

SERVING AS THE COLLECTIVE VOICE FOR STATE/TERRITORIAL DENTAL PUBLIC HEALTH



astdd

The Association of State and Territorial Dental Directors



Foreword

The Association of State and Territorial Dental Directors (ASTDD) is pleased to share with you the past year’s accomplishments and activities in our 2016 annual report. The Board of Directors reviewed the strategic plan for 2012-2015 and developed a new strategic map for 2016-2018 that reflects the changing environment and cross-cutting issues that impact our common goal for achieving optimal oral health. Thanks to Wendy Frosh for facilitating the strategic planning process. In recognition that partnerships without alignment are insufficient for achieving a collective impact, the new plan includes the strategy for ASTDD to serve as a collective voice for its members to address current and emerging issues such as dental workforce, access to care, disparities, disease prevention, and integration of oral health into primary care. The accomplishments of ASTDD and its members, as illustrated in this report, demonstrate the value and importance of partnerships with shared goals and mutually reinforcing activities.

Gregory McClure DMD, MPH, MHA



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ASTDD Central Office • Christine Wood, RDH, BS; Executive Director • 3858 Cashill Blvd, Reno, NV 89509

Tel: (775) 626-5008 • cwood@astdd.org

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Association of State & Territorial Dental Directors Strategic Map: 2016–2018

Approved by the ASTDD BOD 05-09-2016

VISION

A strong and effective governmental oral health presence in states and territories to assure optimal oral health.

MISSION

ASTDD provides leadership to:

- *Advocate for a governmental oral health presence in each state and territory,*
- *increase awareness of oral health as an important and integral part of overall health,*
- *address health equity,*
- *promote evidence-based oral health policy and practice, and*
- *assist in the development of initiatives to prevent and control oral diseases.*

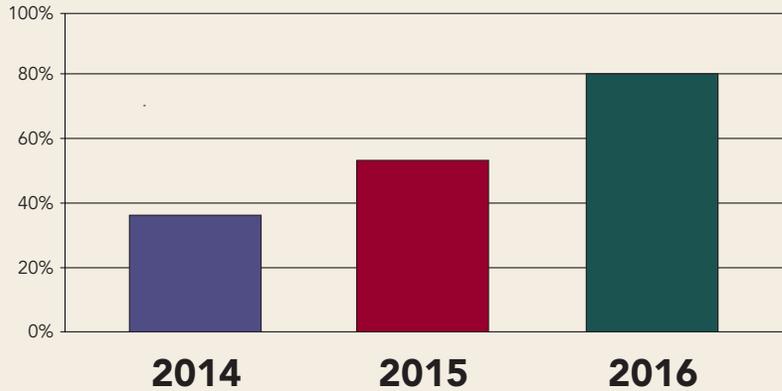
Build Workforce/ Capacity of SOHP	Provide Guidance & Resources to SOHP	Increase ASTDD Organizational Effectiveness & Sustainability	Serve as the Collective Voice for S/T DPH
Strengthen SOHP Leadership	Promote & Use Evidence-based Practices	Assure ASTDD Staffing/ Consultant Expertise	Identify, Monitor & Address Current & Emerging Issues with OH Implications
Assess & Respond to Member Needs Related to Program Infrastructure & Workforce	Promote & Provide Tools & TA to Improve SOHP Policies, Plans, Programs, Surveillance Systems & Evaluation Strategies	Promote Diversity of Membership & Partnerships	Build Consensus on Complex Issues
Support SOHP Professional Development, Mentoring & Succession Planning	Connect Members to External & Internal Resources	Create & Implement a Financial Sustainability Plan Using Diversified Funding	Represent the Voice of Members with Governmental & Cross-sector Partners
Enhance Peer Connections	Promote & Support SOHP Intra- & Extra-agency Collaborations	Promote ASTDD Leadership Development	Serve as a Thought Leader on S/T Dental Public Health Practice, Policy, Research and Analytics
Build Support Among National & State Policy Makers, Funders & the Public for SOHP	Coordinate Data & Expertise Across Sectors to Inform Planning & Decisions	Expand and Strengthen Member Engagement	
Co-sponsor NOHC		Maintain an Informed Board to Provide Governance, Strategic Planning and Support	
		Strengthen Strategic Communication via Multiple Channels	
		Establish & Support a Committee Structure to Address Key Issues	
Cultivate continuous quality improvement			
Promote oral health across the lifespan			
Expand and strengthen strategic partnerships			
Foster oral health literacy at the individual, provider, community and health systems levels			

Increase ASTDD Organizational Effectiveness & Sustainability

Membership

2016 was a banner year for ASTDD on several fronts. New associate members have increased substantially to a total of 236; from January 1, 2016 through December 31 we added 84 new associate members, including four organizational members (Future Smiles—four associate members; Michigan Oral Health Coalition—three associate members; School-based Health Alliance—three associate members; Virginia Oral Health Coalition—four associate members.) Seven states have more than 10 associate members and 11 states have between five and 10. State/territorial membership always remains stable at 50 states plus DC, six US Pacific Basin territories/jurisdictions and two Eastern territories/jurisdictions. In addition, life members increased to 20, representing those individuals who served at least ten years as state dental directors. Members assume active roles in the association on the Board of Directors, as committee and workgroup chairs and members, presenting and attending webinars and sessions at the National Oral Health Conference (NOHC), interfacing with ASTDD national partners, reviewing resource documents, providing feedback via surveys, and posting questions and sharing information through listserv discussions. Member involvement is a testament to the extent that people embrace our tagline “where oral health lives.”

New ASTDD Associate Memberships



By the end of 2016, 31 state dental directors, 5 life members and 79 associate members were serving on ASTDD committees or workgroups.



Leadership

The Board of Directors (BOD) includes eight state dental directors and one associate member: the 2016 BOD included the following individuals and involved leadership changes at the annual meeting in April.

