Unofficial Report of Major Actions
Council on Advocacy for Access and Prevention (CAAP)
January 6-7. 2022

The Council on Advocacy for Access and Prevention (CAAP) met virtually on January 6-7. The following is a summary of major actions taken.

Report of the Access and Advocacy Subcommittee: Dr. Kristi Golden, Subcommittee chair, shared the following information with the Council:

1. The Medicaid Provider Advisory Committee continues to address issues that adversely affect how the increasing number of underserved Medicaid patients access dental care, especially through:
    a. Reducing the administrative burdens associated with being a Medicaid provider
    b. Increasing access to operating rooms and ambulatory surgical centers for those individuals most in need of dental treatment
    c. Educating existing and future Medicaid providers to protect themselves and their patients through use of compliance programs and documenting medical necessity.

2. The Public Health Advisory Committee continues to discuss unmet oral health needs of seniors, those with disabilities, veterans and the 50% of Americans who cannot predictability access routine dental care.

3. The Culture of Safety in Dentistry Workgroup is working to implement the 2021 House approved resolution encouraging dentists to voluntarily report near misses and adverse incidents, in an anonymous and non-discoverable manner. In collaboration with the Dental Patient Safety Foundation, dentists can learn from the experience of others how adverse outcomes can be successfully managed.

Report of the Prevention Subcommittee: Dr. Shamik Vakil, subcommittee chair, updated the Council on the activities of the subcommittee, which included:

1. An explanation of the technology and cost efficiencies of the new tablet system for community water fluoridation.

2. Expanded Prevention strategies with regard to school based programs and sealants.

3. The 2022 National Children's Dental Health Month theme will feature sealants in its campaign messaging.

Report of the Prime Subcommittee: Dr. James Mancini, Subcommittee chair, updated the Council on activities of the subcommittee, which included:

1. The Action for Dental Health and Humanitarian Award 2022 processes and winners.

2. ED Referral Workgroup update which featured webinars for American College of Emergency Physician (ACEP) members who requested "dental" guidance for patients accessing hospital EDs for dental issues

3. The priority of encouraging dentists to collaborate with medical professionals to promote the HPV vaccine to parents to prevent oral cancer in their adolescent children

4. A new title for the Community Dental Health Coordinator Transition Team – now called the CDHC Advancement Team to better reflect the forward progress of the program.

5. An overview of upcoming CAAP webinars which have a focus on Health Equity and dentist participation in their state Medicaid programs

Resolution:

Upon vote, the following resolution was unanimously approved by the Council and will be transmitted to the 2022 House of Delegates for its consideration:

> **Resolved**, that the American Dental Association supports and encourages research and collaboration between dentists and other healthcare providers to help identify systemic diseases which are strongly suspected to have a direct relationship to a patient's oral health

Special Orders of Business:

1. Dr. Raymond Cohlmia, ADA Executive Director, gave an effective overview of the organizational state of the ADA at this time and provided insights for his vision for the future of the Association.

2. Dr. Marko Vujicic, Senior Vice President and Dr. Chelsea Fosse, Senior Analyst, of the ADA's Health Policy Institute, updated the Council on the recent collaborative white paper developed with other advocacy groups tomake the business case for adult dental Medicaid benefits throughout the states.

3. Dr. Diptee Ohja, Director of the Dental Quality Alliance (DQA) and Clinical Data Registry, along with Dr. Krishna Aravamudhan, Senior Director, Center for Dental Benefits, Coding and Quality offered insights to the Council on the DQA and the opportunity for comments on the Provider Quality Rating.

4. Susana Galvan, Senior Manager, Membership Diversity, Equity, & Inclusion, and Analytics, provided the Council with an update on strategies for potential member segments as well as the ongoing work with the leadership of diverse dental organizations.

5. Admiral. Tim Ricks, chief dental officer of the U.S. Public Health Service, provided an update to the Council about the collaborative actions between the ADA and the Indian Health Service, including Give Kids A Smile Day collaborations, while announcing the intention of the Indian Health Service to offer the CDHC curriculum to IHS dental professionals.

6. Dr. Winifred Booker, President-Elect of the Maryland Dental Association and pediatric dentist, educated the Council on the potential value of dentists doing salivary lead screening as the number of individuals exposed to lead is estimated to have doubled according to the CDC.

