



By Bev Isman, RDH, MPH, ELS

What crazy weather we're having this fall, just when we thought life wouldn't get any weirder! Committees and consultants have been busy these past two months as schools reopen, groups are holding in-person or virtual conferences, and new opportunities for collaboration or funding have been announced in our Weekly Digest. Planning for the in-person National Oral Health Conference to be held in Ft Worth, TX is well underway with many protocols being put in place to make this a safe and fun conference in a beautiful hotel. We understand there are some who work for local, state or federal programs who have travel restrictions based on certain state policies, in this case TX policies. It would have been prohibitive to move the venue to another state due to the penalties for cancelling our conference contract. We will attempt to summarize some of the sessions in a special issue of *Roundup* after the conference, and slides from some ASTDD-sponsored sessions will be available on our website. The November/December issue of *Roundup* will have more details about the wonderful sessions our committees and consultants are developing, especially as weekend workshops. The entire program promises not to disappoint, and registration materials will be posted sometime in January.

Look for the next issue of *Roundup* in January 2022. Send any questions, comments or articles to Bev Isman at bev.isman@comcast.net

State Dental Director Calls and COVID Related Partnerships

ASTDD continues to participate in calls and emails of the COVID-19 Public-Private Partner Dental Coordination Group, a group of more than three dozen organizations and a dozen federal entities dedicated to improving the oral health of the nation through coordinated messaging, sharing knowledge about the ongoing pandemic as it relates to oral health, promoting integration of oral health into overall health, and working collectively on oral health topics. ASTDD also participates in the DentaQuest Partnership Oral Health System: Pandemic Response Workgroup.

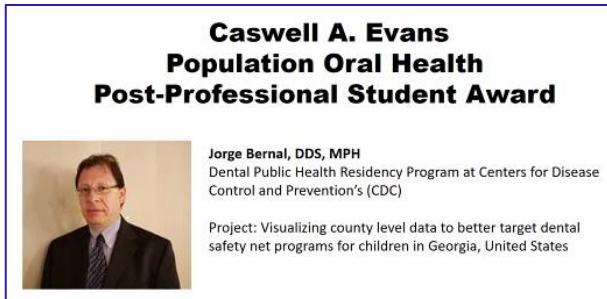
Dental directors continue to meet virtually to provide information and support to each other. Calls in September and October included:

- September 9: Jay Kumar (CA Dept of Public Health ,Office of Oral Health), Kristin Hoeft (UCSF) and Linda Neuhauser (UC Berkeley) discussed the *California Oral Health Literacy Toolkit*. The *Toolkit* is a concise, digital, skills-based set of materials that provides background about oral health literacy (OHL) and key communication techniques for providers; tools to assess, set goals and monitor OHL progress in a practice; tips sheets, provider scripts, and a patient brochure. The *Toolkit* materials are complemented by statewide and local training for providers and community oral health stakeholders. The presenters described how providers and community oral health programs in CA and other states can access and use the free *Toolkit*. The [Oral Health Literacy Toolkit](https://oralhealthsupport.ucsf.edu/oral-health-literacy-toolkit) can be accessed via the UCSF CA Oral Health Technical Assistance Center website (<https://oralhealthsupport.ucsf.edu/oral-health-literacy-toolkit>).
- September 23: Katrina Holt presented an update on *Strategies for Toothbrushing in Head Start Programs During the COVID 19 Pandemic*, along with multiple Head Start related resources and updates from the Office of Head Start. See the resources in the NCHBHS section later in this issue. Attendees shared experiences from their states.
- October 14: Attendees discussed further impacts on oral health programs and the oral health workforce from COVID, especially in light of recent federal and other mandates. Another discussion question was if/how state oral health programs are involved in Afghan resettlement programs.

