Oral Health System: Pandemic Response Workgroup
Virtual Meeting XXVI
May 18, 2022
4:00-5:30 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

What	Who	By When
Reach out to Bianca if you or your organization wants to give policy updates at a future meeting. bianca.n.rogers@gmail.com	All	Ongoing
Planning Team will email a short survey for Members to indicate their work with ASH and stakeholders they serve.	Planning Team	2 weeks post meeting
Pull together ideas from today's discussion and offer a poll at the next meeting to operationalize some of them	Carrie	By next meeting

II. Participants

In attendance:

Name	Organization
Ann Lynch	**American Dental Hygienist Association**
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**
Keith Perry	**Executive Director, National 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**

Sarah Miller, MPA	**Director of Philanthropy and Foundation Operations, Dental Trade Alliance**
Terri Dolan, DDS. MPH	**President-Elect, Santa Fe Group**
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**
Barbie Vartanian	**Executive Director, Project Accessible Oral Health**
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**
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**
Steve Kess, MBA	**VP, Global Professional Relations, Henry Schein**

III. Meeting Overview

A. Meeting Purpose and Desired Outcomes

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

Meeting Purpose:

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 hope to have:

- An update from the American Dental Hygienists' Association on policies they are monitoring
- An awareness of the PRW's collective action accomplishments to date
- An opportunity to discuss and develop a list of immediate opportunities for the PRW to respond to and amplify, in our focus areas
- A debrief on the meeting with the Assistant Secretary of Health, ADM Rachel Levine, and discussion of next steps

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: ● Welcome ● Purpose of the Meeting ● Desired Outcomes	4:00-4:10
Policy Updates ● ADHA	4:10-4:15
Assistant Secretary of Health ● Meeting Debrief & Next Steps	4:15 - 4:25
Purpose of the Effort 2022 ● Review of Prior Collective Action Wins ● List of Immediate Collective Actions ● Next Steps	4:25-5:25
Close ● Offerings & Requests	5:25-5:30

IV. Agenda Items

A. Welcome, Check-ins, and Agenda Review

Mike Welcomed the group.

Mike: As we move forward, we want to continue to look at this group and evaluate the role we can play as a group moving forward. I think the most important question is, what are the collective actions we can accomplish? What we'd like to do is continue that sense of collective action. As we all know, we started around COVID -19 when dentistry and oral health providers and care were marginalized. Oral health can't be an afterthought or side issue; it needs to be a central, essential part of healthcare. It can't ever shut down again; that had ramifications that were harmful to the public and to the professionals. One of the best ways to make sure that never happens again is to come together and share and talk about the issues. We learned we really can have some success individually and collectively with having oral health be recognized in the PREP Act having oral health providers be recognized as essential providers. We improved access to PPE. We were able to provide guidance for providers and the public in a one-stop-shop way. It's clear the virus is not done with us yet; it can mutate and evade immunity. e need to continue to look at how covid impacts us now and in the future. The COVID-19 update I sent out this month was looking at COVID-19 from a global perspective. This really is a global phenomenon, so we'll continue to look at that perspective. At the same time, we can continue looking beyond covid and have a framework of the topical areas that have come up as priorities, and think about how we can move forward with collective action. The most recent successes we've had are the recent meeting with the Assistant Secretary for Health and our pending meeting with the Office of the National Coordinator to talk about interoperability, which is really key to integration. There's a lot to talk about today. I'll turn it over to Carrie.

Carrie: Thanks Mike for that overview and grounding. I just want to remind you all of our purpose and desired outcomes for today.

Carrie reviewed the desired outcomes and agenda.

Carrie: I want to point out that we have folks unable to be here with us, or be here for the full time. If you need to jump off during the conversation, we understand.

Are there any questions or comments or anything you wish were a part of the desired outcomes that I didn't share?

There were no comments from the group.

B. Policy Updates

Carrie: I'm going to turn it over to Ann Lynch to share some of the policies they are tracking.

