

# Council on Advocacy for Access and Prevention

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Gupta, Shailee J. 2022, Texas, chair  
 Mancini, James, 2023, Pennsylvania, vice chair  
 Arsenault, Karen V., 2023, Massachusetts  
 Clemente, Elizabeth A., 2024, New Jersey  
 Cochran, Stephen D., 2024, Florida  
 Conlon, Molly E., 2025, Wisconsin  
 Delecki, Christopher, 2023, Washington  
 Fukuoka, Brooke M., 2022, Idaho\*  
 Golden, Kristi A., 2022, Arkansas  
 Kosten, Kathryn R., 2024, Illinois  
 Le, Huong N., 2025, California  
 Margolin, Robert E., 2023, New York  
 Marshall, Rodney M., 2024, Alabama  
 Nord, Jackie, 2025, North Dakota  
 Richardson, Michael L., 2022, West Virginia  
 Robertson, Jessica L., 2025, Arizona  
 Simpson, Elizabeth V., 2024, Indiana  
 Vakil, Shamik S., 2022, North Carolina

Grover, Jane S., senior director  
 Geiermann, Steven P., senior manager, Access, Community Oral Health Infrastructure and Capacity  
 Cantor, Kelly, manager, Community Based Programs  
 Lense, Elizabeth C., manager, Health Equity and Prevention Programs  
 Zaborowski, Matt T., manager, Preventive Health Activities

The Council's 2022-24 liaisons include: Dr. Jim Stephens (Board of Trustees, Thirteenth District), Ms. Onalee Sortino (American Student Dental Association); Dr. Mark Vitale (chair, Council on Government Affairs), Dr. Dan Gesek (vice chair, Council on Government Affairs) and Mr. Greg Mitro (Alliance of the American Dental Association).

## **Areas of Responsibility as Set Forth in the *Bylaws or Governance and Organizational Manual of the American Dental Association***

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As listed in Chapter VIII, Section K.1. of the *ADA Governance and Organizational Manual*, the areas of subject matter responsibility of the Council shall be:

- a. Oral Health Literacy
- b. Oral Disease Prevention and Intervention
- c. Access to Oral Healthcare
- d. Community Oral Health Advocacy

## **Advancing ADA Strategic Goals and Objectives: Agency Programs, Projects, Results and Success Measures**

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The Council on Advocacy for Access and Prevention remains a national leader on Health Equity based Action for Dental Health initiatives such as Emergency Department Referral and the Community Dental Health Coordinator (CDHC) programs which provide professional value to all dentists in either public or private patient-centered practices. These initiatives also reflect the social values of the Council along with their strategic partners which elevate the health of the public – particularly members of the most vulnerable and underserved populations.

\* *New Dentist Member*

Health Equity, as directed by the 2021 House of Delegates, has been a fundamental principle of Council activities over the past year, offering innovative local solutions to the challenges of access to care. These actions demonstrate a bilateral commitment to both the public and the profession which guides all people to optimal oral health. The Council portfolio of public-facing programs allows dentists the freedom to practice as they choose, while strengthening the relationships with regulatory bodies which influence public programming.

The Council believes that community-based “know how”, aligned with cultural competence, professionally serves all members of the dental community – attracting new dentists to provide a public service impact while offering more experienced dentists an opportunity to transition from a private practice focus to population relevance through professional mentoring. These efforts result in a continuous professional lifecycle of care to patients to improve health outcomes.

The Council is mission-driven, aims for greatness in support of the ADA Strategic Plan Common Ground 2025, and values every voice.

**Objective 9: The ADA will be the preeminent driver of trusted oral health information for the public and the profession**

**Initiative/Program:** Community Dental Health Coordinator (CDHC) Program

**Success Measure:** Program Recognition and Expansion of Curriculum Relevance

**Outcome:** Despite educational institutions still being impacted by COVID, the CDHC program achieved significant advancement this year. The number of graduates and trainees now approaches 1,000 individuals with expanded employment opportunities revealed, most notably in hospital and health center settings.

Program offerings went outside the typical community college setting this year, including a dental school, Federally Qualified Health Center and soon from the Indian Health Service. There was also a program “reboot” from a community college in Hawaii, and interest from new schools in the Midwest.

The federal agency Health Resources and Services Administration (HRSA) awarded numerous grants this year to applicants who focused on projects utilizing CDHC involvement.

