



ADVANCE HEALTH EQUITY—

AN ALIGNMENT AND ACTION SUMMIT

SUMMARY REPORT

ADVANCE HEALTH
EQUITY SUMMIT 2022
SANTA FE GROUP



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Background and Overview

On June 22–23, 2022, an interdisciplinary collaborative of professionals working in oral and overall health met in Arlington, VA, for the Advance Health Equity Summit. The goal of this summit was to tackle the persistent challenge of health equity by catalyzing aligned, multi-stakeholder action. Over the course of two days, participants heard from thought leaders in multiple fields and worked together to identify and commit to collective action opportunities.

The focus of the Summit was on three primary strategic areas: 1) Expanded coverage, 2) Workforce development, and 3) Integration of oral and overall health. Small working groups met multiple times during the summit to move work in each of these areas forward and to make commitments to aligned action. Participants also had informal time to network and connect between sessions.

The summit took place in a moment of rapid change and increased attention to issues of health equity. The COVID-19 pandemic put a powerful spotlight on the entrenched health inequities in the country. The release of the *Oral Health in America* report by the NIH sparked impactful work. And the Pandemic Response Workgroup convened agencies and organizations to focus attention on questions of oral health. Summit participants, listed on page 19, included leaders in these and other ongoing efforts.

The Summit was convened by the Santa Fe Group (SFG), an “action-oriented think tank with a passion to improve oral health.” SFG is a catalyst, convening people and organizations that have the intellect, passion, resources, and commitment to drive change. SFG is looking to not only understand problems, but also to contribute to developing solutions.

Over its 25 years, SFG has convened meetings on a variety of topics that impact oral and overall health and well-being, including head and neck cancer, childhood obesity, and dental education. Most recently, SFG conducted a series of virtual sessions on the integration of oral health and overall health.

The idea to conduct this National Summit was initiated by SFG's Immediate Past President, Steve Kess, who gave the group a specific charge: to move beyond dialogue to action. Members embraced this call to action, and a planning committee led by Ralph Fuccillo began putting together this two-day event in a form that would be engaging, interactive, and results-oriented (see p. 19 for a list of planning committee members). Supporters and partners included the National Council for Chronic Disease, the Centers for Disease Control and Prevention, AEGIS Communications, Secoya Strategies, Collective Next, the Strategic Advisory Council, and lead sponsor Colgate Palmolive.

This report was created to document the hard work done by Summit participants, to share the experience with those who could not attend, and to support ongoing action.

AT THIS SUMMIT, WE SEEK:

To align and acknowledge the progress/achievements of several national groups/coalitions/programs and individuals working on the related issues of health equity, including overall health integration, leadership, technology opportunities, COVID-19 responses that prioritize oral health, and the structural and systemic conditions that influence change.

To mobilize stakeholders on specific health equity goals that emphasize expanded coverage, overall health integration advancements, and health workforce needs.

To activate, expand, support, and accelerate collective opportunities that show promise for scale and for which alignment and action could drive positive change.

EXECUTIVE SUMMARY: ACCELERATING CHANGE

This graphic summarizes the future visions, action plans, and commitments developed at the 2022 Advance Health Equity Summit, focused around three key strategic areas: oral/overall health integration, expanded coverage, and workforce development.

SUMMIT COMMITMENTS

- Create an online playbook of current efforts and initiatives.
- Design health literacy standards and education programming.
- Create a national oral health quality indicator.
- Call on congress to endorse Medicare coverage of medically necessary oral health treatments.
- Demonstrate the financial benefits of an integrated cost structure.
- Collect data on oral care and chronic conditions.

INTEGRATION

ACTION PLANS

- Develop a standardized national oral health indicator.
- Develop a living compendium of efforts and practices.
- Align payment and reimbursement systems.
- Offer care in a diversity of settings.
- Support upstream integration of oral health and health literacy.
- Develop strategic partnerships.
- Expand communications to build trust.
- Articulate a CDC framework on best practice.
- Improve existing technology around electronic health records and telehealth.

VISION

- Integration is the norm.
- Care is coordinated, free, accessible, consumer-driven, and provided across diverse settings.
- People trust the oral health system, which is understood as a part of the overall health system.
- System is patient-based and rooted in principles of prevention, promotion, accountable care, and value-based care.
- System is supported by national oral health metrics and technology such as interactive patient portals and comprehensive health records.

ACTION PLANS

- Establish a mandate to include adult dental benefits in all public coverage.
- Reimagine reimbursement in ways that integrate oral health into overall health systems.
- Find legislative champions for oral health.
- Synthesize existing research to understand access.
- Make education inclusive, interdisciplinary, and interprofessional.
- Support access and decrease disparities through measurement, health literacy, public communication, cultural competency/humility, and other approaches.

VISION

- Care and benefits are integrated, with a reimbursement system that provides the right incentives.
- Medicaid includes comprehensive benefits for adults similar to how it does for children.
- Prevention and treatment are focused on equally.
- Structural inequity is addressed.
- System is infused with values of cultural competence and whole person health.
- There are consistent and integrated health records.
- Technology is an enabler to other dimensions of reimaged care.

