

Oral Health System: Pandemic Response

Virtual Meeting

July 8, 2020

3:30-5:00 pm EDT

Group Memory

Convenor:

[*Michael Monopoli*](#), Vice President, Grants Strategy
DentaQuest Partnership for Oral Health Advancement

Facilitator:

[*Patrick Finnerty*](#), Strategic Advisor
DentaQuest Partnership for Oral Health Advancement

Content Manager:

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I. Start-Ups

A. Welcome

Pat welcomed everyone to the meeting with these comments.

Each time we get together, it seems like there is another development or facet to the pandemic and the unsettled world we're living in...and this meeting is no different. The recent surge in COVID infections and hospitalizations in many states across the country is a stark and painful reminder of the danger that still exists and the importance of our work. And, all that is happening as we struggle as a nation to address systemic racism and disturbing health inequities among minority populations. So, as we gather today, we do so with a keen recognition of these unparalleled times but also with a firm resolve to work together to make much needed improvements in the oral health field.

B. Introductions

Participants and Guests

- American Association of Dental Boards (Tonia Socha-Mower)
- American Dental Association (Vice President; Jane Grover, DDS, MPH, Director, Council on Advocacy for Access and Prevention)
- American Dental Hygienists Association (Ann Battrell, MDSH, Chief Executive Officer)
- Association of Dental Support Organizations (Mitch Goldman, JD, MBA, Executive Committee ADSO and CEO of Mid-Atlantic Dental Partners, a Dental Support Organization)
- Association of State and Territorial Dental Directors (Chris Wood, Executive Director)
- Delta Dental of Washington (Diane Oakes, MSW, MPH, Chief Mission Officer)
- Dental Trade Alliance (Sarah Miller, MPA, Development Coordinator)
- DentaQuest Partnership for Oral Health Advancement (Myechia Minter-Jordan MD, MBA, President and CEO, DQP and Catalyst Institute) (Michael Monopoli, DMD, MPH, MS, Vice President for Grants Strategy) (Brenda Cocuzzo, Executive Assistant)
- Henry Schein (Steve William Kess, MBA, Vice President of Global Professional Relations)
- Hispanic Dental Association (HDA), (Edwin A. del Valle-Sepulveda, DMD, JD, President; Manuel A. Cordero, DDS, Executive Director)
- National Association of Dental Plans (Eme Augustini, Executive Director)
- Oral Health Coordinating Committee/IHS/USPHS (RADM Tim Ricks, DMD, MPH, FICD, Chief Professional Officer)
- National Dental Association (NDA), (Sheila L. Armstrong, DDS, President; Hazel Harper, DDS, MPH, Past President)
- National Dental Hygienists Association (NDHA) (Latisha Canty, RDH, Interim President)
- National Rural Health Association (NHRA) (Alan Morgan, MPA, Chief Executive Officer)
- Oral Health Progress and Equity Network (Ifetayo Johnson, MA, Executive Director)
- Santa Fe Group (Terri Dolan, DDS, MPH, President-Elect)

Unable to attend today's meeting

- National Association of Community Health Centers (*Represented by:* Vicki Young, PhD, Chief Operating Officer S.C. Primary Health Care Association)
- American Association of Dental Boards (Dr. Robert Zena, President)
- American Dental Association (Marko Vujicic, PhD, Chief Economist)

Strategic Advisors:

- Marcia Brand, former Deputy Administrator, Health Resources and Services Administration
- Patrick Finnerty, former Medicaid Director for the Commonwealth of Virginia
- Laurie Norris, former Senior Policy Advisor for Oral Health, Centers for Medicare & Medicaid Services
- Marianne Hughes, former Executive Director, Interaction Institute for Social Change

C. Purpose of the Effort

To gather key oral health system stakeholders to deepen relationships, build alignment, and develop priorities that will guide our individual, organizational, and collaborative action in order to create economic and point of access stability in the oral health care system, and to begin to envision what the post-pandemic oral healthcare system will look like.

