

American Academy of Pediatrics

# SDF is Coming to the Pediatric Medical Setting: Networking Now to Prepare for Success!



Meeting Summary  
November 21 & December 5, 2024

**SDF Is Coming to the Pediatric Medical Setting:  
Networking Now to Prepare for Success**  
November 21 & December 5, 2024

**Meeting Summary**

**Prepared for**  
American Academy of Pediatrics

**Prepared by**  
RadeckiResearch LLC

**Submitted**  
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# Executive Summary

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Pediatricians see too many kids who need treatment for dental disease but aren't getting it. The recent introduction of silver diamine fluoride (SDF), an easily administered minimally invasive liquid medication, has the potential to equip physicians with a way to treat children's dental caries.

Thanks to the assignment of a Category III current procedural terminology (CPT) code and newly available [AAP guidance](#), SDF is coming to pediatric medical settings. Already in use by a small number of early-adopting oral health champions, uptake of SDF by pediatricians intensifies the urgent need for deeper medical-dental integration (MDI).

In fall 2024, the AAP convened **SDF is Coming to the Pediatric Medical Setting: Networking Now to Prepare for Success!** (referred to as **SDF is Coming** throughout this summary). In 3-hour sessions held on November 21<sup>st</sup> and December 5<sup>th</sup>, the meeting brought together 34 like-minded professionals representing 24 organizations for in-depth discussions and resource exchange using the introduction of SDF as a catalyst to promote further action on MDI.

Building on the Academy's 2023 SDF workshop series, **SDF is Coming** premised that a myriad of educational and promotional resources already exist on SDF and MDI, but effective interprofessional relationships are lagging, leaving pediatric providers without a clear pathway to the dental care children need.

Designed to create a space for people seeking to make change with the help of others, **SDF is Coming** prioritized *relationship building* and centered *deeper conversations between professionals* representing organizations key to promoting and fostering MDI.

**Day 1** activities centered on two "Who Are The People In Your Neighborhood?" small group breakout sessions, meant to simulate on a micro scale the need to bring pediatric and oral health professionals together. Guided by discussion questions, participants were encouraged to think about how, individually and collectively, to apply insights with their own "neighbors" (eg, members, constituent audiences) to raise awareness and promote information-sharing on SDF and MDI.

At the conclusion of both rounds, participants recorded their reflections on community whiteboards. Their comments demonstrate that participants gained a renewed appreciation for the work underway among the partner organizations represented. In large group discussions, attendees identified opportunities to collaborate and suggested post-meeting follow up conversations with other participants.

**Day 2** prioritized collective action planning and began with a discussion between Chevon Brooks, MD, FAAP, and Amr Moursi, DDS, PHD, oral health champions who offered their own examples of MDI in action. Attendees spent the remainder of the meeting in two of four self-selected working sessions focused on SDF and MDI message creation, webinar/toolkit development, and innovative approaches to interprofessional engagement. Among the key takeaways from these sessions were:

- the benefits of generating core content that can be easily customized for organizations' unique and varied audiences,
- the importance of including pediatric and dental representation in all aspects of programming from planning through implementation to model interprofessional collaboration and promote buy-in, and

- the value of working with local and state societies and organizations to facilitate in-person opportunities for pediatric (including school health) and dental professional relationship building.

The meeting concluded with a group discussion on accountability structures and opportunities to nurture and sustain the potential collaborations and momentum generated by **SDF is Coming**. Participants identified short-term commitments that included continued exploration of resources, information sharing about SDF and MDI with colleagues, and identification of opportunities to foster professional connections.

**SDF is Coming** provided a rare opportunity with time and space for key stakeholders to come together for the purposes of relationship-building through dialogue and resource sharing. Attendees have been invited to reconvene at the June 2025 [Oral Health Learning Café](#) to report on their progress and discuss challenges, emergent needs, and next steps.

The promise of SDF as a minimally invasive tool for early treatment of dental caries by pediatric healthcare professionals is potentially game changing for children and their families. With enthusiasm for broader implementation, key stakeholders are also mindful of existing gaps such as limited workflow models, state differences in payment, challenges associated with training and practice on children's teeth, and workforce shortages as well as insurance issues that often make local dental referrals difficult.

Learnings from **SDF is Coming's** small and large group sessions highlight several action recommendations for AAP and other key stakeholder organizations to consider as they support SDF implementation in pediatric practice settings and greater interprofessional collaboration to improve pediatric oral health care access.

Action recommendations:

- Facilitate matching stakeholders' informational needs with existing resources
- Create relationship building opportunities at local and regional levels
- Identify opportunities for joint sponsorship at organizational conferences and meetings

The AAP is grateful to the CareQuest Institute for Oral Health for their generous, ongoing support of this project as well as to the participants who attended the 2024 meeting and the stakeholder organizations they represent.

## Background

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The American Academy of Pediatrics (AAP) introduced oral health promotion and disease prevention more than 20 years ago. Today, many pediatricians integrate preventive oral health into well-child visits by engaging families in education, performing risk assessments, applying fluoride varnish, and referring to dental professionals.

Until the introduction of silver diamine fluoride (SDF), pediatric healthcare professionals lacked tools to treat the most common childhood chronic disease – dental caries. Available for application in non-dental settings, SDF offers minimally invasive, interim care for children without access to dental care or for whom treatment may be challenging (eg, children and youth with special health care needs). For children treated with SDF in pediatric medical settings, best practice follow up includes referral to a dental professional.

