

**Oral Health System: Pandemic Response Working Group**  
**Virtual Meeting XXII**  
**January 19, 2022**  
**4:00-5:30 pm ET**

**Group Memory**

Convenor:

[Michael Monopoli](#), Vice President, Grants Strategy  
CareQuest Institute for Oral Health

Facilitator:

[Michael Monopoli](#), Vice President, Grants Strategy  
CareQuest Institute for Oral Health

Content Manager:

Kim Delus, CareQuest Institute for Oral Health

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## ***I. Participants***

### **A. Pandemic Response Workgroup**

*The following Pandemic Response Workgroup members were present at the meeting.*

<b>Name</b>	<b>Organization</b>
<b>Alan Morgan, MPA</b>	Chief Executive Officer, National Rural Health Association
<b>Ann Lynch</b>	American Dental Hygienist Association
<b>Barbie Vartanian</b>	Executive Director, Project Accessible Oral Health
<b>Chelsea Fosse, DMD, MPH</b>	Senior Health Policy Analyst, American Dental Association Health Policy Institute
<b>Cheryl Lee, DDS</b>	President, National Dental Association
<b>Colin Reusch</b>	Senior Advisor, Oral Health Policy, Dental Access Project Community Catalyst
<b>Don Weaver, MD</b>	National Association of Community Health Centers
<b>Jane Grover, DDS, MPH</b>	Director, Council on Advocacy for Access and Prevention, American Dental Association
<b>Keith Perry</b>	Executive Director, National Dental Association
<b>LaVette Henderson, CMP, HMCC, FACD</b>	President, Diverse Dental Society
<b>Manuel A. Cordero, DDS, CPH, MAGD</b>	Executive Director & Chief Executive Officer, Hispanic Dental Association
<b>Mike Monopoli, DMD, MPH, MS</b>	VP, Grants Strategy, CareQuest Institute for Oral Health
<b>RADM Tim Ricks, DMD, MPH, FICD</b>	Chief Professional Officer, USPHS, OHCC, IHS
<b>Sarah Miller, MPA</b>	Director of Philanthropy and Foundation Operations, Dental Trade Alliance
<b>Sonia Reyes</b>	Hispanic Dental Association
<b>Steve Kess, MBA</b>	VP, Global Professional Relations, Henry Schein
<b>Tonia Socha-Mower, MBA, EdD</b>	Executive Director, American Association of Dental Boards
<b>Vanetta Abdellatif, MPH</b>	President and CEO, Arcora Foundation

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

<b>Name</b>	<b>Organization</b>
<b>Ann Battrell, MDSH</b>	Chief Executive Officer, American Dental Hygienist Association
<b>Brett Weber</b>	Public Health Policy & Programs Manager, National Indian Health Board
<b>Carolina Valle</b>	Policy Director, California Pan-Ethnic Health Network
<b>Diane Oakes, MSW, MPH</b>	Chief Mission Officer, Delta Dental of Washington
<b>Edwin A. del Valle-Sepulveda, DMD, JD</b>	President, Hispanic Dental Association

<b>Name</b>	<b>Organization</b>
<b>Emily Stewart</b>	Executive Director, Community Catalyst
<b>Emmet Scott</b>	President, Association of Dental Service Organizations
<b>Gregory Chavez</b>	Chief Executive Officer, Dental Trade Alliance
<b>Hazel Harper, DDS, MPH</b>	Past President, National Dental Association
<b>James Sparks, DDS</b>	President, American Association of Dental Boards
<b>Latisha Canty, RDH, MS</b>	President-Elect, National Dental Hygienist Association
<b>Marko Vujicic, PhD</b>	Chief Economist and VP, American Dental Association
<b>Mitch Goldman, JD, MBA</b>	Executive Committee, Association of Dental Services Organizations, and CEO, Mid-Atlantic Dental Partners
<b>Myechia Minter-Jordan, MD, MBA</b>	President and CEO, CareQuest Institute for Oral Health
<b>Terri Dolan, DDS, MPH</b>	President-Elect, Santa Fe Group