Ann: I appreciate the opportunity to share with you today. I wanted to focus on a project we are fully engaged in, along with the American Dental Association. It presents an opportunity for some positive change for both professions. For context, the U.S. Department of Defense is steadfast in its commitment to providing support for military families and spouses. Several months ago, DoD awarded funding to the Council on State Governments. The purpose of the award was so that CSG could support the development of new interstate licensure compacts. Some of you may have experienced the difficulties of crossing state lines in your professions. DoD's interest in this is driven squarely by military families and spouses; they also recognize the potential that exists in these compacts that could help other dentists and dental hygienists that are in civil practice.

There was a competitive process, and ADHA applied for this technical assistance through CSG, and so did ADA. Both were selected to be awarded this TA work to develop interstate licensure compacts for both professions. I've been in this space a long time, and this is one of the most significant, exciting things I think will come to fruition and really serve both professions very well.

The first step was the creation of a technical assistance group. These were providers, board executives, and professional staff from the related associations. They put together the frame for what this compact could look like. Now a smaller drafting group is working on preparing legislation. It will need to be passed in each of the states.

Perhaps of potential interest to some of you is that I expect in early fall there will be an extensive period of public comment. CSG is interested in collecting public input. I hope to come back in the fall to talk about what the legislation looks like, and the more imminent next steps.

- Chris: Is this legislation that all states would adopt? Or are you starting off with a smaller group of states?

Ann: Hopefully all states would eventually adopt it, but it makes sense to focus on a smaller list of states initially. A number are already involved in other licensure compacts with nursing, with physicians assistants, with EMS, etc. A state that already has multiple compacts might be low-hanging fruit.

Carrie: Thanks for that context. It's important to remember how we got to where we are.

- Tim (via chat): Good job, Ann (who, if everyone doesn't know, is the one who brought dental therapy to the lower 48!)

We are still extending the opportunity to have someone from your organization provide the policy updates. You can get scheduled as early as next month; reach out to Bianca to coordinate that. We are hoping to get a couple of months ahead.

I'll turn it over to Mike and Tim to talk about a recent accomplishment: our meeting with the ASH.

C. Assistant Secretary of Health

Mike: I wanted to give an overview of our meeting with Assistant Secretary Levine. Some of you participated. We had a half-hour meeting, and one of the most important aspects of it is that Assistant Secretary Levine stayed for the whole meeting; she was engaged and responsive, and brought most of her team. She gave us a dedicated point of contact, that's Dr. Leith States, who is the chief medical officer of the ASH office, which will help lend credence to things going forward. We introduced our role as the PRW. We reminded her of our overall asks:

1. Ensuring that oral health experts, including practitioners, are included on all HHS Health policy commissions, task forces, and health-related meetings hosted by the Administration.
2. Ensuring that oral health is taken into account in all health policy decision-making; and
3. Convening an oral health summit or creating other opportunities to seek input from oral health stakeholders about opportunities for HHS to advance oral health and oral/medical integration.

She listened and responded to that, and worked with some of the team to add some additional topics to the mix that we could potentially help to support. One of them was to work towards increasing provider participation in Medicaid. And to look to the role of oral health providers in addressing opioid use and abuse. Another was the environmental and clinical issues associated with dental amalgam and mercury. And the importance of maintaining optimal levels of community water fluoridation. And she asked for support in the recruitment of officers in the Commissioned Public Health Corps.

Dr. States was effusive in saying he's excited by the possibility of working with us going forward. I think that's a really good sign.

Tim: I applaud you for doing this. In the previous administration, oral health was one of the six priorities. In this administration, it hasn't been a priority. You know what happened with what was to be the second ever Surgeon General's report on oral health. So it's good for the leadership to see something positive, because right now there's negative things with the NTP monograph, and the pressure being put on them with dental amalgams. Having a group like the PRW reinforcing that oral health is essential healthcare is really good.

- Chris: I don't know if this is a direct result of the meeting we had with ASH, but I know there's been increased scrutiny at higher levels of the NTP report, and its release has been delayed as they get all the various federal agencies to have some talking points that don't undermine each other. I do think it's very beneficial that some of the concerns raised by groups appear to be being looked at and considered seriously.

