Oral Health System: Pandemic Response Working Group
Virtual Meeting
April 21, 2021
4:00-5:30 pm ET

Group Memory

Convenor:
Michael Monopoli, Vice President, Grants Strategy
CareQuest Institute for Oral Health

Facilitator:
Patrick Finnerty, Strategic Advisor
CareQuest Institute for Oral Health

Content Manager:
Sara Oaklander, Interaction Institute for Social Change

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I. Participants

A. Pandemic Response Workgroup

The following Pandemic Response Workgroup participants were present at the meeting.

Name	Organization
Vanetta Abdellatif, MPH	President and CEO, Arcora Foundation
Ann Battrell, MDSH	Chief Executive Officer, American Dental Hygienist Association
Latisha Canty, RDH, MS	President-Elect, National Dental Hygienist Association
Gregory Chavez	Chief Executive Officer, Dental Trade Alliance
Manuel A. Cordero, DDS, CPH, MAGD	Executive Director & Chief Executive Officer, Hispanic Dental Association
Terri Dolan, DDS, MPH	President-Elect, Santa Fe Group
Chelsea Fosse, DMD, MPH	Senior Health Policy Analyst, American Dental Association Health Policy Institute
Jane Grover, DDS, MPH	Director, Council on Advocacy for Access and Prevention, American Dental Association
LaVette Henderson	Executive Director, National Dental Association
Ifetayo Johnson, MA	Executive Director, Oral Health Progress and Equity Network
Steve Kess, MBA	VP, Global Professional Relations, Henry Schein
Sarah Miller, MPA	Director of Philanthropy and Foundation Operations, Dental Trade Alliance
Mike Monopoli, DMD, MPH, MS	VP, Grants Strategy, CareQuest Institute for Oral Health
Alan Morgan, MPA	Chief Executive Officer, National Rural Health Association
Colin Reusch	Senior Advisor, Oral Health Policy, Dental Access Project Community Catalyst
Tonia Socha-Mower, MBA, EdD	Executive Director, American Association of Dental Boards
Emily Stewart	Executive Director, Community Catalyst
Barbie Vartanian	Executive Director, Project Accessible Oral Health
Christine Wood	Executive Director, Association of State and Territorial Dental Directors
Robert Zena, DMD	President, American Association of Dental Boards

The following Pandemic Response Workgroup participants were unable to attend today's meeting.

Name	Organization
Pamela Alston, DDS	President, National Dental Association
Eme Augustini	Executive Director, National Association of Dental Plans
Stacy Bohlen, CEO	CEO, National Indian Health Board
Edwin A. del Valle-Sepulveda, DMD, JD	President, Hispanic Dental Association
Susan Flores	Senior Policy Coordinator, California Pan-Ethnic Health Network
Mitch Goldman, JD, MBA	Executive Committee, Association of Dental Services Organizations, and CEO, Mid-Atlantic Dental Partners
Hazel Harper, DDS, MPH	Past President, National Dental Association
Casey Long	Public Health Project Associate, National Indian Health Board
Myechia Minter-Jordan, MD, MBA	President and CEO, CareQuest Institute for Oral Health

Diane Oakes, MSW, MPH	Chief Mission Officer, Delta Dental of Washington
RADM Tim Ricks, DMD, MPH, FICD	Chief Professional Officer, USPHS, OHCC, IHS
Marko Vujicic, PhD	Chief Economist and VP, American Dental Association
Vicki Young, PhD	COO, South Carolina PHCA and member of National Association of Community Health Clinics

B. Strategic Advisors and Staff

- Marcia Brand, PhD, former Deputy Administrator, Health Resources and Services Administration
- Hannah Cardosi, Administrative Coordinator, CareQuest Institute for Oral Health
- Brenda Cocuzzo, Executive Assistant, CareQuest Institute for Oral Health
- Patrick Finnerty, former Medicaid Director for the Commonwealth of Virginia
- Dora Hughes, MD, MPH, Associate Research Professor, GWU Milken Institute School of Public Health and former Counselor for Science and Public Health, Department of Health and Human Services
- Marianne Hughes, former Executive Director, Interaction Institute for Social Change
- *(Not in attendance)* Kristin LaRoche, Vice President, Public Relations, CareQuest Institute for Oral Health
- Laurie Norris, JD, former Senior Policy Advisor for Oral Health, Centers for Medicare & Medicaid Services
- Bianca Rogers, PRW Working Teams Coordinator and Medicare Policy Advisor, CareQuest Institute for Oral Health
- Al Yee, MD, MPH, Senior Advisor to Community Catalyst Dental Access Project and leader in health care, public health, and philanthropy

