



## Organizational, Committee and Consultant (SME) Activities

The purpose of this newsletter is to provide an informal brief summary of ASTDD activities to keep our members and partners aware of what we do on your behalf and to highlight resources. We also like to share more personal stories as ASTDD really is a family.

### ASTDD State Dental Directors, Board of Directors (BOD), Other National Activities

As a reminder, on June 3 we submitted applications for the Centers for Disease Control (CDC) Division of Oral Health's (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's three-year, *State Promotion of Strategies to Advance Oral Health*. We received our Notice of Grant Award on September 5 with a budget start date of September 1, 2024. Our previous CDC cooperative agreement funding ended on August 31. I'd like to thank all the consultants, committees, workgroups, states, partners, etc. who participated in our many activities during those six years of funding! We recently queried the funded states and the U.S. territories and freely associated states about their experience for all six years. I'm happy to report that 19/20 funded states responded as did all but two of the territories. See separate sections of the newsletter for a brief summary of some of the findings. Thanks to the Emory consultants for helping to develop, monitor and summarize the findings of the funded states and to consultants Reginald Louie and Ohnmar Tut for assistance with the U.S. Affiliated Pacific Islands. It is now time to write our response to our cooperative agreement technical reviews and our very long final cooperative agreement report for CDC so you know what I'll be doing for the next two months!

BOD ZOOM meetings were held on July 8 and August 12. Discussion included partner organization reports, information about the CDC applications, consideration of a student and retired membership (decision on hold), BOD member state reports, and endorsement of a published [Adolescent, Adult, Older Adult Acute Dental Pain Guideline and Pediatric Acute Dental Pain Guideline](#) from the University of Pittsburg RESPITE project. Check out Alabama's first published [Burden of Oral Disease Document](#) and the Alaska Department of Health's [Epidemiology Bulletin](#) on oral health research conducted with state survey data.

ASTDD leadership held a call with Natalia Chalmers from the Centers for Medicare and Medicaid Services (CMS) on July 2. Natalia shared a link to the [Recommendations for Improving Oral Health Care Access, Quality, and Outcomes and Advancing Equity in Medicaid and the Children's Health Insurance Program report](#). She also shared a link to the [Dental Care Utilization Among Children and Adults Dashboard](#).

Beverly Isman had a call with staff from the National Institutes of Health. They are launching a new website, Data Driven Solutions, in November or December. They will be linking to the National Oral Health Data Portal. They would like ASTDD and states to help promote their website and also asked for input on their research agenda.

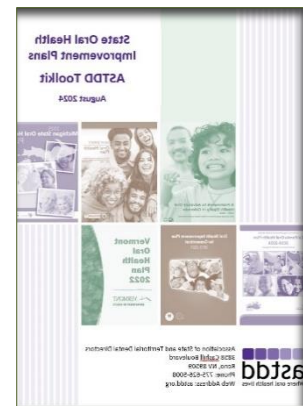
Chris Wood participated in a Public-Private Partnership Oral Health Alliance (PPOHA) ZOOM meeting on August 14, which included seven public agencies and 24 private organizations. The agenda included presentations by Dr. Natalia Chalmers, Chief Dental Officer, Office of the Administrator, Centers for Medicare and Medicaid Services; Dr. Jennifer Webster-Cyriaque, Deputy Director, National Institute of Dental and Craniofacial Research; Dr. Gina Thornton-Evans, CDC, Division Director; Dr. Johnny Johnson, President, American Fluoridation Society; Dr. Kianor Shah, Founder, Dental Artificial Intelligence Association; and updates from federal partners and organizations

### New Resources for States

Several resources were developed, updated and revised this summer and are posted on a new page of the ASTDD website. Check out the following on the [State Oral Health Improvement Planning and Needs Assessment webpage](#).

#### [State Oral Health Improvement Plans Toolkit](#) (2024) **NEW!!**

This toolkit with text, tips, examples, and links will provide information useful for planning, developing, disseminating, implementing and evaluating State Oral Health Improvement Plans (SOHIP).



- [ASTDD State webpages with State Oral Health Plans](#). As states submit their plans they are posted on these webpages.
- [Conceptual Model of Comprehensive Oral Health State Plan Process](#). This graphic can be used for planning or inserted into a SOHIP.
- [Evaluation Item Checklist for SOHIP](#). This is a checklist from the Toolkit.

