

**MEETING MINUTES OF THE
AMERICAN DENTAL ASSOCIATION
COUNCIL ON ADVOCACY FOR ACCESS AND PREVENTION**

January 7-8, 2021

CALL TO ORDER

The virtual meeting of the Council on Advocacy for Access and Prevention (CAAP) was called to order by Dr. Jessica Meeske, CAAP chair, at 3:00 pm, Central time, Thursday January 7th.

ROLL CALL

Members: Dr. Karin Arsenault, (2024), First District; Dr. Stephen Cochran, (2025), Seventeenth District; Dr. Chris Delecki (2024), Eleventh District; Dr. Kristi Golden, (2022), Twelfth District; Dr. Shailee J. Gupta, (2022), Fifteenth District; Dr. Irene V. Hilton, (2021), Thirteenth District; Dr. Kathryn Kosten, (2025), Eighth District; Dr. James Mancini, (2024), Third District; Dr. Robert Margolin, (2024), Second District; Dr. Rodney Marshall, (2025), Fifth District; Dr. Jessica A. Meeske, Chair, (2021) Tenth District; Dr. Carol Marie Morrow, (2021), Fourteenth District; Dr. Michael L. Richardson (2022), Sixth District; Dr. Elizabeth Simpson (2025), Seventh District; Dr. Shamik S. Vakil, (2022), Sixteenth District, and Dr. Jehan Wakeem, (2021), Ninth District

Liaisons: Dr. Brett Kessler, ADA Board of Trustees, Seventh District; Mr. Greg Mitro, Alliance of the American Dental Association; Dr. Brooke Fukuoka, Committee on the New Dentist; Ms. Joelle Chen, ASDA Representative; Dr. David White, Council on Government Affairs (CGA) Chair; Dr. Mark Vitale, (CGA) Vice Chair

Council Staff: Mr. Michael Graham, senior vice president, Government & Public Affairs; Dr. Jane S. Grover, director; Dr. Steven P. Geiermann, senior manager, Access, Community Oral Health Infrastructure and Capacity; Ms. Kelly Cantor, manager, Preventive Health Activities; Ms. Tooka Zokaie, manager, Community Based Programs; Mr. Carlos Jones, Jr., Action for Dental Health coordinator, and Ms. Elaine Barone, council coordinator.

Other ADA Staff in attendance for all or portions of the meeting, include: Dr. Diptee Ojha, senior manager, Office of Assessment and Quality Improvement; Mr. Chad Olson, director, State Government Affairs; Mr. Paul O'Connor, senior legislative liaison, Department of State Government Affairs; Dr. Chelsea Fosse, senior health policy analyst, Health Policy Institute; Mr. C. Michael Kendall, senior associate general counsel, Division of Legal Affairs; Ms. Katherine Merullo, manager, Public Affairs & Advocacy Communications; Ms. Roxanne Yaghoubi, director, Council on Government Affairs

Special Guests: Rear Admiral Tim Ricks, Assistant Surgeon General; Dr. Natalia Chalmers, Interim Chief Dental Officer, CMS; Dr. Alejandra Valencia, Dental Director, Chicago Community Oral Health Forum; Dr. Robert Bosack, Founding Member, Dental Patient Safety Foundation (DPSF); Dr. Stuart Lieblich, Board member, Dental Patient Safety Foundation (DPSF)

ADA Disclosure Policy: Prior to conducting any business, Dr. Meeske referenced the ADA Disclosure Policy printed in the agenda and called for disclosures. No disclosures were made.

Approval of the Agenda: The Agenda was approved

Special Order of Business: Dr. Kathleen O'Loughlin offered perspective and overview on the ADA Strategic Plan, Common Ground 2025. She covered the organizational year of 2020 and expressed how COVID has altered much of the ADA activities regarding membership.

She updated the Council on the new COVID expert for the Science Research Institute and how critical it is to have current mitigation strategies in place. Dr. O'Loughlin also covered the three pillars of COVID Vaccination as developed by the Division of Communications: dentists administering the vaccine, dentists receiving the vaccine and dentists recommending the vaccine.

Talking points and background information is available for all three Pillars which will be featured on the Power of Three webinars over the next several months.

Report of the Chair: Dr. Meeske shared the Council priorities as determined by the members themselves, then discussed her Medicaid action document which was shared with the Council. Her Medicaid document will have finalized language after the February Council call, it covers the "why" of Medicaid action needed now by the dental community and strongly moves the "social contract" aspect of the program into ethical territory.

Report of the Senior Vice President: Mr. Michael Graham gave the Council an overview of issues happening in Washington DC. Particular mention was made of the continued efforts to work with the newly elected members of Congress and possible changes to be made by the incoming Administration. He specifically mentioned eldercare as an issue expected to be the focus for the next several years.

Report of Communications and Integrated Marketing: Ms. Katherine Merullo, manager, Public Affairs and Advocacy Communications, gave the Council an update on the "Oral Health is Health" campaign while covering the value of timing for content placement on Mouth Healthy webpage for consumers.

She shared with them the two most popular news stories outside of COVID: one was on the basics of silver diamine fluoride plus an article on deepening dental disparities. CDHC continues to be an area of great human interest and activity.

