

Oral Health System: Pandemic Response

Virtual Meeting

October 29, 2020

4:00-5:30 pm ET

Group Memory

Convenor:

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DentaQuest Partnership for Oral Health Advancement

Facilitator:

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I. Start-Ups

A. Welcome

Mike Monopoli welcomed everyone to the 8th pandemic response work group meeting.

It's good to see each of you each time we're together and to anticipate the lively discussion I know we will have. Each time we meet the nation is struggling – either with the ongoing public health crisis or our struggle to deal with systemic racism and social justice. Today we gather amidst a new surge of COVID-19 cases – 44 states reported rising numbers and nearly 90,000 new cases were reported in the US and sadly the death rate is edging back up. And the data continues to reveal disparities regarding COVID's impact on communities of color. The death rate among Black Americans is more than twice that of whites. The death rates for Hispanics and American Indian and Alaska Natives are also significantly higher. And all of this is a stark reminder of why we got together as a group last spring but also the importance of this work going forward.

We focused initially on safety and infection control at the start of our meetings together. We also identified a number of priority areas within the broader oral health system which demand long overdue solutions. And I believe this group is in the best position to build alignment on those needed solutions and make some real progress moving forward.

As an update, the CDC just let us know that their guidance on school-based health is in the approval process so they're expecting to deliver that soon. We can then work with OSAP and develop best practices soon after that. That's good movement forward.

Today we will spend our time reviewing a process proposal for how we can potentially move our work forward together, and we are excited to introduce some new members to the group as well that will diversify our membership and our thinking.

*Pat Finnerty reviewed the purpose of the effort and today's meeting (see below) and welcomed new members, below **in bold**. Each of them introduced their organizations and themselves. He also welcomed Al Yee to the group.*

B. Introductions

Participants

- American Association of Dental Boards (Tonia Socha-Mower, RDH, Executive Director; Robert Zena, DMD, President)
- American Dental Association (Jane Grover, DDS, MPH, Director, Council on Advocacy for Access and Prevention; Chelsea Fosse, DMD, MPH, Senior Health Policy Analyst, Health Policy Institute)
- American Dental Hygienists Association (Ann Battrell, MDSH, Chief Executive Officer)
- Arcora Foundation (Vanetta Abdellatif, President and CEO) Association of State and Territorial Dental Directors (Chris Wood, Executive Director)
- Delta Dental of Washington (Diane Oakes, MSW, MPH, Chief Mission Officer) 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; Hannah Cardosi, Administrative Coordinator)
- Henry Schein (Steve William Kess, MBA, Vice President of Global Professional Relations) National Association of Community Health Centers (Vicki Young, PhD, Chief

Operating Officer)**National Indian Health Board (Stacy Bohlen, CEO; Casey Long, Public Health Project Associate)**

- National Rural Health Association (NHRA) (Alan Morgan, MPA, Chief Executive Officer)
- Oral Health Progress and Equity Network (Ifetayo Johnson, MA, Executive Director)
- Oral Health Coordinating Committee/IHS/USPHS (RADM Tim Ricks, DMD, MPH, FICD, Chief Professional Officer)
- **Project Accessible Oral Health (Barbie Vartanian, Executive Director)**
- Santa Fe Group (Terri Dolan, DDS, MPH, President-Elect)

Unable to attend today's meeting

- American Dental Association (Marko Vujicic, PhD, Vice President and Chief Economist, Health Policy Institute)
- Association of Dental Support Organizations (Mitch Goldman, JD, MBA, Executive Committee ADSO and CEO of Mid-Atlantic Dental Partners, a Dental Support Organization)
- Dental Trade Alliance (Sarah Miller, MPA, Development Coordinator)
- Hispanic Dental Association (Edwin A. del Valle-Sepulveda, DMD, JD, President; Manuel A. Cordero, DDS, Executive Director)
- National Dental Association (Sheila L. Armstrong, DDS, President; Hazel Harper, DDS, MPH, Past President)
- National Dental Hygienists Association (NDHA) (Latisha Canty, RDH, Interim President)
- National Association of Dental Plans (Eme Augustini, Executive Director)

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
- Al Yee, former leader in health care, public health, and philanthropy; currently Senior Advisor to Community Catalyst Dental Access Project
- 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 build agreement on a path forward for the group and to create a process and timeline for making progress across a set of priorities.