Congratulations to Members on Recent Awards



APHA Knutson Award:
Jay Kumar, DDS, MPH,
California Department
of Public Health, State
Dental Director and
ASTDD Board member



APHA Post-Professional Student Award, Jorge Bernal, DDS,
MPH, Georgia Dept of Health, Oral Health Program Sealant
Coordinator, CDC DPH Resident and ASTDD Associate
Member

National Association of Chronic Disease Directors Community Impact Award for Chronic Disease Units

The entire Oral Health Unit at the Colorado Department of Public Health and Environment received this award for “work and leadership that has led to systems change to design an oral health delivery system that is steeped in evidence and equity.” Way to go Colorado! From left to right: Asheigh Kirk, MSW, Perinatal and Youth Oral Health Manager; Becky Sarniak, MA, Cavity Free at Three Education and Outreach Coordinator; Jennifer Lansing, MPH, MBA, RDH, Oral Health Preventionist; Reid Bryan, MPH, Cavity Free at Three Health Systems and Quality Improvement Specialist; Katya Mauritson, DMD, MPH(c), Dental Director.



ASTDD Peer and Member Support Program

Matt Zaborowski (ID), Barbara Carnahan (OH), Matt Horan (MA), Guy Deyton (MO) and Jonise McDaniel (PA) are participating in the mentoring program. Kimberlie Payne oriented five new associate members to ASTDD during October and November. Lori Cofano is in the process of reviewing/editing/updating the *ASTDD Mentoring Guide*. A Peer Support Workgroup call was held on October 22. Topics discussed included state-level OH surveillance systems; school-based programs; COVID challenges to program efforts, partnerships and workforce; use of ASTDD Competencies; and grant writing logistics and resources.

Data Committee and National Oral Health Data Portal

Kathy Phipps and Mike Manz continue to help 17 states and territories plan for surveys or other surveillance assistance. Although many Basic Screening Surveys (BSS) are on hold due to COVID, some classrooms are re-opening and BSS plans are moving forward. States were recently asked to review the National Oral Health Data Portal and provide feedback on selected questions to John O'Malley before the public launch of the website in January. A webcast to "unveil" the portal will be held at 3 pm EST on Monday, January 10. Details to follow!

Communications Committee

The next Spotlight, "Don't Bury the Lede: Making the Most Important Message Easy to Find," is scheduled for December 8 from 2 to 2:30 EST. (Yes, this is the way you spell "lede.") The lede is the most important part of a story. Journalists are taught to keep the lede short, simple, and at the beginning of the story. In this Spotlight, Matt Jacob and John Welby will focus on how we can better communicate about oral health by not burying the lede. They will show that burying the lede is common and occurs in articles, press releases, reports, and even on our websites. They will offer insights that help us recognize and correct the problem so our most important oral health message is clear and easy to find.

The first meeting of ASTDD's Communications Community of Practice (CCoP) will be held on December 14 at 3:00 EST. We will explore the challenges that oral health programs can encounter when posting, reviewing and/or updating web content. When was the last time you reviewed the oral health information on your agency's website? Research shows that basic oral health information is often missing, hard to find or written in language that is inappropriate for people with low health literacy. If you haven't signed up to participate in the CCOP, contact Kimberlie Payne at kpayne@astdd.org



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ASTDD's social media reach continues to expand. In one year, the followers of our Twitter account have risen 71%, growing from 369 to 520. In addition, ASTDD launched a LinkedIn account earlier this year to enhance the presence of oral health on this important platform. Meanwhile, we remain active on Facebook. We encourage all ASTDD members, associate members and allies to follow us on one or all the social media accounts that fit your lifestyle and interests.

- Facebook: <https://www.facebook.com/ASTDD>
- Twitter: @ASTDDorg
- LinkedIn: <https://www.linkedin.com/company/association-of-state-territorial-dental-directors>

Congratulations to Matt Jacob who authored an Invited Perspective in the *Journal of Dental Research* on *Communicating a Scientific Story*. He discusses how using elements of storytelling to report or summarize research findings can make them more understandable and relevant to policymakers. The article is only available to IADR/AADR members. Maybe we can entice him to do a webinar on the topic!

Dental Public Health Policy Committee (DPHPC) and Best Practices Committee (BPC)

[Dissemination of Data from State-Based Surveillance Systems BPAR](#) has been posted to the website. The new BPAR on Teledentistry is in process with Dr. Scott Howell as the primary author and CareQuest Institute for Oral Health providing support. A joint webcast is scheduled on December 16 at 3 pm ET. Details will be forthcoming. The State Oral Health Improvement Plans BPAR is being updated, with Bev Isman serving as the primary writer. Lori presented a Spotlight on [Oral Health of Children, Adolescents and Adults with Special Health Care Needs BPAR](#) on September 22 with more than 70 people attending. The Policy Committee held meetings in September and October. The new policy statement, [Reducing Opioid Prescribing by Oral Health Professionals](#), is available on the website.

