

Oral Health System: Pandemic Response Working Group
Virtual Meeting XXI
December 15, 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 members were present at the meeting.

Name	Organization
Vanetta Abdellatif, MPH	President and CEO, Arcora Foundation
Pamela Alston, DDS	President, National Dental Association
Eme Augustini	Executive Director, National Association of Dental Plans
Manuel A. Cordero, DDS, CPH, MAGD	Executive Director & Chief Executive Officer, Hispanic Dental Association
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	Vice President, Diverse Dental Society
Ifetayo Johnson, MA	Executive Director, Oral Health Progress and Equity Network
Steve Kess, MBA	VP, Global Professional Relations, Henry Schein
Ann Lynch	American Dental Hygienist Association
Mike Monopoli, DMD, MPH, MS	VP, Grants Strategy, CareQuest Institute for Oral Health
Alan Morgan, MPA	Chief Executive Officer, National Rural Health Association
Janice Morrow	Executive Director, Society of American Indian Dentists
Keith Perry	Executive Director, National Dental Association
Colin Reusch	Senior Advisor, Oral Health Policy, Dental Access Project Community Catalyst
RADM Tim Ricks, DMD, MPH, FICD	Chief Professional Officer, USPHS, OHCC, IHS
Tonia Socha-Mower, MBA, EdD	Executive Director, American Association of Dental Boards
Barbie Vartanian	Executive Director, Project Accessible Oral Health
Christine Wood	Executive Director, Association of State and Territorial Dental Directors

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

Name	Organization
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
Edwin A. del Valle-Sepulveda, DMD, JD	President, Hispanic Dental Association
Terri Dolan, DDS, MPH	President-Elect, Santa Fe Group

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
Sarah Miller, MPA	Director of Philanthropy and Foundation Operations, Dental Trade Alliance
Myechia Minter-Jordan, MD, MBA	President and CEO, CareQuest Institute for Oral Health
Diane Oakes, MSW, MPH	Chief Mission Officer, Delta Dental of Washington
Emmet Scott	President, Association of Dental Service Organizations
Emily Stewart	Executive Director, Community Catalyst
Carolina Valle	Policy Director, California Pan-Ethnic Health Network
Marko Vujicic, PhD	Chief Economist and VP, American Dental Association
Brett Weber	Public Health Policy & Programs Manager, National Indian Health Board
Vicki Young, PhD	COO, South Carolina PHCA and member of National Association of Community Health Clinics
Robert Zena, DMD	Past President, American Association of Dental Boards

B. Strategic Advisors and Staff

- Marcia Brand, PhD, former Deputy Administrator, Health Resources and Services Administration
- Kim Delus, Administrative Coordinator, CareQuest Institute for Oral Health
- Patrick Finnerty, former Medicaid Director for the Commonwealth of Virginia
- Marianne Hughes, former Executive Director, Interaction Institute for Social Change
- 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

C. Guests

- Liesl Sheehan, Tremont Strategies Group

II. Start-Ups

A. Welcome

Mike Monopoli opened the meeting by welcoming everyone and thanking them for being here for the last meeting of 2021.

A lot has happened since the last meeting. I know I always say that ...and it is indeed especially true this time.

B. Desired Outcomes

Pat reviewed the desired outcomes.

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

- An update on COVID-19, the boosters, the impact of the new variant and surging case rates
- An update on the Build Back Better legislation
- A shared understanding of the recommendations and next steps from the PRW small group about the proposed role of the PRW in communicating and distributing the Oral Health in America (OHA) report
- A shared understanding of the public process for a call to action on the OHA report and the PRW's next steps in participating in that process
- An awareness of the PRW Survey results re: the value of the group and the focus of the work in 2022
- A list of hopes and aspirations for oral health in 2022

III. COVID-19 Updates

Mike Monopoli presented a number of key updates.

- We surpassed 800,000 dead in the U.S. alone, and this would've been much higher without mitigation and much lower with more sufficient mitigation.
- We've surpassed 50m cases in the U.S.
- Vaccination uptake has grown with Omicron but it's not high enough; still many unvaccinated.
- Approximately 1,200 cases daily, or 9.9% test positivity rate - more than twice where we hoped to be.
- Omicron is highly contagious and on track to take over as the dominant strain, although there is some evidence it is less virulent.
- There is not yet clarity on what's ahead – will the path be Delta remaining as the dominant strain with its virulent profile, or Omicron taking over as the dominant strain, or both strains becoming endemic as is the flu?
- There is not a lot of cross immunity between these two variants.
- Hopefully, we as oral health professionals will continue to monitor and be a part of progress with our role as vaccinators and as public health providers.

