

The Association of State and Territorial Dental Directors 2022 Annual Report

Recovery and Revitalization




astdd
Where oral health lives

Forward



We are happy to share with you the past year's accomplishments in our 2022 annual report. Recovery and revitalization became clear priorities for ASTDD this past year. These can be demonstrated throughout the 2022-2024 Strategic Map, development of a sustainability plan, the efforts of our committees and subject matter experts, collaboration with federal and stakeholder partners, and peer support and professional development opportunities.

We have all made efforts to revitalize our programs and recover from the challenges we have faced over the past year and since the pandemic. These challenging times further highlighted the inequities experienced by underserved populations and communities. As we each set our goals on what is needed for our respective states/territories moving forward, ASTDD will be there to support you in your efforts in advancing oral health.

It has been an honor to be the ASTDD President for the past year and see the great achievements of the association and the strong support for state/territorial oral health programs. We appreciate the efforts of all who contributed to the successes and advancements as evidenced in this report. We hope you will find the information in the 2022 annual report both interesting and useful.

Julia Wacloff, MSPH, RDH

ASTDD President

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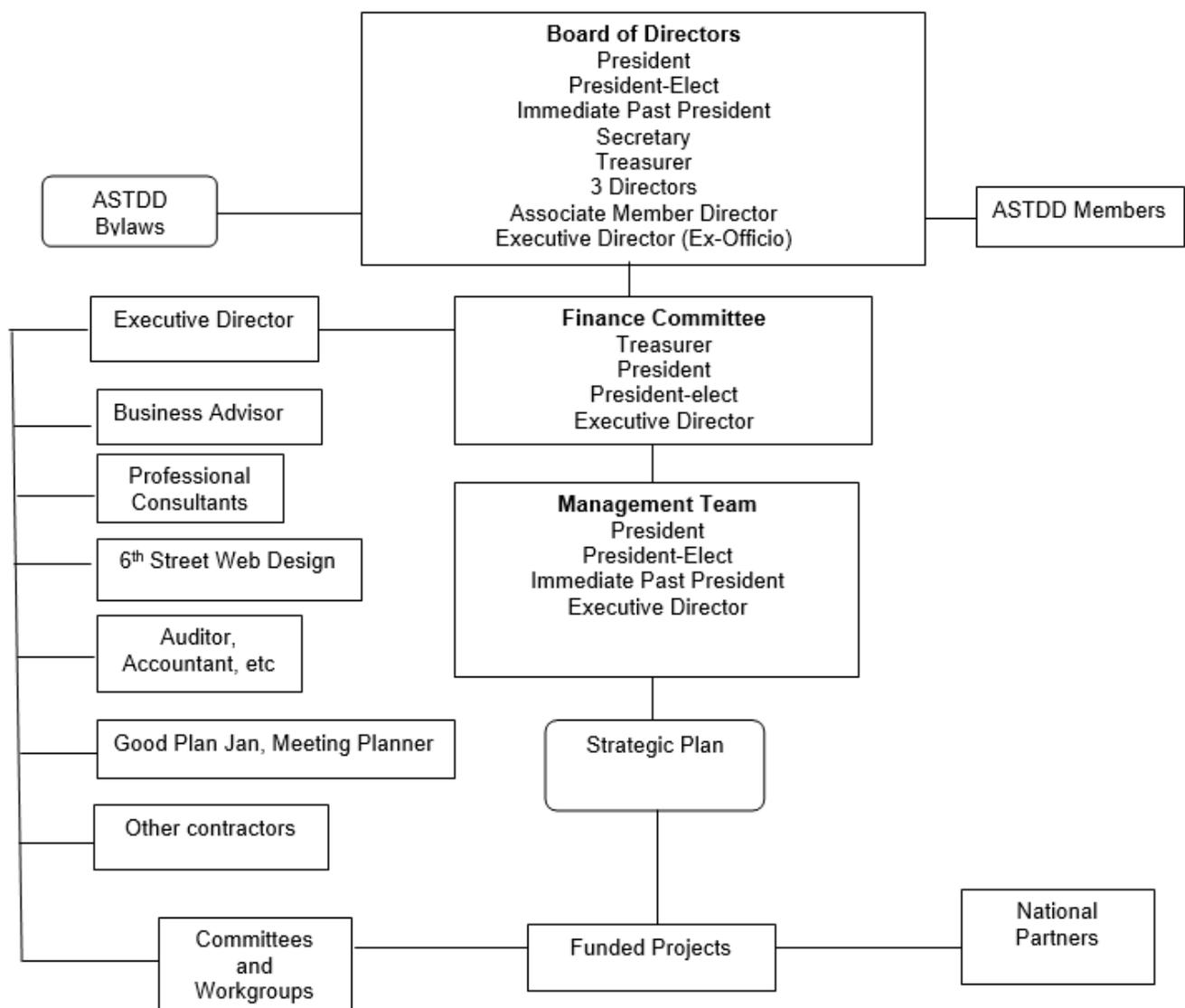
Report written by Beverly Isman, RDH, MPH, ELS with final formatting by Grace Linn, MA

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Who We Are

The Association of State and Territorial Dental Directors (ASTDD) is a national non-profit organization representing the directors and staff of state/territorial public health agency programs for oral health. It was organized in 1948 and is one of 20 affiliates of the Association of State and Territorial Health Officials (ASTHO). ASTDD formulates and promotes the establishment of national dental public health policy, assists state/territorial oral health programs in the development and implementation of programs and policies for the prevention of oral diseases; builds awareness and strengthens dental public health professionals' knowledge and skills by developing best practice approach reports and policy statements; provides information on oral health to health officials and policy makers, and conducts conferences for the dental public health community. Primary membership includes the chief dental public health officer (state dental director) of the state/territorial health department or equivalent agency. ASTDD also offers Individual or Organizational Associate Membership to any public agency, voluntary organization, tribal entity and/or health professionals employed or interested in dental public health.



Strategic Map 2022-2024

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

MISSION: To support state and territorial oral health programs, address health equity, integrate oral health into overall health, and promote evidence-based and evidence-informed policies and practices

Build Infrastructure & Capacity of S/TOHPs	Provide Guidance & Resources to S/TOHPs	Assure ASTDD Organizational Effectiveness & Sustainability	Serve as the Collective Voice for S/TOHPs
<p>Strengthen & Maintain S/TOHP Leadership & Help Build S/TOHP Workforce Competence</p> <p>Support Professional Development & Mentoring for S/TOHP Leadership & Staff</p> <p>Assess & Respond to Member Needs Related to Infrastructure & Capacity</p> <p>Promote & Enhance Peer Connections & Communication among S/TOHPs</p> <p>Build Support among National, State & Territorial Policy Makers, Funders & Advocates for S/TOHPs</p>	<p>Promote Use of Evidence-based and Evidence-informed Policies & Practices</p> <p>Identify & Analyze Emerging Issues & Promising Approaches</p> <p>Provide Tools & Technical Assistance to Evaluate & Improve S/TOHP Policies, Plans, Programs, Surveillance Systems, Communications, Program Accountability & Partnerships</p> <p>Promote & Facilitate Internal & External S/TOHP Collaborations</p> <p>Promote Collection, Analysis & Use of Data to Inform Planning, Decision-making & Evaluation</p>	<p>Assure ASTDD Fiscal, Operational & Programmatic Sustainability</p> <p>Assure ASTDD Staffing/ Consultant Capacity & Expertise</p> <p>Promote Membership in ASTDD</p> <p>Engage & Cultivate Leaders with Diverse Perspectives & Skill Sets</p> <p>Maintain & Support a Responsive Structure to Address Key Issues</p> <p>Strengthen Member Engagement</p> <p>Assure Strategic Communication</p> <p>Develop & Assure ASTDD Leadership</p> <p>Maintain an Informed Board to Provide Governance, Strategic Planning & Support</p>	<p>Identify & Address Cross-Cutting Issues & Opportunities</p> <p>Build Consensus on Key Issues</p> <p>Serve as a Leader on S/TOHP Practice, Policy, Research, Analytics & Communication</p> <p>Collect, Disseminate & Promote Use of Data & Information about S/TOHPs</p> <p>Promote Use of State & Territorial Oral Health Data</p>
Serve a Primary Leadership Role in the National Oral Health Conference (NOHC)			
Cultivate Accountability & Continuous Quality Improvement			
Identify & Strengthen Diverse & Strategic Partnerships Consistent with the ASTDD Mission			
Promote Oral Health across the Life Course through Community & Population Approaches			
Strive to Achieve Oral Health Equity			
Foster Oral Health Literacy			

Our Values

❖ Oral Health for Everyone

Oral health is essential to health. We believe that everyone should have the opportunity to achieve optimal oral health.