7. Dr. Caroline Goncalves Jones, Advocacy and Outreach Director for Tobacco Free Kids, an advocacy organization based in Washington DC, provided an overview on the current state of tobacco and e-cigarette usage in US schools.

8. Dr. Thomas Gallagher, internist and executive director of the Collaborative for Accountability and Improvement at the University of Washington, shared what medical colleagues have learned from embracing transparency with patients and peers when adverse events transpire in practice, which is applicable to dentistry. This activity was part of a major initiative of the Culture of Safety in Dentistry workgroup in 2022.

Council Members

Dr. Shailee Gupta, chair, TX
Dr. James Mancini, v.chair, PA
Dr. Elizabeth Clemente, NJ
Dr. Stephen Cochran, FL

Dr. Molly Conlon, WI
Dr. Chris Delecki, WA
Dr. Kristi Golden, AR
Dr. Katherine Kosten, IL
Dr. Huong Le, CA
Dr. Robert Margolin, NY
Dr. Rodney Marshall, AL
Dr. Jackie Nord, ND
Dr. Michael Richardson WV
Dr. Elizabeth Simpson, IN
Dr. Shamik Vakil NC
Dr. Brooke Fukuoka, ID (Committee on the New Dentist representative)

Council Liaisons:

Dr. James Stephens (ADA Board of Trustees)
Mr. Greg Mitro, FL (Alliance of the American Dental Association)
Dr. Onalee Sortino, SUNY ASDA Representative
Dr. Mark Vitale, NJ (CGA chair)
Dr. Dan Geske, FL (CGA v.chair)

MEETING MINUTES
AMERICAN DENTAL ASSOCIATION
COUNCIL ON ADVOCACY FOR ACCESS AND PREVENTION
HEALTH EQUITY ACTION PLAN DISCUSSION
ADA HEADQUARTERS, CHICAGO
FEBRUARY, 26, 2022

CALL TO ORDER

The special meeting of the Council on Advocacy for Access and Prevention (CAAP) was called to order by Dr. Shailee Gupta, CAAP chair, at 8:50 am on Saturday, February 26, 2022 with Council members present and attending virtually via zoom webinar.

ROLL CALL

Members: Dr. Karin Arsenault (2023), First District; Dr. Elizabeth Clemente (2024), Fourth District; Dr. Stephen Cochran (2024), Seventeenth District; Dr. Molly Conlon (2025), Ninth District; Dr. Christopher Delecki (2023), Eleventh District; Dr. Kristi Golden (2022), Twelfth District; Dr. Shailee J. Gupta, chair (2022), Fifteenth District; Dr. Kathryn Kosten (2024), Eighth District; Dr. Huong Le (2025), Thirteenth District; Dr. James Mancini, vice chair (2023), Third District; Dr. Robert E. Margolin (2023), Second District; Dr. Rodney Marshall (2024), Fifth District; Dr. Jackie Nord, (2025), Tenth District; Dr. Michael L. Richardson (2022), Sixth District; Dr. Jessica Robertson (2025), Fourteenth District; Dr. Elizabeth Simpson (2024), Seventh District; Dr. Shamik S. Vakil (2022), Sixteenth District.

Liaisons: Dr. James Stephens, ADA Board of Trustees, Thirteenth District.

Council Staff: Mr. Michael Graham, senior vice president, Government & Public Affairs; Dr. Jane S. Grover, senior director; Dr. Steven P. Geiermann, senior manager, Access, Community Oral Health Infrastructure and Capacity; Ms. Kelly Cantor, manager, Preventive Health Activities; Mr. Carlos Jones, Jr., Action for Dental Health coordinator, and Ms. Elaine Barone, Council Administrative manager.

Other ADA Staff in attendance for all or portions of the meeting: Dr. Raymond A. Cohlmia, executive director; Dr. Jane Long, manager learning, staff development and talent, Ms. Mary Ellen Murphy, licensure affairs coordinator and Ms. Jennifer Fisher, congressional lobbyist.

Special Guests: Dr. Cesar Sabates, ADA president; Dr. George Shepley, ADA president-elect; Dr. Daniel Klemmedson, ADA past president; Dr, Mark Bronson, second vice president, Dr. Sonya Taylor-Griffith and Dr. Brad Barnes, chair, ADPAC.