D. Purpose of the Meeting

To welcome new members to the group, build alignment on messaging to the public and next steps, and reflect on the opportunity offered to the field in this moment of transformation.

E. Desired Outcomes

By the end of the meeting, the group is expected to have:

- An opportunity to welcome the National Dental Association, the National Dental Hygienists Association, the Hispanic Dental Association, the Society of American Indian Dentists (invited) and the National Rural Health Association, and learn about their concerns during COVID
- Explored the possibility of working together to develop a public messaging campaign plan, led by members of the group
- A list of critical elements to be included in a public messaging campaign, and ideas for the role of this group can play in developing the message
- An awareness of the transformational moment provided to the field by the pandemic, and the need for this group to take up the work of change and creating a new future

F. New Members

Introductions

Pat welcomed new members and invited them to share a bit about their organizations by describing:

- The priorities of the organization during the pandemic
- Any thoughts to share about the impact of our national reckoning on racial justice in the context of the organization and the oral health care system

National Dental Association (NDA), Sheila Armstrong, DDS, President

Sheila introduced herself and invited Hazel to speak about the organization

National Dental Association (NDA), Hazel Harper, DDS, MPH, Past President

NDA is 107 years old. Our mission is to serve the needs of underserved communities of color and be responsive to our students. Due to the dual challenges of the pandemic and racism, we are glad to be invited to join this conversation as we recognize the need for retooling and action steps to help our providers who are at high risk for keeping their businesses intact, and ensuring that they have the resources they need to treat high risk patients. We want to be a sounding board and provide moral

support for our students and work to relieve substantial debt burden on our students, which is a hefty barrier.

Hispanic Dental Association (HDA), Edwin A. del Valle-Sepulveda, DMD, JD, President

I am an oral surgeon from Puerto Rico. We turned 30 years old this year. We are multi-disciplinary with members from all of the oral health professions, and we have a student membership component. We are present physically in 17 states and have a national chapter as well, and are present in 47 dental schools in the US and Puerto Rico. I joined the special task force of the deputy surgeon general and have been participating regularly with Admiral Ricks' efforts. We are a vehicle for members and staff, gathering pertinent information on their own safety, how to access financial assistance and PPE, and how to get the tools needed to return to business. We are among the hardest hit ethnic groups of the pandemic. We are very concerned about the communities we serve, just like the NDA.

Hispanic Dental Association (HDA), Manuel A. Cordero, DDS, Executive Director

I am a general dentist and a slave to the profession! I am currently the executive director of the HDA. This is a special gathering focused on doing the right thing for the profession and for our patients.

National Rural Health Association (NRHA), Alan Morgan, MPA, Chief Executive Officer

NRHA has more than 23,000 members across the US, including rural hospitals and health clinics and community health centers. Our role is to serve as a voice for rural health care – working with policy leaders and national media – to share an accurate picture of what is happening with the COVID crisis. It is quite different from the common perceptions of the rural experience. Our primary role is to make sure the expansion of telehealth enables access to care and the rural health safety net endures. Health equity is and always has been a major focus of ours. We conduct the only national rural health equity conference...and try to share how systemic racism impacts the health care and health status among populations in a rural setting and in particular how racism has directly impacted many hospital closings we've seen across the US.

National Dental Hygienists Association (NDHA), Latisha Canty, RDH, Interim President

The NDHA was founded in 1932 by African American dental hygienists to address special problems faced by minority hygienists. We are underrepresented in the profession and that's been a focus of ours all along. Hygienists have been hit substantially by the pandemic. And we understand racial disparities and how the pandemic has hit African American and other minority communities harder than other communities. Our board of trustees is hosting a virtual conference starting on Friday – free of charge - to all members or any hygienists who want to attend and work together to address racial disparities.

