Council on Advocacy for Access and Prevention

Stevenson, Richard A., 2020, Florida, chair
Meeske, Jessica A., 2021, Nebraska, vice chair
Arsenault, Karen V., 2023, Massachusetts
Bradberry, R. David, 2020, Georgia
Casamassimo, Paul S., 2020, Ohio
Delecki, Chris, 2023, Washington
Gipe-Golden, Kristie, 2022, Arkansas
Gupta, Shailee J., 2022, Texas
Hilton, Irene V., 2021, California
Humenik, Mark J., 2020, Illinois
LoMonaco, Carmine J., 2020, New Jersey
Mancini, James, 2023, Pennsylvania
Margolin, Robert E., 2023, New York
Morrow, Carol M., 2021, Colorado
Richardson, Michael, L. 2022, West Virginia
Vakil, Shamik S., 2022, North Carolina
Wakeem, Jehan, 2021, Michigan**
Welles, Andrew D. 2020, Wisconsin*

Grover, Jane S., director
Geiermann, Steven P., senior manager, Access, Community Oral Health Infrastructure and Capacity
Zokaie, Tooka, manager, Fluoridation and Preventive Health
Cantor, Kelly, manager, Community Based Programs

The Council’s 2019–2020 liaisons include: Dr. Billie Sue Kyger (Board of Trustees, Seventh District); Ms. Sydney Shapiro (American Student Dental Association); Dr. Philip Fijal (chair, Council on Government Affairs); Dr. David White (vice chair, Council on Government Affairs); and Mr. Greg Mitro (Alliance of the American Dental Association).

Areas of Responsibility as Set Forth in Governance and Organizational Manual of the American Dental Association

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

The Council supported activities focused on the initiatives of the Action for Dental Health. These initiatives include Community Water Fluoridation, Emergency Department Referral, Medicaid program reforms with provider education and the Community Dental Health Coordinator program. Each initiative aligns with the

* New Dentist member
**Replaced Neighbors, Bonita D., 2022, Virginia
Public Goal of Common Ground 2025: ADA Strategic Plan and supports both the advancement of the health of the public and the success of the profession.

The additional benefit of Council activities is the interest expressed by student members and state dental associations in the initiatives, which have brought professional generations together for improving the overall health of the public.

Common Ground Public Goal: The ADA will support the advancement of the health of the public and the success of the profession.

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

Initiative/Program: Positive science promotion of Community Water Fluoridation

Success Measure: Engagement of ADA members and the public with relevant content through the digital experience of ad optimization and geo targeting

Target: Improvement of Fluoridation content views on Mouth Healthy.org by 10% over 2018–2019 levels

Range: 26,000 to 35,000 views

Outcome: 85,376 views

A Mom’s Guide to Fluoride, a MouthHealthy fluoridation article to inform families, showed significant engagement with an increase of 60% over last year’s level. Ad optimization metrics in the first quarter of 2020 revealed that the average time on the ADA Fluoridation page increased from two minutes to six minutes. By utilizing targeted messaging to populations of interest, the click through rate (CTR) increased from an industrial average of 1% to 4%, meaning the campaign is better optimized to increase viewer engagement. The average cost per click has decreased by $0.40 since March 2019.

Common Ground Public Goal: The ADA will support the advancement and the health of the public and the success of the profession

Initiative/Program: Increase Digital Accessibility of ADA Fluoridation Facts

Success Measure: Engagement of ADA members and the public with Fluoridation Facts as available in its digital form at no cost

Target: Maintain the 2018 Fluoridation Facts downloads or orders two year post-release and through 2020

Range: 788 to 1,000 downloads and orders

Outcome: 1,424 downloads on Fluoridation Facts Materials

Between January and March of 2019, there were 788 orders of ADA’s 2018 Fluoridation Facts. Pursuant to the adoption of Resolution 83H-2019, the book became available for no cost in its digital form. Since this transition in November 2019, there have been 769 ebook PDFs downloaded, 545 sample PDF documents downloaded, and 111 Table of Contents PDFs downloaded. In total, there have been 1,424 downloads of Fluoridation Facts materials downloaded between November 2019 and April 2020