**B. Strategic Advisors and Staff**

- *Kim Delus, Administrative Coordinator, CareQuest Institute for Oral Health*
- *Kristin LaRoche, Vice President, Public Relations, CareQuest Institute for Oral Health*
- *Bianca Rogers, CareQuest Institute for Oral Health*

**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 first meeting of 2022. A lot has happened since the last meeting. I know I always say that, and it is indeed true. During the last meeting we were getting feedback regarding where the Pandemic Response Workgroup would go and in addition a few members of the PRW support team have decided to retire. This meeting is a transitional meeting. Nonetheless we will continue to push forward and seek feedback for the future.*

### **B. Desired Outcomes**

*Mike reviewed the desired outcomes.*

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

- *An update on COVID-19, the impact of rising cases and the Administration's new free at-home tests rollout*
- *An update on the latest Congressional proposals and activities impacting oral health and what to watch for in 2022*
- *An update on the status of the PRW collective action letters to the ONC and the ASH*
- *An awareness of the newly released Oral Health in America: Advances and Challenges Report and an update on the PRW's role in communicating and distributing the Report*
- *A shared understanding of the PRW's Purpose of the Effort in 2022*

*Mike Introduces New Participants:*

- *Dr. James Sparks, Association of Dental Boards (Introduced by Tonia Socha-Mower)*
- *Cheryl Lee Butler, New President, National Dentist Association (Introduced by Keith Perry)*
- *Dr. Don Weaver, National Association of Community Health Centers (Introduced himself)*
- *LaVette Henderson, New President, Diverse Dental Society (Introduced herself)*

## **III. COVID-19 Updates**

*Mike Monopoli presented several key updates.*

- *In the United States there are 67.7 million Covid-19 cases and 854,000 deaths.*
- *In the world there are 344 million Covid-19 cases and 5.5 million deaths.*
- *Covid cases are in a downward curve overall across the United States, especially in the East and Northeast where it started earliest.*
- *Will take a few more weeks for downward to spread to the rest of the country*
- *Omicron will soon become the dominant variant with over 90% of cases across the United States.*

- *Omicron appears to be less virulent, but in shared numbers is overwhelming hospitals, and continuing to create a huge burden on the medical care community.*
- *Omicron is affecting young children from birth to four who aren't eligible for vaccines, the rate of hospitalizations of children and the impact on children has grown dramatically. – We should see how this plays out.*
- *79.9% of United States Residents have received at least one dosage of the vaccine and booster rates have grown – probably a response to Omicron.*
- *Question is the mass infection, transmissibility of Omicron, will that help to get us towards the end of this wave of higher herd immunity along vaccinations? – This might be a wave that starts us down a road to endemic rather than pandemic.*
- *In the US and especially in the world, there is too much community virus with the possibility of new variants is a concern.*
- *The Biden Administration is responding by continuing to promote vaccinations, discuss further boosters, or an omicron specific vaccine – there is not enough evidence to really think about where to go with that.*
- *The Biden Administration has also started a website so families can have up to four free at home Covid Tests that can be ordered over the internet. Although it takes 7-10 days before receiving it.*
- *The Biden Administration also has 495 million masks that will be available across multiple sites across the country.*
- *There's a push towards testing and an increase in PPE*
- *Question: Oral Health professionals started out as being listed high risked for infection because of the prevention but that has not played out even now as Omicron variant, multiple other health care providers have gotten exposed and experienced Covid-19 it does not seem to be reported or part of a conversation around Oral Health. It is interesting to think about why that has not happened and what can we do to get more information about that.*

### **Additional Updates/Questions?**

*Mike invited participants to share additional updates or ask questions.*

- *RADM Tim Ricks: Good news, we are seeing a downward trend Nationally even though regionally there is still an upsurge in certain areas. We are seven day moving average and in just the last 5 days or so it has gone down by just about 100,000 cases. At the peak during one of the biggest waves around election time we were about 300,000 cases and at its peak we were about 800,000 cases. So almost 3 times as much.*
- *Mike: There is a decrease now and there is a sense that this may end up being a positive aspect. There is a decrease, but we are still double the peak of the last wave. In Boston, the wastewater assessment is dramatically low which shows we are in a downward slide.*