President until April and then Immediate Past-President: Kimberlie J. Yineman RDH, BA (ND)

Immediate Past-President until April: Harry S. Goodman DMD, MPH (MD)

President-Elect and President after April: Gregory McClure DMD, MPH, MHA (DE, then MD)

Director and then President-Elect after April: Jason M. Roush DDS (WV)

Secretary until April: Julie Watts McKee, DMD (KY)

Secretary after April: Christine M. Farrell RDH, BSDH, MPA (MI)

Treasurer: Carrie L. Farquhar RDH, BS (OH)

Director: Carol Smith RDH, MSHA (GA)

Director: Julia Wacloff RDH, MS (AZ)

Director: Cathleen Taylor-Osborne, DDS, MA (KS)

Associate Member Director: A. Conan Davis, DMD, MPH

Ex Officio members include: Christine Wood RDH, BS, Executive Director; M. Dean Perkins DDS, MPH, Executive Director Emeritus; Beverly Isman RDH, MPH, ELS, Cooperative Agreement Manager; and Lynn Bethel Short RDH, BSDH, MPH, Newsletter Editor.

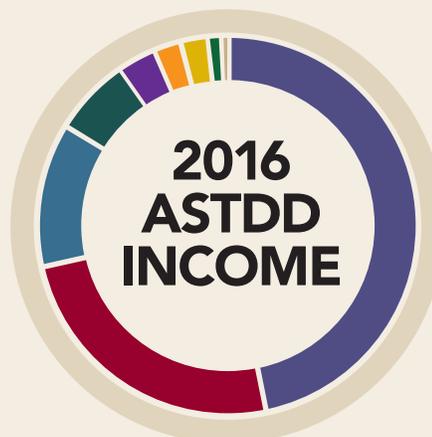


The BOD meets monthly by phone and in-person during the NOHC, while conducting most business daily by e-mail. New board members complete an orientation and self-assessment to identify how confident they feel finding and articulating ASTDD information in their BOD positions; they redo the assessment a year later to document their perceived skill acquisition. Being able to articulate ASTDD information is important as BOD members represent ASTDD at national meetings and serve in peer support roles to new dental directors. They also approve all ASTDD resource documents, letters of support for organizational positions, grant applications, major expenditures and reports. Leadership development is an important benefit of serving on the BOD, with the intent that leadership skills will be transferred to other interactions at the national, state and local levels.

Financial Stability

ASTDD continues to compete successfully for funding opportunities from the public and private sectors and to collaborate with other national partners on joint projects and initiatives.

Member dues contribute only a small portion of our income—about 2%. Federal grant monies from the Centers for Disease Control and Prevention (CDC) and from the National Center on Early Childhood Health and Wellness (NCECHW) funded by the Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) and the Office of Head Start (OHS) and Office of Child Care (OCC) through Georgetown University's Maternal and



- CDC
- Georgetown
- DentaQuest Foundation
- NOHC
- CDHP
- University of Iowa
- Memberships
- Center for Health Care Specialties
- ADA Foundation

Child Oral Health Resource Center (OHRC), contributed more than 70%. DentaQuest Foundation's (DQF) short-term funding for specific projects discussed later in this report provided about 12% of new funding this year. Children's Dental Health Project (CDHP) funds were from MCHB and DQF, while University of Iowa Prevention Research Center funding was from CDC, and Center for Health Care Strategies Leadership Institute funding was from DQF. ASTDD received non-project related, non-restricted income from the NOHC that is co-sponsored with the American Association of Public Health Dentistry (AAPHD).

Christine Wood is the only employee and is directly involved in programmatic issues and interfacing with states and national partners. Most activities are performed by committees and independent contractors or consultants who work from their homes, are primarily supported from grant/contract income, don't receive fringe benefits and pay their non-travel related office expenses. Our Executive Business Assistant, Cheryl Thomas, tracks all income and expenditures, pays invoices and bills, and interfaces with the accountant and auditor. Yearly audits never have any exceptions, and contracts can be initiated in less than a day. Beverly Isman, Cooperative Agreement Manager, works with Ms. Wood, Ms. Thomas and Ms. Farquhar to develop and monitor all budgets and submit annual reports to funders.

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ASTDD spends very little on administrative expenses as our executive director, Christine Wood, is the only employee...ASTDD maintains a virtual office.

Programmatic Stability

ASTDD is committed to assuring the highest level of expertise to carry out its mission. Committees and workgroups develop annual logic models and workplans to guide their activities. Committees usually meet monthly or sometimes quarterly if they use workgroups. Each committee is chaired by an ASTDD member or associate member and staffed by a consultant. Some consultants staff more than one committee, and all join as associate members; consultants meet monthly via phone and in-person at the NOHC.



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One-half of the consultants have served ASTDD for 10-15 years, ensuring sustainability and consistency and sharing their vast experience and expertise on a state and national level.

Consultants and Committee Chairs for 2016 included:

Consultants

Jay Balzer, DMD, MPH, CSHCN Coordinator
Carissa Beatty, MPH, CHES, Evaluation Consultant
Lori Kepler Cofano, RDH, BSDH, Best Practices, Healthy Aging and Peer Support Coordinator
Mary V. Davis, DrPH, MSPH, Evaluation Consultant
Judith A. Feinstein, MSPH, Dental Public Health Resources Coordinator
Kathy Geurink, RDH, MA, School and Adolescent Oral Health Coordinator
Harry S. Goodman, DMD, MPH, MCH Consultant
LeeAnn Hoaglin-Cooper RDH, BS, Fluorides Coordinator
Beverly Isman, RDH, MPH, ELS, Cooperative Agreement Manager, Communications and State Development and Enhancement Co-Coordinator
Michelle Landrum, RDH, MEd, NCECHW Lead, Early Childhood Oral Health Coordinator
Reginald Louie, DDS, MPH, Perinatal Oral Health Coordinator
Michael C. Manz, DDS, MPH, DrPH, Data Consultant
Donald W. Marianos, DDS, MPH, State Development and Enhancement Co-Coordinator
Barbara Park, RDH, MPH, Chronic Disease Coordinator
M. Dean Perkins, DDS, MPH, Executive Director Emeritus, Webmaster
Kathy Phipps, DrPH, Data & OH Surveillance Coordinator
Christine Veschusio, RDH, DrPH, Associate Member Coordinator and Oral Cancer/Tobacco Issues Coordinator

