ADA American Dental Association®

1111 14th Street, N.W.
Suite 1200
Washington, DC 20005

T 202.898.2400
F 202.898.2437
www.ada.org

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Office of the Assistant Secretary for Planning and Evaluation
Strategic Planning Team
Attn: Strategic Plan Comments
U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 434E
Washington, DC 20201

To Whom It May Concern:

On behalf of the162,000 members of the American Dental Association (ADA), we would like to thank you for the opportunity to provide comment on the Draft Health and Human Services (HHS) Strategic Plan for Fiscal Years 2022-2026. We are pleased to offer our thoughts on the following sections of the plan that most impact dentistry and the oral health of the public.

Objective 1.3: Expand equitable access to comprehensive, community-based, innovative, and culturally-competent healthcare services while addressing social determinants of health.

Support community-based services to meet the diverse healthcare needs of underserved populations.

- *Expand access to oral healthcare, including diagnostic, preventive, and restorative services, and health care settings that provide oral healthcare, and promote collaborative practices to integrate oral health and primary care to improve health outcomes.*

ADA Comment: Despite many oral health advancements over the last half century, oral health disparities and inequities continue. The Surgeon General's 2000 report titled "Oral Health in America," identified systemic disparities and inequities in social determinants of oral health that disproportionately prevent those in vulnerable communities from accessing the resources needed to achieve and maintain their oral health, and in turn, their overall health.

Failing to successfully address the social determinants as an underlying contributor to oral health disparities will certainly continue what the Surgeon General's report defined as the "silent epidemic" of dental disease leading to devastating consequences for individuals and communities.

As the nation's leading oral health advocate, the ADA recently adopted a policy clearly defining oral health equity and the principles that will guide the ADA's efforts in helping to achieve it. This policy defines oral health equity as optimal oral health for all people. The ADA is committed to promoting equity in oral health care by continuing research and data collection, advocating to positively impact the social determinants of oral health, reinforcing the integral role of oral health in overall health, supporting cultural competency and diversity

in dental treatment, advancing disease prevention education, and supporting efforts to improve equitable access to oral health care.

Dental care has the highest level of cost barriers compared to other health care services. Working age adults are more likely than any other age group to report cost barriers to dental care. Furthermore, racial disparities in cost barriers to dental care have widened for adults, with Hispanic and Black adults being the most likely to face cost barriers. To address these socioeconomic and racial/ethnic disparities, the ADA supports the inclusion of adequately funded adult dental services in state Medicaid programs and believes that dental care should be a required benefit of Medicaid programs.

Objective 1.4: Drive the integration of behavioral health into the healthcare system to strengthen and expand access to mental health and substance use disorder treatment and recovery services for individuals and families.

ADA Comment: The ADA applauds HHS for recognizing the need to expand access to treatment for substance use disorders and to improve the continuum of care through better integrated health care services and enhanced data sharing. Both are particularly important given the scourge of opioid-related addictions, overdoses, and deaths that have been ravaging our families and communities.

- The ADA encourages HHS to continue supporting programs that would help dentists manage acute pain with minimal use of opioid pain relievers, screen patients for risky substance abuse behaviors, and briefly counsel and refer those patients for appropriate treatment. This includes continued support for the Providers' Clinical Support System for Opioid Therapies (PCSS-O), funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

- The ADA also encourages HHS to work closely with the Drug Enforcement Administration (DEA) to help bolster state prescription drug monitoring programs. Many existing programs are cumbersome to use and the data are not always reliable, available in real time, or accessible across state lines.

Objective 1.5: Bolster the health workforce to ensure delivery of quality services and care facilitate coordinated efforts to address long-standing barriers to strengthening the health workforce.

- *Fully implement the HHS Health Workforce Strategic Plan to expand supply, ensure equitable distribution, improve quality, and enhance the use of data and evidence to improve program outcomes while strengthening and diversifying the health workforce.*

  This plan, which is inclusive of workforce occupations defined within the U.S. Department of Labor, Bureau of Labor Statistics Standard Occupational Classification system, defines the health workforce as follows: the occupations include all healthcare providers with direct patient care and support responsibilities, such as: physicians (including primary care physicians, preventive medicine physicians, and specialty physicians), nurses, nurse practitioners, optometrists, physician assistants, pharmacists, dentists, dental hygienists, and other oral health care professionals, allied health professionals, doctors of chiropractic, community

health workers, health care paraprofessionals, direct support professionals, psychologists and other behavioral and mental health professionals (including substance abuse prevention and treatment providers), social workers, physical and occupational therapists, certified nurse midwives, podiatrists, the EMS workforce (including professional and volunteer ambulance personnel and firefighters who perform emergency medical services), licensed complementary and alternative medicine providers, integrative health practitioners, public health professionals, and any other health professional that the Comptroller General of the U.S. determines appropriate.

