



### ASTDD National Oral Health Data Portal Project

In case some of you missed this announcement in the Weekly Digest, ASTDD has been successful in securing funding from Delta Dental of Michigan and Glaxo Smith Kline that will allow us to initiate work to create the nation's first comprehensive oral health data portal. John O'Malley of Positive Sum Population Health Informatics is leading the project. The ASTDD National Oral Health Data Portal will bring oral health status, workforce, access, cost, and quality of life information from existing federal, state, and other datasets into one consolidated publicly-accessible website hosted by ASTDD. The website will have multiple exploratory features such as curated dashboards, custom visualization builders, and downloadable reports to support a wide audience with actionable national, state, and local data. ASTDD has identified more than 50 separate oral health datasets with state and national scope that will be centralized into one website offering seven public services to remove the barriers that epidemiologists, statisticians, care providers, policymakers, public health officials, legislators, researchers and the public face in getting the actionable information to improve our oral health care system. Elements of the National Oral Health Data Portal will contain:



1. Dataset Explorer helping users find and interpret the oral health information they need.
2. Custom Visualization Tool helping users create their own downloadable data visualizations.
3. State Dashboards consolidating multiple datasets together for comprehensive state-wide reporting and showing how state performances compare.

The project will collaborate with state oral health program staff to help make the new oral health database as complete and useful to our front-line oral public health professionals as possible. John already has: 1) obtained contract estimates for design and branding components, 2) begun prioritizing datasets for inclusion and investigated availability of Medicaid utilization datasets, 3) built the preliminary data model (Google spreadsheet) depicting measures, dimensions, years, and geographic scope for each potential dataset, and 4) developed preliminary wireframe sketches of website requirements for the designer and web architect to have a starting point. For more information contact Christine Wood at [cwood@astdd.org](mailto:cwood@astdd.org).

### Data Committee

During the past two months, Kathy Phipps and Mike Manz provided Basic Screening Survey (BSS) TA and oral health surveillance TA to the following states – New Hampshire, Arizona, Nevada, Illinois, Missouri, Pennsylvania, Kansas and Arkansas. Kathy distributed the 2020 Synopses questionnaire to state dental directors and presented a webinar on how to complete the Synopses. She continues to work with CDC on BSS/Synopses revisions for OMB clearance. In January Kathy presented a 45-minute webinar on the *Impact of Oral Disease on Health and Well-Being* for the Council of State and Territorial Epidemiologists (CSTE) Chronic Disease/MCH/Oral Health Committee. Forty-eight people attended the webinar.

### Best Practices Committee (BPC), Dental Public Health Policy Committee (DPHPC), and Communications Committee

Chris Wood, Beverly Isman, Kimberlie Payne, Judy Feinstein and Lori Cofano held a phone call to discuss what to do with some specific ASTDD documents such as policy statements and best practice approach reports that are older than five years. Bev Isman recently updated two of our orientation PowerPoints, [DPH 101](#) and the [syllabus](#) and [Orientation to Selected National Organizations](#). Some updates depend on release of other documents such as the Surgeon General's

Report on Oral Health that may not be out until late fall of 2020 or early in 2021. Our *ASTDD 10 Essential Services to Promote Health and Oral Health in the US* and the *ASTDD Guidelines* that are based on these will need to be revised because the Public Health National Center for Innovations (PHNCI) is releasing a revised set of 10 Essential Public Health Services this summer. The various ASTDD committees are discussing recommendations about which can be archived, which documents are priorities for states, potential timelines, whether some can be updated by dental public health residents, advanced degree students or ASTDD subject matter experts, and how we would fund the updates. We feel it is important to maintain the most current and important information on the ASTDD website. Lori, Steve Geiermann and David Cappelli are on the agenda for the DPH Residency Directors meeting at the NOHC to share topics for potential ASTDD projects for DPH residents. We are also updating resource lists for the ASTDD Exhibit table at the NOHC, which also will be posted on the committee pages of the website.