❖ State and Territorial Oral Health Programs

State and territorial oral health programs do the challenging work of assuring the oral health of populations, especially those who experience the greatest disparities. We believe they should have the resources required to be effective in their work.

❖ Prevention

Almost all oral disease is preventable. We believe that there should be broad awareness of and support for prevention and that oral health problems should be addressed as early as possible to reduce their severity and related health issues.

❖ Diversity

We value the individuality, culture, professional backgrounds, and competencies of our members and the diversity of the populations who they serve. Our combined perspectives can strengthen the ability to create a strong and effective governmental oral health presence in every state and territory.

❖ Member Contribution

We value and depend upon the involvement of our members, both in the work of our organization and in national efforts to promote optimal oral health.

❖ Competency

We value a knowledgeable and skilled public oral health workforce. We believe that achieving a highly competent workforce requires formal education, continuous learning, mentoring, and leadership development, as well as policies, programs, and resources that promote and support increased competency.

❖ Science-Based Learning

We value lessons learned from the application of scientific principles. We believe the work we do should be grounded in data, research, and rigorous evaluation.

❖ Collaborative Leadership

We value those individuals, agencies, and organizations with whom we interact. We believe that together we can successfully carry out our unique missions and achieve our shared vision.

❖ Accountability

We value being as good as our word and good stewards of our resources. We believe that our focus should always be on the results of our activities.

❖ Integrity

We value fairness and impartiality and seek to engender the respect of all with whom we interact.

Leadership, Subject Matter Expertise and National Presence

Members of the Board of Directors (BOD) as of April 2022

President: **Julia Wacloff, MSPH, RDH (AZ)**; President-Elect: **Samuel Zwetchkenbaum, DDS, MPH (RI)**; Immediate Past President: **Christine Farrell, RDH, BSDH, MPA (MI)**; Secretary: **Robin Miller, RDH, MPH (VT)**; Treasurer: **Russ Dunkel, DDS, BS, BA, FACD, FAID (WI)**; Director: **Mona Van Kanegan, DDS, MS, MPH (IL)**; Director: **Jayanth Kumar, DDS, MPH (CA)**; Director: **Angela Filzen, DDS**; Associate Member Director: **John Welby, MS (MD)**; Ex Officio Members: **Christine Wood, RDH, BS**, Executive Director, and **Dean Perkins, DDS, MPH**, Executive Director Emeritus. The new BOD members were installed at an in-person ceremony on Sunday prior to the National Oral Health Conference (NOHC) and the BOD met in person on April 9 and 10 to conduct business and create a new two-year strategic plan. They enjoyed a casual



BOD dinner on April 9. The BOD met monthly via ZOOM to conduct business except for the months of July and September and communicated regularly via email. The Virtual Annual ASTDD Business Meeting held March 23, 2022 was attended via ZOOM by 33 dental directors or their proxies and 66 associate members. You can access the [2021 ASTDD Annual Report](#) on the website as well as the [2021 ASTDD Overview PowerPoint](#).

Note: Adam Barefoot, DMD, MPH was installed as President-elect but in May resigned to take a position with the Health Resources and Services Administration so the BOD positions changed at that time; Dean Perkins retired from his Emeritus position at the end of 2022 (see related articles later in this report.)

Administrative



Left to right:

–Christine Wood, RDH, BS, Executive Director
–Cheryl Thomas, Business Manager
–Bradley Cummins, Sixth Street Design & Marketing, LLC, Website and Listserv Hosting/Maintenance

Committees

Standing Committees

ASTDD Awards Committee: ASTDD President; **Nominating Committee:** ASTDD Past-President; **Annual Meeting Committee:** President and President-Elect

Ad-Hoc Committee Chairs

Best Practices: Steven Geiermann, DDS; **Communications:** John Welby, MS; **Data and Oral Health Surveillance:** Mona Van Kanegan, DDS, MS, MPH (disbanded in November and replaced by a Basic Screening Survey Community of Practice led by Robin Miller, RDH, MPH); **Dental Public Health Policy:** Harry Goodman, DMD, MPH; **Fluorides:** Bruce Austin, DMD; **Healthy Aging:** Samuel Zwetchkenbaum, DDS, MPH; **Perinatal Oral Health:** Mark Moss, DDS, PhD; **School and Adolescent Oral Health:** Rudy Blea, BA

Ad-hoc Committee activities are led by the Chairperson and a Subject Matter Expert (SME)—see next page. More than 150 ASTDD members and non-members participated in committee activities throughout the year. Some committees also have working groups for specific projects and may invite guest speakers to provide expertise on a specific topic or enlist

the help of dental public health professionals, dental public health residents or graduate students to serve as authors or reviewers for documents. See more information in the Committee Activities section.

Subject Matter Experts



Best Practices: Lori Kepler Cofano, RDH, BSDH; **Consortium for Oral Health Systems Integration and Improvement:** Kathy Geurink, RDH, MA until September and then Kimberlie Payne, RDH, BA; Harry Goodman, DMD, MPH; Reginald Louie, DDS, MPH; **Children with Special Health Care Needs:** Jay Balzer, DMD, MPH; **Health Communications:** Kimberlie Payne, RDH, BA; Matt Jacob, BA; **Data and OH Surveillance:** Michael Manz, DDS, MPH, DrPH;

Kathy Phipps, DrPH; **Dental Public Health Infrastructure:** Beverly Isman, RDH, MPH, ELS; Julie Ann Janssen, RDH, MPH; **Dental Public Health Policy:** Judith Feinstein, MSPH; **Evaluation/Quality Improvement:** Mary Davis, DrPH, MSPH; Emory Centers for Training and Technical Assistance: Carissa Beatty, MPH; JoAnna L. Hillman, MPH; Maggie Pustinger, MPH, CHES; **Fluorides:** Judith Feinstein, MSPH; **Head Start:** Kathy Hunt, RDH, ECPII; Gina Sharps, BSDH, MPH; Beverly Isman, RDH, MPH, ELS; **Healthy Aging:** Lori Kepler Cofano, RDH, BSDH; **Maternal and Child Health:** Reginald Louie, DDS, MPH; Harry Goodman, DMD, MPH; **National Oral Health Data Portal and Data Visualization:** John O'Malley, MHI, BA; **Peer Support:** Lori Kepler Cofano, RDH, BSDH; **School and Adolescent Oral Health:** Lori Kepler Cofano, RDH, BSDH; **School-based Dental Sealant Programs:** Sandy Tesch, RDH, MSHP; **Territorial Support:** Reginald Louie, DDS, MPH; Ohnmar Tut, BDS, MPhil; **Writer/Editor:** Beverly Isman, RDH, MPH, ELS.

