



# Connecting Kids to Coverage National Campaign

## Supporting Smiles: Promoting Childhood Dental Benefits Covered Under Medicaid and CHIP

WEBINAR TRANSCRIPT | FEBRUARY 15, 2022

**Jenn Kerr:** Welcome everyone to the Centers for Medicare and Medicaid Services, Connecting Kids to Coverage National Campaign webinar, Supporting Smiles: Promoting Childhood Dental Benefits Covered Under Medicaid and CHIP. And happy National Children's Dental Health Month to everyone that we have today. My name is Jen Kerr. I am with Porter Novelli Public Services, the contractor that works closely with the campaign and the team at CMS to support education and outreach to children and eligible families for free or low-cost health coverage through support, education, and outreach to children. I will be moderating our webinar today. We have a great lineup of speakers ready to talk about the importance of dental health coverage, the latest oral health trends, and tips and materials to help support your outreach. Before I transition over for an official welcome from Amy Lutzky, I will touch on a few housekeeping items.

**Jenn Kerr:** If you join the webinar on this WebEx desktop platform, you'll see a few features that will be helpful for you today. We encourage you to submit any questions you have into the Q&A, your chat box, but please make sure if you're using the chat box that you're sending your question to all panelists. We'll respond back in the Q&A chat or respond verbally during the Q&A portion at the end of the presentation. And for any questions that we are not able to get to, we will make sure to follow-up with individuals separately after the webinar via email. I now want to introduce Amy Lutzky, Deputy Director in the Children's and Adult's Health Program Group at CMS for an official welcome.

**Amy Lutzky:** Thank you so much, Jennifer. We are delighted to bring you this webinar during National Children's Dental Health Month, because oral healthcare is so critical to a child's health and wellbeing. And Medicaid and CHIP cover routine dental services including checkups, X-rays, fluoride treatments, dental sealants, fillings, and much more. Oral health was an area of focus prior to the COVID-19 public health emergency and has only become more critical, now that we see from the data that the pandemic caused many parents and caregivers to delay important routine care for their children like regular dental checkups. Today's webinar will feature new data on oral health trends among children, best practices to get families enrolled in Medicaid and CHIP to access dental healthcare, and new campaign resources available on InsureKidsNow.gov for organizations to use in their outreach and encourage the use of benefits.

**Amy Lutzky:** I would like to thank all of our speakers in advance for participating on today's webinar. Opening up today's webinar will be CMS's chief dental officer, Dr. Natalia Chalmers. Dr. Chalmers is a board-certified pediatric dentist, oral health policy expert, and public health advocate who brings more than 20 years of clinical research, industry, and regulatory experience to CMS as Chief Dental Officer in the Office of the Administrator. She has devoted her career to transforming scientific and healthcare data and information into actionable insights to address equity, improve care, and inform policy and funding. She has many degrees, including a Doctor of Dental Surgery from the Medical University of Sophia, a residency in pediatric dentistry at the University of Maryland School of Dentistry, a PhD in oral microbiology from the University of Maryland School of Dentistry, a master's degree in clinical research from Duke Medical University, and a certificate in drug

development and regulatory science from UCSF School of Pharmacy. Her research has translated into action, improving oral healthcare and advocating for the role of health policy can play across the lifespan. Dr. Chalmers, thank you so much for opening up today's webinar.

**Dr. Natalia Chalmers:** Thank you, Amy, for such a warm welcome, and welcome to all of our participants. It is such an honor to join such great panelists, and I am delighted to be with you to share how we can improve the coverage for Medicaid enrolled children. I would like to take a moment to share with you the CMS vision for the future. Administrator Chiquita Brooks-Leshore has put together with the leadership team a really inspirational vision for how CMS can serve the public as a trusted partner and steward dedicated to advancing health equity, expanding coverage, and improving health outcomes.

**Dr. Natalia Chalmers:** And these three are not in a random order because you'll see here are six pillars, the first one is to advance health equity by addressing the health disparities that underline our health system. And all of us know that in oral health, health disparities are so prevalent. Our work to advance health equity is focused on designing, implementing, and putting into operations policies and programs that support health for all people, and that this guides all of the work here at CMS. The second pillar is to build on the Affordable Care Act and expand access to quality affordable health coverage and care. And as Amy said, that dental is covered here, right. All children on Medicaid have access to this quality care. The third one is to engage with our partners and communities we serve through policy making and implementation, and you'll actually hear today from some of our partners. The fourth one is to drive innovation and tackle our health system challenges and promote value-based, person-centered care. The fifth one is to be a very responsible steward and protect our programs' sustainability for the future generations by serving as responsible stewards for the public funds. And the last one is that CMS is to reflect all of these internally and foster positive and inclusive workplace and workforce to promote excellence in all aspects of our operations.

**Dr. Natalia Chalmers:** Some of you have heard me speak before, that I think three things that are really essential when we speak about oral health, is for us to recognize that it's truly about equity, and if we were to achieve equity, we cannot do this without addressing oral health and the disparities that exist there. It is also about fiscal responsibility because when children and adults don't have access early through preventive services, they end up in some of the most costly healthcare settings, such as the emergency department, to receive the care they need. And the third one, it's about inflammation or clinical outcome. Inflammation is that connection between the oral cavity and the rest of the body. And as Amy said, it impacts wellbeing for children, and this is through this improved clinical outcomes.

**Dr. Natalia Chalmers:** It is very important to understand where children and their parents seek care. We like to think that they have access to the dental office, and many of them show as well-established patients. You'll see the ones that come back for routine care. But very often, some patients will seek care only when they have a problem, and when they don't have access to these preventive services is they suggest that they end up in the emergency department, again, maybe sometimes for a single visit or return. And often, if the problem is really serious, they actually have to be admitted, and you see here in the inpatient admissions piece. I've highlighted the impact of poor oral health on patients who are in the hospital for other services. Poor oral health can have negative impacts and turn into pneumonia, non-ventilated, hospital-acquired pneumonia.

**Dr. Natalia Chalmers:** And then you see on the right, the ambulatory surgery is really important, access to dental care for children who are pre-cooperative, very young children, but also for those who have developed disabilities or intellectual disabilities. And then you see on the top, the school, and the arena. Schools are really important access to care for some of our beneficiaries, and the arena is for some of them charity events still present an access to care issue. And these two systems have a health information technology divide, the diagnostic coding divide, and truly, there is challenges in integration and coordination of care.