ADA Comment: The ADA greatly appreciates HHS' efforts to bolster the dental workforce. In order to ensure that patients can get access to dental care, there must be an adequate number of dentists, dental hygienists, and other dental team members. Unfortunately, the pandemic has made this more difficult. The American Dental Association Health Policy Institute (HPI) found that in August 2021, 90% of dentist owners reported that, compared to before the pandemic, it is extremely or very challenging to recruit dental hygienists, and 63% of dentist owners reported that it is extremely or very challenging to recruit dentists. The ADA also encourages HHS to strengthen the dental assistant workforce, as 85% of dentist owners are finding it extremely or very challenging to fill those positions when compared to before the pandemic. It is critical that HHS find ways to fill the shortages of all of these positions, because 40% of dentist owners said that these vacancies are limiting their practice's ability to see more patients.

The ADA also asks HHS to support the use of dental Community Health Workers (Community Dental Health Coordinators, or CDHCs). CDHCs focus on case management, navigation, oral health education and promotion, motivational interviewing, and community mapping. Their expertise links patients to available, but underutilized, dental care.

Objective 2.1: Improve capabilities to predict, prevent, prepare for, respond to, and recover from emergencies, disasters, and threats across the nation and globe.

- *Strengthen the coordination between domestic and international stakeholders and modernization of programs, policies, guidance, and funding mechanisms to support robust emergency and disaster response planning, infrastructure, and capabilities, including disaster human services capabilities.*

ADA Comment: The ADA would welcome the opportunity to work with its federal partners in predicting, preventing, preparing for, responding to, and recovering from emergencies, disasters, and threats across the nation and globe, which as the COVID-19 pandemic illustrated, is very much needed. The ADA recently responded to a request for information from HHS detailing our work during the pandemic. Among other things, the ADA:

- Immediately advocated for a postponement of all but urgent/emergency procedures at the onset of the pandemic.
- Published guidance to help dentists ascertain what constitutes a "dental emergency" during the pandemic.
- Developed infection control guidance modeled after the Occupational Safety and Health Administration's (OSHA) Hazard Identification and Assessment.

- Produced fact sheets and frequently asked questions about OSHA and Centers for Disease Control and Prevention (CDC) guidelines.
- Secured 4.5 million KN95 face masks from the national stockpile and distributed them to dentists in states where masks were in low supply.
- Produced mask and face shield guidelines, N95 respirator fit and seal check guidance, and tips to avoid counterfeit products.
- Offered guidance on providing point-of-care testing at dental offices.
- Furnished guidance to minimize the risk of exposure when there were shortages of the recommended personal protective equipment.

We would note that in January 2021, the CDC affirmed what we have long known: Dentists are essential health care personnel and dental care is an essential health care service.[1] The decision was consistent with the roles carved out for dentistry in the Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID–19[2] and codified in sections 101 and 203 of the Pandemic and All-Hazards Preparedness Act.[3]

Objective 2.3: Enhance promotion of healthy behaviors to reduce occurrence and disparities in preventable injury, illness, and death.

ADA Comment: Dental caries remains the most common preventable chronic disease of children. Education is critical to our management of early childhood caries. Evidence-based population health measures, such as community water fluoridation, should be optimized to reduce the prevalence of dental disease and promote oral health-related quality of life.

Objective 3.1: Provide effective and innovative pathways leading to equitable economic success for all individuals and families.

ADA Comment: The benefits of having dental practices in a community extend beyond that of oral health and overall health – there are also economic benefits. For every $1 spent on dental treatment, an additional $1.42 in other spending (e.g., real estate, transportation) is generated.

On the individual level, there is research linking oral health with probability of being employed and earnings, and this research indicates that women and low-income populations benefit most. Within the Medicaid population, 60% of adults without dental benefits indicated that the condition of their mouth and teeth affects their ability to interview for a job, compared to just 35% of adults with Medicaid dental benefits. This suggests that the lack of dental coverage negatively affects employability prospects and economic productivity.

Thank you for including oral health in the HHS strategic plan and for inviting the ADA to comment on it. The ADA looks forward to continuing to work with HHS and we would welcome the opportunity to speak with you in more detail and answer any questions you may have regarding these comments. Please contact Ms. Roxanne Yaghoubi at the ADA at yaghoubir@ada.org to facilitate further discussion.

Sincerely,

Cesar R. Sabates, D.D.S.
President

Kathleen T. O'Loughlin, D.M.D., M.P.H.
Executive Director

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[1] Centers for Disease Control and Prevention, Interim List of Categories of Essential Workers Mapped to Standardized Industry Codes and Titles, January 2021.
[2] 86 FR 14463 (March 16, 2021)
[3] 42 U.S.C. 247D-6, 300hh-1