- Tim: Chris, you are like the "breaking news" person of our group!

Mike: Chris, can you give a brief update of what the report is?

- Chris: It's a summary that was done, the conclusion is that higher levels of fluoride can be harmful. It does not say that levels of fluoride used in communities for water fluoridation are harmful. That's one of the main talking points we are disseminating. It is going to be an opportunity for those opposed to fluoridation to say, "Look, here's another report that says it's bad for you. Actually ASTDD is working now to disseminate info to state health officers if they are asked, once the report is released.

- Terri: When I read the pre-meeting materials, it felt like deja vu. I appreciate Mike's and the team's work because it was a good reminder that every time there is a change in administration, we need to remind them that there is a head connected to the rest of the body. It's a frustration that you have to do that constantly. Thanks to Mike and the team for doing that.

Mike: Do you want to say who the new HRSA dental director is?

- Chris: Adam Barefoot who has been dental director in Georgia is going to be the new HRSA dental director. My lament is that the federal government is stealing all of my really good dental directors. The ADA has also recruited one of my really excellent dental directors.

- Jane (via chat): We look forward to Adam's service!

Carrie: That was a lot to unpack. This interesting list of additional points and topics brought up in the discussion… Are any of your organizations doing any work in these areas? Or do you know of anyone doing work in these places? It's important to pause and think of our collective strength here.

- Chris: ASTDD is getting ready to update our statement on amalgam. And we do have a statement on prescribing opioids. And we do a lot of work on fluoridation.

- Tim: I'm doing recruitment for the Commission Corps, so if anyone is looking for a job… But also, I convened a group of federal leaders- HHS, military, VA. We were asked to develop a consensus on dental amalgam. I think the pressure was on to further decrease dental amalgam in federal agencies. But we rapidly came to the consensus that we are doing as much as we can. There is no legal authority to ban dental

amalgam in federal agencies. So we developed a consensus statement, sent it back to the powers that be, and I'll just say that they didn't like it.

- Don: Just a quick friendly amendment. I think when we talk about advancing health and caring for the whole person, we really ought to say advancing oral health, primary care, and behavioral health. It's sort of implied in here with opioid use. But I think one of the questions that comes up in these sessions is how did behavioral health get in here… it's time to include everyone. I just offer that as a friendly amendment.
- Jane (via cha)t: Matt Zaborowski has joined us as our Manager of Prevention Programs and Dr. Elizabeth Lense is our new Manager of Health Equity and Prevention.
- Colin (via chat): We're certainly looking at ways in which federal entities can help expand the dental workforce, including the Public Health Service Corps.
- Tim (via chat): You can promote the USPHS by going to www.usphs.gov. The USPHS Commissioned Corps also has a new reserve component, using the National Guard model, called the Ready Reserve Corps. Anyone - even all of you who are oral health professionals- could join that part-time.
- Mike (via chat): our next step will be to reach out to Dr. States to convene a group to continue the conversation. The meeting with the ONC was canceled by the ONC and we are in the process of rescheduling.

D. Purpose of the Effort 2022

Carrie: This part of the discussion really gets us to the next piece we wanted to think about. That is, what is this group capable of? We are coming off of this opportunity and having some positive movement. And recognizing that we have to start over again in some ways, but it opens opportunities to continue the conversation.

I want to remind you of an activity we did when we were getting started: mapping our spheres of influence. It gave us an opportunity to think about the constituents, audiences, and the other folks who your organization has opportunities to influence.

Carrie shared definitions from the spheres of influence activity in the chat:

- ❖ CONSTITUENTS: Who does your organization directly serve? For example, your members, or your customers.
- ❖ AUDIENCES: Who else does your organization communicate towards or seek to inform, in addition to your direct constituents?
- ❖ OTHERS: Beyond your direct constituents and intended audiences, who else does your organization seek to influence? For example, certain categories of policy makers, or other parts of the healthcare industry.

