President’s Message

I write this with a heavy heart, as I am both honored for the opportunity to represent ASTDD as President but saddened by the untimely loss of our colleague and friend, Greg McClure. I first met Greg nearly ten years ago as I began my dental public health career in West Virginia and since that time have valued his leadership and passion for oral health. I will remember Greg most for his positive attitude and his dedication to serving others. May we continue to keep his wife, family and friends in our thoughts and prayers, as he will not soon be forgotten.

As we move forward, I’d like to build upon past success and continue with both the vision and the mission of ASTDD in mind. Supporting “a strong and effective governmental oral health presence in all states and territories to assure optimal oral health” is our desired outcome but may look different in different places. Where infrastructure and growth are needed, ASTDD can provide leadership to increase awareness of and to advocate for oral health and its importance to overall health. Where the presence of oral health is better established, programs can work to promote evidence-based policy and practice and develop initiatives to address oral disease through prevention and control. And regardless of where we are, we should all strive to address health equity for the populations we serve.

With a clear vision and mission, I also have personal goals I’d like to work toward during the next two years. One goal is to elevate the position of state and territorial dental directors within our governmental systems. As dental health professionals and public health leaders, we each have unique skills and experiences that can inform government policy and initiatives when given the opportunity. A strongly positioned dental director within a state or territory should enhance oral health infrastructure and ensure consistent representation and consideration of oral health in decision-making processes.

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Another goal is to ensure that governmental oral health programs and their initiatives are planned and implemented with sustainability in mind. As financial resources become scarcer and we are asked to “do more with less,” it is important to be adaptive and flexible, and above all, to show outcomes through data and systems change. State and territorial oral health programs must share their stories with a variety of audiences, as well as think outside the box and consider partnership with non-traditional partners to improve overall health from an oral health perspective. Innovation is no longer a novel concept but a necessity to be responsive to not only funding opportunities but also the needs of increased access to healthcare services.

I thank you for the opportunity to serve as the ASTDD President, and look forward to the coming weeks and months. As we work together, I ask for your ideas, encouragement and support. Through consistent application of our vision and mission, I believe the goal of optimal oral health for all can be realized.
Executive Director’s Message

The National Oral Health Conference (NOHC) in April in Louisville, Kentucky will be the 19th joint meeting of ASTDD and the American Association of Public Health Dentistry (AAPHD). It will also be when we celebrate ASTDD’s 70th anniversary!

We start the conference off with a series of weekend workshops and meetings. On the afternoon of Saturday, April 14th you can attend an ASTDD/Centers for Disease Control and Prevention (CDC) sponsored workshop on “Designing and Proposing Questions for the Behavioral Risk Factor Surveillance System (BRFSS) to Meet Changing Needs in Oral Health Surveillance” or an ASTDD sponsored workshop on “Navigating State Government: Common Questions and Scenarios.”

On Sunday, April 15, from 8:00 am to 11:00 am, we are offering two ASTDD/CDC sponsored workshops, “Exploring the National Health and Nutrition Examination Survey (NHANES) Oral Health Component: Current Content and Future Directions” and “Funding to Support Community Water Fluoridation.” In addition, the American Association for Community Dental Programs will be sponsoring their all-day, annual symposium. In the afternoon, from 12:00 pm to 4:00 pm, ASTDD will be hosting our annual ASTDD Member Lunch, Business Meeting, Awards Ceremony, and Member Sharing session. That same afternoon, from 2:00 pm to 4:00 pm, AAPHD is sponsoring a Legislative Advocacy Workshop and a Leadership Development Workshop. From 4:30 pm to 6:30 pm, AAPHD will hold its annual business meeting and awards ceremony. The day ends with the NOHC’s first social event, our opening reception where it’s always fun to reconnect with old friends and meet new colleagues!

During the next three days, attendees will have the opportunity to hear four thought provoking plenaries. On Monday, the opening plenary will be “Competition and Regulation in the Dental Professions: Impact on Access, Cost, and Quality.” The American Board of Dental Public Health is sponsoring the second Monday plenary, “The Economics of a Dental Benefit for Medicare.” On Tuesday, AAPHD is sponsoring a plenary, “Can Dental Research Change Policy?” Wednesday’s plenary, “Conversations about the Greying of America” will be sponsored by ASTDD.

In addition, over the course of the next three days, there will be multiple tough choices to make. Which of the 28 concurrent sessions will you decide to attend? On Monday, are you going to participate in the roundtable lunch and learn session or the AAPHD Student Chapter Meeting/Lunch? If you decide to attend the Monday lunch and learn session, which two tables will you visit? There will be over 60 to choose from! On Monday afternoon, what posters will you visit during the poster session? Or will you decide to attend the CDC Water Fluoridation Update? Will you attend the American Dental Hygienists’ Association (ADHA) Networking Reception from 5:30 pm to 6:30 pm? On Tuesday, will you attend the National Organizations round table lunch and learn or were you invited to the Health Resources and Services Administration (HRSA) oral health grantees luncheon meeting? And you’ll want to take time to visit with the many exhibitors at this year’s NOHC. After all these tough decisions, it will be a relief to “party down” during the Tuesday Evening Dinner and Networking Event. This year we will be heading over to the Sports and Social Club, on Fourth Street Live, for a night of hors d’oeuvres, dancing, games, and fun! I can’t wait to see all of you at the 2018 NOHC!

I can’t wait to see all of you at the 2018 NOHC!

Christine Wood
RDH, BS
Rudy was born in Santa Fe, New Mexico, and boasts that his family lineage traces back to 1684, when the Spanish Conquistadors arrived in Santa Fe. The Blea family history has been one of settling in Santa Fe for decades. In the 1900s the railroad hit the territory and various members of the family followed it to northern California, southern and central Colorado, Wyoming, and various other states. Rudy’s father was a member of the 101st New Mexico Calvary; this type of service ended in the early 1950s and was replaced by the U.S. Army. He then worked as a plumber and in construction, but was first and foremost a horse enthusiast. His father was a great horse trainer and trained Trigger owned by Gene Autry, the famous country singer. Greer Garson knew his father and introduced him to Mr. Autry. Rudy’s mother was a homemaker and assisted in operating the family business. His two brothers were true “jocks,” something Rudy was not! They followed in their father’s trade, while Rudy took off in another direction. After college and some time spent in graduate school, Rudy ventured to California on a vacation. Having relatives in Southern California gave him the opportunity to spend time in Los Angeles working at a gas station and with friends in Sacramento – members of the Franciscan Order who he had met in New Mexico.

