



Procedure Manual to Launch a Diverse Prenatal/Postpartum Advisory Board (PPAB)



UNIVERSITY of MARYLAND
SCHOOL OF DENTISTRY

JANUARY 2023

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Acknowledgments

This project has been made possible through sponsorship from:



PROGRAM PARTNERS

Maryland Dental Action Coalition



UMB PATIENTS Program



Project Title: Paving the Way to Oral Health Equity for Maryland Pregnant and Postpartum Individuals through Collaboration and Community Engagement.

The overall goal of the program is to improve the oral health and overall health of low-income prenatal and postpartum women and children in Maryland. This manual is designed to highlight our journey toward this goal and serve as a roadmap for others.

The Project was led by principal investigator Lisa Bress, RDH, MS and co-principal investigator Thomas Oates, DMD, PhD and was initiated December 15, 2021, representing activities through December 14, 2022.

This project began as result of the UMB prenatal oral health program (UMB-POH) that links prenatal patients from the University of Maryland School of Medicine’s Women’s Health Center to the University of Maryland School of Dentistry and led by the PI, Lisa Bress, RDH MS & Chief, of the Dental Hygiene division. These experiences and collaborations defined an opportunity to build a state-wide advisory board that included individuals with lived experience to address barriers to oral health care access witnessed in the UMB-POH and reported in the literature.

Thus, the Prenatal Postpartum Advisory Board was initiated with support from CareQuest Institute for Oral Health and was further made possible through a sponsorship from Colgate Oral Pharmaceuticals, Inc. The overall goal of the program is to improve the oral health and overall health of low-income prenatal and postpartum women and children in Maryland.

The program has resulted in the development of this procedure manual that includes tools, guides, and examples of effective methods that can transform a diverse group of affected and interested individuals into a team of passionate champions for health equity functioning with a shared voice. The targeted goal of this project is to develop an effective model to enhance opportunities for enhanced Medicaid dental coverage in Maryland that may apply to other organizations and opportunities.



For more information on this project, contact:

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Organization of the Procedure Manual

This procedure manual is divided into three sections:

- 1) Process/Methods
- 2) Relationship Building
- 3) Results

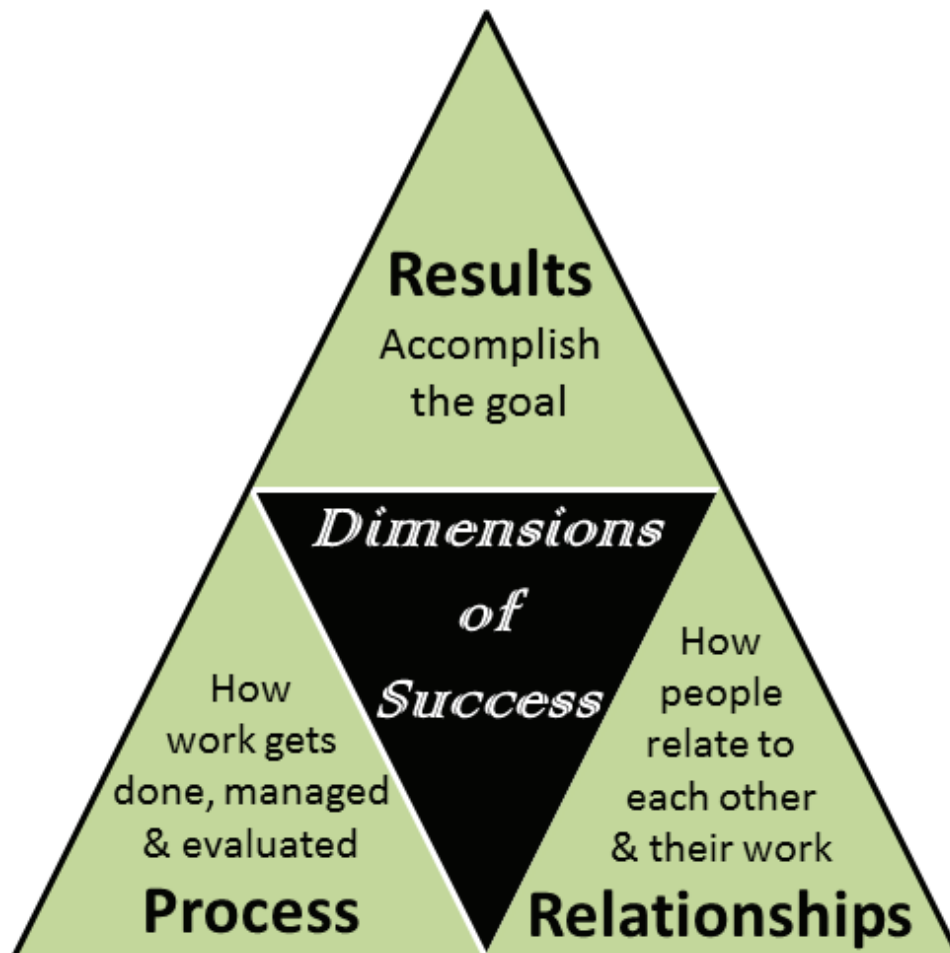
Throughout the creation and development of the PPAB, these three dimensions were considered to be critical.

The **Methodology/Process** section describes the overarching frameworks and processes used as key underpinnings of the PPAB. The goal of the Strategic Oversight Group and the roles and responsibilities of PPAB members are detailed in this section.

The **Relationships** section gives specific details of how relationships were fostered between members with diverse perspectives and educational backgrounds. This section is intended to provide tools and resources for teams and individuals who are hoping to build authentic relationships with diverse participants in the virtual or in-person space.

The **Results** section showcases some of the end-products from the launch and the implementation of the PPAB. This section is intended to provide final versions of year-one documents and also serve as a springboard to other groups who are also working on similar efforts.

It is important to note that throughout the manual, the Prenatal Postpartum Advisory Board is written as PPAB.



Source: Interaction Associates

This section describes the overarching frameworks and processes used as key underpinnings of the PPAB.

Infrastructure

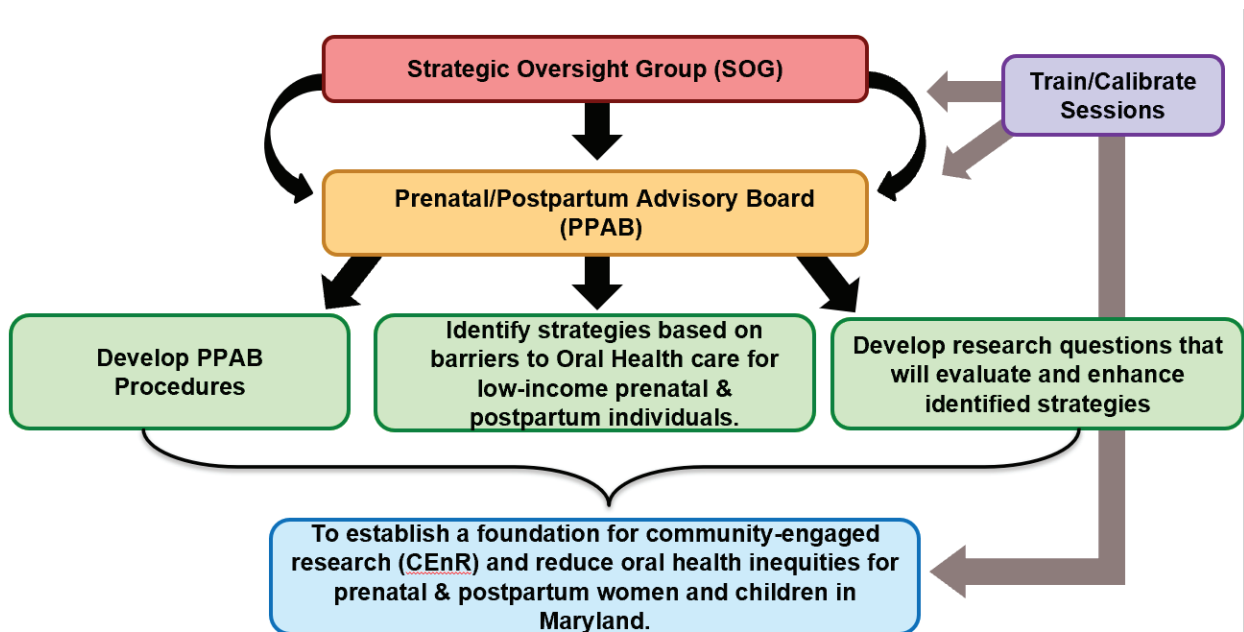
The overall infrastructure for this project included the Strategic Oversight Group, the PPAB, the Principal Investigator, the facilitator and the Project Coordinator.

Strategic Oversight Group

This project had two functioning groups working together – the Strategic Oversight Group (SOG) and PPAB. The Strategic Oversight Group was responsible for administrative oversight and operational support for this initiative. Holly Hayes from ISI Consulting co-facilitated the meetings with principal investigator Lisa Bress. The six members included representation from the Maryland Dental Action Coalition (Mary Backley, CEO), the National Maternal and Child Oral Health Resource Center (Katy Battani, RDH, MS), the University of Maryland, Baltimore (UMB) Community Engagement PATIENTS program (Hillary Edwards, PhD), and the University of Maryland School of Dentistry (Lisa Bress, RDH, MS and Thomas

Oates, DMD, PhD). The members represented diverse perspectives – including individuals with a robust understanding of oral health equity and the barriers to achieving it, community engagement, and coalition development.

The primary role of the SOG was to use their extensive network of affiliations to recruit PPAB members representing a wide range of experiences and expertise. Extensive meetings were held to discuss the thirteen member slots. They were intentional about keeping the group small and intimate to facilitate open discussion and build rapport among members. The Strategic Oversight Group also monitored all key milestones and goals of the project. The group met six times via Zoom meetings over the course of the one-year grant. Three of the SOG members also attended all PPAB meetings – the principal investigators (Lisa Bress and Dr. Thomas Oates) and Katy Battani (National Maternal and Child Oral Health Resource Center). These Strategic Oversight Group members also were considered to be PPAB members.



The group had **six quantifiable goals** it sought to accomplish throughout the course of the project.