With the assignment of a Category III current procedural terminology (CPT) code and newly available [AAP guidance](#), SDF is coming to pediatric medical settings. Already in use by a small number of early adopters oral health champions, SDF implementation among pediatric healthcare providers highlights the urgent need for better medical-dental integration (MDI), starting with awareness and information sharing.

In fall 2024, the AAP convened **SDF is Coming to the Pediatric Medical Setting: Networking Now to Prepare for Success!** (referred to as **SDF is Coming** throughout this summary). In 3-hour virtual sessions held on November 21<sup>st</sup> and December 5<sup>th</sup>, the meeting brought together 34 like-minded professionals representing 24 organizations for in-depth discussions and resource exchange using the introduction of SDF as a catalyst to promote further action on MDI.

## Meeting Planning

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Building on the Academy's 2023 workshop series, **Silver Diamine Fluoride in the Medical Setting: Workshopping Medical-Dental Referrals for Comprehensive Care**, the meeting planning team (AAP Oral Health Program Manager Hollis Russinof and external consultant RadeckiResearch LLC) developed the 2024 meeting's statement of purpose, objectives, activities, invitee list, and pre-meeting questionnaire.

**SDF is Coming** premised that a myriad of educational and promotional resources already exist regarding SDF and MDI but what is lacking are:

- 1) relationships between pediatric, dental, and public health organizations and,
- 2) a clear understanding of “who’s doing what” and whom to contact when needs or questions arise.



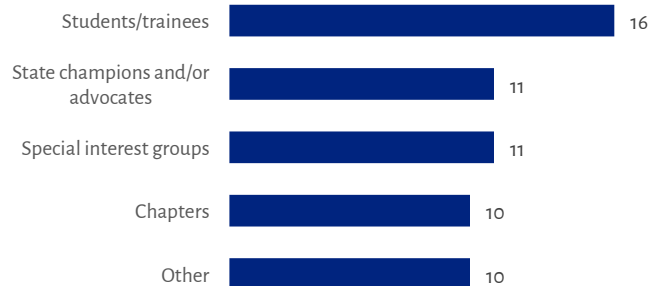
We need spaces where people who are not just upset but want to make change in health care can be together. The job is to make the changes and to help each other do it.

-Don Berwick, MD  
Past President and Senior Fellow  
Institute for Healthcare Improvement

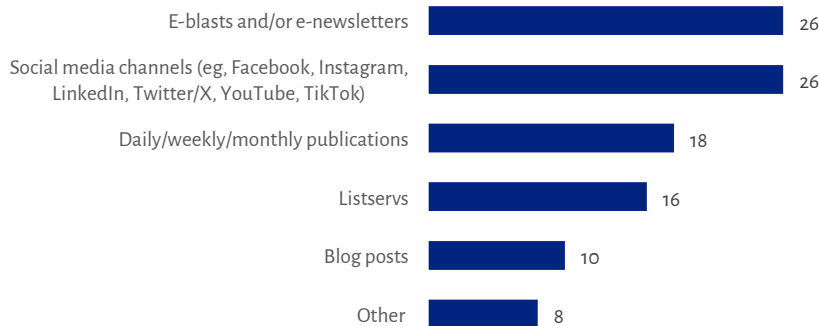
Designed to create a space for people seeking to make change with the help of others, **SDF is Coming** prioritized relationship building and centered deeper conversations between professionals representing organizations key to promoting and fostering MDI. See Appendix A for a roster of invited and participating organizations.

Learnings from a pre-meeting survey completed by 30 individuals representing 22 invited organizations revealed that partners serve a broad range of constituents and audiences, share information with their audiences through multiple formats, and host events on a regular basis – all representing opportunities to promote and support MDI.

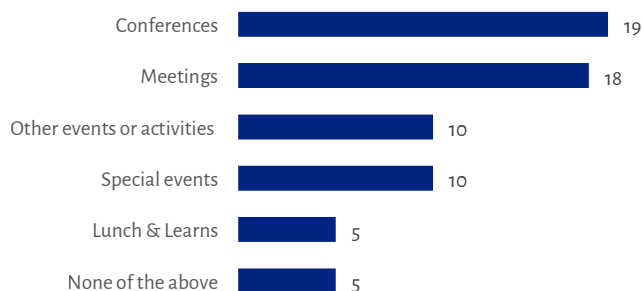
**Participating organizations serve several audiences.  
Where do opportunities exist to promote medical-dental integration?**



**Most participating organizations are sharing information electronically and via social media.  
How can we use these formats to promote medical-dental integration?**



**Most participating organizations host events on a regular basis.  
How can we use these events to promote medical-dental integration?**



## Meeting Summary

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### Day 1 – November 21, 2024

#### Theme: Relationship Building and Strategizing to Support Medical-Dental Integration

(See Appendix B for Day 1 Meeting Agenda)

Guided by a set of desired outcomes, Day 1 prioritized relationship building and participant engagement. Following welcoming remarks and introductions, attendees moved into pre-assigned breakout groups of three for networking activities. The “Who Are The People In Your Neighborhood?” breakout session was meant to simulate on a micro scale the need at a much larger scale to find ways to bring pediatric and oral health professionals together. Guided by a worksheet (Appendix C) with suggested discussion questions, participants were challenged to consider how to, individually and collectively, begin applying insights with their own “neighbors” (eg, members, constituent audiences) to raise awareness and promote information sharing about SDF and MDI.