#### [State Oral Health Plan Comparison Tool](#) (August 2024) **UPDATED**

The *Comparison Tool* allows for cross-state comparisons and features descriptive information detailing the extent of each state’s oral health activities and relationship to one another. New and updated state plans will be added as they are completed and received.

STATE ORAL HEALTH IMPROVEMENT PLAN	TEXAS	ALABAMA	ALASKA	ARIZONA	ARKANSAS	CALIFORNIA	CONNECTICUT
<b>ASSESSMENT</b>							
Population							
Geography							
Healthcare Access							
<b>ASSURANCE</b>							
Population							
Geography							
Healthcare Access							
<b>POLICY DEVELOPMENT</b>							
Population							
Geography							
Healthcare Access							

- [ASTDD State Oral Health Plan Comparison Tool Description](#) lists how to use the tool, states with up-to-date plans that are on the tool, states with out-of-date plans that are on the tool, and states that do not have a state oral health improvement plan.

#### [Seven-Step Needs Assessment Model](#) (August 2024) **REVISED**

The *ASTDD Seven-Step Model* provides in-depth guidance for completing an oral health needs assessment. The Model covers all key steps starting with convening an advisory committee and identifying shared goals for conducting the needs assessment, to navigating identification of available data, necessary primary data collection, analyzing data, to synthesizing information and systematically prioritizing oral health needs. Use the Model as a guidance document, and make



final determinations based on the state’s needs, budget, timelines, and other factors.

- [Oral Health Needs Assessment Planning Workbook](#) lists 35 data items drawn from a variety of sources including Healthy People 2030, the National Oral Health Surveillance System included in the National Oral Health Data Portal, and various standards put forth for oral health programs.

### [Guidebook for Policy Consensus Tool](#) (August 2024) **REVISED**

The purpose of this user’s guide is to assist oral health partners with aggregating input and building policy consensus priorities for new oral health initiatives.

- [Policy Consensus Tool TA form](#). Complete this form if you need ASTDD to provide a facilitator for this tool.

### [Public Health Policies: A Key Element of State Oral Health Infrastructure](#). (August 2024) **REVISED**

This handout lists 10 key recommendations important for implementing state and local public health policies and what policymakers can do to support oral health policy development.

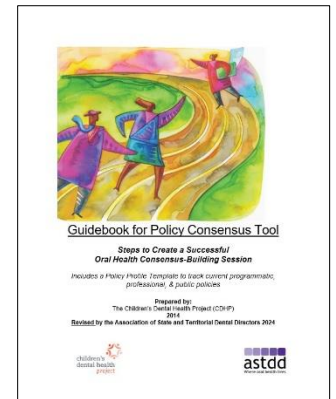
### [Oral Health Coalitions & Community Advocates: A Key Element of State Oral Health Infrastructure](#) (August 2024) **REVISED**

This handout lists 10 key recommendations that oral health coalitions and community advocates can use to advocate for strong, effective state oral health programs and policies.

### [Roles for State Health Officials](#) (August 2024) **REVISED**

This handout describes key roles of state oral health programs and the roles state health officials can play to support oral health and state oral health programs.

Also check out the three new infographics on the [Data and Oral Health Surveillance webpage](#) that are mentioned in the Data Committee section of this newsletter.



### **Peer and Member Support Program (PSP)**



State dental directors/program managers participating in the PSP currently include Nicole Reynolds (OK) mentored by Charles “Fritz” Craft (NE), and Elizabeth Lewis (GA) mentored by Robin Miller (VT). Patrick Roberson (NC) and Shenekia Wiggins, DMD (MS) completed their orientations by Lori Cofano. The Peer Discussion call was in August featuring Beverly Isman and Kimberlie Payne discussing the new *State Oral Health Improvement Plan (SOHIP) Toolkit*, the updated *SOHIP Comparison Tool* and the revised *Seven-Step Model*. Kimberlie Payne reports there were 20 new associate members in July and August.

### **Fluorides Committee (FC)**

Although the Committee did not meet in July, Judy drafted criteria for 10- and 25- year Fluoridation Awards for consideration in August. These awards will be added for the 2025 NOHC, recognizing anniversaries of CWF occurring in 2024. At the August meeting, other suggestions for changes in the criteria language for other awards were discussed that should help clarify the basis for recognition.

In July, Judy forwarded to ASTDD and other lists an EPA Supply Chain Update “East Coast and Gulf Coast Port Labor Negotiations” that could have possible supply chain impacts as soon as October and attached ASTDD’s 2023 tip sheet on Water Fluoridation Disruptions.

