

Oral Health Action Partnership Transitional Steering Committee Meeting

May 1, 2005, Omni William Penn Hotel, Pittsburgh, Pennsylvania

I. Introductions

- A. The first meeting of the Transitional Steering Committee (TSC) of the coalition whose working title is the Oral Health Action Partnership (OHAP) was called to order at 3:00 p.m. by Dr. Dean Perkins, Executive Director, Association of State and Territorial Dental Directors, who had agreed to serve as Interim Chairperson of the TSC.
- B. Attendees were invited to introduce themselves and the organizations they represented, as well as to indicate their membership status, as pledged as of May 1.

Lead Organizations

- American Dental Association
Mr. John Klyop
- American Association of Public Health Dentistry
Ms. Candace Jones
- American Dental Hygienists' Association
Ms. Ann Battrell
Mr. Tim Lynch
Ms. Tammi Byrd
- Association of State and Territorial Dental Directors
Ms. Chris Forsch
- Children's Dental Health Project
Ms. Anne De Biasi
- Delta Dental of Massachusetts*
Ms. Susan Cote
- National Association of Dental Plans*
Dr. Roger Adams

Individual Members

- Dr. Scott Presson

Government Agency Liaisons

- Chief Dental Officer, U.S. Public Health Service
RADM Dushanka Kleinman
- Centers for Disease Control and Prevention
Dr. William Maas
- National Institutes of Health
Dr. Alice Horowitz

Status Pending

- American Dental Education Association
Dr. Frank Catalanotto
Mr. Jack Bresch
Ms. Monette McKinnon
- National Dental Association
Dr. Leslie Grant
- Oral Health America
Mr. Robert Klaus
Mr. Brad Hutchins
Ms. Sue Dodd

* Petitioned TSC for invitation to become a Lead Organization.

- C. Ms. Pam Tolson, Executive Director, American Association of Public Health Dentistry (AAPHD) and Acting Administrative Officer for the Partnership (as AAPHD's in-kind contribution to the Partnership) visited the meeting briefly to introduce herself. Inasmuch as AAPHD's Executive Council was meeting during this same time, she excused herself but offered assurance that she would work with the TSC to serve as a central point for membership contacts and enrollment and to help develop a Request for Proposals for establishment of an administrative office to serve the Partnership under its control.
- D. Dr. Bill Maas volunteered to serve as secretary for the purpose of recording minutes of this first meeting of the TSC.

II. Establish Objectives for Meeting

- A. Dr. Perkins sought input regarding decisions that needed to be made at this meeting. He noted that the TSC's starting point was the proposal distributed by e-mail to the National Oral Health Call To Action Listserv by Pam Tolson on March 15, 2005, which was intended to serve as a working guide for establishment of the Partnership. After some discussion immediate actions required were determined to be:
 - a. Receive petitions from prospective lead organizations.
 - b. Address concerns about high dues levels for some membership categories raised by prospective members in response to proposal distribution.
 - c. Determine whether basic elements of proposal were feasible, specifically acquiring enough financial support from Lead Organizations and other Members to warrant solicitation of an organization to provide basic administrative and communication services.
 - d. Determine future plans for governance of TSC.
- B. Input from prospective member organizations was also sought.
- C. In response to the challenge regarding whether a case had been made that a coalition needed to be formalized, it was noted that the current situation described by the Surgeon General's Report and articulated in *A National Call to Action to Promote Oral Health* was a product of the way dental organizations had related to one another, policymakers, and the public in the past. In spite of two decades of shared national objectives (the *Healthy People* series), most observers agreed that not nearly as much

progress had been made as was deemed possible when the objectives were established. Supporters of the Partnership believe that if organizations would truly embrace the categories of actions in the *Call*, work synergistically (pooled resources, member engagement, assessment and planning), and hold themselves to the planning and evaluation principles described in the *Call*, progress is possible. Supporters of the Partnership do not wish to let this opportunity to "answer" the *Call* slip away.

III. Membership Decisions

- A. Dr. Maas reported that Pam Tolson had received communications from Special Care Dentistry and the Academy of General Dentistry indicating their inclination to pledge support as Lead Organizations, but an inability to attend this first meeting of the TSC. This brings the number of organizations inclined to serve as Lead Organizations to 9.
- B. Dr. Maas explained the rationale for limiting eligibility for Lead Organizations to those who had attended the November 2001 kick-off meeting that lead to *A National Call to Action to Promote Oral Health* or who were invited by the TSC. He noted that Delta Dental of Massachusetts and the National Association of Dental Plans were categorically similar to other organizations that had been present at the

November 2001 meeting and had an established history of commitment to improving oral health and dental care.

- C. Approved Resolution #1: Accepted unanimously the National Association of Dental Plans (NADP) and Delta Dental of Massachusetts as Lead Organizations.
- D. Dr. Perkins noted that the agenda included a list of organizations who had indicated a commitment to participate at some level, (not necessarily as Lead Organizations): National Maternal and Child Oral Health Resource Center, Association of State and Territorial Health Officials, Special Olympics University, Alabama Medicaid Agency, Oral Health Coalition of Alabama, Friends of NIDCR.