After a short time in Sacramento it was time to decide to return to Santa Fe or Los Angeles. After some deliberation Rudy decided to job-hunt and he interviewed for a position in the California Department of Health. Ironically, he was interviewed by two women from northern New Mexico. Naturally, they talked more about New Mexico than the job - it was a family reunion and the way they think in New Mexico. Two weeks later he was hired as the assistant to the Affirmative Action (AA) Coordinator for the public health division. In this position he was introduced to labor relations and took on the job of reviewing and resolving labor grievance and Affirmative Action complaints. It was in this position that he became aware of the importance of public health. After a period of time, Rudy then took a position that included developing and monitoring contracts for the public health division. Over a period of 20 years, he worked closely with various public health programs – his favorite, was as the program director for the Systemic Lupus Erythematos program, a research program in search of a cure for Lupus. His next assignment was assistant to the Chronic Disease Bureau Chief, providing support to the Preventive Health and Health Services Block Grant program, one that was funded in excess of $11 million.

The Office of Oral Health (OOH) was located under the direction of the same Chief, and because Rudy had become very familiar with the OOH activities, he was appointed to direct the program and served in that position for eight years. In this role, he managed 32 contract coordinators implementing the state’s dental sealant program and worked with the water fluoridation coalition. In 2006, he returned to New Mexico becoming the director of the New Mexico Office of Oral Health and to help take care of his mother, who at that time was in her late 90’s and had reoccurring breast cancer. In his position, he enjoys traveling to remote parts of the state to conduct either fluoride varnish or dental sealant clinics with his staff. Their latest and greatest challenge was securing water fluoridation for the City of Albuquerque and the County of Bernalillo, which was approved by the water utility board in September 2017. When Rudy isn’t working you can find him enjoying the New Mexico night skies counting stars and taking care of his two dogs, Berry and Linkin. He also does very different volunteer work with his parish – serving as the wedding coordinator – he works with the couples, planning their ceremony and assisting at their wedding.
“To improve the oral health of all.” As the largest national philanthropy dedicated to oral health, the DentaQuest Foundation believes that the days of waiting in lines overnight to get teeth pulled, of children dying from untreated decay, of families being forced to choose between needed care and other essential expenses, of the “silent epidemic,” should be over. Our mission is to create a country where oral health systems are equitable, just, and integrated into the overall health and well-being of each individual. However, we also recognize that weaknesses in the U.S healthcare system preclude sustainable improvement in oral health outcomes without fundamental change. Despite almost 20 years having passed since Surgeon General Dr. David Satcher’s seminal report on the impact of oral disease in the U.S., caries remains the most common chronic childhood disease, and periodontal disease continues to severely impact numerous adults.

Over the past half a century, social movements like those around civil and LGBTQ rights, AIDS, and tobacco have redefined the way we think about systems change. To make broad-sweeping, sustainable progress, these movements shared common themes: people connected, organized, and mobilized around a shared vision; policy change institutionalized improvements; innovative strategies disrupted the status quo; equity and social justice served as guiding principles; and the voices of those communities most impacted guided the work.

Learning from these examples, the DentaQuest Foundation set out to help build and sustain a national oral health movement that is grounded in common values, focused on shared goals, intentionally inclusive of under-represented voices, and focused on root causes, rather than symptoms, of the problem. We adopted a framework to impact the systems of policy, financing, care, and community, and, for the past decade, have directed funding to upstream solutions to the oral health epidemic.

Through ongoing grant investments, the Foundation supports oral health leaders at all levels to connect, organize, and mobilize to reshape public policy, care delivery, and payment structures, and create a new shared understanding of what it means to be wholly healthy. We are especially intentional about addressing disparities in outcomes because we believe it is an untenable social injustice that certain segments of the population bear a disproportionate burden of poor oral health.

The Foundation’s largest strategy to address the complex change necessary to improve oral health is Oral Health 2020, a multi-year effort comprising more than 1,000 national, state, and community-based partners—professional associations, providers, policymakers, community activists, and more—across the country. By aligning around common goals, creating collaborative relationships, and sharing tools and resources, our diverse partners effectively drive progress through the power of collective action. Indeed, since its inception, this network has contributed to significant policy and systems changes, including:

- 15 states preserving or expanding dental benefits in publicly funded coverage;
- 11 states strengthening state-level oral health infrastructure, either with the establishment of new oral health director positions or filling the positions with dental professionals;
- Seven states including oral health in the implementation of the Affordable Care Act provisions; and
- Four states improving dental reimbursement rates.

This year, in light of threats to health care access at the federal and state levels across the country, the DentaQuest Foundation will continue to support our partners working to strengthen oral health and health care policy, broaden access to quality care and prevention, align financial investments in oral health, and expand the integration of oral health into community-based, patient-centered systems. Through partnerships with grassroots organizations, we have renewed our commitment to integrating into the movement the voices of historically underserved populations who disproportionately suffer the burden of poor oral health.

The Foundation is also seeking to expand its relationships with public health leaders and local funders who can join in supporting grassroots stakeholder activity and invest in changing how oral health is valued, accessed, and experienced in the United States. We invite you to join us to address the previously silent epidemic of poor oral health and improve the health and lives of millions. Learn more about our work on our website.

Michael Monopoli, DMD, MPH, MS
Executive Director, DentaQuest Foundation
In October 2017, the Alabama Department of Public Health (ADPH) welcomed a new dental director to the Oral Health Office (OHO). Being completely new to public health, the transition from clinical scrubs to a shirt and tie has allowed him to offer a new perspective to the Office and provide a new focus for his passion for dentistry.

Alabama’s OHO is located within the Bureau of Family Health Services. It is funded 100% by a Title V Grant from Maternal and Child Health. There are three tiers of authority separating it from the Office of the State Health Officer. In the Central Office, the OHO consists of a Director, a Registered Dental Hygienist, a Public Information Specialist/Fluoridation Coordinator, and an Administrative Support Assistant.

For some time, Alabama has realized the necessity for a State Oral Health Plan (SOHP). On November 9, 2017, a workgroup consisting of representatives from Alabama Medicaid, Alabama Dental Association, University of Alabama at Birmingham School of Dentistry (UABSOD), CHIP/ALL Kids, Academy of Pediatric Dentistry, federally qualified health centers, special needs populations, older adults, ADPH, and other stakeholders collaborated to create the framework for a working SOHP. While the “polished” document is still in the works, implementation of the plan is well underway. As part of the plan, the ASTDD Basic Screening Survey (BSS) will be utilized to conduct a survey of third graders statewide in the fall of 2018. ADPH will also collaboratively expand and implement the UABSOD geriatric screening efforts from multi-county to statewide utilizing the BSS Tool for Older Adults.

