

Oral Health System: Pandemic Response Workgroup

Virtual Meeting XXV

April 20, 2022

4:00-5:00 pm EDT

Group Memory

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

Facilitator:
Carrie Y. Brown-Hepburn
CEO & Principal Consultant
Onyx Strategic Consulting, LLC

Content Manager:
Maureen White
Principal
Maureen White Consulting

Table of Contents

I. Next Steps	2
II. Key Agreements	2
III. Participants	2
IV. Meeting Overview	5
A. Meeting Purpose and Desired Outcomes	6
Purpose of the Meeting:	6
B. Agenda Overview	6
V. Agenda Items	7
A. Welcome, Check-ins, and Agenda Review	7
B. Policy Updates	7
C. Purpose of the Effort 2022	9
D. ONC/ASH Update	16
VI. Close	17
A. Additional Updates	17

I. Next Steps

What	Who	By When
Email Bianca if someone from your org can provide policy updates for June or later bianca.n.rogers@gmail.com	All	Ongoing
Review previous work the group did around network/audience mapping		Before next meeting

II. Key Agreements

During the meeting, the group agreed on the following:

- Within the overarching goal of advancing health equity, the group will focus specifically on awareness and education, specifically with policy makers.
- The next meeting of this group on May 18th will be extended by 30 minutes, until 5:30pm ET.

III. Participants

In attendance:

Name	Organization
Barbie Vartanian	Executive Director, Project Accessible Oral Health

Brett Weber	Public Health Policy & Programs Manager, National Indian Health Board
Brittany Seneca	National Indian Health Board
Chelsea Fosse, DMD, MPH	Senior Health Policy Analyst, American Dental Association Health Policy Institute
Christine Wood, RDH	Executive Director, Association of State and Territorial Dental Directors
Colin Reusch	Senior Advisor, Oral Health Policy, Dental Access Project Community Catalyst
Don Weaver, MD	National Association of Community Health Centers
Eme Augustini	Executive Director, National Association of Dental Plans
Ifetayo Johnson	Executive Director, Oral Health Progress & Equity Network
Jane Grover, DDS, MPH	Director, Council on Advocacy for Access and Prevention, American Dental Association
LaVette Henderson, CMP, HMCC, FACD	President, Diverse Dental Society
Manuel A. Cordero, DDS, CPH, MAGD	Executive Director & Chief Executive Officer, Hispanic Dental Association
Mike Monopoli, DMD, MPH, MS	VP, Grants Strategy, CareQuest Institute for Oral Health

RADM Tim Ricks, DMD, MPH, FICD	Chief Professional Officer, USPHS, OHCC, IHS
Steve Kess, MBA	VP, Global Professional Relations, Henry Schein
Tonia Socha-Mower, MBA, EdD	Executive Director, American Association of Dental Boards
Vanetta Abdellatif, MPH	President and CEO, Arcora Foundation

The following members were unable to attend:

Name	Organization
Alan Morgan, MPA	Chief Executive Officer, National Rural Health Association
Ann Lynch	American Dental Hygienist Association
Carolina Valle	Policy Director, California Pan-Ethnic Health Network
Cheryl Lee, DDS	President, National Dental Association
Diane Oakes, MSW, MPH	Chief Mission Officer, Delta Dental of Washington
Edwin A. del Valle- Sepulveda, DMD, JD	President, Hispanic Dental Association
Emily Stewart	Executive Director, Community Catalyst

Emmet Scott	President, Association of Dental Service Organizations
Gregory Chavez	Chief Executive Officer, Dental Trade Alliance
Hazel Harper, DDS, MPH	Past President, National Dental Association
James Sparks, DDS	President, American Association of Dental Boards
Keith Perry	Executive Director, National Dental Association
Latisha Canty, RDH, MS	President-Elect, National Dental Hygienist Association
Marko Vujicic, PhD	Chief Economist and VP, American Dental Association
Mitch Goldman, JD, MBA	Executive Committee, Association of Dental Services Organizations, and CEO, Mid-Atlantic Dental Partners
Myechia Minter-Jordan, MD, MBA	President and CEO, CareQuest Institute for Oral Health
Sarah Miller, MPA	Director of Philanthropy and Foundation Operations, Dental Trade Alliance
Terri Dolan, DDS. MPH	President-Elect, Santa Fe Group