E. Desired Outcomes

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

- An opportunity to welcome new members to the group
- A shared understanding of the process proposal for how to tackle the priority areas identified by the group, including how we will become grounded in the work underway across all the issue areas

- A list of possible adjustments to the proposed process
- Agreement on next steps

II. Pandemic Response Group Process Proposal

A. Process Proposal Presentation

Pat Finnerty opened this section of the meeting.

You will remember that prior to our last meeting we used the open space conversation methodology to identify and prioritize issues that you wanted to dive into more deeply. The six priority areas identified are:

- Understanding the root causes of the obstacles to achieving equitable oral health in the U.S.
- Addressing structural racism in the oral health system so that we can move toward structural equity
- Advocating for better oral health coverage in Medicaid and a dental benefit in Medicare
- Integrating oral health into overall health and amplifying interprofessional care
- Improving the availability of data and research by sub-populations to support better-informed policy decision-making
- Developing and deploying effective messaging about oral health

And then during the September meeting everyone participated in a small group discussion with others interested in a particular issue and learn more about it. And then each group made a case to the full group about why that particular issue should be one of the priorities to tackle in 2021. And through that process you all identified a number of priority issues to address in the coming year. Based on that, we have drafted a proposed process to guide the workgroup in this effort.

What we'll do now is review that process proposal that was sent to you all in advance of the meeting.

Dr. Jordan provided a high-level framework for the proposed process.

Thank you and it's great to see you all here. I am especially glad to see so much diversity represented here today. We had extensive discussion in our last meeting around the different directions we could go. And as we talked about equity and systemic racism, it was important for us to have that authentic discussion and to present it as a potential area of work for this group. As we reflected on those two topics, part of what we came back to was the need to incorporate those aspects into the other groups . . . rather than to have another group we would pursue . . . to incorporate that lens into the other groups that we will review with you shortly.

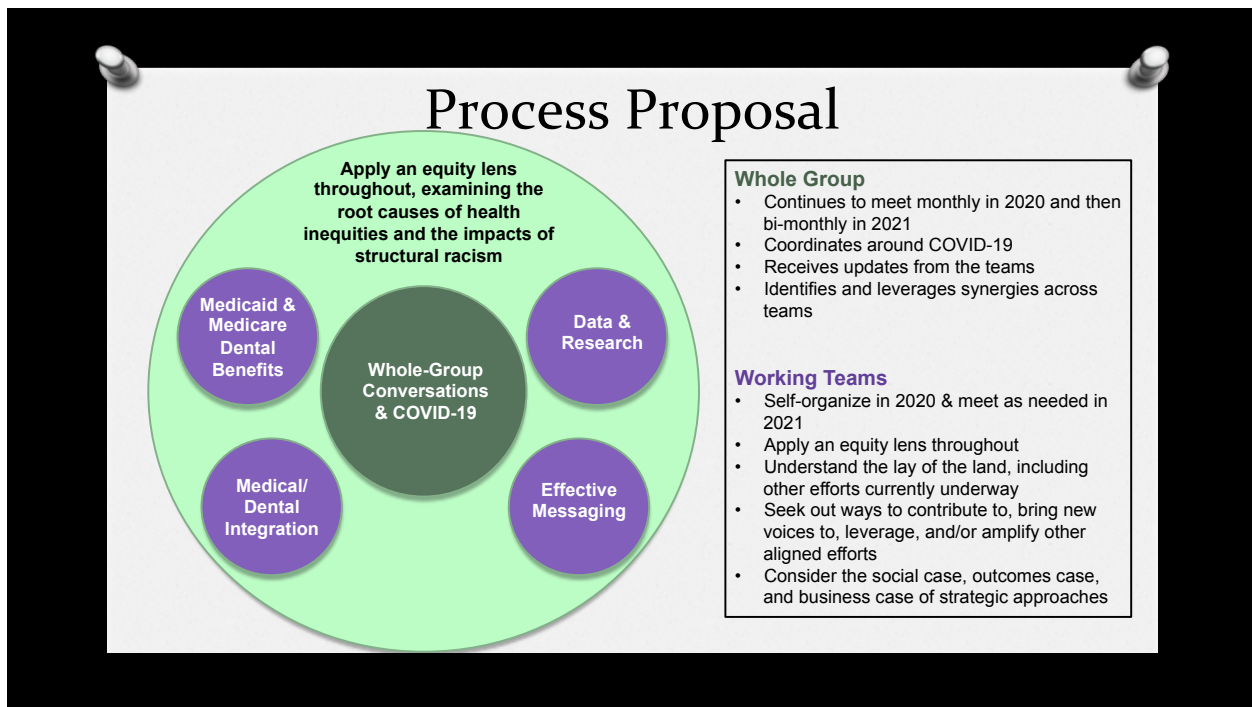
The rationale for that, as it is with anyone when presented with a massive public health issue, it's difficult to know where to begin. It's daunting. And part of what has held us back in many regards in our own respective organizations to really moving the needle as far as we could on equity and systemic racism is not knowing where to start, not feeling like it's a tangible thing we could get our arms around, and understanding that there are so many factors to it – both internal and external.