COVERAGE

ACTION PLANS

- Sustain and expand diverse pathways to health education and training.
- Shift culture and mindsets around restructuring care and increasing oral health capacity across workforce.
- Enhance accessibility of pathways by addressing socioeconomic factors, increasing repayment opportunities, and engaging communities.
- Advance equity through common language and measures and identify key communities.
- Support and align professional associates and federal agencies around advancing equity.

VISION

- All people feel "dental care is for them" and that providers are there for them across the lifespan.
- Providers reflect the diversity of communities.
- Education is interprofessional and includes cultural/linguistic competency, equity, accessibility, and population health.
- System engages with communities, care coordinators, and non-dental health workforce.
- Equity is a key measured outcome.
- There is co-location and reimbursement for collaborative care.

WORKFORCE

D A Y O N E

ALIGNING, VISIONING, AND GENERATING

Welcome and Opening Remarks



SFG President Terri Dolan opened the Summit by welcoming everyone and thanking them for their participation. She shared some background on SFG and the Summit and recognized the great work that those in the room are involved in, both as part of SFG

and in their own organizations and agencies. She thanked all the planning committee members, partners, and supporters and celebrated SFG's 25th anniversary as an organization dedicated to improving lives through oral health.



Terri explained, "We have less than 48 hours together to solve some really big problems." She called on participants to share their voices, thoughts, and ideas and offered a set of action verbs to guide the group toward positive change.

SFG Vice President Ralph Fuccillo and his co-facilitator Sara Orozco from Secoya Strategies offered an overview of how the Summit would be facilitated. "This Summit," Ralph explained, "is all about engagement with one another, and co-creating sustainable solutions to what sometimes seems like intractable problems." Ralph took the group through an exercise based on a Nelson Mandela quote, asking them to step up to the microphone and share about something they once thought was impossible, but actually came to be.

ACTION VERBS FOR THE SUMMIT

- Activate
- Expand
- Support
- Accelerate

Graphic Facilitation

Facilitators from Collective Next captured the ideas, perspectives, and discussions of participants in a series of graphics (at the bottom of each page) that share the story of the Summit.



SUMMIT MISSION STATEMENT:

To enrich and activate a multi-stakeholder health equity movement by facilitating a two-day process of alignment and action

After hearing their examples, Ralph called on the group to be a "community of the possible." Ralph also discussed the need for a systems perspective. He shared an image from the World Economic Forum website mapping the many dimensions and interconnections among global issues like health equity. He explained:

"To me, this is an amazing portrayal of how many dimensions there are to complex issues, and the connections that create a fabric of possibility toward a shared understanding of the

issue, what needs to be addressed, and ultimately, how communities can share credit for progress because everyone appreciates that their piece of the work mattered."

Sara Orozco offered a big-picture overview of the purpose of the Summit: to bring the diverse efforts being carried out by different people and organizations into better alignment toward their shared goal. She explained that participants would be working together to craft "pathways to action": action plans for moving from problem to vision to solution to implementation.

Sara also shared the Courageous Conversations compass and established a set of community agreements for the Summit discussions.

COMMUNITY AGREEMENTS

- Expect and accept non-closure
- Stay engaged
- Participate fully but evenly
- Listen to understand
- Be willing to do things differently and experience discomfort
- Every voice is important



Keynote Address: Gail Christopher, D.N.

The Summit program kicked off with a keynote address from Dr. Gail Christopher, a long-time champion for health equity recognized for her work designing holistic strategies for social change. Dr. Christopher serves as Executive Director for the National Collaborative for Health Equity and Board Chair for the Trust for America's Health. Prior to this, she was Senior Advisor and VP for the WK Kellogg Foundation and Executive Director of the Institute for Government Innovation at the John F. Kennedy School of Government at Harvard University.

Dr. Christopher's talk, which is illustrated below, presented lessons from her years of work in the field, including her time with the Kellogg Foundation's Truth, Racial Healing, and Transformation (TRHT) initiative, and her most recent book, *Rx Racial Healing: A Guide to Embracing our Humanity*. She

presented the TRHT framework, along with a call to action rooted in love, humility, awe, and truth. She challenged those at the Summit to "roll up our sleeves" and work across silos to end the belief in a false, racialized hierarchy of humans.

"I define Rx Racial Healing as the individual, collective, and societal process of replacing the consciously and unconsciously embedded belief in a false taxonomy and hierarchy of human value with a heartfelt awareness, appreciation, and belief in the sacred interdependence and interconnectedness of humanity."

— Dr. Christopher, from *Rx Racial Healing*

Participants responded strongly to Dr. Christopher's presentation, in particular the ways that she rooted her calls to address racial hierarchies and health inequities within a deep love for humanity and one another. Many went to the microphone to ask questions and share their own stories. Her talk, and the framework she shared, served as an essential foundation for discussions over the next two days.