Committee Chairs

Best Practices Committee: Gregory McClure, DMD, MPH
Communications Committee: Kimberlie J. Yineman, RDH, BA
Data and Oral Health Surveillance Committee: Junhie Oh, BDS, MPH until October, then Beth Anderson, MPH
Dental Public Health Resources Committee: Harry S. Goodman, DMD, MPH
Early Childhood Oral Health Committee: Christine M. Farrell, RDH, BSDH, MPA
Fluorides Committee: Jason M. Roush, DDS
Healthy Aging Committee: Diane Brunson, RDH, MPH
Perinatal Oral Health Committee: Mark E. Moss, DDS, PhD
School and Adolescent Oral Health Committee: Rudy F. Blea, BA
State Development and Enhancement Committee: Cathleen Taylor-Osborne, DDS, MA

Strategic Communications

The membership visits the ASTDD website more actively than other organizational websites; 63% of 81 respondents on the 2016 annual survey used the website at least once a week or more frequently, compared with using other national organization or federal agency websites once a month or once/twice a year. Enhancements this year now allow automatic updates to membership, committee and listserv rosters. Website content is updated frequently along with enhancements to improve navigation.

Members and partners look forward each year to the three issues of Oral Health Matters newsletter that highlight ASTDD, state, national and partner programs and resources; summaries of meetings attended and survey responses; and individual member profiles. Henry Schein, Inc contributes their staff time and expertise to produce the newsletter. The Weekly Digest of news, resources, funding announcements, professional development opportunities, job opportunities, and lists of new members is the most popular communication tool, with the information regularly used and shared by members and partners. We continue to excerpt information from national partner newsletters.



All Weekly Digest issues since 2012 are now archived for members on the website in a searchable database by topic and week.

To inform the membership of activities and decisions by the BOD and committees, monthly BOD minutes and annual committee/consultant reports are posted on the website in the Members Only section, and calls and webinars are posted on a monthly calendar. All webcasts and audioconferences are also archived on the website. The 2015 ASTDD Annual Report was published, posted on the website and distributed at the NOHC. Nineteen ASTDD member volunteers staffed the ASTDD exhibit booth at the NOHC where we showcased new resource documents and provided one-page overviews of new best practice reports and white papers or topic-related resources. We could not achieve our communication goals without some dedicated individuals.



Members hold discussions and share information via 17 different listservs; many are topic related or committee related.

As mentioned previously, Dean Perkins serves as webmaster and Lynn Bethel Short coordinates our newsletter and all social media. We contract with Bradley Cummins of Sixth Street Website Design & E-marketing, LLC for website and listserv hosting and management, and with Bill Zillmer of Anunci Creative Group, LLC for annual report design and production.

ASTDD is now on Facebook & Twitter!

"LIKE" us by searching for "ASTDD"

Find us on: **facebook**

Follow us on: **twitter**

<https://www.facebook.com/ASTDD>
<https://twitter.com/astddorg>

ASTDD Communication Resources
 ASTDD Communications Committee and Social Media Workgroup
 Where oral health lives

The ASTDD Communications Committee oversees the various communication activities of the organization. The Committee is responsible for publishing and distributing the ASTDD Annual Report, Oral Health Matters newsletter and the Weekly Digest; posting messages on Facebook and Twitter; and staffing the ASTDD exhibit booth. The webmaster works with the committee and Sixth Street Website Design and Marketing to manage and update the ASTDD website and more than 17 listservs for committees and the membership. The Committee creates, distributes and displays ASTDD promotional materials and brochures; develops tools for member and partner use; holds webinars and workshops on health communication strategies; and acquires feedback to evaluate efforts.

ASTDD Website: <http://www.astdd.org> Oral Health Matters Newsletter Annual Report

ASTDD Brochures

Supporting State Oral Health Programs Association of State Dental Directors State Oral Health Program

Technical Assistance to States and Resources: <http://www.astdd.org/health-communication/committees/>

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3-2016

Build Workforce/Capacity of SOHP and Provide Guidance & Resources

ASTDD attempts to build state oral health infrastructure and workforce capacity through leadership and professional development opportunities and through guidelines and resource documents. Another goal is to build support among national and state policymakers, funders and the public for SOHP.

Peer Support

ASTDD enhanced its Peer Support program this year and created an advisory workgroup to consider future improvements. To support the increasing numbers of new associate members, we contracted with Chris Veschusio, former SC state dental director, to orient them to ASTDD, answer their questions and help them match interests and areas of expertise to committee or other involvement in ASTDD. Lori Cofano, who coordinates the peer support program, recruited three new peer mentors this year who are former state dental directors. Five mentors/mentees completed the one-year evaluations and six completed the six-month evaluations, noting the level of progress they have made with their program in each of the *10 Essential Public Health Services for Promoting Oral Health* and the seven *State Oral Health Program Competency Domains*. Responses indicated they had made progress in eight of the 10 Essential PH Services and all the Competency Domains and they valued the support. ASTDD completed a DPH 101 learning module with syllabus, PPT slides, recorded presentation of the slides, suggested learning activities and a feedback form to help state oral health program directors and staff who don't have credentials or experience in dental public health learn information that will help them in their jobs.

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Just knowing the ASTDD is there whenever a question arises was helpful. Now I just need to remember if I have any issues that develop that ASTDD is the first place I should turn to for help.

”

Mentoring was a great idea and really helped at our start-up phase because our office was vacant for several years and there was no liaison to assist us.

”

I have a better understanding of the limitations of state entity and used that knowledge to create collaborations with other stakeholders to promote oral health.