**Dr. Natalia Chalmers:** As I said, it's really important to recognize the poor oral health serves as a primary marker of social inequity and to recognize the racial and income disparities that exist among the prevalence of

untreated tooth decays of these very young children. So, these preschool children, two- to five-year-olds, and you just see that while the overall total has gone down over the last 10 years, we still see significant gaps between the White non-Hispanic, Black non-Hispanic, and Mexican American children. And these gaps are also reflected in the incomes disparities.

**Dr. Natalia Chalmers:** And for many of you, hopefully you've never seen the extent to which these disease can impact, but some of these children are three- to four-year-olds and they have a mouthful of cavities that will need to be addressed, they require advanced treatment, root canals, extractions. Right? So, it's really important in this National Children's Health Month to remember, we don't want our children to end up here, and the way to do that is with regular care at home and regular dental visits.

**Dr. Natalia Chalmers:** This is a really important slide because it highlights the tremendous progress we have made over the last years regarding access to dental services. On the very left, you'll see the trends in dental visit in the past year for children, and in the blue is those who live below the federal poverty line. You'll see that progress over the last 16 years increasing access to care and notice that for adults who live below the federal poverty level, there's almost no change. And you would say, "Well, this is really a webinar about children's access. Why does it matter?" Well, parents are really key in access to dental care for children, and so if parents don't have access to good dental services, or that experience, they're actually many times more unlikely to bring their children to the dentist. So, they're very much connected. And of course, you see on the very right the trends for seniors.

**Dr. Natalia Chalmers:** As Amy also suggested we have seen a tremendous impact of the pandemic on dental service utilization. Here is April. Now we know most of the dental clinics were closed. And then you follow the quick recovery to June, but really, not reaching pre-pandemic level until September. And overall, compared to the pre-pandemic period, pre-public health emergency period, there is still 12.6 million dental services fewer that are received for children under 19. Overall, 24%. There are two services that were mainly impacted: dental services and mental health services, so really important for parents and caregivers to recognize this forgone care and the impact it has.

**Dr. Natalia Chalmers:** This, of course, is also paired with a significant increase in enrollment. So, the program has grown exponentially. We have close to 18% increase, and you see this here. At the end of the gray is the beginning of the Families First Coronavirus Response Act where states were required to ensure continuous enrollment for current Medicaid enrollees and to access to all the members who enroll in the programs, children and adults. And so, you see the challenges with the closing of the dental practices, increased enrollment has really put dental care in a high priority and still quite a few challenges to access these services.

**Dr. Natalia Chalmers:** And why does it matter? So, I want you to focus on the picture on the left, and the child on the bottom is not even 12 months. This is not even a one-year-old. Well, we have been in this pandemic for about 24 months. And the reason this is important is this child has developed severe early childhood caries in less than 12 months. So, dental care is a disease that doesn't wait, and in children, it can progress very rapidly. The child on the top is about three and they have cavity on every tooth. Right? Because in the 24 months without access to preventive care or good care at home, this can happen, and this has happened. We see many of our colleagues reporting severe disease now that the clinics are opening.

**Dr. Natalia Chalmers:** And why does it matter? Because poor oral health, if a child has an infection and dental pain, they have poor academic performance. We know that. And they also, it's one of the top reasons why they miss school, so school absenteeism. And the other one, I talked about going to the emergency department, and in general, children suffer from pain and infection. And so, I'm really delighted to hear from all of our panelists about all the efforts they're doing to promote the enrollment of children, so they have access to these preventive services. And I think that's the end. We'll turn it back to you.

**Jen Kerr:** Thank you so much, Dr. Chalmers for walking us through the important dental services covered through Medicaid and CHIP. Next, we will hear from Dr. Jane Grover, Director at the Council on Access, Prevention, and Interprofessional Relations at the American Dental Association, who will share more on the latest oral health data and trends among children.

**Dr. Jane Grover:** Thank you very much, and thanks to all the participants who are joining us this afternoon. And I'm honored to be among the panelists on this very important webinar talking about connecting kids to care. We're going to talk about the whys, the how's, and the why not strategies and talk about some of the innovative plays within a community to continue to promote oral health and continue to connect children to care. So, I'm a former FQHC dental director and clinician. I've been at the American Dental Association for almost nine years. And our opening slide here talks about equality versus equity. So, the presentation topics I'm going to focus on today, a little bit about oral health equity, including the new ADA policy. I look forward to questions and comments from the participants, not just now, but also in the future because you'll have lots of information.

**Dr. Jane Grover:** So, we're going to talk about why and how the ADA passed policy at the House of Delegates in October. Much of this information you are already well aware of. Why is oral health important? Well, we know it affects so many phases of growth and development for children and actually impacts the entire family. If you want to talk about, as Dr. Chalmer's referenced, the ability of adults and the parents to receive care, when a child needs care and is unable to get that, then it impacts the parents' productivity, job prospects, and much more. And it was also time for policy because there have been some longstanding oral health disparities which became more evident because of COVID, and this was made very evident by what we've seen in the past 24 months.

**Dr. Jane Grover:** So, if we talk about equality versus equity, our health equity policy focuses on having people have optimal oral health, and it varies by individual. We see in the top portion of this that equality with this population of four individuals, they all received the same type of [inaudible], but you'll notice that only one can effectively use that same size bicycle. Whereas on the lower panel, you can see that when each individual has what they need and it is tailored to their unique needs, it becomes a lot more relevant for them and a lot more meaningful.

**Dr. Jane Grover:** So, we will talk a little bit about the policy itself that was developed and passed at our House of Delegates, but first, an overall discussion, what the World Health Organization defines as equity. It's the absence of avoidable, unfair, or remediable differences among groups of people, and this is where our focus is in improving the oral health of the public. And these groups can be disadvantaged either socially, economically, demographically, or by other means of stratification. And we see in particular rural areas and many of the urban areas that need that support, especially for children to be connected to services, but also for community-wide oral health promotion and education so that we can reduce some of the disease rates and also some of the disparities.

**Dr. Jane Grover:** Social determinants of health. So, for many of you that have perhaps seen the NIDCR report or have read numerous journal articles on social determinants of health, you know that it is essentially where people are born, live, work, play, worship, and learn, but there are factors beyond available sites of care, available providers that impact healthcare and the access to that. And in addition, there is a subset of the social determinants, and those are called the commercial determinants. That area is being explored by experts to also look at consumer habits, of consumption, and also the availability of materials, of healthy materials. And this is referenced somewhat in the second bullet point here where it says access to nutritious foods and physical activities. It is believed by some experts that the social determinants have more of an impact than actual care itself, that a system should recognize, an effective [inaudible] and address how to lower barriers and impact these social determinants of health.