In August, following notice that the National Toxicology Program’s monograph was scheduled for release, Judy emailed states and other interested parties informing them and including ASTDD’s guidance from August 2022. Over the next several days, she forwarded partner responses, and an update of ASTDD’s guidance; the document was updated with the current date, several additional references in a resources section, and a few small changes. As a means of technical assistance she responded to subsequent emails and inquiries from state and partner contacts through the rest of the month.

A small workgroup of Committee members was convened to review the current draft of ASTDD’s planned “umbrella” document on fluoride modalities; the new document is envisioned as an issue brief and will replace several policy statements. The group made good progress and will continue its work after mid-September. Several committee members are working on proposals for CWF related sessions at the 2025 NOHC.

No formal Fluoridation Alerts were sent in July; Judy continued to review media posts and inform state contacts as needed. Emails were sent to contacts in AR, OR, WI, WA, and KS. None of the activity was new during July – these were follow-up posts. No Alerts were sent in August; emails were sent to contacts in DE, PA, NC, TN, UT, VA and WI.

### Communications Committee (CC)



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The Social Media Workgroup (SMWG) met July 10. During the call ASTDD decided to start using Instagram as a new social media platform, and Heather Beavers is currently working on the logistics. In late June, the SMWG sent a survey to participants from three states (Idaho, Iowa and Pennsylvania) that had received social media TA from ASTDD seeking to learn about their experiences in this project. The survey language was reviewed by ASTDD’s evaluation consultants and refined to reflect their suggestions. Six of the seven participants completed the survey. The results revealed that TA was a success and the states appreciated all the help from Matt Jacob and Heather Beavers. States were queried on the following communication principles: 1) Using plain language, 2) Writing shorter sentences, 3) Creating a reader-friendly layout/design, 4) Assessing the grade reading level of content, 5) Anticipating questions the audience would want answered, and 6) Deciding when or where to insert subheads or captions. These insights and lessons also stood out:

- The TA project achieved its objective.

- ASTDD’s reputation made it easier for states to secure approval from the health department for improving their sealant materials.
- If this type of TA occurs again, the elevator speech exercise should be retained.
- There is no “one-and-done” training or TA for communication; this reinforces the need for ongoing opportunities for TA to strengthen communication.
- The components of this TA project appear to be sufficient and do not require any significant change.

The CC held a ZOOM meeting on August 28 to discuss past presentations and ideas for future presentations via the NOHC, Spotlights or other ZOOM calls. The Communications Committee will be submitting a roundtable and a workshop proposal for the 2025 NOHC. Recent Spotlights included *Older Adult Best Practice Approach Report (BPAR)* presented by Leonard Brennan on August 8 with 94 participants. On August 22, Beverly Isman and Kimberlie Payne presented *Assessing Oral Health Needs: ASTDD Seven-Step Model, the Development of the State Oral Health Improvement Plan (SOHIP) Toolkit, and additions to the SOHIP Comparison Tool* with 98 participants. If you missed any previous Spotlights, you can access the links for the 2023 and 2024 Spotlights on the [ASTDD Homepage](#), or the Archived Webcasts and Audioconferences in Members Only for previous Spotlights, or by contacting Kimberlie Payne at [kyinemanbhs@gmail.com](mailto:kyinemanbhs@gmail.com).

Four members of the CC held ZOOM calls about updating the ASTDD website and discussed having our website contractor and Chris Wood make the recommended changes to the Homepage. Once they are completed, it will make it much easier to navigate the website and locate specific resources.

### **Dental Public Health Policy Committee (DPHPC), Best Practices Committee (BPC), and Healthy Aging Committee (HAC)**

The DPHPC met on August 1. Judy continued to review and edit the working draft of the SAOHC’s update for the 2015 policy statement, *Integrating Oral Health into School Health: Whole School, Whole Community, Whole Child School Health Model (WSCC)*, working with Lori Cofano, Sandy Tesch, and Rudy Blea, with additional input from Bev Isman, and the Policy Committee. Judy continued to review proposed resolutions for the ADA’s October 2024 House of Delegates session, current as of August 27, and prepared a matrix for the Committee’s review in September.

The Best Practice Committee’s meeting was July 22, 2024. The CareQuest Institute for Oral Health (CQI) project will create an advocacy document on minimally invasive care (MIC). The MIC document went out to the workgroup for final review and input. [Ohio’s descriptive report](#) submission was posted and added to the ECC BPAR.