Discussion Among All Participants

- It's wonderful to have all these new members. This group has realized – as have our other coalitions – that if we all work together with transparent and open communication, we will have strength in numbers. NDA, NDHA, HDA, and NRHA are especially welcome and I applaud this group for being inclusive of so many organizations.
- Welcome to all new members!
- We want to invite all of you to become a member of OPEN if you are not already so you can share what your organizations are doing, and we can help strengthen the work you are doing. Please contact Ifetayo Johnson ijohnson@openoralhealth.org

Mike shared his welcome to everyone for joining today, especially the new members, and offered to help connect people to OPEN as needed.

II. Communicating to the Public

A. Setting the Context

Dr. Minter-Jordan welcomed the new members and set the context for the discussion about communicating to the public.

- Welcome all and the new members NDA, HDA, NDHA, and NRHA. We're excited to have you all at the table and your voices are welcome.
- We had a great conversation about equity in our last meeting. Ife shared an amazing framework for how we think about oral health and equity. We need to continue to apply that framework so that we consistently apply the lens of inclusion and diversity, and think differently about how we do that, as Ife pointed out.
- I want to inform the group that the consumer guide for accessing safe dental care, from OSAP, is delayed and will be released next week. We will send it out to you all when it is available. The part of that guide that applies to mobile care setting will follow soon after.
- And this brings us to the discussion for the rest of the afternoon.
 - We need to decide how we will disseminate safe opening information widely to consumers, providers, payers and any other stakeholders
 - There are multiple groups continuing to produce multiple resources. These are valuable but overlapping and not readily accessible to any of the messaging target groups. And we want to be sure to use the lens of equity and inclusion in our messaging
 - The guidelines as they come out will be iterative to ensure they are inclusive, educational, and focused on reducing health care disparities
- We want to determine if there a role for this group to come together to coordinate a national messaging campaign that highlights the oral health industry working together as partners to improve oral health and reopen to continued safe care. The DentaQuest Partnership for Oral Health Advancement is interested in hearing specific ideas about this and want to facilitate this process.

B. Discussion

Dr. Minter-Jordan invited participants to share their thoughts about a national messaging campaign that addresses all of these points.

- I'm struggling with all of the communications from different groups. There is a lot of confusion re: what is required, what is guidance and what that means, what has force of law. I hear "best practices" and I shudder – whose best practices? Often standards are set that providers cannot meet. N95 masks are a good example of that. I have watched some very practical videos that are experiential that are far more useful, particularly for those who are not as literate around dentistry and safety protocols. It's critical to be clear in our messaging.

(Dr. Minter-Jordan) These are critically important points that need to be attended to in our messaging campaign. Part of what we need to do is name the voices that we need to include in the messaging campaign.

- Please do not forget children. The parents who bring children to our practices are the most nervous.

Mike Monopoli shared about the range of guidance that is forthcoming.

- We had thought the consumer guide would be available now; it's coming soon.
- The provider guide has a checklist for providing a safe environment while the consumer guide provides an overview of what patients – across the lifespan – should be looking for in the form of a checklist.
- We will follow up with a companion guide for mobile-based/school-based care.

Additional comments from the group

- When we break into groups, please remain mindful of the voice of the trusted messenger so that what we are trying to convey is heard and respected in each context.
- Folks who don't have the ability to access dental services in the best of times are even more disadvantaged because of the COVID situation. A consumer campaign may work well for those who typically access care, but we may need something different for those who are historically disadvantaged and underserved.

C. Campaign Mechanics

Dr. Minter-Jordan introduced Molly Fubel who leads the Dentaquest Partnership's communications work. Molly will give a brief overview of the mechanics of developing such a campaign and then we will break into small groups to develop your recommendations on the key elements of the messages most important to communicate.