Carrie: I want to share those three areas, and have you start thinking about them. And I want to remind you of two examples. One is from our friends at ASTDD, who described their constituents as directors and staff of oral health programs that are located within state/territorial health departments. Their audience– other people they communicate with to inform– are individuals and organizations who are stakeholders in the work conducted by the Oral Health Programs that are located in state/territorial health departments. In addition to those, there is this tertiary group, which is other organizations that are working towards improving the oral health and overall health of our nation. So that's an example, as we start to think about our reach in terms of spheres of influence.

Another example comes from the National Association of Dental Plans. Their constituents are member DBAs, DSOs, dental product and service suppliers, and individuals. Their secondary audience is carriers, employers, consumers, providers, brokers, consultants, AHIP, ACLI, NAVCP, and Better Medicare Alliance. And their tertiary sphere of influence includes federal and state legislative and regulatory bodies Collaborative bodies such as NAIC and NCOIL.

There are two things to think about in the follow up: as we are advancing oral health, primary health, and behavioral health, which area are you working in? And then what are your spheres of influence? As a way of thinking about our collective impact and where our strength lies, where does that land us? What is this group capable of? What does this make you realize?

I'd love to hear from folks who haven't been as vocal so far.

- LaVette: This group is valuable because we have the same mission, but come from different areas within oral health. I think for any change to happen, you need us all at the table. Having that diversity is wonderful. The only thing is, trying to map out steps, because we can be very ambitious about it, but we may have to take things in pieces to make big change. I'm proud to be part of it.

- Tonia: I echo what LaVette said. We feel proud of what we've accomplished so far. The AADB exists to support dental boards and their mission to protect the public. I think with this diverse group of folks we are better able to serve our members by doing that.

- Tim: I think there are multiple coalitions right now: we have one that is organizational leaders; there is this one; there is OPEN, which has its own more grassroots network. There's a place for all of us. Just meeting is important because if you look at the agendas of everyone on this call, there is some divergence, some issues we could fight about. But one important thing is coming together to agree on 99% of things, so we can respect each other when we disagree on the other 1%. I think that's the value of this group.

- Tonia: To build on that, what's nice about this group is even though the ADA for example… I work with ADA on a number of different work groups; but it's nice to have Jane's and Chelsea's perspectives, where lots of times I work with Ray.

- Terri: I'm attending this group representing the Santa Fe group, and we'll continue to do our work advocating for the importance of oral health for overall health and well-being.

But I think this group in particular… maybe we need to just continue to find our voice and advocate for the importance of oral health. It goes beyond federal agencies, to so many influential groups and individuals who either don't understand the importance of oral health, or are in a position to advocate for the patient in the importance of oral health to that individual or groups of underserved individuals. I don't know if we can do more in that area beyond Covid, which has highlighted the inequities and reinforced to us the importance of advocacy. I know groups are working on this, and there is the platform for oral health in Europe that seems to be making some movement outside the U.S., and groups are talking about doing something similar in the U.S. I think that this group has that potential and capability.

- Jane (via chat): This group functions as a respectful circle of trust - we all know the foundational pieces that can move oral health forward.

Carrie: What are areas where we can leverage the momentum we have gained? Recognizing a lot of that has come in this space of advocating for oral health as part of overall health. We are going to do three breakout groups. I'll put the discussion prompts in the chat.

Carrie shared the discussion prompts:

1. *Across the oral health landscape, what are the immediate opportunities (of which we are already aware) for the PRW to respond to and amplify? (Keeping the areas of focus in mind.)*
2. *What are the challenges, if any, to moving forward with the collective action?*
3. *A list of additional stakeholders to inform our thinking and include going forward & identify which are already a part of your core audience*

Carrie: How can we continue to use oral health equity as a lens? Thinking about accessibility, affordability, and all the ways folks are working to meet their needs.

- Jane (via chat): It's an election year….advocacy is front and center!