Chair Welcome and Outline of Meeting Objectives: Dr. Shailee Gupta welcomed the Council to the strategic discussion on health equity. The meeting was convened to address the on the Oral Health Equity Policy that was passed at the House of Delegates in October, 2021 and the formation of a strategy to implement the Oral Health Equity Plan that was approved by the Council in January, 2022. A number of speakers were invited to address various aspects of health equity to provide background for the Council. During lunch, the subcommittees met to share approaches to integrate health equity into their work. Dr. Gupta introduced Dr. Jane Long who facilitated the discussion after lunch.

ADA Board of Trustees Liaison: On the behalf of the Board of Trustees, Dr. Jim Stephens provided the Council with an update on ADA Board activities for health equity engagement across the association. The ADA definition is "optimal health for all people. " World Health Organization's definition: "Health equity is defined as the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically". While the two definitions are similar, there is no common definition of what equity is at the association, and this is impeding further progress in addressing this appropriately.

A conversation needs to happen in every level of the organization, from committees, to Councils to the Board

of Trustees, so there is a common definition of health equity. Diversity, equity and inclusion are topics that need to be addressed. Some suggestions include:
▪The Council on Dental Practice needs to address diversity and equity, as there are formats that we ignore, like DSOs and clinics. Dental practice models are changed are no longer just solo practices.
▪The Council on Government Affairs needs to advocate for sufficiently-funded public programs.
▪The Council on Dental Benefit Plans should work to expand coverage to all populations.
▪The Councils on Membership and Communications need to form a common definition, get the message out and help promote the oral health of the public. A message needs to be developed that will demonstrate these values to attract younger populations, like Gen Z, that are less transactional and more experiential.
Equity entails looking at each population and what prevents them from reaching optimal oral health. Reduce barriers that affect each group, which will be different across the country. In light of the *Healthy People 2030* report connecting oral health with overall health, CAAP passed a Resolution at the January, 2022 meeting to have CAAP leadership request a meeting via ZOOM with the Council on Scientific leadership to discuss the possibility of stating some position regarding this topic.

At their February, 2022 meeting, the Board of Trustees authorized a Board Strategic Plan Work Group to review questions and insights gathered during its February Strategic Session on the question "Does the ADA Have a Proactive Long-Term Vision for Oral Health in America." The Work Group will be comprised of five members of the Board, along with the ADA Executive Director as a non-voting member, appointed by the President, and the Work Group will report back at the April 2022 Board meeting.

Council Discussion: The Council members discussed the concern that the focus of dentistry is often on the business aspects of dentistry and not caring for the patient with the best treatment. How patients are treated sometimes differs based on the setting, insurance coverage and ability to pay. It was noted that most Continuing Education courses focus on reimbursement and profits and not on patient care.

In dental school, students choose a practice area based on what they are familiar with, and while they are in dental school, they should have exposure to working in a FQHC, geriatric center or prison. Some dental schools incorporate social determinants of health into their curriculum. They begin the semester reading Mary Otto's book *Teeth*, and do externships and outreach in the community to gain exposure to various population types. The emphasis is on health and restoring well-being no matter the students' future work is in private or public practice. There is a concern among some students about a future career in public health would not be financially sustainable.

The ADA can leverage advocacy efforts to implement health equity. Dentistry should be able to set up a financial payment scheme that is on par with medicine with regard to coverage of treatments. A plan can be crafted, identifying what is needed and then work to advocate to obtain it. States like California have done this successfully with treatments like silver diamine fluoride. Helping students pay their student debt for service in public health will provide incentive to work in a public health setting or treat a certain percentage of Medicaid patients. CalHealthCares administers loan repayment on educational debt for California physicians and dentists who provide care to Medi-Cal patients. Some states, like Wisconsin, have increased their reimbursement from Medicaid as a result advocacy, so this is another course of action that is possible.
A final comment is that each dentist views these issues based on their world view and their practice area.