So, one of the things that I am hopeful will come out of our discussion today is that as we apply that lens to the discreet tactical areas that we will pursue, that we begin to come up with ways we can

measure our effectiveness. That as we pursue, for example, data and research, we broaden our lens to consider what are the systemic barriers to equity within that particular tactical area. You'll see what I mean as we get into the specific tactical areas.

And, as we break into small groups, I want us to think about how we integrate discussions around equity and system racism into each of those tactical areas. I think by doing so we will discover together how we can move the needle in each of those areas as it pertains to providing better access to oral health for all populations in an equitable and accessible way. I think you have to see the specific tactical areas we are talking about. Rather than have it be another bucket of work that feels insurmountable in some ways, let's put it into the context of it being how we can approach each of the issues that is important to us in each of our organizations, and how we can apply this lens. I think that with the diversity of this group, we will be able to do that.

Mike Monopoli reviewed the details of the proposal based on the details in the slide, with additional key points below.



Proposed:

- The whole group continue to meet monthly in 2020 and bimonthly in 2021, with conversations coordinated around COVID-19 and its impact on health and how we can be sure oral health care continues as an essential part of health care and that we continue to provide care in a safe environment.
- We self-organize into the four working teams to have the conversations we need to have. These are the areas that together we identified as the most important areas.
- Integral to all of the work of the teams is that we apply an equity lens and examine the root causes of health disparities and structural racism as we develop plans and solutions.

- As we work into 2021, every other month the group will meet as a whole and hear updates from the teams...allowing the teams to identify and leverage synergies across each other so that we can create the whole.
- For the remaining monthly meetings in 2020 we focus on and bring in content experts to review the environment and get the lay of the land for us so we are all centered on what is happening in the environment and have that as a common starting point.

The teams will self-organize in 2020 and start to meet in 2021, apply an equity lean throughout, and look at efforts already underway so we are not duplicating those but rather leveraging and amplifying those other aligned efforts. As we consider what the issues are and the potential solutions, we consider them from the point of view of the social case, the positive outcomes case, and the business case and strategic approaches of what we're considering.

Dr. Jordan commented further.

What I want to convey, as we think about applying the equity lens and root causes, the goal of that as we pursue these four areas is to ensure we are inclusive in our thinking and therefore more impactful in our work. As an example, if we think about Medicaid and Medicare dental benefits, if we were to solely think about them in their current form, without thinking about what are some of the systemic issues that impact people of color and underserved communities as it pertains to actually taking advantage of those benefits, then we are missing a big part of what we are trying to do. So, part of what I am hoping you come away with as we think about applying this lens of equity and structural racism is that it will allow us to have the impact we intend to have in really shifting the system. It's the same with effective messaging. If we create messaging that doesn't reach a significant portion of the people we intend to reach because it does not take into account the different cultural traits or different aspects of communicating with underserved populations, then we're missing the people we intend to engage and empower in the work. The same with medical/dental integration. When we think about populations and how to get them to engage with a medical/dental integrated team, as we think about the different components, whether or not that's incorporation of social drivers or social determinants of health in the design of medical/dental integration, then again we're failing and missing out on the larger impact we could have if we took that lens. So I want to make sure we understand and agree upon the fact that while this is the right thing to do, there is a larger case to be made around impact and there is a larger case to be made around the business case of ensuring that the resources we expend in each of these four areas really reach the impact we intend them to have.

While I understand there have been sensitivities in the past or reluctance in the past or just not being clear on how to pursue these issues with that lens, I think as we crystallize the work in these four buckets, that we can get to that if we have authentic conversations but also understanding that it will help us in terms of our business and our organizations in really reaching the impact across the board for all of the stakeholder groups that we intend to engage with.

Pat Finnerty lifted up a few additional details.

- Re: the working teams – we are thinking that folks would join them as you feel called to do so. Some may want to join one or more than one team.
- Team members have the option of identifying one or two others within the organization that have content experience to participate in the team meetings.
- Our sense is the teams will be forming over the next couple of months.