- MA Cordero: Terri hit the nail on the head. The biggest issue we have is the lack of understanding in the medical community of what oral health is. They don't have a clue. They don't even recognize what they don't know. They don't understand there is another part of health that is affected by a lack of oral health. There are people who cannot go to school or get jobs because of dental issues. This is serious business. It's not serious enough to the physicians for them to think about it. I've been dealing with this ignorance for quite a while, and it's upsetting. I think it's our job to teach them. I have been suggesting to deans that there be cross-training and cross-education. And I think medical and dental schools should be more engaged with each other, not separate entities as they are right now. There is not respect as to the impact oral health has on overall health. You will be shocked at how few dental experts are on the boards of the schools. What's not seen is the numbers participating from the dental schools in the health care policies of the schools.

- Jane (via chat): The pediatricians certainly understand… and are moving forward in some key areas in their Section on Oral Health (SOOH).

Carrie: We will be in the breakout rooms for 15 minutes.

Participants worked in breakout groups.

Carrie: Let's hear a bit of your conversations.

Group 1

Bianca: We had a great conversation that built off the large group conversation. Medicine doesn't understand the needs of oral health. How can we partner more closely with behavioral health groups to show that connection? What about medical school curricula? When do they talk about oral health, how do they educate their students? The opportunity could be during residency programs. This is when the residents are really looking for information and knowledge of what to do. We talked about the VA being a great partner, they are already doing a lot of interdisciplinary work. We should all try to go to conferences in other health disciplines to be the oral health voice and build partnerships.

- Jane (via chat): Cultivating new medical residents can be a strategy....and attending medical meetings to ask oral health questions during some of the well attended sessions.

Group 2

Chelsea: We talked about two key areas. One was that I would love to have something targeted we could coalesce around. One area that has great momentum that we could coalesce around is the Medicaid adult dental benefit discussions. There is so much going on at the state level in 10 or 12 states in terms of improving dental packages and rate increases; there is so much going on. I would love a targeted approach like that. There are federal opportunities around that too. Secondly, I completely agree with some of the ideas brought up in full group discussion on the need to have better partnerships and communication with our medical colleagues and in behavioral health. One area I struggle with is that I don't want the dental community to continue to point fingers at the medical community. That won't help our partnership. So we talked about working on messaging around dental/medical integration, and how to have a partnership-centered approach to that conversation. Amd stressing that at the systems level, it's about better communication and planning with them.

Kristin: The only thing I'd add is we spent some time talking about what makes this group unique. Tonia pointed out that this collective all has a high-level comfort with advocacy. That's not always the case. Being able to identify issues where we can lean into that advantage and leverage it is something we can do more of.

Group 3

Vanetta: The idea around adult Medicaid, and coalescing around that came up, and we thought that was good. Another question was around diversification and representation in medical schools, and increasing cultural competence in the field. We talked a little about the title of the group, and we may want to consider looking at a different title for the group. Pandemic response is what launched us; Carrie talked about innovation and creativity and the speed to innovate based on this crisis. There might be a nugget in that that would be more representative of what this group does. Pandemic response is not as timely and the group is changing a little bit.

Chris: I mentioned that CDC and the National Association of Chronic Disease Directors are working on a medical/dental integration framework. I think it's something this group could get behind and promote.

Carrie: Great points. Thanks to those who took notes. The next steps are to pull together these ideas and offer a poll at the next meeting to operationalize some of these ideas. There may be a few that float to the top, that we can prioritize in the next few months while recognizing bandwidth and capacity limitations for all of us. There was some great thinking that happened; this will not get lost.

I want to also be mindful of our time. I want to give space for anyone to share updates or resources or events or queries for each other.