Molly's key points included:

- For nonprofits, marketing is taking a look at using marketing principles to show value to change a perception or behavior. It may or may not be a purchase decision.
- For the campaign that is being considered, we are talking about reaching consumers and maybe providers, and maybe secondary audiences as well.
- We're aiming for reach and frequency. Integrated marketing campaigns use all sorts of methods to reach our audience – billboards, advertisements, conferences, social media, emails, and more. "Reach" and "frequency" are the gold standard measures.
- The steps to crafting a campaign are:
 1. Clarify the objectives of the campaign. I suggest those be drafted and then you circle back later to refine them after moving through the other steps.
 2. Articulate the audiences. Not just consumers, but which consumers, what demographics, regional considerations, etc. The same level of detail is critical for providers – which kinds of providers are we trying to reach and what are we asking them to do with the messaging?
 3. Define metrics. If we were to reach our objectives, how would we know? What are our goals for each? Metrics vary with the different types of messages
 4. Engaging an agency. Give high level direction but not too specific so that you leverage their expertise and creativity. Have multiple agencies pitch to you how they would – with reach and frequency – reach the audiences that need to be reached.
 5. Have a back-up plan. It could be essential given how things change with the pandemic. Sometimes purchases of advertising space (e.g., media, billboards) are not refundable.
- Lastly, I encourage you all to collaborate. You are all oral health related entities with common missions. In the world of advertising, cost is ratcheted up by competitors bidding on the same

space. Pay attention to the environment and timing to make sure you're not competing with yourselves.

One comment from the group was that it is important to consider how literacy impacts on the type of messaging we do. And emotions are a piece of the puzzle as well. Molly concurred that it is absolutely critical to leverage market research and knowledge about target audiences, including grade level, regional differences, demographics, and more.

D. Break Out Groups

Pat invited the participants to gather in small groups to focus on these two topics:

- List key elements that should be part of messaging to the public right now about their safety and importance of oral health to maintaining overall health.
- List ideas for how this group or specific members of the group can participate in the messaging campaign.

Key Elements

- Include the scientific piece that addresses how important oral health is to overall health – especially during the pandemic.
- In talking to the public, we should target those who are looking for assurance. Assure them that it is significantly safer to return to the dental office but be sure the assurance provided is accurate.
- Create a checklist for dental offices that consumers can use to confirm that dental offices have done all they can to ensure patient safety.
- Attend to literacy levels and languages.
- Create an audio version of any messages.
- Provide local inserts from trusted messengers.
- Use PSAs. Cable TV providers are required by law to provide PSAs. We can use PSAs to create a nationwide campaign that will not cost us money. They can be customized to the ethnic service provider in each area.
- Define the subject of the message clearly. Are we talking about rules? Recommendations? Are we looking to provide statements that make people feel comfortable going to the dentist? Instill confidence, relieve fear.
- This is a transformational time in many ways and provides us with an opportunity to aim the campaign to those most traditionally underserved within the oral health system, those who are more marginalized now due to COVID. Focus on this from the start.
- It's a complex message for high risk folks – safety issues are complex for those most at risk. Emphasize what prevention looks like (healthy mouth, healthy body). Ease them back into care. Include messaging about at-home preventative care and tele-health options.
- Reach out to non-dental providers to share the messaging, as well.
- Attend to the multi-generational aspects of messaging.
- Emphasize oral health as part of overall health, oral health as being at the forefront of infection control, and how oral health for those with chronic disease is particularly an issue impacting communities of color.
- Focus on moms – mom-to-mom messaging can be an effective option.
- Use high level statistics to drive behavioral change.
- Start with the message that oral health care should not be put off as part of overall health. And follow that up with messaging that is not focused on assurances that accessing oral health care

is safe, but rather with information about what oral health providers could and should be doing to make it safe so that consumers can make that determination themselves.

- Share the alternatives that dentists use that don't involve using a drill.
- Focus on who is delivering the message. We all know what it's like to be considered an expert. We should all share information with our members so they can share it within their networks of colleagues, family, and friends.
- There are surveys that indicate a range of feelings on the part of the public about how safe they feel about returning to the dental office. A reliable survey is needed.
- Patient protocol is important, and proper pre-screening of patients is also critical. Emphasize personal responsibility and safety with proper pre-screening for patients.
- Dental teams are not sure about best practices for their own protection. The need for communication among providers themselves is also critical.