In a continuing effort to promote community water fluoridation, fluoridation grant awards will soon be finalized for five public water systems ranging from $6,000-$25,000 throughout the state. The funds are intended to expand existing fluoridation programs, update aging equipment, or initiate fluoridation in new systems. Additionally, ADPH introduced a bill in the 2018 legislative session to require 90 days written notice to the State Health Officer prior to any permanent change in the fluoridation status of a system’s water supply thus allowing adequate time to educate the citizens and enable them to make an informed decision concerning fluoridation.

In conjunction with February being National Children’s Dental Health Month, the OHO launched its first annual statewide Smile Contest. Photo submissions of third graders were compiled, and a boy and a girl were selected by the staff of Family Health Services to be the winners of “Share Your Smile With Alabama.” The winners were invited to the ADPH studio for a live broadcast showcasing them as the winners. As part of their prize, a photoshoot was done for each child and the pictures will be used in future ad campaigns for the OHO throughout the year. In addition to the contest, a request was submitted and granted for Governor Kay Ivey to sign a Proclamation proclaiming February as Children’s Dental Health Month.

As an aid to achieve optimal oral health for young children (ages 0-3), ADPH will continue collaborating with the American Association of Pediatrics (AAP) in the Alabama Brush, Book, Bed initiative initiative. Funded by a DentaQuest Grant, the program provides families during well-child visits with materials (age-appropriate books, stickers, a toothbrush, and toothpaste) to promote healthy nighttime routines: brush the child’s teeth, read together, and set a regular bed time. Twelve pediatric offices selected by AAP will receive 500 toothbrushes and toothpaste per office through the program.

An advertising campaign through the OHO highlighting the importance of dental visits for pregnant women is in the graphic design stage. Utilizing ads in numerous magazines, on floor clings, and on billboards, the ill-effects of untreated periodontal disease to the unborn as well as the overall health of pregnant women will be depicted to encourage dental check-ups.

Although ADPH’s OHO staff are each new in their respective roles, much has already been accomplished—and even more is planned. The retirement of Sherry Goode, RDH. in February created a void that will be very difficult to fill. The search to do so is underway so that Alabama’s OHO, under the direction of Tommy Johnson, DMD, can continue its positive impact for a healthier Alabama.
Alejandra Valencia is a native of Medellin, Colombia where she graduated from the University of Antioquia School of Dentistry. Before coming to the United States in 1999, Alejandra worked as a clinical dentist in public health settings for six years. She completed her Master of Public Health degree at the University of Illinois in Chicago and her Master of Science in Dental Public Health degree at the University of Iowa; she is a current Diplomate of the American Board of Dental Public Health.

The focus and passion of Alejandra’s public health career has been working to reduce health inequalities, improve oral health outcomes, and increase access to dental services for underserved populations. Her studies have focused on understanding the barriers that Latino communities have to accessing and utilizing dental services. Alejandra’s study results have brought understanding about the implications of social determinants of health affecting access to oral health care services for populations of color and the long-term impact these determinants have on overall health outcomes.

Alejandra is currently the Director of the Oral Health Forum; a community-centered initiative committed to improving oral health programs and services for all Chicago residents through education, assessment, policy and program development, and network collaboration. Through her position at the Forum, she has been an integral contributor in several efforts to advance the improvement of oral health for Chicago residents, such as the first and second Chicago Area Oral Health Plan and the Burden of Oral Diseases in Chicago. At the state level she was the lead investigator in the latest Healthy Smile Healthy Growth study, a surveillance project that assessed the oral health and obesity status of third-grade children in Illinois with special emphasis on assessing inequalities affecting low-income children and racial and ethnic minorities.

Presently, Alejandra is leading a partnership effort with Chicago Public Schools and the Chicago Department of Public Health that works towards the full integration of oral health services in schools located in high need communities in south Chicago. By delivering oral health education within the schools, case management services to families of children with dental needs, and leveraging community dental partners to establish dental homes, this investment aims to improve oral health literacy within communities, engage community members in their oral health, and increase the likelihood that oral health is incorporated into school health policy.

Alejandra lives in Chicago with her husband, Isidro, and her two boys, Andres and Sebastian. They enjoy watching and playing soccer as well as traveling to Mexico and Colombia to visit family and friends.
Ok, we're tired of winter already! Some of you have been experiencing extreme cold and ice while those of us in CA are praying for light rain (no mudslides), lots of snow and no more fires. Despite the unpredictable weather and general weirdness going on in the world, ASTDD continues to attend national partner meetings, convene committee calls, offer webinars and produce resources for oral health programs. I’m making progress on writing the 2017 ASTDD Annual Report that will be distributed at the National Oral Health Conference (NOHC). In addition, ASTDD will be applying for two national funding opportunities from the Centers for Disease Control and Prevention (CDC), one from the Office for State, Tribal, Local and Territorial Support (OSTLTS) for “Strengthening Public Health Systems and Services Through National Partnerships to Improve and Protect the National’s Health,” and the recompeting one from the Division of Oral Health, “Partner Actions to Improve Oral Health Outcomes.” To inform our responses, we are surveying state and territorial dental directors about their needs. States are also busily grant writing to respond to a Health Resources and Services Administration (HRSA) opportunity for “Grants to States to Support Oral Health Workforce Activities.” CDC will also be releasing another round of funding for “State Oral Disease Prevention Program.”

In early December, Chris Wood, Bev Isman and Barb Park participated in a site visit to CDC to meet with Division of Oral Health leadership and staff to discuss progress on our cooperative agreement and any updates on CDC activities. Kathy Phipps, Carissa Beatty and Mary Davis joined some of the sessions by phone. Bev Isman and Chris Wood also attended the American Public Health Association (APHA) annual conference while in Atlanta (details in the meetings article.)

**Webinars Since the Last OHM Issue**

Link is to the recording; PowerPoint slides and other materials are available via the Members Only page under archived webcasts.

- **The New and Improved Children's Basic Screening Survey (BSS)** - In July 2017, ASTM published the newest version of the children's Basic Screening Survey (BSS) manual. The primary change to the manual is the addition of two optional indicators - potentially arrested decay and sealants on primary molars. This webinar provided detailed information on the additional indicators and how they may impact future data collection along with comparisons to prior survey results. (October 2017)

- **Success Stories from School Sealant Programs** - In this webcast, three presenters from school-based sealant programs presented information about an important school-based dental sealant program component and shared a story around building a successful sealant program. Resources, such as the ASTDD School-based Dental Sealant Best Practice Approach Report (BPAR) and the 2017 Children's Dental Health Project, Sealant Work Group Recommendations as well as other state manuals and reports, were shared. (November 2017)