Quantifiable Goal 1: Recruit 10-13 individuals for PPAB participation representing a racially and ethnically diverse team of consumers, low-income prenatal and postpartum individuals, interdisciplinary health care providers, academicians, and public health professionals.

Quantifiable Goal 2: Establish training activities within PPAB meetings that are integrated through each stage of the project to promote shared decision making.

Quantifiable Goal 3: Identify effective communication approaches (pathways) for PPAB interactions.

Quantifiable Goal 4: Develop and prioritize strategies defining issues concerning prenatal and postpartum oral health care for low-income women in Maryland.

Quantifiable Goal 5: Develop evaluation methods to assess the effectiveness of strategic initiatives.

Quantifiable Goal 6: Develop a manual that outlines strategies and best-practices supporting the successful development and implementation of strategies, to assemble and convene a diverse advisory board, along with assessments and analysis of outcomes that promote continued evolution of project activities.

An important operational goal of the project focused on broad representation within the PPAB by including individuals having LIVED and LEARNED experience with barriers to dental care access to low-income pregnant and postpartum individuals and children in Maryland.

This team was designed to represent a mix of racially and ethnically diverse low-income prenatal and postpartum individuals, interdisciplinary health care providers, academicians, and public health professionals. Through multiple discussions, the Strategic Oversight Groups decided on a mix of 13 individuals with either experience

working in dental health care or real life experience including difficulty receiving adequate dental care services while pregnant or during the postpartum period. Importantly, the PPAB included four individuals with lived experiences. This was determined to be important to lessen the weight of this critical representation on any one individual and build confidence in participation. Accessibility, transportation and location were important to allow participation using in-person meetings. Therefore, PPAB members were recruited from areas proximate to Baltimore and UMB. The limitations in geographic representation were justified to better assure successful initiation of the project.

Prenatal Postpartum Advisory Board (PPAB) Composition

The PPAB, a newly formed state-level workgroup, was strategically assembled to support underserved mothers through implementation of Maryland's expanded Medicaid dental coverage window for pregnant and postpartum women while also building on additional recent legislative oral health achievements in the state. In a unique partnership, the initiative created a working group of community members with lived experience and oral health partners inside and outside dentistry. The final membership included equal representation from **lived experience** (mothers who had firsthand knowledge of oral health struggles) and **learned experience** (oral and prenatal health professionals).

Those with learned experience included a social worker and a nurse midwife from the University of Maryland's Women's Health Center; the state Dental Director for the Maryland Department of Health; the Scientific Affairs Manager for Colgate Oral Pharmaceuticals, Inc.; a private practice dentist; a dental hygienist from the National Maternal and Child Oral Health Resource Center and one from the Hartford County Health Department; and

Methodology/Process (cont.)

a lactation consultant from Hartford County Women's Infant and Children (WIC) program.

Four mothers and a community health worker from a perinatal (B'More for Healthy Babies) support program were recruited to provide rich lived experiences to the group. The mothers were all low-income, pregnant or postpartum members who had first-hand knowledge of struggles navigating the oral healthcare landscape in Maryland and/or negative oral health care experiences. The SOG was very intentional in recruiting four members with lived experience rather than just one or two members. All of the members with lived experience knew each other, which helped increase the comfort level and reduced the time spent getting to know one another.

Recruitment strategies were tailored to identify both individuals with lived experience and learned experience.

Separate flyers were created highlighting particular aspects of the PPAB program thought to best inform potential participants of what to expect as a member of the group.

The lived experience flyer was modified to avoid inaccessible language or jargon as well as to mention the stipend offered each PPAB member. A stipend compensating their program effort was agreed upon to make the PPAB more accessible to low-income individuals. The professional experience flyer, by comparison, employed more complex language and did not include the stipend amount.

After the Strategic Oversight Group decided on organizations and specific names, individualized emails and the flyer were distributed. It's important to note that membership in the PPAB was by invitation-only.

Help Wanted!
Pregnant? Or have a young child?

**Prenatal / Postpartum
Advisory Board**

This advisory board will work on developing ways to provide all Maryland residents, pregnant and postpartum people, and their infants/children with access to dental healthcare.

What to Expect as a PPAB Member

- Participate in diversity training, including completing surveys
- Attend 4 half-day meetings in a year (virtual and in-person)
- Review materials
- Sign partnership agreement
- Receive a stipend up to \$2,000 per year

Please Join & help improve oral health equity in MD

Contact Lisa Bress for more information
Email: LBress@UMaryland.edu
Phone: (410) 706-7230

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**Prenatal / Postpartum
Advisory Board
(PPAB)**

With the 2022 postpartum Medicaid expansion as the key driver, the goal of this interdisciplinary advisory board is to identify strategies to increase access to and utilization of oral health care for pregnant and postpartum people and their infants/children.

What to Expect as a PPAB Member

- Participate in equity training, including completing surveys
- Attend 4 half-day meetings
- Review materials
- Sign partnership agreement
- Receive a stipend

What Makes This Advisory Board Different?

- Equity training and coaching sessions will be integrated during and between meetings.
- The PPAB will include a unique mix of community members with lived experience and oral, prenatal, and public health professionals.

Please join & help improve oral health equity in MD

PI: Lisa Bress, RDH, MS
Email Address: PPAB@dentist.com
Phone: (410) 706-7230

Two SOG members, as key recruiters (Lisa Bress and Katy Battani) answered questions from individuals interested in participation. All individuals contacted and recruited agreed to join the PPAB. A calendar with the specific dates for the three in-person meetings (9:30 am – 1:30 pm) and two virtual meetings (9:30 am – 11:00 am) were given during the recruitment stage. Both virtual and in-person meetings were used to provide flexibility during the COVID environment.

Other Key Roles

The principal investigator, facilitator, and project coordinator communicated frequently throughout the course of the one-year project.

The facilitator role was held by Holly Hayes of ISI Consulting. The role of the facilitator was to host and facilitate all SOG and PPAB meetings. This included preparing the agendas, designing and guiding activities,

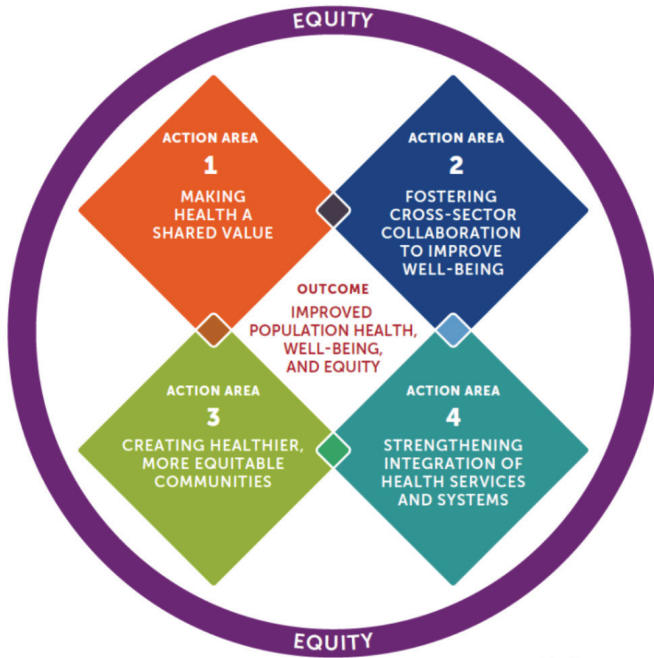
and providing documentation post meetings. Additionally, the facilitator led the equity training as provided by a content expert and creation of the Procedure Manual with the ISI Consulting team. It is important to note that the facilitator did not have expertise in oral health and relied on the principal investigator and subject matter experts for content related to oral health.

A project coordinator position, held by Ade Oyuloye, a Program Specialist with the University of Maryland's School of Pharmacy, assisted the principal investigator and facilitator in the creation of materials and agendas for each meeting, taking minutes of each meeting, communicating with the PPAB and Strategic Oversight Group to send reminders, documents, and other important information to participants, and to coordinate a meeting space for in-person meetings.



Culture of Health Framework

A Culture of Health Framework was used to guide the PPAB in focusing on equity in their goal to improve health outcomes in the Baltimore community.



The four action areas in the Culture of Health framework:

- Making Health a Shared Value
- Fostering Cross-sector Collaboration to Improve Well-being
- Creating Healthier, More Equitable Communities
- Strengthening Integration of Health Services and Systems,

were supported throughout all PPAB activities with a central goal of increasing oral health equity, population health, and well-being.

Innovative Pedagogy

To facilitate the mission of the PPAB, innovative ways of presenting content in a non-lecture manner were utilized to teach concepts of equity and oral health. It was essential for all PPAB members, regardless of background, to have a shared understanding and language around both equity and oral health before the PPAB could collectively design strategies. The facilitator used various activities and engagement strategies throughout each of the meetings.


Approach to Equity

Equity training occurred during all sessions of the PPAB. It was crucial for this important topic not only be discussed at one meeting but be woven throughout the project to ultimately influence the selection of strategies to reduce oral health barriers for mothers and their children in Maryland. The images here and on the following page highlight several of the activities and discussions that were employed. Everyone completed the Harvard University Implicit Association Test as a starting point in discussions of equity. Discussion activities were designed both to create a shared understanding and to foster a brave space to discuss differences in accessing oral health care in Maryland, and to investigate the role implicit bias plays in decision making and the development of policies.

Your Pre-Work

Explore and identify your own implicit biases by taking implicit association tests

- Pre-Work:
- **Implicit Association Tests** by Harvard University



RACE and SKIN-TONE Implicit Association Tests (IAT) to explore and possibly uncover attitudes and beliefs about a race and skin color.

To begin, the participants received instruction in equity and subliminal biases to root the purpose of this group in an equity-based mindset. Through visuals, a [demonstrative video](#), group discussions, real life examples, true/false games, and the Implicit Association Test by Harvard University, participants developed a working understanding of equity to guide the rest of their work.



Implicit Bias

- Implicit bias is a type of an individual unconscious bias that is shaped by culture.
- It plays out in our institutional work and helps shape outcomes.