**Dr. Jane Grover:** So, as we look at dental case management, which continues to be an emerging trend that we have seen at the American Dental Association over the past several years, but in particular in the last year and a half, dental case management is more than handing clients, patients, a sheet of paper and saying, "Here, call one of these numbers." The Community Dental Health Coordinator Program is a community health worker skillset for dental professionals, is an online program, and we have seen some pretty significant developments in this program over the past 12 months, and in particular since COVID has drawn on and drawn on for all populations, in particular the underserved. It has become beneficial and, in fact, a sought-after knowledge set to have navigators, case managers who have dental skills, who understand the dental delivery system, and who are able to do care coordination. Care coordination is an appreciated and valued skill set in the medical world. In the dental world, it has not been until recent times.

**Dr. Jane Grover:** Again, we are comfortable handing people a sheet of paper saying, "Here, call one of these numbers," and without that particular navigation to strengthen the dental home relationship with a family, in particular vulnerable children, we are at risk for these children having increased disease, increased untreated decay. The CDHC program has grown over the past few years. We have close to 800 graduates and this online community health worker skillset program is now offered within a dental school, within an FQHC, nationwide, by the way, both of those have distance learning platforms, and there will be a major federal agency announcing that they will also be implementing this as a CE program with their dental professionals, and there are almost 3000 of those individuals. So again, it's as a case manager skillset because connecting children to care, connecting families to care, involves an understanding of health literacy and social determinants, and helping those families overcome those barriers.

**Dr. Jane Grover:** So, the council moved a resolution to the ADA House of Delegates that the ADA defines oral health equity as optimal oral health for all people, and that the ADA is committed to promoting equity in oral healthcare by continuing research and data collection. One way that we are doing that is by supporting and sharing the information from the Community Preventive Services Task Force. We are liaison organization to that group, and we are also utilizing the collaborative for accountability and improvement to share best practices with the Dental Patients Safety Foundation. And we know that our good colleague, Dr. Natalia Chalmers, is looking at data collection so that when we study that we can see where there are additional disparities, particularly with race and ethnicity within state-level programs.

**Dr. Jane Grover:** Actively advocating to positively impact social determinants of oral health and reinforcing the integral role of oral health in overall health. The American Dental Association works very closely with several key organizations, including the American College of Emergency Physicians and the American Academy of Pediatrics. We have a very close relationship with the chapter oral health advocates of AAP, in particular to advocate for community water fluoridation, one of the most cost-effective and health equitable strategies that has ever come along, but also to work to promote the integral role of oral health within the overall health setting.

**Dr. Jane Grover:** In particular, we see this in the living laboratories of the federally qualified health centers, where many dental and medical personnel cohabitate a space. And the opportunity, again, is for dental case management to be effective and not depend on an overwhelmed parent to just automatically make that appointment at the dental office, but to work with that parent, work with that family, to move them into a dental home and stay within that dental home.

**Dr. Jane Grover:** We also support cultural competency and diversity in dental treatment, disease-prevention education, supporting efforts to improve equitable access to oral healthcare. We are working with several organizations to encourage careers among a diverse population and also work with our educational institutions that provide care, that could use stronger connection and supported connection between the private practice community and communities of need to help better facilitate an understanding of the importance of oral health and how parents and families can connect to those sites of care that they may be unaware were available.

**Dr. Jane Grover:** So, if we keep the why at the top, as Dr. Chalmers talked about, the why of oral health for children is so important, because if they don't have a comfortable way of consuming food, if they are missing days of school, this disrupts the entire family, but also impacts the growth and development of the children. So keeping the why at the top is extremely important.

**Dr. Jane Grover:** And in particular we see, and I have been collecting stories as people call and report about factors that are impacting a very vulnerable group of children, and that is, those are the kids within schools. With COVID, there has been extremely restricted access to schools, dental office staffing issues are a major topic, public transportation, parent employment issues. These are factors that impact oral healthcare, and school-based oral health programs have been, over the past several years, the fastest-growing access point for these vulnerable populations.

**Dr. Jane Grover:** In particular, when it comes to promoting oral health for children, what I call serious community outreach is so important. And it isn't just about the typical oral health channels, it is about faith-based communities within multi-specialty clinics. It is about engaging stakeholders in any venue to let them know that oral health services are available for children in certain areas, but also to promote disease prevention. This is information that should be everywhere, not just within the dental office. There are multiple opportunities in a community to do some community mapping, engage stakeholders, have everyone spread the message of how to prevent dental disease.

**Dr. Jane Grover:** Impact on mobile dental programs. So, I would like to talk for a minute and follow up as Dr. Chalmers indicated that visits have declined because schools were closed for a while. Dental offices were closed, leaving us with a population of high-risk children without access to dental services. And I have a few numbers and a few stories to report. So, the interesting part of COVID, and there are multiple interesting parts, is that 76.9% of school lunch programs were served free or at reduced price, which is more in 2020 than in the previous fiscal year.

**Dr. Jane Grover:** We know from the Center for American Progress, that one in seven children, which is approximately 11 million children [inaudible] in the country live in poverty, and if they don't have access to oral health within a school setting, then they are truly at risk, at higher risk than they ever were before. In fact, since April of 2020, the share of children with at least one unemployed parent has remained above the reported rates that we saw during the peak of the Great Depression.

**Dr. Jane Grover:** So, we'll talk a little bit about how dental professionals got creative, and why not? Why not utilize any opportunity to provide oral health kits, smile kits, oral health materials at food banks? Again, at faith-based services. Anywhere where families happen to intersect. Grocery stores, are there opportunities? And one in particular is from the fifth-largest school district in the country, our good friends at Future Smiles in Las Vegas shared that, with food distribution, [inaudible] 400 cars would line up around the schools to receive food. So, if you can't see patients within the school, then you will hand out smile kits and oral health promotional materials to parents.

**Dr. Jane Grover:** So, with the closure of schools, and now schools are beginning to open a bit, but the barriers have increased for the providers. From a liability standpoint, they're hearing that schools are still selective about who they are allowing... Outsiders, if you will, they are allowing back. So, it is a slow start back, but the opportunities to be persistent will be rewarded. Distributing toothbrushing supplies wherever they could. They also called families to check in on them and help them navigate to resources. Thinking outside the box is a critical part of COVID and school-based care and oral health considerations for vulnerable school children.

**Dr. Jane Grover:** We also have from our Health Policy Institute, the impact of limiting patient volume due to workforce shortages. We know that in many areas, staffing workforce is very difficult. We are also hearing this from school-based programs who share the frustration that when are schools open? When are they not open? And of course, with summertime being what it was, you have got some seasonal dental health professionals

that aren't sure what their next move is going to be. So, the opportunity here with staffing and continuing to promote those offices, those sites of care that are open, but in particular, doubling down on prevention, getting serious about really reducing decay among high-risk children is very important.

