

# Council on Advocacy for Access and Prevention

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Simpson, Elizabeth V., 2024, Indiana, Chair  
 Robertson, Jessica L., 2025, Arizona, Vice Chair  
 Burdette, Kerin D., 2026, Texas  
 Burkhardt, Janine N., 2027, Pennsylvania  
 Clemente, Elizabeth A., 2024, New Jersey  
 Cochran, Stephen D., 2024, Florida  
 Conlon, Molly E., 2025, Wisconsin  
 Kosten, Kathryn R., 2024, Illinois  
 Le, Huong N., 2025, California  
 Marshall, Rodney M., 2024, Alabama  
 Mattingly, Emily Ann, 2026, Missouri  
 McLaren, Sean W., 2027, New York  
 Millwood, Greg A., 2026, South Carolina  
 Nord, Jackie, 2025, North Dakota  
 Rawal, Kadambari D., 2027, Massachusetts  
 Rogers, Paul N., 2026, Kansas  
 Schoblaske, Alayna L., 2024, Oregon\*  
 Zeller, Caroline E., 2027, Oregon

Grover, Jane S., senior director, Center for Public and Population Health  
 Cantor, Kelly, manager, Community Based Programs  
 Lense, Elizabeth C., manager, Health Equity and Prevention Programs  
 Sewell, Earl K., manager, Council Administration  
 Zaborowski, Matt T., senior manager, Medicaid Programs and Health Policy  
 Zink, Jon D., Public Health Programs and Outreach Analyst

The Council's 2024 liaisons include: Dr. Scott Morrison (Board of Trustees, Tenth District), Ms. Loren Matrone (American Student Dental Association); 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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**Initiative/Program:** Community Dental Health Coordinator (CDHC) Program

**Success Measures:** By July 2024, achieve at least 1,000 graduates of the CDHC program across the United States with at least one federal program employing CDHC's to promote oral health.

\*New Dentist Member

**Outcomes:** Over 1,100 graduates of the CDHC program are employed in various aspects of healthcare management, education or delivery. Twenty five sites are contracted to provide the program and the sites now include two Federally Qualified Health Centers (FQHCs), in addition to a dental school based hygiene program.

The Indian Health Service launched the CDHC program within its federal dental system in February 2023, involving service areas across the country. The Health Resources and Services Administration (HRSA) recognized the CDHC as a dental workforce model and hosted a December 2023 webinar, *Community Dental Health Coordinators: An Introduction to Oral Health Integration for Health Centers* to promote the program to FQHC's nationally, with over 400 participants registered. This webinar was repeated for the New York University Langone Health Centers statewide in June 2024.

[Why I'm A Community Dental Health Coordinator](#), a 4 minute video, was filmed as a promotional recruitment tool for prospective students and training sites, providing first-hand experiences from program graduates.

The Medical University of South Carolina School of Dentistry has provided CDHC training to their hygiene educators in advance of its plan to sublicense the CDHC curriculum to six (6) dental hygiene/assisting school throughout the state (anticipated in August 2024).

"The Positive Impact of Dental Care Coordination Across an Interdisciplinary Population Spectrum in a Large Urban Health Center Setting," reflecting the integration of CDHC's in various programs within Unity Hospital (Washington DC) was published in the *Journal of Oral Health and Dental Science*, June 2024

**Initiative/Program:** Community Water Fluoridation (CWF) and Updated Fluoridation Facts Guide

**Success Measure:** 75% of communities on public water supplies will have optimal fluoridation

**Outcome:** Most recent data from the Centers for Disease Control and Prevention note that 72.8% of persons were served by community water systems with optimally fluoridated water in 2016. In 2023, ADA supported 12 communities in their efforts to support water fluoridation. In 2023,

- Communities Initiating or Reinstating: 3 (2,406,779 People)
- Communities Discontinuing or not Initiating: 2 (50,769 People)
- Communities with Decisions Pending: 5 (2,835,282 People)

On July 10, 2024, the 8th-District of the New York Dental Society, reported that Buffalo has completed the installation of new fluoridation equipment and will begin training of water operators and providing fluoridation this August. As of July 15, 2024, the ADA has assisted 22 communities to initiate or retain fluoridation including Buffalo and Albany, New York. Leesburg, Florida will also initiate fluoridation. In Abilene, Kansas, fluoridation was retained due to Dr. Bea Brittan, a dentist, who turned to ADA Membership Services and the Council on Advocacy for Access and Prevention for help.