SOHP/Medicaid Dental Team Leadership Development

The Center for Health Care Strategies, a nonprofit health policy resource center dedicated to improving health care access, quality, and cost-effectiveness for low income populations, in partnership with ASTDD, received funding from DQF to develop a State Oral Health Leadership Institute (SOHLI) to cultivate the leadership skills, policy knowledge, program-improvement acumen, and collaborative culture of state Medicaid dental directors and oral health program directors. SOHLI will be a three-year initiative serving three sequential, 12-month cohorts starting in 2017. Each cohort will serve up to five competitively selected state pairs. Participating state pairs will receive coaching and technical assistance to: 1) forge inter-agency/department understanding of respective programs as a basis for collaboration; and 2) develop a joint transformational project in pursuit of a statewide oral health goal. The initiative will aim to advance dental benefits and translate coverage into access to community-based services for children and adults.

Learning Opportunities for Dental Public Health Residents

ASTDD continued to provide learning opportunities for Dental Public Health residents through participation in writing documents and conducting surveys. To promote the benefits of becoming involved with state oral health programs as students or residents and becoming an employee, two Lutheran DPH residents,



Jennifer Domagalski in Hawaii and Rachel King in Rhode Island, worked with the State Development and Enhancement Committee (SDEC) and the Communications Committee to produce State Oral Health Programs: Make Them Part of Your Public Health Experience and Future Career. Jay Balzer, ASTDD consultant and NYU Lutheran’s DPH residency director, served as their faculty supervisor. Former DPH resident Samantha Jordon provided input to this document and was the lead author on the Best Practice Approach Report, Developing Workforce Capacity in State Oral Health Programs, under the supervision of Mary Tavares at Harvard University. This report was used as the basis for many presentations at the NOHC, the American Public Health Association (APHA) Annual Meeting, an Association of State and Territorial Health Officials (ASTHO) webinar, and a University of California-San Francisco DPH Residents seminar.

Other residents, their projects, lead ASTDD committees, and faculty supervisors included:

- Saad Hamed Alqahtani - Integrating Oral Health with Primary Health Care White Paper, DPHR committee, supervised by Marisol Tellez at Temple University
- Lyubov Slashcheva – Silver Diamine Fluoride Fact Sheet and a Fluorosis Issue Brief (to be released in 2017), Fluorides Committee and DPHR Committee, supervised by John Warren, University of Iowa
- Eman Bakhurji - Fluoride Varnish Programs in Schools Survey and Analysis (to be completed in 2017), Fluorides Committee and SAOH Committee, recent graduate of Boston University’s residency, supervised by Woosung Song
- Zeeshan Raja, Access to Care: Oral Health Workforce BPAR preliminary literature review and background narrative, SDE Committee and BP Committee, supervised by Howard Pollick at UCSF.

To affirm its support for DPH Residency programs, ASTDD produced a White Paper on Dental Public Health Residencies.



Working in these programs was our opportunity to apply the principles taught in our coursework and gain real-world experience with the many facets involved in accomplishing objectives at the state level.

State Technical Assistance (TA)

To plan for allocation of consultants' time and resources, we assess TA needs at the beginning of the year, although states can request TA at any time. Some TA is fairly informal, while some entails MOUs that outline timelines and responsibilities. During 2016 Data consultants Kathy Phipps and Mike Manz provided 375 hours of direct technical assistance to about 25 states around oral health assessment and surveillance in Basic Screening Surveys (BSS) for preschoolers, 3rd grade children and older adults. TA included assistance with survey design, sample design and selection, including the selection of specific schools and replacement schools, training of examiners, presentations to advisory groups/statewide meetings, data entry and analysis, statistical issues or interpretation of results, report preparation, and development of overall oral health surveillance system or plan. Sixteen states provided feedback and noted outcomes from the TA.



Thank you for having TA available for states in this fashion! It is greatly appreciated and increases our ability to efficiently complete statewide surveillance activities.



Dental survey data will be used to help our state develop a surveillance system and establish baseline marks to create measurable goals to reduced future dental disease.

The Healthy Aging Committee developed Tips for Conducting an Older Adult BSS and enlisted Lori Cofano and Jill Moore to serve as coaches for the planning and logistics aspects of the surveys.

ASTDD staff and consultants respond to numerous questions and information needs related to program infrastructure and workforce via email and phone. Examples include:

- strategies for raising the SOHP to a higher level within the health department to increase visibility and impact
- suggestions for speakers for statewide meetings
- breakdown of various job classifications for state dental director positions and examples of scopes of work and interview questions for job applicants
- tips for forming oral health coalitions and developing strategic plans and state oral health plans
- documents that detail activity around state oral health plans, fluorides and sealants, community water fluoridation, etc to show progress since the Surgeon General's 2000 report
- planning and logistics of school-based prevention and referral programs
- evaluation strategies and measures to include in an evaluation plan
- how to write and submit state best practice submissions
- developing programs for children and youth with special health care needs.

Guidance Documents and Professional Development

ASTDD committees and consultants produced several documents, webinars and presentations this year to help states, oral health coalitions and other partners promote strategic collaborations and use evidence-based practices. States use the resources to improve policies, communications, oral health plans, programs, surveillance systems and evaluation strategies. A survey of SOHP priorities for dental public health documents for 2016-17 revealed six priority topics: access to oral health care, effects of sugar consumption, determinants of oral health, health communications strategies, oral cancer and HPV, oral health and Medicare, oral health aspects of CDC's chronic disease domains.