**Dr. Jane Grover:** Doubling down on prevention means continuing to advocate for community water fluoridation, looking for opportunities to spread the message about opportunities for brushing, for the age-one dental visit, to work within pediatrician offices to supply this information. And again, if any of you had a chance to read the NIDCR report, which was recently released, one emerging trend over the past several years has been oral health promotion and some preventive services such as topical varnish application in pediatrician offices. And so, this is another message we need to be persistent, we need to be optimistic and engaging with all community stakeholders, so they realize the value of these opportunities within primary care settings.

**Dr. Jane Grover:** Other activities that our council engages in regarding Medicaid, regarding sealants, water fluoridation, school-based care, health literacy, and ED referral. Happy to share any of these resources with you. My email is GroverJ@ada.org. Thank you very much. I will turn it over to Jenn.

**Jenn Kerr:** Thank you again so much, Dr. Grover, for that data set and highlighting how important it is that children catch up on vital dental care. Next, we will hear from two of our campaign grantees who will share more about their own dental health and enrollment outreach. First, I would like to introduce Norma Subadan-Berry, Oral Health Educator at Community Health of South Florida, Inc.

**Norma Subadan-Berry:** Good afternoon. Thank you for inviting me to the webinar. I am Norma, as she said, and I am the Oral Health Educator at Community Health of South Florida, and today we will be talking about promoting dental benefits through Medicaid and CHIP.

**Norma Subadan-Berry:** Today, I'm going to talk a little about Community Health of South Florida, and during the rest of my presentation, I'll refer to it as CHI. Community Health of South Florida is a primary... The leaders in primary care since 1971. We believe a lot in patient care and our motto, patient care comes first. Part of us providing good dental health, primary healthcare to the community, we are recipients of the Governor's Sterling Award for 2016, and we have also been awarded the Quality Health Center for HRSA for 2018. Community Health of South Florida, we provide comprehensive healthcare services, and oral health service is one of the many services that we provide.

**Norma Subadan-Berry:** Okay. At Community Health of South Florida, our mission is to deliver safe, accessible, compassionate, and culturally competent quality healthcare services to the people of South Florida while training the next general of healthcare professionals. And as I said earlier, our motto is patient care comes first. And at CHI, we believe in having patient care at the center of what we deliver. One more thing about CHI, I want to mention that CHI is a patient-centered, medical home, a level three, and we provide service for family medicine and behavioral health at a medical home.

**Norma Subadan-Berry:** Okay. At CHI, we focus a lot, as I said, as primary care on prevention, so oral health promotion and prevention, and to promote oral health as an important element of the overall health and Wellbeing. Emphasis is placed on promoting good oral health to prevent dental disease, and we coordinate programs for personal oral health awareness. We also try to increase patient knowledge of the role diet plays in achieving optimum dental health, and to increase dental awareness and the need for regular dental checkups by establishing dental homes. Okay. At CHI, in the Dental Department, this is an overview of the services we provide. We do diagnostic services, preventive care, restorative care, oral surgery for prosthetics and more. We will go into more detail as we go along.

**Norma Subadan-Berry:** Okay. At CHI, we currently operate from 12 locations, and we have services we operate from 35 schools. Our service area at CHI, we do Miami-Dade County and Monroe County. We have three health centers located in Monroe County. We have Key West, which was recently opened towards the

end of last year. We have one in Marathon Health Center, and we have in Tavernier. In Miami-Dade County, we have Doris Ison, which is the Doris Ison Health Center. We have Naranja Health Center, South Dade Health Center, Martin Luther King Health Center. We have Naranja Health Center, we have West Perrine Health Center, where we operate from the Health Department building. We have West Kendall Health Center, we have South Miami Health Center, and we have one in Coconut Grove, which is now currently under renovation.

**Norma Subadan-Berry:** Okay. Why is good oral health important to CHI? Because CHI, we are leaders in primary care, we believe in prevention and promotion. Therefore, for dental, we think that it is essential... Good oral health is an essential component of overall health and wellbeing. We believe that healthy kids make healthy adults, we believe that teeth should last a lifetime, and as I said before, CHI believes in promotion and prevention. What is the importance of maintaining good oral health? When seeing our patient, we try to emphasize the importance of good oral health, and we believe that it is necessary for speaking, for speech, for space maintainer, to keep the proper occlusion for parents, that it affects personality, for eating, that it affects our nutrition, and we need it for smiling.

**Norma Subadan-Berry:** Okay. This slide presents some of the outreach programs that we do in the dental department each year. We normally celebrate Black History Month, and this time of the year, that's what we are currently doing in February. We host free events at churches, community centers. We do presentations, and our presentations include topics like chronic diseases, example, diabetes, heart disease, early childhood caries, and periodontal disease. And which we place a lot of emphasis on this because all these diseases affect our body, will function with our overall health, so we actually believe in doing outreach.

**Norma Subadan-Berry:** We do free health screenings. We also do Give Kids a Smile Day, which as you know is an annual event that is held by the ADA and with [inaudible] Colgate, where we give free services to the kids one day for the year. We also do annual events in Women's Health Fair and Men's Health Fair, and we do the annual Back-to-School Fair in August. We also do health fairs based on requests from community organizers.

**Norma Subadan-Berry:** Okay. Currently at CHI, we are recipients of oral health grant, and this grant is for preventive dental services, where we go out to the community with our mobile dental unit and provide these services. We do oral examination, dental cleaning, fluoride treatment, sealants, oral hygiene instructions. Okay. The locations that we do at the moment with the grant, we... It's focused on children, so we do the early childcare centers, afterschool care, and the summer camps.

**Norma Subadan-Berry:** Okay. The purpose of the oral health grant and their main focus is for us to provide preventive oral health services. While seeing the patient, we connect the kids to benefits with Medicaid and CHIP, and we refer children for emergency care if needed. We also refer the kids to dental providers to continue therapeutic dental care. Some kids, we find that when we see them, they need fillings, and they need extractions, other care, so we refer them for continued care. We also refer the kids to establish future dental homes, but this is one of the ways in which we promote childhood dental benefits for children.

**Norma Subadan-Berry:** This is just a slide showing you one of our activities on Give Kids a Smile Day, and we currently had that on the 4th of February, where we had 135 kids participating. And I just wanted to tell you a little about our dental staff. In the dental department, we have the dental director, we have the general dentist, we have the residents, so we are residents from Larkin hospitals. We have dental hygienists, we have an oral health educator, we have the assistant, we have the dental technician, and we have dental managers.