II. Start-Ups

A. Welcome

Mike Monopoli welcomed everyone to the meeting and thanked everyone for being here today. It's been a year since we first met. It's been an unbelievable year. We came together to support a unified voice during the pandemic. At the time, we didn't realize oral health care would be shut down for a good period of time, that oral health providers would be considered nonessential, and that we'd be asked to donate our PPE back to the health care system. Through all of that, we've worked toward oral health professionals being thought of as essential providers and toward a safe reopening of dental care...even as we worried how it all would work out. Luckily and with a lot of hard work, we've opened back up safely and we're working toward being able to provide full access to care. We saw the development of multiple vaccines quickly, worked to assure that dental professionals were included in the early priorities to be vaccinated across the country, and worked to develop our role vis-à-vis the public in supporting equitable access to care during the pandemic.

We've participated in collective action – wrote a joint letter advocating for the PREP Act to include oral health professionals. We saw a change in the Administration in Washington D.C.

and opportunities emerging from that. Shortly we'll hear an update on what's happening on the federal level. We can now continue to focus on the pandemic and on supporting equitable access to care and to the vaccine for the entire population and to envision a post-pandemic oral health environment.

B. Purpose of the Effort in 2021 and of Today's Meeting

Pat Finnerty also welcomed everyone and introduced Bianca Rogers, a new member of the staff who will be working with us in support of the Working Teams. She is new to this effort, but she has been playing a key role in supporting the oral health network over the years.

The purpose of today's meeting is to continue our work in collectively monitoring the impact of COVID-19 in the country and on the field, learn how one of our participating organizations centers health equity in their work, and (finally) to launch the Working Teams.

C. Desired Outcomes

Pat reviewed the desired outcomes.
By the end of the meeting, the group is expected to have:

- An opportunity to welcome new participants
- An update on COVID-19: Vaccine rollout, dental teams' involvement, and issues concerning the virus variants
- An opportunity to learn from the National Rural Health Association and how they center health equity in their work
- An update on the Working Teams: content areas, participation, and launch
- Agreement on next steps

III. Biden Administration and COVID-19 Updates

Marcia Brand and Dora Hughes presented.

A. COVID-19 Health Equity Taskforce: Second Meeting – April 9, 2021

- Dr. Marcella Nunez-Smith convened the Task Force to discuss the Administration's **whole-of-society** approach to mitigate health inequities caused by or exacerbated by the COVID-19 pandemic and for preventing such inequities in the future.
- Meeting specifically covered **vaccine access and confidence**.
- HHS Secretary Becerra shared his commitment to health equity, **"equity will be a part of everything we do at HHS."**
- Three presentations:
  - Equity in COVID-19 Vaccinations: Understanding and Addressing Gaps
  - Achieving Health Equity for Asian American and Native Hawaiian and Pacific Islander Communities
  - Equitable Vaccine Access for People with Disabilities
- Short-term and long-term recommendations focused on:

- How federal agencies, and State, local, Tribal and Territorial officials can **best allocate COVID-19 resources to improve health care access and quality care** to appropriately **address inequalities related to vaccines' access and acceptance;**
- Coordinating across federal agencies, State, local, Tribal and Territorial governments and Black, Indigenous, People of Color (BIPOC) communities to **advance culturally responsive communications** that are sensitive to their concerns about COVID-19 vaccines in ways to improve equitable access an acceptance rates

- **How to advance cultural competency, language access, and sensitivity towards Asian Americans and Pacific Islanders** in the context of addressing structural drivers of xenophobia, racism, and discrimination against Asian Americans and Pacific Islanders; and improving COVID-19 vaccines' access and acceptance within the communities; and
- **Expediting data collection for communities of color and other underserved populations**, and identifying data sources, proxies, or indices that address data shortfall and other foundational data challenges, including those related to data intersectionality that must be tackled in order for the nation to better prepare and equitably respond to future pandemics.

B. FY 22 President's Budget Request Analysis – Some Key Provisions

Information from the President's "Skinny Budget" was shared; the President's full budget request is expected in June.