IV. Meeting Overview

A. Meeting Purpose and Desired Outcomes

The following purpose and desired outcomes were shared at the start of the meeting:

Purpose of the Meeting:

To continue operationalizing our shared work in 2022, to understand current policies, its impact on oral health, and upcoming issues, progress on the PRW's collective action efforts, and strengthen relationships.

Desired Outcomes

By the end of this meeting, we will have:

- An update from National Association of Dental Plans on policies they are monitoring
- An opportunity, as a group, to refine and upgrade the health equity SMARTIE goal
- An update on the status of the meetings with the Office of the National Coordinator of Health Information Technology and Assistant Secretary of Health

B. Agenda Overview

The following agenda was presented at the start of the meeting, with adjustments made during the meeting as needed:

What	When
Start Ups: <ul style="list-style-type: none">● Welcome● Purpose of the Meeting● Desired Outcomes	4:00-4:05
Policy Updates <ul style="list-style-type: none">● NADP	4:05-4:15
Purpose of the Effort 2022 <ul style="list-style-type: none">● Health Equity SMARTIE Goal	4:15-4:50
ONC/ASH Update	4:50-4:55

V. Agenda Items

A. Welcome, Check-ins, and Agenda Review

Mike welcomed the group.

Mike: As I always say, a lot has happened since we last met. I sent out a Covid-19 update. What I would add is that now there are two Omicron variants, and the numbers are ticking up but it seems there is no up-tick in hospitalizations or other stresses to the healthcare system. There's been a general relaxation of masking and mitigation mandates. A federal judge has struck down the transportation mask mandate. For the next couple of weeks it will be interesting to see how things turn out. There is some guarded consensus that we won't have a spike. It's a bit of a worrisome precedent being set that a federal judge can undermine the authority of the CDC to promote regulation and mandates meant to protect the public.

Thank you all for sticking with us as we transform and move to the next year of this work group. There is a bit of a trend of some leaders asking their staff subject matter experts to take their place as we move into more on-the-ground things to look at. I think that's a good thing. I'll be reaching out to some of you for feedback on how things are going and how to make this group as effective as possible. Thanks for your participation. I'll turn it over to Carrie.

Carrie: Welcome everyone. I join Mike in welcoming everyone and appreciating you for your time and energy.

Carrie reviewed the desired outcomes and agenda.

Carrie: We are excited to share that we have a new member joining us today. Brittany Seneca. I'd love to give you the chance to introduce yourself.

Brittany: Hi everyone. I'm from the Seneca Nation. I'm currently residing in Irving. I graduated with an MPA, and I've been working at the Seneca Nation Health Center in a few different positions since 2008. I have a passion for working with my people to help improve health care. I'm happy to be here with you to learn, develop my knowledge, and accomplish the goals.

B. Policy Updates

Carrie: As you remember, we've started a new trend of asking you to share your policy experts' updates with the group. Today we have Lisa Layman, who is working with the National Association of Dental Plans, and who is going to provide us with an update on the policies they are following. She has over 25 years of experience in political and legislative affairs, and a comprehensive knowledge of health policy issues.

Lisa: Both the House and Senate are out right now, they've been out for the last week and a half, and they will return on Monday, so it's been a bit of a slow period in terms of concrete actions in Congress. About a week after your last call, President Biden released his proposed fiscal year 2023 budget. It is a proposal from the Administration to Congress reflecting the Administration's priorities and goals. In the health space in the budget, the focus was really on three areas highlighted: pandemic preparedness; behavioral health with an emphasis on providing funds to expand the workforce and parity; and health equity, with investments in community health centers and increasing diversity in the workforce.