In addition to coordinating committee activities, SMEs provide technical assistance (TA) to state and territorial oral health programs (S/TOHP) and other ASTDD members; provide input into ASTDD grant applications and progress reports; interface with other state, regional and national groups; serve as SMEs/authors for documents and online curricula; serve as presenters, facilitators or moderators for NOHC sessions and other conferences; and provide monthly and annual reports of their activities that are shared with each other and with the BOD.

National Presence

- Many ASTDD members served on the Oral Health Progress and Equity Network (OPEN) Response Teams and participated in OPEN webinars, calls, and on OPEN Communities.
- ASTDD continued our quarterly calls with Natalia Chalmers, Chief Dental Officer for the Centers for Medicare and Medicaid Services (CMS).
- The ASTDD leadership and consultants participated in regular calls with the CDC's Division of Oral Health (CDC) leadership and staff around national issues and our cooperative agreement activities.
- On December 12, ASTDD hosted a webcast in partnership with the National Maternal and Child Oral Health Resource Center and the Dental Quality Alliance on *Use and Interpretation of the Dental Quality Alliance's State Oral Healthcare Quality Dashboard*.
- ASTDD continues to participate in calls with the COVID-19 Public-Private Partner Dental Coordination Group, and in CareQuest Institute's Pandemic Response Workgroup.
- Chris Wood presented about ASTDD on a November 3 call with the Canadian Federal-Provincial-Territorial Dental Directors Working Group.

Some Retirements, Recognitions and New Beginnings in 2022



ASTDD would like to honor **Dean Perkins** for his decades of service and commitment to state oral health programs, in his many roles as Missouri dental director (1991-2003), ASTDD Executive Director (2000-2009) and Emeritus Executive Director (2009-2022). He served in every ASTDD leadership position on the BOD starting in 1991 until 2000 when he became the Executive Director. Dean has been a tireless advocate for state oral health programs, dental hygienists in leadership roles and sustained funding for ASTDD and oral health programs.



Lindy Bollen, DDS served as the Arkansas dental director from 2014 to the end of January 2022. He served on the BOD from 2018 until June of 2020. Lindy has always been recognized by his stellar selection of bow ties.



Rudy Blea, BA served as the California dental director from 2005-2006 and the New Mexico dental director from 2006 to the end of 2022. He continues to serve as the chair of the School and Adolescent Oral Health Committee.



Ray Lala, DDS served as the South Carolina dental director from 2000-2005 and again from 2014-2022, he missed us so much! He spent time with HRSA and the Indian Health Service in the interim.



Kathy Geurink, RDH, MA retired this summer after serving as a consultant/SME to ASTDD since 2001, primarily coordinating our Head Start activities and later providing TA and expertise for maternal and child health related activities through the Consortium for Oral Health Systems Integration and Improvement (COHSII).



Adam Barefoot, DMD, MPH served as the Georgia dental director from 2018 to May 2022 and on the ASTDD BOD from 2020 to May 2022. Since then he has served as Chief Dental Officer for the Health Resources and Services Administration (HRSA) and continues to interface with ASTDD.



Matt Zaborowski, MPH, CPH served as the Idaho state dental director from 2020 to March 2022, then accepted a position with the American Dental Association as the Manager for Preventive Health Activities. He continues to be an active ASTDD associate member.

NOHC Awards Ceremony (see more details and photos in this [Roundup special issue](#))

ADA/ASTDD/CDC Community Water Fluoridation (CWF) Awards, Honoring 77 Years of Community Water Fluoridation in the United States

Special Merit Award, given to recognize an outstanding contribution toward the progress of fluoridation:

Leon Stanislav, DDS has been Chair of the ADA's National Fluoridation Advisory Committee for fifteen years.



CWF Community Awards:

- **Fifty Year Awards:** 142 water systems in 22 states (see list of states in the Fluoridation Awards brochure)
- **Systems Reaching 75 Years of Continuous Water Fluoridation:** Midland, Michigan; Marshall, Texas; Sheboygan, Wisconsin
- **2021 Community Fluoridation Initiation Awards:** Ironwood, Michigan; Williamsburg, Iowa
- **2021 Community Fluoridation Reaffirmation Awards:** cities of Loveland, Colorado; Tama, Iowa; Orono, Maine; Veazie, Maine; Joplin, Missouri; Lower Merion Township, Pennsylvania; Hazelton, Pennsylvania; Trenton, Tennessee
- **Communities that defeated initiatives to discontinue community water fluoridation during the past year:** Rangely, Colorado; Park Hills, Missouri; Tavares, Florida; Green Bay, Wisconsin
- **2021 Healthy People Objective Award:** Alabama; Kentucky was recognized retroactively
- **2021 State Fluoridation Quality Awards.** Consistent optimally fluoridated water in over 90% of the adjusted water systems or population supplied by adjusted water systems as measured in WFRS: Georgia, Indiana, Iowa, Massachusetts, Nevada, North Dakota, Rhode Island

ASTDD Outstanding Achievement Award: Julie Watts McKee, DMD for her leadership abilities in ASTDD serving on the BOD, in the State of Kentucky Oral Health Program as its dental director since 2007, and nationally serving on the Commission on National Dental Examinations through 2026.



ASTDD Distinguished Service Award: National Maternal and Child Oral Health Resource Center (OHRC) whose staff have been great partners and supporters of ASTDD since the Center's inception in 1996. Congratulations to Katrina Holt, Beth Lowe, Sarah Kolo, Kati Battani, Ruth Barzel and Susan Lorenzo.



Greg McClure Memorial President's Award: John O'Malley, MHI, BA, a population health data scientist with Delta Dental Plan of Michigan, Ohio and Indiana in 2022 for his involvement in oral health data collection and analysis for several years and his creation of the [ASTDD National Oral Health Data Portal](#). John recently accepted a position with the CareQuest Institute for Oral Health and will continue providing services to ASTDD and its members.

Membership, Funding and Sustainability

In August 2022, the ASTDD BOD and SMEs were asked to complete a Program Sustainability Assessment Tool. The responses identified ASTDD’s perceived sustainability strengths and challenges to guide development of a sustainability action plan for ASTDD. The Sustainability Plan includes strategies to support infrastructure, programs, resource development, administration, board and volunteer development, marketing, and community involvement. A copy is available in the Members Only section of the ASTDD website.

Membership

Membership increased slightly last year, from 554 to 564. Membership categories include **State/Territorial programs—Dental Directors (60), Associate Members Affiliated with an S/TOHP (256), Associate Members not Affiliated with an S/TOHP (224), Life Members (24), Organizational Associate Members (11)**; 35 associate members are under the organization’s membership and are included in the Associate Members not affiliated with an S/TOHP. We track some dental director demographics to assess how well states are addressing diversity goals. For those who provided information (13 didn’t respond to some questions), we discovered that:

- 43 directors identified as female and 17 as male—quite a difference from earlier years
- Race/ethnicity was noted as 26 White/Caucasian, 10 Black/African American, 4 Asian/Asian American, 2 Native Hawaiian or Other Pacific Islander, and 5 multi-racial
- Age ranges: 10 were born in the 1950s, 13 in the 1960s, 16 in the 1970s, and 8 in the 1980s
- Credentials: 20 DDS, 7 DMD, 9 BDA, 8 RDH, 7 Masters degrees other than in dentistry or dental hygiene, e.g., MPH, 2 PhD degrees other than in dentistry or dental hygiene, 2 Bachelors degrees other than in dentistry or dental hygiene.

ASTDD Funding Sources

Income in 2021 was \$960,839.03 and expenses were \$929,652.84 for a net profit of \$31,186.19.