Additional Updates/Questions?

Mike invited participants to share additional updates or ask questions.

- *Shared in the chat by RADM Tim Ricks:* Other news: On December 8, 2021, the FDA announced the emergency use authorization (EUA) for AstraZeneca’s Evusheld (tixagevimab co-packaged with cilgavimab and administered together) for the pre-exposure prophylaxis (prevention) of COVID-19 in certain adults and pediatric individuals (12 years of age and older weighing at least 40 kilograms [about 88 pounds]). The product is only authorized for those individuals who are not currently infected with the SARS-CoV-2 virus and who have not recently been exposed to an individual infected with SARS-CoV-2. The authorization also requires that individuals either have:
 - moderate to severely compromised immune systems due to a medical condition or due to taking immunosuppressive medications or treatments and may not mount an adequate immune response to COVID-19 vaccination (examples of such medical conditions or treatments can be found in the fact sheet for health care providers) or
 - a history of severe adverse reactions to a COVID-19 vaccine and/or component
- The Pfizer treatment is still under review but does offer some hope
- *Chelsea Fosse offered an update on the dental practice initiative surveys.* We’re seeing the highest patient volumes that we’ve seen to date in private practices and public health practices with the polling. We looked closer at the workforce shortages in November – that problem is not going away very quickly. More dentists are recruiting for dental assistants than hygienists, but both types of positions are difficult to fill. More practices are reporting they need more staff to serve the same number of patients than before COVID. We will look at workforce issues roughly every three months. We’re shifting our polling goals a bit for 2022 and onward – getting away from just financial and operational impact of the pandemic to including that as long as it’s relevant but also to focus on additional emerging issues in dentistry.
- At the recent Greater New York dental meeting...many dentists from around country were talking about the necessity to secure part-time space in suburban offices to see regular patients who no longer travel to urban centers for work so cannot be seen in those urban offices.

IV. Build Back Better Updates

Liesl Sheehan shared an update. Key elements included:

- We are seeing the BBB act make its way out of the Senate; however, it seems to be losing steam day by day.
- House members are still holding their schedules open to come back to DC to vote in case the Senate kicks it back to them
- The bill needs to pass by 12/28 for some of the key items to take effect or continue in 2022.

- A signal that it may be bumped to January is that the Senate Finance Committee is looking at removing the Child Tax Credit out of BBB so it can move ahead independently.
- The health provision went through the “bird bath” process and the tax portion is in that process now.

Bianca Rogers gave an update on the advocacy letter.

There is an opportunity for us to add Medicaid mandatory adult dental benefits to the BBB act. We created a quick sign on letter for this group. If anyone here has not yet signed, or you know of others who might like to sign, please do share it by tomorrow morning. And we’ll keep you updated.

Pat invited further comments or questions.

- Ife mentioned how important this is because of other legislation that is considering adding dental – they all seem to be hinging on what they see here.
- Pat emphasized the impact that a Medicaid adult dental benefit can have, as evidenced by Virginia where 750,000 people now have dental coverage due to addition of an adult dental benefit in Virginia Medicaid in July 2021.
- Additional support for the letter was indicated in the chat, as follows:
 - *Steve Kess:* Santa Fe Group will sign on later today or tomorrow in the AM.
 - *Manuel Cordero:* The HDA is in support of the Medicaid coverage for adult dental coverage letter to the senate.
 - *Steve Kess:* I anticipate Henry Schein will sign on as well

V. The PRW and Oral Health in America Report

Bianca Rogers reported on the work of the PRW sub team.

The NIDCR Oral Health in America Report is expected to be released this month, at a time when oral health policy has been higher profile than ever in the past. We see that as an opportunity to promote the Report with greater impact than might have been the case before.

The PRW sub team met to begin to develop a process for the larger PRW to collectively promote the OHA report. The sub team proposes a two-phase approach:

- Phase One - raise awareness of the Report and its key findings, and
- Phase Two - encourage organizations to take action.

For Phase One, potential methods/tactics to take as a collective to promote the Report include: shared messaging on topline findings, development of a promotional media toolkit - and related to that an organizational sign-on for PRW members to volunteer to execute promo activities throughout the year - and a PR event with a major media outlet.