- We also thought that each team would need to decide on a convener to coordinate, host the calls, and provide some in-kind staff support to the team to keep the machinery of the team going, and the convener could rotate
- The idea of the “lay of the land” is that it is important to have advocates and experts in all of these areas come to the full group meetings in November, December, and January and provide some background to a lot of the work that is already going on in these areas. And bring to you all things like who the stakeholders are who are engaged, policies and legislation that may already be pending, opportunities and challenges that they believe are things we need to be addressing. Structural racism and other root causes causing obstacles to equitable oral health, that’s central to all of these so that will be part of all of these discussions and we think we can bring some expertise in those areas as well to the group so you are starting with some level setting from which your efforts can launch.

B. Process Proposal Feedback

Pat explained that there will be four breakout groups – formed randomly – to consider together this process proposal by considering these questions:

1. What do you like about this proposal and what adjustments would you recommend?
2. We’re going to be conducting the proposed work through the lens of structural racism and root causes of health inequities. Are there *other* lenses we should also be using during our work?
3. How do we specifically address racism and equity in our work and what measures might we need to gauge our impact?

Breakout Group Report: Group One

Alan, Ann, Barbie, Casey, Chelsea

- We are seeking clarification re: overall goal, what we’re collectively trying to achieve
- Who is the audience for whom we are doing this work – may vary by topic
- What is the product for each of the areas or the overall group?
- How much of the work is still driven by COVID and how does COVID fit into each area?
- Is there any flexibility once the groups convene to tweak as they see fit based on their organizational priorities and what they know they can work on together cohesively?
- The messaging strategy we think overlays well into all of the strategies – how might this play out?
- Folks may want to bring in other members of their teams who are more well-versed in one of these areas – wondering how big the teams can get and at what point they are not manageable.
- With some strategies, there might be lack of alignment re where our organizations see this work going and what’s possible in alignment with our organizational priorities.
- We loved how it was stressed that there should be opportunities to bring in other voices – experts and champions.
- Re: question #2 – There are a few communities we want to name to make sure we bring their lens in as well: disability, rural populations, American Indian and Alaskan Native communities, and a few others potentially – all disproportionately affected by COVID.

Pat mentioned that Al Yee is joining the staff team on this effort and bringing his expertise in community voice. And also, that what is raised in these group discussions will be considered by our team and then the proposal will be revised and recirculated.

Breakout Group Report: Group Two

Chris, Ife, Jane, Mike, Admiral Ricks

- Question: Is this really COVID focused or broader than that? COVID has impacted all areas but these issues were here before and will be after, so we assume larger than COVID.
- Talked about how the political climate will impact this work – depending on the outcome of the election, we could be going in very different directions.
- We think it's important to analyze who in this group was able to move the needle in these specific areas. Some people may be limited in what they're allowed to do, or because of organizational structure may not be able to jump in and do certain kinds of work without approval from their full membership.
- We want to be sure to build in opportunities for cross-fertilization between the groups – make sure there is time for groups to work together (e.g., how the messaging and communication group will impact all other groups).
- In terms of the lenses, we talked about some perspectives that are critical to bring to the table including consumers, moms, aging population, business – especially small businesses so badly affected by COVID - and the “next generation.” Most of us in this group are more mature and we need those who will be decisionmakers 10-15 years from now not just those making decisions now.
- #3...not 100% sure what measures need to be in place. Maybe build off Healthy People 2030 measures, the new ten essential public health services that have an emphasis on health equity, and OPEN is developing a health equity checklist that might be useful to incorporate into our work.

Breakout Group Report: Group Three

Dr. Jordan, Robert, Stacy, Steve, Diane

- Need to look back at the work we've done and understand where we've done well and where we failed or had challenges. Our biggest mistake was not bringing the equity lens in earlier, particularly as relates to COVID-19 but also more broadly.
- Another lens is voice of consumers, the community, to make sure initiatives we create are sustainable and have a business case.
- Need to understand the changing political, judicial, and regulatory environments.
- We need bring in promising initiatives and best practices.
- We need to understand where decision-making lies as well as indecision, and how we can help clarify messaging.
- #3 – acknowledge systemic racism and inequities existence and adjust our tactics based on the data and understand that there will be qualitative and quantitative measures, creating benchmarks and understanding what other benchmarks have been established, and measure our own inclusivity within our work and get external perspectives on how our work is advancing in terms of systemic racism and equity.

Breakout Group Report: Group Four

Terri, Tonia, Vanetta, Vicky

- We like the equity lens - very important. And we have some concern that some people may need a support tool or other assistance – have different levels of comfort or expertise re: what it means to look at things through an equity lens so it might be helpful to have a tool or some other validation re: how we apply that framework in this context.