#### **IV. Policy Updates**

*Liesl Sheehan shared an update. Key elements included:*

- *Ended 2021 without the passage of Build Back Better and are waiting to see where that goes this year.*
- *There is a lot of speculation that in February will be a big push from the senate to move Build Back Better and in anticipation of the State of the Union address from President Biden on March 1<sup>st</sup>.*
- *We are waiting to see what the Senate can potentially negotiate there if it will be a scaled down package. We do not think there is a chance for a Medicare inclusion and Medicaid remains questionable based on what Senator Manchin and others negotiate moving forward.*
- *The Senate Finance Committee is going to look at a mental health package and potentially include telehealth in that package. – We will see where that lands on that in March and beyond.*
- *The focus right now is on Build Back Better and what the Democrats can pass between now and essentially summer so that they can campaign on it from mid-March into fall.*
- *Mike Question: Any sense on timeframe when in terms of when in between now and summer in terms of when we will hear again about Build Back Better?*
  - *Liesl – The aggressive push will be over the next 6 weeks. They’re certainly going to make a push to have something by the State of the Union. Expect some movement even if it is just some negotiations by March 1<sup>st</sup>. If they don’t have anything by March 1<sup>st</sup> it will be a tough situation for the Democrats to move the Bill. The next 4-6 weeks will be very crucial and key to decide if we will or not get the bill passed.*

#### **Additional Updates/Questions?**

*Mike invited participants to share additional updates or ask questions.*

- *Mike: Good thing is oral health is very much a part of the health and policy dialogue around Build Back Better but also overall. That puts us in a good place to continue advocacy.*
- *Liesl: Mike is right and based off conversations and from everyone else on “The Hill” they’re certainly a disappointment that there’s not more dental health included in the Build Back Better as currently drafted. There’s a lot of desire to keep the Dental Health part of the forefront of the conversations and see what can be done in Congress or in the Administration in the coming years to further Dental Health Policies. The fact that it did not get into Build Back Better in any way, shape, or form has motivated members and staff to prioritize it moving forward.*

*Bianca Rogers gave an update on the Overview of the Action Letters.*

- *Last month we sent out two collective action letters.*
- *One to the ONC to ask for increase in interoperability between medical and dental records.*

- *Second to ASH to ask them that Oral Health be considered as a health discipline when discussing other medical health issues and that Oral Health continues to be at the table.*
- *We have received positive responses back from both offices.*
- *They would like to schedule a meeting with the groups that sent those letters. We are currently working with their scheduler to schedule a date and will be following up with the signatories to setup a meeting where we can discuss our agenda for that appointment as well as speakers and other experts that might want to pull in those two key issues.*
- *If your Organization was not able to sign on or you are a new member, but you are interested in participating. There is a potential for you to sit in on the meetings. So just reach out to us if that's the case.*
- *This is the first step to see what this group can accomplish when we are doing these activities together. These offices will see the value in strength and makeup of our different groups. So, it will be exciting to see the outcomes that we have with these upcoming meetings and this should be a start of what we can be doing.*
- *This ties into the conversation we will be having later, what are our impact areas for 2022?*

*Bianca invited further comments or questions.*

- *Mike: Asks Bianca to briefly explain what the asks were in each letter as a reminder.*
- *Bianca – The interoperability letter, the main ask was to start the conversation to say where can we be moving forward to better integrate our systems so that providers and patients are experiencing a more integrative experience when their having their medical visits. One specific ask was to convene a group to discuss this topic. To hear back that they are open to the idea is great. The letter to the Assistant Secretary was a health and systems, it was broad, and based on an excellent letter that Ann Lynch sent through ADHA. The letter asked as HHS is thinking about health and the health care system that oral health and dental care be a part of that conversation and have a seat at that table. This is something that can be brought forward to this Administration as they are learning about who we are in the field and how oral health is really connected to our overall health and the rest of the body.*
- *Mike: For the ONC, we will be looking forward to having someone join us that has subject matter expertise around interoperability. If any of the organizations have that to offer, we would love to hear from you to be a part of that engagement with Assistant Secretary as well. We would like to work together to create a support system.*