ADA Government Affairs: Ms. Jennifer Fisher presented *Health Equity in the Legislative and Policy Arena.* Leaders in Washington D.C. are starting to focus on health equity as a result of COVID-19. President Biden established a Health Equity taskforce and signed Executive Order *On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government* in 2021. There are eight offices throughout the government tasked with designing an inclusive approach to rulemaking and policy. Agencies include: CDC, HRSA, NIDCR, DMS, HHS.

There are various topics that are currently being discussed in Congress including: investments in primary care, advancing pathways to health in communities of color, investing in Invest in public-private partnerships, bolstering public health departments, expand the pipeline of health care providers in communities of color, strengthen loan repayment programs, increase collection and reporting in demographic and health inequities data, increasing funding for NIH and academic institutions.

ADA Endorsed Legislation includes:
- ***Doctors of Community Act*, H.R. 3671**: To amend the Public Health Service Act to reauthorize the program of payments to teaching health centers that operate graduate medical education programs.
- ***Medicaid Dental Benefit Act 2022*, S. 3166**: This bill requires state Medicaid programs to cover dental and oral health services for adults. It also increases the Federal Medical Assistance Percentage (i.e., federal matching rate) for such services. The Centers for Medicare & Medicaid Services must develop oral health quality and equity measures and conduct outreach relating to such coverage. Additionally, the Medicaid and Children's Health Insurance Program (CHIP) Payment and Access Commission must report on specified information relating to adult oral health care.
- **Strengthen Americans Health Care Readiness Act S.54**: This bill establishes an emergency services demonstration program within the Department of Health and Human Services (HHS) to provide supplemental student loan repayment to current and former National Health Services Corps (NHSC) participants. The NHSC provides scholarships and student loan repayment awards to health care providers who agree to work in areas with health care provider shortages. It reserves some of this funding for individuals who are members of groups that are historically underrepresented in health care professions.
- **Improve Social Determinants of Health H.R. 379**: To authorize the Director of the Centers for Disease Control and Prevention to carry out a Social Determinants of Health Program, and for other purposes.
- **Health Enterprise Zone Act, H.R. 4510**: This bill provides for the designation of Health Enterprise Zones in certain geographic areas with documented and measurable health disparities. This designation, which expires 10 fiscal years after the bill's enactment, confers eligibility for certain grants, student loan repayment programs, and tax credits for those working to reduce health disparities and improve health outcomes in these zones. Specifically, community-based nonprofits or local government agencies, in coalition with health care providers, social service organizations, and others, may apply to the Department of Health and Human Services (HHS) for the designation. The application must include a plan to reduce health disparities and achieve other outcomes.
- **Appropriations Act**

Advancing a winning strategy
- Executing a health equity action plan – work internally to identify resources; this will take time.
- Mobilizing and leverage resources and internal champions to strengthen our efforts
- Building alliances and cross-sector collaborations to address social determinants and reinforce the role of oral • health in overall health
- Tracking steps and measuring results

RADM Timothy L. Ricks, DMD, MPH, FICD, chief dental officer of the U.S. Public Health offered a presentation on the topic of *Organizational Equity and Equity and Equality*. Dr. Ricks commended CAAP for the Oral Health Equity Plan to elevate the discussion about health equity. He noted that the federal government offers this definition: *Healthy People 2020* defines health equity as the "attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."

Factors that affect access to dental care, include: cultural, individual behavioral characteristics and socio-economic. As of 2016, 43.3% have access to dental care. People in rural areas have less access to care. Cost is also an issue, with 74 million Americans who lack insurance coverage. As of 2022, 22 states offer reimbursement for procedures.

Federal initiatives to address equity include: *Oral Health in America: Advances and Challenges* report, which highlights lingering disparities and social determinants of health. Health literacy initiatives are underway by HRSA that has an Oral Health Literacy Initiative as well as the Indian Health Service which has a new program. A second important topic is data, and sources for national oral health surveillance to highlight disparities include: CDC ,NCHSS, Indian Health Service and expenditure data from the AHRQ.
Address access issues via alternative workforce models in the Indian Health Service, include: EFDA, DHA and CDHC. Healthy People 2030 sites 11 objectives address health equity and will be launching webinars and will partner with other associations like the ADA, promoting programs like National Children's Dental

Health Month.