Following the breakout session, participants visited a set of online community whiteboards. Encouraged to reflect on their small group discussions with colleagues, they posted responses to three primary questions:

- What are your 1-2 most important takeaways from your small group discussion?
- What 1-2 buzz-worthy resources or activities were you most excited to learn about from other group members?
- ISO...What resources are you in search of (ISO) to raise MDI awareness and information exchange opportunities within your organization? If you see a request for a resource you have, tag it and we'll help you connect.

After repetition of the Who Are The People In Your Neighborhood? breakout activity with new groupings, attendees revisited the whiteboards to post additional reflections. In each iteration of networking, AAP staff purposefully created groups of individuals unfamiliar with each other to maximize potential for building new relationships and identifying innovative partnerships.

#### Day 1 Desired Outcomes

A reinvigorated commitment to identifying and creating opportunities for interprofessional collaboration that results in:

1. new liaisons among people, organizational resources and communication channels,
2. heightened awareness and engagement among stakeholders across systems,
3. new pathways between medical and dental care in service of children's oral health needs and access to care.





A summary of whiteboard reflections suggest that participants came away from their networking conversations with a renewed appreciation for the work underway across the partner organizations represented (eg, “Great work is happening! Partnerships are crucial. Education is essential!”) as well as recognition of key stakeholders’ different roles in an “interconnected landscape.” Several participants noted opportunities to improve oral health and oral health care access through expanded partnerships with school health

professionals. Other comments underscored the importance of continued focus on systemic issues such as workforce, education, training, technology, policy, and advocacy.

Among the partner organization activities and resources that attendees were most enthusiastic to learn about were education materials for school nurses, interdisciplinary clinic models, a medical code for a dental exam with an abnormal finding, state workforce initiatives to increase interest in dentistry (including efforts to attract and support underrepresented minorities), and the role of dental therapists.

Resource requests included templates (communication, workflows), promotional/educational materials for school nurses, process and outcome measures to track MDI at local levels, and integration proposals.

See Appendix D for all whiteboard content.



Prior to Day 1 wrap up, participants reconvened as a large group to share additional thoughts about their breakout session conversations. The discussion surfaced numerous systemic themes previously identified in the 2023 meeting as key to expanding dental access – namely workforce issues, teledentistry, legislation and policy (eg, dental professional compacts), education and training, payment, and payment structures (public and private insurance).

Additional themes germane to the meeting’s focus on relationship building and resource sharing included:

- The value of interprofessional and interorganizational partnerships, particularly to support development and promotion of consistent messaging. Participants pointed to past interorganizational cooperation on social media content creation as examples of successful collaboration.
- The importance of addressing siloes by modeling interprofessional communication and information sharing at all levels (eg, medical professionals participating in dental professionals’ meetings and vice versa; state public health dental programs collaborating with school health services; medical and dental societies partnering with community health workers and public health professionals; greater outreach with family physicians and rural healthcare professionals)
- The need for a central repository for resources and information sharing.



In small and group discussions, participants exchanged recommendations in response to requests for tools and materials such as trainings and curricula. The conversations further substantiated the assertion that materials are available to support MDI but are perhaps difficult to find or would benefit from accessibility in a shared space. Ensuring that resources are vetted by trusted colleagues may also promote greater visibility and uptake.

...there are so many folks doing good work in this space, whether it's clinical, whether it's educational, maybe organizational, and some kind of central clearinghouse. When I think of medical education, there's Med-Ed portal, for example, you can go there and download what others are doing. Some shared space where we can scale up, have a contact to ask questions, and just sort of spread the word, that would be very helpful.

– SDF is Coming participant

The Day 1 session adjourned with the charge to consider the following prior to Day 2:

- Participant organizations' members/audience(s),
- Resources to promote MDI awareness and information sharing,
- What action or activity could help participants connect with their respective members/audiences.

## Day 2 – December 5, 2024

### Theme: Planning for Action and Accountability

(See Appendix B for Day 2 Meeting Agenda)

Scaffolding Day 1's focus on relationships and informed by a set of desired outcomes that prioritized collective action planning, Day 2 began by spotlighting participant activities to promote collaboration, SDF, or MDI accomplished since the first meeting. One attendee informed the group of the recent [Smiles for Life SDF Module](#) launch; another reported sharing AAP SDF guidance with the Association of State and Territorial Dental Directors (ASTDD) School and Adolescent Oral Health Committee, where a member, in turn, passed the guidance along to the National Association of School Nurses (NASN) for publication in a weekly digest distributed to school nurses nationwide.

The group then heard from two oral health champions, Chevon Brooks, MD, FAAP, and Amr Moursi, DDS, PHD, who offered their own examples of MDI in action as well as innovative approaches to interprofessional relationship building, unexpected benefits, and strategies for overcoming obstacles (eg, reaching the hard-to-reach).

#### Day 2 Desired Outcomes

A **reinvigorated commitment** to identifying and creating opportunities for interprofessional collaboration.