ASTDD INCOME	
January - December 2022	
CDC	391,275.03
COHSII	174,407.44
NCHBHS	172,000.00
Delta Dental of MI	43,000.00
Misc. (Dept of Treasury, and rollover balance from flat fee contracts)	41,499.68
Membership Dues	39,325.00
BSS TA	37,050.00
Gary and Mary West (Apple Tree) Contract	16,300.00
Care Quest	12,500.00
NOHCT	10,000.00
Univ. of Pittsburgh	10,000.00
NOHDP	10,000.00
Basic Screening Survey Tool Sales	1,775.00
ADA	1,500.00
Interest income cd/000269454	205.96
Total Income	\$ 960,838.11

Peer Support and Professional Development

In addition to posting questions and items on the ASTDD directors listserv and members listserv, the state dental directors and some of their staff continued to have monthly calls except for the months of July and September focused on topics such as:

- Overview of the *National Dental Practice Based Research Network*
- Three speakers providing overviews of individual chapters in *Oral Health America: Advances and Challenges*
- Presentations about the *Nebraska Infection Control Assessment and Promotion Program*
- Discussion with Adam Barefoot about his new role as Chief Dental Officer for HRSA
- Care Quest Institute for Oral Health staff discussing their *Medicaid Adult Dental Coverage Checker*.

It was a busy year for the peer support program as several dental director positions changed leadership. Five states had two new leads in 2022. Lori Cofano oriented new state oral health program leads in Arkansas, Colorado, Connecticut, District of Columbia, Georgia, Idaho, Indiana, Iowa, Louisiana, Missouri, Nevada, Utah, and South Carolina. States participating in the mentoring program in 2022 included Arkansas, Colorado, Indiana, Missouri, Nevada, Pennsylvania, Utah. Thank you to Rudy Blea, Charles “Fritz” Craft, Debony Hughes, Robin Miller, Mona Van Kanegan, Julia Wacloff and Frances Wise for serving as mentors. Kimberlie Payne contacted 128 new associate members and spoke personally with 91 of them to orient them to ASTDD.

The Peer Support Discussion Group met in January, May, and September. Calls focused on workforce challenges, the *ASTDD Competencies*, fluoridation, oral health coalitions, the state oral health program’s role in strategic planning and policy, data collection, and state oral health plans. Directors shared how they had launched their plans, what activities supported buy-in and movement on implementation of the plan. ASTDD consultants Kathy Phipps and Matt Jacob presented *Data Has Been Collected – Now What?* They discussed ways data can be disseminated and how to communicate data with non-oral health partners. Matt also presented [Making Data Count](#).

I've enjoyed being a part of the peer support program and I think that as a whole I feel more confident and worthy to be in this position. I still have much to learn as far as the workings of state government and politics, but I do feel that having a mentor allowed me to share and receive feedback in a non-threatening manner.

~ Jonise McDaniel (PA)

The *Mentoring Guide*, *Peer Support Program Application*, and *New Member Checklist* were updated. Bob Russell contributed [Reflections on Leadership in State Dental Public Health](#) as he retired.

At the 2022 NOHC, ASTDD SMEs Bev Isman, Julie Janssen and Lori Cofano facilitated a three-hour weekend workshop focusing on the *ASTDD Guidelines* and *ASTDD Competencies for State/Territorial Oral Health Programs*. Feedback from attendees on how they plan to use the workshop information included: Use handouts with other staff members who are in our program to assess our program’s current skills; Integrate competencies into evaluation plans for action plan; Incorporate assessment tools into next year FY23 strategic plan; Use assessment tools to initiate state plan; Work with OH team—identify shortfalls and utilize findings when hiring new positions; Plan to refer to guidelines and competencies with our partners. The [Guidelines](#) and associated tools were updated in 2021 and the [Competencies](#) and associated tools were just updated. Feedback from the workshop, from an ad-hoc workgroup and from a field test with the VT Oral Health Program in October guided the 2022 revisions.



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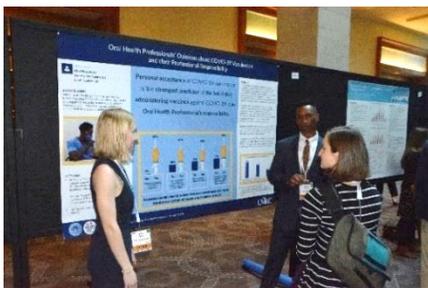
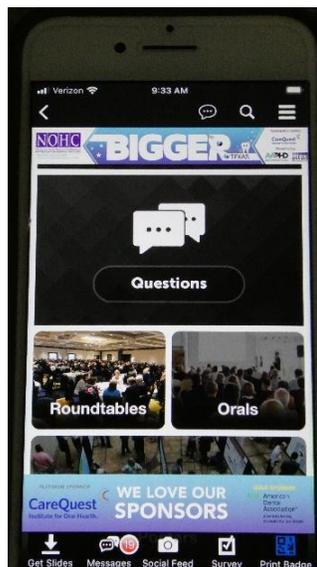
Presented by:



The 23rd joint meeting of the National Oral Health Conference (NOHC) co-sponsored by ASTDD and the American Association of Public Health Dentistry (AAPHD) is a major source of professional development for ASTDD and AAPHD members. The 2022 NOHC was held in-person at the Omni Hotel in Fort Worth, TX April 11-13, 2022. April 9-10 included weekend workshops; BOD meetings of ASTDD, AAPHD, and the American Board of Dental Public Health (ABDPH); the American Network of Oral Health Coalitions (ANOHC) annual meeting; and the DPH Residency Directors meeting; with the ABDPH exams on April 7-9. A Federal Dental Session brought together the US Public Health Service, Army, Navy, Air Force and VA Health Administration dental programs. Nineteen exhibitors/sponsors and 10 non-profit supporters also participated in the conference. The Meeting Planning staff Jan Aument, Leticia Harnung, and Aly Brazil and the joint Planning Committee created a truly awesome meeting as we started to emerge from the COVID pandemic. The Planning Committee chose a social responsibility initiative this year for Gill Children’s Services; 24 conference attendees donated a total of \$2,100 to provide emergency dental care to children.



Approximately 580 people attended the conference, many of whom were ASTDD members. Attendees could earn up to 27.5 continuing education credit hours by attending weekend and weekday sessions. Attendees participated in seven weekend interactive workshops, five of which were supported by ASTDD. The weekday program included three plenary sessions, 25 concurrent sessions, a poster session covering 68 posters, a roundtable session covering 36 roundtables, and 15 oral presentations during three sessions. AAPHD, ASTDD and AIDPH co-sponsored the 3rd Annual Five-Minute Masterpiece Session for DPH Residents. During the session, seven DPH residents gave presentations of five-minutes or less using plain language, a title slide and one visual slide, with the facilitators providing feedback. For more details about the sessions, view the [March/April special issue of the ASTDD Roundup newsletter](#).



Committee Activities

Of the many people participating in ASTDD committees throughout the year, about 25 of them are non-ASTDD members representing partner organizations or particular areas of expertise. This section describes some of the specific committee activities and resources; see the 2022 issues of *Roundup* newsletter for more details.

Best Practices

The Best Practices Committee (BPC) supports effective state, territorial and community programs through the development and sharing of [Best Practice Approach Reports \(BPARs\)](#). The collection of Descriptive Reports (DRs) increases awareness and promotes the integration of oral health best practices into other programs. The committee held two virtual meetings in January and October, and its annual in-person meeting at the NOHC.

The NOHC session, *Oral Health Care of People with Special Health Care Needs: Data Drives Decisions*, was an opportunity to highlight two BPARs completed in 2021: the updated [Oral Health Care of People with Special Health Care Needs](#) and the new [Dissemination of Data from State-Based Surveillance Systems](#).

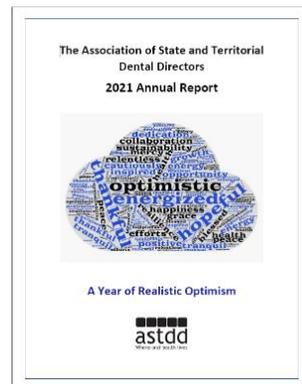
The BPC worked on several resources this year. Input from ASTDD partner organizations informs their projects and members always report they use the materials extensively within their programs and with stakeholders.