**Norma Subadan-Berry:** Okay. The services that are offered in the dental department. We do diagnostic services, where we... basically under diagnostic services, we would do the comprehensive exam. Normally the insurance company require that we do that once every three years, and we do periodic exams, which are done six months to one year. We provide emergency care for kids. So, if you find that the child is having a problem, they can come in any day, any time, to see us. We do emergency care while we are open. Some locations are

open from 8:30 to 5:00, some to 6:00. So, we welcome emergency throughout the day. We also provide preventive care, which covers the cleaning, the fluoride treatment, sealants, and oral hygiene instructions. And as I said, we place a lot of emphasis on prevention because we believe that if we prevent the problem, we can stop it before we have to go to the second stage of treatment.

**Norma Subadan-Berry:** And we find that most kids tend to be apprehensive towards dental care, because I find that a lot of time, parents, they would punish their kids by saying, "Oh, I'm going to take you to the dentist." So, we try to have them come in twice per year, even the babies, just to have them sit in the chair, to get them comfortable seeing the dentist. We also provide periodontal treatment. We do restorative endodontics, or surgery, and prosthodontics. The prosthodontics would cover the fixed dentures and removable.

**Norma Subadan-Berry:** Our targeted population at CHI, we see all patients, whether they're insured or uninsured. So, we have the uninsured patients. We have the underinsured patients. We have Medicaid patients. We have CHIP. We have Medicare patients. We do patients with private insurance, from employee-based insurance. We do patients from the marketplace or the affordable healthcare. And we also do patients without insurance, because at CHI, we have what is known as a sliding scale. And based on the family income, we are able to accommodate patients and do affordable dental services. And as I said before, our patient population is Miami-Dade County and Monroe County.

**Norma Subadan-Berry:** Okay. Today I was going touch a little on the statewide Medicaid in Florida. It has three components, the MMA, which is a managed medical assistant, which covers medical services, long-term care, and dental. It provides all Medicaid dental services for children and want to know that everyone who is registered with Medicaid must be enrolled in a dental plan. In Florida, we refer to our dental care as Florida KidCare. On the Florida KidCare, we have Medicaid, Medicaid for children. Then we have CHIP, that the kids who cannot get Medicaid, their income [inaudible] higher. So, they have the opportunity to buy into MediKid, Florida Healthy Kids, and CMS.

**Norma Subadan-Berry:** In Florida, we have three dental plan benefits administrators. So, once you have Medicaid, you will be assigned to one of the three. For instance, if you did not make a request to assign yourself to one, they would automatically assign you. We have Dentaquest, and here's the telephone number for Dentaquest. We have Liberty Dental, and we have MCNA, which is Managed Care of North America. So, once you are enrolled in Medicaid or in CHIP in Florida, you have to have one of these three dental plan benefits administrators.

**Norma Subadan-Berry:** These are the standard benefits offered by all dental plans for children. It includes dental examination, dental screening, dental x-rays, teeth cleaning, sealants, fluoride treatment, oral hygiene instruction, sedation, space maintainers, fillings. And you have an option of getting resin fillings, or silver fillings, which are known as amalgam. Extractions, and on the extraction, you have simple surgical extractions, crowns, root canal therapy, dentures, partials, orthodontic treatment, periodontics. For some of these procedures, before you can have them, example, crown, root canal therapy, we have to do what is called a pre-authorization, so the dental plan benefits would have to be approved. Normally we submit x-rays and once it is medically necessary, they would approve them. But the basic procedures, there are no need for pre-authorization.

**Norma Subadan-Berry:** Also, if you need to see a specialist because at CHI, there's some procedure that need to be sent to a specialist, we would do a referral to the insurance company for the patient. For some of the plan benefits, they do not require for us to send a referral. The patient can call directly themselves.

**Norma Subadan-Berry:** At CHI department, we have an outreach department that is responsible for doing link-in coverage, children to Medicaid. But this is, I'm just showing you an idea of some of the ways in which the outreach department will reach out to their clients. They educate the clients about the services. That is the Medicaid services and the services that we offer at CHI. They explain the process on Medicaid and CHIP.

They also complete application from Medicaid and CHIP. And as I mentioned before, CHI, where we offer comprehensive health services, so CHI is a one stop shop at CHI for dental services.

**Norma Subadan-Berry:** They also educate the parent about what Medicaid or CHIP covers, dental, primary, and behavioral health services. And at CHI, we are culturally diverse, so we are able to reach out to all clients, whether they speak Spanish, French, Latin, Creole, whatever, we are able to reach out to them.

**Norma Subadan-Berry:** Okay, the methods of networking for the social workers. In order to link the coverage, link children to coverage, they really go out to promote Medicaid and CHIP. So, they do early childcare centers. They attend PTA meetings, they do health fairs, open house in schools, distribution of flyers and business cards. And social workers are also strategically placed in the lobbies at all of our CHI locations. So, if you come in, you can always find someone who will be able to assist you in signing up for Medicaid.

**Norma Subadan-Berry:** They also have referrals from the social workers in the schools, who would give the cards out, and the parent would call one of our social workers to sign them up for Medicaid and CHIP. And we also get networking to friends.

**Norma Subadan-Berry:** Okay, I hope my presentation shed some light. And as I say, we at CHI, we are very proud of providing and making sure that patient care comes first. So, all our patients, when they come to CHI, they feel very special, and we welcome all our Medicaid patients, children, especially, at CHI, as we want to make them into healthy adults. Thank you.

**Jenn Kerr:** Thank you so much, Norma, for sharing the great work your organization is doing. Next, I'd like to introduce Njeri McGee-Tyner, Chief Eligibility and Enrollment Officer at Alameda Health Consortium.

**Njeri McGee-Tyner:** Okay, so good morning, or good afternoon, actually, now. I'm here with you from California. I want to thank you for inviting me to speak today among the great panelists in oral health advocacy. So again, I am Njeri McGee-Tyner from the Alameda Health Consortium. We are an association of eight community federally qualified health centers that you see listed here, and together, we advocate for access to quality healthcare in our underserved communities. We're located in California, in the San Francisco Bay Area. And on a side note, for you sports fans, California is now the home of the new Super Bowl champs.

**Njeri McGee-Tyner:** So anyway, as you can see here, we have eight community health centers. We have 95 sites throughout the Alameda County mainly. We service just about 270,000 patients. And as you can see, 67% represent Medicaid, which is called Medi-Cal in California. We have, it's not listed here, but we do have 35 school-based health centers, which I will later talk about the opportunity at our school-based health centers to reach out for oral health promotions.