- **Brush, Book, Bed – The Importance of Bed Time Routines** - The American Academy of Pediatrics (AAP) created the Brush, Book, Bed (BBB) program to improve oral health services in the medical home by linking oral health information with messages about early literacy, sleep, and establishing a regular nighttime routine. The webinar explained how establishing nighttime routines have been shown to help families, including evidence from the Reach Out and Read program, a description of the AAP BBB pilot, and examples of communities that have used the implementation guide to design a BBB project. This webinar was developed for state dental hygiene liaisons for Head Start/child care programs so the last section reviewed program updates for them. (December 2017)
Committees, Consultant Activities and Resources

continued

- **State Synopses Questionnaire** - Dr. Kathy Phipps, ASTDD Data and Oral Health Surveillance Consultant, provided an overview of changes to the annual ASTDD State Synopses questionnaire. She provided guidance on completing the survey and answered questions from the audience. (January 2018)

- **Training Health Care Professionals to Focus on the Oral-Systemic Health of Older Adults** – During this webcast, three programs that successfully train future health care professionals to work with the older adult population, with a focus on oral-systemic health, presented. (January 2018)

**Healthy Aging Committee (HAC)**
The committee is sponsoring a roundtable, poster and a plenary, “Conversations About the Greying of America” at the NOHC. Lori Kepler-Cofano presented on the Older Adult BPAR during the Coalition for Oral Health for the Aging (COHA) meeting/call. She also presented a poster at the National Network for Oral Health Access annual conference (see separate article.) Check out the new white paper, *Improving Oral Health Access and Services for Older Adults.*

**School and Adolescent Oral Health Committee (SAOHC)**
February is School-Based Healthcare Awareness Month! The committee will be presenting a workshop at the June 2018 School-Based Health Alliance (SBHA) Annual conference; “The Whole School, Whole Community, Whole Child Model (WSCC): A Collaborative Approach to Improving the Oral Health of Children.” SAOHC helped develop the SBHA School Oral Health Library, which was launched via webinar in January and contains several ASTDD resources. The library is designed to help strengthen and expand school oral health services. Resources are organized around eight components of school oral health: education; screening and risk assessment; preventive care; care coordination; cleaning, exams, and treatments; integrated services; data and program evaluation; and sustainability. The SBHA also has finished data collection for their 2016-17 survey of school-based health centers. Look for a new document, “School Oral Health: An Organizational Framework to Improve Access for Children and Adults” on the SBHC website soon. The Best Practice Approach Report (BPAR) on School Based Dental Sealant Programs has been updated and includes new state activity submissions. Some of these were presented during the webinar referenced at the beginning of this article. The committee also is involved in two roundtable sessions at the NOHC. Barb Park and Kathy Geurink have communicated with the National Association for Chronic Disease Directors (NACDD) School Health Consultants about opportunities for promoting oral health's successful efforts in using the WSCC model to promote oral health services in schools.

**Data Committee (DC)**
The 2018 Synopses questionnaire was distributed to dental directors on January 2nd and Kathy Phipps presented a webinar on how to complete the questionnaire on January 19 (see previous section on webinars). The Older Adult Basic Screening Survey (BSS) manual was updated and posted; the revised manual is free to members through the Members Only section of the website, while non-members pay $10 and order online.
Mike Manz submitted an abstract on “Development of Standardized Protocols for Emergency Department Oral Care Surveillance” that has been accepted for a poster at the American Association for Dental Research conference in March. Mike also submitted an abstract for the Council of State and Territorial Epidemiologists’ conference, “Standardized State Level Surveillance for Non-Trauma Related Oral Care Provided in Emergency Departments.” Bev Isman submitted an abstract on “Progress in State Oral Health Surveillance” to the American Public Health Association (APHA) for the November 2018 conference.

National surveillance data of non-traumatic dental care in emergency departments is now available upon request. The 2014 National Emergency Department Survey (NEDS) dataset has been acquired by ASTDD from the Healthcare Cost and Utilization Project (HCUP). NEDS is a nationally representative sampling of state data collected through the State Emergency Department Databases (SEDD) system, the system used by most of the states. The NEDS data has been analyzed using the same protocols and diagnosis code sets to provide the ED oral care surveillance indicators that ASTDD recommends for states in the documents, Guidance on Assessing Emergency Department Data for Non-Traumatic Dental Conditions and Recommended Guidelines for Surveillance of Non-Traumatic Dental Care in Emergency Departments. For states conducting such analysis of their state's SEDD data, comparisons of state findings to national estimates may be of interest. These national estimates can be obtained from Mike Manz (mmanz@umich.edu) upon request.

Since the last column, Mike Manz has provided BSS or oral health surveillance technical assistance (TA) to IL, LA, FL, GA and NV. Kathy Phipps provided TA to MN, HI, VT, OH, CA, MT, MI, MO, CO, NY, UT, TX, and ND by email or phone.

View the new report, Making Oral Health Count: Toward a Comprehensive Oral Health Measurement System. The DentaQuest Foundation funded ASTDD and the Children’s Dental Health Project (CDHP) to systematically gather input from oral health advocates, provider groups, and federal agency officials responsible for oral health data to develop this issue brief that outlines some of the strategies needed to achieve a comprehensive oral health measurement system.

Best Practices Committee (BPC)
BPC members continue to contact states to update state activity submissions and descriptive reports done in 2012 and before. The BPC is still working with various committees on the following BPARs:

- Workforce: Access to Care (update): Lead committee: SDEC
- State Oral Health Coalitions and Collaborative Partnerships (update): Lead Committee: SDEC
- Use of Fluoride: School-based Fluoride Mouthrinse and Supplement Programs (update): Lead Committee: FC.

The Committee is involved with two roundtables at the NOHC.

Fluorides Committee (FC)
The Fluoride Varnish Program Report and the Fluoride Varnish Program Catalog are based on a survey of school-based fluoride varnish programs (children 6-17 years old) operating in the U.S in 2015-2016. The number of programs and contacts may have changed since the survey was conducted. The complete survey questions and responses are available to ASTDD members in the Members Only section of the website. Check out another new resource, Community Water Fluoridation, Best Websites for Scientific Evidence. An “Enamel Fluorosis Issue Brief” will be online soon.
LeeAnn Hoaglin-Cooper continues to maintain the community water fluoridation (CWF) Rollback catalog -- 30 additions in October, 33 additions in November, 17 listings in December, for a 2017 summary of 377 total listings, and 10 additions in January. The FC is involved in two presentations at the NOHC as well as the Fluoridation Awards. Lee Ann presented a webinar on “Fluoridation Resources” for Oral Health America in December.

**Dental Public Health Resources Committee (DPHRC)**

Each year the committee leads an ASTDD review of American Dental Association (ADA) proposed resolutions and determines if responses will be done in person or via written testimony. Judy Feinstein prepared actions and outcomes matrices for ASTDD and American Association of Public Health Dentistry (AAPHD) attendees at the ADA meeting. The committee has been working collaboratively with other committees on a few white papers and issue briefs. They are sponsoring a concurrent session at the NOHC, “Promoting HPV Vaccine: An Opportunity for Medical-Dental Collaboration,” that builds on a white paper developed last year.

