

#### ASTDD Roundup for May and June 2024



By Bev Isman, RDH, MPH, ELS

### **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.

And it is time for vacations! I'm having a hard time keeping track of who is gone where for how long and if they are checking email. Don't worry, someone is always here to help you! Our thoughts go out to all who are experiencing flooding, tornadoes, wildfires, heat alerts, cicada infestations, COVID outbreaks, and other summer interruptions.

### ASTDD State Dental Directors and Board of Directors (BOD)

On June 3 we submitted applications for the Centers for Disease Control (CDC) Division of Oral Health (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*. 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 (Component 2). Estimated award date for these is July 31, 2024 with a start date of September 1, 2024. I want to thank everyone who submitted ideas, drafted language, reviewed sections, wrote support letters, approved and submitted the applications, and gave their support to us during this crazy time. Good luck to all the oral health programs who undertook this task as CDC expects to make only about 15 awards. I'm including all the elements we had to upload to CDC (the states had similar items for their applications) for <u>each</u> component separately so you understand how much fun we were having:

Project Abstract Summary; Project Narrative: Background, Approach, Purpose, Outcomes, Strategies and Activities, Collaborations with other CDC projects and CDC-funded organizations, Collaborations with organizations not funded by CDC, Population of Focus and Health Disparities, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, Work Plan; Budget Narrative; Report on Programmatic, Budgetary and Commitment Overlap; Organizational Chart; Resumes; Position Descriptions; Staffing Plan; Letters of Support; Non-profit Status Determination Letter; Proof of National Scope; Proof of Public Health Charge or Mission; Application for Federal Assistance SF 424; Budget Information—Non-Construction Programs.

ASTDD held a state dental director call on June 26 that featured Dr. Nick Conte, Dr. Kathy Phipps, and Jannette Gomez on the use of black lights during the Basic Screening Survey (BSS). Black lights are a type of ultraviolet light often used in orthodontics and detection of composite restorations. Lately some states have used black lights during their BSS in schools. Delaware used blacklight for the K and third grade BSS in 2022, and Nevada used a blacklight to detect and differentiate between decay, composites and sealants, but not all sealants fluoresce. Presenters also shared tips about how to use the lights. CDC does not allow use of blacklights for BSS that they fund.



BOD ZOOM meetings were held on May 6 and June 10. Discussion included suggestions for ASTDD's new <u>Preventing Tobacco/Nicotine Products Use and Promoting Oral Health Policy Statement</u>; a decision to sign onto Community Catalyst's letter urging Congress to advance comprehensive oral health legislation, partner organization reports, information about the CDC applications submitted; fees and types of membership; BOD

member state reports.



# Peer and Member Support Program (PSP)

State dental directors/program managers participating in the PSP 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 next Peer Discussion call is in August. Kimberlie Payne reports there were six new associate members in May and June.

## Fluorides Committee (FC)

The committee met in May and offered more input for a spreadsheet to better track and quantify fluoridation activity. The anticipated new spreadsheet can more easily provide a summary report on outcomes of known CWF rollback and initiation activities. Although no Fluoridation Alerts were sent in May or June, Judy Feinstein continued to review Google Alerts and Curate posts. Emails were sent to contacts in New York and Kansas.

The Committee also met in June and agreed with a proposal to add 25- and 10-year awards to the formal Fluoridation Awards. These will be more meaningful and effective for ongoing promotion than starting with a 50-year anniversary; the existing 50- and 75-year awards will continue. Judy will draft criteria language that will mirror what exists for the other awards. Members of the FC also shared published reports on use of fluorides and fluoridation with a commentary about the findings.

#### **Communications Committee (CC)**

CC members Matt Jacob and Heather Beavers continue to provide technical assistance (TA) to three states to show that



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social media is not intimidating to use. Missouri and Minnesota TA are now complete. Arkansas is on hold until this Fall. TA sessions have been a great success! The first group of states participating in TA (Idaho, Illinois and Pennsylvania) featured some of their materials on a Dental Sealant/School Health Community of Practice (CoP) on June 28 (see the School Health section). The CC held a ZOOM meeting on June 18 to discuss past

accomplishments at the NOHC and upcoming presentations via webinars or ZOOM calls. The Communication CoP held a ZOOM call on June 20. The topic was *Sharing our Journey to Become a Better Communicator, Lessons Learned,* with a focus on how to prepare for media interviews; the CCoP had 25 attendees. The CCoP has added three new members.