- Strategies – all very important and also large projects...especially about effective messaging about oral health. Underpins first three.
- Need to know who is doing what in each space – many others already working on these topics – so we can leverage that work and learn from each other.
- Working teams – appreciate the need for them and like the idea of adding people to bring in expertise, but also feel it's important people stay engaged so we have continuity in the thought process.
- We have some concerns that as we break out, given how we've benefitted from having such great facilitation and project management, if we lose that or have to organize our own support it might hinder our progress. We can perhaps have project management in the aggregate as a way of keeping track of what each team is working on.
- This represents a significant work plan and want to make sure there are appropriate resources available so we can make progress in each of the areas and get the work done in a timely and effective way.

C. Final Comments re: Process Proposal

Dr. Jordan clarified.

We clearly are not moving away from COVID-19. All four areas are relevant in the context of COVID and given the second wave, the never ending wave, and the rising infection rates and colder weather (at least here on the east coast), we expect to see the numbers rise so we do have to think about each of these areas in that context. This may shift over time – we're all hopeful that it will – but we need to work in that context in each of the four groups.

From the Chat

From Ife Johnson: Perhaps we should include research on the impact of good oral health on COVID prevention, treatment, and recovery. This may prove to be an important inroad for integration of care.

Mike Monopoli added that this is the feedback we wanted to get.

We do understand it is a major activity and are assembling staff support for this effort and want to encourage you to do the same. We'll take your questions and comments and circle back with a set of responses as we work to support the work going forward.

Pat Finnerty added...

Some groups mentioned the type of content that is exactly what we think the "lay of the land" efforts will address around what's been done before and current activities. We can bring this to you all as a full group in November, December, and January – giving us all some level setting. The voice of the consumer is AI's expertise and we will further develop that as we move forward. Lastly, some folks feel they may need some support on addressing structural racism and equity issues, that there are different levels of comfort for people. We see that everywhere – that different people are at different places – and again that's the kind of thing we can really help with in the lay of the land discussions we are planning.

From the Chat:

From Jane Grover : What do United Way, Salvation Army and Head Start have to say about oral health?

From Jane Grover : School Based Health - what are the schools seeing now with COVID ?

From Ann Battrell : define audience and develop "elevator speech" that describes our purpose and outcomes. This will be needed as we go back to our respective organizations

From Stacy Bohlen NIHB : how do we measure success?

Steve Kess posed this question:

Will there be an opportunity for other organizations to present to this group over the next three months so they can share what else is going on to foster organized collaboration?

(Pat) This is just what we are planning with the presentations...to talk about things that are going on in these topical areas and about structural racism and equity. We'll identify organizations that are doing work in these areas so we're all aware of that.

(Mike) And we'll reach out to you for advice about who that could be.

Steve Kess suggested:

It might be good to do a survey to find out who the groups are that are working in these areas so the leadership group of this program can consider those options.

III. Next Steps and Close

A. Closing Comments

Pat reiterated that we will process all of this input and make some adjustments to the proposal and recirculate that to you.

Dr. Jordan thanked everyone for their engagement and leadership.

This work is not for the faint of heart as they say but I think the work we've been able to do together and the collective voices are stronger than the individual ones. And as we move forward in this work we will obviously depend on your leadership, but I think the level of engagement we've had today and quite frankly that we've had at every meeting always surpasses our expectations. If there are additional things you need from us, we want to make sure you have the resources you need in order to move forward with these work groups. We look forward to communicating with you all in the coming days and weeks and really getting organized to get ready for 2021. And, most importantly, stay safe and make sure if you haven't already voted that you do so and encourage everyone to do the same. This is a critical time in our country and we need everyone's voice.

IV. Appendix

A. Pandemic Response Workgroup Process Proposal for 2020-2021

While the Pandemic Response Workgroup (PRW) came together for precisely the reason imbedded in its name: to respond to the safety and infection control challenges imposed by the COVID-19 pandemic, it has become clear that this group is well-positioned to take on a broader agenda, including elements of the much-needed oral health systems change work.

We saw at our September meeting that there is interest in broadening our focus to include six topics. Four of these are specific tactical or advocacy strategies, and the remaining two are more foundational.