Lori attended the OPEN Medicare collaborative call and attended a Gerodontology Collaborative meeting. This is a new group started by a member of the HAC as an effort to bring together those with an interest in geriatric dentistry. A Healthy Aging workgroup met on Tuesday, July 23 for the Gary and Mary West Foundation (GMWF) 2024 update to the *Improving Oral Health Access and Services for Older Adults policy statement*. The workgroup provided input on Drs. Marchini and Ettinger draft narrative. Lori wrote the mid-year grant report for the GMWF.

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



Information on the update to the WSCC policy statement was reported in the previous section. Lori developed a brief presentation for the SAOHC meeting on August 1 based on Nick Conte (dental director in DE) and Kathy Phipps' state dental director presentation on the use of black lights. Susan Griffin from CDC reached out to Lori to invite her to be part of the presentation panel on the CDC fluoride varnish recommendation that went through the Community Preventive Services Task Force (CPSTF) process and also to be part of the same presentation panel for an MCH meeting in 2025. Lori asked selected states to submit an abstract for the 2025 NOHC for strategies they have implemented in their states.

Sandy Tesch also participated in the ASTDD communications project with state sealant coordinators, Matt Jacob, Heather Beavers, and Lori Cofano. All states participated and presented during the Dental Sealant Community of Practice (CoP) final call. Sandy continued to coordinate the Dental Sealant CoP and provide TA to states. Sandy continues to provide Infection, Prevention and Control (IPC) resources to states through the dental sealant group listserv. She monitors the funded states dental sealant group listserv and posts information on upcoming sealant and IPC-related events. Posts on the listserv for July and August included: information on upcoming Association for Dental Safety (ADS) conference on-demand video recordings, announcement of new National Network for Oral Health Access (NNOHA) Executive Director, registration and call for proposals for upcoming 2025 ADS conference.

### Evaluation Activities

The ASTDD evaluation consultants, Kristin Giordano, Maggie Pustinger, and Mary Davis, continued to provide general assistance to CDC-funded states through listserv posts and emails and scheduled office hours for progress updates. Listserv TA topics included: office hours for 1810 reporting guidance, sharing the reporting rubric, wishing states farewell for this cycle of CDC funding, and sharing ASTDD resources.

The evaluators met with CDC staff to discuss final needs and summarize the year. As mentioned, the consultants worked with Beverly Isman to plan, develop in Qualtrics, monitor and summarize a query to ask CDC-funded states to provide feedback on the impact of ASTDD and partners during the last six years, and separately, in the last two years. They also drafted a workshop abstract to submit for the 2025 NOHC. Some brief results of the Qualtrics query of CDC-funded states follows:

- 19/20 (95%) of states responded to the query with 14 comparing current work with work at the beginning of the 1810 funding starting in 2018; many states had experienced staff turnovers so 5 states only responded to work beginning in year 5A (2022).
- 75% of responding 14 states noted “significantly stronger” or “stronger” positive changes in the following *ASTDD Competencies*: plan and evaluate programs, build support, and lead strategically, while more than 50% of the rest noted changes in using public health science, managing people, managing

programs and resources, and influencing policies and systems change. The states comparing change from 5A and 5B noted the least change in influencing policy and systems change and using public health science. In future years ASTDD will try to emphasize these areas more.