**Communications Committee (CC)**

To respond to some concerns about not being easily able to find some resources on the website, we created a website tutorial with a PowerPoint and a recording of the information with screen shots. They are posted on the homepage in the upper right hand corner. The committee is sponsoring two roundtables and a concurrent session, “The New Neighborhoods: How Social Networks are Reshaping Public Health Communication,” at the NOHC. Dean Perkins and Bradley Cummins continue to upgrade the ASTDD website to enhance navigation and security. The CC added more resources to the Health Communications webpage. Lynn Bethel Short posts about 2-5 messages a month to Twitter and about 20 per month to Facebook; she will be coordinating ASTDD social media postings at the NOHC.

**State Development and Enhancement Committee (SDEC)**

Important! The ASTDD Guidelines Part II that includes state roles, activities and resources has been updated with many new additions to the resources. Please replace any 2015 copies you have with this version.

Some members of SDEC continue to participate on a workgroup with BPC members to provide advice to the student writing the Oral Health Workforce: Access to Care BPAR. Consultants and the ASTDD continue to provide technical assistance to states based on individual requests. Harry Goodman has been assisting the Pennsylvania state oral health program in its quest to expand and improve its current state oral health program so that it effectively develops the appropriate infrastructure, program priorities and activities based on ASTDD Guidelines and Competencies. He completed the final report that provides an assessment of the program and a listing of recommendations.

A discussion on the January SDEC call resulted in development of three topic-focused lists of resources that states can use to inform their responses to the 2018 HRSA Oral Health Workforce Funding Opportunity:

- Obesity Resources
- Opioid Resources
- Teledentistry and Mobile/Portable Resources
The **Oral Health 101 modules** for state oral health program staff or other health department staff with little or no dental background are now posted on the website as recordings and PowerPoints. Module 1 focuses on “Oral Health Terminology, Common Oral Diseases/Conditions and Treatment.” Module 2 covers “The Interface of Oral Health and General Health: Preventive Interventions and Professional Collaboration.” Module 3 provides an overview of “The Oral Health Workforce: Work/Dental Care Settings and Dental Financing.” We also added links to resources from other organizations to the SDEC webpage.

Lori Cofano continues to coordinate the peer support program, arranging mentors for new state dental directors, with Chris Veschesio orienting new associate members. Since early September we gained 43 new associate members. Chris and Associate Member Director, John Welby, are hosting a NOHC roundtable on how best to communicate and engage the associate members as we continue to gain new members each month. ASTDD Board of Directors (BOD) members and a few other seasoned dental directors will be participating in a weekend Mentoring Workshop at the NOHC. The committee is also sponsoring Bob Russell to conduct a workshop on “Navigating State Government: Common Questions and Scenarios.”

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

There will be a concurrent session at NOHC, “The Perinatal and Infant Oral Health Quality Improvement Project: Progress, Barriers and Successes of Three Participating States.” Many of the POH committee activities now are related to COHSII project. Reg Louie, Chris Wood, Harry Goodman and Kathy Geurink continue to assist in the transition with the Perinatal, Infant Oral Health Quality Improvement (PIOHQI) initiative grantees to COHSII and serve as advisors on the COHSII grant. They participate in weekly conference calls and monthly online Learning Events as well as providing T/TA to grantees. In October they attended a two-day in-person PIOHQI grantee meeting in Baltimore (see summary in the meetings article).

MCHB has released the Title V Block Grant Guidance for FY 2019 (for BG applications due from state MCH programs on July 15, 2018). The new BG guidance has significant changes: states are required to select only five National Performance Measures (NPM), instead of eight NPMs from five MCH domains. States have options, including: [1] retaining NPM13 (both 13A and 13B); [2] retaining NPM13A focusing on dental visits for pregnant women; [3] retaining NPM13 B focusing on preventive dental visits for children and adolescents; or, [4] eliminating NPM13 from the state action plan.

**Early Childhood Committee (EC)**

The EC quarterly call was held in November. Many of its activities fall under the National Center for Early Childhood Health and Wellness (NCECHW) oral health projects and some activities relate to the new COHSII grant. Michelle Landrum and nine regional dental hygienist liaisons (DHLs) participate in quarterly conference calls and continue to recruit and provide mentoring to the state DHLs and TA for other requests. A webinar for DHLs and others was held in December (see the previous webinar description). Michelle Landrum is continuing to update the EC and DHL webpages with resources. Various EC members reviewed and provided comments on monthly issues of the NCECHW’s Brush Up on Oral Health tip sheet for Head Start staff. EC or NCECHW representatives are presenting three roundtables at the NOHC, sessions at NCECHW’s Health Care Institute in April, an intensive workshop at the American Dental Hygienists’ Association (ADHA) conference in June, and at many state and local conferences this spring.
Committees, Consultant Activities and Resources

Chronic Disease Coordination
Barb Park has been holding conference calls and providing technical assistance with the six states funded by CDC to focus on oral health and chronic disease integration. Barb will facilitate a “fireside chat” at the Sunday ASTDD Member Sharing session at the NOHC with three funded states and three non-funded states discussing their chronic disease collaboration work. She participated with NACDD's Director of Partnerships in a call with the ADA to discuss ways in which oral health and chronic disease can be favorably positioned to increase awareness about the topic and facilitate increased collaboration. In early February Barb presented a poster at an NACDD Annual Showcase of programs on the “NACDD/ASTDD Partnership to Integrate Oral Health and Chronic Disease.” She will also represent NACDD at a roundtable at the NOHC. Look for a tip sheet/resource guide and updates to the Chronic Disease webpage in the next couple of months after the workgroup meets.

ASTDD continues to collaborate with the University of Iowa on oral health and primary care integration. We reviewed the results from three surveys they completed and are in the process of reviewing draft chapters on specific chronic diseases or risk factors for their final report to CDC.

Oral Cancer and Tobacco Issues
Chris Veschusio has been working to more fully integrate tobacco strategies and oral cancer issues into the four chronic disease domains and to share information with states. We have a new webpage on Smoking and Tobacco Use and also one on Oral Cancer with loads of resources. Chris serves on the Association of State and Territorial Health Officials (ASTHO) Tobacco Issues Forum. The October ASTHO: WebEx was on “Effective Communication with Policymakers,” how to educate and inform policymakers about tobacco control priorities. The December WebEx featured the new “ASTHO Infographic on Tobacco-related Disparities.” In addition to highlighting populations that experience tobacco-related health disparities, it describes the role of state health departments in addressing these disparities and key partners to engage when working with each respective population. It includes interactive features such as pop-up boxes that can be accessed by hovering over each population and National Network listed. The National Network logos are also linked to their respective websites. It is spotlighted on both the ASTHO Tobacco page and corresponding resources page.