Staff Presentation: Ms. Cathryn Albrecht, Senior Associate General Counsel, provided an orientation on the ADA's Professional Conduct policy and discussed appropriate Council member behavior, even during ZOOM sessions with chat box protocols. She also reviewed the behavior expectations of ADA Council members and encouraged, "if you see something, say something". CAAP counsel Mike Kendall covered Council governance, duty to participate in Council discussions and fiduciary responsibilities of all Council members.

Council legal advisor Mike Kendall reminded the Council of their fiduciary responsibilities, their duty to participate in discussions and the need for confidentiality until Council actions are ready to be made public. He also cautioned them to be aware of their duty to uphold Council decisions and advised them to be aware of conflicts of interest and "divided loyalty".

Report of the Director: Dr. Jane Grover shared highlights of her written report to the Council as well as some historical vaccine perspectives. She compared the need for current leadership in receiving the COVID 19 vaccine to the promotion of polio vaccine rollout in the mid -1950s to decrease vaccine hesitancy which was prevalent at the time.

Report of the ADA Board of Trustees Liaison: Dr. Brett Kessler praised the Council for their advocacy for the Medicaid program and encouraged them to "break down silos" by collaborating with other Councils on the topic. He agreed that Medicaid advocacy is a "multi- year project" because "that's what change is all about". He pledged his fidelity to reporting CAAP activities to the Board happenings to the Council.

Report of the Council on Governmental Affairs: Dr. Dave White and Director Roxanne Yaghoubi detailed the discussions of the various CGA Subcommittees while outlining the successes of advocacy of ADA during this time of COVID.

Report from State Government Affairs: MR. Chad Olson and Mr. Paul O'Connor provided the Council with an in depth report on COVID issues with states such as scope expansion allowing dentists to vaccinate, dental insurance reform and model legislation on virtual credit card payments. Also mentioned was health literacy improvement through legislative models which promote the necessity of patient care understanding.

Report of the American Student Dental Association (ASDA): Ms. Joelle Chen provided the Council with a report of the first ASDA Leadership Conference held in November 2020 with 770 students in attendance. Special efforts are made to involve students in organized dentistry during their dental school years with the intention that they continue on after graduation.

The 2021 ASDA Annual Session will be held virtually with pre-doctoral students having free registration this year to enable them to participate in policy making discussions.

Report of the New Dentist Committee: Dr. Brooke Fukuoka described the process of the "Ten Under Ten" awards which honor ten dentists who have been in practice for ten years or less. She also mentioned the interest of new dentists in loan repayment strategies and the impact of COVID on dentists in large group practices.

Report of the Alliance of the ADA: Greg Mitro gave greetings from the Alliance of the ADA which is the group that focuses on many issues in common with CAAP such as community education and access to care. He covered the topics to be presented at the Alliance meeting in April such as the health of the dentist family and advocacy efforts of the dental partners / spouses.

Special Order of Business: Dr. Robert Bosack and Dr. Stuart Lieblich of the Dental Patient Safety Foundation (DPSF) shared the history and purpose of the DPSF as well as the future goals of the organization. Their presentation / webinar featured the necessity of dental practitioners sharing their safety issues within a confidential platform to provide shared learning.

Several Council members weighed in on the value of this information, noting that the medical profession has made great strides in this area. ADA President Dr. Dan Klemmedson stated that collecting safety data provides knowledge which is essential to share so others can benefit from that knowledge.

This report was informational only and no action was requested.

Report of the Dental Quality Alliance: Dr. Diptee Ojha reported that the DQA annual conference will be May 19-21 with particular attention being paid to CMS databases being available to create individual state dashboards on various quality improvement measures. Dr. Irene Hilton, CAAP member, shared her thoughts on the DQA new strategic plan and how the 25 DQA developed performance measures will be able to run for all 50 states for comparison purposes.

Report of the Prevention Subcommittee: Dr. Shamik Vakil, Chair, updated the Council on the work of the newly formed Sealant Advisory Committee with emphasis on the low aerosol generation of the procedure. The National Fluoridation Advisory Committee (NFAC) provided a report regarding the successes seen by various cities to retain community water fluoridation.

Special Order of Business: Dr. Natalia Chalmers, acting Chief Dental Officer for CMS, gave an informative presentation to the Council on the current federal state of Medicaid. She stressed that oral health is about equity, fiscal responsibility and inflammation.

While many states realize the value of a Medicaid program, there are some with inefficiencies resulting from populations who seek regular care vs. those who seek only episodic care. She mentioned that in 2014, Medicaid became the biggest payer for hospital ED visits, necessitating the importance for predictive and consistent dental care throughout the lifespan.

During the initial phases of COVID, dental visits were down by 70% which has led to postponed care. Current economic conditions in the country now see an increase in applicants for state Medicaid programs accompanied by uneven stages of recovery in various states.

Eldercare and the continued prescribing of opioids for hospital ED visits were noted as conditions which still concern CMS. Discussions of a Medicare dental benefit continue as edentulism contributes negatively to many other comorbidities.