Dr. Cara James, President and CEO, Grantmakers in Health: Dr. James shared the presentation, *What it Takes to Achieve Health Equity.* Grantmakers in Health works with over 200 partners in 38 states to focus on access, quality, community engagement health equity and social justice, population health. She provided a snapshot of health disparities before the COVID-19 pandemic, and the Unequal Treatment Report was released in 2001. Types of disparities include: racial and ethnic, sex. Socioeconomic status, disability, geographic and sexual orientation. There are challenges in access to care, with many populations using the ED or clinics as their primary provider. She noted that geography often includes disparities like diabetes, which is often higher in rural areas. Untreated caries is often higher by age, and often this is due to being able to afford care.

National Healthcare Quality and Disparities Reports has shown that during the time period 2003-2022 there has not been progress on increasing quality of care in disparities. COVID-19 has increased disparities by age and race. Data is crucial to show the disparities, and with the affordable care act, data is collected by ethnicity in federal and state governments. Dental care that was needed was delayed due to cost and also varies based on type of coverage. Relating to health literacy, nearly 68 million people in the U.S. speak a language other than English, with Spanish as the top language. For more than 25 million of those people who speak another language at home other than English, they speak English less than very well

What Does it Take to Achieve Health Equity
Make it a priority
Strengthen role of leadership
Engage communities through inquiry
Support data infrastructure and analysis; address gaps in data collection
Tackle tough issues like social determinants of health
Make Health Equity part of the standard operating procedure
Create program and policy sustainability
Develop a robust pipeline of individuals/workforce – ensure representation from all levels of our society

Dr. Felecia Fontenot, president, Society of American Indian Dentists: Dr. Fontenot shared the presentation: *Inspired to make a difference: Addressing the Nation's Greatest Oral Health Disparities.* Dr. Fotenot shared her path to dentistry, and the importance of mentorship in her career. Dr. Fontenot grew up on the Mescalero Apache Reservation in Mescalero, New Mexico. She reflected that health issues have been a concern among her Tribal community, a population with some of the worst oral health disparities in the country. She attended Stanford University where she earned a Bachelor of Arts in Human Biology, and was active with Native American groups on campus. Upon graduating from Stanford she joined the Johns Hopkins Center for American Indian Health where she worked with the Center's training team to develop and expand the training program. Dr. Fontenot received a full tuition scholarship from the Center to complete a Masters in Health Sciences at Johns Hopkins Bloomberg School of Public Health while applying to dental school. She noted that it was Dr. George Blue Spruce Jr. (SAID president emeritus) who encouraged her to apply to dental school in Arizona.

Dr. Fontenot graduated from the University of the Pacific Arthur A. Dugoni School of Dentistry in 2011 as the first Mescalero Apache dentist. She has since worked at Tséhootsooi Medical Center, a hospital operated by the Navajo Nation in Fort Defiance, Arizona where she serves as Deputy Director. Dr. Fontenot commits to mentoring other Native Americans interested in oral health careers and hopes that in her lifetime to witness other Mescalero Apache tribal members becoming dentists and working together to provide high quality care for their people.

Strategies / Tactics and Collaborations Discussion: CAAP subcommittee chairs shared the list of suggested SMARTIE goals to incorporate health equity into the work they created during their working lunch session. The Council had reports from: Dr. Kristi Golden, subcommittee chair, Access and Advocacy Committee; Dr. Shamik Vakil, Prevention Subcommittee and Dr. Jim Mancini, subcommittee chair, Prime Subcommittee. Dr. Jane Long reviewed the information from the three subcommittees and facilitated a Council discussion to identify where there are synergies, creating the following:

Health Equity Action Plan

- ***Health Equity Toolkit for Dentists and Public***
  - Create the toolkit
  - Include in the new app
  - Prior to the app – have a "launch party" and put it out online
  - Share in districts (tell the story)
  - Collaboration with councils and asking for their input
    - CDP
    - Membership
  - Marketing the toolkit (pamphlet or QR code) via dental offices, trust centers (ED's, faith communities, AARP, community centers).
  - Goal of the toolkit is that every person has ONE oral health encounter per year.