Deamonte Driver

A 12-year old boy from Maryland who died of a toothache in 2007 when the bacteria from a dental abscess spread to his brain

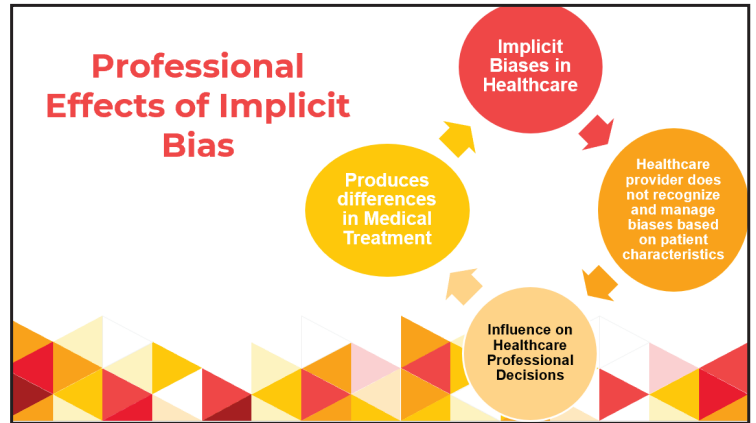
An \$80 tooth extraction could have saved him





A \$1 fluoride varnish could have prevented the abscess to begin with

Amid Riots, Maryland Governor Will Deploy National Guard To Baltimore

- Freddie Gray
- Police Homicide in W. Baltimore

Case Facts:
 "On April 12th, 2015, a 25-year-old black man from the west side of Baltimore named Freddie Gray was arrested for possession of a "switchblade," put inside a Baltimore Police Department (BPD) transport van, and then, 45 minutes later, was found unconscious and not breathing, his spinal cord nearly severed"



PPAB Meeting Agenda

Friday, April 29, 2022, 9:30 AM – 1:30 PM
Location: University of Maryland, Event Room at the BioPark

Our Goal: 1) To understand the purpose of the Prenatal/Postpartum Advisory Board, 2) Share stories that matter and 3) Understand current needs in the state of Maryland


TIME	TOPIC	Speaker
9:30 AM – 10:15 AM	Welcome and Introductions - What is our goal? Why does this matter? How might we create positive change in Maryland? - Who is on our state-advisory board?	Lisa Bress Holly Hayes
10:15 AM – 10:30 AM	Our Culture of Health Framework - How will we work and learn together? - Our code of conduct - Glossary and jargon	Holly Hayes
10:30 AM – 11:30 AM	Let's get to the Heart of the Matter: What do you see, hear, and experience related to dental care or oral health care? Share one story.	All Participants
11:30 AM – NOON	Identify Major Challenges in Dental Care in Maryland	All Participants
NOON – 12:30 PM	Lunch	
12:30 PM – 1:00 PM	What policies are being considered at the state-level?	Katy Battani Mary Backley
1:00 PM – 1:20 PM	What is equity? Why does it matter?	Holly Hayes
1:20 PM – 1:30 PM	Next Steps and Adjourn Homework	Holly Hayes Lisa Bress

Team Members	
Name	Organization
Amy Radion	UMB Women's Health Center (Penn str) social worker
Chaudaiye Smith	MOM- B'more Health Babies
Debony Hughes	MD Office of Oral Health- dental director
Deborah Fleming	Scientific Affairs Manager Colgate Oral Pharmaceuticals, Inc.
Gisselle Joseph	CHW- B'more Healthy Babies
Jenifer Fahey	UMB Women's Health Center - Dir Nurse midwifery
John Farrugia	White Marsh Family Dentistry (DDS)
Katy Battani	George Town University- Maternal Child oral health Research Center
Maia Dailey	MOM- B'more Health Babies
Sara Gonzalez	Harford County WIC- lactation/nutritionist
Shayya Rosette	Harford County Health dept Dental Clinic RDH
Tre'Nisha Lassiter	MOM- B'more Health Babies
Vonzella Parker	MOM- B'more Health Babies

Team Captains

Lisa Bress, RDH, MS

Clinical Associate Professor and Director of Recruitment and Academic Advising, received her bachelor's degree in 1983 and master's degree in 1994 from the University of Maryland School of Dentistry. After years of clinical practice, she joined the Dental Hygiene faculty in 1995. Ms. Bress' role in the dental hygiene program includes coordinating the Community Service-Learning program, developing, and implementing grant-funded programs that increase access to dental care services for underserved populations, clinical teaching and directing didactic courses that integrate health literacy topics such as effective communication and cultural competency. She was honored by senior students in 2004 with an Excellence in Teaching Award and as Teacher of the Year in 1999, 2006, 2007, 2009, 2010 and 2012. Her research interests include oral health literacy and interprofessional education. She is a member of the American Dental Hygienists' Association, The American Dental Education Association, the American Public Health Association, Sigma Phi Alpha Honor Society and Phi Kappa Phi Honor Society.



Lisa Bress, RDH, MS

Holly Hayes, MSPH, PMP

Holly Hayes is an organizational consultant and an internationally accredited facilitator, and trainer. Her knowledge of community engagement, facilitation, continuous quality improvement and strategic planning is wide-ranging. Holly's work with businesses, non-profits, public agencies and academic institutions gives her a unique insight into organizational development. Holly is passionate about moving ideas into action and has created engaging techniques to unlock an organization's potential. Holly is the President of South Carolina-based ISI Consulting which has grown steadily since 2017. Holly and her team of professionals support clients primarily in South Carolina, North Carolina and Georgia. Holly and her team are the creators of customized trainings and academic and business publications.



Holly Hayes, MSPH, PMP



Save the Date

Prenatal/Postpartum Advisory Board (PPAB) Meetings

April 29th
9:30 AM - 1:30 PM
In-Person

June 24th
9:30 AM - 11:00 AM
Virtual

July 22nd
9:30 AM - 1:30 PM
In-Person

Sept 23rd
9:30 AM - 1:30 PM
In-Person

Oct 28th
9:30 AM - 11:00 AM
Virtual

In-Person Meetings:
In-Person meetings will be held at the University of Maryland's BioPark Event Room. Parking and lunch will be provided.

 **801 West Baltimore St
Baltimore, MD 21201**

Virtual Meetings:
Virtual meetings will be hosted on Zoom. The link will be sent out via email prior to the meeting.






Approach to Oral Health and Prenatal Health

Before the group could identify strategies to reduce barriers for low-income prenatal and postpartum women, it was important for everyone to have some basic knowledge about oral health. Oral Health University was created to enable all PPAB members to have a shared language and understanding of oral health. Lisa Bress (principal investigator), Holly Hayes (facilitator) and Alice Horowitz, RDH, PhD (dental hygiene subject matter expert) developed key learning objectives and provided direction throughout the two-hour activity.

What do we need to know in order to develop strategies for moms and babies in Maryland?

Your Learning Stations and Teachers:

- Oral Health (Lisa)
- Dental Preventive Care (Alice)
- Nutrition (Sara)
- Story Coaching (Judy)
- Recording Your Story (Doug)

An oral health glossary was also provided to all participants which included frequently mentioned jargon and expressions that are used in the oral health arena. The facilitator oversaw the PPAB participants move through five stations led by a content expert who explained the basics of oral health and how it related to pregnancy and postpartum care, as well the importance of nutrition and storytelling.

The PPAB members were broken into small groups of three to four members. In the stations, participants spent seven minutes listening to the subject matter expert followed by four minutes of Q&A then another four minutes to fill out their TABBS worksheet to track their thoughts and information learned. This served to create a fundamental understanding of oral health for the prenatal health providers as well as the members with lived experience. It also helped create a vocabulary and content expectation for the dental experts to adhere to when speaking, to avoid creating an additional barrier. The information shared was reemphasized throughout the following meetings by including true or false games that quizzed participants on their knowledge while also restating what was already learned.

Flow for each station

- o 7 minutes of learning
- o 4 minutes for questions and answers
- o 4 minutes for reflection and completing the worksheet attached – *Keeping TABBS*
 - What is a **take away** from the station?
 - **Action** you will take (small or big)
 - **Barriers** that may hinder other mothers and children in MD
 - **Benefits** of overcoming these barriers

UNIVERSITY of MARYLAND SCHOOL of DENTISTRY		Taking TABBs		
Station	Takeaway from the station	Action you will take (small or big)	Barriers that may hinder other mothers and children in MD	Benefits of overcoming these barriers

Intentional Participation

A variety of methods were employed to encourage PPAB participants to participate and share their thoughts throughout the meetings. The facilitator used activities to promote individual thinking, working in pairs, and small group discussions as ways to increase the comfort level of both introverts and extroverts so they felt comfortable enough to share their firsthand experiences, as well as to question ideas and give individualized perspectives. The principal investigator and the facilitator assigned the PPAB members to small groups and ensured that everyone had joined a group by the second in-person meeting. Below is a brief description of ways that group members were engaged in dialogue.

Going Deeper on the Individual Level

Share Your Story: This was the first activity team members participated in at the first PPAB meeting. Participants were split into groups based on birth season (i.e., spring, summer, fall, winter). They were given a worksheet to talk about the story behind their name, the story of their community, and the story of their gifts.



SHARE YOUR STORY

1. Get into groups based on what season your birth month is in.
2. Then, following the worksheet, discuss the prompts with the members in your group.

The following slide will tell you your groups.

TELL ME YOUR STORY

This activity is designed to help you share your story with others. It is a chance to share your experiences and to learn from others. It is a chance to share your story and to learn from others. It is a chance to share your story and to learn from others.

Share the story of your name. This is a chance to share your story and to learn from others. It is a chance to share your story and to learn from others. It is a chance to share your story and to learn from others.

Share the story of your community. This is a chance to share your story and to learn from others. It is a chance to share your story and to learn from others. It is a chance to share your story and to learn from others.

Share the story of your gifts. This is a chance to share your story and to learn from others. It is a chance to share your story and to learn from others. It is a chance to share your story and to learn from others.

WHAT'S OUR STORY?

These small groups allowed members to get to know one another better and get them ready to think about the power of storytelling, which became a crucial factor later in the PPAB.

Speed Dating: To ring in the second (virtual) meeting, participants were split into breakout rooms for three rounds of speed dating that lasted between four to eight minutes each. The first-round prompt was “something you have thought about since the first meeting.” The second-round prompt was “what details have you added to your personal story?” The third round added levity with “share something with your group that they would never guess about you.”