Check out the two new policy statements, [Perinatal Oral Health](#) and [Reducing Emergency Department Utilization for Non-Traumatic Dental Conditions](#), posted on the ASTDD website. Look for the new Best Practice Approach Report on State and Territorial Oral Health Programs and Collaborative Partnerships that will be posted in March sometime and announced in the Weekly Digest. It has many descriptive reports associated with it. The BPC is looking to “modernize” the format of BPARs and has been garnering input from the other committees and consultants. The BPC and Communications committees will meet in person at the NOHC. The next Spotlight webinar sponsored by the Communications Committee will feature Maryland and their Hypertension program, with John Welby presenting on May 20 at 2 ET.

Last year at the NOHC, the ASTDD Communications Committee and AAPHD sponsored a *Five-Minute Masterpiece* session for DPH residents where they gave five-minute presentations using plain language and one visual slide. John Welby and Matt Jacob provided feedback and presentation tips to each of the residents. This year eight residents submitted abstracts for the April 7 session, writing one abstract for dental professionals and another version in plain language. Matt, John, Bev Isman and Frances Kim sent feedback on the abstracts to help them plan their presentations.

### ASTDD Peer and Member Support Program

We currently have ten dental directors/program managers in the mentoring program: Tommy Johnson (AL), Dayna Brinckman (KS), Maryanne Goss (CT), Darwin Hayes (NJ), Misty Robertson (ID), Katie Glueckert (MT), Frances Wise (AK), Mana Mozaffarian (PA), Angelica Sabino (CNMI) and Remy Barcinas (CNMI). Angelica and Remy are the first to participate in the mentoring program from a U.S. Territory. Lori Cofano also oriented Robin Perdue the new director in DC. Russ Dunkel (WI) mentored by John Dane (MO) and Cheri Kiefer (ND) mentored by Julia Wacloff (AZ) received their one-year completion certificates. In addition, Kimberlie Payne contacted 59 new associate members in January and 73 in February for orientation. As of March 4, we had 224 new associate members join since the last ASTDD business meeting. Of those, 135 have joined since January 1 bringing our total associate membership to 417.

In this issue we decided to feature one of the new state dental directors as that column was lost when we discontinued *Oral Health Matters*. Thanks to Matt Jacob for submitting this interview, “NJ’s dental director is putting oral health on the map.”



Dr. Darwin Hayes, DDS, MHA, FAGD, became New Jersey’s state dental director in 2019. Since assuming this role, he is doing his best to help the state make up for the decades when it lacked such a state-level position. “The 2018 New Jersey State Health Assessment did not contain any oral health data. There was data for asthma, cancer, HIV, exercise habits, environmental health and so on, but nothing in oral health. That’s what happens when you don’t have someone at the state level bringing focus to this important issue,” he said.

Although his uncle was a dentist and his father was a dental technician, Dr. Hayes’ first instinct was to create buildings, not oral health plans. He graduated with a degree in architecture from the University of Virginia and spent the next few years working for a general construction and management firm. Dr. Hayes changed his career course after a conversation with his uncle. “He had been a mentor since I was

little. We were talking at a family reunion, and everything he said to me that day had the same theme: family. I started to think: “Yeah, maybe becoming a dentist is a way for me to pay tribute to my family.”

In 1998, Dr. Hayes graduated from the University of Maryland School of Dentistry and completed his dental residency at Bronx Lebanon Hospital in New York. He joined the Air Force as an active-duty dental officer at air bases in Nevada and South Korea before taking an assignment at the Pentagon. Several years later, he returned to civilian life and worked in private practice in Houston, Las Vegas, and Burbank, California. In 2010, an urgent family matter prompted his return to the East Coast, and Dr. Hayes eventually returned to Bronx Lebanon, where he became program director for its general dental residency program.