In September and October, the DPHPC reviewed proposed resolutions as presented to the ADA's House of Delegates for their Annual Session in October and submitted comments on seven of them. As in previous years, our review involved collaboration with AAPHD. The resolutions, all on the ADA's consent agenda, stood out as consistent with ASTDD's

interests and positions on the issues. Judy Feinstein drafted statements of support for the DPHPC's review and then for BOD approval on the following:

- Resolution 90, Eliminating Barriers for Under-represented Minorities into the Dental Profession, intends to explore current barriers for entry into the dental profession and develop policies and a broad-reaching strategy that will strengthen and support a workforce more representative of the population.
- Resolution 81, Elder Care Strategies for Continuing Education, proposes to elevate the importance of both the oral-systemic connection and the dental management of the medically complex older adult by developing and delivering dental continuing education opportunities.
- Resolution 11, Amendment of the Policy, Use of Dentist To-Population Ratios, reiterates and strengthens the ADA's existing policy that the use of these ratios in designating dental health professional shortage areas or for evaluating or recommending programs for dental education or dental care is important but should not be used exclusively to make these determinations.
- Resolution 28, Amendment to the Policy, Support for Adult Medicaid Dental Services, affirms ADA's support for including adult dental services in the federal Medicaid program and that coverage should be provided consistent with all other basic health care services.
- Resolution 58, Proposed Policy, Oral Health Equity, defines oral health equity as optimal oral health for all people, and includes five actionable areas for activity (continuing research and data collection; advocating to positively impact the social determinants of oral health; reinforcing the integral role of oral health in overall health; supporting cultural competency and diversity in dental treatment, disease prevention education; and supporting efforts to improve equitable access to oral health care).
- Resolution 83, Establishment of a Medicaid Task Force, calls for establishing a Medicaid task force to develop a cohesive and broad-reaching strategy for federal and state Medicaid and Children's Health Insurance Program advocacy to reduce administrative burdens and create sustainable reimbursement for participating dentists. ASTDD's statement noted that addressing and resolving the issues listed in the proposed resolution are crucial to the effectiveness of these programs, and that since state/territorial dental directors are often involved in Medicaid issues, their specific representation on this task force could contribute a valuable perspective.
- Resolution 86/86BS-1, Proposed Amendments to the Comprehensive ADA Policy Statement on Teledentistry, changed some wording from the resolution adopted in 2020. We suggested that a few changes could use further clarification to potentially avoid confusion and the need for further adjustments in the future. For example, a statement about variability in the *level* of care delivered in person vs. care provided using teledentistry could be acknowledged while also noting that the *quality* of care is not the issue. ASTDD's statement also called out a clause in the proposal for dental offices to provide extensive information about all personnel who will be involved in patient care, noting that it seems to exceed what would be expected in any in-person environment where an individual receives health care; we would not want this requirement to result in unanticipated barriers for patients to receive needed services using teledentistry technologies.

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

The SAOHC is in the process of updating the: 1) *School-Based or School-Linked Mobile or Portable Dental Services Policy Statement*, 2) *Integrating Oral Health into the WSCC Model Policy Statement*, and 3) *School-Based Dental Sealant Programs Best Practice Approach Report (BPAR)*. Sandy Tesch, sealant coordinator, continues to provide TA to multiple states, post messages to the sealant listserv, add resources to the ASTDD Dental Sealants webpage and review documents. A sealant CoP call was held on September 24. Discussion topics included: updates from SOHP



regarding fall school sealant program (SSP) implementation, challenges being encountered with planning this year's BSS, challenges with workforce shortages, developing Requests for Proposals to add additional providers, caries risk assessment tools that SSPs are using, and utilizing Community Eligibility Provisions (CEP) measure to determine school eligibility for a school sealant program. Marcia Parker from CDC reported that four on-demand *Sealant Efficiency Assessment for Locals and States (SEALS) Training Modules* will be available to former and current CDC state grantees in November. SEALS is designed to capture, store and analyze school sealant program data to assist with program effectiveness. The modules can be accessed on the SEALS landing page after participants log in.