1. Ground earlier discussions re: medical dental integration in real life to keep referral to dental care front of mind.
2. Work creatively and collaboratively, leveraging the human and developed resources in the room to develop individualized plans.
3. Arrive at an outline or template for an activity or activities germane to organizational audiences and achievable in the next 6 months.

Key takeaways included the merits of working with young professionals, including trainees, to provoke change; using technology to bridge distance challenges; and the positive impacts of working through state and local professional organizations and their champions to facilitate relationship building across professional divides.

Inspired by the conversation between these two advocates, meeting attendees spent the remainder of Day 2 in two of four self-selected working sessions. The goal of these working sessions was to develop the types of resources identified by participants as most needed to gain traction within their respective organizations to increase awareness of and information sharing about MDI (see Appendix E for a description of each working group). Each session had a host facilitator (Russinof or Radecki) and utilized a worksheet with prompts and sample scripts/content to stimulate discussion and drive action planning.

In every working group, participants largely opted to bypass the worksheet, finding greater utility in continuing conversations begun during the Day 1 meeting. A synopsis of each working group revealed rich discussions and next step considerations. Key themes synthesized from the working sessions are included in Appendix F.

Day 2 concluded with a group discussion on accountability structures and opportunities to sustain the potential collaborations and momentum generated by the **SDF is Coming** meeting. Upon adjournment, participants received a curated MDI Resource List (Appendix G), an Action Plan template (Appendix H), and encouragement to continue utilizing the human and material resources represented by attendees and their respective organizations to promote interprofessional collaboration for improved MDI.

## Next Steps and Action Recommendations

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**SDF is Coming** provided a rare opportunity for key stakeholders with time and space to come together for the purposes of relationship building through dialogue and resource sharing. The meeting modeled on a small scale, the importance of networking and conversations to support and expand MDI at local, regional, and national levels and across professional affiliations. During small and large group discussions, participants repeatedly shared their organization's resources in response to requests from other attendees and identified opportunities to work collaboratively, post-meeting, to plan and implement future activities.

### Next Steps

AAP staff encouraged attendees to identify and commit to accomplishing at least one networking, information-sharing or other relevant activity in the 6 months after **SDF is Coming**. Suggested activities emphasized that even small actions such as sending an email, making a phone call, talking with colleagues, or reviewing and sharing new resources can make a difference and contribute to cultivating impactful results.

The following are examples of activities that attendees committed to accomplish in the following six months:

- Growing our list of resources for healthcare providers to access
- Talking with my organization about upping their game/interest
- Continue to promote the new report [Integrating Oral Health Care into Primary Care: Five Successful, Long-Standing, Statewide Programs Providing Care for the Maternal and Child Health Population](#)
- I will look into the resources that were shared with the group that I was not aware of prior
- Looking for more ways to share MDI information in my work
- Share what I learned today and our discuss with my colleagues
- I plan to educate myself on the Cavity Free Before 3 program
- Will continue to work to promote all our oral health activities
- Webinar on SDF
- Identify existing resources
- Expanding network of Pediatric dentists
- Keep looking for opportunities to “connect” folks; collaborative possibilities

Activities of interest to attendees that may take longer to plan and implement but merit further attention and support include webinar planning, podcast development, conference presentations and events, and interprofessional social/learning gatherings.

Attendees have been invited to reconvene at the June 2025 [Oral Health Learning Café](#) to report on their progress and discuss challenges, emergent needs, and next steps.

## Action Recommendations

The promise of SDF as a minimally invasive tool for early treatment of dental caries by pediatric healthcare professionals is potentially game changing for children and their families. With enthusiasm for broader uptake and implementation, key stakeholders are simultaneously mindful of existing gaps such as limited availability of workflow models, state differences in payment, challenges associated with training pediatric healthcare professionals (including opportunities to practice on children's teeth), workforce shortages, and insurance issues that often make local dental referrals difficult.

Learnings from SDF is Coming's small and large group sessions highlight the following action recommendations for AAP and other key stakeholder organizations to consider as they support SDF implementation in pediatric practice settings and greater interprofessional collaboration to improve access to pediatric oral health care.

- Facilitate matches between stakeholders' educational/promotional needs and existing resources

While participants agreed that important differences exist between their organizations' respective constituents, jointly developing content easily adaptable for diverse audiences' needs is a more effective use of limited resources than each organization creating messaging content, promotional

tools, and educational materials de novo. As appropriate, draw upon education resources created by industry.

A central clearinghouse for existing and new resources would be helpful as would a directory identifying best contacts for specific questions and needs (eg, “Who has what? Who knows what?”).

- Organize and sponsor networking and relationship building events at local, state, and regional levels

Incentivize state and local chapters/societies to plan and host regular (bi-annual or annual) meet ups between pediatric health (including school health) and dental professionals. Activities like in-person happy hours and lunch and learns move beyond virtual spaces to foster networking and may hold promise for reaching “beyond the choir.” Talking point scripts and guiding questions can be useful tools to facilitate conversation. As feasible, involve local champions and respected professional figures to promote attendance. Additional innovative efforts are needed to reach other important stakeholder groups including family physicians, school health professionals, and professionals serving rural areas.