- The largest impediment to change has been staff turnovers and disruptions during and following COVID. Partnerships are important to positive change as well.
- ASTDD’s contribution to improvements in 6 of the competencies were rated as “yes” by more than 50% of respondents, while managing programs and resources scored lower. This changed slightly with those just reporting since 2022.
- All the states noted positive changes in the 10 essential oral public health services (EPHS-OH) in the *ASTDD Guidelines* since they received 1810 funding, while only one state noted less change in 5 of the EPHS-OH). Improving dental public health function received the most state change with mobilizing partners, communicating and educating/empowering about oral health, and assessing and monitoring population health, factors, needs and assets received the next highest number of states noting changes.
- Again, ASTDD contribution to positive changes and improvement were similar with more than 9 states answering “yes.” One state noted going from one of the less desirable evaluation teams to one of the strongest. Another state noted being able to maintain community water fluoridation in places where it was challenged and expanding their school-based dental programming. Other states noted more trainings and education to the public and health professionals, modification of a state practice act, participation in the Sealant Communication project, convening partnership meetings, conducting surveillance for elementary age and adolescents, and networking at the NOHC.
- 17 online resources were listed for states to reply if they had used in the past year. More than 50% said they had used 14/17 resources. Of those saying “yes they have used” more than 65% were able to apply the knowledge gained through each resource. They commented they were comprehensive, thoughtful, practical, and useful for guiding the program and training new staff. The webinars were particularly important in learning about oral health issues and training non-oral health staff.
- States replied to 8 Communities of Practice (CoP) or Technical Assistance (TA) listings and the NOHC in terms of use in the past year; 15 states attended NOHC sessions or workshops and the dental sealant CoP or TA, while more than 40% had used 7 of the opportunities. More than 82% responding “yes” to using resources were able to apply knowledge gained through each activity. CoP have been informative with good subjects and speakers. Mentoring has been helpful, especially for those new to oral health.
- And lastly, some much appreciated general comments: ASTDD is critical for our success and very responsive to each state’s needs. I wouldn’t be able to do my job without ASTDD’s support. We hope that ASTDD is planning for succession as needed as it is an extraordinary resource for state programs, especially compared to similar organizations that provide TA. States, especially new program staff, rely on the professionalism and expertise. Very appreciative of the people and resources provided, especially the ED and consultants.

### Data and Oral Health Surveillance Technical Assistance and Training



DATA



KNOWLEDGE



ACTION

Kathy Phipps, Mike Manz, and Brooke Mehner, ASTDD data and surveillance SMEs, provided TA to nine states for BSS or other surveillance assistance for 89.75 hours these two months. Kathy

continues to work with Brooke on BSS sampling and analysis as she is taking over new TA requests while Kathy continues to work with states that she started prior to training Brooke. Check out the three new infographics created: [The Importance of State Oral Health Surveillance Systems Infographic](#), [Important State Collaborations Around Oral Health and Chronic Disease Infographic](#), and [The Importance of State Oral Health Program Plans Infographic](#).

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

The Project team had an eventful and productive summer! In addition to providing ongoing operational support and guidance to Regional Dental Hygienist Liaison Coordinators (RDHLCs) and state Dental Hygienist Liaisons (DHLs), our summer consulting activities included:

- **Showcasing the project at the American Dental Hygienists' Association (ADHA) Conference:** This exhibit has become an annual event and a great opportunity to share our passion for improving oral health in Head Start with participants. We also met with ADHA leadership to discuss how we can align our strategic goals. It's always energizing to connect with leaders and attendees who share our vision. See further information in the Meetings section of this newsletter.
- **Hosting the RDHLC in-person annual meeting in Milwaukee:** This meeting is a highlight for RDHLCs, where we focus on collaborative planning and future initiatives. Everyone looks forward to it each year as a chance to network, share successes, and troubleshoot challenges together.
- **Completing the 2024 DHL annual assessment,** a key part of our yearly review and reflection.
- **Facilitating a webinar** requested by state DHLs on promoting oral health care for young children in Head Start with disabilities.



The consultants also posted 21 messages on the Head Start listserv. These efforts reflect our dedication to strengthening the DHL Project, improving communication, and driving progress toward better oral health outcomes in Head Start programs nationwide.

### Consortium for Oral Health Integration and Improvement (COHSII) Update

#### Title V Maternal and Child Health Services Block Grant 5-Year Needs Assessment

All 59 states and U.S. jurisdictions/freely associated states receive Title V Maternal and Child Health (MCH) Services Block Grant funds to ensure that preventive and primary care services for pregnant women, infants, 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/freely associated state to conduct a comprehensive, statewide MCH needs assessment every five years to identify the need for

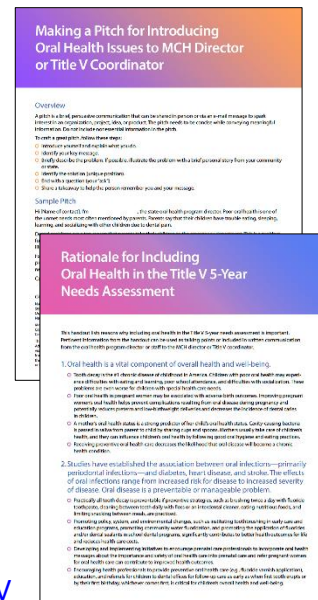


preventive and primary health care. The next 5-year needs assessment must be completed by July 15, 2025. Information from the needs assessment is used to develop a state action plan.