Harry Goodman and Judy Feinstein, ASTDD consultants, presented *Integrating Oral Health Care into Primary Care* for the May 21 Spotlight based on the <u>February 2024 Policy Statement</u> on that topic. More than 100 people attended the webinar. If you missed any previous Spotlights, you can access the links for the 2023 and 2024 Spotlights on the <u>ASTDD Home page</u>, or the Archived Webcasts and Audioconferences in Members Only for previous Spotlights, or by contacting Kimberlie Payne at <u>kyinemanbhs@gmail.com</u>. Kimberlie also contacted and made calls regarding follow-up questions from the NOHC booth.

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

The Committee's June meeting focused on final comments for the tobacco use policy statement (see link on page 2). The statement provides information about the impacts on oral health and overall health of nicotine containing products (including combustible tobacco cigarettes, pipes, cigars, and various types of smokeless tobacco as well as oral nicotine in electronic cigarettes), along with guidance documents and resources that identify selected effective strategies designed to assist states, territories, and communities in prevention and control efforts.

The DPHPC, working with the SAOHC, gave a preliminary and high-level review 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.* The DPHPC will review another draft at its August 1 meeting.

Lori Cofano and Steve Geiermann from the BPC are leading a CareQuest Institute for Oral Health 's (CQI) project to create an advocacy document on minimally invasive care. Authors have been asked to provide input on each other's sections by June 28. Lori also attended the Gerontological Society of America's (GSA) Oral Health Interest Group (OHIG) meeting on May 7. The presenter was Eric Berger who leads the Consortium for Medically-Necessary Oral Health Coverage.

The Improving the Oral Health of Older Adults BPAR and the Older Adult Oral Health Resources for Collaboration were sent to HAC members to share with their partners during May for Older Americans Month. The Healthy Aging workgroup updating the Improving Oral Health Access and Services for Older Adults Policy Statement met on May 6. The next version of the narrative was due to the workgroup by June 17.

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



Ericca Facetti from Virginia Health Catalyst presented at the June 6 SAOHC meeting on their Quality Improvement project based on her presentation at the CDC grantees meeting in March. Lori participated in a CDC Fluoride Varnish Team call to discuss the fluoride varnish document that is moving

forward with the hope of having the recommendation from the Community Preventive Services Task Force (CPSTF) within the next year.

Lori was invited to facilitate one of the breakout groups during the Organization for Safety, Asepsis and Prevention (OSAP) listening session on May 10, and Sandy Tesch also attended the call. Lori, Steve Geiermann (BPC chair and OSAP Board president) and Julia Wacloff (AZ dental director and ASTDD immediate past president) attended the OSAP meeting in Tucson on May 29-June 2 along with many people from state and local programs (see Meeting article).

Sandy continued to coordinate the Dental Sealant Community of Practice (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 May and June included: inquiry regarding which School Sealant Programs (SSPs) are exclusively using GI sealant material, registration info for the OSAP conference, information on OSAP's new name and branding

The ASTDD school sealant communications project call with the states of PA and Iowa occurred on May 29. Each state delivered their SSP elevator speech. Matt Jacob, Lori and Sandy critiqued the speeches and made suggestions for revisions. Sandy prepared the agenda and facilitated the final sealant CoP on June 28 where each state overviewed their revised SSP documents and elevator speeches for the other CDC-funded grantees. Lori and Matt also participated. The last step in this project is to prepare a final summary report for ASTDD. Early feedback indicated this is a project states would like to see replicated in the next ASTDD CDC cooperative agreement.

#### **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: Tips & Tricks for Alternative Reporting Styles, and the Conclusion of the Alternative Reporting Style listserv series. They met with CDC staff to discuss plans for the final 1810 state reports and drafted a rubric for evaluation report review. The consultants met with Bev Isman to discuss reporting requirements and needs for the final 1811 ASTDD report to CDC including planning and development of questions to ask CDC-funded states to understand the impact of ASTDD and partners during the last six years. They also drafted evaluation narratives for Components 1 and 3 for the next cycle of CDC funding as well as Emory letters of support. They reviewed a survey developed for the sealant communication TA states that will be monitored and summarized by Matt Jacob.