**Njeri McGee-Tyner:** So just to touch on a few of our initiatives here in Alameda County, we took part in a dental initiative called Healthy Teeth, Healthy Communities. And this was a collaboration effort countywide. The goal here was to increase utilization of preventative dental services for children and youth, age zero to 20. And some of our wonderful program outcomes through this initiative, 8,308 children received their first dental visit, 10,086 families received dental care coordination. And I'll speak about that, as well. And 24,175 dental appointments were attended by each enrollee through this initiative.

**Njeri McGee-Tyner:** And so currently throughout our eight community health centers, we have about 20 dental care coordinators, and this is a new workforce for us, similar to Dr. Grover. I think she spoke about some dental health coordinators as well. We are also using this new workforce to help coordinate care for connecting children to oral health and to dentists. So, we have about 20 that are located throughout our eight health centers. And there's ongoing training opportunities linked here, a training curriculum for your information. And we want to continue to develop this workforce, which has been very helpful in this initiative, trying to get more kids connected to oral health.

**Njeri McGee-Tyner:** Like many others have already shared, there's been a lot of challenges during COVID, with workforce shortages. So currently we're working with an agency that has a training program, a workforce pipeline for more dental assistants and for more registered dental assistants. And through this pipeline, 70% are placed into jobs. So, this is a really good opportunity and a really good partnership to help address the workforce shortage in this area.

**Njeri McGee-Tyner:** So just connecting it back to our grant activities, so our member health centers, the eligibility enrollment staff, we are providing oral health materials to individuals that get assistance with enrolling into Medicaid, or Medi-Cal here. And so, there is an opportunity as we're putting forth efforts to get these children and their parents access to healthcare. We are utilizing different activities, such as social media posts.

**Njeri McGee-Tyner:** And I just want to shout out the InsureKidsNow.gov website. If you haven't visited the site to get access to a lot of their campaign materials, they're very useful. I believe it's good for a child to see a happy kid in a dental chair. I know Norma spoke about, you know, most kids, they're scared of the dentist, but these are very nice images of children that have a nice bright smile. And so, we try to utilize a lot of the campaign materials that are already there and ready for us to use. And so, we do appreciate that opportunity, to have those materials in our efforts to promote oral healthcare.

**Njeri McGee-Tyner:** So just connecting it also, we've tried to track the best way we could. This is some of the data for July through December last year. We were able to connect 237 new Medi-Cal enrollment or renewals with a dental visit. So that was really good. So, we wanted to see our efforts, to get access to dental care. And so, we were able to track this, and previous to that, it was 1,066 that we were able to connect to dental care through our efforts, through this grant initiative. And so, the ones that we weren't able to reach, it could be that they just didn't have dental care within our clinic's network. So, I'm hoping that they would still have access to care if they chose to go somewhere else after we assisted them with enrollment. Because you have choice when you have Medicaid here.

**Njeri McGee-Tyner:** So again, we had a lot of efforts partnering with our school-based health centers, attending those parent-teacher conferences, back-to-school events. We had a clinic who did a dental drive-through. That's just innovative during COVID, just finding a way to have parents bring their children to get oral health education or to get an oral health kit. And so that was something that was big, to maintain the social distancing and safety protocols. So, they were able to drive through and still get information during the time when we had to kind of shelter in place.

**Njeri McGee-Tyner:** So, a lot of other venues, of course. We have health fairs that were limited during COVID, but we did take advantage of the COVID testing and vaccination clinics. And so that was an opportunity, while parents were waiting with their children during the wait period, to come and give health information, health education in general, and specific to oral health. So, we just took advantage of any opportunity, and especially our food distribution sites that have gone way up, and there are families out there in need during this time. And so again, looking at that opportunity to stick a flyer into a food bag, that promoted oral health.

**Njeri McGee-Tyner:** And then we do continue to help with Medicaid enrollment via telephone and in person, and again, working with the dental coordinators to help get those kids access to dental care. So, we definitely will partner with our dental clinics in these efforts because we know a lot of children, like it was already mentioned, did not care to go to the dentist or anywhere during that time where we were sheltered in place. And so, we know what could happen as a result, in terms of oral health and the need to have even more treatment when you haven't seen a dentist in a while. So, we definitely wanted to promote and work with our dental clinics to get outreach information to the children.

**Njeri McGee-Tyner:** And so, we also send reminder notices, which are very important, actually, just the reminding the families that you need to renew your coverage. So, I know different states had different

flexibilities during the pandemic, and we were one of those states, but we still wanted to make sure that nobody fell through the cracks with their insurance coverage through Medicaid, so that they would continue to have access to oral healthcare and access to healthcare services.

**Njeri McGee-Tyner:** So, these are just some of our efforts, and I appreciate being able to share. So, thank you for the opportunity. And if anyone had any follow up questions about any of this information I shared, here's my contact information. And thank you.

**Jenn Kerr:** Thank you again so much, Njeri, for being a part of the campaign and helping to get eligible children and families enrolled. For our last portion of the webinar, we are going to highlight some of the new resources and initiatives from the Connecting Kids to Coverage National Campaign. So today we'll be talking through some of the campaign's current priorities, like children's oral health, COVID-19 vaccination, flu vaccines and missed care, and public service announcements.

**Jenn Kerr:** First of course, this is a National Children's Dental Health Month webinar, so we'll highlight some new resources that are available to promote dental health services available through Medicaid and CHIP. The InsureKidsNow.gov outreach tool library has three, :15 second digital videos available that can be used in your outreach to eligible families. The campaign has also developed three new libraries about oral health that can be shared out to local radio stations. These videos and libraries are available in English and Spanish.

**Jenn Kerr:** We also have digital and print materials on the outreach tool library to help complement your organization's outreach, like suggested social media posts and graphics, web banners and buttons, ready-to-print posters, flyers and tear pads, and newsletter templates. The National Children's Dental Health Month is a great touchpoint to remind enrolled families to use their Medicaid and CHIP benefits. But as a reminder, children's oral health is an important topic year-round.

**Jenn Kerr:** Next, we'll share some new COVID-19 vaccination materials that we have on InsureKidsNow.gov. The vaccine is available at no cost to anyone with or without insurance, as a reminder, and new guidance recommends children ages five and up receive the vaccine. Again, the outreach tool library has social graphics in English and Spanish, encouraging families and children to get vaccinated. You can also direct your community to Vaccines.gov for more information.