For Phase Two, the PRW would work together to develop proposed action approaches that could move each of the Report’s topics toward improvement.

Bianca invited other members of the sub team to share comments, as well.

- *Steve Kess* – Santa Fe Group is planning a summit meeting in Washington DC on March 8-9 with a reception on the evening of March 7 and we’re planning to engage 120 prominent thought leaders from various sectors of oral health and overall health to create awareness and action on several issues. It’s not a scripted meeting; rather, it’s like what the ADA did almost a decade ago. We’ll have breakout sessions across three topics, including the Oral Health in America report. If you’d like to be invited, please let me know. There is no cost other than lodging if you need it. We want to be part of a group of organizations who want to take the lead on specific issues. We feel we can help catalyze the movement similar to what CareQuest is attempting to do and we support that effort. They have the critical mass, resources, commitment to lead several thrusts into improving oral health awareness, literacy, and action on recommendations from the report. We also have a place on our program for someone from NIDCR to speak about the report. I want to make sure your organizations are properly represented – reaching out to others, including our friends in Chicago. We might disagree on aspects of how to approach the issue, but we all need to talk together. The Santa Fe Group is the convenor/facilitator, but all participants will be the stars of the show – we are reaching out to many others and our hope is we will decide on two or three initiatives we can all work on together.
- *Ife Johnson spoke to the plans to activate OPEN to engage a groundswell of members.* The Report may be buried a bit given it is not a Surgeon General’s report. The information needs to be leveraged to show why oral health needs to be reintegrated as part of overall health. This is an opportunity for us to get Congress and others to see how many people in America care about this issue. We need to make oral health an everyday topic like smoking and seatbelts. We want to leverage the momentum that has been built.
- *Tonia Socha-Mower shared that in addition to allocated time at the AADB spring meeting to talk about the Report, they have announced a collaboration with the national regulators and pharmacy nursing and physicians.* We’re planning to meet soon and want to make sure we are sharing appropriate messages in that collaborative, as well.

Kristin emphasized the importance of the top line messaging that will be developed and invited members of the group to contribute to that effort.

Bianca added that the sub team will continue to work together as long as the individuals want to contribute. We will follow up with each of you to gauge your level of participation and where you prefer to plug in.

Alan closed out the discussion. I want to emphasize how we all represent unique constituencies. NRHA is looking at the rural angle, but this is a great opportunity for all of us to consistently elevate top line talking points as we go into next year. I love that we have some additional

opportunities to build momentum as we launch into the new year. It's a once in a decade opportunity to highlight the topline issues and hopefully elevate the importance of oral health in overall health care.

Manuel Cordero offered in the chat: Thanks to CareQuest Institute for Oral Health, HDA is embarking on a big project to identify, update and create new data concerning Hispanic oral health in the USA in order to properly address those issues that are identified. We are ending the year on a high note thanks to this support.

Questions/Comments

Pat invited additional comments regarding what you like about the proposed plan or what might be missing or other questions.

- Did I hear correctly that the Report will be released on December 21? Is the intent to have the report available for the launch?

Kristen responded.

The efforts to coordinate timing and approach with NIDCR have not yielded results. We agreed that we can coordinate our promotion in January – hold our own kick-off after we have time to pull out the top line messages, develop the resources and toolkits, and pick a day when we all kick off the work with a big push and then work to keep the drumbeat going. We have some initial plans for how to do that. I want to make sure we have the biggest impact possible and are aligned with NIDCR where possible.

VI. PRW 2021 Reflections

A. PRW Survey Results

Pat Finnerty presented the survey results.

Survey Overview

Three Questions

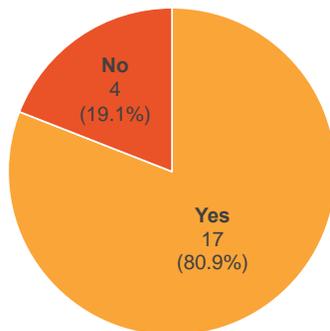
- Do you find value in participating in the Pandemic Response Workgroup (PRW), and do you believe it should continue in 2022?
- What should be the focus of the PRW's work in 2022? Please select all that apply.
- Please share any other thoughts, comments, or suggestions for improving the PRW in 2022.