- HHS budget request - $131.7 billion, a 25% increase from 2021 enacted level
  - Increased funding for CDC - $8.7 billion to "restore capacity" – **support for core public health capacity improvements in states and territories**, modernize public health data collection nationwide, train new epidemiologists and other public health experts, and build international capacity.
  - **Expands on mental health services** included in the American Rescue Plan of 2021 by including $1.6 billion for the Community Mental Health Services Block Grant (doubles 2021 level), expanding suicide prevention activities, support those involved in the criminal justice system, resources to partner mental health providers with law enforcement.
  - $905 million for ASPR's (Assistant Secretary for Preparedness and Response) **Strategic National Stockpile** (pharmaceuticals and medical supplies).
  - **$51 billion for NIH.**
  - **Investments to help end the opioid epidemic** - $10.7 billion, an increase of $3.9 billion; supports research, prevention, treatment and recovery services; targeted investments for populations with unique needs, including Native Americans, older Americans and rural populations.
  - **Support for rural health** – through HRSA, increases funding to help rural health care providers stay open, increases funding for rural residency programs, ensures coal miners and families receive health benefits, increases to support the number of individuals from rural communities who go into health care and return or stay in their communities to provide care.

- Advancing Equity
  - **In higher education** – increased support for HBCUs, TCUs, MSIs, low-resourced institutions and community colleges; $100 million to increase participation in science and engineering of individuals from racial and ethnic groups who are underrepresented in these fields.
  - **Broadband** – Increase by $65 million over 2021 enacted level for Reconnect, the Rural e-Connectivity Program, and prioritizing tribal lands.
  - **Social Determinants of Health** – Requests a $150 million increase over the amount enacted in 2021 for the CDC's program to support all States and Territories in improving health equity and data collection for racial and ethnic populations.
  - Veterans Affairs
  - Requests $113.1 billion in discretionary funding for the VA; requests $111.3 billion in advance appropriations for VA medical care programs in 2023. **Support for critical health care improvements, addressing racial disparities, modernizing IT, investing in research critical to veterans' health needs.**

C. FCC Announces Round 2 of COVID-19 Telehealth Program

- The application portal opens April 29
- Round 2 of Telehealth Program will provide an additional $249 million to support health care providers in all 50 States, D.C., and Territories.
- www.fcc.gov/covid19telehealth
- Builds on the $200 million program established as part of the CARES Act.
- FCC's COVID-19 Telehealth Program supports efforts of health care providers to continue serving their patients by providing reimbursement for telecommunications services, information services, and connected devices necessary to enable telehealth during the COVID-19 pandemic.

D. Biden Administration HHS Nominees

Secretary Xavier Becerra (confirmed)

- Former AG (CA)
- Former Congressman

Deputy Secretary Designate Andrea Palm

- Former Secretary of Health (WI)
- Former senior HHS official in the Obama Administration

CMS Administrator-Designate Chiquita Brooks-LaSure

- Former CMS official
- Former OMB official
- Former Ways and Means Staff

Assistant Secretary for Preparedness and Response Nominee Dawn O'Connell

- Former HHS official
- Former Director of the Coalition for Epidemic Preparedness and Innovation (CEPI)

E. Highlights of American Rescue Plan Funding

Dept of Health and Human Services (DHHS)

- $7.66 billion Public health workforce (includes community-based workforce)
- $8.5 billion Vaccines ($2.2 billion for equity)
- $47.8 billion Testing and tracing
- $3 billion SAMHSA block grants
- $1.434 billion Older Americans Act
- $7.6 billion Community Health Centers
- $39 billion Childcare ($17 billion in block grant)

Non-DHHS Funds

- $195.3 billion States and D.C. ($500 million minimum)
- $130.2 billion Cities, metropolitan areas, towns (cannot be used to lower taxes)
- $1.5 billion USDA/SNAP administration
- $122.7 billion Education/Schools

It's worth attending to ways we might benefit from these funding streams and also to monitoring how the funds are being administered and spent.

F. COVID-19 Vaccination Rollout and Issues, Role of Dental Teams, Virus Variants

Mike Monopoli presented…

- We're averaging 3 million vaccine shots/day.
- 212 million shots have been delivered.
- Vaccinations opened to adults 16 and older in all 50 states as of April 19. Hopefully, more people will seek vaccination.
- Still working on the role of oral health professionals as vaccinators – the ADA's Code Maintenance Committee has created the CDT codes for payment and there is more going on with that, including questions about how billing will be prepared.
- Figuring out which vaccines are most practical for administration in dental offices – e.g., one dose and those that don't need deep cold storage; however, there was that setback with Johnson & Johnson still playing out
- Vaccination hesitancy is an issue – could have an impact on reaching herd immunity. We can consider what role we can play in countering that – collectively and individually
- Dental schools and societies have been offering training for dentists as vaccinators – we can volunteer now at mass screening sites (dentists are protected through the PREP Act and through state regulation in all states and dental hygienists are protected in some states). There are also on-line courses available for the training.
- Working to promote access to the training and certification, and on mobilization to allow oral health professionals to be vaccinators.