Dr. Hayes is working hard to help his state make up for lost time. “We had been without a dental director for 30 years in New Jersey. Eight months into this position, I am seeing the disparities of oral health that have resulted partly because there has not been real attention paid to this issue.” Educating the residents of New Jersey and helping them navigate their way to care is a challenge. “People don’t know what they don’t know,” he said. “Many people aren’t aware how to access certain components of care, especially dental care. Dental care isn’t typically bundled with medical care, so that creates a barrier.” For Dr. Hayes, the state dental director’s position was both a chance to reduce his two-hour commute from New Jersey and an interesting opportunity to advance oral health from a fresh vantage point. “The dental care system tends to be individually focused—like providing care one-on-one to a patient. With this position, I see an opportunity to approach things more broadly to a *public* focus. In other words, what can we do on a population-health level?” he remarked. His program’s primary focus is raising awareness of oral health’s connection to overall health. “Part of that is to develop a comprehensive state oral health plan,” he stated. “Right now, New Jersey doesn’t have a plan. We’re going to change that.” In addition to stressing the oral health-systemic health connection, Dr. Hayes cited the other priorities that are guiding his work:

- Enhancing the oral health workforce
- Promoting integration with primary care
- Collecting surveillance data

“We need to start gathering surveillance data so we know which populations are most acutely affected. This data is key because it allows you to identify the most vulnerable populations and the most vulnerable zip codes so you can develop improvements that are focused,” he explained.

Dr. Hayes has an active presence on Twitter (@NJDentDirector), a platform he sees as just another part of his mission to raise oral health awareness. “Having this Twitter account is a continuation of some of the successful things I was doing as a director of the residency program,” he stated. “Social media is a resource that allows you to reach people where they are. People are constantly checking their smartphones and searching for information. We have information to share. Social media is also a way to learn more about what your colleagues statewide and nationally are doing in your field.” Dr. Hayes was asked if there were one fact about oral health that he wished he could get every New Jersey resident to know. His reply was immediate: “That your oral health matters and is connected to your overall health.”

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

We would like to thank Donna Behrens for serving as our SAOHC subject matter expert for the past year. She resigned in February as her current commitment spearheading some groundbreaking work for school-based health centers in Maryland has grown. “Our state’s school-based health centers have the opportunity to see a \$6.5 million dollar increase in state funding in 2022 and the legislation is being debated in our legislative body now. The Maryland Assembly on School Based Health Care has been leading the advocacy effort and I am fully immersed in the work. And I am leading an exciting new collaboration between Maryland SBHCs and MCOs.” Good luck to Donna and to MD in this impressive endeavor! Lori Cofano will now be providing expertise to the committee.

Some members of the committee participated on a planning call to discuss a potential webinar on promotion of the HPV vaccine. On the February committee call DPH resident and NV state dental director, Antonina Capurro, presented her sealant program project and recruited some members to review the survey questions for her project. Tammy Alexander from the School-Based Health Alliance requested assistance/reviewers for her sealant program evaluation/practice management tool SCORE.

Sandy Tesch facilitated a School Sealant Program Community of Practice webinar for January 23, 2020 with Kathy Eklund for CDC-funded states. The topic was *Infection Prevention and Control 2020: Evaluating Compliance in Portable and Mobile Oral Healthcare Settings*. Sandy also is coordinating SEALS (software for school sealant programs) training for CDC-funded states on batching and uploading data files into the SEALS program. SEALS team will do the trainings that are tentatively scheduled for April 29<sup>th</sup> and June 2<sup>nd</sup>. She also finalized the PowerPoint presentation and speaker notes for sealant standardization/calibration training for state sealant coordinators and solicited input from the state sealant coordinators via a webinar on February 19<sup>th</sup>. The revised content was disseminated with the CoP recording, PowerPoint, and handouts through cdc-sealants listserv and Dropbox. Susan Griffin (CDC) and Chris Wood assisted with the Zoom webinar and TA with grantees. This new PowerPoint presentation will serve as a resource tool to assist SOHP sealant coordinators in training providers who place sealants within their school sealant programs. Other activities include direct email communications with CDC-funded SOHP sealant coordinators and directors to provide TA and encourage them to utilize the CDC sealant group listserv for sharing resources and asking questions.