**Jenn Kerr:** Another one of our priorities is flu vaccines and missed care. It is still flu season, so it remains important to remind families that Medicaid and CHIP cover flu vaccines for children. Scheduling a flu shot is also a great opportunity to schedule any missed well-child visits and make sure children are up-to-date on their vaccine schedules. Like school-based outreach, flu and missed care materials are available on the Insure Kids Now outreach tool library.

**Jenn Kerr:** Again, we have some public service announcements that are available to help grantees reach even more families in their communities. We have PSAs produced for TV and radio broadcasts, as well as digital videos to share online. There are also live reads for other campaign initiatives that can be shared with your local station and customized to your organization. If you don't have an existing relationship with TV or radio stations in your community, InsureKidsNow.gov has a customizable letter that you can use to contact your local stations and share the PSAs and libraries with them. And if you do share the PSAs with your local stations, please let us know by emailing [ConnectingKids@cms.hhs.gov](mailto:ConnectingKids@cms.hhs.gov). And please note that these PSAs and videos can only be used as produced by CMS.

**Jenn Kerr:** We have some new materials available. The campaign is excited to share that the Immigrant Families Fact Sheet is now available on InsureKidsNow.gov in 24 languages to help reach families in your community. And the outreach tool library has multiple other resources that are available in a variety of languages, like palm cards and posters. If you have a specific language need for your community that isn't

available on the website, please contact the campaign, as we're always looking to ensure that we're providing materials and resources that are beneficial to your outreach.

**Jenn Kerr:** Some upcoming and additional initiatives to keep an eye out are Minority Health Month in April 2022, Mental Health Month in May 2022, rural health outreach, youth sports, and year-round enrollment. The campaign also has resources dedicated to rural health outreach in the outreach tool library, and these will be really relevant, hopefully, to your communities that you are trying to reach.

**Jenn Kerr:** For all of these materials and more, including materials for the initiatives we just mentioned, please visit the Outreach Tool Library on [InsureKidsNow.gov](https://InsureKidsNow.gov). We update the library frequently with new materials to help enhance your organization's outreach to get more children and families involved. The campaign also has the customization guide that shows how you can request free customization of many of the campaign's resources. You can find a link to the outreach tool library and a full list of our materials on the top of the [InsureKidsNow.gov](https://InsureKidsNow.gov) website. Resources are sorted by materials type under the Outreach Tool Library or by topic on the "initiatives" tab. The website also includes a tool to direct families to find a doctor or a dentist in your area. Your organization can also find more campaign information and resources on the website, plus revisit previous webinars that we've hosted.

**Jenn Kerr:** If you'd like to learn more about the campaign and its resources or have questions that come up after today's webinar, please email us at [ConnectingKids@cms.hhs.gov](mailto:ConnectingKids@cms.hhs.gov). To stay up to date with all of the campaign's activities. We encourage you to follow [@IKNGov](https://twitter.com/IKNGov) on Twitter and sign up for the Campaign Notes e-newsletter, which can also be found on our website. And if you do share any of the campaign's resources, we encourage you to tag us and use [#Enroll365](https://twitter.com/Enroll365).

**Jenn Kerr:** All right. Now we will take some time to answer questions from attendees about the information presented today. If you haven't already, please submit your questions in the Q&A box. We will do our best to get to all the questions today, but if we aren't able to answer your question, we will follow up with you separately via email. Our first question is for Dr. Chalmers. An attendee asks, "Are we concerned about what happens to those currently insured and eligibility changes post the public health emergency?"

**Dr. Natalia Chalmers:** Thank you for such a great question, and I can assure you the team is thinking very thoroughly through all of the implications of the end of the public health emergency. And I would just say absolutely, we would like to see children who are eligible continue to receive the coverage. And stay tuned for updates related to the end of the public health emergency. But yes, great question. Really important for both children and adults.

**Jenn Kerr:** Thank you, Dr. Chalmers. Our next question is for... a couple of our panelists, I think, will be able to answer this. But one of our attendees asks, "Can you speak on the importance of the use of silver diamine for treatment?"

**Dr. Jane Grover:** Well, I mean, it's important as it relates to being part of connecting to a dental home and an evaluation by a licensed dentist, but Dr. Chalmers is the pediatric dentist, so I will turn this over to her to complete that thought. Thank you.

**Dr. Natalia Chalmers:** Thank you very much. And really see what I mean, fluoride has expanded the toolbox of what we could use to treat children and arrest this very, as I shared in my presentation, very aggressive disease, right? So sometimes, we need tools to arrest the disease before children could receive the final care they need, restoration or crowns. So, it's been a very important innovation for oral health, and it's impacting how children are accessing care. We've seen some states that cover this. Again, some states are choosing to cover it, some not, so again, this is at the state level discretion. But we see there are many examples in the literature of how the disease can be arrested, and this provides a really great new tool in our toolbox. And I just also would like to highlight, there is no silver bullet in silver diamine fluoride. It's great, it can do a lot of things,

but we still need the regular oral hygiene, at-home reinforcement as well as regular access to care, for checkups and the treatment, completing the treatment that children need.

**Jenn Kerr:** Thank you so much, Dr. Chalmers. Our next question is for Dr. Grover. Is there an accessible source of data on racial and ethnic inequalities in oral healthcare at the state level?

**Dr. Jane Grover:** Well, that's a magical question. I mean, there is for some states. Some states do collect race and ethnicity data for their Medicaid recipients, and some do not. And so, it's an uneven landscape, and I would advise to consult with the State Dental Director. You may also get some information from ASTDD, that's the Association of State and Territorial Dental Directors. And I'll also loop in Dr. Chalmers because she probably has some thoughts on this as well.

**Dr. Natalia Chalmers:** Yeah, first, thank you for such an important question, right. We talked about how there are significant racial disparities in the prevalence of the disease and their gaps in access to care, so we really cannot address this if we don't understand them very well. So, I will post a link in the chat to our data quality atlas that tracks this issue very closely. As states submit data, we are able to assess the quality of that data in all of their files, right? Enrollment files, hospital files, patient files. And as Dr. Grover suggested, it varies across states. But we are very much committed on improving that, and I would just say keep an eye on that atlas and reach out if you have specific questions related to your state.

**Dr. Jane Grover:** The ADA Health Policy Institute has some data that you may find useful. If you go to [ADA.org/hpi](https://www.ada.org/hpi) for Health Policy Institute, you may find some of the information you're looking for as well.