Speed Dating

- ▶ Round 1 (4 min): Something you have thought about since our first meeting
- ▶ Round 2 (8 min): Your personal story, what details have you added?
- ▶ Round 3 (4 min): **WILD CARD** – share something with your group that they would never guess about you

These small groups allowed PPAB members to remember what was discussed in the first meeting while also getting reacquainted with each another.

The third meeting began with a PPAB member with lived experience sharing their story about dental care as a pregnant woman. Based on her story and the challenges she faced, a group discussion was held to discuss ways the PPAB can transform what they want to accomplish. This helped to keep in mind the importance of conveying these stories to lawmakers while keeping the emphasis on the people they are trying to help.



Group Discussion

Character **Desire** **Challenge**

How can this compelling story transform what we want to accomplish?

In the final meeting, the participants reflected on their experiences in the PPAB. They discussed the following questions to wrap-up their time together:

- What has been the most memorable moment or experience on this project?
- What about it made the moment so memorable?
- How did the moment affect you?
- What are some shifts you have had in your thinking, attitudes, or behaviors?

Reflecting on Equity and Implicit Bias

After the equity and implicit bias training activities, participants split into four pre-determined groups to discuss four questions pertaining to their results on the Implicit Association Test. This allowed for participants to ask for more information and share their thoughts on the training. Following small group discussions, the facilitator asked for key insights but never asked participants for any personal information shared in their small groups.

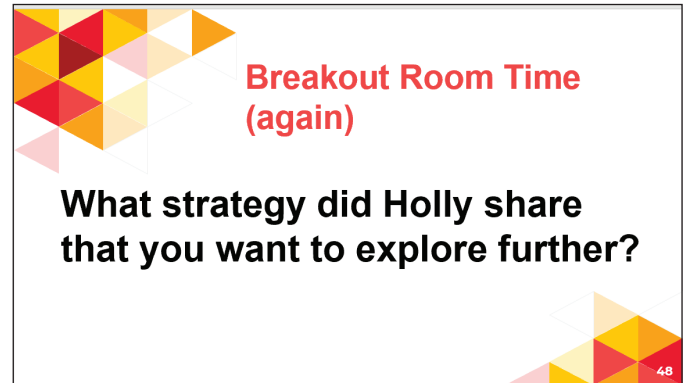
1. What feelings did you have when completing either test?
2. Since you received your results, what have you questioned or affirmed about yourself and your biases?
3. What has stood out to you so far in the training?
4. What do you want to know more about?



Small Group Discussion

1. What feeling did you have when completing either test?
2. Since you received your results, what have you questioned or affirmed about yourself and your biases?
3. What has stood out to you so far in the training?
4. What do you want to know more about?

Following equity activities, participants had an opportunity to express concerns and/or ask for more information pertaining to strategies to enhance equity. This information could then be shared with the larger group so the facilitator could prepare to fill in any gaps at the next meeting.



Breakout Room Time (again)

What strategy did Holly share that you want to explore further?

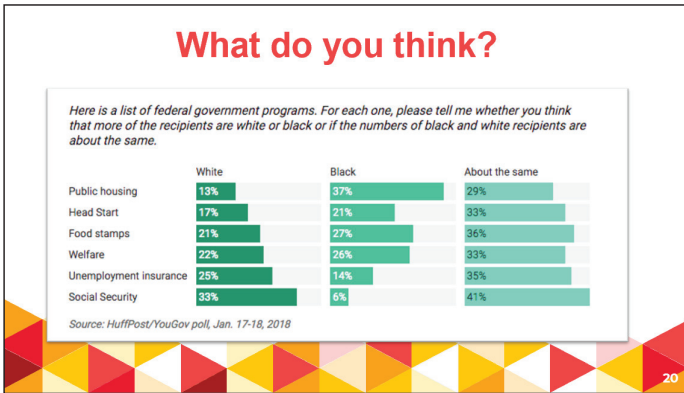
Looking deeper into implicit biases, small groups broke out to discuss what steps PPAB members have taken since the previous meeting to analyze their own implicit biases. These small groups were safe spaces to be honest about their experiences and application of the IMPLICIT acronym. This enabled participants to think about identifying and working with implicit bias in the present so they could apply their knowledge to the following case studies.



Which small steps have you taken since our last meeting?

Participants were shown data about what demographics use federal assistance programs in the United States and asked to reflect on what this data says. This activity allowed members to confront what they did or did not think about who was using governmental programs such as public housing, Head Start, food stamps, welfare, unemployment.

After analyzing equity case studies, participants had a debrief discussion where they went through questions to break down the scenarios and brainstorm potential solutions or preventative measures. It is significant to note that PPAB members always wanted more time to discuss equity case studies – a reflection of their interest in the topic.



Equity Case Study 2

Jill Jones is a 56-year-old female who presented at the dental school for a scheduled 10:30 am appointment. Jill attempted to check in using the electronic kiosks and was heard shouting in a loud voice, "What?! Why is this stupid thing not working? I already put in my name and information!!" Jill proceeds to hit the electronic kiosk screen hard with her hand resulting in a loud thumping noise. The security guard walked over to assist Jill, and she stated, "Does it look like I need help? I am just trying to be seen and get to this appointment that I waited so long for."



Equity Case Study 2

The staff member then made Jill aware of the information they received. Following the staff member speaking to Jill, the security guard also stated, "Ms. Jones you can't been seen today because you have an outstanding balance," which resulted in the patient becoming "irate, belligerent, and using aggressive curse language." Jill started to kick, scream, and fall to the floor stating that she called "someone and was told that she would be seen because she can pay the balance of the bill today."

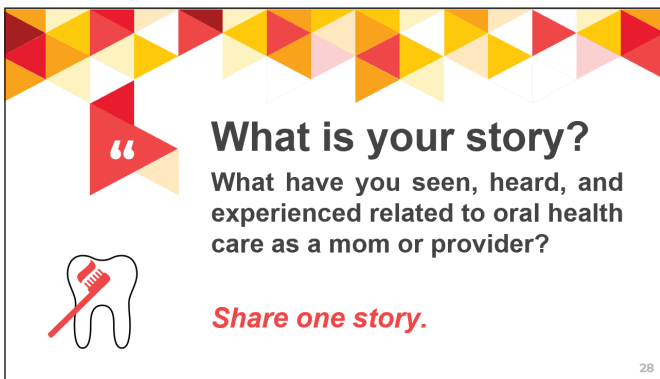
Known outcome: Patient was seen for the appointment and did not return for scheduled follow up appointments for future work.

Closing Reflection & Resolve

- What is one of these that we are already effective at doing?
- What is a major challenge or would be a stretch?
- What new insight do you have about oral health strategies?
- How might we move forward with some of these?

Connecting Oral Health Barriers and Challenges

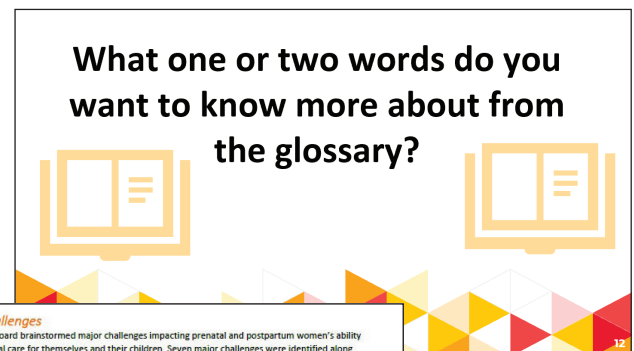
Participants were asked what they had seen, heard, and experienced related to oral health care as either a mom or provider? This discussion took place after participants learned about the importance of storytelling in advocacy but before instructing on formal frameworks for constructing a story. This led to pre-work for the next meeting.



The consensus workshop process included time for individual thinking, working in small groups, and then as a large group. The purpose of the consensus workshop is to reach shared agreement. Each of the small groups intentionally included both those with lived and those with learned experience. The discussions were extremely rich, with oral health and prenatal professionals sharing expertise that helped narrow down the strategies and the members with lived experience sharing strategies that increased awareness among professionals about first-hand experiences with barriers. After the group organized their ideas and decisions, the consensus was revealed.

Participants were asked to share what words from the oral health glossary they would like to know more about. This created a safe space for people to share what topics they still did not fully understand, so PPAB members could teach one another on less-understood topics.

In the consensus-building workshop, small groups met to synthesize participants' ideas about what strategies are needed to overcome barriers related to oral health among underserved women and children in the state of Maryland. The groups were tasked with narrowing their list down to the eight most important ideas they had.



Small Group Discussion

What ideas rise to the surface for the group?

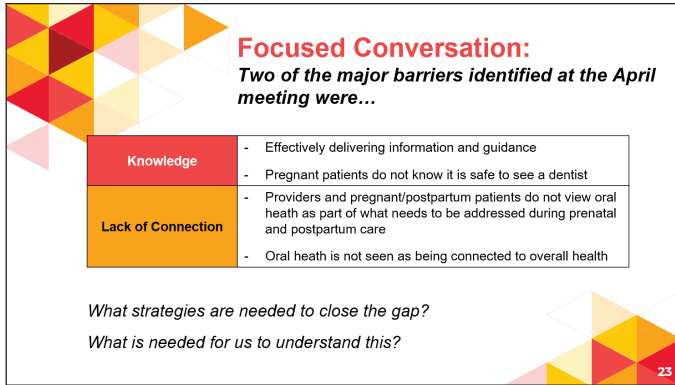
- Break out into groups
- Choose a **timekeeper** and a **scribe**
- Each person **read your entire list**
- Discuss and distill to a **list of 8 ideas**
 - Clarify, enrich and deepen your thinking together!
- Succinctly capture each in 3-7 words.

12 minutes!

Major Challenges
 The advisory board brainstormed major challenges impacting prenatal and postpartum women's ability to access dental care for themselves and their children. Seven major challenges were identified along with some causal factors.