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







Kathy Phipps, Mike Manz, and Brooke Mehner, ASTDD data and surveillance SMEs, provided TA to four states for BSS or other surveillance assistance for 66.5 hours these two months. They also attended the BSS CoP call. Brooke attended the *New Federal* 

Demographic Data Standards webinar to learn about new racial and ethnic data collection at the federal level. Kathy finalized the Environmental Scan tool for the MCH Oral Health Resource Center and drafted the template for the Environmental Scan chartbook. She met with Brooke to familiarize her with the scan tool and chartbook. Kathy continues to work with Brooke on BSS sampling and analysis as she is taking over sampling for new TA requests while Kathy continues to work with states that she started prior to training Brooke. Brooke monitored the 2024 State Synopses questionnaire response and completed analyses of the survey data; the full report and the summary report are now posted on the ASTDD website.

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

In addition to the critical but routine work of administration and provision of technical assistance to Dental Hygienist Liaisons (DHLs) and regional DHL coordinators (RDHLCs), Kathy Hunt (lead) and Gina Sharps (co-lead) also oversaw the following activities:

- Launched the annual DHL Assessment; responses to the survey provide feedback and guidance for future activities of the DHL Project
- Shared the quarterly progress report for Year 4, Quarter 3
- Designing in collaboration with the NCHBHS partners, a formal evaluation tool of DHLs to gain useful
  information about input on the presentation provided by the DHL, and feedback on the DHL presenter
- Planning is underway for for several activities over the coming months, including:
  - o Exhibiting at the 2024 ADHA Annual Conference
  - Conducting our annual in-person meeting with the RDHLCs
  - Hosting a DHL webinar entitled "Inclusive Dental: Promoting Oral Health Care for Young Children In Head Start With Disabilitie.s"

# **Consortium for Oral Health Systems Integration and Improvement (COHSII)**

As part of COHSII's effort to advance the integration of oral health care into primary care, ASTDD and OHRC (COHSII partners) produced two new resources.

• Integrating Oral Health Care and Primary Care Learning Collaborative: A State and Local Partnership Final Report

This report describes programmatic efforts to integrate oral health care and prenatal care with both a state and a local component. Project teams consisted of members from state oral health programs and local community health centers. The project was implemented from 2022 through 2024. The report discusses project team selection, the state-level approach, the local-level approach, use of stipend funds and in-kind support, and integration of the five domains of interprofessional oral health core clinical competencies into prenatal care at the participating clinic site.

• 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 successful, long-standing statewide programs—<u>Cavity Free at Three</u>, <u>Colorado Medical-Dental Integration</u>, <u>From the First Tooth</u>, <u>Into the Mouths of Babes</u>, and <u>I-Smile</u>—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.

Note that June 30, 2024 was the last year of current COHSII funding. The next *Roundup* will highlight new projects that have been funded by HRSA. Congratulations to the OHRC and partners including ASTDD for everything they have accomplished during this grant cycle!

#### **USAPI Updates**

On the 24<sup>th</sup> of June, Drs. Ohnmar Tut and Peter Milgrom arrived in Pago Pago (American Samoa) and provided a 3-day training on silver diamine fluoride (SDF) through presentations, lab work, and clinical applications on children with decayed teeth. The first day was didactic training at the Department of Health Conference

Room. Dentists, a dental hygienist, dental assistants, and MCH staff attended the training. The trainees then practiced applications of SDF and fluoride varnish on mounted plastic teeth. On the second morning, clinical training took place at the DOH (CHC) dental clinic for the dentists, dental assistants, and MCH staff. In the afternoon, Dr. Milgrom presented on child management for special needs children. On the third day, clinical training for LBJ hospital staff (dentists, a dental hygienist, and dental assistants) was done



at the Early Childhood Education Centre with portable chairs and equipment. The attendance and total number of clinical applications were recorded by the local staff and will be reported later. Dr. Tut also discussed and reviewed their BSS data collection that they still are entering in the interactive Excel workbook.