The tactical/advocacy strategies are:

- Advocating for better oral health coverage in Medicaid and a dental benefit in Medicare

- Integrating oral health into overall health and amplifying interprofessional care
- Improving the availability of data and research by sub-populations to support better-informed policy decision-making
- Developing and deploying effective messaging about oral health

The underlying foundational issues are:

- Understanding the root causes of the obstacles to achieving equitable oral health in the U.S.
- Addressing structural racism in the oral health system so that we can move toward structural equity

This proposal outlines how we might do this work together in the coming year. Basically, we would form ourselves into four working teams, one for each of the tactical or advocacy strategies. We would undertake our work in those teams with an intentional approach that considers the two foundational issues – the impact of structural racism and the root causes that are obstacles to achieving equity in oral health. We would also continue to meet periodically as a whole group.

Working Teams

We propose that there be four (4) Working Teams, one for each of the tactical/advocacy strategies.

Formation

Each Working Team would be made up of those interested in contributing to the work on the specific issue. Some people will want to limit their efforts to a single team, and some might want to join more than one. Team members have the option of identifying one or two others within their organization with content expertise to participate in the team meetings. The teams would form over the next two months, by the end of 2020.

Each team would:

1. Decide on a convener from among the team members who would handle the basic duties of getting everyone together, hosting the calls, and providing in-kind staff support to the team, if possible
2. Rotate the convener role periodically as the team sees fit
3. Determine a meeting schedule
4. Make a plan for diving into the work

The Work

We propose that each Working Team approach its work as follows:

1. Identify key stakeholders to consult with to understand current activity within the eco-system of organizations, community groups, and experts already working on the issue.
2. Seek out ways for the team or your respective organizations to contribute to, bring new voices to, leverage and/or amplify these efforts.
3. Apply an equity lens to the work of examining the particular tactical approach or strategy: How do structural racism and the root causes of oral health system inequities operate in this arena, leading to disparities and poor outcomes? How can these forces be countered?
4. When discussing possible approaches and actions, consider whether there is a “social case,” an “outcomes case,” and a “business case” to be made.
5. Report back progress periodically to the whole group, including when there are opportunities for members of the larger group to engage in the work of the team.

6. Create a proposed action plan for advancing this tactical approach or strategy and share it with the larger group.

Getting the Lay of the Land

We propose to invite advocates, activists, and experts in each area to present at the November, December, and January meetings of the PRW. The presentations will cover “the lay of the land” for each topic, i.e., work currently underway, stakeholders engaged, pending policies and legislation, and opportunities and challenges anticipated in the coming year. In addition, we will explore how structural racism and other root causes create obstacles to achieving equitable oral health in the U.S.

These “getting the lay of the land” sessions would happen in parallel with each of the Working Teams forming and organizing themselves.

The Whole Group

The PRW as a whole will continue to meet every other month in 2021 (January, March, May, July, September, November) to:

- Coordinate around the evolving challenges of COVID-19
- Learn about progress, challenges, and opportunities for engagement from each of the Working Teams
- Respond to other challenges in the field as they may emerge

B. Notes submitted by Group 1

1. What do you like about this proposal and what adjustments would you recommend?

- Remaining Questions
 - What is the overall goal? What are we collectively trying to achieve?
 - Who is the audience for the work we’re doing? Policymakers? Public? Industry?
 - How do we measure what we’re doing?
 - What’s the product?
 - How much of this is still driven by COVID? Where does COVID fit into the strategy areas?
- Strategies
 - Effective messaging: This should be incorporated into all of the strategy areas
 - Is there any flexibility?
 - Challenges: Need to involve other team members from each of our organizations with expertise in these areas. How big will we get? Does it become not manageable?
 - Potential lack of alignment among the workgroup organizations on how to approach each strategy area
- Pros
 - Opportunities to bring in other voices, bring in experts/champions

2. We’re going to be conducting the proposed work through the lens of structural racism and root causes of health inequities. Are there other lenses we should also be using during our work?

- Many communities have had longstanding (oral) health inequities that were just brought to light with COVID
 - Disability community
 - Rural populations

- American Indian and Alaska Native communities (dental therapy - dental team members from the community with shared experience and cultural understanding)
- *Importance of cultural competency*
- Gender inequality in workforce, economics
- How do you operationalize a racial equity (or any equity) lens? Awareness is the first step, and a giant leap. Knowledge, education.
- Who should we be talking to? How do we get it to resonate?

3. How do we specifically address racism and equity in our work and what measures might we need to gauge our impact?

- What measures can we take from other professions that have already tackled this work. (Education, public health)
- Who is our target, our audience? Who is it we're setting out to impact?
 - Workforce (dental team, dental education)
 - Underserved populations