- A disappointment to us in our collective action was that we asked for both dentists and hygienists to be listed as vaccinators, but so far only dentists have been at a national level. Ann will give us a further update on how efforts on behalf of dental hygienists are going.

Ann Battrell shared the letter that was sent by the ADHA when we learned hygienists were not included in the PREP Act. We asked the amendment to be reconsidered before released and that did not happen; however, we did get a response to the letter from HHS pretty quickly, promising to consider the issue. Beyond this there has not been further response about an 8th amendment to the PREP Act. We're still looking for further advocacy to get dental hygienists included.

Mike continued….

- Now that vaccines are more widely accessible and getting into arms, what does the group think about making more information for the public about oral health impacts of vaccination, and input on information for the public on oral health and COVID? Is this another collective action we should take?

Discussion and Questions

(Alan) Ann, The NRHA is happy to do a joint letter with your association if you see value in that. All of the research from the US Ad Council indicates that health care practitioners have the greatest chance to overcome vaccine hesitancy. Later this week, hopefully, we'll be releasing survey results from our survey of US hospital staff. The results are jarring. Roughly 25% of the nation's rural hospitals have less than 50% of their clinical staff vaccinated. That is a recipe for bad things to happen in rural communities. So all of us need to get this going.

Q. What are the chances of the requested funds actually being appropriated?
A. This is a preliminary request from the president, signifying his priorities. The Congress will go through their process. We are hoping to have a more complete president's budget by June. The priorities are shared, at least, so we are hopeful.
A. There is a decent chance for budget increases but maybe not quite at the level the President is requesting. Some states have not finished spending their CARES Act funding, which may also play a role.

From the Chat

- From Vanetta Abdellatif *she | her* : Do you know if these funds, in general, can be used for capital expenditures too
- From Teresa (Terri) Dolan (she, her) : Is the American Rescue funding in addition to the funding through the typical budget process?
- From Dora Hughes : It depends on the funding stream. For e.g., schools can invest to retrofit some of their ventilation systems. A few groups are starting to look closely at the RFAs to learn the specifics and we will share those analyses when they come out.

- From Dora Hughes : @Terri, yes, potus budget is separate from ARPA
- From Christine Wood - ASTDD (she/her) : This is the proposed budget but it has not been voted on yet?
- From Dora Hughes : @Christine, correct.
- From Vanetta Abdellatif *she | her* : Thanks @Dora, makes sense.
- From Teresa (Terri) Dolan (she, her) : Thanks!
- From Christine Wood - ASTDD (she/her) : What are the chances of the requested funds actually being appropriated?
- From Jane Grover : Was oral health ever specifically mentioned as an important aspect of health equity?
- From Jane Grover : Like adult dental Medicaid benefits which are often viewed as "optional"?
- From Marcia Brand, CareQuest Institute for Oral Health : Not that I saw in my reviews. This is a preliminary budget; more later.
- From Laurie Norris : Re CDC funding, at a recent meeting with a Maryland Congressman he noted that the President's budget increases the CDC budget by about 25%. It's a high-level budget though, so no indication as to whether any of that would go to the Oral Health Program.

IV. Health Equity and Racial Justice

Alan Morgan of the National Rural Health Association (NRHA) presented. He explained that he is using the framework presented last month by Dr. Cara James … to help us track the extent to which our organizations are on track in advancing health equity goals.

About the NRHA

- Improving the health of the 62 million who call rural America home
- NRHA is non-profit and non-partisan
- NRHA: #ruralhealth
- Alan: @Amorganrural

Framework to Achieve Health Equity

Alan commended Dr. James for this eight-point framework for how all organizations can examine what we're doing in terms of health equity to make sure we're on track.

1. Making health equity a priority

For more than 27 years, the NRHA has conducted the National Rural Health Equity Conference. This conference (the only one of its kind in the nation) focusing on health equity issues in rural America. Eventually changed it to multiracial/multicultural conference and now it is what it is: National Rural Health Equity Conference.

2. Strengthening the role of leadership

We worked to get funding for rural leadership and were not successful so created that ourselves: the National Rural Leadership Foundation. Have increased the funding by 12-18% each year. Use the funds for scholarships for conferences and events and to provide tools and resources to future leaders through our Rural Fellows Leadership Program.