Children with Special Healthcare Needs
Jay Balzer is still available to states who have questions about developing programs for or finding data on children with special healthcare needs. His contact information is in the consultant list on the ASTDD website. The updated online curriculum, Special Care: An Oral Health Professional’s Guide to Serving Young Children with Special Health Care Needs, hosted by the National Maternal and Child Oral Health Resource Center (OHRC), is now available and offers continuing education credits.

Evaluation Consultants
Mary Davis and Carissa Beatty are consulting to CDC and states on the 5-year evaluation report and planning for next 5-year cooperative agreement (CA) cycle. They also assist ASTDD committee and consultants on several evaluation related activities and update the ASTDD Evaluation and Quality Improvement webpage. They are also available to provide TA to non-funded states. Contact Bev Isman at bev.isman@comcast.net if you would like to request their services.
1. What sparked your interest to become a dental hygienist and how did you become involved in dental public health?

I am originally from upstate New York where my choice to enter a dental hygiene career came as a “challenge” from a high school colleague who boasted of the competitiveness of getting into the local community college dental hygiene program. I applied, was accepted, and then graduated in 1978 from Broome Community College in Binghamton, NY with an Associate of Applied Science degree in Dental Hygiene. I worked clinically as a dental hygienist for 11 years, in both orthodontic and general dental practices, and although I knew my passion was dental hygiene I felt a higher calling for more than clinical practice. I moved to Texas in 1983 and pursued an advanced degree in health education/health administration and graduated with a Master of Science degree in Health Professions in 1988 from Southwest Texas State University.

My public health career began in 1989, first working as a clinical hygienist within a school-based sealant program with the City of Austin dental program and then for the state health department, now called the Texas Department of State Health Services. Presently, I am still employed through the state health department (and eligible to retire!) where I work within the Oral Health Surveillance Program as an oral health program specialist and grant coordinator. I was drawn to public health because of the opportunities for personal career growth and public service to the community.

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

Through my educational and professional backgrounds, I have been afforded many opportunities to assume leadership and oversight roles within dental sealant programs. My experience in providing project coordination within public health intervention programs spans more than 25 years. I have always been active in my professional dental hygiene organization (Texas Dental Hygienists’ Association) and in 1993 started their “Sealants Across Texas” (SAT) dental sealant project to increase engagement of dental hygienists in community service. The SAT program offered oral health education, dental sealants, fluoride application, and referral to a dentist. Each state dental hygiene program would implement their project locally; my role was support of project operations, implementation, and data collection processes. SAT is still an ongoing statewide TDHA community service project today.

A second sealant project that I provided oversight for over eight years was a community-based initiative called, Seal Out Decay, the Austin Way. The project was a collaborative partnership between the local dental and dental hygiene organizations, Seton Hospital system, community care clinics, and the Indigent Care Collaboration (non-profit) organization. More than 50 volunteers would come together for a day and serve more than 200 children in four different locations simultaneously throughout the Austin area to promote preventive dental services. The project was awarded the Wm. Wrigley Jr. Company Foundation Community Service Award in 1998 for its accomplishments and service to the community.

3. Explain your responsibilities as a consultant for ASTDD.

I am a new consultant with ASTDD and was brought onboard last summer due to the large number of inquiries for technical assistance (TA) regarding state dental sealant programs. My primary responsibilities are to provide TA, tools, and resources to states as requested. I work with other ASTDD committees to assist with updating ASTDD sealant reports or white papers, reviewing new research and/or evidence-based practices pertaining to dental sealant programs, and connecting people to other ASTDD members and tangible sealant resources. I also work to maintain a current list of sealant resources on the ASTDD Sealant Resources webpage and will continue to participate as a member on the School and Adolescent Oral Health Committee (SAOHC) to support their work with children and adolescents in schools. I continuously monitor the ASTDD sealant coordinator’s listserv for individuals seeking information.

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

Being an associate member and consultant for ASTDD has given me a tremendous wealth of knowledge, resources, and networking opportunities. I have a greater appreciation of the role that state oral health programs play in safeguarding health, and have witnessed how groups of passionate individuals can shape policies that benefit others and their communities. It is inspiring to be around a large group of like-minded professionals that willingly mentor and positively influence my career decisions. The building of new professional and personal friendships has been a bonus.

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

I have several thoughts on how to expand my consultant activities. I would like to continue to provide additional dental sealant resources on the ASTDD website that include information on the different components within school-based sealant programs, types of delivery models, and sealant program evaluation. I am a true believer in celebrating accomplishments, so would like to showcase sealant success stories from current state programs. I will continue to work with the SAOHC to support their work with the Whole School, Whole Community, Whole Child (WSCC) model and how school-based sealant programs can be easily integrated. Lastly, I would like to update the state dental sealant coordinators’ contact list to enhance communications.

6. Anything else you would like to add?

I currently live in Austin, Texas and am an avid HGTV watcher. I recently purchased a condo and am enjoying renovating and decorating it. I enjoy travel, dining out, and a great glass of wine. I have a 23-year-old son, Tyler, who is an IT Specialist, and my personal geek squad. I thank ASTDD for the opportunity to be part of their dedicated team and broaden my horizons within a profession I love.
Resources from the Maternal and Child Oral Health Resource Center

Colgate Bright Smiles, Bright Futures®, a multicultural oral health education program developed for use in Head Start classrooms, is designed to reflect the Head Start Program Performances Standards and the Head Start Early Learning Outcomes Framework: Ages Birth to Five.

- Healthy Habits for Happy Smiles, a handout series for pregnant women and parents of infants and children provides simple tips on oral health issues. The handouts are available in English and Spanish.

- I Like My Teeth posters share positive messages Head Start and child care staff can use as teaching aids on the importance of drinking water with fluoride, brushing with fluoride toothpaste, and children’s oral health. The posters are available in English and Spanish.

- Oral Health: Tips for Families offers ideas parents can use to promote good oral health, including brushing children’s teeth with fluoride toothpaste, avoiding sugary drinks and foods, and serving healthy meals and snacks.

- Questions to Ask When Looking for a Dental Office provides a list of questions for parents to ask a dental office to decide whether to make an appointment.

More oral health resources from the National Center on Early Childhood Health and Wellness and others can be found online at the Early Childhood Learning and Knowledge Center (ECLKC).