Common Ground Public Goal: The ADA will support the advancement and health of the public and the success of the profession
**Initiative/Program:** Emergency Department (ED) Referral Initiative

**Success Measure:** Collaboration and Engagement between American College of Emergency Physicians (ACEP) and ADA members

ED Referral programs now exist in all 50 states which places patients seeking treatment for dental issues into a dental home. Focus on providing technical assistance to new programs and ongoing collaboration with the ACEP resulted in eight priority cities identified for ED Referral model development. Preliminary partnership development strategy discussions and technical support have taken place in seven of the eight cities: Chattanooga, Tennessee; Hazard, Kentucky; Rockford, Illinois; Pittsburgh, Pennsylvania; Charleston, South Carolina; New Orleans, Louisiana; and Jersey City, New Jersey.

The Council hosted ED Referral webinars which were recorded for continuing education member benefit. *Emergency Department Referral Model In Action: Addressing Dental Access, Opioid Prevention and Pain Management* and *On the Move: Multiple Mobile Models of Care* which was cohosted by the American Mobile Healthcare Association and shared by ACEP with their members. ACEP has formally endorsed the 2019 clinical practice guideline on antibiotic use developed by the ADA Science Research Institute and has requested that the Council develop a “Dental 101” webinar educational series for their 40,000 members.

**Common Ground Public Goal:** The ADA will support the advancement and health of the public and the success of the profession

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

**Success Measure:** Program Recognition and Research Agenda

**Outcome:** With over 500 graduates in various dental case management activities, this ADA trademarked program has achieved national recognition from key agencies and stakeholders. Rear Admiral Dr. Tim Ricks, Assistant U.S. Surgeon General, has featured the program in his Chief Dental Officer newsletters and requested an Oklahoma CDHC graduate the duty of conducting a case management continuing education program for all Indian Health Service (IHS) dentists. CDHC graduates also assisted in the 2020 Give Kids A Smile ® Day activities held at over 100 IHS clinics.

Health Resources and Services Administration (HRSA) has funded several grants to study CDHC graduate activities with the University of Alabama School of Dentistry, the American Academy of Pediatrics, and the Washington, D.C. Department of Health. Articles on these and other projects will be submitted for publication to various journals. Several graduates are employed by state agencies, some are employed in a hospital setting, and a New York health center has officially added a CDHC position to its HR job description roster. A CDHC graduate, trainee or educational institution is currently present in 48 states.

**Common Ground Public Goal:** The ADA will support the advancement and the health of the public and the success of the profession.

**Initiative/Program:** Promoting Medicaid provider and student education to improve program participation and compliance while addressing the growing numbers of Medicaid recipients across the states

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

**Target:** Four boot camps and 10 student opportunities

**Range:** Three to five boot camps and eight to 15 student/resident opportunities
Outcome: Five Medicaid boot camps are scheduled but are COVID delayed. Twenty four in person dental school learning opportunities occurred with over 1,800 attendees. Over 800 dentists accessed the Medicaid program integrity course online through ADA CE online. Overall excellent satisfaction rating was given by 95% of the participants for the content provided.

