

# The Association of State and Territorial Dental Directors 2024 Annual Report

A Year of Many Transitions



ASTDD 2023/2024 and 2024/2025 Board of Directors

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## Foreword

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As you browse through the pages of *ASTDD's Annual Report* I would ask that you focus on the accomplishments and dedication of everyone at ASTDD; it is a testament to not only the individuals mentioned on these pages but to each of you as well. I hope this will serve as a reminder of the worthwhile work we all do every day, for public health deeply matters.

As we entered 2025, we have encountered tumultuous and chaotic times to say the least. We are currently dealing with state and national landscapes that at times seem to be unstable and changing daily. Which is why your membership and collaboration with colleagues within ASTDD and beyond is more important than ever. ASTDD has continued to serve and will continue to serve as a collective voice for public health for everyone.

I would be remiss if I did not take this opportunity to recognize the amazing and dedicated hardworking consultants, volunteers, members and our Executive Director Chris Wood. It has truly been an honor to serve as ASTDD President for such an outstanding group of individuals, and I will continue to serve ASTDD to the best of my abilities for the upcoming year.

Please take care of yourselves and be safe.

**Russ Dunkel, DDS, BS, BA, FACD, FICD, FPFA**

*ASTDD President*



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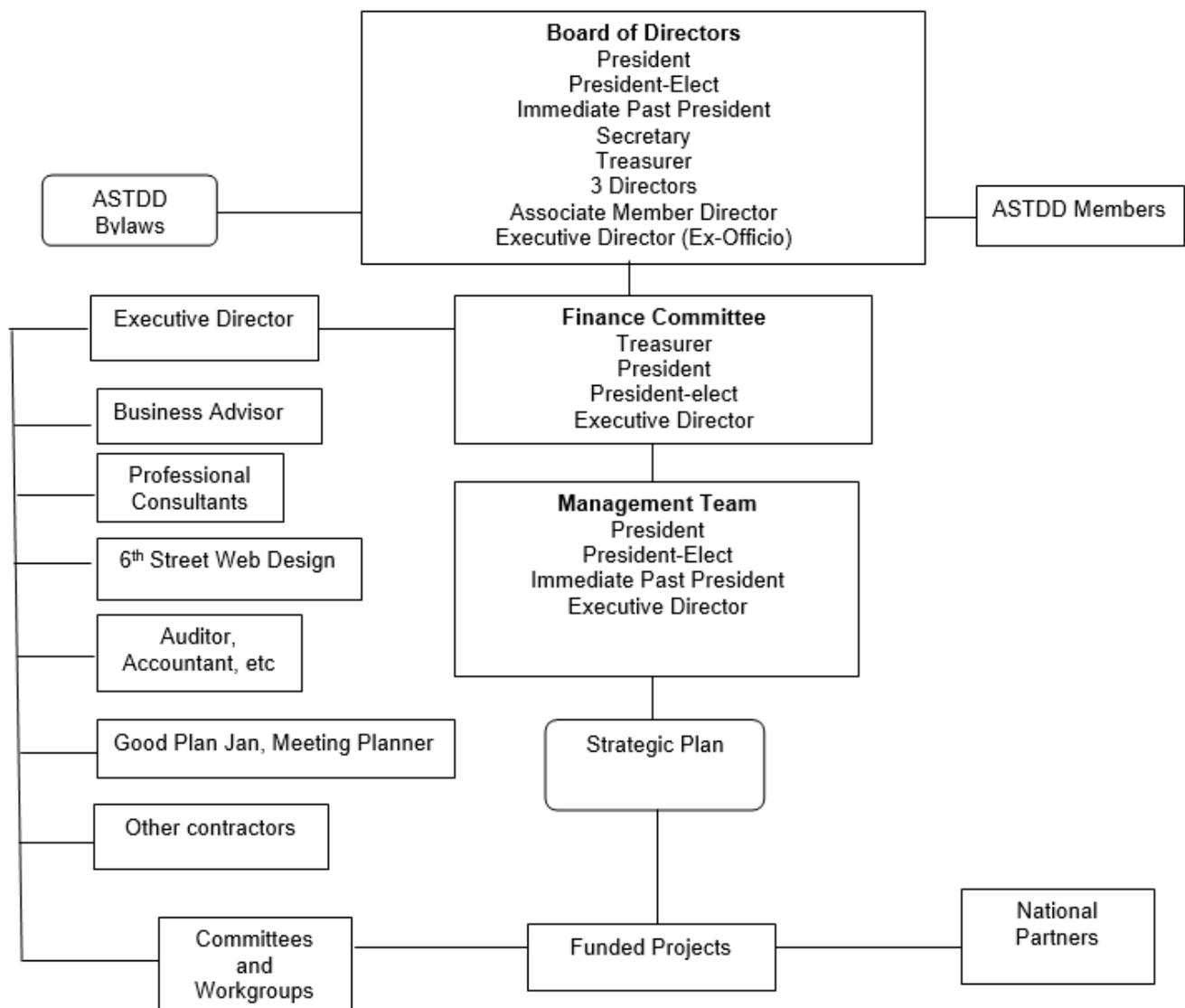
Report written by Beverly Isman, RDH, MPH, ELS

# Table of Contents

<b>Who We Are</b> .....	<b>4</b>
<b>Strategic Map 2022-2024</b> .....	<b>5</b>
<b>Our Values</b> .....	<b>6</b>
<b>Leadership, Subject Matter Expertise and National Presence</b> .....	<b>7</b>
<b>Funding and Sustainability, New Beginnings, Awards, Membership, Peer Support, 2024</b>	
<b>National Oral Health Conference</b> .....	<b>11</b>
<b>Committee and Project Activities</b> .....	<b>15</b>
Best Practices.....	15
Communications .....	16
Data and Oral Health Surveillance .....	17
Dental Public Health Policy .....	17
Fluorides .....	18
Healthy Aging.....	19
Perinatal .....	20
School and Adolescent Oral Health and Dental Sealant Programs .....	20
Evaluation Support .....	21
Support for Territorial and Freely Associated States .....	21
<b>Projects and Partnerships</b> .....	<b>22</b>
National Maternal and Child Oral Health Resource Center .....	22
Responsibly Employing Safe Pain Interventions (RESPITE) .....	25
CDC Division of Oral Health Cooperative Agreement Projects .....	25
National Oral Health Data Portal.....	26
<b>Afterword</b> .....	<b>26</b>
<b>Some Exhibitors at the 2024 NOHC</b> .....	<b>27</b>
<b>Some Faces of ASTDD</b> .....	<b>28</b>

## 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 (S/TOHP). Organized in 1948, it 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 S/TOHP 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 (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 2024-2026