# **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.

American Association of Developmental Medicine and Dentistry (AADMD) Conference, Chicago, Illinois, June 6-9, 2024, Reporting: *Anubhuti Shukla* 



The theme for this year's conference was A Whole New Ballgame: Changing Healthcare Together, which emphasizes the need for systemic changes to better serve individuals with intellectual and developmental disabilities (IDD). The conference aims to bring together health professionals from various disciplines to collaborate and share insights on improving healthcare for individuals with IDD.

The conference featured four main tracks for all the different sessions:

- 1. **Curriculum Innovation**: Focused on integrating innovative educational methods that center on the needs of individuals with IDD.
- 2. **Transformational Leadership**: Examined leadership strategies and actions that can lead to substantial changes in healthcare for people with IDD.
- 3. **Aging & Brain Health**: Led by the National Task Group on Aging and Dementia (NTG), this track covered care and new research for aging individuals with IDD.
- 4. **Intersectionality to Inclusion**: Explored the overlapping and cumulative experiences of discrimination faced by individuals with IDD and how to address these "double disparities."

Keynote speakers and distinguished guests included notable figures such as Karyl Rattay, MD, Director of the Division of Human Development and Disabilities at the CDC; Margot Rhondeau, Senior Director of Health and Wellness at the National Down Syndrome Society (NDSS); and Linda Edgar, DDS, President of the American Dental Association.

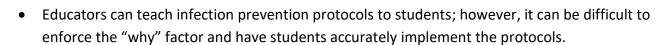
One of the conference highlights was the introduction of the Barbie doll with Down Syndrome. This initiative, spearheaded by Mattel and supported by the NDSS, aims to reflect the diversity of the world and provide children with toys that represent various disabilities. The AADMD conference emphasized the importance of such initiatives in fostering empathy and understanding from a young age.

# State Government Initiatives to Improve Oral Health for Older Adults, Penn Dental Medicine Webinar, 6/26/2024, Presented by Sam Zwetchkenbaum, DDS, MPH

Dr. Zwetchkenbaum is the RI state dental director, a former member of the ASTDD Board of Directors, and a former president of the Special Care Dentistry Association. He currently chairs the ASTDD Healthy Aging Committee. Sam presented how activities and data in state oral health programs and state Medicaid programs improve oral health for older adults. He discussed functions of state oral health programs and how they fit into state health departments, and how Medicaid dental programs are a state-federal partnership. He featured programs in Rhode Island and Pennsylvania but also commented on resources available through ASTDD and the Medicaid, Medicare, CHIP Dental Services Association (MSDA).

# Organization for Safety Asepsis and Prevention (OSAP), *The Safest Dental Visit*. May 29- June 2, 2024, Tucson, AZ, Reporting, *Lori Cofano*

The intent of the meeting was to raise awareness particularly around the importance of waterline safety and infection prevention. There were about 400 attendees including many ASTDD members such as Lori Cofano, Julia Wacloff and Steve Geiermann (pictured). On Friday, May 31, OSAP announced their name is changing to The Association of Dental Safety (ADS) and they are rebranding. Some highlights of the meeting:



- One educator has students create short educational videos with infection prevention messages in their own "language."
- Dr. Lois Cohen would like to see OSAP create a disaster preparedness plan, address water quality, and food security.
- Instructions for Use (IFU) need to be very clear in describing cleaning and sterilization methods.
- CDC has a Healthcare Infection Control Practices Advisory Committee (HICPAC): https://www.cdc.gov/hicpac/php/about/index.html
- CDC has a five-year contract with OSAP/ADS (2023-2028).
- The National Institute for Occupational Safety and Health (NIOSH) is part of CDC. They do evaluations not investigations. They will come in to do a free evaluation of offices.
- The June issue of *JADA* will have an article on the Analysis and Actions Related to Dental Unit Waterlines.
- All offices/programs need to have a written waterline policy.
- Mobile/portable units need to be shocked after downtime, and instruments need to have a pretreatment spray or gel to keep debris from sticking until they can be sterilized.
- TeamSTEPPS = Team Strategies and Tools to Enhance Performance and Patient Safety. Online training: <a href="https://www.ahrq.gov/teamstepps-program/index.html">https://www.ahrq.gov/teamstepps-program/index.html</a>
- CDC and OSAP collaborated to create a non-ventilator healthcare associated pneumonia (NV-HAP)
   Toolkit: <a href="https://www.cdc.gov/healthcare-associated-infections/hcp/prevention-healthcare/oral-health-pneumonia-toolkit.html">https://www.cdc.gov/healthcare-associated-infections/hcp/prevention-healthcare/oral-health-pneumonia-toolkit.html</a>
- CDC has antibiotic educational materials: <a href="https://www.cdc.gov/antibiotic-use/hcp/educational-resources/index.html">https://www.cdc.gov/antibiotic-use/hcp/educational-resources/index.html</a>
- OSAP Dental Unit Waterlines information sheet: <a href="https://www.osap.org/topics-dental-unit-waterlines-duwl">https://www.osap.org/topics-dental-unit-waterlines-duwl</a>
- ASTDD needs to continue to have a presence at ADS meetings. Information and networking are invaluable!