## **V. The PRW and Oral Health in America: Advances and Challenges Report**

*Bianca Rogers reported on the work of the PRW subteam.*

- *The NIDCR Oral Health in America Report is a follow up to the 2000 US Surgeon General's Report. It provides a snapshot of Oral Health from the last 20 years as far as where we progressed and where there is more work to be done.*



- *It is divided on the different populations on children, adolescents, adults, as well as technologies and other topics. You can find the link to the report to the executive summary and fact sheets for all the sections at the following link <https://www.nidcr.nih.gov/oralhealthinamerica> .*

## Out Now! Oral Health in America: Advances and Challenges

### Overview

- Released by NIDCR December 21<sup>st</sup>, 2021 as a follow up to the 2000 US Surgeon General's Report
- Details 20 years of advances and challenges, & provides a comprehensive snapshot of oral health nationwide
- Link to Report, Executive Summary, Fact Sheets: [www.nidcr.nih.gov/oralhealthinamerica](http://www.nidcr.nih.gov/oralhealthinamerica)

### Key Findings

- Substantial advances in the understanding and treatment of oral diseases and conditions, yet many live with chronic oral disease and lack access
- COVID-19 has challenged the nation's health care system, including oral health care providers as never before, and with those challenges came new ways of ensuring safety during provision of dental care, of treating disease, and recognizing that oral health cannot be separated from overall health
- Oral health services are evolving rapidly towards interprofessional models of delivery that integrate services across the health professions and expand access to care through new practice settings and new professional roles


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- *A couple of key findings in the report that would be of interest to this group given the topics we have focused on within the last year. The report validates what many see in the field, that even though there have been a lot of advances in how we treat oral disease and our knowledge of it, there is still a significant amount of people living with chronic oral disease and lacking access and affordability.*
- *This report also includes a section on Covid-19 and the impacts it had on oral health and safety, changing how the field is looking at safety and regulations when it comes to providing dental care and treating care in an emergency. This is a great point to add because this shows why oral health cannot be separated from the rest of the body.*
- *The report looks at different technologies and moving into different settings that advance interprofessional delivery.*
- *Shows how different delivery of care has really been changing and moving into this more integrative setup.*
- *More patients can be seen in more different settings.*
- *Refers to the different professional roles.*
- *Specific next steps: We are currently in the process of reaching out to each of you to hear about your interest in level of engagement and sharing messages aligning on different topics. Prioritizing the areas of the report that we think need to be lifted first versus later.*
- *Our is that we continue to raise awareness of the report not only amongst our community but other health disciplines throughout the whole calendar year over the*

*next couple of months. We would like to hear what you are doing as an organization and map that out, to see where there are gaps in the calendar year where we can potentially create some collaborations and partnerships around webinars and different events where we can discuss the report and share its key findings.*

*Bianca invited other members of the subteam to share comments, as well.*

- *RADM Tim Ricks: There are 6 sections of the report. Some of the sections naturally align with National Health Observances. February is National Children's Dental Health Month, March 20<sup>th</sup> is World Oral Health Day, April is Oral Cancer Awareness Month (a great opportunity to talk about HPV, adolescent health, and oral health), The Administration for Community Living has Older Americans Month in May (In May we could focus on older adults), and SAMPSA designates as National Mental Health month in May. This report is unique in talking about mental health. We have aligned all 11 oral health measures with National Health Observances, so you can do Healthy People, Oral Health in America, existing national oral health existences.*
- *Jane Grover offered in the chat: April is also Facial Protection Month in case people forgot about mouthguards while watching the football playoffs*
- *RADM Tim Ricks offered in the chat: National Diabetes Month, there is a depression month too.*
- *Jane Grover asked in the chat: Do we have any medical discipline which has weighed in on the report?*
- *RADM Tim Ricks mentioned in the chat: January: Anniversary of the Grand Rapids Fluoridation (aligns with OH-11 in HP 2030); February: NCDHM (aligns with OH-1 and OH-2); March: National Nutrition Month, World Oral Health Day (aligns with OH-8); April: Oral Cancer Awareness (aligns with OH-7); May: Older Americans Month, Women's Health Month (aligns with HP2030 OH-3, 4, and 5); June: Men's Health Month (OH-3, OH-D01); August: National Back to School Month (OH-8); October: National Dental Hygiene Month (aligns with OH-9 and OH-10 in HP 2030); November: American Diabetes Month (aligns with OH-6). Other possible health observances are National Heart Month (February), etc...*
- *...One thing that has been discussed is looking at the broader monthly calendar. If February is American Heart Association's Heart Month pick out the pieces that would be pertaining to them. A lot of the Oral Health is very important but that's the choir, they understand Oral Health. The more we link this report to other activities going on. Anything we can do to take pieces from that and simplify it for the other organizations since they will not read the 800 pages either.*
- *Mike Asked: Is there anything missing from the report, that we might want to collectively call out?*
- *Ann Responds to Mike: She has some initial concerns, that perhaps there could have or should have been a bit more robust conversation surrounding workforce throughout the report. If there is something down the road after this is digested after messaging, that*