- The [School-Based Dental Sealant Programs](#) BPAR was updated and posted in October 2022, with 14 descriptive reports.
- The BPC began discussing how to capture input to evaluate the use of BPARs. Who is accessing the documents, who do they represent, and how do they intend to use the document? An evaluation workgroup has been formed to further this discussion. ASTDD evaluation SME Maggie Pustinger is assisting the workgroup.
- The BPC is seeking to update the descriptive report form, which was deemed too repetitive and long by current users.
- Two webinars were presented in June 2022 by BPC member Dr. Zachary Brian: [Why a Systems Change Approach for Oral Health?](#) and [Strategies & Tactics for Seeking Funding for Systems-Level Oral Health](#). The sessions were a collaboration between ASTDD and the American Dental Association (ADA). The webinars are available on the ADA website free of charge and continuing education credit is available.
- Support for the update to the *Prevention and Control of Early Childhood Caries (ECC)* BPAR was confirmed. The project will be a partnership with ASTDD, OHRC and the CareQuest Institute. This BPAR will explore “promising practices” to address early childhood caries.
- The Committee decided to discontinue the collection of State Activity Submissions. Starting in January 2023, only descriptive reports will be posted on the BPC webpage moving forward.

Communications

The purpose of the ASTDD Communications Committee is to oversee the various communication activities of the organization. Accomplishments this year included:

- Published three regular issues and one special NOHC issue of [Roundup](#) newsletter highlighting ASTDD’s accomplishments.
- Published the [ASTDD 2021 Annual Report](#).
- Added enhancements to the website, including the [Health Communications page](#).



- *Weekly Digest* published; all issues are archived and are searchable in the Members Only section of the website; members report this is an important source of information.
- Posted to, maintained, and added new social media platforms including Facebook, LinkedIn and Twitter; thanks to Matt Jacob and Heather Beavers for coordinating and posting information.
- Held five Spotlights (recordings are posted on the website):
 - [School Based Sealant Programs Best Practice Approach Report](#) presented by Lori Cofano and Beth Lowe
 - [Oral Health Literacy Toolkit](#) presented by Linda Neuhauser and Jay Kumar from CA
 - [Silver Diamine Fluoride Policy Change](#) presented by Robin Miller and Debora Teixeira from VT
 - [Telehealth](#) presented by Dr. Scott Howell from AZ
 - [Texas Social Media Campaign](#) presented by McKenna Daahlquist and Rhonda Stokley.
- Held two Communications Community of Practice (CCoP):
 - *Oral Health Data Visualization, Using Data to Tell the Story* presented by Shawnda Schroeder, ND
 - *Building a Robust Communications Component within Your Office* presented by John Welby, MS.
- The Social Media Workgroup (SMWG) updated their [Social Media Library](#) of messages. Based on a survey of state dental directors to assess their social media activity and challenges, the SMWG initiated a social media TA project. They recently selected applications from MO, MN, and AR to receive the technical assistance. The pilot project will continue through 2023.
- The Communications Committee was very active at the 2022 NOHC. Kimberlie Payne, Communications Committee SME, coordinated the ASTDD exhibit booth and facilitated a roundtable, *ASTDD Resources Galore*, showcasing some of the competencies, guidelines, best practices, communication plan templates, evaluation tools, public health policy statements, basic screening surveys for various age groups, and other significant resources. John Welby, Communications Committee chair, facilitated a roundtable discussion about *Creating Your Best Message* where attendees shared communication challenges they face. Attendees offered ideas, proposed strategies, and discussed the importance of having communication plans. John Welby and Matt Jacob facilitated a very interactive weekend workshop, *Getting the Media to Listen and Cover Your Story*. They offered tips on choosing media targets and writing a successful media pitch. Matt and John then acted as reporters for participants to pitch their oral health story ideas.



Quotes from members:

"I look forward to every Monday so I can read the weekly digest." Alison from Pennsylvania

"The ASTDD Spotlights are great." Sarah from Pennsylvania

"Thank you for the workshop. It was interesting to learn about getting the media to listen. I will use this in my state position."

"I really enjoyed teaching this workshop. It is great to see how more ASTDD members value communications and media relations skills." John Welby

Data and Oral Health Surveillance

The Data Committee (DC) met once in 2022. Unfortunately, due to the federal Office of Management and Budget's restrictions on making any changes to the annual *State Synopses* or *Basic Screening Survey (BSS) for Children* once OMB approved both items, the DC had little to do. Consequently, the ASTDD BOD decided to dissolve the committee and establish a BSS Community of Practice that builds on the informal BSS support group established earlier this year. ASTDD has convened workgroups for specific data related projects as needed.

Data and Surveillance SMEs Kathy Phipps and Mike Manz provided about 370 hours of technical assistance on BSS and oral health surveillance issues to the following states/territories: Alabama, Arizona, Arkansas, Colorado, Connecticut, Delaware, Florida, Georgia, Idaho, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Dakota, Oregon, Pennsylvania, Rhode Island, South Carolina, Texas, Utah, Vermont, Washington, and Wisconsin. Sahiti Bhaskara MPH, BDS who is working on her Doctorate, began mentoring with Dr. Phipps to learn the skills needed to provide TA to state oral health programs on oral health needs assessments and oral health surveillance, but it was difficult to do this when many schools were still closed. Ohnmar Tut also provided BSS and oral health surveillance TA to the US Affiliated Pacific Islands. View the status as of November 2022 of [States with BSS Data](#) for various age groups; if available, links to state BSS reports are provided.

Recent BSS CoP call participants remarked:

Listening to other states' implementation of the BSS gave us ideas on how to receive more consent forms.

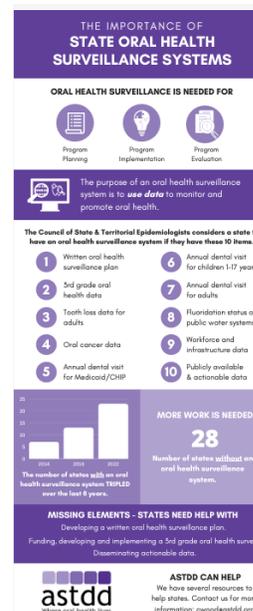
We will try to reach out to the school nurses association to build a relationship and

We were successfully able to administer the first ever Basic Screening Survey for PA. We will use the results to show the need for further oral health focus on PA children.

I gained a more in-depth appreciation of how valuable ASTDD is as a resource for states, such as MT, that doesn't have the capacity to provide the TA as provided by ASTDD.

Other data committee/SME activities included:

- Completed the *2022 State Synopses Report* (posted in Members Only) and the [Summary Report](#), and updated the 2023 Synopses questionnaire including the online submission process
- Created two infographics based on Synopses data: [The Importance of State Oral Health Surveillance Systems](#) and [Important State Collaborations Around Oral Health and Chronic Disease](#)
- Updated the list of [State Added BRFSS/PRAMS/YRBS Questions](#)
- Updated the [Older Adult BSS Manual](#)
- Fielded the bi-annual ASTDD Salary Survey to dental directors
- Updated the [Recommended Guidelines for Surveillance of Non-Traumatic Dental Care in Emergency Departments](#), the [Guidance on Assessing Emergency Department Data for Non-Traumatic Dental Conditions](#), and the [Methods in Assessing Non-Traumatic Dental Care in Emergency Departments Publications Update](#)
- In the process of updating the ASTDD 7 Step Needs Assessment Model.