As important as what is in the budget is what it did *not* include: policy proposals that were included in the Build Back Better proposals. For example, it did not include proposals related to Medicare, Medicaid, or the ACA marketplaces that had been included in Build Back Better. It did not include a dental benefit for Medicare or a mandatory adult dental benefit in the Medicare program, or expansion of the ACA subsidies. The idea is Congress should take the lead on those proposals if they choose to do so.

The release of this budget kicked off the budget process. Members from the Administration started testifying in front of Congressional committees, and those hearings will start up again next week. Secretary Becerra announced he'll be before the House Energy and Commerce Committee next week. While the members have been out, the staff have been already working on the budget and the appropriations process. We are now mid-April, and the FY runs out in September. In a perfect world, the budget will be set by then, we'll make it through all the appropriations bills, although it's become routine for there to be delays and stopgap measures put in place.

The public health emergency was extended last week for another 90 days, so the HHS and CMS waivers and flexibilities are scheduled to remain in place until July 15. It's estimated that millions of people will lose Medicaid coverage in the months following the expiration of the public health emergency. That's something some members of Congress are looking at. It's unclear what may happen.

The administration also proposed regulations to eliminate the so-called family glitch under the ACA. This relates to measuring eligibility for employer-sponsored coverage for a family based solely on the basis of the employee's coverage rather than the cost of family coverage. So this has limited access for about five million people. Many Democrats were enthusiastic about that proposal last week.

For the next work period, up to Memorial Day and after the Memorial Day recess, Congress is focused on two things: the FDA user fee agreements, which is a package of agreements with pharmaceutical and medical device industries that must be renewed every 5 years, and also

behavioral health. That's what I expect to see the House and the Senate focus on for the next 6-8 weeks.

House leadership hopes to have the House Energy and Commerce proposals on the floor potentially in June. In the Senate, the Finance Committee is also very focused on this, they've asked staff to submit legislative text by this Friday and are going to really pick up that process.

The big unknowns are: what are the prospects, if any, for a scaled-back Build Back Better package, and for a scaled-back Covid-19 relief package? There is not much clarity there. There is a sense that it's important, it would be good, there's a goal to have a scaled-back Build Back Better package through by Memorial Day, but progress at the Senate leadership level is slow at best. If a package comes together, in the health space it is likely limited to expansions of ACA subsidies and prescription drug policies. I don't expect anything related to expansion of dental coverage.

On the Covid-19 relief package, there was excitement earlier this month that the Senate had reached a deal. It had been scaled back from \$20 billion to \$10 billion. It looked like it would go through, but fell apart at the last second due to disagreements related to border control and immigration policies. Congress is likely to take that up again once they return next week.

Like many of you, NADP supported efforts to increase access to affordable dental coverage during the development of the Build Back Better proposals. There is an opportunity to increase access to affordable dental coverage via the federal marketplace. Currently, some people are blocked from purchasing dental insurance in the marketplaces. If a person already has medical coverage through an employer or a retirement plan or through Medicare, or they live in a state that uses the federally facilitated marketplace, they are not able to go to the Marketplace to purchase dental coverage. Some states have implemented this so-called independent purchase. We've heard from a number of states and the District of Columbia that they've seen substantial improvements in their rates of dental coverage and that the marketplace has been a valuable source of coverage for these individuals. We've had some promising conversations on the Hill, there is bipartisan interest in trying to expand access in this way. We'd welcome everyone's support, and would offer up our Executive Director Eme Augustini if you have any questions or would like to offer your support. Please feel free to reach out to her.

Carrie asked participants if there were any questions, and there were none.

Carrie: Thank you Lisa. Next month we will have Ann Lynch from the American Dental Hygienists' Association. If someone from your organization is doing advocacy or lobbying and can provide policy updates, please reach out to Bianca. bianca.n.rogers@gmail.com. We are hoping to schedule ourselves out at least two months, and are looking for a volunteer for June.