3. Engaging communities through humble inquiry

The NRHA does not just collaborate with the broad spectrum of rural health care interests – in fact, NRHA *is* the broad spectrum of rural health care interests. We are member-driven and geographic-based.

4.Supporting data infrastructure and analysis

We publish the Journal of Rural Health – the world's preeminent scholarly journal on rural health. The spring issue has free access to anything COVID-related. Specifically, there is a hospital closure crisis – more than 135 rural hospitals have closed over the last decade. The assumption is that this is because rural populations are getting older and it's fee-for-service…but that's not the case – those are not the places where we are seeing the closures. Instead, the closures are mostly clustered where there are populations of BIPOC residents. There is a racial component to this. It's not because of dwindling populations. And this is why all of us need to be promoting data to drive policy.

5.Tackling the tough issues

NRHA has only issued two statements over twenty years – one on health access for undocumented immigrants and last year condemning systemic racism. Nothing much changes in rural health and we've not seen the necessity to issue statements. But we realize now we need to do more of this to highlight the impact that systemic racism has on our rural communities and rural populations.

6. Making health equity part of standard operating procedures

The NRHA has a proven track record of advancing policy and systems change through its Rural Health Equity Council. The Council develops policy recommendations and works through its representatives to NRHA's Rural Health Congress, which establishes our health policies. Successes to date include established national policy on health disparities, rural veterans' access, Border Health issues, Community Health Workers, and access to maternity care in rural areas. The NRHA staffing practices are also inclusive of a diverse representation.

Additional rural health equity policy can be found at:
www.ruralhealthweb.org/advocate/policy-documents

Face of Rural Campaign - The NRHA is launching this in 2021 – later this year - a campaign that more accurately highlights the diversity of rural America through representation, and best practices to showcase the true range of rural communities and to contrast the perception and reality of what "rural" is. This will be to highlight the changing face of rural America…and

particularly highlighting the importance of recognizing the diversity of rural communities. The monolithic concept is outdated.

Before COVID, the CDC, Dr. Cara James, a rep from HRSA, and I together picked one state and visited as many rural hospitals, health centers and clinics that we could visit in that state. We all saw things the others did not recognize.

And finally, we are painfully clear that we are nonpartisan. I cannot say that enough. We are about improving rural health and rural healthcare and not getting bogged down in the politics of that. We need to be able to reach out to both sides of the aisle. People assume us to be a conservative organization, but we have shown ourselves as progressive when it comes to health access and health equity.

Questions/Comments

Ife Johnson invited Alan to use OPEN to convey the message of the National Rural Health Association.

Q. Where does oral health fit in on your scheme and how does the rural dental workforce assist with fulfilling your mission?
A. Oral health resonates with our entire membership. We created through a partnership with the DentaQuest Foundation a rural oral health initiative several years ago and have a dedicated part of our website on these issues. The issue of integrating oral health care into primary care is front and center for us. We see this as an amazing opportunity to expand care…bringing the two communities together to provide additional vaccine access points.

Q. Alan, how closely do you work with the National Organization of State Offices of Rural Health (NOSORH)?
A. We are the 800-pound gorilla in rural health. There are seven national rural health organizations that are subsets of ours. Working in partnership with the state offices is key. When we visit states as I mentioned earlier, we contact all the key offices in that state.

Q. The Face of Rural Campaign? Where can we get more information about this?
A. I just looked at the branding for it just last week – not ready to announce.

Q. How are those with disabilities included in the rural health discussion on health equity?
A. We talk a lot about access to care on the topic of disabilities in a rural context. We've had a strong partnership with Easter Seals over the years. Would like to follow up on this with you, Barbie.

V. Working Teams

A. Overview

Pat Finnerty presented.

How did the PRW get to the point of choosing Working Team topics? We broadened our agenda to include much needed oral health systems change work

- After the initial workgroup meetings, the PRW agreed that, in addition to its COVID-19 work, it also would focus on critical oral health system change issues
- The PRW identified an initial list of 11 oral health system change issues
- After a series of priority-setting Workgroup discussions, the initial list was narrowed down to:
  - Four (4) "Advocacy Strategies;" and
  - Two (2) "Underlying Foundational Issues"

Initial List of 11 Oral Health Issues Was Narrowed Down to 4 "Advocacy Strategies" and 2 "Underlying Foundational Issues"