This last year has seen an increased number of challenges to Community Water Fluoridation (CWF) with local dentists, hygienists, and allied healthcare teams involved in defending fluoridation in their communities.

The revised first draft of "Fluoridation Facts" was shared by the CAAP National Fluoridation Advisory Committee (NFAC) with ADA Publications, and a November 2024 publication date is anticipated. This updated edition will include an abbreviated consumer-friendly "Fluoridation Fast Facts," and one-pagers for Water Operators and City Councils.

An article on CWF titled "For The Patient" was included for the June 2024 *JADA*, and an upcoming ADA Consumer CWF Brochure (Aug 2024), will be published as well. There will also be a CWF webinar with NIDCR in February 2024. CAAP and NFAC worked with CGA and SGA in responding to a controversial fluoridation study which appeared in *JAMA Open* in June 2024.

**Initiative/Program:** Medicaid**Success Measure:** Five states with program reforms accompanied by increased access to care

State improvements to Medicaid programs greatly outpaced expectations in 2023 due to increased financial reserves of unspent program dollars, influence upon legislators to improve the health of citizens post COVID, and pressure on dental offices to treat underserved populations who were now critically needed employees for small businesses. Many community clinics and school based programs reported higher than average patient demand due to unmet need during the pandemic.

The Medicaid Advisory Committee (MAC) established a two-year project to improve dental provider participation in Medicaid in order to effectively increase utilization of dental services for children and adults through a 6-state pilot program. The project aims to create a blueprint and track outcomes by December 2025 and has the following goals:

- Increase the number of dental Medicaid providers with claims for Medicaid beneficiaries by 5—10%.
- Increase the number of dental Medicaid providers with claims for more than 100 Medicaid beneficiaries by 5—10%.
- Measure change in the number of dental Medicaid beneficiaries receiving dental services by category of service.

The states selected include Maryland, Nebraska, Ohio, Pennsylvania, Rhode Island, and South Dakota. State teams are being formed and include a core stakeholder group consisting of the State Dental Director, Medicaid Director, Oral Health Program/Office of Dental Health, Oral Health Coalition, State Dental Association leadership, Primary Care Association, and other oral health champions to help advance this effort forward in each of the identified states.

States are being asked to develop specific goals that align with the overarching pilot project and strategies to accomplish these goals. Future efforts will include a Collaborative (to be held in September 2024) with representatives from each state team, staff and leaders of the ADA, and representatives from the Centers for Medicaid and Medicare (CMS) to foster data sharing, enhance efforts through discussion of successes and barriers, and commonalities.

Progress has varied, but four of the six states have entered Phase 2, indicating they have formed their state teams, identified state-specific goals, proposed strategies and activities to achieve their goals, have preliminary or baseline data, and have begun preparing for quality improvement projects (i.e., Plan Do Study Act Cycles).

**Emerging Issues and Trends**

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- Medical practitioners will increase their dental collaborative partnerships for special populations such as very young children, those who are pregnant, and patients with chronic diseases such as diabetes.
  - Medicare will continue to expand the number and type of oral health services as state Medicaid program reforms will result in an influx of dental providers participating in the program.
  - The need for shared electronic health records will become more evident 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 referral networks 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 the Teach Back method to improve patient understanding.

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### Responses to House of Delegates Resolutions

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There were no resolutions assigned to CAAP as primary agency from the 2023 House of Delegates.

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### Self-Assessment

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

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### Policy Review

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In accordance with Resolution 170H-2012, Regular Comprehensive Policy Review, the Council on Advocacy for Access and Prevention reviewed policies titled Manufacturer Sponsorship of Dental Programs and Promotional Activities (*Trans.*2014:502), Oral Health Assessment for School Children (*Trans.*2006:323; 2013:360), Dental Program for Remote Alaskan Residents (*Trans.*2004:323; 2016:61) and Availability of Dentists for Underserved Populations (*Trans.*2016:318) and voted to retain all as written.

The Council reviewed and additional policy, Comprehensive Lists of State Programs Providing Oral Health Services (*Trans.*1995:609; 2016:318). The Council is recommending that this policy be rescinded, and a worksheet will be presented to the 2024 House of Delegates in separate reports.

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### Council Minutes

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