

**MEETING MINUTES OF THE AMERICAN DENTAL ASSOCIATION
COUNCIL ON ADVOCACY FOR ACCESS AND PREVENTION
ADA HEADQUARTERS BUILDING, CHICAGO
January 24-26, 2019**

CALL TO ORDER

The first regular meeting of the Council on Advocacy for Access and Prevention (CAAP) was called to order by Dr. Rich Herman, CAAP chair, at 4:00 pm, Thursday January 24 on the 22nd floor Board Room at the ADA Headquarters Building, Chicago, IL.

ROLL CALL

Members: Dr. R. David Bradberry (2020), Fifth District; Dr. Kristi Gipe Golden, (2022), Twelfth District; Dr. Shailee J. Gupta, (2022), Fifteenth District; Dr. Richard P. Herman, chair, (2019), Second District; Dr. Irene V. Hilton, (2021), Thirteenth District; Dr. Mark J. Humenik (2020), Eighth District; Dr. Mark Koday, (2019), Eleventh District; Dr. Carmine J. LoMonaco (2020) Fourth District; Dr. Jessica A. Meeske, (2021) Tenth District; Dr. Carol Marie Morrow, (2021), Fourteenth District; Dr. Bonita Davis Neighbors, (2021), Ninth District; Dr. Michael L. Richardson (2022), Sixth District, Dr. Alicia Risner-Bauman (2019), Third District; Dr. Richard A. Stevenson, vice chair, (2020), Seventeenth District; Dr. Shamik S. Vakil, (2022), Sixteenth District; Dr. Michael H. Wasserman, (2019), First District and Dr. Andrew D. Welles, New Dentist Committee.

Not in attendance: Dr. Paul. S. Casamassimo (2020), Seventh District;

Liaisons: Dr. Ken McDougall, ADA Board of Trustees, Tenth District; Mr. Greg Mitro, Alliance of the American Dental Association; Mr. Craig McKenzie, ASDA Representative; Phillip J. Fijal, 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. Sharon Clough, manager, Preventive Health Activities; Ms. Kelly Cantor, manager, Community Based Programs; Mr. Carlos Jones, Jr., Action for Dental Health coordinator, and Ms. Mary Ellen Murphy, Council coordinator.

Other ADA Staff in attendance for all or portions of the meeting, include: Dr. Kathleen O'Loughlin, executive director; Mr. Chad Olson, director, Department of State Government Affairs; Mr. Paul O'Connor, senior legislative liaison, Department of State Government Affairs; Mr. Jeff Troupe, senior legislative liaison, Department of State Government Affairs; Wendy J. Wils, Esq., deputy general counsel, Legal Affairs; Dr. Suzanne Ebert, vice president, Dental Practice & Relationship Management, ADA Business Innovation; Ms. Bree Simmers, manager, Projects Operations & Administration; Ms. Katherine Merullo, manager, Public Affairs & Advocacy Communications; Ms. Cathryn Albrecht, senior associate general counsel, Legal Affairs; Ms. Cassie Yarbrough, lead public policy analyst, Health Policy Institute; Dr. Marcelo Araujo, vice president, Science Institute.

Special Guests: Dr. Jeff Cole, ADA president and Dr. Chad Gehani, president-elect, attended portions of this meeting.

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

Approval of the Agenda: The Agenda and Consent Calendar was approved without comment.

Special Acknowledgement: The passing of former ADPAC Chair, Dr. Loren Felder, and a moment of silence was observed by the Council.

1 **Report of the Executive Director:** Dr. Kathleen O'Loughlin, Executive Director, gave the Council an
2 update on the current state of the ADA. She covered the membership trends of the past several years
3 and the aspects of consumerism which are now impacting dental practices.

4 She shared the new Strategic Planning process overview for the 2020-2025 planning cycle with an
5 enhanced emphasis on the health of the public along with member success. The ADA can empower the
6 profession to advance the overall oral health of the public.

7 Dr. O'Loughlin mentioned the importance of membership with an explanation of both members and non-
8 members playing a role in the recruitment / retention strategies utilized by state dental associations. A
9 recent focus group revealed that some non-members mistakenly believed they had current membership
10 status which highlights the need for ongoing communication.