Initial List of Oral Health Issues

A. Advocating for better oral health coverage in Medicaid and a dental benefit in Medicare
B. Increasing the use of tele-health and other new technologies in oral health care
C. Addressing structural racism in the oral health system so that we move instead toward structural equity
D. Diversifying leadership in the dental industry
E. Improving the oral health public health infrastructure Ensuring adequate safety and infection control as dental offices re-open during the pandemic
F. Understanding the root causes of the obstacles to achieving equitable oral health in the U.S.
G. Envisioning a post pandemic oral health system that prioritizes equity and moves from procedures to treat disease to promoting oral health
H. Increasing equitable access to oral health services across the U.S.
I. Improving the availability of data and research to support better-informed policy decision-making
J. Integrating oral health into overall health
K. Developing and deploying effective messaging about oral health

Advocacy Strategies/ Underlying Foundational Issues

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

C. Addressing structural racism in the oral health system so that we move instead toward structural equity

F. Understanding the root causes of the obstacles to achieving equitable oral health in the U.S.

I. Improving the availability of data and research to support better-informed policy decision-making
J. Integrating oral health into overall health
K. Developing and deploying effective messaging about oral health

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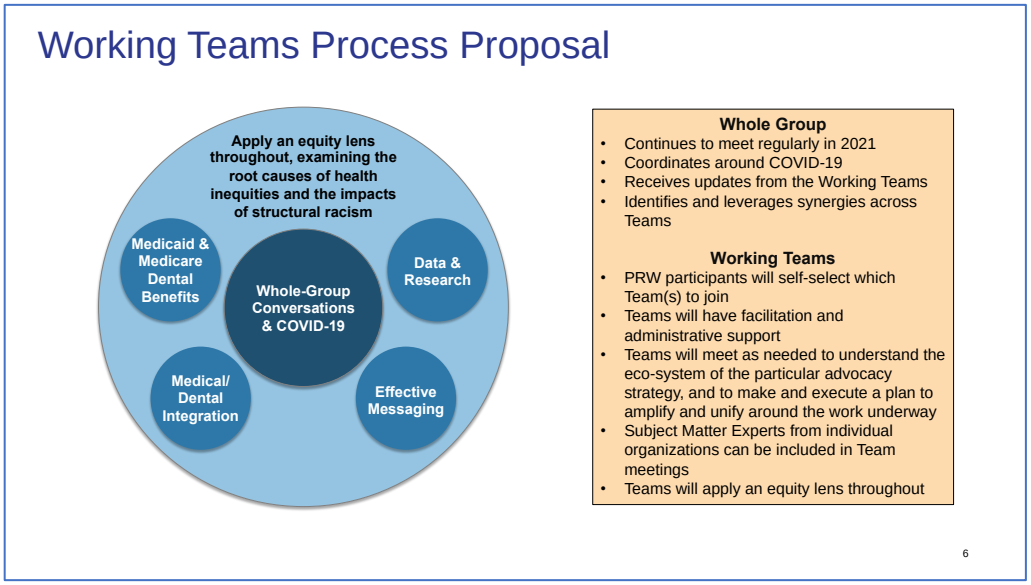
"Lay of the Land" presentations that were offered for each advocacy strategy summarized context, current work, and key players.

Cara V. James, PhD presented on underlying foundational issues:
"Understanding Health Disparities and Opportunities to Advance Health Equity."

And we are now presenting this proposal for how the Working Teams will proceed going forward.



Details re: the "Audience" and "Objective" for Working Teams

- **Audience**
  - Entities that can make or impede the desired changes (e.g., policymakers, thought leaders, the provider community, the consumer community, advocacy organizations, and others engaged in the U.S. oral health system)
  - Specific audience will depend on the particular advocacy strategy
- **Objective**
  - By end of the year, each Working Team would bring back to the full PRW opportunities for action in their specific issue area (either for the full PRW or certain PRW members)

Today we launch the Working Teams!

- We will break into 4 small groups…one for each of the Working Teams
- Please join the Working Team in which you are most interested
- Each Working Team will have a Facilitator who will be joining you today
- During your Working Team discussion, we ask each person to:
  - *Introduce yourself and your organization*
  - *Share what motivated you to join this team (including facilitators)*
  - *Describe how your organization is engaged in this arena*
- Working Teams should also begin initial planning for how to move forward

B. Working Team Breakout Groups

Pat invited the participants to break out now into the four teams – by choice.

- Data & Research
- Dental Benefits in Medicaid & Medicare
- Integrating Oral Health into Overall Health
- Messaging & Communications

VI. Next Steps and Close

Pat thanked everyone and reminded folks that the next meeting will be May 19.