- Provider Issues/Insurance**
 - Not every provider takes Medicaid
 - Lack of non-dental healthcare providers talking about oral health
 - Time to get in to evaluate dental issues
- Knowledge**
 - Effectively delivering information and guidance
 - Pregnant patients do not know it is safe to see a dentist
- Lack of Connection**
 - Providers and pregnant/postpartum patients do not view oral health as part of what needs to be addressed during prenatal and postpartum care
 - Oral health not connected to overall health
- Provider Fear**
 - Fear of dentists by pregnant patients
 - Dentists only accepting women during 2nd trimester
- Communication and Respect**
 - Properly educate the patient, create and open space for dialogue
 - Lack of respect of relationships with provider and patient or the patient's parents
 - Not listening to patient
 - Dismissing patient's experience
 - Prepare for what's expected
- Transportation**
 - Not being able to get transportation to get the care they need
 - Time of day, public transit delays
- Childcare**
 - Childcare not being available to bring to appointments
 - Difficult to get appointment with children especially because of COVID
 - Not equal coverage with managed care organization

After Health University 101, a focused conversation revisited two major barriers to adequate oral health care that were identified at a previous meeting. These were a lack of knowledge, and a lack of connection. The group discussed what strategies are needed to close the gap, and what people need to understand about those barriers.



Focused Conversation:
Two of the major barriers identified at the April meeting were...

Knowledge	<ul style="list-style-type: none">- Effectively delivering information and guidance- Pregnant patients do not know it is safe to see a dentist
Lack of Connection	<ul style="list-style-type: none">- Providers and pregnant/postpartum patients do not view oral health as part of what needs to be addressed during prenatal and postpartum care- Oral health is not seen as being connected to overall health

What strategies are needed to close the gap?
What is needed for us to understand this?

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There was a group discussion following the Red Spies vs. Gold Spies activity which examined the most and least effective ways to address the issues surrounding knowledge and lack of connection preventing pregnant and postpartum women from accessing dental care. PPAB members discussed what was similar and different between the two approaches.



Group Discussion

What is *similar*?
What is *different*?



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In a reflection period during the fourth meeting, participants looked back at the strategies needed in Maryland to overcome the barriers preventing equitable dental care in the state. This allowed for the PPAB to position themselves actively in the struggle for better health care as they moved from ideas into implementation.



Closing Reflection & Resolve

- What is one of these that we are already effective at doing?
- What is a major challenge or would be a stretch?
- What new insight do you have about oral health strategies?
- How might we move forward with some of these?

PPAB members discussed:

- What is one of these that we are already effectively doing?
- What is a major challenge or a stretch goal?
- What new insight do you have about oral health strategies?
- How might we move forward with some of these?

To further pivot the PPAB from theory to practical action, the group was provided an opportunity to share any doubts or problem spots they would like cleared up. These continual check-ins help maintain the confidence and engagement of PPAB members.



1. What is ringing loud and clear for you?
2. What training would you need to help with one of these areas?
3. How is equity connected?

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At the final in-person meeting, a consensus workshop was conducted. Its goal was to answer the following question: “What strategies are needed to overcome barriers related to oral health among women and children in the state of Maryland?” PPAB members reflected on past challenges identified and also reviewed pre-work with identifying potential challenges. Participants were guided through individual thinking, working in small groups, and then group discussion with the larger group. Seven strategies were identified, and the group then prioritized the two to move forward based on impact and implementation probability.



Storytelling Frameworks

Storytelling was considered a critical piece to promoting the Culture of Health framework as well as for personalizing oral healthcare. A subject matter expert, Judith Ferrell, and the facilitator shared four methods for telling a story. Group members were instructed to pick one of the frameworks to use in writing their own story to share when they returned for their next meeting.

- **Petal:** Commonly used in speeches, the petal framework uses smaller, but complete, stories to reinforce your main idea. The stories do not have to be cohesive or linear, but they all should relate to their experiences with oral health and dental care.
- **Nested Loop:** This story moves in concentric circles outward from why, to how, to what. It’s a successful method for explaining how groups or associations

work. The speaker can also develop a story from the outside in, working from what, to how, to why. Because of the way these stories are built, it is easy to connect the character, the need, and the challenge.

- **Journey:** This story typically involves one person and moves in a straight line, going chronologically. For example, what they were facing last year versus how they feel now.
- **Sparklines:** This type of story compares what is versus what could be. Martin Luther King Jr.’s “I Have a Dream” speech utilizes sparklines.

CREATING A STORY STRUCTURE

While data can provide a framework for building programs and processes, it is story that creates the vibrant connections essential to engage participants and supporters. A compelling story has the power to transform what you accomplish.

So how do you tell a compelling story? **Every story must include three critical features:**

1) Character: You’re telling a story about a person, not an organization. We relate best to everyday people we can recognize.

2) Felt Need/Desire: Everyone wants or needs something. There’s a behavior or a situation or a problem the person wants to change, to get (or get rid of), or to restore. We relate to felt needs.

3) Conflict/Challenge: There is always a barrier to achieving a desire or an obstacle to meeting felt needs. That’s where challenges arise, and we can all relate to a challenge.

When you think about your story, take time to identify and develop each of these three elements.

Can you define each element in one sentence?

What story are you going to tell?

Who is it about?

What does that person need or want? Why is that important to them?

What barrier or challenge do they face?

After drafting their individual stories, team members received coaching on storytelling from our subject matter expert. PPAB members were then videotaped sharing their own stories. To make the process more comfortable, each PPAB member shared their story both to the videographer and their PPAB partner at the same time. Members found sharing their story multiple times empowering, and PPAB members encouraged one another throughout the process.

Facilitation Methods

A critical piece to the formation and implementation of the PPAB was facilitation. Facilitation actually means to “make easy.” Holly Hayes of ISI Consulting is an internationally certified facilitator. She used various facilitation tools and strategies throughout the in-person and virtual meetings as well as the Steering Oversight Committee meetings. All of the facilitation methods were tailored to meet the specific goals for the session and designed to be mindful of core values.

The specific values behind the facilitation methods included: **profound respect and inclusive participation** (each member of the PPAB is important and holds a piece of the puzzle and each person’s insights help to create a whole picture), **teamwork and collaboration** (PPAB is only going to be successful with collaboration— it’s a necessity to get the job done), **individual and group creativity** (encourage dialogue between head and heart), **action and ownership** (group ownership of decisions moves the group towards action) and **reflection and learning** (learning and transformation occur with depth reflection).



It’s important to note that the facilitator for the PPAB was content neutral (oral health and policy) and an expert on the processes, tools, and methods essential to engage groups. The facilitator assumed the group had expertise and ability and

sought group ownership of decisions throughout the process. Various facilitation methods were used to increase participation level of members (from receiving

information and services, to providing input, to full responsibility for planning and action).

Throughout the process, the facilitator employed a variety of methods to provide a structure for clear dialogue and reflection to reach shared understanding.

Focused conversations emphasizing profound respect and inclusive participation were used throughout the meetings. This method encouraged a diversity of perspectives and provided a structure to probe beneath the surface to the depth of a topic.

Red Spies and Gold Spies is an activity that showcased group creativity. The PPAB was split in half, one team being the red spies, and the other team being the gold spies. The red spies were tasked with identifying three ideas that would increase knowledge around oral health and understanding of connections to pregnant women and moms. The gold team was tasked with the opposite, identifying three ideas that will decrease knowledge. This allowed the group to see what factors will help or inhibit the PPAB.

Mission: Red Spies and Gold Spies

Red Spies

Your mission: Come up with 3 ideas that will **increase** knowledge around oral health and understanding of connections to pregnant women and moms.

You want to make the PPAB wildly successful. Information and guidance is understood and oral health is connected to overall health.



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Mission: Red Spies and Gold Spies

Gold Spies

Your mission: Come up with 3 ideas that will **decrease** the knowledge and understanding of oral health and the connections for pregnant women and moms.

You want Maryland moms to be completely ignorant and not advocating for oral health at all.



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Two case studies were analyzed in conjunction with the equity training; the case studies were used to provide a space for reflection and learning. They provided the opportunity for the application of what was learned with real world examples and to show the complexity of how

health inequity usually plays out on the ground. Each case study presentation was followed by a guided conversation to discuss what happened and how things could be adjusted to offer better outcomes for the people most marginalized by the health care system.

Let's Talk About It...

1. Based on the training you have just participated in, what stands out to you?
2. What implicit biases might be at play?
3. What are we not seeing?
4. What is a "window of opportunity"?

What we see

- Cavities
- Gum disease
- Fear
- Tooth loss
- Poor oral hygiene

What we don't see

- Financial barriers
- Underlying conditions
- Low health literacy
- Food insecurity
- Depression
- Bad policy
- Transportation issues

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Equity Case Studies

**Disclaimer: The information contained in this case study is to be used only as a case study example for teaching purposes. The information in the case study is both factual and fictional. Opinions formulated by the author are intended to stimulate discussion and do not necessarily reflect the position of the creator, facilitator, or UMSOD on this issue.*

Scenario 1 - Easy

Setting: University of Maryland Dental School Covid screening desk, 6:30 am.

Individuals may walk in and line up for dental care without a scheduled appointment because they are in pain. The urgent care clinic has a limited number of chairs and providers available – patients are seen on a first-come basis. Often, several are turned away or given appointments for another day.

Scenario:

Mellie (Mel) is a 23-year-old Black American female who walked into the dental school stating that she was in pain and needed a tooth extracted.

Mel said, "I am in pain and just need this back tooth taken out to stop the pain, can I be seen?" Mel stated that she "has been trying to call the number but never talked to anyone, so she figured it would be easy to come down here."

The security guard followed normal procedures, greeting Mel and asking if she had an appointment. The security guard also explained the process and scheduling procedures of the clinic, stating that the dental school has a select number of slots for walk-in appointments and there were no additional slots available.

Mel's voice changed and she started to yell, shout, and plea to the security guard stating "I came all the way down here and I am in pain, and you won't help me? Let me speak to someone that can help me, cuz' I do not understand your purpose, and what is even worse...we

are the same and you supposed to be helping people like me.” Mel was visibly crying and stated that she is three months pregnant and just needs to be seen “because this is the only time she has by herself while her other kids are at school.”

Known outcome: Patient was unable to be seen and was redirected to schedule appointment for a future date/time.