11 She praised the Council for its focus on the public facing stakeholder groups and commended the ADA
12 Washington Office team for its advocacy on key issues such as the opioid crisis and the Action for Dental
13 Health bill which has passed into legislation.

14 **Special Presentation:** Dr. Suzanne Ebert gave the Council members an overview of the special project
15 of the ADA Business Innovation Group which began over 2 years ago. The transition barriers of private
16 dental practices in rural areas of the country has been studied with focus groups including both new and
17 experienced dentists.

18 With the ADA Business Innovation Group acting as a facilitator, dental practices in Maine and Wisconsin
19 are targeted for transition enhancement between a practice owner and a new dentist buyer. This
20 transitional phase will encourage member engagement while supporting a traditional practice model.

21 Students can feel confident that their professional pathways can be relevant as their needs are met along
22 with the experienced dentist feeling their "value added" to the process. This promotes membership and
23 can stabilize dental access points within a rural community.

24 Dr. Ebert stressed the pilot phase of this project has begun with a more nationwide concept expanding by
25 2022.

26 **Report of the Chair:** Dr. Rich Herman welcomed all of the Council members to the meeting and
27 discussed the priority issues which the membership would look to CAAP for leadership. These topics
28 include the resolutions passed by the 2018 House of Delegates on developing a Culture of Safety within
29 the ADA policy realm, support for the Action for Dental Health initiatives and the continuing conversation
30 of CAAP support for various eldercare strategies. He encouraged the Council to review materials from
31 last year regarding dental services for older adults and participate fully in upcoming discussions.

32 **Report of the Senior Vice President:** Mr. Michael Graham reviewed the success of the Division of
33 Government Affairs particularly in the area of opioid policy (where ADA was the first association to do this
34 in DC), the CHIP reauthorization moving from five to ten years and the credentialing improvement
35 process under the Indian Health Service which has been moved out of both House and Senate
36 committees which will allow volunteers to serve in a more timely manner.

37 He also covered the potential of the Action for Dental Health legislation and the ability of more groups to
38 apply for federal grants. This will allow for more programs within states which can have outcomes tracked
39 to demonstrate improvement of the oral health of the public.

40 **Report of the Director:** Dr. Jane Grover invited the Council to review her written report and mentioned
41 Alliance members as a group of over 400 dental spouses who can collaborate with Council members on
42 Action for Dental Health initiatives in their Districts.

1 **Report of the Trustee Liaison:** Dr. Ken McDougall, 10th District Trustee representative from the ADA
2 Board of Trustees greeted the Council with the importance of educating member dentists about the Action
3 for Dental Health. He mentioned his previous experiences in organized dentistry and looks forward to
4 sharing CAAP information with the Board.

5 **Report of the Council on Government Affairs:** Dr. Phil Fijal, CGA Vice Chair, shared the interest of his
6 Council regarding the discussion process centered on possible dental benefit in Medicare, the 2018
7 legislative success such as the Action for Dental Health bill, CHIP reauthorization and the importance of
8 considerations on the interest for student loans.

9 **Report of the American Student Dental Association (ASDA):** Mr. Craig McKenzie updated the Council
10 on the strategic priorities of ASDA and their November theme for Advocacy month (November) titled
11 Midterms Matter. He shared news of the ASDA webinar on opioids, the popularity of their mascot, Molar
12 Bear, and the new Advocacy Certificate Program which recognizes students who engage in advocacy at
13 local, state or national levels.

14 **Report of the Committee of the New Dentist:** Dr. Andrew Wells reported on the New Dentist
15 Conference held in Honolulu concurrently with the ADA Annual meeting. There were 193 attendees and
16 the 2019 meeting planning is well underway. He mentioned the focus of the CND on filling the Leadership
17 Pipeline with new representatives who may not be from the CND as feedback is collected from Councils
18 on their contributions to Council discussions.

19 **Report of the Alliance of the ADA:** Mr. Greg Mitro brought greetings from the Alliance spouse group
20 which has areas of common interest with CAAP. These areas include dental health education, promotion
21 of oral health for pregnant women through their program titled Healthy Smiles from the Start and
22 advocacy for programs to effectively ensure dental services for underserved populations.