TRHT FRAMEWORK

- Narrative Change
- Racial Healing and Relationship Building
- Breaking Down Structures:
 - Separation: Segregation and Concentrated Poverty
 - Law: Civil Law, Criminal Law, and Public Policies
 - Economy: Structured Inequality and Barriers to Opportunity



Working Group Session 1: Alignment and Action

In the first of four working group sessions over the course of the Summit, participants split up into small groups focused on one of the three primary strategic areas: expanded coverage, workforce development, and integration of oral and overall health. Participants shared about themselves — their backgrounds, experiences, and organizational ties — as well as the roles they might play in shaping a new paradigm for advancing health equity. They discussed their hopes for the field, as well as the challenges they expect to face along the way.

These discussions highlighted the wealth of experience and expertise in the room. Participants brought diverse professional backgrounds, including dentistry, public health, general medicine, academia, government, philanthropy, and insurance. They brought an even wider array of areas of expertise, including law, policy, journalism, economics, diversity/equity/inclusion, private sector innovation, and lived experience of challenges related to health equity.

Participants shared their leadership in, and affiliations with, a range of organizations, associations, agencies, and coalitions. Even so, participants noted that key stakeholders were not well represented in the room: policymakers, funders, and, most importantly, consumers — those most directly impacted by racism and inequity in health. (See Appendix for a list of participant expertise and connections.)

The working groups came back together for a highly generative discussion based on their small group work, illustrated below. The conversation ranged across topics such as education, racial diversity in the professions, technology, reimbursement, and data. Participants also pointed to speci-

fic efforts already under way that are driving health equity forward in the three strategic areas. Overall, the workgroup session set a strong foundation for the rest of the Summit by identifying who is at the table and highlighting the possibilities of aligning work in collaborative change efforts.



SFG presented the 2022 Action Award to Mary Otto for her work advancing public awareness and support of oral health as an essential part of overall health and of achieving health equity in the U.S.

Mary Otto is a Washington DC-based journalist who began writing about oral health at the *Washington Post*. She now works as an independent journalist and oral health topic leader for the Missouri School of Journalism-based Association of Health Care Journalists. She is the author of *Teeth: the Story of Beauty, Inequality and the Struggle for Oral Health in America* published by the New Press.



Catalyst Session: Perspectives of Emerging Leaders

Four early and mid-career leaders from the field took the stage for a dialogue with one another and the audience. These leaders brought a blend of expertise in dental, medical, and public health, as well as academic research and business. Panelists included:

- **Darien Weatherspoon**, D.D.S., M.P.H., faculty at the University of Maryland, whose research aims to eliminate oral health disparities and inequities, improve access to care, and improve the oral health of older adults
- **Shillpa Naavaal**, B.D.S., M.S., M.P.H., faculty at Virginia Commonwealth University, whose research focuses on access and use of health care services and impact of health policies on health outcomes
- **Shanice Cheatham**, M.P.H., fellow at the Heritage Group, who is a Meharry Presidential Fellow and founder of Endemic Solutions, a global healthcare company that focuses on the prevention of healthcare-associated infections
- **Wayne Stephens**, D.D.S., M.B.A., a leader in pediatric dentistry and a Commonwealth Fund Fellow who advocates for addressing the challenges of systemic inequities through an intersectional lens

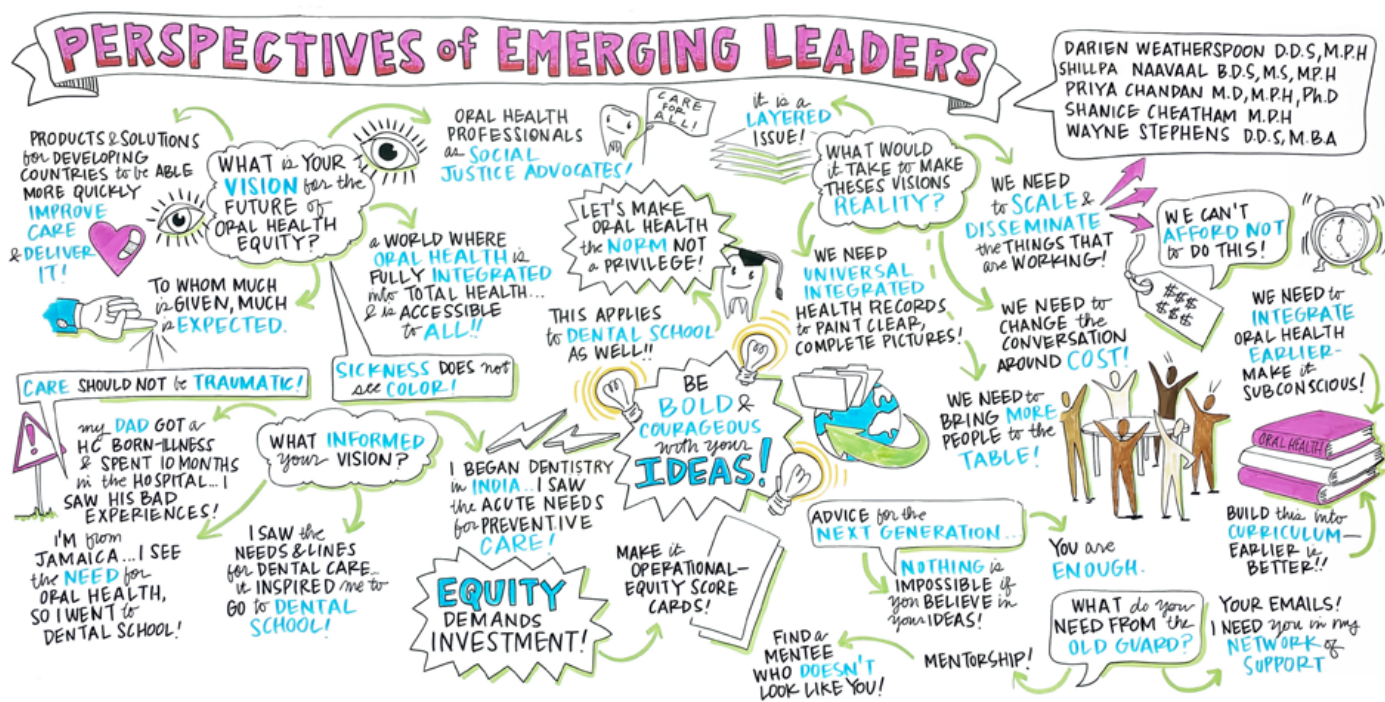
The dialogue served as an overview of what a newer generation of leaders is working on, why that work is critical, and what is needed to move the field forward. Panel members were generous in sharing their professional and academic expertise as well as their own lived experiences related to health inequities and the social determinants of health, which inform and drive their work. Dr. Priya Chandan, of the Univer-