To help state oral health programs and community partners become involved in these activities, the COHSII partners, the National Maternal and Child Oral Health Resource Center, and the Association of State and Territorial Dental Directors, produced three documents:

- [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](#)

For more information and resources related to the 5-year needs assessment, see [Title V Oral Health](#) webpage.



### U.S. Affiliated Pacific Island (USAPI) and Puerto Rico Updates

With ASTDD support, Dr. Ohnmar Tut provided TA to the Guam Department of Public Health and Social Services (DPHSS) and others regarding an upcoming reinstated oral health program and dental hire, implementation of SDF implementation in local clinical sites, and a policy change written by a student nurse for nurses training to include preventive oral health care (supervised toothbrushing, fluoride varnish and SDF). In addition, she provided TA to the Pohnpei State oral health program regarding Basic Screening Survey (BSS), fluoride varnish and SDF. Dr. Tut worked with Beverly Isman on contacting the Pacific Island Primary Care Association (PIPCA) and subsequently the Pacific Island Health Officers Association (PIHOA) to have them provide updates to the ASTDD USAPI webpages to be posted in subsequent months.



Dr. Tut also worked with Beverly Isman and Reginald Louie on drafting evaluation plans for the USAPI in terms of content, process and contacts. Some feedback from the USAPI and from Puerto Rico included:

- Those many staff receiving MCH related training by Drs. Tut and Milgrom greatly appreciated the hands-on training, teaching aids, and supplies, and greatly increased their skills. Some groups participated in research projects through the University of Washington under Dr. Peter Milgrom's leadership.
- The consultants met with many MCH and public health department leaders and clinical leaders and helped to form and sustain partnerships and development of collaborative programs. The NOHC also provided opportunities for sharing information via presentations and informal networking.
- ASTDD consultants have provided valuable assistance with BSS training and assisting with an interactive Excel workbook for the data and to create an oral health surveillance system.
- Many of the announcements for new funding opportunities and resources were acquired from the listserv that ASTDD established for the USAPI, from the website, and from personal emails. Some programs were awarded funding by different agencies to help them expand their oral health

workforce, school health, health clinic development, and teledentistry expansion to neighboring islands, and surveillance activities. Some activities and successes were shared in descriptive reports for Best Practices and in *Roundup* issues.

- Modifications and processes used during COVID were shared via dental director calls, the mentoring program, webinars, on the listserv and via emails.

### **A Blast From the Past, even if it occurred in September!**



Stuart Lockwood, DMD, MPH was recently honored by receiving the University of Alabama Distinguished Alumni Award. Stuart served many years during his career from practicing dentist to epidemiologist at CDC, Alabama state dental director, dental consultant for Medicaid, and member of the ASTDD Data Committee. He continues to be an adjunct professor at the UAB School of Dentistry and an ASTDD Associate member. Congratulations Stuart!

### **Meetings and Webinars**

**(Links aren't available if they were a member only or pre-registration event)**

Announcements about meetings and webinars are regularly included in the ASTDD Weekly Digest. These are just some examples of meetings attended.

#### **ADHA Annual Conference. July 24-26, New Orleans, LA. Reporting, *Julia Wacloff.***

- Participated in the Community Service Day, helping to stuff goodie bags with prevention items for local communities.
- Attended several poster presentations focused on public health.
- Engaged with presenters, promoting attendance at the NOHC and highlighting the alignment of their topics with public health initiatives.
- Visited the DHL booth multiple times, connecting with Kathy Hunt and Gina Sharps. Noted significant interest in their booth and discussed promotional opportunities for the DHL project.
- Erin Haley-Hitz, RDH, BSDH, MS began her one-year term as ADHA president. Spoke with Erin after the general session, discussing the ASTDD invitation and potential partnership. We agreed to set a meeting time post-conference. Also spoke with JoAnn Gurenlian, indicating availability for a meeting on ADHA's priority updates since her April 2024 meeting with the BOD at the NOHC.
- Overall, the ADHA Annual Conference featured numerous sessions related to public health, highlighting its importance within the dental hygiene community. This conference presents a valuable opportunity to connect with speakers and invite them to submit posters, roundtables, and abstracts for the NOHC. The focus on public health themes aligns well with the objectives of NOHC, making this an ideal platform for fostering collaborations and expanding the reach of public health initiatives in dental hygiene.

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