- Identifying opportunities for joint sponsorship at professional conferences and meetings

Jointly sponsored meetings and activities model interprofessional collaboration and can be a useful way to bring medical and dental professionals together for learning, training, and networking. Because SDF requires hands-on training for professionals to develop proficiency, confidence, and comfort with application, product theaters at pediatric, dental, school, and community health meetings may be untapped opportunities to promote and model interprofessional engagement.

## Acknowledgements

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The AAP is grateful to the CareQuest Institute for Oral Health for their generous, ongoing support of this project as well as to the participants who attended the 2024 meeting and the stakeholder organizations they represent.

Working together, we can make a positive difference in children’s lives through better oral health and care.

## Appendices

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- Appendix A: Roster of Invited and Participating Organization
- Appendix B: Meeting Agenda
- Appendix C: Day 1 – Who Are the People In Your Neighborhood Breakout Group Worksheet
- Appendix D: Day 1 – Who Are the People In Your Neighborhood Community Whiteboards
- Appendix E: Day 2 – Working Group Session Descriptions
- Appendix F: Day 2 – Working Group Sessions Key Themes
- Appendix G: SDF is Coming Resource List
- Appendix H: SDF is Coming Action Plan Template

**SDF is Coming...Networking Now to Prepare for Success!**  
**November 26 and December 5, 2024, Meetings**  
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**American Academy of Pediatrics**  
**SDF is Coming to the Pediatric Medical Setting. Networking Now to Prepare for Success!**  
**Meeting Agenda**  
**November 21, 2024 & December 5, 2024**

**Day 1 Theme: Relationship Building and Strategizing to Support Medical-Dental Integration**

Activity [Presenter/Lead]
Welcome [Hollis Russinof, MUPP and Linda Radecki, MS]
Introductions [Hollis Russinof, MUPP]
Who Are the People in Your Neighborhood? (Part 1) [All participants]
Self-Guided Reflections [All participants]
Who Are the People in Your Neighborhood (Part 2) [All participants]
Self-Guided Reflections & Break [All participants]
Creating a Roadmap for Future Collaborations [Linda Radecki, MS]
Wrap Up and Closing Remarks [Hollis Russinof, MUPP]

**Day 2 Theme: Planning for Action and Accountability**

Activity [Presenter/Lead]
Welcome / Announcements [Hollis Russinof, MUPP and Linda Radecki, MS]
MDI IRL (In Real Life) – Conversation and Inspiration Beyond Preaching to the Choir [Chevon Brooks, MD, FAAP and Amr Moursi, DDS, PhD]
Working Groups – Session #1 [All participants]
Share Outs – Working Groups Session #1 [All participants]
Working Groups – Session #2 [All participants]
Share Outs – Working Groups Session #2 [All participants]
Charting a Roadmap for Further Collaboration [Linda Radecki, MS]
Wrap Up and Closing Remarks [Hollis Russinof, MUPP]

## Day 1 – Who Are the People In Your Neighborhood? Breakout Session Worksheet



### Breakout Session Goals

- 1) Identify organizational synergies as well as areas of unique focus and resources
- 2) Expand your circle of contacts and allies in support of medical-dental integration (MDI)
- 3) Shamelessly self-promote(!)

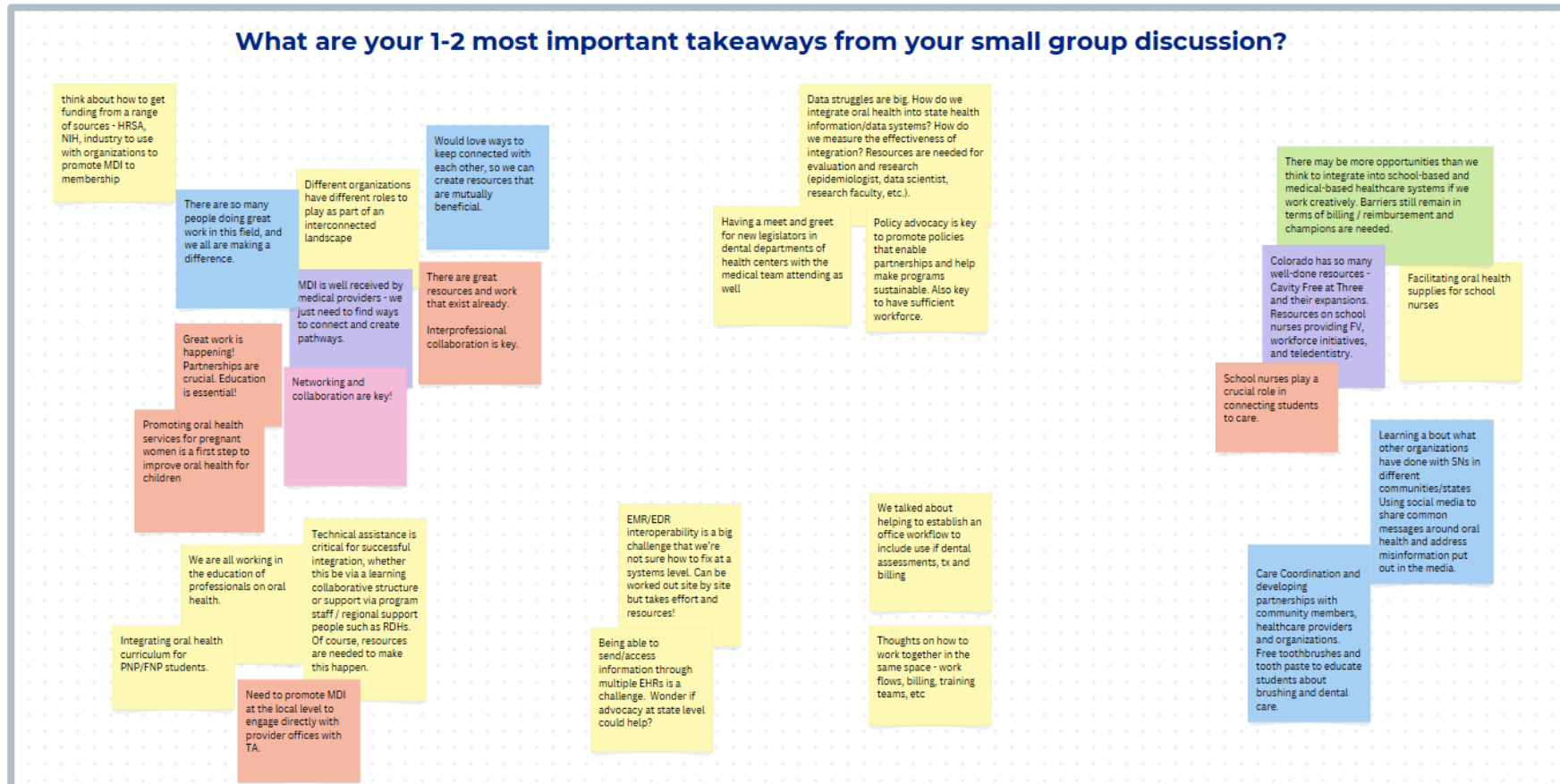
### Names/organizational affiliations of the participants in your small group