C. Purpose of the Effort 2022

Carrie: At last month's meeting, our hope was to finalize our goals and objectives for the 2022 planning year. We thought it might be worth re-grounding ourselves and sharing some additional context. I wanted to remind us of some context.

We recognize the onset of the pandemic was really the catalyzing event for this particular group coming together. We've continued to come together to focus on collective action and what we can do in this unique space. We recognize there are several others working in this area. But we do think this combination of organizations and people do provide added value. In the survey, you shared you felt it was worthwhile to continue doing that.

We've transitioned from visioning with CEO's and Presidents of organizations to having staff with specialized skills come to the meetings. We think that's great and important. And we also recognize that the problems we face are complex and multi-faceted. We cannot fix these problems on our own. In that vein, we think what we have the opportunity to do is to amplify some work that is already happening, or being led by other organizations. And then to use this combination of connections to leverage specific issues that can be accomplished in a specific timeframe.

With that in mind, we are going to revisit a few of our goals. As you remember, we've identified four areas of focus: Covid-19; leveraging the Oral Health in America report; looking at health equity and promoting that; and looking at the multi-directional integration of oral health and overall health.

As we start to refine and get clear about how we want to move forward and plan for the year, we thought it would make sense to review one of the groups who has made progress on their SMARTIE goal. And it might be helpful as a group to think about some of these larger, broader discussions, like health equity. I'll invite Chelsea to share where they are with their goal, and then we'd then want to see if we can hone in on some specific things for health equity.

Chelsea: Ann Lynch and I were the two folks who selected the Covid-19 issue area as our area of focus. In the initial discussion we quickly found ourselves discussing vaccination status of the oral health or dental team workforce, and what that can mean in terms of modeling vaccine practices for the communities we serve. That was one of the key elements here. Our organizations had partnered on some research on this in the past, looking at vaccination status of dentists and dental hygienists. We've definitely seen overall better vaccine confidence and uptake than in the general population and other sectors of healthcare, but still some room for improvement. We thought about that as a goal, to continue to monitor where we are with vaccine status and we structured our goal around that. Not only updating those figures, but thinking through how we use tools that are already available that could be important for our communities, including education around vaccines. One activity we identified was taking some of the CDC resources and repackaging or repromoting those with the workforce.

To be honest, we recently realized that based on priorities, we don't think we can provide updated figures on vaccine status, but are continuing to work in this general area. The vaccine numbers we do have from the latter part of 2021, we are looking at about 90% vaccination rate amongst dentists, and among hygienists it's about 75% who are fully vaccinated with about an extra 5% receiving one dose. So that's where we are.

Carrie: We are all committed and anxious to support systems change, and this is a complex and multifaceted issue. We also recognize there are boundaries and limitations that we have. So I think the direction you all have gone in is to identify one specific piece of the larger issue we can tackle within a specific timeframe.

With that in mind, we want to revisit the conversation about health equity. There is passion and expertise in the whole group, so we will stay in the large group today. We are launching a poll to see if we can narrow down which aspects of health equity we want to address. I want to share the choices and give a bit of context.

The first area is education and awareness- focusing on raising awareness and education for folks in your respective networks about the importance and urgency of health equity and the disparities that currently exist.

Another direction we could go in is to look at workforce issues. Maybe there are already policies and guidelines in place, maybe there is some accountability we could do. or maybe there are standards and guidelines that need to be created, and that could be the work of this group.

The third option is an organizational or internal focus- that might look like assessing your internal policies, practices, and procedures, both individually and looking at what does that mean for the larger group?

Finally, we could hone it down to data utilization- to what degree are you currently using and collecting data, and how could we explore an opportunity for you to influence the process if we are not collecting a significant representative selection of data?

- Chris: Are those four areas specifically around Covid-19 disparities?