#### **ASTDD Fluorides Committee**

Judy Feinstein conducted a CWF Community of Practice webinar on February 11<sup>th</sup> for CDC funded-states with a focus on CDC Cooperative Agreement requirements, including questions from states on CWF equipment inventories.

The three deliverables include:

1. Partnerships and Collaborations: promote and provide support for quality control and management of fluoridated water systems within the recipient's jurisdiction
  - Within the first two years of the award, conduct an assessment to identify and document community water systems with aging fluoridation equipment and document the expected equipment lifespan and capital replacement costs, describing the possible funding sources and replacement timeline. Current due date for Equipment Survey: August 31, 2020; ASTDD and CDC have developed an inventory template document
2. Communication and Policy: educate public, water treatment professionals, and decision makers on benefits of community water fluoridation
  - Develop and implement a communication plan that identifies goals, objectives, and strategies to increase decision maker and public knowledge of the benefits of community water fluoridation
3. Data Collection and Reporting: identify, promote, and implement policy changes to improve and increase the amount and quality of fluoridated water in the jurisdiction.

The committee is confirming with state dental directors the communities and water systems to be recognized at the NOHC with annual fluoridation awards. These awards will be presented on Sunday afternoon April 5 at the ASTDD Business meeting and Awards session.

LeeAnn Hoaglin Cooper maintains the Fluoridation Rollback Catalog. Monthly additions for the last three months include 37 entries:

- December 2019: 7 entries
- January 2020: 6 entries
- February 2020: 24 entries

More details can be viewed at [Community Water Fluoridation Rollback Catalog](#). You can also view [Community Water Fluoridation Rollback Catalog Annual Report 2014-2019](#).

A major issue affecting school-based prevention programs is companies are no longer making Fluoride Mouthrinses that can be used in schools. The committee scheduled a follow up call in March with several states to discuss termination of their school-based fluoride mouthrinse programs, alternatives, and messaging.

#### **Healthy Aging Committee (HAC)**

The Healthy Aging Committee was re-activated on February 20 thanks to the funding from the Gary and May West Foundation that was reported in the last Roundup issue. A workgroup has been formed to develop questions for a

survey for State Oral Health Programs (SOHPs) asking about their collaboration with Aging and Disability Services and/or Area Agencies on Aging. HAC members attending the NOHC are having a face to face meeting on April 7.

### Evaluation Activities

JoAnna Hillman and Mary Davis have provided general assistance and TA to CDC-funded evaluators through their listserv and emails, including available evaluation TA and trainings at NOHC and Quick Reference Guides for Evaluation. They also gathered feedback from the states on the usefulness of the listserv. Our CDC continuation application and progress report are due on March 31, and we did not do an annual member survey this past year so we designed and fielded a survey for dental directors to evaluate our grant-related activities and publications and acquire suggestions for future activities. Selected results will be reported in the next issue of Roundup. CDC also queried dental directors to inform planning for a November 2020 workshop for dental directors. Mary and Joanna now are busily planning their workshop and roundtable for the NOHC.

### Center on Oral Health Systems Integration Initiative (COHSII)

ASTDD subject matter experts Reg Louie, Kathy Geurink and Harry Goodman continue to provide TA and training to state/territorial Maternal and Child Health (MCH) agencies to make improvements in oral health systems integration and workforce development. A new document, [Title V National Performance Measure 13 \(Oral Health\): Strategies for Success](#), is now posted on the [mchoralhealth.org](http://mchoralhealth.org) website. The [ASTDD MCH webpage](#) also has been updated and Jay Balzer is assisting the OHRC to update their *Resource Guide on Oral Health Services for Children and Adolescents with Special Health Care Needs*. Reg Louie provided background information to the Regional MCHB project officer for the Pacific jurisdictions that will be used by an MCHB consultant who will provide onsite TA to the Federated States of Micronesia (FSM) MCH and state coordinators regarding oral health needs assessment, e.g., Basic Screening Survey. This may lead to implementation of BSS across the FSM; currently only Pohnpei state is using the BSS.