**Objective 9: The ADA will be the preeminent driver of trusted oral health information for the public and the profession**

**Initiative/Program:** Health Equity Based Educational Webinars for Special Populations

**Success Measure:** Offering webinars focused on educating dental teams about contemporary issues within unique populations

**Target:** 5-6 webinars

**Range:** 3-7 webinars

**Outcome:** 13 webinars with approximately 5,000 registrants/attendees were offered with targeted content for dentists to utilize within their practice settings. Topics included Treating Special Needs Patients (four-part series) with a dedicated webinar for caregivers. Other topics included HPV Vaccination Strategies (a three-part series, two of which featured dentists as vaccinators), Human Trafficking/Identifying At-Risk patients, (offered in collaboration with the American College of Emergency Physicians), and a webinar on The “Ins and Outs and In Betweens” of Being a Medicaid Provider.

**Objective 9: The ADA will be the preeminent driver of trusted health information for the public and the profession**

**Initiative/Program:** Promoting Medicaid provider recruitment and retention, as well as student education to improve Medicaid provider participation and compliance while addressing the growing number of Medicaid recipients across the states.

**Success Measure:** Hosting Medicaid “Boot Camps” for dentists and “Lunch and Learn” educational opportunities within dental schools and residency programs.

**Target:** 15 educational opportunities to state dental associations, regional/national meetings, dental schools and residency programs.

**Range:** Three to five Boot Camps and eight to fifteen student/residency opportunities

**Outcome:** Despite the challenges of COVID by using virtual technology, CAAP’s Medicaid Provider Advisory Committee (MPAC) offered eight Medicaid Boot Camps to state dental associations, four dental documenting medical necessity. A national presentation on Being a Medicaid Provider in an Era of Accountability is being recorded and will be available via open access on ADA CE Online.

Over 4,500 dentists, residents and dental students have participated in this training either in person or virtually. Overall, the attendee satisfaction ratings have been consistently in the 95% range.

**Access and Advocacy Subcommittee Highlights:** In support of the ADA’s public goal to support the health of the public and the success of the profession:

- The Medicaid Provider Advisory Committee (MPAC) continues to collaborate with the Council on Dental Benefit Programs to integrate the 2020 House of Delegates approved guidelines for Medicaid Dental Reviews into the Medicaid Contract Toolkit with pertinent updates as states negotiate Medicaid managed care contracts.
- MPAC supports the ADA and American Association of Pediatric Dentistry negotiation with the Center for Medicare and Medicaid (CMS) to increase access and fiscal schools and 12 dental residency programs addressing Medicaid program integrity and the importance of reimbursement for dental procedures conducted within hospital operating rooms and surgical centers, advocacy for comprehensive adult dental Medicaid benefits across all 50 states, reimbursement for salivary diagnostic testing offered by dentists and clarification of acceptable procedure codes when utilizing extra-oral radiographs with behaviorally challenging patients.
- In light of the fiscal surplus that Medicaid Managed Care Organizations garnered during the first several business quarters of the COVID pandemic, whereby expected medical cost rations were not met and unaddressed by appropriate program oversight, MPAC is encouraging a state-by-state assessment of how federal/state Medicaid allocations were spent.
- MPAC continues to update its Medicaid Provider Reference Guide, Medicaid Advocacy Toolkit and Public Practice Readiness Guide which is appropriate for new graduates and those established dentists looking to participate in the dental safety net.
- The ADA’s Public Health Advisory Committee (PHAC) continues to address the most important dental public health issues confronting organized dentistry, which included emphasizing a public health perspective on the ADA’s COVID efforts, embracing a greater awareness of health equity at the local level, and addressing great inclusivity and diversity within organized dentistry.

### Prevention Subcommittee Highlights: In support of the ADA Strategic Plan Common Ground:

- In 2021, 11 communities faced challenges to cease water fluoridation. Eight communities voted to continue this public health practice and one new community voted to initiate.
- The US Virgin Islands passed Bill No. 34-0051 to include dental preventive services within the definition of “school-based health”.
- CAAP formed a Sealant Workgroup for the purposes of educating dental teams about the preventive value of sealant placement. Partnership with the National Network for Oral Health Access in recognition of sealants as a quality indicator within the Dental Quality Alliance (DQA) was a decisive factor in developing this Workgroup.
- National Children’s Dental Health Month offered approximately 44,000 posters to schools, health centers and dental association members with the theme “Sealants Make Sense”. Activity sheets downloaded from Mouth Healthy continue to be within the top three most requested resources.