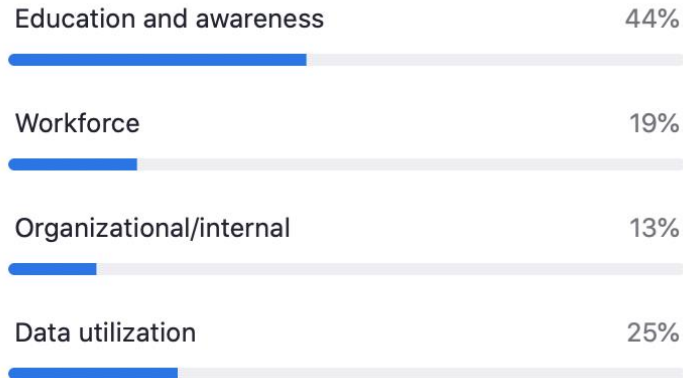
Carrie: No. It's about advancing health equity more generally. This is larger than Covid-19, though Covid-19 exacerbated those things we were already seeing.

We'll launch the poll and I'll ask you to select only one option.

Participants responded to the poll.

Health Equity Poll

1. Which of these areas do we, as the PRW, have the ability to make the most impact in through our collective actions? (Single Choice) *



Carrie: The majority of folks were looking at education and awareness. That helps us know how to proceed. As we think about health equity and how to achieve that, we are going to move forward with education and awareness. Is that okay? Can those who did not vote for education and awareness, consent to that?

The group indicated consent.

Mike: I'm worried some people voted without the context we gave. For those who voted before getting the context, are you confident in your vote?

Participants indicated their confidence.

Bianca then shared the [Equity SMARTIE Goal worksheet](#).

Carrie: Thanks, Mike. I want to see if we can start to envision in this areas of education and awareness. I'd like to hear from a few folks, are you thinking this is education and awareness of general constituents? The community at large? Clients and/or specific groups? When you say education and awareness, what are you thinking?

- LaVette: I'm thinking the general public at large, and also when we talk about communities as well. It would be great to have a consensus on a document that we all share so we are all speaking the same tune.

- Jane (via chat): Everyone.
- Tim: I'm thinking policymakers. Oral health is ignored when they are talking about health equity. Any opportunity to talk about oral health and equity to policy makers would be really critical for this group.
- Christine (via chat): Policy makers
- Dr. Cordero (via chat): Education and training for Congress and senate
- Barbie (via chat): Same, everyone...providers, community, policy makers etc.
- LaVette (via chat): Can we do both
- Tonia: In my work with the dental boards, the public and the community at large, the dental profession is where my mind went. However, I was part of a national work group call yesterday with the opioid regulatory collaborative. A theme we are seeing with CE providers is sharing some information as experts, but the information may not be accurate. So educators is a market we should target as well.
- Eme: I'm reminded of a time this group made a matrix of our audiences and who we touch directly. Maybe that's a source of who we can educate in a direct sense.
- Mike: Yes, we have that. Good suggestion.
- Ife (via chat): Providers and policy makers - the people holding the status quo
- Ife: We are doing a lot with networks and our internal organizations, but if we want to make change, we need to make change with folks who are in the status quo. Who do we want to influence? We need to focus on who those folks are, everywhere they are.
- Jane (via chat): Empowering patients to recognize their voice in advocating for Health Equity. It's an election year.....patients are holding many of the important cards that they can play...using the ears of the legislators and the eyes of the media.

Carrie: Just an observation: I think we are honing in, and I'm not a communications specialist, but I can foresee a mixed-message difficulty if we were trying to communicate with three different audiences. I don't think we can do the same message for everybody. And now there is a fourth piece- empowering patients, too. So I wonder: as we think about what's feasible in the next eight months, and recognizing that all these audiences are important, where would you start if we had to prioritize?

- Steve: I think we need to focus on policymakers, because we are just not on the map. We were close to a \$267 billion enactment, it got shot down by a narrow margin, and now it's disappeared. It took 15 years to get to that point, and three weeks to lose it. There's an "issues of the world" set of charts at the World Economic Forum. The number three issue globally is healthcare. Healthcare has 57 issues surrounding the subject, including mental health. Mental health goes on to have its own chart where it's the center of the issue. The word "dental" is missing in both. It's not on the radar screen.

