for the OH workforce were discussed. Examples were presented of leveraging the medical visit to promote oral health and leveraging the dental visit to promote preventive health messages and practices to reduce chronic diseases. Healthcare systems need to see value-based care as an opportunity and shift towards a team-based model focusing on clinical processes, care coordination, quality and cost measures. Overall, attendees agreed that to facilitate many of the changes presented around interprofessional practice and value-based care change needs to be initiated at the academic level. The oral health profession needs to talk more about the impact of dental disease, such as how it affects people’s lives, employment, systemic health, etc., and not just the prevalence of disease.

National Association of Chronic Disease Directors Thought Leaders’ Summit, Washington, DC, Feb 7, 2019, Reporting: Lori Cofano, Christine Wood

The meeting provided a forum for discussion between State Chronic Disease Directors and State Dental Directors about issues facing older adults in accessing oral health services and promising approaches and opportunities for collaboration between state Chronic Disease Programs and State Oral Health Programs. National organizations attending included the Administration for Community Living, ADA, American Gerontological Association, ASTDD, CDC, Cornerstone (NACDD’s lobbying firm), DentaQuest Partnership, Glaxo Smith Kline, HRSA, MSDA, NACDD, NIDCR, and the National Interprofessional Initiative on Oral Health. Beth Truett, former Executive Director of Oral Health America, attended as a “private consultant.” Participating states included: Colorado, Florida, Georgia, Idaho, Iowa, Maryland, Missouri, New Hampshire, North Dakota, Rhode Island, South Carolina, Vermont, and Virginia.

There is significant effort being rallied around older adult oral health and related issues. State Dental Directors would like ASTDD and NACDD to collaborate to identify “best practices” for chronic disease/oral health integration. NACDD would like to convene state level stakeholders to discuss how states can best promote chronic disease/oral health integration activities.
An Interview with Sean Boynes, DMD, MS

ASTDD: What drives you in your work and in life in general?

Sean Boynes (SB): I believe the steel town where I grew up and its family-based community culture shaped my perspective and drives many of my professional decisions. In those days, the community made available a multi-cultural existence and varying socioeconomic levels. I grew up in a working class neighborhood where the majority of my family still lives today. I have seen an increasing struggle by my family and friends to obtain and maintain a dependable and equitable health system in which an individual can trust the care they are receiving is the highest quality and value. This has led to a de-valuation of dental care by many because the system there aims for superficial goals for quality and often limits informed choice. I would like to see a better functioning system in which oral health care is little bit more convenient, a little bit friendlier, and a little bit more successful. Life in general is a bit more complicated; however, I would say I am extremely lucky to have supportive family, colleagues and supervisors who understand and reassure me.

ASTDD: What achievements you are most proud of?

SB: One achievement that continues to have a significant impact on me includes working with a great team as the first dentist and dental director for an FQHC dental start-up in rural South Carolina. The program continues to be an important component of the community and provides services to underserved children and special needs patients. While working at this FQHC, the need for better access to care as well as preventative care was foremost within our day-to-day operations, and often the most challenging. We were able to find solutions for hard problems and found that the more we involved both the person and the community the easier it was because we were able to work within care delivery while addressing those difficult-to-reach social determinants. It became a foundational path to follow for improved individual health and improved system dependability.

LIFE MOTTO

“Creativity is intelligence having fun.”
~ Albert Einstein ~
An Interview with
Sean Boynes, DMD, MS
continued

ASTDD: Can you talk a little bit about what you are doing professionally?

SB: I am now working at DentaQuest, leading a team within the DentaQuest Partnership for Oral Health Advancement as we aim to bring forward a better understanding and develop opportunities for person-centered care where individuals can receive oral health care that is integrated with primary care, personalized, understandable, and within a system where the person has the opportunity to co-design their pathway to wellness in an informed manner. The hope is to make care better for people and create an environment where those working within the health care system can perform at their highest level with minimal daily stressors.

ASTDD: What do you enjoy doing outside of work?

SB: I am married to my wife Vicki and we have a 5-year-old son, Smith. In my free time I like to watch movies (Romero and Carpenter most often), read books (real ones made of paper), hike with my son (creeks over lakes), and opt to play guitar (Ramones and the Donnas over the Bay City Rollers) as much as possible.

States with new dental directors from 11/2018 through 3/2019. For their contact information and to welcome them to ASTDD, please go to www.astdd.org/membership-roster

Favorite Quote
“I came here to chew bubble gum and kick a** and I am all out of bubble gum.”
~ Roddy Piper ~

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