ASTDD Fluorides Committee (FC)

On behalf of the Fluorides Committee, Judy Feinstein and other members of the Committee attended the International Association for Dental Research's (IADR) September 2 webinar on the National Toxicology Program's report on fluoride to the National Academies, which was moderated by committee member Jay Kumar. The webinar reiterated concerns about the report's treatment of recent papers dealing with neurotoxicity and the safety of fluoride when added to drinking water for the purposes of reducing tooth decay. Judy Feinstein continued to work with Sahira Khalid on the revision of selected ASTDD fluorides documents. Judy also continues to monitor anti-fluoridation activity via Google Alerts and Curate, sending updates approximately bi-weekly to several groups listed in the previous *Roundup* issue. In collaboration with Tracy Boehmer at CDC, she planned another meeting of the CDC-funded states fluoridation coordinators in October, with a focus on questions and issues they might need to respond to if asked for technical assistance with implementation of the New Wave fluoride tablet system; this discussion will inform development of an ASTDD handbook/toolkit during the next few months.

Healthy Aging Committee (HAC)

ASTDD HAC members were invited to attend the Gerontological Society of America's (GSA) Oral Health Interest Group (OHIG) meeting October 5. Dr. Stephen Shuman opened the meeting; he has been the chair of the OHIG since its formation in 2016. Dr. Elisa Ghezzi is a member of both the ASTDD HAC and the GSA's OHIG. Karen Tracy, GSA's vice president of strategic alliances and integrated communications, is also a member of the HAC. Dr. Michele Saunders, a GSA OHIG member, shared the recent release of two documents, the GSA newsletter *What's Hot: [Interrelationships Between Nutrition and Oral Health in Older Adults](#)* and the GSA Report, *[Pandemic-Driven Disruptions in Oral Health-10 Transformative Trends in Care for Older Adults](#)*. Bei Wu shared that the GSA's upcoming virtual annual scientific session November 10-13, 2021 has many sessions with oral health information. Trish D'Antonio, GSA's vice president of policy professional affairs, provided a policy update. GSA is actively interacting with coalitions that are working with the Centers for Medicare & Medicaid Services (CMS) to interpret medically necessary therapies and procedures, including oral health. More than 154 organizations have signed on to support a dental benefit in Medicare including dental and oral health organizations, aging organizations such as the American Geriatrics Society, Geriatric Advanced Practice Nurses Association, advocacy groups such as the National Association of Social Workers, Parkinson's Association, Epilepsy Association, and the HIV and AIDS community. One of the approaches is via the dietary guidelines that are updated every five years. There's a recognition of good oral health practices in nutrition so that could impact the oral health piece. The 2020-2025 guidelines didn't include enough oral health information so the coalitions are talking with the Center for Nutrition to encourage inclusion of more information in the 2025-2030 dietary guidelines. In the proposed federal legislation, vision, hearing and oral health are combined as a package. The House Ways and Means and the Energy and Commerce Committees have been supporting an oral health package or coverage in Medicare Part B. Trish will be presenting a policy update to the HAC on February 10, 2022.

The workgroup formed to develop an Older Adult Oral Health Promotion Toolkit with resources to educate a variety of partners and stakeholders on older adult oral health met in September and October. States began adding information such as resources, partners and activities to the document draft toolkit. Two Harvard DPH residents are working on infographics for the Toolkit. Meaad Mogaddam will be focusing on oral health and the relationship to overall health. Sondos Alghamdi will be working on the connection between oral health and nutrition.

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

National Center on Health,
Behavioral Health, and Safety



Dental Hygienist Liaison Project

The Oral Health team completed a Year 01 4th quarter DHL progress report as well as the Oral Health Project 4th quarter report to submit to the NCHBHS, Office of Head Start and ASTDD leadership. Year 02 of the project started on September 30. On September 1 the team hosted a webinar for DHLs on *Trauma-Informed Care: Applications to Seeking and Engaging in Oral Health Care*, with Kelli McDermott, Center for Child and Human Development, senior policy associate, as the speaker. Now that many Head Start programs are returning to the classroom, the following resources might be helpful when providing education or services.