*we want to shift to what could be the developed, that would be an area I would be interested in and getting a closer look at.*

- *Colin Responds to Mike: Much of our work and leveraging this report is going to be around building out that call to action on policy changes needed, because it is so broad yet there is so much that we can point to within the report that can be connected to much more concrete policy change.*
- *Mike answers Jane's Question: I haven't heard of any medical associations that has weighed in on the report. We can certainly search and see.*

## **2022 PRW Purpose of the Effort**

*Michael Monopoli gave an update on where we left off last year.*

- *We started a conversation about how we can continue to contribute our voice and influence and bring oral health more into the public and health care discourse around affordable acts and do that within the context of 2022. We want to just spend some time reflecting on our purpose from 2021 and put out a proposal from our last conversation in December about what can we do in 2022. Break out into small groups about how we can move forward.*
- *Mike asked the group if the Third Wednesday of every month 4:00 PM – 5:30 PM EST still works for everyone. We will send out something in writing as well for the whole group to assess if that is still the best time. Any thoughts?*
- *...? Asked: If it was possible if we can make the meeting a little shorter? Such as 30 minutes less.*
- *Mike continues update: In 2021 our purpose and effort was focused on three areas, continue to monitor the impacts of the Covid-19 on safety and infection control and access to care, really focus on and leverage oral health in America report as much as we can including advances and challenges, Continue and broaden the discussions we started about health inequities and ways we can work together to promote equitable access to care.*
- *Dr. Cheryl Lee Butler joins and introduces herself.*
- *Bianca explains breakout rooms.*
- *1. To continue to monitor and respond, as appropriate, to the impacts of COVID-19 in the oral health field*
- *2. To leverage the Oral Health in America: Advances & Challenges report to raise the importance of oral health to overall health among key stakeholders*
- *3. To discuss oral health inequities and explore how to work together to address health equity*
- *Question Prompt for breakout rooms: Why is it important for the PRW to focus on this topic in 2022? How might the PRW engage around this topic?*

*Two Minutes Report out for each group.*

- *Covid Group: One of the things both of our organizations are really focused on is workforce issues. There are a lot of issues that are essential to the pandemic and we need to keep following them. To us it is very clear why that is an important focus area for*

*this group. There are a lot of similar groups organized but this group has the power to and capacity to develop action items, that other groups do not. In this group we really do have the opportunity to act on things in addition to the credibility that comes with having all our groups together whenever we can. Having a unified voice on issues and clearly keeping the Pandemic Response Workgroup together. The group has established many relationships across other organizations that are too valuable to let go at this stage. Encouraged by the actionable items that we can collectively devise and agree upon.*