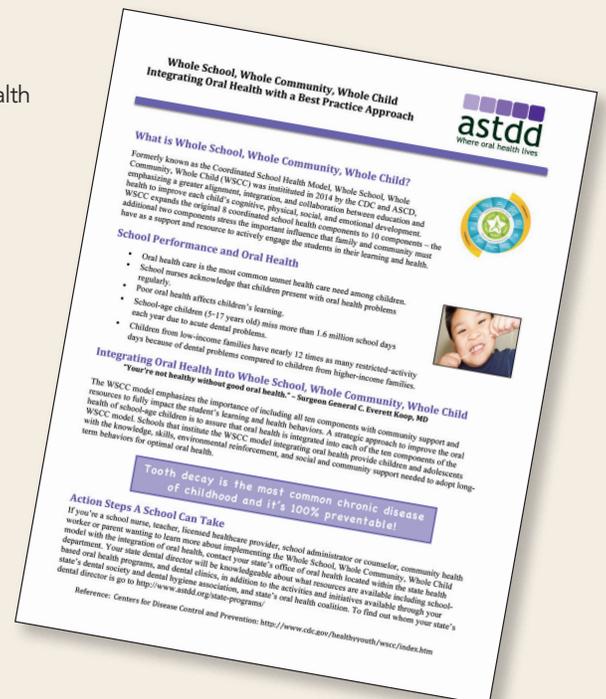
In addition to those mentioned elsewhere in the report, the following resources were produced in 2016 and many more that address states' priorities are in process:

- Fluoride Toothpaste White Paper
- Use of Fluoride: Community Water Fluoridation Best Practice Approach Report
- State Synopses Report 2016 (not publicly available)
- State Synopses Summary Report 2016
- States with BSS Oral Health Data
- Methods in Assessing Non-Traumatic Dental Care in Emergency Departments
- Compendium of ASTDD Oral Health Data and Surveillance Resources
- ASTDD's Oral Health Surveillance Plan Template and Instructions
- State Surveillance Data Resource Guide
- Natural Fluoride in Drinking Water Fact Sheet

Webinars and Coffee Breaks

ASTDD annual survey responses showed that 89% had participated in an ASTDD webinar; 66% had viewed archived webinar recordings or slides; and 56% had viewed archived presentations on the NOHC website. Much of ASTDD's professional development is through our webinars and promoting other organizations' webinars to address state limitations on travel to in-person workshops and meetings. 2016 ASTDD webinars included:

- EndCavities.org Coffee Break (Feb 23)
- Whole School, Whole Community, Whole Child = Better Oral Health (Feb 29)
- Connecting for Social Good: Using Social Marketing to Improve Oral Health (March 23)
- Oropharyngeal Cancer and HPV: What's the Latest? (March 24)
- Health Manager Networks: A System for Peer-to-Peer Support and NCECHW Approved Oral Health Presentations (May 20)
- What's the Head Start PIR and How Can the PIR Be Used for Program Improvement? (June 3)
- Natural Fluoride in Drinking Water (Sept 14)
- A Review of the Revised Head Start Program Performance Standards Relevant to Oral Health (Nov 18)



National Oral Health Conference (NOHC)

The NOHC is a perfect venue to showcase ASTDD and state programs, resources and successes (see more information about the NOHC later in this report). The following 2016 NOHC sessions were sponsored by ASTDD or included presentations by ASTDD leadership, consultants or committee members:

- *Coaching with Intention* (all day workshop)
- *CDC Clear Communication Index* (1/2 day workshop)
- *CDC Oral Health Data Portal* (1/2 day workshop)
- *School-based Fluoride Program Evaluation for Optimal Outcomes, What's in Your Toolkit?* (60 min workshop)
- *Changing the Oral Health Conversation with Families* (2 hr workshop)
- *Building Upon the Past, Embracing the Present and Forging a Dynamic Future: Re-Envisioning State Oral Health Programs* (Plenary)
- *Translating Ideas: Implementation & Building Partnerships for Healthy Aging* (90 min concurrent session)
- *Introducing the Older Adult Basic Screening Survey Toolkit* (roundtable)
- *Communication Challenges* (roundtable)
- *Integration of Oral Health into The Whole School, Whole Community, Whole Child (WSCC) Model* (roundtable)
- *What Is The Head Start Program Information Report (PIR) and How Can The Information Be Used For Program Improvement* (roundtable)
- *The National Center on Early Childhood Health and Wellness Dental Hygienist Liaisons Promoting Oral Health in Early Childhood Education Programs* (roundtable)



Networking table topics at the ASTDD annual meeting member sharing session:

- Making the Case for Oral Health as Part of Overall Health
- Integrating Oral Health into Primary Care Delivery Systems
- Reducing ED Utilization for Untreated Dental Conditions
- Incorporation of Oral Health Education into K-12 Curriculum
- Leveraging Partnerships
- School-based Sealant Programs
- How SOHP are Addressing Social Justice/Health Equity Issues
- Academic Institution and Residency Program Partnerships that Increase Access to Care
- MCH Block Grant and National Performance Measures
- Creating Quality Improvement Culture in Public Health Agencies, Especially Around Collaboration with Chronic Disease Programs



Expand and Strengthen Strategic Partnerships and Promote Oral Health Across the Lifespan

ASTDD interfaces with more than 30 national groups throughout the year. Despite all the political uncertainty, 2016 was a relatively quiet year in terms of requests for letters of support and comments on proposed surveys, measures and policy issues with only nine letters submitted. In addition to monthly or quarterly calls with some partners, we collaborate on many projects and initiatives. Here are some highlights.

CDC Division of Oral Health (DOH)

ASTDD worked collaboratively with the CDC through our cooperative agreement from the Division of Oral Health to support states and gather valuable information for planning and evaluation. We had monthly calls with our project officer and met with CDC staff at the NOHC, during an onsite visit, and during a CDC grantees meeting. CDC staff served on several ASTDD committees and consultants reached out to staff in the National Center for Chronic Disease and Health Promotion. CDC has experienced many project officer details to respond to the Zika and Ebola crises, along with some staff vacancies and retirements, so ASTDD assisted in providing guidance and technical assistance to states to fill gaps when requested.



Many of the consultants, resources and activities highlighted in this report were supported by CDC funding.

Association of State and Territorial Health Officials (ASTHO)

ASTDD representatives continued to serve on ASTHO's Access to Care and Prevention Committees and the Affiliates Council. ASTDD consultants presented during a joint ASTHO/ASTDD webinar, *State Oral Health Workforce: Examining the Present and Planning for the Future at the State Health Agency Level*. The ASTHO Affiliates Council's priorities for 2016 were to enhance collaboration among affiliates and strengthen the infrastructure of the Affiliate Council. ASTDD BOD member Carol Smith and consultant Christine Veschusio serve on the ASTHO Tobacco Issues Forum to share relevant information with ASTDD members and eventually develop a resource list and update the oral cancer and tobacco information on the ASTDD website.