### Emerging Issues and Trends

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- The Human Papilloma Virus (HPV) and infections from oral cancer will continue to increase in prevalence with dental offices playing an increasingly critical role in vaccination collaboration with medical providers or performing that vaccination role within the dental office environment.
- Health Equity will play a central role in the design of Medicaid programs, legislative actions, dental student experiences, and healthcare organizations. Primary Care Associations (PCAs) in each state will guide health centers with a focus on Health Equity through dental care initiatives for pregnant women, special needs adults, veterans, rural populations, and schoolchildren in the free lunch programs across the country.
- Shared electronic health records will become more commonplace due to health centers and hospitals needing to document shared patient experiences. This ability for physicians and dentists to communicate will be driven by third-party payers who are looking to improve patient compliance, reduce costs and move to value-based care.
- National support for the screening of chronic medical conditions within dental offices will escalate due to the initiatives articulated within Healthy People 2030 and the recognition of dental system referral value for patient-centered care.
- Dental office patients with addiction issues, health literacy challenges, or behavioral health conditions will prompt clinicians to increase their knowledge regarding trauma-informed care and human trafficking.
- Public-Private partnerships will increasingly become viewed as foundational to strengthening disease prevention efforts in supporting rural health initiatives. Dental Service Organizations (DSOs) will selectively enter the public service space.

### Responses to House of Delegates Resolutions

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#### Resolution: 48H-2021 - Developing Continuing Education Activities

**48H-2021. Resolved,** that a variety of continuing education activities related to special needs dentistry be developed by the appropriate ADA agency.

CAAP has offered five webinars directly relating to Special Needs dentistry. A four-part series was available after SmileCon last year, with particular focus on the rewards and challenges of rendering this type of care, with the fifth webinar oriented towards caregivers. That webinar was offered in November which is National Caregivers Month.

**Resolution: 78H-2019 – A Culture of Safety in Dentistry - Voluntary Reporting** (*Trans.2019:313*)

**78H-2019 Resolved**, that the Council on Advocacy for Access and Prevention (CAAP) be tasked with implementing, in a measured and methodical manner, a three-year framework for action that will begin to:

- Develop a curriculum on patient safety and encourage its adoption into training;
- Disseminate information on patient and dental team safety through a variety of in-person, print web and social media communication vehicles on a regular basis;
- Recognize patient safety considerations in practice guidelines and in standards;
- Work collaboratively to develop community-based initiatives for error reporting and analysis; and
- Collaborate with other dental and healthcare professional associations and disciplines in a national summit on dentistry's role in patient safety.

and be it further

**Resolved**, that the Council on Advocacy and Access for Prevention (CAAP) be urged to use its existing workgroup,

and be it further

**Resolved**, that an annual report be submitted to the ADA House of Delegates detailing progress in nurturing this culture of safety in order to raise awareness, while alleviating fear and anxiety associated with making the dental environment safe for patients, providers and the dental team.

The response to this resolution will be issued in a separate report to the House of Delegates.

**Resolution: 83H-2021 – Establishment of a Medicaid Task Force**

**83H-2021. Resolved**, that a Task Force meet virtually and develop a cohesive and broad-reaching strategy for federal and state Medicaid and Children's Health Insurance Program advocacy to reduce administrative burdens and create sustainable reimbursement for participating dentists. Issues addressed should include, but not be limited to:

- Credentialing
- Funding and reasonable reimbursement
- Benefit design and administration
- Appropriate auditing practices
- Coordination when multiple state program administrators exist
- Managed care design and implementation
- Requirements for stakeholder involvement
- Best practices and model programs to use as benefit and policy benchmarks

and be it further

**Resolved**, that the Task Force be comprised of representation from the Board of Trustees, Council on Dental Benefit Programs, Council on Government Affairs, Council on Advocacy for Access and Prevention, at-large Delegates or Alternate Delegates of the 2021 House of Delegates, with Medicaid provider experience when possible, and state dental association staff

with public program advocacy experience, with such representatives and the task force chair appointed by the ADA President, and be it further

**Resolved**, the advocacy strategy should include policy actions that the ADA and state advocates can pursue at the federal and state level, including adequate ADA public affairs support to ensure successful outcomes, and be it further

**Resolved**, that the Task Force shall report its recommendations to the 2022 ADA House of Delegates.

The Task Force was appointed in January 2022 and has met several times. A full report on their activities in addition to their recommendations for the House to consider will be included in a separate report.

### **Self-Assessment**

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The Council is next scheduled to conduct a self-assessment in 2025.

### **Policy Review**

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In accordance with Resolution 170H-2012, Regular Comprehensive Policy Review (*Trans.2012:370*), the Council reviewed the following policies as assigned and determined they be maintained as written.

- Definition of Oral Health Literacy (*Trans.2005:322; 2006:316*)
- Policy on Fluoridation of Water Supplies (*Trans.1950:224; 2015:274*)
- Evaluation and Fulfillment of Unmet Dental Needs (*Trans.2016:316*)
- Health Centers (*Trans.2002:338; 2016:338*)
- Community Health Centers (*Trans.2002:415; 2016:314*)

### **Council Minutes**

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For more information on recent activities, see the Council's [minutes](#) on ADA.org.