**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, & Diversity	Serve as the Collective Voice for S/TOHPs
<p>Strengthen &amp; Maintain S/TOHP Leadership &amp; Help Build S/TOHP Workforce Competence</p> <p>Support Professional Development &amp; Mentoring for S/TOHP Leadership &amp; Staff</p> <p>Assess &amp; Respond to S/TOHP Needs Related to Infrastructure &amp; Capacity</p> <p>Promote &amp; Enhance Peer Connections &amp; Communication among S/TOHPs</p> <p>Build Support among National, State &amp; Territorial Policy Makers, Funders &amp; Advocates for S/TOHPs</p>	<p>Promote Use of Evidence-based and Evidence-informed Policies &amp; Practices</p> <p>Identify &amp; Analyze Emerging Issues, Populations, &amp; Promising Approaches</p> <p>Provide Tools &amp; Technical Assistance to Evaluate &amp; Improve S/TOHP Policies, Plans, Programs, Staffing, Surveillance Systems, Communications, Program Accountability &amp; Partnerships</p> <p>Promote &amp; Facilitate Internal &amp; External S/TOHP Communication &amp; Collaborations</p> <p>Promote Collection, Analysis, Communication &amp; Use of Data to Inform Planning, Decision-making, Evaluation, and the Promotion of Health Equity.</p>	<p>Assure ASTDD Fiscal, Operational &amp; Programmatic Sustainability</p> <p>Assure ASTDD Staffing/ Consultant Diversity, Capacity, &amp; Expertise</p> <p>Promote Membership in ASTDD</p> <p>Engage &amp; Cultivate Leaders with Diverse Backgrounds, Perspectives &amp; Skill Sets</p> <p>Maintain &amp; Support a Responsive Structure to Address Emerging and Key Issues</p> <p>Foster and Promote Engagement of Members with Diverse Backgrounds and Perspectives</p> <p>Assure Strategic Communications that meets the Needs of our Members and the Populations they Serve.</p> <p>Develop &amp; Assure ASTDD Leadership that reflects Diversity.</p> <p>Maintain an Informed Board to Provide Governance, Strategic Planning &amp; Support</p>	<p>Identify &amp; Address Cross-Cutting Issues &amp; Opportunities</p> <p>Build Consensus on Key Issues</p> <p>Serve as a Leader on S/TOHP Practice, Policy, Research, Analytics &amp; Communication</p> <p>Collect, Analyze, Disseminate &amp; Promote the Use of Data &amp; Information about S/TOHPs</p> <p>Promote Use of S/TOHP Data to Address Health Inequities.</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 and Reduce Disparities			
Foster Oral Health Literacy and Communication			

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## Our Values

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### ❖ 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.

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## Leadership, Subject Matter Expertise and National Presence

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### Members of the Board of Directors (BOD) as of April 2024

The BOD is the governing body of ASTDD. Pictured in order left to right. President: **Russ Dunkel, DDS, BS, BA, FACD, FICD, FPFA (WI)**; President-Elect: **Robin Miller, RDH, MPH (VT)**; Immediate Past President: **Julia Wacloff, MSPH, RDH (AZ)**; Secretary: **Shelley Guinn, RDH, MPH (WA)**; Treasurer: **Matt Horan, DMD, MPH (MA)**; Director: **Debony Hughes, DDS, MPH (MD)**; Director: **Tommy Johnson, DMD (AL)**; Director: **Frances Wise, PhD (AK)**; Associate Member Director: **Tooka Zokaie, MPH, MAS, CPH (CA Dental Assoc.)**; Ex Officio Member: **Christine Wood, RDH, BS**, Executive Director. The Annual Virtual Business Meeting was attended via ZOOM on March 8 by 30 state directors or their proxies and 19 life or associate members. Forty-nine states, DC and two territories were eligible to vote in March because they had paid their dues; 39 were present at a March 27 bylaws and quarterly dental director virtual meeting to vote. Several changes to the bylaws were presented and the changes were approved unanimously. New BOD members were installed at an in-person ceremony on April 16, and the BOD met in person on April 15 and 16 to conduct business. The BOD usually met monthly via ZOOM to conduct business and communicated regularly via email.



Leaving the BOD in April were Christine Farrell, Mona Van Kanagan, Angela Filzen, and John Welby.

### Administrative



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

The people in administration have remained committed to their responsibilities during several years, lending consistency to the overall function of ASTDD and an historical perspective to inform future improvements. We regret to report that in September 2024 Dr. M. Dean Perkins passed away. He retired as Chief of the Missouri Bureau of Dental Health in 2003 where Cheryl Thomas served as his secretary. Dean served in all ASTDD leadership positions and was our executive director from 2000-09 and then emeritus. ASTDD renamed the Distinguished Service Award the M. Dean Perkins Distinguished Service Award starting in 2024.



## Committees

### Standing Committee Chairs

**ASTDD Awards Committee:** ASTDD President; **Nominating Committee:** ASTDD Past-President; **National Oral Health Conference Planning Committee:** President, President-elect, Immediate Past-President, Executive Director, Writer/Editor/Dental Public Health Infrastructure Specialist, and Dental Director in the state the conference is being held.

### Ad-hoc Committee Chairs Remain the Same as Last Year

**Pictured from left to right. Best Practices:** Steven Geiermann, DDS; **Communications:** John Welby, MS; **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). More than 150 ASTDD members and non-members participated in committee activities throughout the year. Some committees also have working groups for specific projects or Communities of Practice (CoP) and may invite guest speakers to provide expertise on a specific topic or enlist the help of dental public health professionals or graduate students to serve as authors or reviewers for documents. See more information in the Committee Activities section.

## Subject Matter Experts

In addition to coordinating committee activities, SMEs serve as consultants to provide technical assistance (TA) to 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 SME/authors for documents and online curricula; serve as presenters, facilitators or moderators for webinars, NOHC sessions and other conferences; and provide monthly and annual reports of their activities that are shared with each other, with the BOD, and in *Roundup* and the *ASTDD Annual Report*. Some of the SMEs changed in the fall of 2024 due to funding changes. Pictured from left to right and their assignments:

**Lori Kepler Cofano, RDH, BSDH:** Best Practices, Healthy Aging, Peer Support, School and Adolescent Oral Health; **Jay Balzer, DMD, MPH:** Children with Special Health Care Needs; **Kimberlie Payne, RDH, BA:** Maternal and Child Health,

Health Communications, Peer Support, Dental Public Health Infrastructure and State Oral Health Improvement Plans; **Harry Goodman, DMD, MPH:** Maternal and Child Health, Head Start; **Reginald Louie, DDS, MPH:** Maternal and Child Health, Territorial Support; **Matt Jacob, BA:** Health Communications, COHSI; **Michael Manz, DDS, MPH, DrPH:** Data and OH Surveillance; **Kathy Phipps, DrPH:** Data and OH Surveillance; **Sahiti Bhaskara, BDS, MPH:** Seven Step Model Revisions; **Brooke Mehner, BS, MPH:** Data and OH Surveillance; **Beverly Isman, RDH, MPH, ELS:** Dental Public Health Infrastructure and State Oral Health Improvement Plans, Head Start, Writer/Editor; **Julie Ann Janssen, RDH, MPH:** Dental Public Health Policy; **Judith Feinstein, MSPH:** Fluorides, Dental Public Health Policy; **Mary Davis, DrPH, MSPH:** Evaluation/Quality Improvement, Emory Centers for Training and Technical Assistance; **Maggie Pustinger, MPH, CHES:** Evaluation/Quality Improvement, Emory Centers; **Kristin Giordana, MPH:** Evaluation/Quality Improvement, Emory Centers; **Kathy Hunt, RDH, ECPII:** Head Start; **Gina Sharps, BSDH, MPH:** Head Start; **Barbara Park, RDH, MPH:** Medical Dental Integration and Type 2 Diabetes, National Association of Chronic Disease Directors; **Ohnmar Tut, BDS, MPhil:** Territorial Support; **Sandy Tesch, RDH, MSHP:** School-based Dental Sealant Programs.