Association of Maternal and Child Health Programs (AMCHP) and the Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB)

ASTDD appointed consultant Reg Louie to participate in an AMCHP MCH Collaboration Council funded by MCHB and comprised of representatives from 31 organizations that promote the health and well-being of women, children and families. The Council's charge is to: 1) articulate a shared mission for MCH to increase broad understanding of MCH issues aligned with federal performance priorities; and, 2) build collaboration among partners to address complex issues to maximize improvement in MCH outcomes. Reg provided technical assistance to states during an MCHB Title V Federal/State TA meeting in DC that featured plenary sessions, breakout workshops focusing on National Performance Measures, a networking and resource fair, and individual state TA appointments (ASTDD partnered with the OHRC on these latter two).

Children's Dental Health Project (CDHP)

ASTDD interfaced with the Children's Dental Health Project in multiple ways. In addition to collaborating around social media and other communication efforts, they contracted with ASTDD to provide expertise to the Perinatal and Infant Oral Health Quality Improvement (PIOHQI) project and the National Oral Health Measurement System project. ASTDD staff and consultants (Reg Louie is the lead consultant) and other Perinatal Oral Health Committee (POHC) members served on several project teams for the National Collaborative Learning Network. The primary team functions were to oversee the project, develop project products and provide technical assistance. Five new state grantees joined the PIOHQI National Learning Network on June 1 for an overall 16 grantees. Several POHC members and state oral health program staff participated in the National Network for Perinatal Oral Health In-Person Learning Sessions in April, August and November, and participated in the PIOHQI teams, as a "buddy" to state PIOHQI grantees, and on the monthly webinars. The National Oral Health Measurement System project team convened a meeting with stakeholders at the NOHC. The purpose was to convene a series of input-sessions with a broad range of data consumers to better understand the current limitations of the existing systems and to develop common language and components of a comprehensive and robust measurement system.

American Dental Association (ADA)

Following a December 2016 American Dental Association's Council on Advocacy for Access and Prevention (CAAP) conference call with ASTDD, the Access & Advocacy Subcommittee developed and submitted five resolutions to the Council in continued support of collaboration between organized dentistry and state oral health programs. These resolutions align with current ADA policy, support the various initiatives of the *Action for Dental Health* campaign, and are intended as encouragement for action by the ADA Division of Government and Public Affairs and the volunteers who serve on its respective Councils. In collaboration with AAPHD, ASTDD reviewed proposed resolutions for the ADA House of Delegates, and submitted letters of support for nine.



ASTDD President Greg McClure provided an overview about ASTDD and state oral health programs at the State President-elects training the ADA holds in Chicago each year.

Denta Quest Foundation (DQF)

Members attended the National Oral Health Connection Team convening, various regional oral health connection team meetings, state network meetings, the all grantee meeting in Phoenix, and several goal-focused meetings such as the school-based convening and a Medicaid convening. ASTDD received direct support from DQF for Phase Two of a project addressing treatment of non-traumatic dental conditions in hospital Emergency Departments. There is an urgent need for high quality, comparable national, state and local data that are collected on a regular basis to continue to quantify the extent of the ED dental care problem and to evaluate the impact of policies and programs implemented to address the problem. This phase of the project that will be completed in 2017 is using a workgroup of individuals with broad expertise to help the lead consultant, Mike Manz, develop standardized methods and protocols for data collection and reporting, as well as a compilation of data sources and documents to help states and researchers.



Many ASTDD members participate in state, regional and national activities and meetings through the DQF OH 2020 Initiative.

National Association of State Units on Aging and Disability (NASUAD)

ASTDD partnered with the NASUAD this year to increase collaboration between state aging and disability units and state oral health programs. Based on responses to our annual survey, 35% of respondents noted such collaboration in their states. NASUAD conducted a survey of their members. The survey analysis identified several key themes from state data, including: a need for additional collaborative actions to improve oral health; identification of targeted innovations regarding coverage for older adults and people with disabilities; greater understanding of how the incurred medical expense benefit could assist with coverage and access; and how outreach to participants and increased coverage could improve utilization.

National Maternal and Child Oral Health Resource Center (OHRC)

In 2011 ASTDD partnered with the OHRC at Georgetown University to coordinate the Oral Health portion of the National Center on Health (NCH); a new grant in 2015 expanded the focus and the name was changed to the National Center on Early Childhood Health and Wellness (NCECHW). ASTDD and the American Dental Hygienists' Association (ADHA) collaborated to identify state and regional Dental Hygienist Liaisons (DHLs) to serve as a communication link with early childhood programs in each



state, especially through Early Head Start, Head Start, home visiting and child care programs. The DHLs communicated via a listserv, submitted quarterly reports and attended quarterly webinars. Some DHLs gathered at an ADHA-sponsored networking reception and an OHRC-sponsored dinner at the NOHC. Eight regional DHLs assisted the ASTDD project coordinator, Michelle Landrum, in orienting state DHLs and presenting at conferences and during webinars. Regional DHLs summarized the state DHL reports for their region each quarter and participated in quarterly calls and a summer meeting in Austin, TX. During 2016 DHLs or members of the OHRC/ASTDD team participated in at least 15 state, regional or national presentations. The oral health team launched a series of NCECHW-approved presentations for the DHLs to use at the local and state level. The ASTDD Early Childhood Committee focused much of its work on supporting DHL activities and collaborating with the OHRC in developing resources.

ASTDD also is partnering with the OHRC on a project supporting state Title V MCH programs to implement national performance measure (NPM)#13 (preventive dental visits for pregnant women and children) and oral health-related state performance measures. Early in 2016, ASTDD continued efforts begun in the prior year to encourage state Title V programs to adopt NPM#13 as one of their priority NPMs. This included partnering with the OHRC to disseminate tip sheets and other resources about the importance of oral health. Also, TA was provided in several venues.