sity of Louisville, was also a panel member but was unable to attend due to travel issues.

The following questions were used to guide the discussion, and the graphic below offers highlights from this engaging dialogue.

- What is your vision for the future direction on one or all of our Summit themes?
- What has informed or contributed to your vision?
- What would it take to make your vision become reality?
- Who, in particular, needs to be involved in helping to bring about a different paradigm?
- Are there any generational, cultural, social, or policy conditions that need to be addressed in order for your vision to really happen?



Working Group Session 2: Envisioning Our Desired State

Participants once again split into their working groups focused on the three key strategies. In this working group session, they identified visions for desired end states and began strategizing about how to achieve them. Below are the integrated visions for each of the three strategic areas, which were later shared with the full group at the end of the day.

A VISION FOR WORKFORCE: A future in which all people feel like "dental care is for them" and that providers are there for them across the lifespan. Health professions would attract providers that fit the diversity of their communities. The education system would be interprofessional and would train providers in areas including cultural/linguistic competency, equity, accessibility, and population health. This system would include engagement with community, care coordinators, and the non-dental health workforce. It would involve broader community intervention, make equity a key measured outcome, and include co-location and reimbursement for collaborative care.

A VISION FOR COVERAGE: A future in which both care and benefits are integrated, with a reimbursement system that "provides the right incentives." For example, Medicaid would include comprehensive benefits for adults similar to how it does for children. This system would be focused equally on

prevention and treatment, would center the importance of addressing structural inequity, and would be infused with values of cultural competence and whole person health. It would include consistent and integrated health records and technology as an enabler for other dimensions of reimagined care.

A VISION FOR INTEGRATION: A future in which integration is the norm: in which care is coordinated, free, accessible, consumer-driven, and provided across diverse settings. "Appropriate care by the right people, at the right time, in the right place." People would have trust in the oral health system, which would be understood as a part of the overall health system (e.g., dentistry as a specialty of medicine). The system would be patient-based and rooted in principles of prevention, promotion, accountable care, and value-based care. This would be supported by national oral health metrics and technology such as interactive patient portals and comprehensive health records with meaningful use policies.

(Note: At the Summit, this session was followed immediately by Working Group Session 3, in which the groups began to craft action plans. To avoid repetition, we combined Sessions 3 and 4 in the Day 2 summaries.)



D A Y T W O

PLANNING AND COMMITTING TO ACTION

Keynote Address: Myechia Minter-Jordan, M.D., M.B.A.

The Summit kicked off day 2 with an address from Myechia Minter-Jordan, President and CEO of CareQuest Institute for Oral Health. Dr. Minter-Jordan is a physician, business executive, and co-founder of the New Commonwealth Racial Equity and Social Justice Fund. Prior to CareQuest, Dr. Minter-Jordan was chief medical officer and CEO of the Dimock community health center in Massachusetts.

Under Dr. Minter-Jordan's leadership, CareQuest works as a "catalyst for systems change bringing forth ideas and solutions to create a more accessible, equitable, and integrated health system for everyone." CareQuest does its work through five key "areas of activation" – grantmaking, research, health improvement programs, policy and advocacy, and education – alongside leadership in dental benefits and innovation.

In her keynote address, illustrated below, Dr. Minter-Jordan spoke to this as a critical time for action on health equity. COVID-19, she explained, highlighted stark inequities along racial and economic lines, which can be seen clearly in the data. She called for multi-stakeholder collaboration toward a shared vision of "a health system that supports everyone in reaching their full potential through optimal health."