Resources

- [Oral Health Social Media Package](#): These messages focus on three themes: toothbrushing with fluoride toothpaste twice a day; replacing toothbrushes every three months; and storing toothbrushes properly. Messages may soon be available in Spanish.
- [Classroom Circle Brushing: Quick Reference Guide](#): This guide for staff and parents provides simple steps for brushing at the classroom table. It was produced by the Indian Health Service, Head Start program.
- [Coronavirus Disease and Oral Health: Information for Parents About Promoting Good Oral Health at Home](#): This handout provides information for parents about promoting good oral health at home during the COVID-19 pandemic. It discusses the importance of and provides tips for serving healthy foods and drinks and promoting good oral hygiene habits to keep children's mouths healthy every day including during the pandemic. The handout is available in Chinese, English, Spanish, Tagalog, and Vietnamese.
- [Coronavirus Disease and Oral Health: Information for Parents About Visiting the Dental Office](#): This handout provides information for parents about taking their child to the dentist during the COVID-19 pandemic. It discusses the importance of getting oral health care for children. It also lists changes that dental offices may have made to lower the risk of spreading COVID-19 to patients and parents. The handout is available in Chinese, English, Spanish, Tagalog, and Vietnamese.
- [Steps for Toothbrushing at the Table: Growing Healthy Smiles in Early Care and Education Programs](#): This video can be used to train Head Start staff on how children can brush as a group at the table. It shows a Head Start teacher demonstrating brushing while the children brush with her guidance. The video was developed before the pandemic and does not show the teacher wearing a mask.
- [Toothbrushing in Head Start Programs During the Pandemic](#): This handout provides strategies and best practices for Head Start staff to safely resume toothbrushing in group care settings during the COVID-19 pandemic. The handout is available in English and Spanish.

Webinars (Archive)

- [Head Start Forward: Health and Safety Considerations](#)
- [Head Start Forward: Showcase of Grantee Best Practices on In-person Services](#)

Information about Head Start Program Information Report (PIR) Data

- 2018-2019 data are the most recent available.
- The Office of Head Start eliminated reporting PIR data for 2019–2020 due to the impacts of COVID-19.
- 2020–2021 PIR data had to be submitted by August 31, 2021 and is under review.
- 2021–2022 PIR collection documents haven't been released yet.
- For more information, see PIR webpage at <https://eclkc.ohs.acf.hhs.gov/data-ongoing-monitoring/article/program-information-report-pir>

Center for Oral Health Systems Integration and Improvement (COHSII)



The COHSII project is expanding COHSII 2017–2021 activities by providing services to state Title V programs, state oral health programs, community-based programs, and professionals working in or with state Title V programs. Three goals address identifying gaps and barriers, improving systems of care, and translating evidence to practice. COHSII continues to support the [Networks](#)

[for Oral Health Integration \(NOHI\) Within the Maternal and Child Health Safety Net](#). The three NOHI projects work in four-state regions with partners and primary care associations to develop, implement, and evaluate models for integrating oral health care and primary care in select community health centers. NOHI projects collaborated to develop an environmental scan tool to gain knowledge about factors that could impact the integration of oral health care into primary care at the state level with the purpose of informing NOHI projects' work. The scan includes questions focused on scope of practice of oral health and non-oral-health professionals, Medicaid reimbursement, and policies and regulations that impact the target population's oral health.

Evaluation Activities

The Emory Evaluation team and Mary Davis continue to provide general assistance and TA to CDC-funded evaluators through their listserv and emails and review of states' evaluation reports and progress updates, and to ASTDD committees on specific projects. They met with CDC staff to plan training and technical assistance activities for the year.

Engaging listserv posts in October included encouraging members to look around them in everyday life for little bites of evaluation professional development. Where have you seen evaluation in pop culture? Think about TV shows, movies, or books, and how they might connect to evaluation. Another post introduced slidedocs as a way to change how to present reports in a contemporary, eye-catching, informative way. Check out this link.