## 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. Kimberlie Payne served on a Regional Oral Health Connection Team (ROHTC) as the state representative for Arizona. In October, Lori Cofano, Bev Isman, and Kimberlie Payne presented three new and revised resource tools noted later in this report via a virtual recording during the OPEN meeting.

Chris Wood participated in a Public-Private Partnership Oral Health Alliance ZOOM meeting in August that included seven public agencies and 24 private organizations. The agenda included five presentations and updates.

ASTDD held quarterly calls with Natalia Chalmers, Chief Dental Officer for the Centers for Medicare and Medicaid Services (CMS). Angela Filzen, dental director and an ASTDD BOD member, serves on the 2026 Medicaid and CHIP and Adult Core Sets Annual Review Workgroup.

Russ Dunkel, WI SOHP director and ASTDD president, attended the Canadian Oral Health Summit June 20-22 at Dalhousie University in Canada. The meeting provided an opportunity to connect with several Canadian colleagues, including the Canadian Chief Dental Officer, Dr. James Taylor, and attend presentations on the three days. Our northern neighbors are experiencing many of the same oral health issues and concerns as those we see in the U.S.

The ASTDD leadership and SMEs participated in regular calls with the Center for Disease Prevention and Control, Division of Oral Health (CDC, DOH) leadership and staff around national issues and our cooperative agreement activities. The Oral Health Team SMEs for Head Start also have biweekly calls with the National Maternal and Child Oral Health Resource Center (OHRC) staff around National Center on Health, Behavioral Health, and Safety (NCHBHS) activities (see other section.) ASTDD MCH consultants have numerous calls and webinars with OHRC grantees participating in the various projects (see other section.)

ASTDD continues to collaborate with the CareQuest Institute for Oral Health on a revamp of the National Oral Health Data Portal, funding for selected documents, and support for the National Oral Health Conference (NOHC). This year ASTDD collaborated with numerous staff and an ad-hoc group of dental public health, communication, advocacy, and evaluation experts to produce the white paper, [\*Championing Minimally Invasive Care: Aligning Advocacy to Transform Oral Health.\*](#)

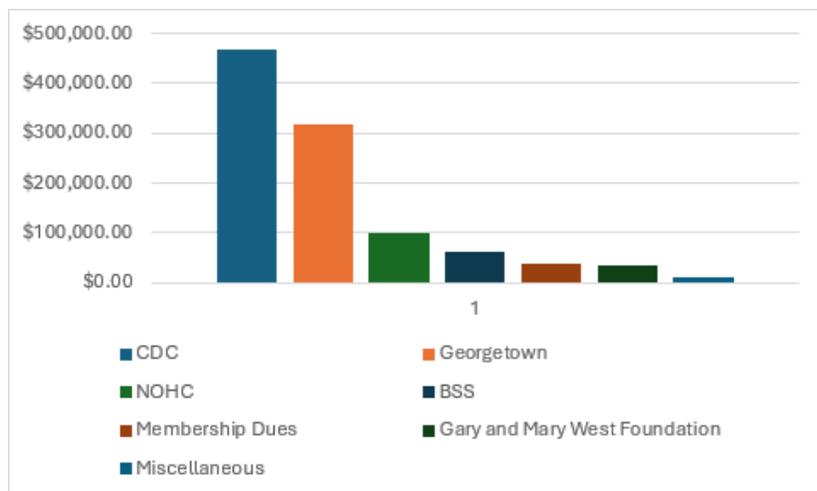
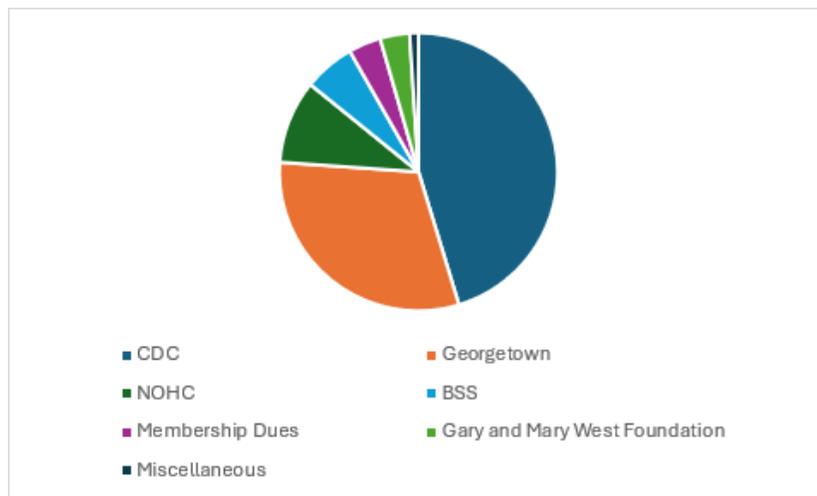
# Funding and Sustainability, New Beginnings, Awards, Membership, Peer Support, 2024 National Oral Health Conference

## ASTDD Funding Sources

### Income Sources

ASTDD remains financially stable with diverse funding sources and a sustainability plan for the future.

ASTDD financials are based on a calendar year and there are different financial intervals for each grant and contract. 2024 was the last year of our 2018-2024 six-year cooperative agreement with CDC. A new CDC cooperative agreement began September 1 and was split into Component 1 for \$200,000 and Component 3 for \$250,000 for year 01; each provide support for data, technical assistance and evaluation for 15 newly funded states. Year 05 of Head Start funding to the OHRC at Georgetown University began on September 30. A new HRSA funded subcontract for the Consortium for Oral Health and Maternal and Child Health: Improving Oral Health Integration for 2024-28, began July 1. Funding from the Gary and Mary West Foundation for Healthy Aging activities ended in December but new funding starts in 2025. ASTDD has separate contracts with states to support some BSS activities. Specific details for activities supported by these funds are covered in other sections of the report. Membership dues provide a small slice of our income, and income from NOHC sponsorships and registration is divided with our co-sponsor, the American Association of Public Health Dentistry (AAPHD). Income exceeded expenditures by \$35,380.66 at the end of 2024.



## New Beginnings in 2024

**Brooke Mehner**, one of our Data consultants, welcomed a new baby girl, Jovie Ann, on November 20. She is definitely going to be busy for the immediate future and has been trying to take a maternity leave when we're not bothering her!

**Julia Wacloff** stepped down from her position as Chief of the Arizona Office of Oral Health. Her last day with the AZ program was Dec 27. She remains on the ASTDD BOD, and we wish her luck in her next position.

To acknowledge our CDC partnership changes, **Dr. Gina Thornton-Evan** became the CDC Division of Oral Health (DOH) Director with **DeWitt Thornton** as the Deputy Director. **Dr. Marcia Parker** now serves as a special assistant to the director, and **Dr. Katya Mauritson** as head of the Program Services team.

Congratulations to our other partners. **Beth Lowe**, who as long-time staff at the OHRC for more than 17 years, retired in October with **Jenna Linden**, previous Head Start Dental Hygienist Liaison, as a new employee of the OHRC taking Beth's position. **Pam Vodicka**, a project officer for many years for HRSA MCHB, retired late this year after serving 20 years in the U.S. Public Health Service. Both retirees were staunch supporters of oral health and ASTDD.