According to Dr. Minter-Jordan, building this system will require all hands on deck. She described the need to:

- Collect, disaggregate, and leverage data to drive decision making and action.

- Merge diverse perspectives through openness and transparency.
- "Flip the hierarchy" to put listening before planning.
- Address racism in the process of system design.
- Begin with change in one's own organization.

Dr. Minter Jordan stressed that systems change is not a linear process. Though it is difficult, this change is already underway. She left the Summit participants with a message of hope.



Keynote Address: Nicole Johnson, M.P.H.

Day 2 continued with a keynote address from Nicole Johnson, Associate Director for Policy, Partnerships, and Strategic Communication at the Division of Oral Health (DOH) at the Centers for Disease Control and Prevention. Ms. Johnson shared the work that she and the DOH have been doing with the National Association of Chronic Disease Directors and other partners to develop a national framework for medical-dental integration.

The framework project is already underway, beginning with a process of gathering information on existing programs

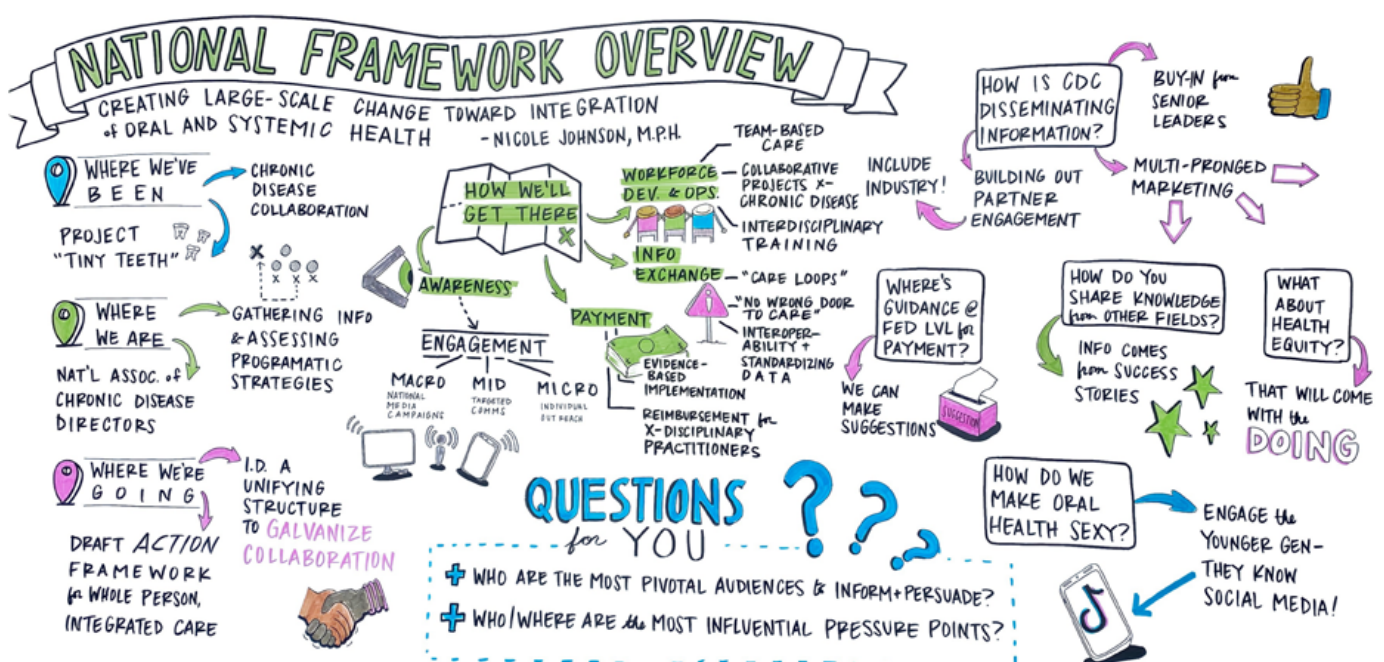
KEY STRATEGIES FOR INTEGRATION

- **Awareness:** Engaging in national, targeted, and individual communication campaigns.
- **Payment:** Evidence-based implementation of payment systems that reimburse cross-disciplinary practitioners.
- **Information Exchange:** Communication among practitioners through "care loops" and standardized data.
- **Workforce:** Development opportunities in interdisciplinary, team-based, collaborative care.



and strategies. It is continuing with a series of listening sessions engaging diverse stakeholders. The goal is to produce an action framework for whole person, integrated care, as well as a structure to support ongoing collaboration.

During her keynote address, illustrated in the graphic below, Ms. Johnson discussed key strategies that the group has identified for moving toward large-scale change in integration. These strategies include questions of workforce development, payment systems, awareness raising, and information exchange among professionals. She spent a significant amount of time discussing strategies for dissemination, and asked Summit participants to share their thoughts as well. She discussed a multi-pronged marketing and communication strategy that includes partnering with industry and others, engaging young people through social media, and sharing knowledge across fields.