Dental Public Health Policy

The purpose of the Dental Public Health Policy Committee (DPHPC) is to develop, promote and support resources and policy-related documents to assist S/TOHP to improve oral health. The DPHPC met eleven times during 2022. Activities included:

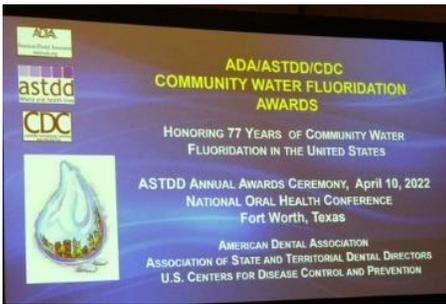
- Updating the [Policy statement template](#) and the Dental Public Health Policy Statement/Resource Document Review form
- Revising and posting the [State-based Oral Health Surveillance Systems Policy Statement](#) originally developed in 2015
- Archiving ASTDD’s existing policy statement on *Dental Public Health Residencies*; a broader dental public health workforce-related statement might be considered instead
- A policy statement on Social Determinants of Health and Oral Health (working title) continues to evolve.
- The Committee began looking to archive or update *ASTDD’s Amalgam Policy Statement* (2010). It is clear that the topic is broader and should look at environmental impacts and related issues in dental materials use. It might look at amalgam pros and cons, acknowledge environmental concerns (Minamata Convention, etc.), and be clear that non-amalgam alternatives are not a panacea and why.
- ASTDD representatives met with representatives of the American Mobile and Teledentistry Alliance (AMTA) to discuss collaborating to update our *School-Based or School-Linked Mobile or Portable Dental Services Policy Statement* and the *Mobile and Portable Dental Services in Pre-school and School Settings: Complex Issues Issue Brief*. These updates will occur in 2023.
- The DPHPC sponsored and presented a limited attendance weekend workshop at the 2022 NOHC, *Big “P” Policy, Little “p” policy, and Putting it into Practice*, with 15 participants. They demonstrated how policy statements can be used in planning, developing policy initiatives, drafting state oral health plans, and preparing testimony while staying within the limits that public entities must observe. Attendees practiced using scenarios.
- The Committee reviewed proposed resolutions as presented to the ADA’s House of Delegates for their Annual Session in October, and prepared ASTDD comments on five of them. ASTDD provides simple statements of support to “get on the record” on issues that may have an impact on dental public health.

Participants intended to do the following after the NOHC workshop:

Framing and structuring conversations/discussions about policy; using the ASTDD policies/policy briefs more often; using the information to promote and advocate within projects, organizations, and individually; using the big P/little p framework; and continuing to access the ASTDD website for help.

Fluorides

The Fluorides Committee (FC) provides ASTDD membership with the partnerships, policies and guidelines needed for appropriate use of fluorides in community/population-based programs designed for dental caries prevention. The Committee works to assure that ASTDD positions and policies are presented in all appropriate venues, and coordinates, reviews, or provides input for all activities that ASTDD may be involved in regarding fluorides. In addition, technical support is provided as needed to state dental directors and fluoridation contacts. The Committee met eight times this past year.



The FC also coordinates annual fluoridation awards in collaboration with the ADA and CDC. A PowerPoint and the awards brochure are posted on the [ASTDD homepage](#). State dental directors again received a toolkit (by email) including templates and instructions for award certificates along with sample cover letters and media release materials with ideas for recognizing awardees to promote increased recognition and/or media coverage.

Judy Feinstein, the Committee SME, provided the ASTDD Annual Report on Fluoridation Activities (June 2021 to May 2022) to the National Fluoridation Advisory Committee (NFAC), an advisory committee of the ADA Council on Advocacy for Access and Prevention, during its virtual meeting in July. Judy and FC members Jay Kumar and Howard Pollick serve on the NFAC.

Judy coordinated the CWF Community of Practice (CoP) for the 20 states funded by the CDC's Division of Oral Health, and promoted the use of a dedicated listserv for the grantees. Four webinars were held during the year. After the first one in February, the sessions were expanded to fluoridation coordinators and others working with fluoridation in all states and to the Fluorides Committee. All sessions were well-attended and interactive. Some topics included: resources for and experiences working with public water system operators, state rural water associations, and collaborating with drinking water and other state level programs; notification language for cessation of CWF; challenges posed by shortages of fluoridation additives; and an overview of the updates to the Water Fluoridation Reporting System (WFRS).

We continued using an enhanced and more comprehensive version of Curate, a data-mining company that provides a searchable database of local government meeting agendas and minutes and scans meeting minutes, agendas, planning documents, etc. from local government entities. ASTDD shares a subscription with the American Fluoridation Society. Reports combining Curate findings with postings from Google Alerts were sent at least once but sometimes more often to multiple stakeholders. These reports can serve as an early warning system on fluoridation-related activity.

Judy provided TA/consultation this year to several states and communities: New Jersey, Pennsylvania, Massachusetts, Colorado, Utah, Michigan, Kentucky, Vermont, Iowa, Missouri, Arkansas, and North Dakota. Committee members also provided assistance throughout the year, including Sandy Sutton in Michigan working on challenges there, and Johnny Johnson, who provided support to several states (Idaho, Iowa, Maine, Pennsylvania, Wisconsin and others). Johnny consulted with states on fluoridation challenges and about the New Wave tablet system.

The Committee provided input and feedback for the preparation of a document, *Resources for Responding to Questions About the NTP Monograph*, which was emailed to state dental directors and to CDC, ADA and ASTHO contacts in mid-August and then followed up with a call with ASTHO. However, by the end of the year, the National Toxicology Program (NTP) report had not yet been released.

The FC also co-hosted an ASTDD webcast with Matt Jacob, *Raising Oral Health Knowledge Online*, using examples related to water fluoridation; about 115 people attended. Judy participated in a phone call discussion with Tracy Boehmer (CDC) and a representative of the US Environmental Protection Agency's (EPA) Water Security Division regarding fluoride additive shortages, following up with information from states. We continue to receive communications from the EPA and monitor them for relevance to fluoride additive issues. Judy and several ASTDD members (John Dane is pictured) were speakers at Missouri's very successful CWF Summit on October 13 & 14. The Summit was attended by about 60 people in person and another 25 or so via Zoom. The meeting may provide a model for small, focused regional meetings on fluoridation.



Healthy Aging

The Healthy Aging Committee (HAC) is a focal point for healthy aging issues, including chronic diseases, and resources for S/TOHP. The HAC includes subject matter experts in healthy aging and oral health as well as state oral health program directors/program managers and staff interested in advancing statewide efforts to improve the oral health of the older adult population. The HAC held meetings in February and June as well as a face-to-face gathering at the 2022 NOHC. Trish D'Antonio from the Gerontological Society of America (GSA) presented during one of the meetings on GSA policy and advocacy efforts, primarily focused on inclusion of an oral health benefit in Medicare.



The committee was supported through December 2022 by a three-year grant from the Gary and Mary West Foundation. The funding supported development of the [Older Adult Oral Health Resources for Collaboration](#) that was published in October and disseminated to S/TOHP, state units on aging, area agencies on aging and other entities with an interest in older adults and the relationship of oral health to overall health. There are nine topic areas in the document. Two dental public health residents from the Harvard School of Dental Medicine created infographics on oral health and chronic disease, and on oral health and nutrition, that are included in the resource. The Healthy Aging Project Workgroup that developed the Resources document included state oral health program directors/staff and state unit on aging staff from Alabama, Iowa, Missouri, Nebraska, Virginia, Wisconsin, and Kathy Wilson-Gold, a dietician working for the Office of Nutrition and Health Promotion/Administration for Community Living. Workgroup meetings were held via Zoom in January, February, and March.

Perinatal

The Perinatal Oral Health Committee (POHC) continues to serve as the primary ASTDD focal point for issues and resources for S/TOHP relating to perinatal oral health. Most activities are accomplished in partnership with the OHRC, especially the Consortium on Oral Health Integration and Improvement (COHSII); (see page 22 for more information).