## ASTDD Awards

**NOHC Awards Ceremony (see more details and photos in the March/April 2024 [Roundup special issue](#))**

### ADA/ASTDD/CDC

### COMMUNITY WATER FLUORIDATION (CWF) AWARDS

### Honoring 78 Years of Community Water Fluoridation in the United States

**Special Merit Award:** Given to recognize an outstanding contribution toward the progress of fluoridation, given this year to two organizations, 1) the California Oral Health Technical Assistance Center and accepted by Marjorie Stocks, Public Education Specialist with the University of California at San Francisco, which hosts the Oral Health Assistance Center; and 2) Washington State's Arcora Foundation, accepted by Emily Firman, a fluoridation consultant with the Arcora, and Sunshine Monastrial, the Foundation's Vice-President.



### CWF Community Awards

- **Fifty Year Awards:** 82 water systems in 29 states
- **Systems Reaching 75 Years of Continuous Water Fluoridation:** two in Rock Island County, Illinois and Madison, Wisconsin
  - In 2023, eight **communities defeated challenges to community water fluoridation** in six states: Fitchburg and Somerset in Massachusetts; Lake Winnebago, Missouri; Gloversville and Massena in New York; Dallas, Texas; Enosberg Falls, Vermont; and Brigham City, Utah.
  - **2022 State Fluoridation Quality Awards:** Connecticut, Kentucky, Michigan, North Dakota, Rhode Island, and Vermont.

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.

### **ASTDD Outstanding Achievement Award**



Given to a state/territorial dental director in good standing for at least 5 years who has made a significant contribution to ASTDD programs, initiatives, or the field of dental public health. Jana Winfree from Oklahoma.

### **ASTDD M Dean Perkins Distinguished Service Award**



Given to an individual or an organization that has made a significant contribution to ASTDD programs, initiatives, or the broader field of dental public health. Mike Helgeson and Deborah Jacobi from Apple Tree Dental.

### **Greg McClure Memorial President's Award**



Given at the discretion of the President to Beverly Isman, long-time ASTDD SME for multiple responsibilities, in recognition of her unwavering dedication, exceptional leadership, and invaluable service to the ASTDD.

### **Excellence in Communication Award**



Given to Prasida Kanal from Minnesota for the *One Smile at a Time Project*. The new award is intended to honor an individual, organization, or S/TOHP whose planning, execution and implementation of an oral health communication item, program, initiative, or campaign is worthy of being recognized for “excellence” in public health communication and has taken place in the past two years.

## **Membership and Peer Support**

As of December 31, ASTDD had 62 primary members (S/TOHP) and 28 life members (state or territorial director for at least 10 years). In 2024, ASTDD added 131 new associate members for a total of 576 associate members, of which 66 were individuals who belong as part of 14 organizational memberships.

In 2024 states participating in the mentoring program as mentees and mentors included: Georgia, Louisiana, Michigan, Mississippi, Nebraska, Oklahoma, South Carolina, and Vermont. Four six-month evaluations were completed. 2024 was unusual in that two people in the Peer Support Program left their positions before the six-month mentor evaluation period. Orientation for new S/TOHP leads included the following states: California, Georgia, Louisiana (2), Maine, Mississippi, Missouri, New Jersey, New Mexico, North Carolina, Oregon, Tennessee, Virgin Islands. Two states had two new leads in 2024.

Dental directors participated in three peer support and two business meeting ZOOM calls this year:

- March 8 was an annual virtual business meeting attended by 30 state members and 38 life and associate members. The membership report, financial report, and nominating committee report were presented, and posting was noted of *Roundup* issues and the *2023 ASTDD Annual Report* on the website. Remarks from the nominees were given, and then the slate of new BOD members was elected.
- March 27 included a special business meeting to approve the revised ASTDD bylaws attended by 39 voting members.
- June 26 featured Dr. Nick Conte, Dr. Kathy Phipps, and Jannette Gomez on the use of black lights during the Basic Screening Survey (BSS).
- September 25 featured Dr. Natalia Chalmers sharing the CMS perspective on value-based care.
- December 18 was a dental director call with 29 people attending from 25 states. Dr. Mike John from the University of Minnesota presented the *Oral Health Impact Profile-5* (OHIP-5) and discussed 1) who uses it, 2) where is it used, 3) how is it used, and 4) when is it used. OHIP-5 looks at the patient's perspective regarding oral health related quality of life: psycho-social impact, oral function, oral pain, and orofacial appearance.



The Peer Support Discussion Group met in January, August, and November for 1.5 hours via Zoom. In January, Debonny Hughes, Maryland's state dental director, presented ideas for diversified funding for state oral health programs. The May meeting was canceled as the presenters' schedules changed. In August, Bev Isman and Kimberlie Payne presented the new *State Oral Health Improvement Plans (SOHIP) Toolkit*, the *SOHIP Comparison Tool*, and the *Seven Step Needs Assessment Model*. In November, Barbara Park presented resources on the relationship between oral health and chronic disease.

New and revised resources for peer support and S/TOHP infrastructure were posted on a new ASTDD webpage, [State Oral Health Improvement Planning and Needs Assessment](#), including:

- [State Oral Health Improvement Plans Toolkit](#)
- [State Oral Health Plan Comparison Tool](#)
- [Seven Step Needs Assessment Model](#)
- [Guidebook for Policy Consensus Tool](#)
- [Public Health Policies: A Key Element of State Oral Health Infrastructure](#)
- [Oral Health Coalitions & Community Advocates: A Key Element of State Oral Health Infrastructure](#)

In addition, three new infographics developed in July and August and based on the 2024 *State Synopses* are posted on the [ASTDD Data and Oral Health webpage](#):

- [The Importance of State Oral Health Surveillance Systems Infographic](#)
- [Important State Collaborations Around Oral Health and Chronic Disease Infographic](#)
- [The Importance of State Oral Health Program Plans Infographic](#).

## 2024 National Oral Health Conference



PLATINUM SPONSOR



The 25th joint meeting of the NOHC co-sponsored by ASTDD and AAPHD was held in-person at the Hyatt Regency Hotel in St. Louis, MO starting on April 13 & 14, 2024 for 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. The conference sessions, exhibits, group meetings and other functions occurred on April 15 – 17. About 740 people attended. Our Community Service Project recipient this year was Gateway 180 Homeless Services. NOHC attendees packaged oral health kits and we gave them 1000 dental packets with 500 filled and 500 materials for them to use as needed.

You can access the agenda on the 2024 NOHC app and on the [2024 National Oral Health Conference site](#) but accessing actual abstracts requires your password. A summary of some of the sessions and photos are in the [March/April Roundup](#). Attendees could earn up to 18.75 hours of continuing education credit for the Monday through Wednesday sessions and an additional 15 hours for the weekend sessions. Eight interactive workshops were held on the weekend. AAPHD and ASTDD held an informal joint reception on Saturday night for their respective boards, committee chairs and



SMEs. Three plenaries started each day. Weekday sessions also included 33 concurrent seminars with three sessions of oral presentations, 48 roundtables, and a poster session covering 78 posters. Thirty-one exhibitors/sponsors/non-profit supporters also participated in the conference. Attendees networked during a New Attendee Welcome Reception, the Sunday Opening Reception, two Networking Lunches, three Continental Breakfasts, and two afternoon Receptions with Exhibitors.