IV. Membership Levels and Benefits

- A. There was consensus that \$5,000 was an appropriate level of annual dues for organizations who wished to serve on the steering committee or executive board as lead organizations. There was lack of consensus regarding appropriate levels for other non-profit organizations. An alternative proposal for establishing annual dues for non-profit organizations was distributed. Based upon a sliding dues schedule used by the *Healthy Mothers Healthy Babies Coalition*, dues would be based upon annual bud-



Oral Health Action Partnership Lead Representatives



Oral Health Action Partnership Meeting Attendees

get/revenues between a minimum of \$100 (twice the level of an individual member) and \$1,000 (the level established for "national strategic partners". Prospective members could submit justification for whatever level of dues was appropriate, with approval to be determined by the TSC.

- B. There was further discussion of the specific benefits provided to each type of member organizations. While there was some support for providing added value for certain levels of membership, there was more support for a more inclusive approach, granting similar benefits to all members, except where additional cost might be involved, and reserving voting for Lead Organizations. Further discussion revealed that the merits of establishing different membership types related more to categorizing members to identify potentials for partnerships and for recruitment of organizations sharing certain characteristics, not to distinguishing membership benefits of each type.
- C. There was discussion and strong support for the statement in the proposal indicating that the TSC would include representatives from a Voluntary Patient Organization and a Community Based Organization. Once as sliding dues schedule is affirmed and organizations have had ample time to apply for membership, the TSC can make this selection. It might be prudent to announce a deadline for membership eligibility, and suggest a mechanism for self-identification of organizations who perceive themselves as best qualified to serve on the TSC. Also, specification regarding term of appointment, renewability, and other details should be established before appointing these members to the TSC.

V. Viability of a Formal Partnership

- A. There was discussion of the current transition stage of the Partnership's development, recognizing that there might need to be more development of the organization and its plans before broader recruitment of members would be successful. However, there was agreement that committed organizations, operating on faith in the possibilities and commitment to the principles articulated in *A National Call to Action to Promote Oral Health*, would be needed to support a coordinating entity for two to three years until others sources of income and support could be developed.
- B. Approved Resolution #2: An invitation is offered to all organizations committed to *A National Call to Action to Promote Oral Health*, to step forward by August 1, 2005, and pledge to be members for two years. (While dues would be paid annually, there must be recognition that it will take two to three years of a formulation phase before strategies will begin to be implemented.) All organizations pledging to become Lead Organizations by August 1, so long as there is a minimum of 10 and a maximum of 20, will serve as the Transitional Steering Committee (TSC) until the Partnership can be legally incorporated.

VI. Other Decisions Made

Approved Resolution #3: The vision and goals of *A National Call to Action to Promote Oral Health* are accepted as those of the Partnership, but operational objectives will be further refined by the TSC.

Approved Resolution #4: Dr. Perkins and Ms. Tolson were requested to begin drafting a Request for Proposal (RFP) for basic administrative and communi-

cation services, and to convene a TSC meeting by conference call as soon as 10 Lead Organizations had submitted pledges, so that dissemination of the RFP could occur shortly thereafter.

Charge 1: In response to suggestion that the mission and objective statements in the Partnership proposal “needs work,” all members were requested to provide specific recommendations to Pam Tolson.

Charge 2: Members were asked to study the three titles for the coalition offered by the proposal and to provide comments and/or propose an alternative. These ideas can be circulated to other TSC members through Pam Tolson.

Charge 3: Members were invited to submit ideas for a “one pager” briefing document that could be used to recruit other potential Lead Organizations. Please send to Pam Tolson for distribution to other TSC members.

Charge 4: Representatives of Lead Organizations are encouraged to talk with leadership of other organizations that have not yet committed to become Lead Organizations, determine what questions or concerns they have, and seek to have the TSC address those issues.

Charge 5: Members were invited to suggest a method to select a chairperson for the TSC, as well as establish a term of office. Dr. Perkins agreed to serve as interim for the short term.

Charge 6: Member organizations were instructed to send checks for annual dues to:

OH Partnership c/o of AAPHD
P.O. Box 7536
Springfield, IL 62791-7536

It was suggested that all members submitting checks by August 1 should be recognized as “Founding Members” of the Partnership.

Charge 7: Members were instructed to advise Pam Tolson regarding who should be the official contact(s) for their organization, and to provide full contact information. It was suggested that each organization might have a primary representative as well as two secondary contacts, to facilitate more timely distribution of information so that each member organization’s participation might be enhanced.

VI. Other Issues Discussed

A number of issues were discussed without formal positions being adopted:

A. Corporate Partners and Roundtable Members: There was consensus that corporate partners should not be approached until the TSC had the opportunity to develop a “corporate gift policy.”

B. In-kind Services, in Lieu of Dues: There was discussion about providing options to member organizations with regard to alternative ways to provide support than financial contributions. It was recognized that all member organizations would be expected to provide some in-kind support to the Partnership and subsequent work groups, in addition to financial dues. Presently, AAPHD’s provision of an interim administrator was critical, and deemed adequate for the moment, therefore not justifying provision of alternatives to dues.

C. Articulating the Primary Action to be Addressed by the Partnership: Before closing the meeting there was recognition that some organizations were focused on only one of the five actions articulated by the *Call to Action*, while other organizations valued other actions. There was consensus that the Partnership would work toward ALL FIVE actions, even as individual organizations might be more enthusiastic about serving on work groups to develop initiatives aligned with their priorities. It will be a challenge for and responsibility of the TSC to maintain a balance that is productive and sustainable.

D. Next Steps:

1. Develop the RFP for administrative services and disseminate it.
2. Agree on a name of the coalition.
3. Agree on dues structure and membership categories.
4. Recruit additional members.
5. Award contract for administrative services by October 1, 2005.

VII. Adjournment

The meeting convened, with photographs taken of all present, at 5:15 p.m.