### Guiding Questions for Small Group Sharing and Discussion

- 1) Share examples of past or present activities your organization has undertaken that might apply to MDI and efforts to build synergies with likeminded stakeholders. *Even if you don't/didn't consider the activity to be 100% effective or successful, please share.*
- 2) What resources does your organization have to support MDI?
- 3) What resources (excluding money and time) does your organization need to enhance support for MDI and/or patient referral?
- 4) In what ways, if any, has your organization used social media to share information about MDI?
- 5) What are you hearing from your organization's membership and audiences about MDI?
- 6) With the information that we've learned from each other today, what do we have in common? In what ways could we potentially collaborate to help our organizations advance MDI?
- 7) With the information that we've learned from each other today, what resources from my organization might be of help to you/yours to support MDI?

## Appendix D

### Day 1 – Who Are the People in Your Neighborhood? Self-Reflection Whiteboard Comments



## Appendix D

### What 1-2 buzz-worthy resources or activities were you most excited to learn about from other group members?

there are many approaches to MDI, and it's interesting what has been most successful in various situations.

many people with good projects now - need to figure out how to scale up and share more - need a national list serve or sharing resource

It's interesting to hear the different models that exist and what strategies have been successful vs. not successful.

interdisciplinary clinics- there are plenty of examples. Just wonder how to implement within resources of your area/state and how to get buy-in from stakeholders on importance and funding.

Really interesting to hear how similar MD and OH are with (very early) progress to integrate RDHs into primary care settings.

Learning about the role dental therapists can play including, with the right practice acts, to be in medical offices as part of the team

Trying to get school nurses to apply FV and figuring out if there is a way to get them paid.

Educational resources for School Nurses to help their communities.

In school-based systems, students are already enrolled. This could mean that parent signatures for care, for things like an infection, may not need a consent form because it is covered under the enrollment.

I am excited to hear that there is a medical code for a dental exam with an abnormal finding that will help provide coverage for SDF patients.

State workforce initiatives to try to get more people interested in dentistry - this includes efforts to attract and support more underrepresented minorities.

utilizing social media to promote MDI

## ISO...what resources are you in search of to raise MDI awareness and information exchange opportunities within your organization?

***\*\*If you see a request for resources that you/your organization has, tag it and we'll help you connect.\*\****

Any shared templates!  
Communications, resources, toolkits, etc. - In the absence of more money and time, the ability to leverage each others' work and resources is really helpful

Template communications would be really helpful.

[Organization] would need \$ to do this well across the country; then partners to create messages to membership like work flows, CME to learn SDF, etc

I am looking for help developing workflow or integration proposals to work with MDI communities in the state who find it difficult to educate dental hygiene/therapy students and dental school students simultaneously.

What measures are folks using to track integration efforts at the local level?  
Process measures?  
Outcome measures?  
Would love to see actual measures and specifications.

Educational Poster or signage campaigns for school nurses to use on campus for both parents and students.

I am going to go back to look at the places where we do school-based care to understand the parental agreements that are signed and then have discussions with our contacts in that office and the adjunct faculty that oversee our students.

## Appendix E

### Day 2 – Working Group Session Descriptions



#### **Working Group Session 1A**

##### **Webinar/Presentation Toolkit: SDF Education and Promotion for Professional Audiences**

Attend this session if you are interested in planning a webinar focused on providing education and promotion about SDF in the pediatric population to a professional audience. Even if you/your organization has already hosted a webinar on this topic, your insights into what went well and what could be done differently will help your colleagues develop their presentations.