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## Committee and Project Activities

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Of the many people participating in ASTDD committees throughout the year, some were non-ASTDD members representing partner organizations or areas of expertise. This section describes some of the specific committee and project activities and resources; see the [2024 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 (DR) increases awareness and promotes the integration of oral health best practices into programs. The BPC supports the ASTDD Strategic Plan by encouraging the use of evidence-based and evidenced-informed policies and practices, identifying emerging issues and promising approaches, identifying cross-cutting issues and providing tools and technical assistance to improve state and territorial oral health program policies, plans, programs and partnerships. The committee held its annual face-to-face meeting at the NOHC and one meeting via Zoom in July. The committee works efficiently and effectively through Dropbox. Committee members volunteer to serve as liaisons on projects.

Key activities included:

- As of February 2024, state activity submissions were deleted, and only descriptive reports (DRs) are linked on each state's page. A column was added in the DR sections indicating to which BPAR a DR is linked.
- Several BPC members participated in an ad-hoc workgroup funded by the CareQuest Institute for Oral Health (CQI). The workgroup developed a white paper, [Championing Minimally Invasive Care: Aligning Advocacy to Transform Oral Health, posted on the ASTDD website.](#)
- In February, an ASTDD Spotlight featured Dr. Brian Novy presenting a 15-minute overview of the BPAR on [Early Childhood Caries: Prevention and Management](#) with more than 100 people attending.
- Two sessions based on BPARs created in 2023 were presented at the 2024 NOHC: *Early Childhood Caries: A Paradigm Shift*, presented by Dr. Brian Novy, and *If I Had Known I Was Going to Live This Long, I'd Have Taken Better Care of Myself!* presented by Dr. Lenny Brennan. Both sessions were well attended and received excellent evaluations.
- The BPC Evaluation Workgroup recommended the use of pop-up evaluations for various ASTDD documents. In August 2024 funding became available, and the pop-up questionnaire was implemented for Best Practice resources in September. It opens when people access BPARs. Questions include name, email address, employment setting, the source used to find the document (i.e., peer/colleague, internet search, ASTDD website or other), and how they intend to use the document. A follow-up survey is sent two weeks after the initial survey is completed.

## Communications



The purpose of the ASTDD Communications Committee is to conceptualize, create, and oversee the various communication activities of the organization. The committee meets routinely and discusses ongoing ASTDD communication activities as well as ways to enhance communication tools and programs for ASTDD members. Accomplishments this year included:

- Wrote and published six regular issues of *Roundup*.
- Wrote and published the *ASTDD 2023 Annual Report*.
- Reviewed and oversaw enhancements to the ASTDD website.
- Published *Weekly Digest*; all issues are archived and are searchable.
- Established and presented the ASTDD Excellence in Communication Award to the Minnesota Dept of Health.
- Held seven Spotlights:
  1. *Mobile and Portable School-Based/School-Linked Oral Health Programs: Delivery Models to Expand Care for Children and Adolescents*. (January)  
Presenter: McAllister Castelaz
  2. *Early Childhood Caries Best Practice Approach Report* (February)  
Presenter: Brian Novy
  3. *Provider and Patient Experience with Teledentistry* (April)  
Presenter: Scott Howell
  4. *Integrating Oral Health Care into Primary Care* (May)  
Presenters: Harry Goodman and Judy Feinstein
  5. *Older Adult BPAR*: (August)  
Presenter: Leonard Brennan
  6. *Assessing Oral Health Needs, ASTDD 7 Step Model and the Development of the SOHIP* (August)  
Presenters: Bev Isman and Kimberlie Payne
  7. *Tobacco Policy Paper* (October)  
Presenter: Becca Boulos
- Held two Communications Community of Practice meetings:

1. *Starting our Journey to Become a Better Communicator, Lessons Learned*. The focus was how to prepare for media interviews (June)
2. *How Communication Campaigns Advance Your Oral Health Programs* (December)

The Social Media Workgroup meets bi-monthly, and activities included:

- Completed social media technical assistance to Missouri and Minnesota SOHP.
- Developed messaging for Children’s Dental Health Month and other calendar observances.
- Posted updates and information on LinkedIn and Facebook.
- Developed landing slide and supported social media messaging for NOHC.

## Data and Oral Health Surveillance

A BSS Community of Practice (COP) under the leadership of Robin Miller (VT) met three times in 2024. The focus of the BSS CoP is to share



best practices for planning, conducting, and disseminating a BSS. In January a subgroup, Rethinking the BSS Workgroup, met to discuss challenges states faced when performing a BSS, (e.g., recruiting schools to participate, dental material detection) and possible solutions. The May CoP with about 20 states participating focused on funding a BSS, Missouri’s Preventive Services Program, which uses volunteer dental health care providers to collect dental screening data, and methods for disseminating BSS data (e.g., reports, data briefs, newsletters, websites). Many helpful resources were posted in the chat. In October, discussion focused on active vs. passive consent for BSS and links to some of the resources.

Data and surveillance SMEs provided 385 technical assistance hours on BSS or oral health surveillance issues to the following states: Arizona, Arkansas, Florida, Georgia, Idaho, Illinois, Louisiana, Maryland, Minnesota, Missouri, Montana, Nevada, New Jersey, North Carolina, Ohio, Oregon, Tennessee, Utah, Virginia, Washington, and Wisconsin. View the status as of the end of 2024 of [States with BSS Data](#) for various age groups and years; if available, links to state BSS reports are provided. TA feedback from the states was gathered from 13 states and shared with the SMEs and CDC. Ratings of the SMEs were excellent, and suggestions were given for future needs or improvements.

- Ohnmar Tut also provided significant BSS and oral health surveillance TA to the US Affiliated Pacific Islands (see the Territorial section).
- Brooke Mehner completed the *2024 State Synopses* report and updated the 2025 Synopses questionnaire including the online submission process.
- Brooke updated the *BRFSS/YRBS/PRAMS Oral Health Questions* document.
- Mike Manz and Brooke reviewed and updated the emergency department related documents
- Kathy Phipps completed an analysis and three reports using data from the environmental scan of NOHI states and revised the environmental scan tool for the newly funded IOHI states. She participated in several webinars for the IOHI states.
- Kathy Phipps used the publicly available 2022 BRFSS data set to generate state specific information on tooth loss and dental visits among adults with and without diabetes.

## 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 in describing the issues and evidence base at a high level. The committee routinely evaluates older policies to ensure that they continue to reflect the latest science. The DPHPC met eight times during 2024.

The Committee contributed to four new or updated policy statements during 2024:

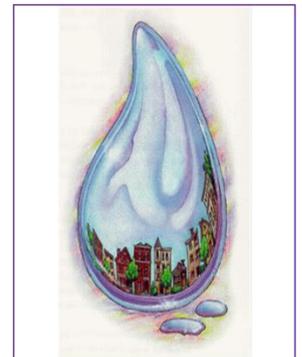
- [Integrating Oral Health Care into Primary Care](#). Judy and Harry Goodman co-presented an ASTDD Spotlight presentation of the policy statement in May.
- [Preventing Tobacco/Oral Nicotine Use to Promote Oral Health](#). The policy statement was the topic of a Spotlight in October, presented by the contributing author, Rebecca Boulos, MPH, PhD. The session was attended by about 85 people.
- [Integrating Oral Health into School Health: Whole School, Whole Community, Whole Child School Health Model](#) was completed in collaboration with the School and Adolescent Oral Health Committee.
- [Older Adults and Oral Health: A Continuing Challenge](#) was developed in collaboration with the Healthy Aging Committee.