School and Adolescent Oral Health and Dental Sealant Programs

The ASTDD School and Adolescent Oral Health Committee (SAOHC), coordinated by ASTDD SME Lori Cofano, serves as a resource to S/TOHP and works to ensure a strong oral health component in all school and adolescent health initiatives.



The SAOHC held six meetings via Zoom in 2022 and held an informal face-to-face meeting during lunch at the NOHC in 2022. Sandy Tesch, Dental Sealant Coordinator and SME, facilitated multiple sealant Community of Practice discussions with CDC grantees and other states on topics such as the pandemic's impact on school sealant programs, glass ionomer vs resin sealant materials, sealant retention, sealant activities within state sustainability plans, caries-risk assessment tools, SEALS reporting, workforce challenges, collaborations with coalitions,

data collection systems, and COVID-19 protocols. Guest presenters also discussed school sealant evaluation activities (Anita Alston from the CDC), infection prevention and control (Michele Neuburger from CDC), and how data can be used to create success stories that can then be shared with funders and others to show the importance of school-based dental sealant programs (John O'Malley, ASTDD consultant). Guest presenters on SAOHC calls included:

- Melissa Fahrenbruch from CDC Healthy Schools noted that Arkansas, Colorado, Louisiana, Minnesota, and Missouri have both CDC 1810 and 1801 cooperative agreements, and she discussed ways those states could use both grants to support school-based oral health.
- Matt Jacob presented *Tips for Clear Communication*, covering consent forms and sealant program letters to parents, schools, administrators, and others.

Recent Sealants CoP Remarks

Grace: This was my first time meeting with this group and I appreciate the collaboration and hearing best practices from others!

Julie: Such a great, informative session! I will send my NOHC BSS presentation handout to Sandy to put into the Dropbox for this

Several requests were handled via continuous monitoring and correspondence to TA questions posted on the CDC-funded dental sealants group listserv and the ASTDD sealant coordinator’s listserv, while several school-based resources were shared via the SAOHC listserv, and the [Dental Sealant Resources webpage](#) on the ASTDD website was updated. As noted previously, the SAOHC collaborated with the ASTDD Best Practices Committee on the update to the [School-Based Dental Sealant Programs BPAR](#). Sandy Tesch worked with the OHRC to update three training modules within the *Ohio School-Based Dental Sealant Programs Curriculum for Dental Providers*. She is also currently working on revisions to the online national *SEAL America Oral Health Manual*.

Rudy Blea and Lori Cofano presented to the CMS Oral Health Technical Advisory Group on the impact of COVID-19 on school-based dental sealant programs. Lori also participated on a CDC coordination team to review and provide input on a school fluoride varnish programs presentation being prepared for sharing with the Community Preventive Services Task Force in 2023.

Evaluation Support

The ASTDD Evaluation team provides general evaluation, performance management, and quality improvement technical assistance to support ASTDD and state oral health efforts, the ASTDD cooperative agreement with CDC, and state oral health programs that receive funding from the CDC. Although initially concentrating webinars on CDC-funded states, these were later open to all states/territories. For example, the team planned and presented a webinar on the National Oral Health surveillance System (NOHSS) with John O’Malley and Emory Centers staff in August. There were 96 attendees from more than 22 states. Eleven listserv posts to CDC-funded evaluators provided tips and links to resources on several topics.

Early in 2022 the evaluators planned and hosted a peer discussion to provide support on evaluation implementation and to build relationships among epidemiologists/evaluators working on similar projects; ten evaluation staff from nine states attended, plus CDC staff and ASTDD SMEs.

The evaluators provided TA to CDC-funded states via online meetings and in-person meetings during the NOHC with evaluation staff to discuss the status of evaluation activities, progress reporting approaches, and evaluation reports. They reviewed and provided comments on 20 state evaluation progress updates and reports.

Feedback from a state:

I read through all the materials posted on the evaluator listserv regarding evaluating partnerships and collaboration. It was very helpful! I am beginning to develop a survey to administer at the end of workgroup meetings to measure engagement and satisfaction.



At the 2022 NOHC, Carissa Beatty and Mary Davis facilitated a workshop, *Evaluation Plans in Action: Tackling Real-World Roadblocks*, attended by 19 people. They also welcomed CDC's new evaluator, Anita Alston, who helped with the workshop, and met ASTDD's previous evaluator, BJ Tatro, who conducted the BOD's strategic planning session (pictured). After the NOHC they co-facilitated a post-NOHC conference "debrief" webinar with CDC staff and presented evaluation takeaways to increase access to learning and resources for all states.

The ASTDD consultants also provided consultation to the CDC staff such as reviewing state evaluation questions and qualitative thematic analysis to inform a CDC webinar series, coordinating TA/training content for state reporting with CDC staff; and reviewing a new CDC TA tracking system, providing suggestions to improve the interface. The consultants also provided TA to the COHSII Projects described on pg. 22, analyzing data and preparing a report on the COHSII survey of state MCH National Performance Measure 13 activities for 2021. In addition, they provided TA to the Best Practices Committee on how to evaluate Best Practice documents.

Projects and Partnerships

National Maternal and Child Oral Health Resource Center (OHRC)

ASTDD continued to partner with the OHRC on many projects and activities. In addition to updating ASTDD webpages related to maternal and child health and children and adolescents with special health care needs, ASTDD SMEs provided services for two national center projects led by the OHRC.



Dental Hygienist Liaison Project

National Center on Health, Behavioral Health, and Safety (NCHBHS)

Funded by the Office of Head Start (OHS), the NCHBHS ended Year Two on September 29, 2022 and began Year Three of a five-year grant on September 30, 2022. ASTDD oversees the Dental Hygienist Liaison (DHL) Project in partnership with the OHRC and the American Dental Hygienists' Association (ADHA) to provide oral health training and TA to Head Start

programs across the US. Kathy Hunt, Gina Sharps and Beverly Isman serve on the Oral Health Leadership Team with OHRC staff Katrina Holt and Beth Lowe to coordinate the DHL Project. Through the project, one dental hygienist from each state (two in CA and two in NY), the US Virgin Islands, and DC volunteer to help promote oral health for children and expectant parents enrolled in Head Start, serving as a communication link between NCHBHS and Head Start programs. Twelve Regional DHL Coordinators (RDHLCs) provide mentorship to state DHLs and serve as a contact for Head Start regional staff.

In-person activities slowly began to resume this year as COVID-19 restrictions were lifted. DHLs gave 29 presentations to 1,035 participants including Early Head Start and Head Start program staff, early childhood professionals, and oral health professionals. Each year we ask the state DHLs for feedback about their role, and ways that the RDHLCs and the leadership team can help support their efforts. Highlights from the DHL annual assessment show:

- 40% reported they receive 1-2 requests per quarter from Head Start programs to provide presentations or TA, attend meetings, or to share resources
- 39% reported an increase in access to oral health care as a result of their involvement with the DHL project.
- Program practice changes included:

- 26% established or changed a policy or procedure related to toothbrushing in the Head Start classroom
- 16% reported implementing an on-site fluoride varnish program
- 10% incorporated a social media campaign into educational programming and messaging
- DHLs reported that the most rewarding aspects of being a DHL are:
 - Giving back to their communities
 - Helping Head Start programs to better meet the oral health needs of the families they serve
 - Recognition by Head Start leadership of the value of the DHL work
 - Connecting/networking with other DHLs.

The ASTDD team coordinates an active DHL discussion list with more than 130 postings this year, and maintains a [DHL webpage](#) and several subpages on the ASTDD website. RDHLC calls are held monthly, and leadership calls are held biweekly. An annual in-person meeting with all RDHLCs and the Oral Health Leadership Team was held in Chicago in August. Four one-hour webinars were offered for state DHLs this past year. Topics included social determinants of health, advancing health equity, results of the 2022 DHL Assessment, and oral health in Indian Country. Many of the RDHLCs hold quarterly calls with state DHLs in their regions where they share information and ideas and respond to questions.