Resources to Make Using Social Media Easier

In 2017, more than 80% of the U.S. population had a social media account, making it a viable source for promoting oral health at no cost. To help you out, ASTDD has put together a social media library and other tools to assist state oral health programs and your oral health stakeholders stay connected through social media. The social media library is a compilation of oral health posts for Facebook and tweets for Twitter organized by category, making it a go-to-resource to share with your communications department and oral health coalition. Not sure how to Tweet? No worries, we have you covered with that, too. The tools include a step-by-step guide, taking you from setting up an account to creating a hashtag. Check it out today!
recent meetings

National Association of Chronic Disease Directors (NACDD) Chronic Disease Academy,
September 12-14, 2017, St. Louis, MO
Reporting: Cathleen Taylor-Osborne and Chris Farrell

The goal of the 2017 National Chronic Disease Academy was to build knowledge and skills among Chronic Disease Directors and their staff that will support the highest level of effective public health practice. Academy Objectives were: 1. Lead a coordinated, domain-focused approach to chronic disease prevention and health promotion; and 2. Implement and amplify evidence-based best practices for chronic disease prevention and health promotion. This was an opportunity to hear from inspirational speakers as well as connect with state dental directors whose programs participate with state chronic disease programs. Cathy attended with the KS Bureau of Health Promotion Director of Epidemiology/Health Systems Director. Chris attended with the MI Chronic Disease Director and the Arthritis Public Health Consultant. The two plenaries were especially informative: Charles Brown, MPA, “Communicating the Value of Public Health and Social Justice to Promote Leadership & Reduce Chronic Diseases” and Ian Galloway, MPP, “Paying for Success.” In addition, there were management and leadership opportunities. Chris attended the Chronic Disease Competencies session, which provided insight into developing job descriptions, etc. NACDD is an important and valuable resource for leadership, programs, technical assistance and government affairs.

Oral Health America OHA):
Advocacy Day
October 4, 2017, Washington, DC
Reporting: Christine Wood

During Oral Health America’s annual Fall for Smiles campaign, they host an Advocacy Day where Board members, staff, and other oral health stakeholders visit Capitol Hill to apprise their congressperson of the most current issues in oral health. OHA listed public policy priorities for advocacy. Chris made a point of focusing on the appropriations for CHIP and to CDC, HRSA, etc. The day we met with legislators, the Senate Appropriations committee passed CHIP out of committee. Each of the legislators Chris met with (2 senators {1 R, 1 D} 1 congresswoman (D) supported CHIP. She met with legislators from Nevada who were surprised and pleased to learn that a national organization (ASTDD) working to improve oral health had its “Central Office” in Nevada. Two legislators offered to provide letters of support for grant applications. This visit raised ASTDD’s profile with legislators, the OHA Board, and the other advocates in attendance. It also increased her confidence in meeting with legislators and making the case for oral health.

Perinatal and Infant Oral Health Quality Improvement (PIOHQI) Initiative Grantee Meeting
October 16-18, 2017, Baltimore, MD
Reporting: Christine Wood, Reg Louie, Harry Goodman, and Kathy Geurink

The purpose of the meeting was to assist PIOHQI grantees in identifying ways to influence clinical partners in their communities to integrate oral and medical care so that together they increase the percentage of pregnant women and infants who receive oral healthcare services. The PIOHQI grantee network is truly a community and cultural touchpoint of learning and experience regarding perinatal and infant oral health activities at the state and local level. Prior to the meeting with the grantees, the Center for Oral Health Systems Integration and Improvement (COHSII) Goal 1 partners (OHRC, ASTDD and the FrameShift Group) met with the Maternal and Child Health Bureau (MCHB) COHSII/PIOHQI project officers to finalize plans for the grantee meeting, consult with MCHB project officers re: expectations, proposed activities, etc., and further team building among the partners. This meeting and the continuing interactions with the 16 PIOHQI grantees will inform the Oral Health Resource Center (OHRC) and ASTDD on approaches to address the 31 states/jurisdictions that selected the MCH Title V Block Grant NPM#13. ASTDD exclusively brings to this grant critically needed oral health expertise at the state and local level, including the experience of private non-profit dental clinics/health centers. Several states requested TA from ASTDD.
recent meetings

Oral Health 2020 National Network Gathering
October 24-27, 2017, Atlanta, GA,
Reporting: Christine Wood, Kimberlie Yineman, Cathy Taylor Osborne, and Lindy Bollen

The purpose of the Gathering was to build the capacity of network members to deliver a compelling message, to deepen their understanding of the impact of structural racism on oral health, and to mobilize the network for systems and policy change in 2018. From 2018 through 2020, the OH2020 Network Infrastructure workgroup and DentaQuest Foundation (DQF), with input from the network, will review and upgrade the OH 2020 goals and targets for the next phase of its work (2020-2025). The FrameWorks Institute presented their extensive research on how people think about oral health and how to best frame messages around oral health; this information is included in their recent publication, *Unlocking the Door to New Thinking: Frames for Advancing Oral Health Reform*. We continue to have ASTDD BOD members on the Communications workgroup (Chris Wood), the Branding workgroup (Chris Wood), the Convenings workgroup (Chris Wood), the Stewardship and Learning workgroup (Kimberlie Yineman) and the Data and Measurement workgroup (Chris Wood). Several state dental directors and numerous associate members also serve on the National Oral Health Connection Team (NOHCT) and Regional Oral Health Connection Team (ROHCT).

American Public Health Association (APHA) Annual Session
November 5-7, 2017, Atlanta, GA
Reporting: Bev Isman and Christine Wood

This is the annual conference for APHA. The theme this year was, “Creating the Healthiest Nation: Climate Changes Health.” The Oral Health Section hosted a preconference session on HIV, one joint session in partnership with the MCH section, two invited sessions, 24 contributed sessions, and 60 posters. The APHA Oral Health Section plans to submit policies on interdisciplinary teams, opioid abuse and prescribing practices, and antibiotic stewardship. There were many excellent sessions on workforce, oral health disparities, alliance for a cavity free future, interprofessional practice, oral health partnerships and community-based programs covering the lifespan, and examples collecting social determinants of health info. They collected information from the exhibits for several online courses that might be of interest to oral health programs and interacted with other national organization representatives. Howard Pollick received the Knutson Award and Claudia Serna received the Post-professional Jong Award. Both are ASTDD Associate Members. Christine Wood started her two-year term as one of the APHA Oral Health Section Governing Councilors.