23 **The above reports were informational and no action was requested**

24 **Special Order of Business: Report from Oral Health America**

25 Ms. Beth Truett, President & CEO of Oral Health America, presented the history and background of OHA
26 which included the organizational founding 64 years ago by the ADA, Dentsply and Wrigley. She stressed
27 the shared areas of interest between CAAP and OHA, touching on the school based sealant programs to
28 reduce dental decay in children from underserved populations, and the campaign called Smiles Across
29 America.

30 She covered the Campaign for Oral Health Equity and their work to create educational materials for
31 families, engage strategic partners and advocate for oral health policies on a national level. Her
32 discussion of the OHA interest in a dental benefit within the Medicare program also included the yearly
33 meeting convened by other stakeholders to move the discussion from concept to the legislative arena.

34 Organizational update: Oral Health America officially ceased operations on January 31, 2019.

35 **Report of the Access and Advocacy Subcommittee:** Dr. Mark Koday, Subcommittee Chair, shared the
36 following with the Council:

37 Resolution 55H from the 2018 HOD titled Developing a Culture of Safety has been the focus of the
38 Subcommittee which has formed the workgroup to begin what is expected to be a 3-5 year project. A
39 presentation was shared with the Council from a December 2018 Florida conference called Open Wide
40 which focused on patient safety, showing the timeliness of this CAAP project.

41 Culture of Safety in Dentistry Workgroup members will include representatives from CAAP, CGA, AAPD
42 and other organizations, with the expected group size to be 8-10 people. An in-person meeting is
43 expected in late Spring to develop the scope and timeline for this project.

1 Another area of activity for the Subcommittee includes developing a Center for Public Practice Readiness
2 which will benefit all dental practitioners, students and residents through cultural competence,
3 understanding how social determinants can impact care with an understanding of patient barriers to care.

4 **This report was informational only and no action was requested**

5 **Report of the Prevention Subcommittee:** Dr. Michael Wasserman, Subcommittee Chair, shared the
6 following with the Council:

7 The recent retirement of Ms. Jane McGinley has prompted discussion of CAAP leadership on aspects of
8 continued effectiveness of the National Fluoridation Advisory Committee (NFAC). Mr. Carols Jones ,
9 CAAP staff, has assumed interim duties of working closely with NFAC while NFAC has made some
10 requests which prompt modifications to the NFAC Charter.

11 Upon vote the Council approved the following:

12
13 **Resolved**, that the National Fluoridation Advisory Committee Charter amendments be approved (new
14 language underscored; deletions ~~stricken~~).
15

16
17 **NATIONAL FLUORIDATION ADVISORY COMMITTEE CHARTER**

18
19 **Purpose:** To advise the ADA Council on Advocacy for Access and Prevention (CAAP) on matters pertaining to
20 community water fluoridation.
21

22 **Composition and Selections**

23 The National Fluoridation Advisory Committee (Committee) shall be comprised of up to ~~eight~~ nine voting members
24 who are experts from relevant varied disciplines including, but not limited to, dentistry, academia, research,
25 engineering, campaign strategies and communications. From time to time, liaisons or representatives from various
26 internal or external agencies may be invited to participate in Committee activities based on the Committee's
27 consultant needs, provided that such participation has been authorized through CAAP pursuant to the protocols set
28 forth in the ADA *Standing Rules for Councils and Commissions*.
29

30 The Committee chair and vice chair shall be active or past members of CAAP who are appointed by and
31 serve at the discretion of the CAAP chair. The Other chair and the Committee members of the Committee
32 are shall be appointed annually by and serve at the discretion of ~~the ADA President, CAAP~~, based on
33 nominations made by ~~CAAP the Committee~~ through its chair. Committee members who are dentists must
34 be members of the American Dental Association.
35

36 ~~Committee members shall be appointed to serve for a one-year period and~~ Committee Members shall not
37 be limited as to the number of consecutive one-year appointments that they ~~member~~ may serve. ~~The~~
38 ~~Committee Chair shall be an active or past member of CAAP.~~
39

40 **Meetings**

41 The Committee will hold at least one in-person annual meeting, provided that funds are available in
42 CAAP's budget for that purpose. Committee members are expected to attend each meeting. The CAAP
43 chair shall be privileged to attend any Committee meeting.
44