The ASTDD DHL project leads presented a roundtable, *Head Start and Oral Health: How You Can Help*, at the 2022 NOHC and met with DHLs in attendance during one of the Networking lunches (see photo). They also exhibited at the ADHA Conference in June in Louisville, KY. The ADHA is a key partner. The project leads also worked with the ADHA Education and Learning Technology staff to provide continuing education credits for DHL webinars, worked with ADHA to co-create a series of key oral health message videos, and met with ADHA leadership about future collaboration efforts. ADHA featured Elizabeth Karmasek, US Virgin Islands DHL, in their *Member Monday* digital newsletter. The NCHBHS oral health leadership team identified strategies on behalf of OHS for the Department of Health and Human Services Oral Health Strategic Framework 2022–2027.



**Consortium for Oral Health Systems
Integration and Improvement**
ASTDD | DQA | OHRC

Consortium for Oral Health Systems Integration and Improvement (COHSII)

ASTDD executive director Chris Wood and subject matter experts Kathy Geurink, Harry Goodman, and Reg Louie have supported the COHSII project since 2016. Kathy retired in Fall 2022 and Kimberlie Payne has taken over her responsibilities.

Ohnmar Tut, ASTDD consultant for the US Affiliated Pacific Islands (USAPI), provided support to the USAPI around MCH and oral health surveillance related activities. This year ASTDD assisted the OHRC in four key COHSII projects:

1. Providing TA to states/territories that selected the national performance measure for oral health (NPM 13). In federal FY '22, 28 states and jurisdictions selected NPM 13.1 preventive dental visits for pregnant women and/or NPM 13.2 preventive dental visits for children and adolescents ages 1 through 17.
2. Providing TA to two learning collaboratives:
 - a. Integrating Oral Health Care and Primary Care Learning Collaborative: A State and Local Partnership (Integration LC) in nine states and community health center prenatal care clinics. ASTDD SMEs reviewed the project orientation packet, project profile and practice-readiness assessment that were sent to the states in the LC to assist them in selecting a community health center prenatal clinic as a partner. They

also shared a driver diagram, project metrics, and *Integrating Oral Health Care and Primary Care for Pregnant Women: Capacity Inventory*. They attended webinars in February, March, April, May, June, and November and the virtual annual meeting in September.

- b. Networks for Oral Health Integration (NOHI): Three regional networks, each consisting of four states. Two projects are focusing on pregnant women and infants and children from birth to age 40 months, and one project is focusing on children ages 6–11. ASTDD SMEs helped the NOHI LC to share successes, lessons learned, and challenges focusing on building capacity around three core functions: (1) data, analysis, and evaluation; (2) outreach and education; and (3) policy and practice. New NOHI resources based on the results of a recent environmental scan include:
 - [Networks for Oral Health Integration \(NOHI\) Within the Maternal and Child Health Safety Net: Environmental Scan 2021–2022 Chartbook](#)
 - [Midwest Network for Oral Health Integration](#)
 - [Rocky Mountain Network of Oral Health](#)
 - [Transforming Oral Health for Families](#)
 - There is also a [feedback form](#).
3. Think Tank Project. The purpose of the Think Tank is to inform discussions about integrating oral health care in safety net settings serving the MCH population. COHSII staff and SMEs gathered information from Think Tank members to help identify four to six successful, long-standing statewide programs to develop a report for MCHB to assist with integration efforts and resource development. Think Tank members will also inform MCHB about emerging oral health issues, especially those with potential to impact the MCH population.

To learn more about the projects, visit the [COHSII section](#) of the OHRC website.

Additional MCH activities performed by the ASTDD SMEs included:

- Reg Louie attended the FY '23 Title V MCH Services Block Grant application/annual review meeting for the Marshall Islands and Palau. Although he had no official role in the reviews, he provided information to the Marshall Islands and Palau Title V MCH directors on preventive oral health care, including applying silver diamine fluoride to children's teeth, consistent with their retention of NPM 13 for FY '23. Subsequent to the reviews, he provided a summary of recommendations to the Regional MCH consultant.
- Harry Goodman was a HRSA reviewer on the Title V MCH Services Block Grant application/annual review for New Jersey and participated in all related activities including the one-day virtual review session with representatives from HRSA and the New Jersey MCH program.
- Ohnmar Tut conducted training for 20–30 dental and non-dental providers on November 28–29, 2022, in Guam. In addition, she consulted with local health officials about the current status of public oral health efforts and the MCH program plans for implementing NPM 13.2 in FY '23. She provided TA on oral health to Pohnpei State, Federated States of Micronesia, for their school health program including early childhood education. In addition, she continued to provide TA on their BSS efforts regarding screening, data collection and analysis. She provided TA to the Northern Mariana Islands on their oral health workforce efforts.
- ASTDD SMEs Mary Davis, Reg Louie, and Ohnmar Tut began planning interviews of six jurisdictions (American Samoa, Guam, Marshall Islands, Palau, Puerto Rico, and US Virgin Islands) and Washington, DC to gather information about their efforts implementing NPM 13 in FY '22.

- ASTDD SMEs also supported the OHRC in convening the Oral Health Learning Café. The café is an informal forum for professionals to engage via monthly webinars and a discussion list to learn about oral health programs and services throughout the country and to share strategies, challenges, lessons learned, and resources.

Responsibly Employing Safe Pain Interventions (RESPITE)

The University of Pittsburgh, School of Dental Medicine, partnering with the ADA Science & Research Institute and the University of Pennsylvania, is in the second year of a grant from the US Food and Drug Administration (FDA) to develop an evidence-based clinical practice guideline for the management of acute dental pain. Through a contract, ASTDD has been providing dental public health expertise to the interdisciplinary team, helping develop and deploy dissemination and implementation strategies, and ultimately will help evaluate the effectiveness of those strategies in changing provider prescribing behavior. Bruce Austin and Beverly Isman serve as ASTDD representatives to the project. State dental directors are contributing valuable feedback about state networks and regulations. Expected outcomes are: 1) guidelines for an established standard of care, 2) patients will receive safe and effective relief from acute dental pain, and 3) the risk of opioid diversion, opioid use disorder, and overdose will be reduced.



Project activities this year included:

- Several forums were conducted during which citizens from across the country shared their values and preferences with respect to the management of acute dental pain.
- Existing empirical evidence about the effectiveness of various medications for managing acute dental pain was summarized in meta-analyses.
- Five states were identified as intervention states, and five states were identified as control states.
- Project staff developed an online course based on the guideline and using an innovative communications approach.
- Dental directors helped promote the online course and other resource materials in the intervention states.
- Project staff submitted seven manuscripts and responded to peer review feedback for 5 so far in preparation for publication.
- Staff are developing provider and patient surveys to learn about prescribing practices before and after the guideline is released as well as to measure negative consequences for both groups.
- A panel reporting on the project will be presented at the 2023 NOHC.

National Oral Health Data Portal

This winter John O'Malley, data science consultant to ASTDD, left his position at Delta Dental Plan of Michigan, Indiana and Ohio and accepted a new position as biostatistician at CareQuest Institute for Oral Health. He will be responsible for publishing new research with CareQuest Institute's access to troves of oral health clinical, claims, administrative and survey datasets. In particular, he will be exploring the use of diagnostic coding for studies exploring links between oral health and chronic disease. With CareQuest support, John will continue supporting ASTDD as a data science contractor, updating the National Oral Health Data Portal, and providing technical assistance to states and ASTDD members related to dental public health data.

Faces of Our ASTDD Family