We can't continue to allow that to happen. It's absurd that they accept the mental issue of the head, but not the oral health issue of the mouth. They just avoid the issue completely and no one is saying a word about it.

- LaVette: I do agree, but hopefully we can make a more immediate effect by addressing the general public and our providers while we try to make progress on policy-makers. It's going to take some time to really hit on the policy maker side. But we may be able to look at some immediate return if we focus on that.
- Jane (via chat): Town Hall meetings in campaign years can move a message forward
- Barbie (via chat): Also Hill Days either virtually or in person.

Carrie: I'm not meaning to imply we shouldn't do all of these; I'm trying to help us prioritize and move toward action.

- Dr. Cordero: I'm so glad you did the poll. Education is necessary, but it's not for the public. It is for the educators, the policy makers, the people in charge of the system that is not working. I have first-hand view of the misconceptions within universities. With one, I noticed that among the advisors there were fifty-two physicians and two dentists. And this is a university that is recognized for their amazing dental school. They don't even see us, even though we have a presence in this university. They see dental as an optional educational piece, and not the same level of healthcare need, which is ignorant. How can they not see the importance dentistry has in health care? We think everyone sees what we see, but no, they don't. I just went to a medical meeting, and they don't even mention the word dental. They don't understand we are an essential part of healthcare. That's what we need to start addressing, so they can even begin to start addressing it in terms of policy. How can they address it in terms of policy, when they don't even understand it as part of health? It's a shame.

Carrie: I want to see if there are any other advocacies around prioritization of our audience?

- Ife: I want to make sure I have clarity on this... we are talking about who we want to educate about health equity, correct? If we are talking about who we want to educate so that health equity gets the biggest boost, I almost want to go back to the list. Things like implementing data in education are necessary elements for providing this education and awareness to all these different constituents we want to educate. But for me it comes down to who holds the power to make the change? I always want to look at where the status quo is: the administrators, the policymakers, the providers... who is in power? That's the group we need to focus on educating them about their blind spots in terms of health equity. So I'd want to make sure we are focusing on the power base so they have the ability to make the change.
- Jane (via chat): Oral Health Equity is part of Health Equity. Physicians and physician groups hold much power

Carrie: I'd love to hear from some of the meeting participants who haven't weighed in yet. You can do so in the chat, or you can come off mute and share. We are starting to narrow it down to the general public, policy makers, or perhaps providers.

- Christine: I am wondering... It seems that all I am reading about now is people are so concerned about inflation, gas prices, the possibility of going to war... I'm just wondering, with that much noise going on, is there a way we can tie our messaging into some of these things that are top of mind for policymakers and the public? How can we make oral health equity be as important as these other things people are saying are at the top of their list of concerns?
- Colin: I wholeheartedly agree. We often fall into this trap thinking our job is to educate the public about the importance of oral health. But over and over again we see polling and survey data that shows that the public does care about oral health. Educational efforts should lift up those concerns and also place them in the context of some of these broader inequities and issues of the day like economic insecurity. That may be the angle, more so than simply educating the public generally about oral health inequities. The public is suffering from the inequities. But being able to tie them to the other socio-economic inequities they are dealing with helps advance this issue.
- Christine: I'm glad you agree. But I am just thinking that you talk about... say a PSA that says "You are already struggling paying for gas and food, would having a toothache be the thing that pushes you over the edge?" Trying to put it in a meaningful perspective, so they understand this is something that directly impacts them.
- Colin (via chat): i think that's great

Carrie: I'd like to offer another lens to consider. One of the biggest ways to influence policy makers is to amplify that experience and share that voice. So it seems to me that the way we involve the public is to collect and amplify the stories they have to make the case for policy makers to move the work forward. In that, there is the opportunity to educate the public as we collect the stories, and yet we've been very focused on who is it we are targeting with our message, and how do we craft our message? Because that is what will change, depending on the audience. I'm not suggesting we don't make sure providers don't have increased awareness, or policy makers or the public at large. But we have to start crafting a message that will really resonate with the people we are trying to reach.