- ***Collaboration with Councils and Board***
  - Survey to councils and board to understand their understanding of health equity.
    - Marko to help with development of questions and deployment
    - Results will help find the common ground
    - Timeline – June for survey results. Begin with two councils to begin
  - Meeting of the councils, 2CL; CAAP Open House
    - Possibly hold the Open House at SmileCon – more attendees
  - New Dentist Committee
  - Accelerator Series – reaching young dentists
  - CAAP is truly the catalyst for Health Equity
  - Suggest that ADA have booths at SmileCon for the councils
  - One questions to ask the councils – How does Health Equity positively impact what they do?

- ***Collaboration with Dental Schools***
  - Presentations to dental schools/students – real case studies discussed by dentists. Could record and create on-demand content.
  - Health Equity elective in first year of dental school – possibly in Summer
    - Do a couple of days of practice in an underserved area
    - Tufts faculty stated that they have Health Equity curriculum in all three years of the school
  - Symposium during white coat ceremony
  - Externships and Internships in diverse populations (underserved)
  - Access to care clinic in New Jersey
    - Struggles with this is the necessity of translators and COVID restrictions
  - Conversations with Dental School Deans – what are the schools doing?
    - What about creating a community service rotation within CODA standards

- ***Collaboration with Dental Societies and Other Groups*** – *We need to tell our story!*
  - AAP
    - SOOH – meet virtually with them – they work with community water fluoridation
  - American Association of School Nurses
    - Places of trust
  - Special Olympics
  - NNOHA – already having conversations about Health Equity
  - ACOG – ACEP – Age 1 Dental Visit
  - Articles for State and Local journals
  - Go in person to state and local meetings
  - CAAP track in state meetings
    - Subset within state associations (New Jersey)
      - Residents volunteer to treat underserved
    - What are other states doing?
  - Become more visible

- CAAP track @ SmileCon – CAAP booth

Address from the ADA President: Dr. Cesar Sabates offered feedback on the plan and suggested that priority areas be identified. Leadership will be having an upcoming meeting with the dental school deans and would like to know what questions/topics be addressed. Communication is crucial and we need to tell our stories. In particular, the ADA needs to be welcoming to people who work in public health settings and DSOs.

Address of the ADA Executive Director: Dr. Raymond Cohlmia, ADA executive director, provided an update on his priorities for the ADA, including working with IT to launch an App to house ADA resources in September, 2022. Membership is the priority, and the two focus areas are: Direct-to-member and Direct-to-tripartite, He uses targets and metrics to set his goals. A future goal is to have non-dues revenue drive dues revenue. Generation X, Y, Z and alpha have two goals: business and diversity, equity and inclusion. CAAP can provide assistance with external culture change: diversity, equity and inclusion and accepting dentists from all types of practices.

The meeting adjourned on Saturday, February 26, 2022 at 4:05 pm

Oral Health Equity Preamble
February 2022

As members of the Council on Advocacy for Access and Prevention, we call representatives of the dental community to acknowledge an equitable vision for oral health for all people.

Oral health is an essential component of overall health. Every individual should enjoy a basic level of oral health that allows each to eat, work, learn and live in a state of wellness that precludes any semblance of oral pain or dysfunction.

All dental safety net settings, whether public, private or a collaboration of both, should offer comprehensive oral health care that meets the needs of the individuals and communities in which they are found. Access to dental care should be appropriately considered, designed, and funded to address the oral health needs of the community and be sufficiently scaled in size to have maximum impact.

Oral Health is an essential part of any health care program and should be a consideration for the ongoing health and well-being of every patient seen by health care professionals at every level.

Efforts to educate the public, legislators, the media and educational communities should result in a realization of the importance of oral health and appreciation of those who provide oral health preventative care and treatment services. Health care programs should be funded sufficiently to provide adequate reimbursement commensurate with practice viability.

Charity and volunteerism generously serve short term needs as they reduce financial / transportation barriers to accessing dental care. We can continue to improve these access points by development of more permanent solutions to optimal quality oral health care for all.

The American Dental Association calls upon all aspects of the oral health community, patients, advocates, providers and funders, to find *common ground* in devising impactful and sustainable oral health equity awareness and implementation strategies. Such collaboration will promote disease prevention; reduce barriers to health care, advocate for reasonable and adequate fiscal support of programs addressing the oral health needs of underserved populations, and encourage effective and efficient efforts to integrate oral health into overall health.