Working Group Sessions 3 and 4: Planning for Collective Action

During the third working group session, the groups began to chart pathways toward their future visions in each of the three strategic areas. They put forward strategies related to advocacy and culture change; they proposed changes to how professionals are educated and how they work; they called for metrics to measure equity and new technologies for care and collaboration. Along the way, they discussed who they would need to work with, how they would align their efforts and maintain accountability, and what dynamics would need to be taken into account. They shared highlights from these discussions with the full group, as illustrated below.

The fourth and final working group session brought together the small groups focused on each strategic area to identify common themes and areas of alignment. These combined groups began building a joint plan to “pitch” possible action plans to the rest of the Summit. These pitches are summarized in the following paragraphs, and illustrated in the graphic on the next page.

COVERAGE ACTION PLANS

- *Establish a mandate* to include adult dental benefits in all public coverage.
- *Reimagine reimbursement*: Include oral health care in bundled payments, incorporate oral health conditions into chronic conditions registries, and develop CPT codes to have Medicare pay for chronic disease management.
- *Find legislative champions* for oral health.
- *Synthesize existing research*, disaggregating data to understand access.

- *Make education Inclusive and interdisciplinary:* expand interprofessional education, educate current clinicians on interprofessional practice, and ensure education on quality assurance/quality improvement in dental schools.
- *Support access and decrease disparities* through:
 - Meaningful equity measures
 - Increased oral health literacy
 - Providers who understand available benefits and communicate them
 - Effective communication with the public
 - Cultural competence/humility
 - Delivery models that are portable and convenient and involve a range of personnel (ERDH, EPDA, DT)
 - Expanded automation
 - Oral health incorporated into ACO reach

WORKFORCE ACTION PLANS

- *Sustain pathway programs:* expand organizational commitments to diverse pipelines to health education and training, with attention to the role of area health education centers.
- *Shift culture and mindsets:* expand recognition of the need for restructuring care, engage the private dental workforce in expanding services to reduce inequalities, and increase abilities and literacy for oral health prevention across the health care workforce.
- *Enhance accessibility of pathways* by addressing socioeconomic factors affecting students, increasing loan repayment options and opportunities, and engaging



community leaders to identify opportunities to educate students from diverse communities.

- *Advance equity* through common health equity language for medicine and dentistry and a common set of clinical measures for tracking equity. Identify key communities for expanding the workforce, map areas where there are shortages of services and opportunities, and define and align the role of professional associates in advancing equity.
- *Support federal agencies* in achieving alignment to action.

INTEGRATION ACTION PLANS

- *Develop a standardized national oral health indicator* that can be used to identify a need for change; add integration in the ED (managed care), assess existing models, clarify roles; inform education of ED team/new workforce; and reinforce that oral health is an essential benefit universally.
- *Develop a playbook* and build a living compendium of ongoing efforts and promising practices.
- *Align payment systems:* This includes reimbursement aligned with prevention and elimination of disease, integrated medical and dental codes and billing, and value-based care.
- *Offer care in a diversity of settings:* Ensure that care is convenient for consumers; offer care in a range of community-based settings (e.g., schools) and using tele-dentistry and other technology tools to expand access
- *Support upstream integration of oral health* through health literacy, leveraging community programs and organizations, and emphasizing preventive care.

- Develop strategic partnerships with:
 - Insurance companies
 - State and federal agencies
 - Legislators
 - Communities
 - Religious and social organizations
 - Community health workers and community dental health coordinators
 - Federally qualified health centers
 - Educational institutions
- *Expand communications* to build trust in oral health care and promote the benefits of integration in relation to health equity using stories that will resonate with the community at large, with providers, and with insurers.
- *Articulate a CDC framework/statement* on best practices.
- *Improve existing technology* to increase electronic health record interoperability and expand telehealth.

DYNAMICS TO ADDRESS

- Structural racism and unconscious bias
- Burnout
- Federal vs. state policy
- Social, geopolitical, environmental determinants
- Interprofessional practices
- Trends in teledentistry, mobile care, and urgent care
- Transition to patient-driven care
- The importance of who is at the table



Final Group Discussion: Commitments

Based on the collective action plans, participants identified six strategies that could be initiated now, and made personal commitments to move them forward. The six strategies are listed below, along with the graphic illustrating the commitments where participants put post-it notes sharing their commitment to that strategy.

By committing to action together, participants ensured that the momentum built during the Summit would not end

once the Summit was over. Nobody wanted to come back for the next Summit to repeat the same conversations. The goal was for the Summit to accelerate change. And, in the following weeks and months, pieces of this collective agenda have begun moving forward through the leadership of Summit participants. The Santa Fe Group is reaching out to participants to learn more about what actions and conversations the Summit has helped catalyze.

SUMMIT COMMITMENTS



Create an online playbook of current efforts and initiatives related to oral health/overall health integration, beginning with existing inventories held by SFG members, and share widely.



Design health literacy standards and educational programming for providers, insurance companies, and the community at large related to oral health and integration.