<https://freshspectrum.com/slidedocs/>. The team will be presenting a webinar about Evaluation of Training Programs in November. This training will cover general best practices and selecting the right evaluation method, with examples of state oral health training programs, breakout rooms, and exercises.



Meetings and Webinars

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

American Dental Association (ADA) Annual Conference (SmileCon), October 11-15, 2021, Las Vegas, Nevada,

Antonina Capurro reporting.

The conference included the engaging themes of art and design, science and technology, business of dentistry, and common good. This was the ADA's first in-person conference since the beginning of the pandemic. Highlights of the conference included a transition in ADA leadership, service awards, and participant-centered exhibits, presentations, and hands-on opportunities including cadaver workshops. During the conference, Dr. Cesar Sabates took office as the 158th ADA President and conferred an award of appreciation to the outgoing president, Dr. Daniel Klemmedson. Several awards were also presented to outstanding members including Rear Admiral Timothy L. Ricks, DMD, who received the ADA Distinguished Service Award.

The conference created a more accessible learning environment by changing the physical space and featured open stages called Smile Stages that encouraged attendees to move closer to the stage, walk through different lecture areas, and practice group learning. The conference also included social events, small group areas, and a buddy program to cultivate a community and slightly family reunion atmosphere. DENT Talks akin to TedTalks were also a new feature of SmileCon, where a diverse list of speakers discussed personal reflections in the categories of community, the profession, and self.

President Sabetes' speech focused on oral health equity, resiliency, and public health policy; attendees were thanked for the positive differences they made to their communities. The conference was an engaging event full of comradery, industry updates, and renewed vision for the dental field.

American Public Health Association (APHA), Oral Health Section Virtual Workshop, Why Advocacy for Oral Health Policy Change is Critical, October 23, 2021, Judy Feinstein reporting.

This pre-conference workshop, attended by several ASTDD members, focused on a mixed-method study of stakeholders and funders and strategies to improve the oral health of communities and promote partnerships for sustainable, equity-informed, community-driven advocacy. This study represented a collaboration of CareQuest Institute for Oral Health and Community Catalyst.

Tamanna Tiwari, MPH, MDS, BDS, University of Colorado, summarized the report's key findings that emphasized the importance and effectiveness of engaging communities, coalition-building and fostering trust, work focused on the social determinants of health (SDoH) and staying in touch with the needs of communities. Dr. Tiwari noted that key stakeholders are interested in creating policy agendas, developing advocacy strategies and pursuing collective action at the national, state and community levels, and that equity and community engagement clearly emerged as core values in pursuing advocacy. Marginalized communities often cite oral health as a priority issue yet may not be visible, underscoring the importance of recognizing both facilitators and barriers.

Kasey Wilson, MPA, with Community Catalyst's Dental Access Project, reiterated the importance of community engagement, the key influence of SDoH as part of policy agendas and priorities, and looking at the broader social context. Along with coalition-building (and maintenance), she added that attention to management and evaluation can significantly influence and add to the impact and outcomes of the work. Community engagement leads to more effective and equity-informed advocacy, which facilitates oral health advocacy. Ms. Wilson identified facilitators as overall shared commitment, strong relationships, and a commitment to centering community-identified needs. Barriers included working with a variety of approaches that result in a lack of shared definitions, lack of capacity or skills, and the disproportionate influence of traditional power brokers. She offered several recommendations: build long-term relationships; consider capacity building on principles of equity and community engagement; evaluate to assess if work and advocacy strategies are centering communities; assess progress in many ways; and encourage shared power and decision-making as a value.

Colin Reusch, MSW, also with Community Catalyst, noted that the policy environment can shift relatively quickly. Funders have dramatically shaped the oral health advocacy landscape, at times effectively creating new advocacy organizations or coalitions. He noted that oral health funders are increasingly emphasizing health equity, SDoH, and community engagement. The potential downside is that advocates often shape their agendas and projects based on available funding, and that scope, longevity and flexibility of funding often determine who is at the table when oral health agendas are set.