45 **Duties:**

46 The Committee's duties are as follows:

- 47 • To consider and investigate emerging issues related to community water fluoridation and
48 provide recommendations to CAAP;
- 49 • To propose new policies and rescission of and amendments to existing policies for
50 consideration by CAAP;
- 51 • To advise on and assist in the implementation of programming and projects that support and
52 advance ADA's position on community water fluoridation and annually report on progress made;

- To assist CAAP in collaborations with other ADA agencies and external organizations on initiatives or issues related to community water fluoridation;
- To aid CAAP in identifying public and private resources that support community water fluoridation programs and other activities;
- To address directives received from CAAP.

Reports: The Committee shall report to CAAP.

Dr. Wasserman shared with the Council regarding an updating issue with the National Advisory Committee on Health Literacy in Dentistry (NACHLD). Upon vote, the Council unanimously approved the following:

Resolved, that the following National Advisory Committee on Health Literacy in Dentistry Charter amendments be approved (new language underscored; deletions ~~stricken~~)

NATIONAL ADVISORY COMMITTEE ON HEALTH LITERACY IN DENTISTRY CHARTER

Purpose: To advise the ADA Council on ~~Access, Prevention and Interprofessional Relations (CAPIR)~~ Advocacy for Access and Prevention (CAAP) matters pertaining to health literacy in dentistry.

Composition and Selections

The National Advisory Committee on Health Literacy in Dentistry (Committee) shall be comprised of up to ~~10~~ 11 members who are leaders in health literacy from dentistry, academia, foundations and associations, and representatives of patient and consumer groups with an interest and role in health literacy. From time to time, liaisons or representatives from various internal or external agencies may be invited to participate in Committee activities based on the Committee's consultant needs, provided that such participation has been authorized through ~~CAPIR~~ CAAP pursuant to the protocols set forth in the *ADA Standing Rules for Councils and Commissions*.

The chair and two members of CAAP shall be annually appointed by and serve at the discretion of the CAAP chair. The ~~other~~ members of the Committee shall be annually appointed by and serve at the discretion of ~~the ADA President~~ CAAP, based on nominations made by the Committee through its chair. Committee members who are dentists must be members of the American Dental Association. Committee members shall be appointed to serve for a one-year period and shall not be limited as to the number of consecutive one-year appointments that the member may serve. The vice chair shall be selected by the Committee. Only dentists may be considered for position of Committee chair or vice-chair.

Meetings

The Committee will hold at least one regular meeting annually, provided that funds are available in ~~CAPIR~~ CAAP's budget for that purpose. Committee members are expected to attend each meeting.

Duties:

The Committee's duties are as follows:

- To propose new policies and rescission of and amendments to existing policies for consideration by ~~CAPIR~~ CAAP;
- To advise on and assist in the implementation of programming and projects that support and advance ~~CAPIR~~ CAAP's Health Literacy in Dentistry Action Plan and annually report on progress made;
- To consider and investigate emerging oral health literacy issues and provide recommendations to ~~CAPIR~~ CAAP;
- To assist ~~CAPIR~~ CAAP in collaborations with other ADA agencies and external organizations on initiatives or issues related to oral health literacy;

- To aid CAPIR CAAP in identifying public and private resources that support proposed oral health literacy programs and other activities;
- To address directives received from CAPIR CAAP.

Reports:

The Committee shall report to CAPIR-CAAP.

Dr. Wasserman informed the Council of the decision of the NACHLD to encourage the Council on Scientific Affairs to add the topic of health literacy to their research agenda. Upon vote, the following was unanimously approved by the Council:

Resolved, that the Council on Scientific Affairs be urged to add health literacy as a priority on the research agenda.

Report of the Prime Subcommittee: Dr. Alicia Risner-Bauman, Subcommittee Chair, shared the following with the Council:

The CDHC Transition Team is collecting data with several articles to be published this year showing value of the program to both private practices and public programs. Endorsement for the CDHC program has been received by the Academy of General Dentistry and the American Academy of Pediatric Dentistry.

A request from NFAC came to the Prime Subcommittee after the Prevention Subcommittee held their conference call prior to the Council meeting.