National Network for Oral Health Access (NNOHA) Conference
November 12-15, 2017, San Diego, CA,
Reporting: Lori Kepler Colano

This was the annual conference for NNOHA. She presented a poster for ASTDD, *America’s Population is Aging: Improving Oral Health Improves Adult Lives*. Bob Russell presented a wonderful plenary on the future of medical/dental integration. Some key points from the conference: 1) public health dentistry/dentistry have done a great job getting children access to dental services, however the adult and older adult populations have seen a decline in access to dental care; 2) training in motivational interviewing is a highly useful approach for working with patient populations; 3) we need to provide more information about how the pH of the mouth impacts caries disease risk such as those who crave sweet beverages usually have a more acidic mouth; encourage them to switch to fruit, water, milk, nuts, and cheese to change pH. The audience for this conference is primarily community health center/federally qualified health center staff so most presentations are clinically oriented; more than 900 people attended.
recent meetings

American Dental Association (ADA) National Roundtable for Dental Collaboration
January 12-13, 2018, Chicago, IL
Reporting: Chris Farrell

The purpose of this annual meeting (this was the 9th year) was to bring together the national dental organizations and support groups to discuss a current topic that impacts the dental industry. The topic discussed this year was Dental Payment Reforms. Friday afternoon had three panel presentations on dental payment reform. The keynote speaker was a health economist and discussed value-based payment reform. Natalia Chalmers from the DentaQuest Institute described that prevention does work and that practices can see more benefits if they use a prevention model. Lynn Mouden provided background information about the Centers for Medicare and Medicaid Services (CMS) and where dental reform sits within the agency and all the levels of bureaucracy. At Saturday roundtables participants discussed what they learned from the medical payment model and answered six questions about how it should/could be applied to dental payment reform. Key message: quality metrics will be a major focus on payment reform. Services such as sealants, silver diamine fluoride, other fluorides, and age one dental visits were the preventive services discussed. This shift may help dental public health programs.

January 25-26, 2018, San Antonio, TX
Reporting: Bev Isman, Michelle Landrum and Jay Balzer

The Annual AIDPH colloquium brings speakers and attendees together to discuss interdisciplinary cutting edge and emerging issues. Bev attended because the AIDPH board meets in conjunction with the colloquium. Precision medicine, primarily focused on genetic research, is making great strides in individualized medicine, especially by mining data to track genetic risk factors, etc. Researchers are using these large data sets to try to improve the ability to prevent disease, promote health and reduce health disparities in populations. The “precision” of Precision Public Health relies on “WHO and WHERE interventions and public health resources should be focused and WHAT risk factors require interventions. More accurate methods for measuring disease, pathogens, exposures, behaviors, and susceptibility could allow better assessment of population health and development of policies and targeted programs for preventing disease.” Precision dentistry is an emerging field, and precision dental public health seems to still be in the contemplation stage. A collaborative group is trying to define measures for the FDI World Dental Federation’s new definition of “oral health.” All the presentations are posted on the AIDPH.org website under 2018 Colloquium.
OH 2020 National Oral Health Connection Team (NOHCT) and Regional Oral Health Connection Team Convening

February 5 -7, 2018, Houston, TX
Reporting: Christine Wood, Kimberlie Yineman, and John Welby

The purpose of the meeting was to incorporate new NOHCT and ROHCT members, launch the work of the NOHCT 2018-2020, build alignment on the network’s path forward, affirm the network’s leadership role, prioritize 2018 milestones for the network, and deepen the network’s knowledge and capacity to advocate at the local, state, and federal levels. The groups created a meeting schedule for 2018 and discussed progress on the six OH2020 Network Goals and Targets.

Oral Health America Wisdom Tooth Project Symposium- Moving Towards 2029: The Future of Tooth Wisdom for Older Adults

February 6-7, 2018, Chicago, IL
Reporting: Lori Kepler Cofano

This symposium reconvened many participants from a 2013 symposium, as well as new partners, to assist Oral Health America’s (OHA) Wisdom Tooth Project look to the future. 2029 is the year the oldest “Baby Boomers” will turn 83 years old and their needs will be different from those of a 65-year-old. By 2030, one of every five people will be over the age of 65 so increased attention is being placed on the impact older adults have in the community. OHA has implemented five strategies to combat some barriers that aging Americans face when trying to access oral health care:

1. **ToothWisdom.org** - developed for seniors and caregivers, includes oral health education tools and a search tool to find affordable care.

2. **Demonstration projects** – several have been launched including Tooth Wisdom: Get Smart About Your Mouth and one to inform pharmacists about resources on oral health to share with older adults.

3. **Advocacy** – OHA is working with partners to include dental coverage in Medicare. An update to the *State of Decay* will be released during the 2018 NOHC.

4. **Professional symposia** – OHA has offered multiple opportunities for diverse groups to meet and provide input on strategic changes to improve the oral health of older adults.

5. **Health education & communications** – Tooth Wisdom: Get Smart About Your Mouth was launched in 2014 to provide oral health education to older adults in community settings. The Wisdom Tooth insider e-newsletter provides monthly updates on OHAs work with older adults.

In the next ten years OHA wants to build on these strategies by collaborating with groups involved with housing, nutrition and pharmaceuticals.
In Memoriam

Gregory McClure, DDS

Dr. Gregory Bruce McClure, age 68, passed away on November 27, 2017 in Annapolis, Maryland with his beloved wife, Mary, at his side. Greg was born on May 12, 1949 in DuBois, Pennsylvania to Ira Crosby and Eileen Killila McClure. Upon graduating from DuBois Central Catholic in 1967, he attended the University of Pittsburgh where he wrestled for the varsity team and graduated with degrees in microbiology and biophysics in 1971.

Greg worked for the Pennsylvania Department of Environmental Resources in Harrisburg before pursuing a degree in dentistry from Temple University from which he graduated in 1987. Dr. McClure practiced dentistry in Binghamton, NY until 1999, when after obtaining MBA and MPH degrees from Cornell and the University of Albany, he decided to serve the public's health needs as the Dental Director of the State of Delaware. Since "retiring" from his position with Delaware in 2016, he has served as the Dental Director for the State of Maryland and as President of the Association of State and Territorial Dental Directors. Dr. McClure was passionate about his work and improving the oral health of the public - especially disadvantaged and lower income families.

Greg was married for 46 years to his true love, Mary, with whom he happily raised three children. He loved his children's sports endeavors and rarely missed their games, meets, and tournaments. He was a devout Pitt alumni, enjoyed playing golf, and humbly provided meaningful and moving toasts at family gatherings. He treasured his grandchildren and his faith, and was grateful for a full and blessed life.

Greg is survived by his wife, Mary Pontzer McClure; his children Gregory Michael McClure and wife Jessica, Robert Ian McClure and wife Amy, and Erin Kathleen McClure and husband Ben Forget; his four grandchildren John McClure, Thomas Forget, Bridget McClure, and Adeline McClure; his brother Michael McClure; and his many nieces and nephews. He was preceded in death by his parents, Eileen and Ira McClure.

Memorial contributions may be made in his name to The McClure Family Scholarship at DuBois Central Catholic, Department of Advancement, P.O. Box 567, DuBois, Pa 15801.

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States with new state dental directors from 10/2017 through 2/2018. For their contact information and to welcome them to ASTDD please go to www.astdd.org/membership-roster

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