A brief discussion among speakers and attendees centered around evaluation concerns and how to measure success beyond immediate policy wins. There is a shift among many funders toward coalition/partnership building, and more potential to place oral health in broader contexts as they move toward re-thinking how funding is targeted to better emphasize "community voice." Funders and advocates are re-imagining what success looks like beyond immediate policy wins. Mr. Reusch suggested the following for funders: invest in coalition and partnership building; target funding to more community-based organizations; dedicate funding to long-term success/goals (e.g., multi-year funding); adopt measures of success that are also process-oriented; and ask how communities are being engaged in funded work and provide tools to do so.

A similar webcast, *Seven Recommendations to Boost Oral Health Advocacy Efforts*, is scheduled for Wednesday, November 17. Find more information and register [here](#).

The study report is available: [Equity and Community Engagement in Statewide Oral Health Policy Advocacy: An Analysis of the Field and Recommendations for Improvement](#).

Community Catalyst's oral health policy equity tool is [here](#).

ASTDD's Best Practices Approach Report, *State and Territorial Oral Health Programs and Collaborative Partnerships* (2020), offers additional [information](#).

Idaho Virtual Oral Health Summit, September 24, 25 & October 1, 2021, Matt Zaborowski reporting.

The Idaho Oral Health Program, in collaboration with the Idaho Oral Health Alliance, hosted this event that was made possible by a generous donation from Delta Dental of Idaho. Additional financial support was provided by the Idaho Rural Health Association, PacificSource Health Plans, Willamette Dental Group, and federal funding received by the Idaho Oral Health Program.

This statewide event brought together local, state, and national oral health champions to participate in robust learning and discussion to support a shared vision for improved oral health in Idaho. The 2021 Virtual Idaho Oral Health Summit had 200+ registrants, with more than 40 speakers and moderators representing state and national organizations. The event fostered partnerships, creativity, unity, and innovation through a mix of plenary, panel, and breakout sessions. Topics presented included: a summary of the recently released oral health workforce assessment and considerations for various innovative workforce models, oral health equity, cultural competency and humility, the future of oral health in Idaho, HPV prevention, interim therapeutic restorations by dental hygienists, medical-dental collaboration, silver diamine fluoride, teledentistry and value-based care, screenings in the dental setting, community water fluoridation, and various statewide efforts such as the 2021-2026 Idaho Oral Health Improvement Plan, Healthy Me is Cavity-Free initiative, the release of a publicly facing Idaho oral health dashboard, participation in the national CMS/CHIP affinity group to expand fluoride varnish applications in both the dental and medical setting, Guided Oral Hygiene, and many others.

In three years, the Idaho Oral Health Program and the Idaho Oral Health Alliance plan to assess the logistics for a similar event on timely local and national topics. Until that time, they hope to support regional and statewide meetings that continue discussions and promote continued collaborations towards improving oral health in Idaho.

APHA Annual Meeting and Expo (Virtual and Onsite in Denver, CO), October 21-27, 2021, Bev Isman reporting.

The meeting theme was *Creating the Healthiest Nation: Strengthening Social Connectedness*. The main conference featured 14 general sessions, onsite and virtual sessions for the various sections, an expo of exhibitors and networking opportunities. Because of the limited number of in-person sessions the Oral Health Section was assigned, the Section leadership decided to hold all its sessions virtually. Recordings and on-demand content will be available for three months after the meeting for those who registered. From October 21-27, attendees could view 40 posters on Oct 21 and 22, 24 oral presentations on October 24-27, as well as attend two business meetings, including the awards sessions. Oral Health session topics included:

- Dentistry in the Wake of Covid 19, Parts I and II
- Timely Topics in Oral Health and Dental Public Health
- Optimizing Oral Health from Pregnancy through Adolescence, Parts 1 and II
- Promising Practices for Promoting Oral Health in Special Populations
- Lessons in Medical-Dental Integration from the Centennial State and Beyond
- Communication and Education for Oral Disease Prevention
- Strengthening the Dental Public Health Workforce.

ASTDD members who were awardees were featured earlier in the newsletter. The current APHA president is Kay Bender, who assisted us with developing our ASTDD Competencies when she was the President and CEO of the Public Health Accreditation Board from 2009-2019.

Wishing the entire ASTDD family all the best as we approach the holiday season!