# First Canadian Oral Health Summit, Halifax, Nova Scotia, June 20-22, 2024, Reporting, Russ Dunkel

This meeting provided an opportunity to connect one-on-one with several of our Canadian colleagues, as well as the national Canadian Chief Dental Officer, Dr. James Taylor. I found their welcome and interactions to be both engaging and heartfelt and it should provide an opportunity for potential future international collaborations.

Our northern neighbors are currently experiencing many of the same oral health issues and concerns as those we see in the U.S., for example:

- 1. General population access to care issues as many dentists are reverting to private pay and no longer accepting the National Insurance;
- 2. New National Medicare Plan initiated in 2024 is experiencing challenges due to poor dental provider enrollment;
- 3. Patients in rural areas are experiencing difficulty accessing care due to limited number of providers and long travel times to providers;

- 4. Notable access to care barriers for Individuals with Special Needs;
- 5. Reduced hospital operating room (OR) access for dental cases;
- 6. Issues surrounding presentation of Non-Traumatic Dental Pain (NTDP) patients in hospital emergency departments;
- 7. Workforce issues relative to all Dental Healthcare Personnel (DHCP), for example:
  - a. Faculty vacancies in Canada's 10 dental schools;
  - b. Many of Canada's previously trained Dental Therapists (DTs) have either retired or left the profession for other opportunities. Currently, all the training sites for DT have closed, but one will now be opening soon;
  - c. An increased need nationally for dental researchers. This was an area of focus and need that I have not heard of extensively within the U.S., and this was a significant area of focus at the Summit. In the U.S., I find that many of my colleagues and I focus more on the need for clinical DHCP, especially in the treatment of the underinsured and uninsured.

For further information on topic 7c, please refer to the link and the NOHRS at a Glance infographics page on pg. 10 <a href="https://cihr-irsc.gc.ca/e/52773.html">https://cihr-irsc.gc.ca/e/52773.html</a>

# NOHRS at a Glance



# Why NOHRS? Why now?

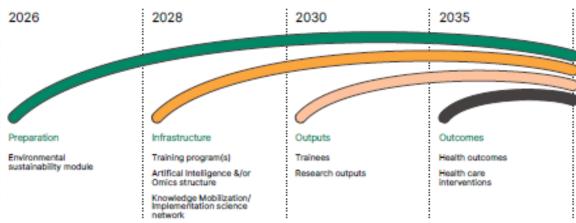
Canada has a new dental care plan and new data available to evaluate the plan and the oral health of Canadians. Simultaneously, the world of science and the challenges facing society are advancing rapidly. This inaugural Canadian National Oral Health Research Strategy (NOHRS) is both necessary and timely. It provides strategic direction for governments, decision-makers, funding agencies, researchers, health care practitioners, the public and others. It will enable all to work to improve oral health and oral health care in Canada.

We developed the strategy with guiding principles centred on people, science, and ideas. These principles will continue to be integral throughout implementation.

# Strategic Priorities



## NOHRS Goals and Successes



#### Drive NOHRS Forward

NOHRS was created by, and for, people with an interest in oral health care and research. By 2025, we will have broadly disseminated NOHRS, engaged the research, health care and other communities, and formed NOHRS implementation working groups to achieve the milestones on the timeline above.

To read the full report, visit our website here https://cihr-irsc.gc.ca/e/52773.html



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