Create a national oral health quality indicator that can be used to identify the need for change and inform the integration of oral health into overall health systems.



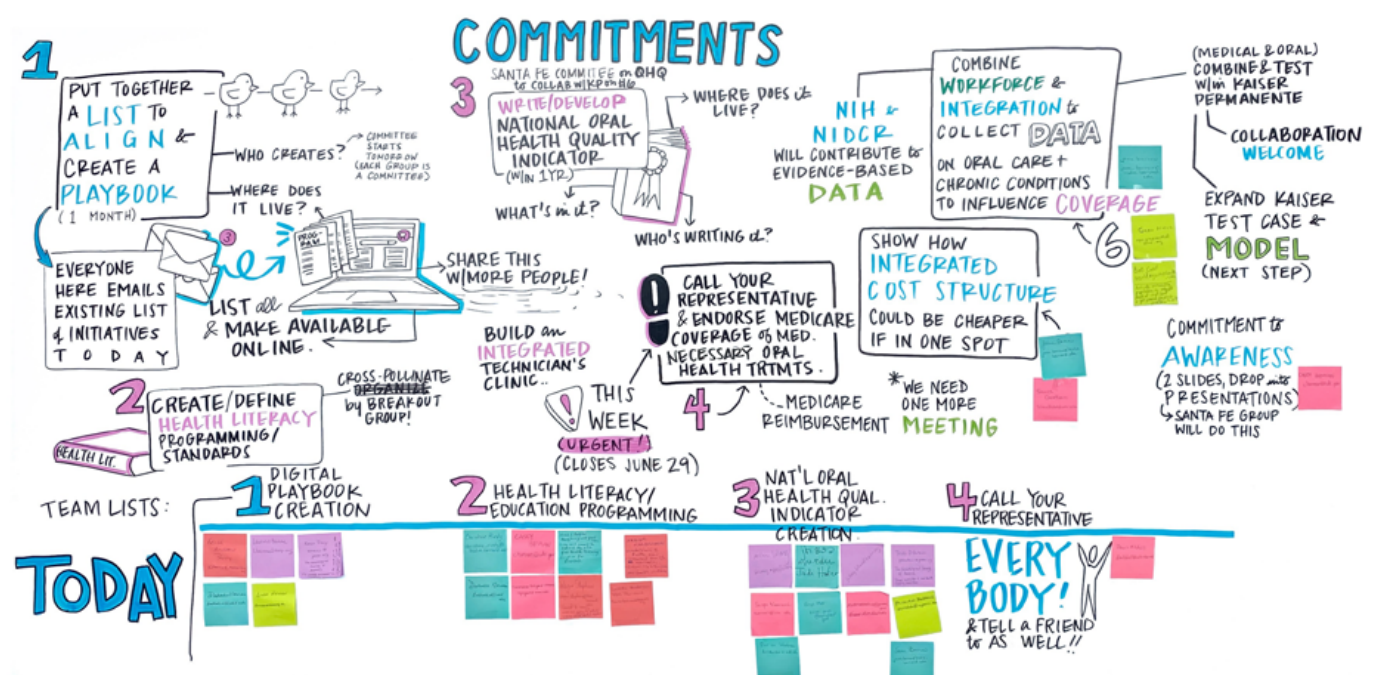
Call on members of congress to endorse Medicare coverage of medically necessary oral health treatments.



Demonstrate the financial benefits of an integrated cost structure through research, building on work like the Into the Mouths of Babies study.



Collect data on the interrelationships between oral care and chronic conditions, for example, through contributions from the NIH and NIDCR and expanding on the Kaiser Permanente model.



Plenary Address: Rena D'Souza, D.D.S., M.S., Ph.D.

The Summit closed with a talk from Rena D'Souza, director of the National Institute of Dental and Craniofacial Research (NIDCR) at the National Institutes of Health (NIH). A licensed dentist, Dr. D'Souza is a highly regarded researcher in the areas of craniofacial development, genetics, tooth development, and regenerative dental medicine. She was the inaugural Dean of the University of Utah School of Dentistry, as well as Assistant Vice President for Academic Affairs and Education for Health Sciences.

Dr. D'Souza pointed Summit participants toward the future. She explored the impact of the COVID-19 pandemic, new leadership at the NIH, and plans for her own NIDCR. She shared areas of opportunity and innovation across the oral health ecosystem: from new technologies to genetic targeting to opioid substitutes to improved infrastructure for clinical trials. Much of her talk focused on health disparities. She argued that the field has not done enough to address structural racism, and called for a systems-based, preventive approach that addresses the health of communities facing marginalization. Oral health, she said, should be at the center of global health goals.

Dr. D'Souza's talk drew on insights from the recent report from NIDCR: *Oral Health In America: Advances and Challenges*.

This report is a follow-up to the seminal Surgeon General report that, in 2000, brought widespread attention to the importance of oral health for overall health. The new report reflects on what was accomplished and what was learned over the last two decades, as well as outstanding challenges. It points to promising directions and emerging solutions, and offers a call to action for the field.