Judy and Harry also helped plan and review ASTDD and CareQuest’s [Championing Minimally Invasive Care: Aligning Advocacy to Transform Oral Health](#). Judy revised the policy statement template, adding additional comments for guidance to writers. On behalf of the DPHPC, Judy attended a webcast, “How to Counter Public Health Myths and Elevate Science Now,” sponsored by Frameworks.

The Committee reviewed 14 proposed resolutions as presented to the ADA’s House of Delegates for their Annual Session in October, and prepared ASTDD comments on three of them. ASTDD provides simple statements of support to “get on the record” on issues that may have an impact on dental public health. Judy drafted brief testimony for Chris to forward to the BOD for their approval and then submitted it to the appropriate reference committee at the ADA. Committee member Debony Hughes attended, monitored the meeting, and submitted ASTDD’s testimony verbally.

## 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 Fluorides Committee met ten times during 2024.



We continued using Curate, a data-mining company that provides a searchable database of local government meeting agendas and minutes ASTDD shares a subscription with the American Fluoridation Society (AFS). Although regular bimonthly reports combining Curate findings with postings from Google Alerts were not sent to states throughout the year, the information, which helps us to track fluoridation-related activity, continued to be monitored. Individual emails were sent to at least 40 states (about one-quarter received multiple messages) to advise them of potential action. Regular postings were suspended when we started to explore options for other ways to track activity, specifically to develop a more interactive tracking function. The tracking system remained pending at the end of the year.

Judy Feinstein, Fluorides SME, participated in Zoom calls with fluoridation contacts in several states to discuss mutual issues of concern. She facilitated a CWF Community of Practice (CoP) meeting in January with 59 participants. The topic was positive messaging targeted for specific audiences. Fluoridation coordinators from four states shared their approaches and experiences. Most of what was shared concerned working with water system operators. Regular communications with ASTDD members on fluorides and fluoridation issues continued throughout the year. For example,

we sent talking points on the National Toxicology Program (NTP)'s *Monograph Concerning Fluoride* and on a court decision on a long-pending lawsuit against the US EPA; coordinated a webinar in December in which Dr. Jay Kumar presented an analysis of the NTP report, with about 80 people attending; and forwarded bulletins about possible fluoridation additive supply chain delays.

Judy provided specific technical assistance to at least 10 states, including efforts to develop/tailor CWF fact sheets; actions to take or advise when natural fluoride levels fall between the secondary maximum contaminant level, and maximum contaminant levels and associated enforceable standards; answering fluoridation inquiries from water operators; suggestions for finding resources/presenters for a workshop for water operators; information to assist in responding to a constituent; background information on national fluoridation legislation and related issues; suggestions for strategies for communicating with a water system where reports indicated under-fluoridation for an extended period; extensive background information for public hearings; and clarifications about the ADA/ASTDD/CDC annual fluoridation awards. The FC provided feedback on the list of questions, issues, and potential areas for ASTDD support raised at the 2024 CDC Grantee Wrap-up meeting.

## 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 supports the ASTDD Strategic Plan by encouraging the use of evidence-based and evidence-informed policies and practices, identifying emerging issues and promising approaches, providing tools and technical assistance to improve policies, plans, programs, and partnerships, promoting and facilitating internal and external collaborations, promoting the collection of data such as the older adult ASTDD Basic Screening Survey (BSS) to inform planning and decision making. The HAC held five meetings as well as a face-to-face gathering at the 2024 NOHC. In February, Dr. Tim Ricks presented on Multi-Directional Integration in Healthcare. In September, Robin Miller, Vermont's state dental director, shared Vermont's rack cards that were created through their Alzheimer's Disease and Healthy Aging Program. Her goal is to have oral health added to the cards. CDC and NACDD worked in partnership with Vermont's HHS to co-brand the rack cards. Several members of the HAC reviewed and provided feedback.



Dr. Sam Zwetchkenbaum, the RI SOHP director and chair of ASTDD's Healthy Aging Committee, presented a Pennsylvania Dental Medicine Webinar on June 26, *State Government Initiatives to Improve Oral Health for Older Adults*. Sam discussed functions of SOHP and how they fit into state health departments, how Medicaid is a state-federal partnership, specific oral health programs in RI and PA, and resources available through ASTDD and the Medicaid, Medicare, CHIP Dental Services Association (MSDA).

Lori Cofano reviewed, updated and/or added links to the [Older Adult Oral Health Resources for Collaboration](#) document. Nebraska's Enduring Smiles Module #5 that includes Nutrition and Oral Health Complications, Oral Health Issues, and Dry Mouth was added as a new resource. Lori also attended quarterly Medicare Action Learning Collaborative meetings held by the Oral Health Progress and Equity Network (OPEN).

A grant application to the Gary and Mary West Foundation (GMWF) funded 2024 updates to the *Improving Oral Health Access and Services for Older Adults white paper*, now entitled, [Older Adults and Oral Health: A Continuing Challenge](#). This project is a collaboration between ASTDD's HAC and DPHPC and Apple Tree Dental. GMWF also approved partial

support for a new ASTDD project, an Advocacy Playbook project; additional funding from other organizations will be secured in early 2025.

## 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, POHC's and other ASTDD members' participation in various program activities focus on perinatal oral health centered on assisting the OHRC in providing TA to three MCHB-funded Networks for Oral Health Integration (NOHI) within the MCH Safety Net (NOHI). TA to the network projects to share successes, lessons learned, and challenges focused on building capacity around three core functions: (1) data, analysis and evaluation; (2) outreach and education; and (3) policy and practice. In addition, POHC participated in planning and conducting the final annual NOHI-grantees meeting in June. The COHSI project was completed in June and the POHC assisted in the review and submission of an application for new projects that started in July. See further discussion of these projects in subsequent portions of this report.

## 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. Sandy Tesch, Dental Sealant Coordinator and SME, facilitated six dental sealant Community of Practice (CoP) and/or sealant-related webinars for CDC-funded school sealant programs (SSPs) during 2024. SAOHC held five meetings and an informal face-to-face meeting at the NOHC in 2024.

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. Other activities included:

- [Mobile and Portable School-Based/School-Linked Oral Health Programs: Delivery Models to Expand Care for Children and Adolescents Issue Brief](#) was posted to the ASTDD website and a Spotlight highlighted the issue in January.
- [Integrating Oral Health into School Health Education Curricula Using the Whole School, Whole Community, Whole Child School Health Model](#) was posted to the ASTDD website in December.
- Sandy participated in revisions of the *Seal America: The Prevention Intervention Dental Sealant Manual* and the *School-based Dental Sealant Training*. Both resources are available at: <https://www.mchoralhealth.org/seal/>.
- Idaho, Iowa and Pennsylvania, were selected to receive TA related to their school sealant program printed materials. Matt Jacob provided his communication expertise. Lori and Sandy reviewed and provided input on the materials. TA started in January and in June the three states shared their revised materials via a Sealant Coordinators Community of Practice in June. Each state also developed an "elevator" pitch/speech specifically for their state program. States indicated they would like to see the project replicated during the new CDC grant. Matt developed a summary document for the project.
- Lori participated in CDC coordination team calls to review and provide input on the presentation being prepared on school fluoride varnish programs. The information was presented to the Community Preventive Services Task

Force (CPSTF) in Fall 2024. The CPSTF recommendation was released in November: [Oral Health: School Fluoride Varnish Delivery Programs](#). It recommends the use of fluoride varnish as a preventive tool in school prevention programs.