Leave this session with key information in hand to jumpstart your webinar planning (eg, statement of purpose, learning objectives, general outline, shareable resources, and audience engagement ideas).



#### **Working Group Session 1B**

##### **Activities to Develop and Nurture Professional Partnerships Supporting Medical-Dental Integration**

Attend this session for creative collaboration with colleagues interested in designing activities to promote professional partnerships. Explore ideas like MD/DDS Meet Ups, Lunch and Learns, as well as your own proven (or unproven!) strategies and assemble a plan to bring medical and dental professionals together.

Leave this workgroup with concrete strategies and next step plans for at least one activity that you can implement within your organization to facilitate interprofessional partnerships that support pediatric oral health.



#### **Working Group Session 2A**

##### **Webinar/Presentation Toolkit: Promoting and Supporting MDI for Professional Audiences**

Attend this session if you are interested in planning a webinar/presentation focused on promoting and supporting medical-dental integration for professional audiences. Even if you/your organization has already hosted a webinar on this topic, your insights into what went well and what could be done differently will help your colleagues develop their presentations.

Leave this session with key information in hand to jumpstart your webinar planning (eg, statement of purpose, learning objectives, general outline, shareable resources, and audience engagement ideas).



#### **Working Group Session 2B**

##### **Extending Your Reach with Messages that Matter: Developing SDF and MDI Content for Social Media, Blogs, and Newsletters**

Attend this session if you want to work with colleagues to develop brief but impactful messages to share via social media, blogs and newsletters. Whether or not you are the person responsible for outreach and social media in your organization, this session has something for you.

Leave this workgroup with ready-to-use content to kickstart or enhance your organization's promotion of SDF and MDI.

## Day 2 – Working Group Sessions Key Themes



### Webinar/Presentation Planning

- To avoid effort duplication, development of core webinar content/presentation decks on topics of importance across professions may be helpful as templates that organizations could modify and customize, as needed, for their audiences
- Webinar Planning
  - Involve experts across disciplines in content planning and development to set an example of collaboration, promote buy-in, and address resistance and other potential challenges upfront
  - Connect with local presenters and resources as appropriate (especially important when sharing information with local/regional/state policymakers)
  - Ensure that both medical and dental disciplines are prepared for the resulting work (eg, more referrals of young children to dentists)
  - Use release of the CPT code for SDF as a “hook” in webinar promotion and marketing
  - Prioritize marketing in areas known to have high rates of untreated childhood caries
  - Offer continuing education credit
  - Analogous to use of fluoride varnish, prepare for a range of reactions, interest levels, and ultimate adoption among healthcare professionals
- Webinar Content (SDF-focused)
  - What is SDF
  - Evidence base
  - Support for intervention
  - Benefits/harms
  - Technical guidance from current SDF user
  - Workflow analogies (eg, vaccine)
  - Early adopter success stories and strategies for overcoming common challenges
  - Sustainability, billing, supply ordering
  - Supports for both front and back office
  - Resources

...there will be a number of people who will want to come to these things to learn more but will have no plan to enact just yet. And then you'll have people who are coming because they've been hearing about this for a while already and are hoping there's going to be some practical next steps to come out of this. How do I order this stuff? How do I teach my office to do this?

– SDF is Coming participant



## Appendix F

- Special Considerations for Policymaker Outreach
  - State payment differences
  - Policy makers only want to hear from constituents
  - Policy maker priorities (eg, fiscal responsibility vs people-centric)
  - Current landscape & changes needed
  - Importance of connections between what community wants and needs specific to coverage and financing



### Activities to Develop and Nurture Professional Partnerships Supporting Medical-Dental Integration

- To a great extent, public health professionals already understand the value of MDI and have developed resources to support this work; the challenge is reaching providers in clinical practice
- Examples of successful activities:
  - Hosting events emphasizing fellowship and network building between state / local medical and dental organizations (eg, happy hour)
  - Identifying well-known individuals that attendees would find value in getting to meet and interact with in person
- Gaps in events and event planning
  - Online learning and collaboration cannot replicate the social component of in-person events; virtual and hybrid formats present obstacles to building meaningful connections and relationships
- Professional organizations' national meetings are still largely segregated within the profession
  - Examples: SmileCon (dentists); AAP NCE (pediatricians); NOHC (dental public health professionals), to bring professionals together
    - Is there a way to pilot or sponsor professionals' attendance at
- Best practices for outreach may differ by professional group
- More/better engagement is needed with school-based health care professionals (eg, school nurses, SBHC providers)
- Event planning consideration
  - Value of hands on training to promote confidence and comfort with implementing SDF in daily clinical work; interactive training in SDF application is needed to supplement didactics and images
  - Offer all applicable forms of continuing education credits (eg, CME, CDE, etc.)