Special Order of Business: Rear Admiral Tim Ricks, assistant Surgeon General of the U.S, gave a vaccine update to the Council, noting that dentists are on the list of “essential” healthcare providers to be vaccinated accordingly. Drugstores were seen as able to provide access to the COVID vaccine, and if more states allowed dentists to provide the vaccine as part of a medical surge capacity strategy, the feds would take more notice of dentists in the vaccinator role.

These reports were informational and no action was requested

Report of the Health Policy Institute: Dr. Chelsea Fosse, former CAAP member, informed the Council of the bi-weekly polling of dentists done by the HPI. The COVID impact on dental practices shows that patient volumes are at 78% of pre-COVID levels and vaccine hesitancy among dental office personnel is evident.

Medicaid providers disenrolling in the program remains a concern, with 8% reporting disenrollment from the program, while 14% reporting an expected disenrollment in the future. The majority of Medicaid providers are accepting new patients, but the overall number of Medicaid patients receiving care has decreased overall.

Report of the Access and Advocacy Committee: Dr. Carol Morrow, Chair, made the case for dentists to be visibly present and vocal in their communities, particularly with legislators who need to see dentists engaging with Medicaid beneficiaries. This strategy allows dental students to have behavior to emulate, and served the Colorado dentists well when legislators were considering the elimination of adult dental Medicaid benefits.

Dr. Steve Geiermann, CAAP staff, provided an overview on the “why” of advocacy from the perspective of the Public Health Advisory Committee of the Council.

Report of the Prime Subcommittee: Dr. Shailee Gupta, Chair, provided the Council with an update from the National Advisory Committee on Health Literacy in Dentistry (NACHLD), and covered progress in the various initiatives of the Action for Dental Health. She gave insights into the current achievements of the ED Referral Workgroup as well as the Community Dental Health Coordinator (CDHC) program.

Upon vote, the Council approved the “Excellence in Action for Dental Award” protocol which calls for candidates to be nominated by ADPAC, Council on Governmental Affairs and CAAP each year, with the Prime Subcommittee selecting the winner. The winner will receive a \$1000.000 award for their project, to be awarded each year at the ADA Lobby Day.

Special Order of Business: Dr. Alejandra Valencia, Dental Director of the Chicago Community Oral Health Forum (CCOHF), gave a presentation on poverty as a social determinant which greatly affects access to dental care.

The Council utilized their pre-meeting reading material from the Ruby Payne book, “Bridges Out of Poverty” as a foundation for discussion which covered the barriers to health equity.

Dr. Valencia shared a poverty quiz discussion with the Council about the “hidden rules” of lower, middle and upper class populations. Special mention was made of the driving forces such as time, money and other immediate needs.

In order to properly serve patients who live in poverty, providers must move past “blaming” the victims and focus instead on reducing barriers to care. Realization of educational levels and faith based actions will increase a provider’s cultural competency in serving populations in poverty.

An insightful Council discussion focused on health equity followed with the following resolution offered for vote:

Resolved: That the American Dental Association promote equity and social justice to improve the health of our nation and be it further resolved,

that the American Dental Association:

- Promote equity of oral health services in all health training and program design to reduce oral health disparities
- Promote oral health education and awareness in all healthcare training to better integrate oral health into overall healthcare
- Advocate for consistent and equitable oral health access, data collection and research
- Collaborate with other healthcare organizations to influence determinants of care and improve health literacy
- Work to increase healthcare diversity and cultural competency awareness for the dental team
- Work to reduce administrative burdens in dental plans to maximize opportunities for everyone to have equitable access to dental care
- Promote equitable funding for all dental plans within a state to reduce treatment disparities

After some additional Council discussion, it was decided that an additional bullet point regarding the handicapped populations should be added. Upon vote, the Council approved the following resolution unanimously:

- Promote equity of oral health services in all health training and program design to reduce oral health disparities
- Promote oral health education and awareness in all healthcare training to better integrate oral health into overall healthcare
- Advocate for consistent and equitable oral health access, data collection and research
- Collaborate with other healthcare organizations to influence determinants of care and improve health literacy
- Work to increase healthcare diversity and cultural competency awareness for the dental team
- Work to reduce administrative burdens in dental plans to maximize opportunities for everyone to have equitable access to dental care
- Promote equitable funding for all dental plans within a state to reduce treatment disparities
- **Work to increase ableism awareness in healthcare and to eliminate discrimination based on disability**

Old Business: Dr. Meeske continued to facilitate discussion with the Council members on the Medicaid overview document, citing that it is an exceptional time in our history to focus on this program. After proceeding through each section of the document and allowing Council members to offer comments, Dr. Meeske described the opportunity to have the Council approve the full document with all the offered edits available for final Council approval on a February all Council call.

New Business: There was no new business

Review of Council Meeting Dates: While the July 7-8 dates for this year are still on schedule, discussion was hopeful for an in person meeting rather than a virtual one. Conditions will be monitored to assess that possibility.

Discussion also touched on a joint meeting with the Council on Governmental Affairs at some **point in the future.**

The Council on Advocacy for Access and Prevention was adjourned at 6:09pm on January 8th, 2021.