In December, ASTDD received a contract from the OHRC to support activities through June 30, 2017 that will focus on the states/jurisdictions selecting NPM#13, e.g., to initiate a community of learning, and to provide technical assistance and resources.



2016 marked the 17th year that ASTDD and AAPHD have co-hosted this conference.

National Oral Health Conference (NOHC) and the American Association of Public Health Dentistry (AAPHD)

About 785 professionals converged on Cincinnati, Ohio to attend preconference sessions on April 14-17 and regular conference sessions and activities on April 15-18. The main conference included three plenary sessions and a keynote speaker; 24 concurrent sessions that included 15 oral presentations in addition to panels and workshops; 88 posters; 52 topical roundtables on Monday and 28 federal agency/national organization roundtables on Tuesday; and 29 exhibitors. The American



Board of Dental Public Health held board exams and residency director meetings. The American Association for Community Dental Programs (AACDP) held an all-day symposium, a fluoridation workshop with the American Fluoridation Society, a business meeting, awards ceremony and a joint reception with ASTDD. AAPHD sponsored two pre-conference workshops and a student session, held their BOD meeting, business meeting and awards ceremony, student chapter meeting, and JPHD editorial board meeting. The American Network of Oral Health Coalitions (ANOHC) held their annual member meeting and dinner. CDHP met with all eleven of the PIOHQI National Learning Network grantees on the weekend. ASTDD held BOD meetings that included sessions with CDC, CMS and HRSA staff; the annual member lunch, awards, business meeting, and member sharing roundtables; consultants' dinner; committee meetings; and a joint lunch with AAPHD. The following individuals received ASTDD awards:

- Outstanding Achievement Award: Harry Goodman, DMD, MPH
- Distinguished Service Award: Mike Manz, DDS, MPH, DrPH
- President's Award: Lori Kepler-Cofano, RDH, BSDH
- Fluoridation Special Merit Award: Kip Duchon, PE.



Fluorides and Fluoridation

To provide information on water operator training programs offered in states, the Fluorides Committee (FC), staffed by consultant LeeAnn Hoaglin-Cooper, surveyed all states and developed a file of responses that included topics, type of training and sponsors. The information was shared with ASTDD members and CDC’s fluoridation specialist who provides annual fluoridation workshops and is developing online modules. ASTDD continues to work with the ADA to collect and maintain an online catalog of fluoridation rollback attempts in communities; 275 actions were logged in 2016. Pew Charitable Trusts provided original support for this project. The FC, in collaboration with the School and Adolescent Oral Health Committee (SAOHC) conducted a survey of school-based oral health programs to determine use of fluoride varnish and create a catalog; in 2017 they will write a paper and present an NOHC roundtable. Lee Ann served as the ASTDD representative on the National Advisory Committee for Health Resources in Action, Inc (HRiA), a pilot program of ongoing (for one year) technical assistance and training, as well as an online Learning Community for three communities using the HRiA Fluoridation Toolkit as a guide. The FC, in collaboration with CDC, ADA and states, presents fluoridation awards every year, maintains a database of the awards since 1998, and tracks local press releases of the awards.



The number of fluoridation awards given in 2016 for 2015 performance are listed in parentheses in each of the following categories: 50 years (103), CDC Quality (1509), Reaffirmation (35), Special Merit (3), State Initiative (3), and State Quality (7).

Chronic Diseases and Oral Health

This fall ASTDD formed a Chronic Disease Coordination Workgroup staffed by our new consultant, Barbara Park. Through the workgroup activities and onsite visits with staff from CDC’s NCCDPHP and the National Association of Chronic Disease Directors (NACDD), we increased communication and collaborative efforts for consistent messaging and support to states. Six states recently received grants from the CDC DOH to conduct pilots on oral health and chronic disease collaboration. ASTDD is providing technical assistance to those states as well as other states that request technical assistance. ASTDD is partnering with the University of Iowa Prevention Research Center under a new Special Interest Project funded by CDC to conduct an environmental scan of oral health and primary care integration. This includes surveying state and local oral health programs and state chronic disease programs in 2017 and using information collected from states in previous years.

School and Adolescent Oral Health

The ASTDD SAOH Committee serves as a resource to state oral health programs and works to ensure a strong oral health component in all school and adolescent health initiatives. Many activities this year focused on promoting CDC’s Whole School, Whole Community, Whole Child (WSCC) Model through webinars, meeting presentations and updating the Best Practice Approach Report on Improving Children’s Oral Health Through Coordinated School Health Programs to incorporate the WSCC model (to be released in 2017). ASTDD increased its involvement with the DQF-funded School Based Health Alliance (SBHA), helping to plan and present at a September School Oral Health 2020 Convening. The purpose of the meeting was to bring critical stakeholders together around the goal of integrating oral health into the primary education system and to provide an opportunity for shared discussion, dialogue and learning. The SBHA convening provided an opportunity to share the mission of ASTDD and particularly the activities of the SAOH Committee. Kathy Phipps, ASTDD Data Coordinator, provided information on the status of oral health for America’s children, while Kathy Geurink, SAOHC coordinator, planned and moderated a session on *Emerging and Promising Approaches to School Oral Health*. The SAOHC also is working with the SBHA to develop a national repository of school oral health resources, and is collaborating with the CDC and NACDD on updating school health materials to include oral health. Members of the SAOHC reviewed the following OHRC resources prior to publication: 1) *Integrating Sustainable Oral Health Services into Primary Care in School-Based Health Centers: A Framework*, 2) *Promoting Oral Health in Schools: A Resource Guide*, and 3) *Seal America: The Prevention Invention*. SAOHC continues to submit oral health messages to the National Association of School Nurses weekly e-newsletter.

