**Request for ASTDD Technical Assistance**

**Please submit to Christine Wood at** [**cwood@astdd.org**](mailto:cwood@astdd.org)**.** **A phone call to review the request and discuss details will be scheduled with an appropriate subject matter expert. Depending on the extent and type of TA requested, there may be a cost associated for the state/territory and an estimate will be provided after the call.**

**State: Date:**

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| --- | --- | --- |
| **Focus of TA** | **Specific Details of Needs** | **Projected Timeline** |
| Community/Clinical Linkages |  |  |
| [Communication Planning/Evaluation](http://www.astdd.org/health-communications-committee/)   * Use of the [Communication Plan template](https://www.astdd.org/docs/communication-plan-template-for-a-goal-specific-project-or-document-and-year-at-a-glance-template-april-2018.docx) * TA on using social media |  |  |
| [Dental Sealants](https://www.astdd.org/dental-sealants-resources/) |  |  |
| [Emergency Preparedness/Response](http://www.astdd.org/emergency-preparedness-manual/) |  |  |
| [Fluoridation and Fluorides](http://www.astdd.org/fluoridation-and-fluorides-committee/) |  |  |
| Head Start Programs |  |  |
| [Infection Prevention and Safety](http://www.astdd.org/infection-control-and-worker-safety/) |  |  |
| [Older Adult/Healthy Aging](https://www.astdd.org/healthy-aging-committee/) |  |  |
| [Oral Health Needs Assessment/Surveillance Planning](http://www.astdd.org/data-collection-assessment-and-surveillance-committee/) |  |  |
| [Partnership Collaboration Assessment/Evaluation](http://www.astdd.org/collaboration-improvement-planning-and-evaluation) |  |  |
| [Perinatal](http://www.astdd.org/perinatal-and-early-childhood-committee/) or other MCH |  |  |
| [Persons with Special Health Care Needs](http://www.astdd.org/special-health-care-needs-introduction/) |  |  |
| [Policy](https://www.astdd.org/dental-public-health-policy-committee/) Issues |  |  |
| [Program Evaluation](http://www.astdd.org/evaluation-and-quality-improvement/) and Quality Improvement |  |  |
| [School and Adolescent Oral Health](https://www.astdd.org/school-and-adolescent-oral-health-committee/) |  |  |
| State Oral Health Improvement Plans |  |  |
| [State Oral Health Program/Chronic Disease Program Collaboration](https://www.astdd.org/chronic-disease/) |  |  |
| [State Oral Health Program/Other Agency Program Collaboration](http://www.astdd.org/collaboration/) |  |  |
| [State Oral Health Program Competency Assessment](http://www.astdd.org/state-oral-health-program-competencies-and-competecy-tools/) |  |  |
| [State Oral Health Program Review](http://www.astdd.org/state-oral-health-program-review-(sohpr)-manual/) |  |  |
| Territorial/Freely Associated States Issues |  |  |
| Workforce Recruitment and Retention |  |  |
| Not sure but would like to brainstorm potential needs |  |  |
| Other: |  |  |