Questions

1. What is happening? What (words/phrases) stuck out? What are possible challenges and opportunities?
2. Who are the key players (directly/indirectly involved) in this case and what perspective and roles do they bring/play in this case scenario?
3. Describe Mel’s person-specific characteristics to include demographic variables (e.g., gender, education), physical health (e.g., subjective health, described health status), presenting psychological factors (e.g., motivation), and displayed behaviors.
4. Brainstorm immediate responses, thinking specifically about how you might respond immediately in order to address challenges and maximize the opportunities presented. Explain how/why you have come to those responses, indicating consideration and values prioritized.
5. What influence do Mel’s person-specific characteristics and presentation (behaviors/psychological factor) have on your immediate responses? If those characteristics/presentation were removed, does this change your thinking? Why or why not?

Setting: U of Maryland Pre-doctorate Clinic

Scenario 2- Medium

Joseph (Joe) is a 56-year-old male who presented at the dental school for a scheduled 10:30 am appointment. Joe attempted to check in using the electronic kiosks and was heard shouting in a loud voice “What?! Why is this stupid thing not working? I already put in my name and information!!” Joe proceeds to hit the electronic kiosk screen hard with his hand resulting in a loud thumping noise.

The security guard proceeds to assist Joe where Joe states “Do it look like I need help? I am just trying to be seen and get to this appointment that I waited so long for.” The staff member (covid screening desk attendant or front desk staff in a county health dept clinic or private practice) followed clinic policies, looked up the patient appointment, and attempted to call the specific clinic.

The staff member was informed by the clinic business manager that Joe was not able to be seen for the scheduled appointment due to an unresolved balance on the account and that he can’t receive treatment until he pays his balance. Following the staff member making Joe aware that he can’t be seen today, the security guard stated, “Mr. Jones you can’t been seen today because you have an outstanding balance,” which resulted in the patient becoming “irate, belligerent, and using aggressive curse language.” Once Joe started to kick, scream and fall to the floor stating that he called “someone and was told that he would be seen because he can pay the balance of the bill today.”

Known outcome: Patient was seen for the appointment and did not return for scheduled follow up appointments for future work.

Questions

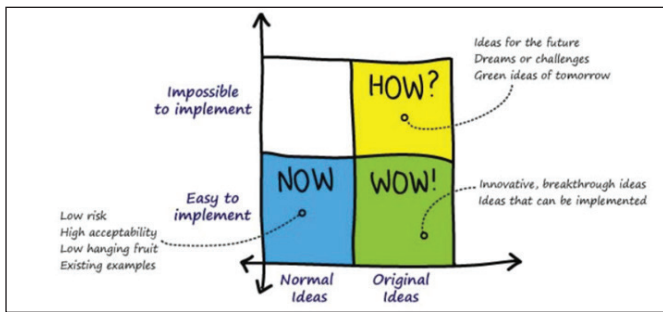
1. What is happening? What stuck out? (words, phrases)
What are possible challenges and opportunities?
2. Who are the key players in this case and what perspective and roles do they bring/play in this case scenario?
3. Describe Joe person-specific characteristics to include known demographic variables, physical health (e.g., subjective health, described health status), presenting psychological factors (e.g., motivation), and displayed behaviors.
4. In re-evaluating the stakeholders (present and distal), are there ethical challenges present? What are they? How would you address this?
5. Brainstorm responses to patient and organization, thinking specifically about how you might respond immediately in order to overcome challenges and maximize opportunities. Provide the steps (process) of your response.
6. Reflection: Reading this scenario, what was your first assumptions about the unknown identities of this patient (race, educational attainment, income)? Why was this? What were “indicators”/evidence in scenario? What would have been different in your process if identities were known?
7. Reflection around patient known outcome, what person-specific factors would you consider in responding to the patient to increase likelihood of following up for future care?



Workshop Activities Prewrite and Worksheets

How-Now-Wow Framework

The How-Now-Wow framework was used to guide participants in creating practical goals for the PPAB as it looks to the future. This facilitation method was used to help the group move from ideas into action. Now, how, and wow all represent distinct types of ideas. Now ideas are normal and easy to implement. How ideas are original ideas that lack clarity on how they can be implemented. Wow ideas are innovative ideas that are ready to be implemented. By breaking them down this way, participants shift their focus from lofty, often hard-to-reach ideas, to including practical steps that can be developed in the present.

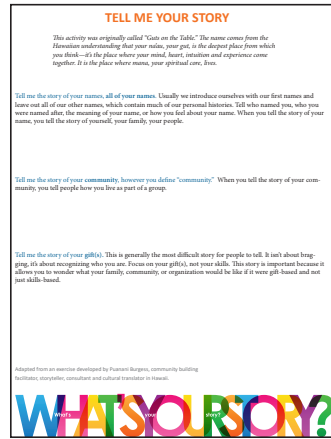


Worksheets and handouts were used as both pre-work and guiding tools to help steer the group through a process. All materials were written very simply at no more than a sixth-grade reading level. Participants were encouraged to keep all worksheets in their binders and to refer to past materials and build off past discussions.

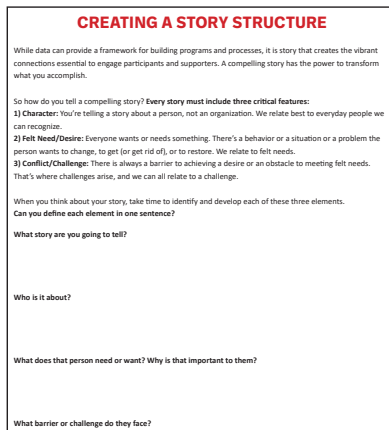


The materials used were as follows:

- Tell Me Your Story Worksheet



- Creating a Story Structure



- Strategies to Combat Implicit Biases

STRATEGIES TO COMBAT IMPLICIT BIASES		PPAB
	DESCRIPTION	RESOURCES
I	Introspection Explore and identify your own implicit biases by taking implicit association tests or through other means.	Project Implicit – Implicit Association Tests https://implicit.harvard.edu/implicit/
M	Mindfulness Practice ways to reduce stress and increase mindfulness, such as meditation, yoga, or focused breathing.	Three Ways Mindfulness Makes You Less Biased https://www.mindful.org/meditation-education-how-being-aware-can-make-you-less-biased/
P	Perspective Consider experiences from the point of view of the person being stereotyped. This can involve consuming media about those experiences, such as books or videos, and directly interacting with people from that group.	A Conversation About Growing Up Black https://www.nytimes.com/2015/05/07/opinion/a-conversation-about-growing-up-black.html
L	Listen Pause and reflect on your potential biases before interacting with people of certain groups to reduce reflexive reactions. This could include thinking about positive examples of that stereotyped group, such as celebrities or personal friends.	Snacks and Punishment https://www.vox.com/2014/12/18/7174263-anti-racism-trump-questions-1000000482366
I	Individuals Evaluate people based on their personal characteristics rather than those attributed with their group. This could include connecting over shared interests or shared puns.	Long-Term Reduction in Implicit Race Bias: A Prejudice Habit-Breaking Intervention https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4834162/
C	Check Yourself Embrace evidence-based statements that reduce implicit bias, such as welcoming and embracing multiculturalism.	The Impact of Multicultural Versus Color-Blindness or Racial Bias https://group.psych.northwestern.edu/gcib0001/multiculturalism_bia_041614/
I	Integrate Promote procedural change at the organizational level that moves toward a socially accountable health care system with the goal of health equity.	The Equity and Empowerment Lens https://www.equityequityequity.com/what-is-the-equity-lens/
T	Time Practice cultural humility: a lifelong process of critical self-reflection to address the power imbalances of the clinician-patient relationship.	Cultural Humility Versus Cultural Competence: A Critical Distinction Defining Physician Training Outcomes in Multicultural Education https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5071392/

Taking TABBs

Station	Takeaway from the station	Action you will take (small or big)	Barriers that may hinder other mothers and children in MD	Benefits of overcoming these barriers
Oral Health				
Dental Preventive Care				

PPAB Bingo

PPAB Bingo – 7 minutes or less

Instructions: Please walk around and get to know your team-mates better by playing BINGO. You can only have each person sign your card twice.

Has lived in Maryland all his/her life	Has traveled to another country	Considers his/herself a member of a minority group	Has children	Has read more than 5 books for pleasure this year
Been to the Preakness	Likes to scrapbook/do crafty activities	An Orioles Fan	Watches America's Got Talent	Was not born in Maryland
Has more than three brothers or sisters	Was born in another country	Free Space! Include the signature and an interesting fact	Plays a musical instrument	Speaks another language
Have taken Baltimore subway	Played a sport in high school	Loves to cook	Swam at Sandy Point Park	Has a pet
Is a vegetarian	Likes to hike/do outdoor activities	Does not use Facebook	Has grandchildren	Has run a half-marathon

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Equity Case Studies

Equity Case Study #1

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Setting: University of Maryland Dental School Covid screening desk, 6:30 am. Individuals may walk in and line up for dental care without a scheduled appointment because they are in pain. The urgent care clinic has a limited number of chairs and providers available – patients are seen on a first-come basis. Often, several are turned away or given appointments for another day.

Scenario: Melie (Mel) is a 23-year-old Black American female who walked into the dental school stating that she was in pain and needed a tooth extracted. Mel said, "I am in pain and just need this back tooth taken out to stop the pain, can I be seen?" Mel stated that she "has been trying to call the number but never talked to anyone, so she figured it would be easy to come down here." The security guard followed normal procedures, greeting Mel and asking if she had an appointment. The security guard also explained the process and scheduling procedures of the clinic, stating that the dental school has a select number of slots for walk-in appointments and there were no additional slots available. Mel's voice changed and she started to yell, shout, and plea to the security guard stating "I came all the way down here and I am in pain, and you won't help me!" Let me speak to someone that can help me, cuz? I do not understand your purpose, and what is even worse...we are the same and you supposed to be helping people like me." Mel was visibly crying and stated that she is 3 months pregnant and just needs to be seen "because this is the only time she has by herself while her other kids are at school."

Known outcome: Patient was unable to be seen and was redirected to schedule appointment for a future date/time.