Survey Administration & Responses

- Survey was sent via email on December 6th; responses were due December 9th
- Reminder email sent on December 8th
- Responses were provided anonymously online
- All 36 PRW members were surveyed; 21 responses were received for a response rate of 58.3%

Survey Results

Survey Results: Q1- Do you find value in participating in the Pandemic Response Workgroup (PRW), and do you believe it should continue in 2022?



Sample Comments*

Yes

- "Collaborations and Partnerships are needed to improve oral health equity and increase access to all no matter status, race, culture, orientation etc..."
- "Anytime you can gather a diverse group who represent a variety of populations and interests, it's always a good thing. I believe the working groups were a great way to pivot from just the pandemic to other important areas of focus."

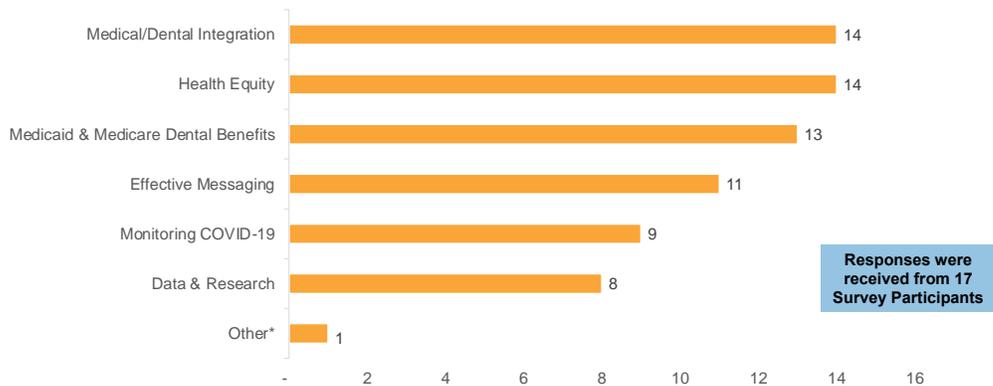
No

- "I think the workgroup has kind of run its course at this point."
- "My schedule has not allowed my regular participation. I think that the work has shifted from what it was at the beginning (understandably so) and therefore the cadence doesn't resonate anymore. I have appreciated the updates and it has been really good to learn and stay connected to the policy work. The time commitment, however, isn't penciling out for me."

* All 21 respondents included comments regarding this question

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Survey Results: Q2- What should be the focus of the PRW's work in 2022? Please select all that apply.



* Consumer engagement to advocate for improved publicly funded dental benefits

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Q3 - Please share any other thoughts, comments, or suggestions for improving the PRW in 2022.

Responses were received from 7 survey participants:

- “It would be great if the meetings were a bit shorter”
- “Hearing the "patient voice" in the delivery system about the barriers that they see as being a priority”
- “We came so close! I want to push us over the finish line!”
- “With Medicaid & Medicare coverage an active conversation, this group could help to keep the drumbeat going -- including through effective messaging. Additionally, elevating the health equity impact of oral health coverage & care is important. I would suggest broadening the purpose of the group beyond the pandemic”
- “Continuing to provide governmental updates is important and valuable. I would like to see us dive a little deeper into the equity lens especially for disadvantaged/at risk populations”
- “I like the frequency of the meetings and the agenda. I feel like it gives attendees the opportunity to be educated on issues, obtain resources and to contribute. Dr. Monopoli has a great inclusive style”
- “Getting Medicaid and Medicare proper funding to eliminate inequities in oral health provided”

Mike contributed some additional reflections in the context of the survey.

- When we originally came together it was around a shared challenge, and there was hope that through that we would create a mechanism for collaborating more closely, break down some of the silos we have in our profession and the way that patients experience oral health care, and we could potentially move forward in a more integrated way across the health sector.
- Around the same time, Admiral Ricks’ group was formed and grew...and it was about sharing and giving updates on organizational issues, and it does seem folks are working to build connections, as evidenced by the work of the Santa Fe Group.
- CareQuest’s grantmaking strategy around OPEN was that if we could create a network and forum for people to come together and focus on issues and build relationships and communication and collaboration we would potentially be in a place where we could move forward in a positive way.
- Hopefully we’ve made some progress toward this type of collaboration.
- From change theory, we know it’s not about sharing information, but more about sharing relationship and the ability to know what everyone’s doing and to build consensus around that type of collaboration. That has been our goal over the past couple of years. There are still more possibilities.
- We’re glad we got good response to the survey and all in all it seems like a positive response to continuing to work together. As things spread from the core and out, we need to build more of a net with pathways and concentrated collaboration going forward.