NFAC requested the Council's approval of Xian-Jin (Jin) Xie, Ph.D. as an expert consultant to CAAP, and the following resolution was unanimously approved by the Council:

Resolved, that Xian-Jin (Jin) Xie, Ph.D. be approved as a consultant to the Council on Advocacy for Access and Prevention for a term ending with the 2019 ADA annual meeting.

Staff Presentation: Ms. Cathy Albrecht provided an orientation of the professional conduct and behavior expectations of ADA Council members. Her brief but effective presentation covered key issues of conflict resolution, acceptable kinds of political commentary and social conventions to be observed at official events.

Special Order of Business: The American College of Emergency Physicians (ACEP) Presentation

Dr. Sam Shahid, Manager of Practice Management for ACEP, shared results of their June 2018 member survey with the Council. Her power point covered over 200 responses from emergency room physicians from around the country which detailed approximate volume of dental issues in their emergency departments, how they addressed those issues and which ones had dental "partnership" locally to assist them.

As the Action for Dental Health legislation encourages support for ED Referral programs, ACEP looks forward to collaborations between their members and ADA members across the country. She shared the upcoming Podcast which features an effective referral program in Rhode Island between a hospital ED and oral surgery office.

This report was informational only and no action was requested.

Report of the Vice President of the Science Institute: Dr. Marcelo Araujo covered the aspects of 2018 HOD resolution 53H and encouraged the Council members to frame the HPV vaccination within the goal

1 of eliminating HPV related cancers. While HPV types 16 and 18 are linked to oropharyngeal cancer, the
2 vaccine is effective for all 160 types of HPV.

3
4 With April being Oral Cancer Awareness month, CAAP is planning a webinar to engage members in
5 education of the role they can play to refer patients aged 9-47 for HPV vaccination. The Council
6 requested talking points to be developed by CSA for Council member utilization.

7
8 **Report from the Health Policy Institute:** Ms. Cassie Yarbrough shared key concepts from the guest
9 editorial by Dr. Marko Vujicic, Vice President of the HPI, in the *Journal of the American Dental Association*
10 featured in the March 2018. This editorial focused on our dental care system being “stuck” in a system
11 with challenges including various forms of dental benefits along with increased consumerism, practice
12 consolidation and utilization of oral health measures.

13
14 **Report of the Dental Quality Alliance (DQA):** Dr. Mark Koday, CAAP liaison to the DQA and Chair Elect
15 of the DQA, shared the mission of the DQA: To advance performance measurement as a means to
16 improve oral health, patient care and safety through a consensus-building process. He encouraged the
17 Council members to familiarize themselves with the various measures validated to date by the DQA as
18 health practices are moving from volume of services to value of services provided.

19
20 **Special Staff Presentation:** Dr. Steve Geiermann, CAAP Senior Manager, shared the scope of his duties
21 within the ADA structure as well as his liaison relationships with the US Public Health Service, the Dental
22 Quest Foundation and the National Network for Oral Health Access.

23
24 **Special Order of Business:** Dr. Allen Finkelstein, CEO Bedford HealthCare Solutions, shared the
25 concept of “Disruptive Innovation” with the Council, covering various ways that preventive services
26 offered consistently can reduce decay while qualifying for higher reimbursement. His message of fixing
27 the “whole” patient, rather than the tooth decay only, prompted discussion of in office compliance
28 programs being necessary for all offices. His vast experience in the Medicaid audit area was lauded by
29 the Council.

30
31 **Review of Future Council Meeting Dates:** Dr. Herman covered the various future dates of the Council
32 meetings:

- 33 • 2019 Council Meeting Date
 - 34 ○ Thursday, July 25 – Saturday, July 27
- 35
- 36 • 2020 Council Meeting Dates
 - 37 ○ Thursday, January 9 – Saturday, January 11
 - 38 ○ Thursday, July 9 – Saturday, July 11

39
40 **Old Business:** There was no old business.

41
42 **New Business:** Dr. Mark Koday drew the attention of the Council to burdensome regulations which are
43 not science or evidenced based which could hamper access to care for underserved populations.

44
45 **Adjournment:** The Council meeting was adjourned at 11:48 am on Saturday, January 26, 2019.