**Jenn Kerr:** Great, thank you both so much, Dr. Grover and Dr. Chalmers. We do have a couple of questions coming in about teledentistry, so can you talk a little bit more about the use and impact of teledentistry with parents and young children in school-based programs and just overall, the importance of teledentistry playing a role in oral healthcare?

**Dr. Jane Grover:** So, I'll go first and then I'll toss it back to other panelists, in particular Dr. Chalmers. But teledentistry is a fascinating and can be a very effective screening tool, and it can be very helpful in many circumstances regarding oral health. But dentistry remains a hands-on specialty, and as a former Health Center Dental Director, it would be very valuable if... and we did have many school-based health centers to be using teledentistry to screen for a particular situation or to answer a particular question in conjunction with radiographs, X-rays. But the opportunity is that it is a screening tool, and at the end of the day, you still have to have that hand dexterity and the ability to see that patient in real time, in live time. I'll turn it over to Dr. Chalmers and any other panelists that want to answer that.

**Dr. Natalia Chalmers:** Yeah. Again, thank you for this great question. And I would say the COVID pandemic has really highlighted so many challenges in our healthcare system. But I would say on the positive side, the innovation that's happened in telehealth, telemedicine, teledentistry has been really remarkable. And I, again, would advise you to look at the report by the ADA Health Policy Institute. They track this very closely at the state level on the trends. And you will see, very early in the pandemic, teledentistry was very highly utilized, and now it seems to be coming down.

**Dr. Natalia Chalmers:** As I said, we are really focused on health equity, and when we speak about the value of teledentistry, I see it, again, is another tool in our toolbox that can help us address and fill some of the gaps. But also, we shouldn't forget the digital divide, that for some areas telehealth had very little impact, where if you don't have a phone or a computer with 5G access, teledentistry can't really be that door. And so, I think there are still many issues, and we need to be very aware and not further exacerbate the health equity disparities that may come to be. So again, great tool, we're seeing it play very positively, and I hope it's an innovation that stays after the pandemic, because there's certainly scenarios where it will be very helpful.

**Dr. Jane Grover:** And that's a great comment, technology can exacerbate the health disparities, and so that's just another consideration for this very special tool in the toolbox, but that was a great question.

**Jenn Kerr:** Thank you both for that great and thorough answer. Really quick, we have a brief question for Norma. Can you tell us a little bit more about how CHI performed their fairs and events despite COVID?

**Norma Subadan-Berry:** With the pandemic, we still go out into the community to provide services. The mobile dental units, we are not doing screening because of the large scale [inaudible] that can occur. But we do go out and do a little teaching, give out flyers, and we man events, because all of our staff, we are vaccinated, we do temperature checks for the client before they come to the van. And for the oral health program, we are currently seeing the kids in school. A lot of the parents are a little apprehensive, but I would say 80% of them still want to have dental services done, so we are currently doing the program, but as I say, we take precautions. We have three units in the mobile van, so we take in the patients, like two at a time, and we have the screen separating, and all the staff, as I said, we are fully vaccinated because we believe in vaccination at CHI. And we encourage our clients to come and get vaccinated where we have clinics, so they can come to any of the location and have the vaccine done.

**Norma Subadan-Berry:** Also, when we do all the big events, like the Health Fair, we try to keep social distancing. We have the hand sanitizers, we wear the masks, we distribute masks, so we try to make it pretty safe. But we don't want to not have the events, because we want people to be still aware, even during the pandemic, that healthcare is important and oral health is important. Thank you.

**Jenn Kerr:** Thank you so much, Norma. We have another question. There are some attendees saying they're experiencing a shortage of orthodontic and dentist providers in their states. Do any of the panelists have any suggestion on either how to bring in more providers or how to connect with more providers about providing care to Medicaid children and adults?

**Dr. Jane Grover:** Well, this is Jane Grover. I'll go first. Improving some of the conditions for Medicaid providers to effectively function. Some states, credentialing can take up to a year, and in some states, credentialing can take a few weeks. And so, looking at those administrative barriers is something that's of very high importance. The other opportunity is to... It depends on the state, but there are states with opportunities to recruit new graduates to come in. I'm a health center person from days gone by, and I'm very familiar with working with dental schools and having discussions with dental students for them to consider opportunities within our state or within our health center. And that was an excellent question, it's a very broad question. So, you're talking orthodontics and Medicaid providers, so there are some states where orthodontics is a covered Medicaid benefit and some where it's not. And this could be a webinar all unto itself, but I'll let the other panelists offer some thoughts, and I'm sure Dr. Chalmers has some thoughts as well.

**Dr. Natalia Chalmers:** Yeah, thank you, Dr. Grover. I mean, this is really an important question, but I also want to highlight that even before the pandemic, we knew that in some states, getting access to specialists like orthodontists was a challenge, precisely because of what was just said, right? Certain states cover these services and others don't. I would urge the person who had this question, reach out to us, and see if we can provide some technical assistance for your state.

**Dr. Jane Grover:** Sure. That's a good strategy.

**Jenn Kerr:** Great, thank you all so much. So, we have time for about one more question, and as I said earlier, any questions that we don't get to, we will be sure to follow up through email. So, our final question for the day will be, "What are some tips to overcoming parental consent in getting children the important oral healthcare that we need."

**Dr. Jane Grover:** I'm confident that our health center colleagues on the call have something to offer, but when we did it, we had a release form that was part of... at the beginning of the school year, as parents were bringing the children in to sign-up for a variety and having parents' night, so that they would sign the consent form. And there are very safe and innovative solutions to this, but go ahead, Dr. Chalmers and the others.

**Dr. Natalia Chalmers:** Yeah. First of all, I just want to highlight how important this question is. Parents absolutely need to have informed consent and understand what services may be delivered, what care the children are receiving. And I think there are operational challenges, but I think if there is a goal to inform parents about the value of oral health, the impact of poor oral health on their children, no parent will say, "No, I don't want my child to receive the dental care. I want them to be in pain and suffer and have abscesses." So, I think we need to take this very seriously. Again, certain programs have opt-in, others have opt-out, right? There are many strategies that vary significantly across states, and I would just say this is of utmost importance and we should pair that with the importance of oral health when we seek the consent of parents to provide the care that their children need. Thank you for a great question, and a great webinar, and thank you to all the panelists. Norma, Njeri, wonderful to be on a panel with you.

**Jenn Kerr:** All right, well, that is all the time that we have for today. I would also like to thank our presenters again for their time and expertise. And thank you to everyone who took the time out of their day to attend our webinar. We hope to see you on future Connecting Kids to Coverage National Campaign webinars. If you have any questions, please feel free to reach out to the contacts that we have shared today, and we hope you all enjoy the rest of your day.