- Eme (via chat): ICYMI, new study led by Mayo: https://newsnetwork.mayoclinic.org/discussion/a-trip-to-the-dentist-saves-money-reduces-likelihood-of-hospitalization-for-people-with-diabetes-or-coronary-artery-disease/

- LaVette (via chat): I invite you to attend the NDA convention in AZ. Our rates go up the 1st of June, so register soon. https://ndaonline.org/meetings/2022-national-convention/

- Kristin: I was going to do a recall to something Mike put in the chat about the ASH meeting. We are going to reach back out to Dr. Stakes. One reason we asked about who is doing work on the topics ASH raised is that we want to be responsive to them by sharing what has already been done while also advancing our specific asks. If you want to share any information you want to share, a summary of work you have done in those areas, any links to research or studies you've done in those areas, you can share that with us in advance and we can build a response to them as follow-up. You can send all of that to Bianca.

- MA Cordero: I wanted to share that the Hispanic Dental Association has started two fascinating endeavors. We have a research committee identifying the lack of or need for new research addressing Hispanic and underserved communities. We are analyzing what is available and creating new research opportunities. And we have published the second edition of the HDA journal. It's the first bilingual scientific journal. If there is information you would like to have published, please submit it. The other thing I wanted

to mention is that one of the best things that happened to me was to grow my friendships with the diverse community we have in this country. I'm finding my brothers and sisters in the ADA. We are a diverse society and we learn so much from each other. It's a beautiful experience to give yourself to understanding your fellow brothers and sisters. We are a small community, dentists around the world. Jane, I've known you for years. How beautiful is it when you realize how much we have in common as opposed to how different we are? That's what I'm learning. Who took the initiative to do something during the pandemic to unify? A dentist, Tim Ricks. The physicians didn't do it. We are united, and I'm grateful for the profession and the people who are part of it. To me, that's one of the biggest takeaways: I'm part of a beautiful family of professionals. My brothers and sisters are all of you. All we do is for our communities.

Carrie: I appreciate those sentiments. In light of the most recent events in this country, it bears thinking about what are the things that unite us, and what are the things we have in common rather than our differences. It gives us some hope.

- Krisitn (via chat): CareQuest Institute is hosting a webinar tomorrow on teledentistry if anyone is interested in joining https://www.carequest.org/education/webinars/building-teledentistry-program-expands-access-and-increases-equity

V. Close

Carrie: We'll give you an opportunity to update the stakeholder analysis document and contact list. If you are working in any of the areas raised in the meeting with ASH, let us know that. We look forward to seeing you next month. That will be a regular one-hour meeting. We appreciate your commitment. Enjoy your evening.

Appendix A: Small Group Notes

Group #1:

One area of medicine that understands the connection is pediatrics because they understand that children need healthy mouths for a healthy body
-Can have so many issues in the mouth that can affect their health through life

When we talk about equity-
Inequity in care/healthcare because they don't realize that oral health is just as important

>Surgeon general needs to know that message

Forming partnerships with behavioral health
-Behavioral health and oral health
-Cultivate influencers in the behavioral health arena

Medical education programs may be hard to get into
-Residency programs are an opportunity
College of emergency physicians invited ADA to talk at their meeting

Grew up doing geriatric dentistry
>VA leader in interdisciplinary visions

Expand and collaborate beyond dental friends and get consumer stories
The patient voice can be very effective

>Potential partner is the VA — oral health and mental health

Lack of being present because of oral health pain

Head of healthcare general Temple, a general dentist

Armed forces are amazing in how they train and educate

>One strategy is to register for medical discipline meetings and ask at the microphone what are your thoughts on oral health to keynotes — get the conversation going

APHA when they host oral health sessions, all our friends/ colleagues are in the audience, but not others. How do we solve this?

>Smiles for life program --there are medical people who are supporters

Dr. Cordero developed Forms to communicate between physician and dentist on prescriptions

re: behavioral health, SUD, etc., one thing we could think about is approaching CMMI about ways to incorporate oral health into integrated care/payment models for adults

Group #2:

Chelsea

- Having a targeted action – we need it
  - Struggle without it
- One item that we are in the perfect position to advance is Medicaid dental coverage - equity issue
- From policy and advocacy standpoint – Medicaid could be a consistent message
- Medical-dental integration
  - Dental community places so much blame on medical industry and that isn't going to get us anywhere.
  - Maybe trying to develop more consistent messaging across our organizations on the topic

  -once voice for how we champion integration

Keith

- Me too to chelsea's comments
- Health equity – overarching goal
  - Subset is of course Medicaid benefit
  - Uniqueness of this group adds gravitas to making the case for oral health equity.