National Institutes of Health. Oral Health in America: Advances and Challenges. US Department of Health and Human Services, National Institute of Dental and Craniofacial Research: Bethesda, MD, USA; 2021.



SUMMIT ATTENDEES

Roosevelt Allen, D.D.S., M.A.G.D., A.B.G.D.	LaVette Henderson, C.M.P., H.M.C.C., F.A.C.D.	Mary Otto
Kathryn Atchison, D.D.S., M.P.H.	Irene Hilton, D.D.S., M.P.H.	Fotinos Panagakos, D.M.D., Ph.D.
Lauren Barone, M.P.H.	Gregory Holder, P.M.H.	Barbara Park, R.D.H., M.P.H.
Jane Barrow, M.S.	Sarah Holland, B.S., M.S.	John Patton, B.A.
Katy Battani, R.D.H., M.S.	Christopher Holliday, Ph.D., M.P.H., M.A., F.A.C.H.E.	Keith Perry, J.D.
Bunny Begay, D.D.S.	Ifetayo Johnson, B.S., M.A.	Kristi Pier, M.H.S.
Eric Berger, B.A.	Renee Joskow, D.D.S., M.P.H., F.A.G.D.	Shaju Puthussery, M.S.
Al Brennan, A.B.	Dushanka Kleinman, D.D.S., M.Sc.D.	Dianne Rekow, M.S.M.E., M.B.A., D.D.S., Ph.D.
Elizabeth Brewer, M.S., M.P.H.	Yvonne Knight, J.D.	Christine Riedy Murphy, Ph.D.
Solomon Brotman, D.D.S., M.A.G.D.	David Kochman, J.D.	Miriam Robbins, D.D.S., M.S., F.A.C.D., F.I.C.D.
Melissa Burroughs, B.A.	David Krol, M.D., M.P.H.	John Robitscher, M.P.H.
Natalia Chalmers, D.D.S.	Wey-Wey Kwok, J.D.	Maria Ryan, D.D.S., Ph.D.
Lois Cohen, Ph.D.	Gracie Lawson-Borders, Ph.D.	Cesar Sabates, D.D.S.
Manuel Cordero, D.D.S., C.P.H., M.A.G.D.	Steven London, D.D.S., Ph.D.	Ankit Sanghavi, B.D.S, M.P.H.
Trish D'Antonio, Ph.D., R.N., F.A.A.N.	Ciara Long, M.P.H.	Edward Shellard, D.M.D.
Cherae Farmer-Dixon, D.D.S., M.S.P.H., M.B.A., F.A.C.D., F.I.C.D.	Marti Macchi, M.P.H.	Hugh Silk, M.D., M.P.H., F.A.A.F.P.
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PACIFIC DENTAL SERVICES



APPENDIX: WHO IS AT THE TABLE?

The following list was drawn from working group notes and is not exhaustive, but offers a broad view of participant backgrounds and areas of expertise.

CARE PROVIDERS:

- Private Practice Dentist
- OB/GYN
- Family Medicine Doctor
- General Practice Doctor
- Pediatrician
- Dental Hygienist
- Dental Officer

ADVOCATES FOR:

- Diversity, Equity, and Inclusion
- Social Justice
- Medical Dental Integration
- Awareness
- Voice

ACADEMICS AND RESEARCHERS STUDYING:

- Dental Public Health
- Epidemiology
- Medical Dental Integration
- Cross-Institutional Health Services
- Dentistry
- Maternal Child Health
- Health Disparities
- Dental Care System
- Oral Health Access
- Oral Health Integration in Primary Care Training
- Oral Health Integration in Value-Based Care

LIVED EXPERIENCE WITH:

- Disability

PRACTITIONERS AND LEADERS IN:

- Rural Public Health
- Government Health Agencies
- Not-For-Profit Public Health
- Community Health Center
- Dental Insurance
- Dental Education
- Family Health Center
- Nonprofit Technical Support
- Indian Health Service Dental Clinic
- Health Policy
- Maternal/Child Health
- Philanthropy
- AI/Machine Learning

EXPERTISE IN:

- Chronic Disease and Oral Health
- Gerontology and Oral Health
- Communications and Journalism
- Policy
- Medicare Law
- Medicaid/CHIP
- Health Economics
- Private Sector/Industry
- Oral Health Literacy
- Public Health
- Health Equity and Disparities
- Philanthropy
- Health Workforce Diversity and Equity
- Dental Medical Integration
- Health Technology
- Data Analysis and Interoperability
- Policy
- Communications
- Systems Change
- Tobacco and Oral Health
- Health Equity
- Health Systems

INNOVATORS WORKING ON:

- The technical aspects of dental medical integration
- Integrated Dental and Pharmacy Care Practices
- Electronic Health Records
- Integrated Health Care Solutions

CONNECTORS:

- Working to align efforts across groups

LEADERSHIP IN AND AFFILIATIONS WITH:

- Hispanic Dental Association
- National Network for Oral Health Access
- National Dental Association
- Centers for Disease Control
- Medicaid
- General Service Administration