Reg, Kathy and Harry also continue to participate in conference calls and webinars for the three regions participating in the National Oral Health Initiative and to discuss content and topics for the annual Project meeting in April 2020. One aspect of the NOHI project focuses on quality indicators. Kathy Phipps reviewed an indicator readiness assessment instrument and talked to the COHSII team about ways to reach state epidemiologists. She is attending a quality indicator project meeting in DC the first week in March.

### National Center on Early Childhood Health and Wellness (NCECHW)

Staffing for DHL positions is at full capacity with all states currently being covered by a volunteer DHL! Michelle Landrum and Gina Sharps compiled a Summary Report for NCECHW based on progress reports by state dental hygienist liaisons (DHLs) submitted for the first quarter of year 5 (Oct-Dec), reflecting their activities with Head Start (HS) and child care staff, families, and affiliate organizations.

Most frequently cited activities were education (82 percent), collaboration (71 percent), assessment (24 percent) and access to care (24 percent). Activity highlights include DHLs sharing *Brush Up on Oral Health*, promoting the use of toothbrushing with fluoridated toothpaste, and training HS and child care staff on the *Oral Health Messages to Share with Pregnant Women and Parents*. Eleven referred children to dental homes, seven reviewed and shared PIR data, six participated in screenings or exams and six recruited providers for oral health services. Eight gave presentations at meetings and three presented during the ASTDD Spotlight webinar mentioned in the last issue of *Roundup*. DHLs commonly reported collaboration with state oral health program staff (59 percent), HS health managers (57 percent), dental hygienists (52 percent), HS program directors and staff (50 percent), HS state collaboration office (HSSCO) directors and staff (33 percent), HS regional health specialists (30 percent), dentists (28 percent), HS association (HSA) directors and staff (26 percent), other health professionals (26 percent), and child care agencies (15 percent). Twenty-two attended HS Health Advisory Committee meetings.

The DHL project is now highlighted in a [state and territorial descriptive summary](#); it will also be a full descriptive report that is associated with the new Best Practice Approach Report on State and Territorial Oral Health Programs and Collaborative Partnerships.

## NOHC Updates as of March 9

Registration opened on January 21 and we have more than 700 people registered for the conference and the exhibit space is full. We are aware of the current situation regarding the COVID-19 (Coronavirus) outbreak and know that many are concerned. We do not intend to cancel the meeting unless there is a mandate from the City of San Diego regarding airport or hotel closures. As posted on the [NOHC website](#), people who already are registered but want to cancel should follow these instructions:

If you cannot transfer the registration to another attendee, your cancellation request must be submitted in writing and received in the **NOHC office** no later than 5:00 pm CDT, March 13, 2020, via email at [info@nationaloralhealthconference.com](mailto:info@nationaloralhealthconference.com) and acknowledged in writing by a NOHC staff member. **NOHC does not accept telephone cancellations.**

- Cancellations received on or before March 13, 2020, will be refunded minus a 20% administrative fee.
- Cancellations received March 14, 2020, or later will not be refunded regardless of reason including, but not limited to, death, illness, acts of God, travel-related delays/cancellations, and non-approval of travel requests.
- No shows, which includes travel-related delays/cancellations and non-approval of travel requests, will be not be issued a refund. *No exceptions.*

Please know that we are monitoring everything as closely as possible and we are taking every precaution possible to ensure attendees are informed as your health and safety are important to us. To prevent the spread of respiratory illnesses including the flu and COVID-19, we encourage individuals to follow the Centers for Disease Control and Prevention (CDC) recommendations. We have been in contact with the hotel and we have been informed they are taking extra precautions:

- The hotel has implemented a hotel-wide staff training for their team's health and safety
- Additional hand sanitizing stations in the meeting space, public areas, and back of house have been placed
- There is ongoing sanitization of all guestroom and public areas with special attention going to high touch areas like any door handles and elevator buttons
- The hotel has announced that any unwell staff members should stay home
- The hotel will have an on-call doctor available for any group attendees

## Recent Meetings

### American Institute of Dental Public Health Colloquium, San Antonio, TX, January 13-15, 2020; Reporting: Lori Kepler Cofano

Seven state oral health programs sent attendees and five ASTDD subject matter experts participated, in addition to other ASTDD members. The meeting theme, *Confronting Inequity through Oral Health Policy*, intended to give attendees a better understanding of oral health disparities, the determinants of health, and how to implement strategic solutions that support health equity in the oral health sphere. Some key points included:

- Candice Chen, MD, MPH (Fitzhugh Mullan Institute for Health Workforce Equity in the Milken Institute of Public Health at George Washington University). Social Mission Metrics Initiative asks does an entity's mission statement address community need? Behavior of health professions education programs influences career choices and imprints behaviors that can either undermine or advance health equity.
- Derek Griffith, PhD (Professor of Medicine, Health and Society at Vanderbilt University). Racism remains a frequently discussed but widely contested determinant of health. Race categories have changed on almost



every census. Analysis of racial differences that adjust for class may be over-controlling for a large portion of the effect of race on health because they are inextricably intertwined.

- Amelie Ramirez, DrPH (Chair and Professor of Population Health Sciences and Director of the Institute for Health Promotion Research at UT Health San Antonio). Of the 0-18 population, 26% are Latino. By 2045 whites will be the minority. Zip code is more important than genetic code. Many resources from [Salud America](#), including Health Equity Report Card.
- Tyler Sanslow, DMD, MP (General dentist at Fenway Health in Boston). “They” named as Webster’s 2019 Word of the Year. Important to find out which LGBTQIA+ group someone identifies with in order to address them appropriately.
- Panel Discussion: Serving Individuals with Disabilities. Disabled = “differently abled”; Categorize by functional needs, not disability. Storytelling is powerful – reframes what advocacy looks like.
- Lois Cohen, PhD (Consultant and Paul G. Rogers Ambassador for Global Health Research). Inequity is a global issue. See IADR Global Oral Health Inequalities Research Agenda (IADR-GOHIRA): [A Call to Action](#); and [La Cascada Declaration](#)
- Alan Morgan, MPA (CEO National Rural Health Association)
- Gina Thornton-Evans, DDS, MPH (CDC Surveillance, Investigations, and Research Team; lead on HP 2020/2030 activities; Oral Health Topic Area lead at CDC): Data sources for HP 2030 have changed and data from the Annual ASTDD State Synopses is no longer included. HP 2030 age groups are being combined for children and adolescents. HP 2030 adult age groups are being combined

It will be important for ASTDD to continue to have representation at the table for discussions around health equity. Partnering with organizations such as those present at this meeting will enable ASTDD and SOHPs to provide input on how to move forward in integrating health equity into more of the work we do.

**Oral Health Progress and Equity Network (OPEN – National Oral Health Connection Team (NOHCT), Nashville, January 28-30, 2020; Reporting: Christine Wood and Kimberlie Payne**

The purpose of the meeting was to ground incoming NOHCT members in their role and relationship with OPEN and OPEN Inc and to learn from and honor outgoing NOHCT members who are leaving the team yet remain important network leaders. Chris Wood is remaining on the new NOHCT and Kimberlie is going off. Workgroups will organize around the Network 2020 Strategic areas of focus. Outgoing and incoming attendees deliberated and agreed to the establishment of three workgroups: Governance and Sustainability; Communications, Member Engagement, Brand and Identity; and Advancing Network Impact, Relevance, and Value. Once OPEN becomes a 501 (c) 3, (by the end of 2021) the Advisory Board will transition to become an OPEN, Inc Board of Directors. The rotation plan for the Advisory Board members has not yet been finalized.



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