Healthy Aging

The Healthy Aging Committee (HAC) reviews model programs, policies and resource materials related to healthy aging with the goal of supporting statewide efforts in this area. The HAC consultant and members continue to share updates on articles, information, resources, state activities and meetings related to older adult oral health. In addition to its recent partnership with the NASUAD, the HAC interfaces with the Santa Fe Group, Oral Health America, the Gerontological Society of America, Michigan's Coalition for Oral Health for the Aging, and various experts in the field of aging and geriatric dentistry. Lori Cofano represented ASTDD as one of 22 subject matter experts to the Administration for Community Living contributing to the development of a new resource guide, white paper and website related to older adults. She raised awareness that ASTDD has a Healthy Aging Committee and offered ASTDD as an avenue for dissemination of the materials. The Health Aging Committee works closely with Oral Health America on their Wisdom Tooth project for older adults.

ASTDD Attendance at National Meetings

ASTDD leaders or consultants attended the following national meetings in 2016 and shared trip reports with the BOD and consultants, with summaries included in *Oral Health Matters*:

- DentaQuest Foundation National Oral Health Connection Team in Tampa (2/9-10)
- AMCHP annual meeting in DC (4/6-9)
- MCHB State TA in DC (4/5-6)
- DQF western regional convening in San Diego (5/11-14)
- Organization for Safety and Asepsis Prevention in San Diego (6/2-4)
- MSDA symposium in DC (6/13-14)
- ADHA annual meeting in Pittsburgh (6/8-14)
- CSTE annual meeting in Anchorage (6/19-23)
- NCECHW oral health workgroup in DC (7/28)
- AAP Campaign for Dental Health meeting in Chicago (8/1-2)
- ADA Caries symposium in NY (8/17-19)
- CDHP PIOHQI new grantee meeting in Baltimore (8/30-31)
- Administration for Community Living SME workgroup in DC (9/21-22)
- DQF School OH 2020 Convening in Arlington (9/19-21)
- ASTHO annual meeting and Affiliate Council in Minneapolis (9/20-21)
- Santa Fe Group on Seniors Healthcare in Arlington (9/28-30)
- Canadian Association of PH Dentistry in Edmonton (9/30-10/1)
- ADA annual meeting in Denver (10/20-23)
- DQF OH 2020 National Network in Phoenix (10/26-28)
- APHA annual meeting in Denver (10/29-11/2)
- RWJ/Georgetown University Healthy Futures Obesity conference in DC (11/3-4)
- NNOHA annual meeting in Denver (11/6-9)
- CDHP PIOHQI all grantee meeting in Baltimore (11/14-15)
- CDC DOH grantees meeting in Atlanta (12/6-8)
- MCHB/AMCHP MCH Collaboration Council and Federal/State Partnership TA meetings in DC (12/12-14)



Foster OH Literacy at the Individual, Provider, Community and Health System Levels

We use several communication pathways to provide valid and usable information to members and other interested parties. State oral health programs and their partners are our primary target audience for strategic communications. They in turn need to disseminate information in the most culturally relevant and linguistically appropriate formats to several different populations, e.g., the public, legislators and policymakers, health professionals, coalitions. We strongly encourage state oral health programs to use our communication plan template Communication Plan for State Oral Health Programs—Goal Specific and Communication Plan for State Oral Health Programs—Year at a Glance for their communication strategies; in the 2016 State Synopses, 27 states reported having a communication plan.

The Communication Committee revamped the Health Communications webpage this year to categorize resources under the headings of General Communication Planning and Evaluation, Oral Health Literacy and Cultural Competency, Social Marketing, and Social Media. Resources are updated on a regular basis. Plans are also underway to develop a resource document on oral health literacy issues. In addition, we sponsored the CDC Clear Communication Index workshop at the NOHC, presented by Dr. Cynthia Baur from CDC's Office of the Associate Director of Communication. This workshop presented health literacy as a shared responsibility between the individual, such as a patient, parent or caregiver and health communicator. Health literacy is not only about what we want to communicate, but also about what the individual wants and needs to know and understands about our messages. The 26 attendees learned how to apply the new Index when developing and selecting oral health education materials.

Committees generate many of the resource documents previously listed. Each document is written by a committee member, consultant or interested dental public health resident or MPH candidate, then reviewed, edited and revised by the relevant committee and Bev Isman before going to the BOD for approval. Primary authors and committees are acknowledged, and resident/student authors are also given certificates of appreciation. Some documents are joint projects with national partners. Committees use the ASTDD communication plans for documents to guide the content and dissemination methods.



Through our partnership with the OHRC, our Early Childhood Committee and NCECHW consultants and DHLs help write and review consumer-oriented publications. For example, *Brush Up on Oral Health* two-page newsletters provide Head Start staff with information on best and promising practices in oral health, current research, practical tips, frequently asked questions, and recipes for healthy snacks. Health and social service professionals working in the field of early childhood also find the newsletter helpful. In addition, workshops at the NOHC such as *What's in Your Toolkit? Changing the Oral Health Conversations with Families* help oral health professionals be more effective communicators.

The ASTDD Social Media workgroup was very active in 2016. We Joined the Mayo Clinic Social Media for Health group, whose resources were also offered to state oral health programs. Twitter posts averaged about two to five per month, with 352 likes on Facebook, with an average of 20 posts per month and a consistent increase in post engagement. The workgroup coordinated tweets from our members during the NOHC. ASTDD participated in and encouraged states to participate in several Twitter storms, many with CDHP. A new Social Media Library was posted on the Health Communications page of the website and is updated periodically. Some state oral health programs still experience health agency restrictions on their use of social media and rely on their oral health coalitions to convey their oral health messages and report on their activities.

Looking Forward to 2017

2017 already is proving to be an exciting year full of new members and new partnerships. It also poses significant challenges with the new political environment and potential for changes in policies and funding. With that in mind, the following components of our strategic plan are even more important to the sustainability and success of state oral health programs and ASTDD:

- Use the Collective Impact of Partnerships
- Identify, Monitor & Address Current & Emerging Issues with Oral Health Implications
- Build Consensus on Complex Issues
- Represent the Voice of Members with Governmental & Cross-sector Partners
- Serve as a Thought Leader on State/Territorial Dental Public Health Practice, Policy, Research and Analytics.



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