- Thank you all for being a part of this. COVID is not going away and there are other opportunities to build consensus, particularly around results as we talk about the Oral Health in America report.

B. Discussion

- *Jane Grover* - This group has a great dynamic. One major step forward – among many wonderful experiences in this group - was meeting our friend from the National Rural Health Association – Alan came and talked with the Council and through him we learned about 3R.net which galvanized the Council. *Jane spoke to the many more resources and opportunities available as a result.* This pandemic was a crisis and you never want to waste a crisis. This one has a long tail, to be sure, and I am grateful for everyone who has come. There is likely a shelf life to this format but I like this format. I am definitely a “yes” person.
- *Manuel Cordero* - This group has matured but it would not have happened without the leadership of Dr. Ricks. I loved the survey, which indicated the outcome of what he started as a dental health professional looking at a medical emergency in this country. We were very innovative in our approach. I’ve not heard of a collaboration with as diverse a group of stakeholders that have come up with such good ideas on how to serve the country – unlike anything else - including that there needs to be more effort to integrate medical and dental concepts and delivery of care. We have a lot to offer in terms of efficiencies and how we address health. We are masters of solving problems. We heal people, change their lives, do things different from what happens in medicine. We should be proud of ourselves, and the importance of collaboration. Our communication with other groups has increased significantly – such as with the dental hygienists’ association - and we have all learned from each other. We know that as different as we may look, we are also very similar in what we care about. I am very proud to be part of this group. Mike Monopoli took great leadership taking over what RADM Ricks started.
- *LaVette* - What I like about this group is how diverse it is, which makes it easier to have the hard conversations. Everyone in the group understands the value of the diversity and we aim to be open, and I am starting to see some action that I did not see before. I hope that continues. It’s a good group and a safe space.
- *Steve Kess* - I think we should be pleased with what we attempted to accomplish – the work is not over – the legislation did not get across the finish line. Let’s double down rather than celebrate victory. There is a shortage to access to care to oral health in our country. Clearly the reimbursement rate was the critical issue, and it was not surfaced early on. This group is terrific. CareQuest has done a wonderful job. This group is not the same as what Tim Ricks is doing which also has value but is clunky. Should we rename this group – maybe it is less about COVID and a different message is needed, given how the top three issues were not COVID-related. This can be a main channel of communication in the future.... No one organization will solve this problem by itself; we need multiple groups and people involved and the interest areas should be emphasized and need good leaders. We need repetitive progressive constructive movements to

make the progress needed. This wonderful program should continue with fine tuning so that in 2022 we can respond to the critical issues.

- *Ife Johnson* - I like the idea that we are in place to address things as they happen, rather than having to pull it together when there is an emergency. I too am glad we've expanded beyond COVID and yet the work on COVID continues.

Ife offered in the Chat: As we quickly approach a million deaths from COVID, it has become a new normal and the nation has become numb to the pandemic. This group needs to be in place as this pandemic continues and changes. This group will allow us to quickly adapt to new and emerging emergencies.

Barbie offered in the Chat: Agree with Steve on the "renaming" of the group to address the areas of focus highlighted in the survey. My apologies, I have another call I am late for. I too was a yes and feel the tremendous value in gathering a stakeholder group such as this...ensuring equity, diversity and passion! We have an incredible opportunity to champion oral health initiatives.

VIII. Closing

Pat Finnerty closed the meeting by inviting participants to share a word or two reflecting their personal feelings at the end of this challenging year.

- Hopeful as possibilities continue to grow
- Groundhog Day
- Hopeful – I think despite of all the terrible things happening we have a chance
- Tenaciously hopeful and grateful
- Hopeful
- Lemonade – making it out of lemons – and grateful – I feel appreciative of this opportunity to make improvements
- Inspired
- Grateful
- I need a vacation
- Exhausted yet optimistic
- Impatient
- I watch a lot of TV and read newspapers, but we are shining lights in this world
- Grateful because we're new to the group and participating and listening and hearing from the greater oral health community has been very helpful.

Pat thanked everyone on behalf of the staff for their contributions and wished everyone a wonderful holiday season. He announced that the next meeting will be on January 19, 2022, 4-5:30pm ET.