## Evaluation Support

The ASTDD Evaluation team provides general evaluation, performance management, and quality improvement TA 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. Mary Davis transitioned off the Emory team in September. Mary provided project direction, review, and oversight for ASTDD through August when she departed from Emory. This included scoping, review of surveys, data collection plans, and deliverables, and involvement with state questions/TA. ASTDD SMEs work closely with CDC staff to coordinate efforts. Activities included:



- Presented a workshop at NOHC 2024: “Making the most of your evaluation plan” with 23 registrants. Discussion included practical tips, real-world experiences, and how to bring an evaluation plan to life to make it a driving force for progress. The SMEs explored in-depth ways to make sure participants are collecting quality data and discussed how to make the most of data and the importance of teaming up with other programs and partners to get the best insights.
- Hosted a roundtable at NOHC 2024: “Evaluation as a team sport” with 8 attendees.
- Listserv topics included: A three-part series on Evaluation Communication and Alternative Reporting Formations: 1) Introducing the Series on Evaluation Communication and Alternative Reporting Formats, 2) Alternative Reporting Formats, 3) Tips and Tricks; and reporting checks to share resources and offer meetings for TA requests from funded states.
- Completed an evaluation report on ASTDD Partnerships and Resources.
- Conducted a closeout survey of 1810-funded states and compiled results.
- Conducted a survey of all states about CDC funding priorities .
- Supported the application process and designed an evaluation plan for the CDC-funded 0049 cooperative agreement.

## Support for Territorial and Freely Associated States

Dr. Ohnmar Tut, our USAPI consultant, provided numerous trainings and TA to our Pacific neighbors this year. This involved training on BSS selection of schools, data collection, and setting up BSS data systems for their databases; presentations, lab work and clinical applications for silver diamine fluoride and fluoride varnish; policy changes for school nurses in oral care, information for hiring dental personnel, and ASTDD resources. The Commonwealth of the Northern Mariana Islands (CNMI), Guam, and American Samoa participated in the TA and training this year. Dr. Tut also assisted Dr. Reg Louie in a 2024 NOHC roundtable, *From Tragedy to Success: Integrating Preventive Oral Health Care into Primary Care in Guam*. Roundtable participants included dental personnel from the RMI and Palau. Another roundtable on the American Samoa program and SDF will be presented by Drs. Louie and Tut at the 2025 NOHC. Later in the year, Drs. Tut and Louie assisted Bev Isman in soliciting feedback from the territories on the impact of the past six years of CDC DOH funding and ASTDD activities. Findings were posted in a previous edition of *Roundup*.



Reg Louie and Bev Isman continued to provide information to the Strategy-3 listserv from the OHRC, CDC, OSAP and the American Dental Association, e.g., information about teledentistry and non-invasive preventatives, which are especially relevant to the USAPI and Caribbean jurisdictions, potential funding opportunities for supplies and programs, and integration of oral health into primary care. We included a major emphasis on the US territories in a grant application to the National Center for State, Tribal, Local and Territorial (STLT) Public Health Infrastructure and Workforce for CDC-RFA-PW-24-0080 “Strengthening Public Health Systems and Services Through National Partnerships to Improve and Protect the Nation’s Health,” Category B. Although we received very high ratings, we were not awarded funding, and the territories are not covered in our other CDC cooperative agreements that were awarded. Although we have no current funding for Territorial SMEs, ASTDD is committed to providing information and resources to our territorial colleagues, and established a new listserv with an updated list of participants. ASTDD also maintains a [Territorial webpage](#). Since several jurisdictions have retained an oral health related MCH National/State Performance Measure (NPM/SPM), we will provide TA as resources permit through an OHRC/ASTDD project (see other section.)

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## Projects and Partnerships

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### 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. Specific details are included in all 2024 *Roundup* issues.

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

#### National Center on Health, Behavioral Health, and Safety



#### Dental Hygienist Liaison Project

The Office of Head Start-funded National Center on Health, Behavioral Health, and Safety’s (NCHBHS’s) oral health partners, the National Maternal and Child Oral Health Resource Center and the Association of State and Territorial Dental Directors, provide training and technical assistance to Head Start programs across the United States. One key activity is the DHL project, which is administered with assistance from the American Dental Hygienists’ Association (ADHA). Under the DHL project, one dental hygienist

from each state (two in CA and NY), U.S. Virgin Islands, and the District of Columbia volunteer to help promote oral health for expectant parents and children enrolled in Head Start, serving as a communication link between NCHBHS and Head Start programs.

National highlights for this past year include:

- Presented roundtable “Giving Children a Head Start: How You Can Help Improve Oral Health for Head Start Participants” at the National Oral Health Conference (NOHC) in St. Louis, MO.
- Exhibited at the ADHA conference in New Orleans, LA in July.
- Hosted DHL gatherings at NOHC and ADHA conferences.
- Regional DHL coordinators (RDHLC) provided mentorship to state DHLs in their region and served as a contact for regional Head Start staff.
- Planned and facilitated the RDHLC annual meeting in Milwaukee, WI in August.



- Communicated with interim ADHA leadership about future collaboration efforts.
- DHLs gave 32 presentations to 1075 participants including Early Head Start program and Head Start program staff, early childhood professionals, and oral health professionals.

With more than 60 participants in the DHL project, excellent communication is essential. The following strategies were used to ensure that everyone is kept well informed:

- Provided an active DHL discussion List with 116 postings.
- Hosted DHL webpage on ASTDD’s website and updated it regularly. It contains critical resources that DHLs use frequently regarding the DHL project, Head Start, and links to approved oral health materials.
- Participated in bi-monthly calls with Head Start Regional Health Specialists.
- Held calls with RDHLCs on a quarterly basis and leadership calls twice a month.
- Held individual annual check-in calls with all twelve RDHLCs.
- Convened an in-person annual meeting with RDHLCs and the oral health leadership team.
- Conducted the 2024 DHL annual assessment to gain feedback on their DHL role and ways that the RDHLCs and the oral health leadership team can help support their efforts.

Professional development and skill building keep DHLs engaged and confident in their ability to support Head Start programs. Here are some of the opportunities that DHLs participated in during 2024:

- Four one-hour webinars. Topics included a review of the new Head Start health manager orientation guide, minimally invasive dentistry for pediatric patients, oral health and disabilities, and how to enhance oral health through Head Start health manager networks.
- Many of the RDHLCs hold quarterly calls with the state DHLs in their regions, where they share information and ideas and respond to questions.