- *Oral Health in America Group: We can find amplifiers of the report. First thing is something that might be an easier win is to get representatives on some of these national councils and commissions. For example, the National Council on Disabilities, there are zero dentists. We need dental people and Oral Health professionals on these committees, this is something we can collectively push for. To find examples where we already have a good integrated medical professional get it. Some of our great Community Health Centers are examples of that. Sharing the importance of the report and oral health and interprofessional with overall health and let them be the amplifiers to their networks. We could look for other areas where interprofessional collaboration is part of care. Where organizations that treat special needs populations or groups whether it be geriatric, pediatric, where its interprofessional by design. The Community Health Centers are the perfect place. We should begin to create dialogue to amplify what's being done not what could be done because by amplifying what's being done, we have true real-world experiences of functional operational resulting including patient care, clinical outcomes, cost analysis, etc. We have been chasing a large dream for a year and we wound up not necessarily coming close to being true, if anything we got dismissed relatively quickly by a couple of political decisions. We need to rethink; how can we make a functional difference? Santa Fe is planning a summit meeting for leaders much like yourself to be invited, there will be about 120 people to represent the National, Hispanic, Society of American Indian Dentist, and others who are active in these groups and other groups by Santa Fe. The dates will be June 22, 23, 24 in Virginia. If you are interested in participating let us know. The intent is to find common ground which is easier said than done but to find the players who are driving change and then having other organizations much like this group join with them to create collaborative but impactful results or advocacy. We need to make change in the next three to five years. We can't make a 20-year project and put a lot of emphasis in it because we don't have the resources or the strategic resound that other programs have. Showcasing where and how Oral Health is working affectively and how the initiative is doing some nice work publishing on it. We need to collaborate with what other people are doing and then amplify it to a higher level.*
- *Inequities Group: LaVette Speaks: We need players at the table, we need different players from interprofessional side oral health because oral health is not discussed at a lot of these meetings. Also discussed about how we need to start at the dental schools, not only in the recruitment area but also in the faculty. We need to get into the*

*disability, the veterans, and veteran's hospitals, not actually doing the large broad scope of treatments, so we need to get together and speak about that as well. They are also part of the margin loss communities because there is no focus on our veterans, but everyone needs that help. There are issues around our providers, who they treat and when they treat, the reimbursement rate, educational increase, our workforce. There should be a universal adult Medicaid benefits program, it feels like it should be mandatory, but we all need to come together on that scope and what that looks like. Right now, it looks like in the dental community itself we are not on the same page in how that happens. We need to come together to make that happen. The rationale for this group being involved in the issue because the pandemic, shed a large light on inequities that exist. We need to make sure we are at the table speaking for all opposed to one segment of health because overall health is a body component, and we did agree that we need to be amplifiers for oral health on all aspects.*

*Mike thanks the groups for their 2-minute report out on their discussions and adds input.*

- *Mike: the recommendation is that integrated care is developing in some capacity to be a focus area. We should put on the table as well that stretch to four and wait accordingly.*

### **Additional Updates/Questions?**

*Mike invited participants to share additional updates or ask questions.*

- *LaVette: "SAID" conference is also on June 22,23, and 24 for the Santa Fe Summit so that might be a conflict for the Santa Fe group.*
- *...? The challenge with this group and other coalitions is to find some definitive outcome to move the needle just a little bit. Writing letters is great but letters do not do anything if there's nothing that comes out of it. Coming to meetings, but if nothing comes out of it, all we have done is waste our time because we all believe the same thing for the most part. Moving forward, the challenge that I would give all of us, is to find some of these small wins, something the low hanging fruit that we can save 3-6 months from now that we made difference. Otherwise, why are we here?*
- *LaVette: Question for Tim, the groups that he shared that do not have any oral health representative, can the names be shared? We need to find out how we can sit at those tables to make sure that oral health is a part of the conversation. We can start small.*

### **VIII. Closing**

*Mike Monopoli closed the meeting by thanking the participants and stating we will compile all the information shared throughout the meeting.*

- *There will be a follow up poll shared about which day is best for the meeting moving forward and how long should the meeting be?*
- *Next meeting, we will discuss the input from the survey about the time and date of the meeting.*
- *Tentatively place a hold on your calendars for Wednesday, February 16, 2022, 4:00 PM – 5:30 PM ET.*
- *We will be sending out a request for the remaining meetings for the year.*

*Mike thanked everyone on behalf of the staff for their contributions and looks forward to the next meeting.*