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

- The Medicaid Provider Advisory Committee (MPAC) has been collaborating with the American Academy of Pediatric Dentistry (AAPD) to draft Standards of Care for Medicaid Reviews in light of inequities associated with federal and state audits. Medical necessity and program integrity are areas of special concentration.
- In support of a family-centric approach to oral health, MPAC has begun to investigate successful strategies to encourage sustainable adult dental Medicaid benefits within state Medicaid programs with collaboration of the Council on Government Affairs.
- MPAC has updated and expanded its Medicaid Provider Reference Guide and Medicaid Advocacy Toolkit with a new community-based resource section addressing Public Practice Readiness, which is appropriate for new graduates and those established dentists looking to partner with the public 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 the need for a public health perspective on the ADA’s COVID efforts.
- The Council provides continued support of dentists working in Federally Qualified Health Center settings, through a strong organized dentistry presence at the 2019 National Network for Oral Health Access (NNOHA) annual conference, a recruitment and retention seminar at the 2020 Yankee Dental Conference, and a HRSA Operational Site Visit Review Course for Oral Health Professionals provided to the Health Center Association of Nebraska.

Prevention Highlights

- The Health Literacy in Dentistry contest for dental students engaged 27 schools on the topic of community water fluoridation. The winning essay was posted on Mouth Healthy with the author to be honored by the Council’s National Fluoridation Advisory Committee. Dr. Karen West, president, American Dental Education Association (ADEA), attended the National Advisory Committee on Health Literacy in Dentistry (NACHLD) and provided support for the student literacy essay contest.
- There were 6,281 views of the Health Literacy in Dentistry webpage, from April 2019 to April 2020, a 40% increase from 4,466 views during 2018–2019. NACHLD also developed an Action Plan to improve oral health literacy for members and the public.
- A Sealant Workgroup was formed to improve the placement of sealants by dental teams and offer recommendations to the Council on sealant placement barriers and educational opportunities
- National Children’s Dental Health Month results were 84,000 posters shipped or downloaded with over 11,000 activity sheets on the topic of drinking fluoridated community water with the slogan “Get it From the Tap!”
- Through the Council, a letter was sent to the National Toxicology Program’s Draft Monograph on Fluoridation Toxicology, sharing the concerns of their draft recommendation. The draft monograph was not submitted as a final form in part due to letters such as these.

Emerging Issues and Trends

- Teledentistry continues to emerge as a strong trend in light of COVID-19 needs to expand access while preserving personal protective equipment (PPE). Webinars and technical assistance for this topic have tracked significant member interest. Code description is often linked with case management which would significantly expand the recognized value of the CDHC program.
• The ability of Dental Service Organizations (DSO) to engage with hospital emergency departments has increased due to the scale of DSO operations accompanied by stronger familiarity between ED physicians and dentists.
• Education of Medicaid auditors continues to be an issue as many auditors lacking dental background are ill prepared to understand the services they are reviewing. Their punitive actions in some states have prompted legislation to curtail their activities out of fear of dentists ceasing Medicaid participation, causing access to care concerns.
• Medical-dental collaboration continues to escalate as HRSA supported projects have expanded to engage dental offices to offer services within primary medical care locations.
• Access to care for veterans and Native American populations will become even more critical post COVID.

Responses to House of Delegates Resolutions

Resolution: 83H-2019 Availability of ADA Publication Fluoridation Facts

83H-2019. Resolved, that the American Dental Association publication, Fluoridation Facts, be made available, in its digital format, at no cost to the public.

This resolution background stated that the ADA is positioned as the leader in oral health and community water fluoridation is a key element in the prevention of oral disease. Knowledge of community water fluoridation can be invaluable in educating the public and in the advancement of oral health.

Having this resource available to the public at no charge removes cost barriers and serves as an effective source of the positive aspects of community water fluoridation.


78H-2019. Resolved, that the Council on Advocacy for Access and Prevention 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 for Access and Prevention 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 Council’s Safety Committee continues to collaborate with other oral health stakeholder organizations to begin to lay a solid foundation for raising awareness and alleviating anxiety about emphasizing a culture of safety in dentistry. Information has been shared with ADEA, the American Association of Oral and Maxillofacial Surgeons (AAOMS), AAPD, the Dental Quality Alliance (DQA), the Academy of General Dentistry, the American Society of Dentist Anesthesiologists, the Institute for Healthcare Improvement,
the Organization for Safety Asepsis and Prevention, and the Dental Patient Safety Foundation, among others.