- Brett: (via chat): there can also be a data component here, qualitative and quantitative
- Tim (via chat): Putting together a concerted effort to educate and raise awareness of oral health equity with policymakers will require us to naturally engage all of our stakeholder networks, thereby raising awareness with them as well, so educating policy makers is not exclusively separate from educating the public or providers.

- Steve (via chat): Colin's chat above is a very good roadmap !!! We are missing industry champions like the pharmaceutical industry!!!!
- LaVette (via chat): Thank you Dr. Ricks, we need the buy-in with public and providers to hit the policy makers

Carrie: I think we narrowed it down. We've prioritized policy makers, recognizing and understanding that we certainly want to amplify community voices in that process, but that we think that might be the lynchpin to really creating action. And to the point Steve made earlier, it does build on the momentum we had garnered last year as we were working on the previous Build Back Better.

This is where I'd like to ask for your consideration. We didn't anticipate spending several months just operationalizing the goals in the focus areas. How would you like to move forward? We did talk about the spectrum of engagement last month. We recognized that 20 minutes isn't enough; a suggestion that came up was to add 30 minutes to this meeting, and going from 4:00 to 5:30 next month to wrestle these last two focus areas into specifics of how to hold ourselves accountable, how to utilize our own networks, and how to move this work forward. In the meantime, we can research the information Eme was referring to earlier about our networks that we can influence. How does that sound to everyone? We know this part is important, and we are hoping that there is some group buy-in and co-ownership of the work.

The group agreed to a longer meeting.

D. ONC/ASH Update

Mike: This process has been "hurry up and wait." I apologize it's taken so long to get dates for these meetings. The dates we've gotten and feedback from both offices is "we have these slots available next week." Sorry for the short notice, but that's part of what is going on. We have a meeting with the Office of the National Coordinator (ONC) about interoperability. We are hoping to put together an agenda that mirrors the letter we sent about interoperability. It's a highly technical conversation so we are hoping to have subject matter experts from groups already having a conversation with that group. We are going to have someone from CareQuest Institute for Oral Health and the ADA be part of that group. We sent a draft agenda, and they said they thought they needed more members of the ONC to attend, so they canceled that and will send us a new date. We'll keep everyone informed of when that is, but probably again with short notice.

With the Assistant Secretary of Health, it was the same thing. The date that was most workable is on Tuesday, May 4th from 9-9:30am ET. Bianca sent out a note to everyone about that. We'll develop an agenda that mirrors what we asked for in the letter.

VI. Close

A. Additional Updates

Carrie: In the few minutes we have left, we want to ask if there are upcoming events you'd like to share, or something you'd like to ask for from your colleagues?

- LaVette: I wanted to share that the National Dental Association annual convention is July 14-17 in Phoenix, AZ. And Diverse Dental Society is moving forward with a webinar on social media on May 19 that you will be invited to as well.
- Chris: I wanted to let you know I received an email today that Representative McBath from Georgia has a sign-on letter to increase funding for the CDC's Division of Oral Health. That letter is being circulated, and they want people to contact their representatives to ask them to sign on.
- Chelsea: We are doing a Hill briefing in a few weeks on the importance of adult dental benefits in Medicaid. It seems relevant to this goal.
- Dr. Cordero (via chat): HDA is holding our first live Annual meeting in Fort Lee NJ on June 10 and 11th . You are all invited.
- Jane (via chat): I wish the NDA Meeting wasn't at the same time as our Council meeting in Chicago
- Kristin (via chat): CareQuest Innovation Partner's SMILE Health startup accelerator is accepting applications through Friday. We are also looking for partners to join as mentors, faculty, Impact and Scale partners (more info at the link). Please share with anyone in your networks who might be interested in any of those opportunities!
<https://carequestinnovation.com/smile/>