## Appendix F

- Plan ahead as many organizations schedule gatherings far in advance; develop ready-to-use programming (eg, content, faculty, sponsorship, etc) to facilitate uptake by meeting planners
  - Scripts, guiding questions, talking points, and FAQs may help to facilitate interprofessional dialogue
  - Tap into organizational expertise regarding logistics such as preferred venues, caterers, etc, for even hosting
  - Include post-event evaluation to assess what worked and what could be improved
  - Be mindful that trainings are not “one-and-done” events; staff turnover necessitates periodic training for new individuals and existing staff may need refreshers over time
- ...we had physicians and dentists get together for lunch. We gave them 20 slides to share...to learn a few things about oral health. The last slide was a series of things to talk about. “If I have an urgent patient, how should I get a hold of you?” “If we just have regular patients, how do you want us to refer them to you?” so that they could communicate. And we asked them to bring their pamphlets, their business cards, their website links.
- SDF is Coming participant
- Partners / resources for consideration
    - Explore use of industry partners’ training modules and curricula
    - Opportunities may exist within professional programs (eg, dental school, hygiene school, medical school, nursing school) to incorporate SDF learning and training into community-based programs



### Messages that Matter: SDF and MDI Content for Social Media, Blogs, and Newsletters

- Partner organizations would benefit from a shared resource center or collaborative space to house core social media assets and messaging, newsletter content, sound bites, videos, etc that members could access and modify for their audiences.
- Considerations for message development include:
  - Audience
  - Message type
  - Platform
    - Recognition that generational differences exist in platform usage
    - Recognition that for (some) professionals and families, platforms like TikTok and Instagram are sources of information, not just entertainment
  - Testing is important to ensure that messages are understood by and resonate with intended audiences but testing can be costly

## Appendix F

- Many groups lack funds to hire social media/marketing professionals but SDF is Coming attendee organizations could partner on testing with their respective audiences
- Participants identified the National Maternal and Child Oral Health Resource Center as a potential repository for messaging and social media content related to SDF implementation and MDI



We all have our own audiences so that could potentially be the power of this collaborative. We can develop core messages but then test them potentially with the audiences that are around this table. So you would tweak and test them with the nurses, with the dentists, with the pediatricians, etc.

– SDF is Coming participant

## Medical Dental Integration & Minimally Invasive Care A Sample of Evidence, Analysis, Tools from 2021-2024

**2024**

**Association of State and Territorial Dental Directors**

**National Maternal and Child Oral Health Resource Center**

[Integrating Oral Health Care into Primary Care Statement Policy Adopted: February 12, 2024](#)

**CareQuest Institute for Oral Health**

[Championing Minimally Invasive Care: Aligning Advocacy to Transform Oral Health](#)

**Center for Health Care Strategies**

[Emerging Approaches in Oral Health Care: Considerations for Minimally Invasive Care in Medicaid](#)

**Centers for Medicare & Medicaid Services**

Medicaid & CHIP Oral Health Quality Improvement

[Quality Improvement Affinity Group Highlights](#)

**Department of Health and Human Services**

[Best Practices for adhering to Early and Periodic Screening, Diagnostic, and Treatment \(EPSDT\) Requirements](#)

**Harvard University Resource Library for the Integration of Oral Health and Medicine**

<https://resourcelibrary.hsdm.harvard.edu/blogs-webinars-other-media>

**Journal of Dental Hygiene**

[Advancing Oral Health Equity through Medical-Dental Integration: Dental hygienists as catalysts for change in an evolving health care system](#)

**National Association of Chronic Disease Directors**

[Oral Medical Care Coordination: A Systematic Literature Review and Guide Forward](#)

**National Maternal and Child Oral Health Resource Center**

[Integrating Oral Health Care into Primary Care Five Successful, Long-Standing, Statewide Programs Providing Care for the Maternal and Child Health Population](#)

**2023**

**American Dental Education Association eLearn**

[Medical-Dental Integration Across the Lifespan: Critical in Dental Education](#)



**CareQuest Institute for Oral Health**

[Medical and Dental Integration: A Need for Improved Electronic Health Records](#)

**Community Catalyst**

[Adopting Oral Health Integration to Advance Minimally Invasive Care](#)

**Center for Medicare and Medicaid Services**

**Medicaid and CHIP Oral Health Quality Improvement**

[Recommendations for Improving Oral Health Care access, Quality, and Outcomes and Advancing Equity in Medicaid and the Children's Health Insurance Program](#)

**2022**

**Delta Dental Institute**

[Medical Dental Integration Models: A critical review of the last decade](#)

**Medical Education Online**

[Integrating Oral Health into Health Professions School Curricula](#)

**2021**

**Centers for Disease Control and Prevention**

[A Pilot Study of Integration of Medical and Dental Care in 6 States](#)

**U.S. Preventive Services Task Force**

[Prevention of Dental Caries in Children Younger Than 5 Years: Screening and Interventions](#)

**SDF is Coming to the Pediatric Medical Setting. Networking Now to Prepare for Success!**  
**Organizational Action Plan**

<p><b>Short-Term Goal (1-3 months)</b>          What <b>one</b> activity/action can [organization] achieve in the next 1-3 months to improve medical-dental integration?</p> <div data-bbox="207 512 289 596"> </div> <p>Remember to keep goals SMARTIE (specific, measurable, attainable, relevant, time-bound, inclusive, and equitable)</p>	
<p>What is the desired outcome when this goal is achieved?</p>	
<p>What specific action steps are needed to accomplish this goal</p> <p>For each action step identified, also consider documenting: person(s) responsible and accountable, who should be consulted and informed, as well as what resources, if any, are needed</p>	