Questions

1. What is happening? What (words/phrases) stuck out? What are possible challenges and opportunities?
2. Who are the key players (directly/indirectly involved) in this case and what perspective and roles do they bring/play in this case scenario?
3. Describe Mel's **person-specific characteristics** to include demographic variables (e.g., gender, education), physical health (e.g., subjective health, described health status), presenting psychological factors (e.g., motivations), and displayed behaviors.
4. Brainstorm **immediate responses**, thinking specifically about how you might respond immediately in order to address challenges and maximize the opportunities presented. Explain how/why you have come to those responses, indicating consideration and values prioritized.
5. What influence do Mel's person-specific characteristics and presentation (behaviors/psychological factor) have on your immediate responses? If those characteristics/presentation were removed, does this change your thinking? Why or why not?

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PPAB

Equity Case Study #2 Discussion Questions

Please respond to each question in the space following each prompt.

1. What is happening? What (words/phrases) stuck out? What are possible challenges and opportunities?
2. Who are the key players in this case and what perspective and roles do they bring/play in this case scenario?
3. Describe Jill's person-specific characteristics to include known demographic variables, physical health (e.g., subjective health, described health status), presenting psychological factors (e.g., motivation), and displayed behaviors.

From Ideas to Implementation

From Ideas to Implementation Worksheet

Where is your area of influence? _____

What are the behaviors to develop to shift to a prevention approach?	What are the new messages? How can we deliver them?
How might more patients come to offices? How might more practitioners be open to new patients?	What are our gifts and capacities to do this work?

How Now Wow Pre-Work

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PPAB

Pre-Work Worksheet - STRATEGY

Instructions

Review the challenges we have discussed as a PPAB. What problems need to be solved? How might we address these strategies? What could we do NOW and be easy to implement? What could we do that would be WOW and includes an original idea? And what could we do long-term that we are not sure HOW it could ever be accomplished?

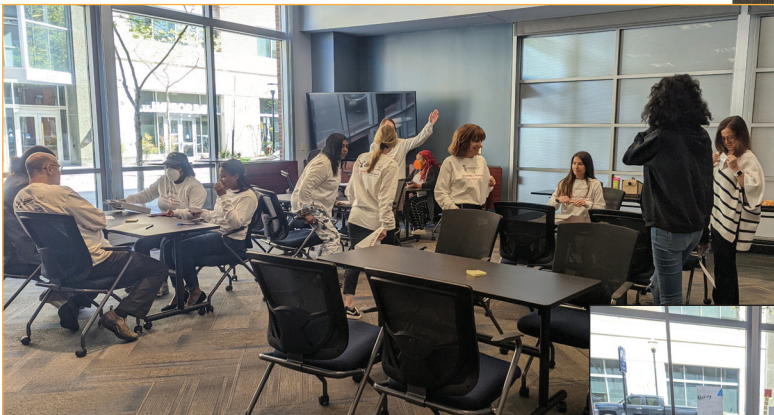
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Evaluation Forms

After every meeting, participants were asked to fill out an online evaluation form to share their thoughts and takeaways from the meeting. The project coordinator shared the results following the meeting and the principal investigator and the facilitator reviewed the findings and made changes based off the feedback.

Evaluation comments included:

1. Please share at least two key takeaways learned at the meeting.
2. What did you like most about the meeting?
3. What did you like least about the meeting?
4. Do you have any suggestions that can help us improve the next meeting?



Relationship Building

Fostering relationships between members with diverse perspectives and educational backgrounds is crucial. The Relationships section of this report gives specific details of how relationships were fostered and is intended to provide tools and resources for teams and individuals who are hoping to build authentic relationships with diverse participants in the virtual or in-person space.

Intentional Planning

Relationship building involves fostering and maintaining relationships and requires intention. Before the first PPAB meeting took place, the SOG met to decide how best to go about intentionally recruiting members for the PPAB as well as how to make sure all members felt comfortable enough to fully participate. Community Engagement Specialists were consulted during the early planning stages to ensure this.

Establishing the Stance of the Facilitator

It was essential to clearly define and establish the content neutral role of the facilitator from the beginning. The facilitator created an environment where participants considered their thoughts to be valuable and worth sharing. They avoided facilitating with too much rigidity or being too critical regarding the direction of the meeting, which can make people feel as if they are not heard or important enough to share their perspective.

The facilitator showed great expertise with “reading the room” and having some flexibility regarding the direction the group wished follow. The facilitator continued to uplift and encourage the group to work through their ideas together, while making sure they stayed true to the task at hand. The stance of the facilitator was critical in making it easy for PPAB members to form meaningful relationships with one another.

It’s important to note that the facilitator did not participate in any of the activities. The facilitator observed all small groups and provided additional directions or perspective if needed. At times, the facilitator was able to provide redirects to individual PPAB members or small groups who were getting off topic or if the discussion was getting overheated. The PPAB members discussed difficult topics such as human suffering from dental disease, fear, pain, not being able to afford care, and other topics. The facilitator was skilled at reading the room and adjusting the process as needed (make things longer, take breaks, honor silence, etc.).

During the first in-person PPAB meeting, creating a sense of togetherness was a priority. The facilitator guided everyone in dancing to the “Cupid Shuffle” right before lunch. The dancing together signaled to all the PPAB members that this state advisory group was going to tackle some difficult topics, but also have fun at the same time.



Shared Code of Conduct



One of the first activities that took place at the PPAB was creating a shared code of conduct that was reaffirmed at every meeting afterward. PPAB members made suggestions and the group voted on what was most important to them for a successful outcome of the PPAB. This brought the group together to create a mutual understanding of basic behavioral norms to be expected and brought intention to the concept of how participants



would conduct themselves in the PPAB meetings. It is important to establish a shared code of conduct with the group early on to avoid potential conflicts.

Our Code of Conduct

- Everyone has a voice, and we listen to one another.
- Have Fun!
- This is a Brave Space
- Listen to Understand
- Everyone Participates
- No Judgement
- Be Openminded
- Respect one another
- Don't Interrupt

Group Exercises

Every meeting incorporated some form of group exercise to serve as an ice breaker, a brain break, or an energizer. Some activities were focused on getting to know each other on a personal level, increase comfort in sharing with bigger groups, and keeping engagement high. Typically, each meeting began with a warm-up activity, and then another one or two activities spread throughout the meeting to allow for natural pauses while maintaining the focus of the group as a whole. PPAB members noted that the in-person and virtual meetings all seemed to go by very quickly with activities interspersed throughout the day.



The exercises used were as follows:

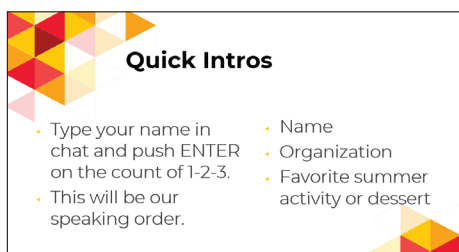
- As an opening, group members were asked to go around and introduce themselves, as well as sharing one hope they have for the PPAB. This exercise while simple, insured each participant knew everyone else's name, as well as giving some insight into their motives for joining the group. Such warm-up activities were held before every meeting to ease participants into the day.



- At one point, the group split up based on their birth month and completed a worksheet together. The worksheet encouraged participants to share their own personal story, allowing for PPAB members to get to know one another better.



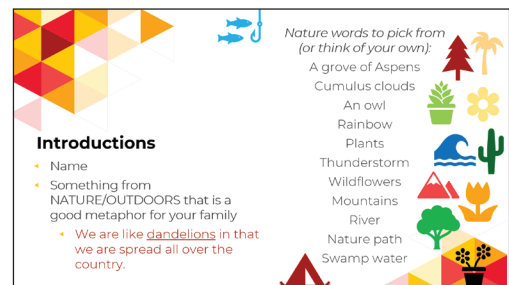
- Another warm-up activity was to share your favorite summer dessert or activity. This comfortable interaction shared more information about each member and also allowed for bonding over common interests or summer memories.



- One relationship building exercise was speed dating. Over three timed rounds (4-8-4 minutes respectively), participants answered questions about themselves in small groups to encourage more bonding as well as to share their experience thus far within the group.



- One meeting opened up with a creative activity asking PPAB members to think of a good metaphor for their family using the outdoors or nature as a reference. This allowed for participants to be creative while sharing about themselves and their family.



- The PPAB also used a fun BINGO activity that challenged participants to seek out added information about their PPAB team. The goal of this bingo was to fill up the entire card filled with fun facts like “has more than three brothers or sisters.”



Relationship Building (cont.)

- There was also the “Two in Common” activity that asked team members to find something they had in common with someone else that was not obvious. After that task was successfully completed, each group of two then had to find another group of two where they all four had something else in common. Finally, they were challenged again to do the same but with groups of eight. Each round lasted for two minutes.

Two in Common

Break off into pairs. You have two minutes to find something you have in common that is not obvious.

Therefore both wearing glasses, having black hair or being women doesn't count. Take time to discuss!

NOW, join with another group to make a group of four and find something all four of you have in common that was not mentioned in the first round.

- After the “Two in Common” exercise each table (different from the groups of eight) discussed a quote left at their table and what it meant to them. This helped to shift the group to a more reflective mindset.

Let's Get some Inspiration this Morning

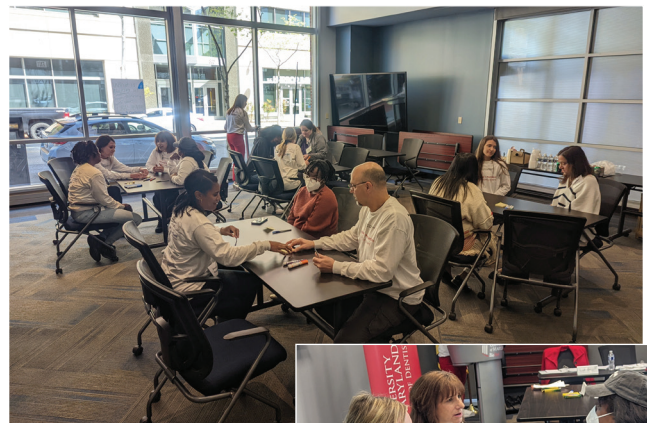
Read the Quote at your Table	Discuss what the quote says
Is it Meaningful?	What does it mean to you today for both YOU and this PPAB?

- One meeting began with PPAB members sharing their highs and lows of the past week as an ice breaker.



- Every meeting also used group discussions to give participants a time to process and share their experiences with other members of the PPAB. More information about this can be found in the Process section.