How this group and/or members of this group can help

- Consider how we communicate with each different community. We each have different communities within our own stakeholder groups and those groups themselves can tell us what works best. Focus on how each receives information.
- Hazel was involved with HIV/AIDS universal precautions – this could be helpful to us now.
- Leverage group members as spokespersons
- Amplify one another's messaging
- Highlight oral health providers as frontline healthcare workers

VI. Close

Pat offered these two requests in closing:

- Anyone willing to volunteer to work with DQP and members of the Santa Fe Group on the development of the scientific content of a public messaging campaign, please let Mike Monopoli know.
- Please complete the doodle poll so we can determine if we will meet again on July 29 or July 30.

Dr. Minter-Jordan shared these closing remarks:

- Thank you for your time and engagement on this work. I especially appreciate the contributions of the new members.
- I want to acknowledge the effectiveness and collaborative nature of this group.
- We want to be honest with the public about safety issues and drive home the importance of oral health at the same time.
- We have the opportunity now to continue these conversations, to seize the opportunity that this disruptive transitional moment in the health care and oral health care systems offers to us.
- Keeping in mind the original purpose of this group: To gather key oral health system stakeholders to deepen relationships, build alignment, and develop priorities that will guide our individual, organizational, and collaborative action in creating economic and point of access stability in the oral health care system; and to begin to envision what the post-pandemic oral health care system will look like...we know we're not going back to where we were before. We can begin to be the change - this group is now poised to take on this important role - to envision and support the creation of a more equitable oral health and health care system.

- We need folks to be engaged in this campaign – please reach out to Dr. Monopoli to offer your assistance.
- Thank you to Pat for moderating us and keeping us on time!

VII. From the Chat

- From jane Grover : Special thanks and shout out to the NDA for their amazing COVID CE program a couple of weeks ago with a panel from NIH. Outstanding!
- From Steve.Kess : Who is representing the US National Oral Health Assoc ?
- From Manuel A. Cordero, DDS : Mitch Goldman gave the best synopsis of what the message should be: to clarify the message and differentiate between requirements and recommendations. That addresses the meaning of the message, but we need to get perspectives from each one of our group in order to utilize our cultural acumen and understand how messages are better disseminated in different cultural communities.
- From Edwin del Valle : We must continue to stress the importance of patients to exercise responsibility by practicing all preventive and safety health measures, to stay away from and protect themselves from COVID19. Most patients would need to receive some pre-dental visit orientation talk (virtually or over the phone). For their benefit, it is generally agreed in the profession that patients seeking elective aerosol producing dental care, should have a COVID19 screening test pre-operatively.
- From Manuel A. Cordero, DDS : Each group has their own way when it comes to communication.
- From jane Grover : How does literacy impact this ?
- From RADM Tim Ricks : According to the last ADA HPI webinar, 55% of consumers are "ready to go" back to the dentist, 8% are "recently active" at the dentist, 12% "would be willing to go back to the dentists, AS LONG AS A COMBINATION OF LOCAL OR NATIONAL MEDICAL AUTHORITIES, LOCAL OR NATIONAL GOVERNMENT OFFICIALS, AND/OR THE LOCATION I AM VISITING PROVIDED ASSURANCES IT IS SAFE TO DO SO," and 15% "would not be comfortable going back until there is an approved...vaccine and/or a proven medical protocol."
- From Ann Battrell : The words in all caps is the core issue about consumers choosing to receive oral care services or not. Not all practices are following CDC, OSHA, OSAP, ADA, ADHA guidance.
- From RADM Tim Ricks : 55% "ready to go back," 18% have seen a dentist, so 73% with no issues. 12% are assurance speakers, 15% "need a medical breakthrough." This is from the ADA HPI.
- From Steve.Kess : Thanks for clarifying the public attitudes around safety.
- From Alan - Nat Rural Health Assn. : Thanks Tim!
- From Ifetayo Johnson : We may need to also look at the ethnic breakdown of the survey. Are these folks who are going to nightclubs or those in nursing homes, urban or rural, specific ethnic groups?
- From RADM Tim Ricks : Thanks to DQ for setting this up!