Don

- Medicaid
- Messaging is important and if you are trying to build collaboration and friendships
  - Recognizing that this is a safe/trusted space where people can vent
  - Caring for the whole person
    - § Oral health, primary care, and behavioral health
- Consistent message in our respective circles

Tonia

- How this group is different

- We have a lot more people, composition of the group are all organizations that are comfortable advocating
- Advocacy is unique

Brittany

- New with NIHB so still in the listening and learning phase

Appendix B: Stakeholder "Spheres of Influence" Matrix

Oral Health System Pandemic Response: Stakeholder "Spheres of Influence" Matrix

CONSTITUENTS: Who does your organization directly serve? For example, your members, or your customers.

AUDIENCES: Who else does your organization communicate towards or seek to inform, in addition to your direct constituents?

OTHERS: Beyond your direct constituents and intended audiences, who else does your organization seek to influence? For example, certain categories of policy makers, or other parts of the health care industry.

ORGANIZATION	CONSTITUENTS	AUDIENCES	OTHERS
American Dental Association (ADA)	Practicing dentists	Allied dental professionals Dental education community Community clinics and health centers Patients and the public	Federal legislators and agencies State governments and policy makers
American Dental Hygienists Association (ADHA)	Dental Hygienists who serve in a variety of professional roles (educators, researchers, public health, etc.) and student dental hygienists	General public Related health care organizations Key opinion leaders Corporate partners Foundations	State and federal public policy makers
Association of Dental Support			

Organizations (ADSO)			
Association of State and Territorial Dental Directors (ASTDD)	Directors and staff of oral health programs that are located within State/Territorial Health Departments	Individuals and organizations who are stakeholders in the work conducted by the Oral Health Programs that are located in State/Territorial Health Departments	Other organizations that are working towards improving the oral health and overall health of our nation
Association of State and Territorial Health Officers (ASTHO)	ASTHO represents the nation's state and territorial public health officials and the agencies they lead	Federal agencies, other public health associations, partners, and non-profits.	Policy makers
Delta Dental of Washington (DDWA) and Arcora Foundation	Covered individuals in WA and other states DDWA member dentists	Advocacy organizations Community organizations	Policymakers Business leaders Other healthcare leaders Community leaders
	Companies/groups that purchase DDWA coverage All people in WA, regardless of insurance status, with a focus on those currently underserved (Arcora)		Local and State dental and dental hygiene associations Dental training/education programs
Dental Trade Alliance (DTA)	Members		

DentaQuest Partnership for Oral Health Advancement (DQP)	Dentists (commercial and Medicaid) Consumers (dental plan members) State Medicaid programs (and their contracted health plans) Grantees (working on system improvement)	General public	Other health care providers and payers Health policy makers State and federal legislators Professional health organizations Health education entities
Henry Schein, Inc.	Dental manufacturers Clinical community Academic community	Associations Philanthropists Policy makers	Public private partnerships
National Association of Community Health Centers (NACHC)			
National Association of Dental Plans (NADP)	Member DBAs, DSOs, dental product and service suppliers, individuals	Carriers, employers, consumers, providers, brokers, consultants, AHIP, ACLI, NAVCP, Better Medicare Alliance	Federal and state legislative and regulatory bodies Collaborative bodies such as NAIC and NCOIL
Oral Health Coordinating Committee (OHCC) and U.S. Public Health Service (USPHS)	Federal agency dental leaders Public health dentists	Military and CA CDOs Organized dentistry (providers, plans) National dental organizations (e.g., education, state dental directors, NNOHA, OSAP) Int'l dental organizations (e.g., IADR, WHO)	
Oral Health Progress and			

Equity Network (OPEN)			
Santa Fe Group	President	Thought leaders in philanthropy and industry	Govt agencies and political leaders