The Council believes that short-term success lies upon proceeding down two fronts simultaneously. The first addresses project level safety concentrating on something that all dentists can recognize and agree upon, such as proper sterilization procedures and protocol. The second would address system level safety, which lays the groundwork for the continual pursuit of risk reduction and hazard mitigation in dental practice. The latter involves anonymous reporting of adverse events, so that others can learn without having to experience the adverse event themselves.

The experience of COVID-19 has the potential to change the practice of dentistry in dramatic and as yet unforeseen ways, yet now may be the time to move forward with simple, practical advice and procedure suggestions about safety in dentistry, as the coronavirus experience has increased awareness of many providers that they may need to practice in a different manner than what they are currently accustomed to. The Council will be offering an update report to the 2020 House of Delegates.

**Resolution:** 84H-2019 – Vaping Effects on Oral Health

84H-2019. **Resolved**, that the American Dental Association add “vaping” and any other alternative delivery system for both tobacco and non-tobacco products to ADA Policy, and be it further

**Resolved**, that this be referred to the appropriate Council and that a report be made to the 2020 ADA House of Delegates to update current ADA Policy.

**Initiative/Program:** The Council on Scientific Affairs (CSA) was assigned as lead agency for implementation of the Resolution 84H-2019, with assistance from the Council. In January 2020, CSA convened an ad hoc Vaping and Oral Health Workgroup to explore the existing scientific literature around vaping and its potential impact on oral health. This workgroup is comprised of members from the Council, CSA, and CDP.

**Self-Assessment**

The Council self-assessment was conducted via survey and conference call. There was 100% consensus on subcommittees and workgroups alignment with Council objectives. Members were particularly vocal about the work of the Council providing member value by:

- Providing leadership in the areas of access and prevention
- Disseminating objective, accurate and evidence-based information
- Continued growth of Action for Dental Health
- Value to the dentists who treat underserved patients in advancing access and trying to secure increased reimbursement

**Table 1. Council Assessment Metrics**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Do the activities of the Council benefit both the public and the profession?</td>
<td>100%</td>
<td></td>
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<tr>
<td>Does ADA Leadership understand CAAP activities?</td>
<td>76.5%</td>
<td>23.5%</td>
</tr>
<tr>
<td>Do most ADA members understand CAAP activities?</td>
<td>5.9%</td>
<td>94.1%</td>
</tr>
<tr>
<td>Are two meetings a year sufficient?</td>
<td>94.1%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Should Council meetings be shorter?</td>
<td>35.3%</td>
<td>64.7%</td>
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<tr>
<td>Is there an appropriate number of speakers at Council meetings?</td>
<td>70.6%</td>
<td>29.4%</td>
</tr>
<tr>
<td>Do the strategic discussions at Council meetings add value to the meeting objectives?</td>
<td>94.1%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Is the Council meeting agenda sufficiently designed?</td>
<td>100%</td>
<td></td>
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</tbody>
</table>
Is there sufficient staff support? | 100%

Other areas of assessment expressed by the Council included:

- What expertise should be considered when appointing Council members?
  - Diversity with expertise in public health, private practice and academia
- Do the activities of the Council benefit both the public and the profession? 100% answered yes
- What do you personally see as the value of the Council?
  - Active participation in a vast array of programs that affect population based oral health prevention, disease mitigation, and access to care.
  - Improvements in Access and Prevention are directed and controlled by the profession rather than other parties and organizations.
  - The biggest value of the Council is bringing to light how important public health dentistry is to our profession and the dentists that serve in this field.
  - Issues to the profession not addressed by other councils

Policy Review

Policies reviewed in accord with Resolution 170H-2012, Regular Comprehensive Policy Review, will be included in a separate report.

Council Minutes

For more information on recent activities, see the Council’s minutes on ADA.org.