## Consortium for Oral Health Systems Integration and Improvement and Consortium for Oral Health

In 2024, ASTDD consultants assisted in staffing two sequential cooperative agreements: (1) the [Consortium for Oral Health Systems Integration and Improvement](#) (COHSII), January 1, 2024, through June 30, 2024, and (2) the [Consortium for Oral Health](#) (COH), July 1, 2024, through December 24, 2024. The consortiums were led by the National Maternal and Child Oral Health Resource Center working in partnership with ASTDD and funded by the Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration. Below is a summary of key activities that ASTDD consultants were involved in.



### Consortium for Oral Health Systems Integration and Improvement Key Activities

#### [Networks for Oral Health Integration \(NOHI\) Within the MCH Safety Net](#)

The purpose of NOHI was to improve access to and utilization of comprehensive, high-quality oral health care for pregnant women, infants, and children at high risk for oral disease. Three projects were awarded funding from MCHB for a 5-year period (2019–2024). All projects participated in a learning collaborative supported by COHSII.

- [Midwest Network for Oral Health Integration \(MNOHI\)](#): Illinois, Iowa, Michigan, and Ohio
- [Rocky Mountain Network of Oral Health \(RoMoNOH\)](#): Arizona, Colorado, Montana, and Wyoming
- [Transforming Oral Health for Families \(TOHF\)](#): District of Columbia, Maryland, New York, and Virginia

There is more information about NOHI in *Networks for Oral Health Integration: Overview and Project Profiles* [2020](#), Update [2021](#), Update [2022](#), Update [2023](#), Update [2024](#), and [NOHI Projects: At-A-Glance](#).

### [Integrating Oral Health Care and Primary Care Learning Collaborative: A State and Local Partnership](#)

The Integrating Oral Health Care and Primary Care Learning Collaborative: A State and Local Partnership project worked with state oral health program staff and CHC prenatal clinic health professionals and team members in nine states. State partners helped develop and test an inventory tool to identify and assess systems-level capacity factors related to integrating oral health care into primary care for pregnant women. CHC teams implemented care integration while interacting with their state counterparts. The project was implemented from 2022 through 2024 and supported by COHSII staff. Resources from the learning collaborative are posted on the project's [webpage](#).

### **Resource Development and Dissemination**

To further advance the integration of oral health care into primary care, COHSII produced the following report:

[Integrating Oral Health Care into Primary Care: Five Successful, Long-Standing, Statewide Programs Providing Care for the Maternal and Child Health Population](#). This report provides information about [Cavity Free at Three](#), [Colorado Medical-Dental Integration](#), [From the First Tooth](#), [Into the Mouths of Babes](#), and [I-Smile](#)—programs that focus on integrating oral health care into primary care. For each program, the report includes a program overview; a description of the program's inception and early years; information about funding, notable strengths, and notable evaluation activities; and the evaluation methodology and findings. The report also presents key elements and challenges common across all programs that support or limit program success.

### **Consortium on Oral Health Key Activities**

#### [Building State Capacity for Integration Learning Collaborative](#)

In October 2024, COH selected five state oral health programs—Idaho, Michigan, Pennsylvania, Rhode Island, and West Virginia—to participate in the Building State Capacity for Integration, a 16-month project focused on improving systems-level capacity for integrating oral health care and prenatal care. The project launched in January 2025 and will run through April 2026.

#### [Maternal and Child Health—Improving Oral Health Integration \(MCH-IOHI\)](#)

The purpose of the MCH-IOHI project is to advance the integration of preventive oral health care (POHC) into primary care to make POHC more accessible to pregnant women, children, and adolescents, including those with special health care needs, who are at risk for poor oral health. Eight projects—Colorado, Connecticut, Montana, New York, Puerto Rico, South Carolina, Texas, and Wisconsin—were awarded funding from MCHB for a 5-year period (2024–2029). All projects participate in a learning collaborative supported by COH.

### **Resource Development and Dissemination**

All 59 states and jurisdictions receive Title V Maternal and Child Health (MCH) Services Block Grant funds to ensure that pregnant women, children, and adolescents, including those with special health care needs, have access to preventive and primary health care. The Title V legislation directs each state and jurisdiction to conduct a comprehensive, statewide MCH needs assessment every 5 years to identify the need for preventive and primary health care. The next 5-year needs assessment must be completed by July 15, 2025. Information from the needs assessment is used to develop a state action plan. To help state oral health programs and community partners become involved in these activities, COH produced three resources:

- [Making a Pitch for Introducing Oral Health Issues to MCH Director or Title V Coordinator](#)
- [Rationale for Including Oral Health in the Title V 5-Year Needs Assessment](#)
- [Including Oral Health in the Title V Maternal and Child Health 5-Year Needs Assessment and State Action Plan](#)

## 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 third 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 provided dental public health expertise to the interdisciplinary team until funding ended. Two articles were published in JADA early in 2024 including the following guidelines:

- [Clinical Practice Guideline for the Pharmacologic Management of Acute Dental Pain in Adolescents, Adults, and Older Adults](#)
- [Clinical Practice Guideline for the Pharmacological Management of Acute Dental Pain in Children](#)
- [Evidence-based clinical practice guidelines for the management of acute dental pain | The American Journal of Emergency Medicine](#)

In addition, a new ASTDD webpage on [Opioid Resources](#) was created.

## CDC Division of Oral Health Cooperative Agreement Projects

CDC convened a close-out meeting of the 20 DP 1810 state grantees, the two DP 1811 national grantees (ASTDD and NACDD), and CDC staff and guests in Atlanta March 19-21. Details about the ASTDD attendees and topics are included in the [March-April Roundup](#). The ASTDD BOD also met with CDC staff at the 2024 NOHC. The six-year cooperative agreement ended August 31, 2024; a lengthy annual report and performance measure status was submitted to CDC in November.



On June 3 we submitted applications for the CDC DOH three-year funding opportunity, *Partner Promotion of Strategies to Advance Oral Health*, Components 1 and 3, while many of the states applied for the CDC DOH three-year, *State Promotion of Strategies to Advance Oral Health*. The Association for Dental Safety (ADS), previously OSAP, applied for and received Component 2 funding for Infection Prevention and Control TA, resources and partnerships. Component 1 highlights partner use of secondary data and support to state recipients' ability to increase access to evidence-based preventive dental services (school sealant and fluoride varnish services) and water fluoridation (CWF) as well as partnerships. Component 3 focuses on increasing state recipients' ability to analyze, interpret, and disseminate secondary data on medical-dental integration and oral health, overall care, and use and access to medical and dental care for adults with type 2 diabetes; and evaluation of all Component 1 and 3 programs and partnerships as well as infection prevention and control activities. We were awarded cooperative agreements for the two components from September 1, 2024 until August 31, 2027 with successful annual completion and funding. The budgets for the two components are separate and we were not allowed to combine them. We initiated contracts with the relevant SMEs,





## Some Exhibitors at the 2024 NOHC



Some Faces of ASTDD and partners are on the next page



Round Tables by Subject	Table #'s
Community Based Programs	1 - 2
Community Water Fluoridation	3 - 4
Diversity/Equity/Inclusion	5 - 7
Medical Dental Integration	8 - 22
New & Emerging Research in Oral Health	23 - 25
Oral Health Programs / Practices/Health Promotion	26 - 38
Oral Health Workforce	39 - 41
Other	42 - 43
Policy Advocacy	44 - 45
Social Determinants of Oral Health	46
Surveillance/Epidemiology	47 - 49