What is an image that summarizes your experience today?



Casual Dress Code

To foster a comfortable, safe environment between members with lived and learned experience, a casual dress code was encouraged. Everyone was encouraged to



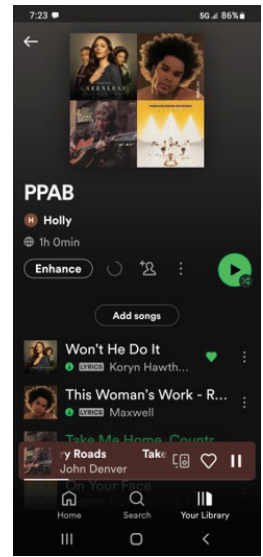
wear jeans and a t-shirt to meetings to make differences in socioeconomic status and/or education level less evident. Members were all given a long-sleeved T-shirt at the first meeting. Everyone wore the shirt for a group photo.

Using First Name Only

Official titles were not used within the group. All titles like “Dr.,” “Mr.,” “Ms.,” “Miss,” and “Sirs” or Ma’am’s” were left at the door. “Dr. Thomas Oates” became just plain “Thomas” in the PPAB. This also aided in diminishing a perceived status differential between lived and learned experience members. To encourage this, table tents were provided from the first meeting that included only people’s first name.

Shared Playlist

Before the first meeting took place, a pre-meeting survey was sent out that included the question, “What is a song that makes you happy?.” The responses to this were used to create a collaborative playlist on Spotify that participants could continue to update throughout their time as members of the PPAB. This playlist would be used before each meeting began, and during downtime as background music. Often, members would point out if their song was playing.



Group Logo

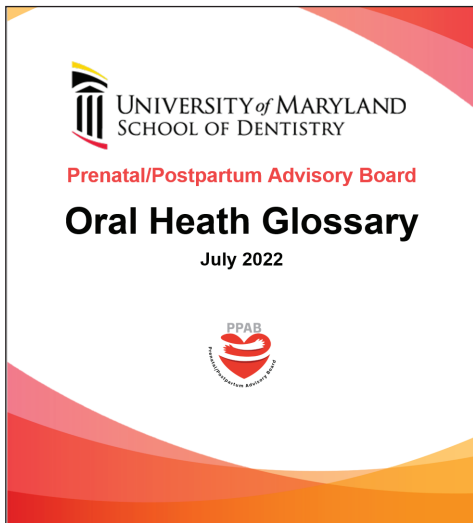
The Strategic Oversight Group also agreed on a shared logo for the PPAB project with consultation from ISI Consulting. The group was very intentional in wanting a new logo for this new endeavor. This served as a visual reminder of their shared mission and the goals of the group. Members brainstormed on the appearance of the logo and agreed on the final outcome.



Relationship Building (cont.)

No Use of Jargon

Due to the diversity of the PPAB, the facilitator was very clear that no acronyms or jargon would be used. If a word was shared that any members did not understand, the facilitator encouraged them to ask for clarification. This happened several times and individuals were comfortable with teaching one another. In addition, a glossary of commonly used terms around oral health and equity was created to assist participants.

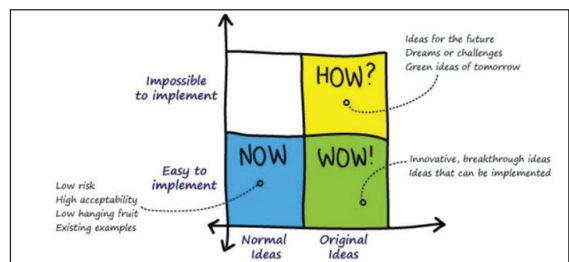
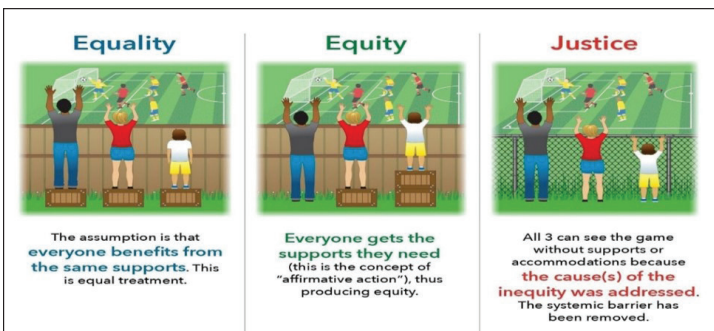
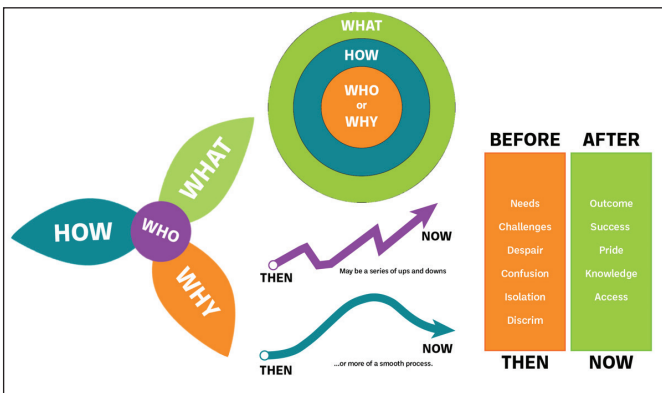


Using Visuals

When explaining topics or instructions, visuals are crucial to ensure shared understanding. Visuals also aid in making information more approachable and less intimidating, which is a key factor when introducing new ideas. If someone perceives information as being too difficult to understand, they are more likely to disengage from the group. Here are examples of visual-based information that was utilized.



I	Introspection	
M	Mindfulness	
P	Perspective	
L	Listen	
I	Individuals	
C	Check yourself	
I	Integrate	Promote procedural change at the organizational level that moves towards a goal of equity
T	Time	Practice cultural humility, a lifelong process of critical self-reflection to redress power imbalances



The Results section showcases some of the end-products from the launch and the implementation of the PPAB. This section is intended to provide final versions of documents and also serve as a springboard to other groups who are also working on similar efforts.

Job Description for PPAB Member

SCOPE OF WORK

April 29, 2022

Lisa Bress, RDH, MS
Clinical Associate Professor
University of Maryland School of Dentistry
650 West Baltimore Street, Room 1207
Baltimore, MD 21201

Dear Lisa,

Thank you for asking me to serve as a Prenatal/Postpartum Advisory Board member on your Oral Health Equity project. I am looking forward to identifying strategies and creating methods to increase access to dental health care for pregnant and postpartum women, and their infants/children.

As a member of the Prenatal/Postpartum Advisory Board, I will:

- Actively participate in five half-day meetings (three in-person and two virtual)
- Provide input and review materials between meetings
- Participate in health equity trainings
- Complete surveys

I understand that I will be reimbursed at a rate of \$500 per in-person meeting, and a rate of \$250 per virtual meeting for a total of five meetings for the year. Up to \$2000 for the year for activities related to my role on the Prenatal/Postpartum Advisory Board.

All invoices shall be sent to the project coordinator Ade Oluyole aoluyole@rx.umaryland.edu no more than once per month for work completed. The performance period of my efforts will be between April 29, 2022 through October 28, 2022.

Sincerely,

INSERT PPAB MEMBER NAME

Welcome Packet for PPAB Member



PPAB Meeting Agenda

Friday, April 29, 2022, 9:30 AM – 1:30 PM

Location: University of Maryland, Event Room at the BioPark

Our Goal: 1) To understand the purpose of the Prenatal/Postpartum Advisory Board, 2) Share stories that matter and 3) Understand current needs in the state of Maryland

TIME	TOPIC	Speaker
9:30 AM – 10:15 AM	Welcome and Introductions <ul style="list-style-type: none"> - What is our goal? Why does this matter? How might we create positive change in Maryland? - Who is on our state-advisory board? 	Lisa Bress Holly Hayes
10:15 AM – 10:30 AM	Our Culture of Health Framework <ul style="list-style-type: none"> - How will we work and learn together? - Our code of conduct - Glossary and jargon 	Holly Hayes
10:30 AM – 11:30 AM	Let's get to the Heart of the Matter: What do you see, hear, and experience related to dental care or oral health care? Share one story.	All Participants
11:30 AM – NOON	Identify Major Challenges in Dental Care in Maryland	All Participants
NOON – 12:30 PM	Lunch	
12:30 PM – 1:00 PM	What policies are being considered at the state-level?	Katy Battani Mary Backley
1:00 PM – 1:20 PM	What is equity? Why does it matter?	Holly Hayes
1:20 PM – 1:30 PM	Next Steps and Adjourn Homework	Holly Hayes Lisa Bress



Save the Date

Prenatal/Postpartum Advisory Board (PPAB) Meetings

<p>April 29th</p> <p>9:30 AM - 1:30 PM</p> <p>In-Person</p>	<p>June 24th</p> <p>9:30 AM - 11:00 AM</p> <p>Virtual</p>	<p>July 22nd</p> <p>9:30 AM - 1:30 PM</p> <p>In-Person</p>	<p>Sept 23rd</p> <p>9:30 AM - 1:30 PM</p> <p>In-Person</p>	<p>Oct 28th</p> <p>9:30 AM - 11:00 AM</p> <p>Virtual</p>
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In-Person Meetings:

In-Person meetings will be held at the University of Maryland's BioPark Event Room. Parking and lunch will be provided.



**801 West Baltimore St
Baltimore, MD 21201**

Virtual Meetings:

Virtual meetings will be hosted on Zoom. The link will be sent out via email prior to the meeting.



Dear PPAB Member:

Welcome! We are so excited that you have decided to join our Prenatal-Postpartum Advisory Board (PPAB). You are now officially part of a state-wide advisory board to expand dental healthcare access to new and expectant mothers across Maryland. This group was formed to identify strategies to accomplish that goal. Your unique perspective is critical.

Our first in-person meeting will be Friday, April 29th from 9:30AM to 1:30PM at the University of Maryland in one of the event rooms at BioPark. Don't worry; we will have signage up! Our agenda for the day is attached, along with details for parking (we will cover parking costs). Feel free to wear jeans for our first meeting.

We hope to have an engaging meeting, where you will meet fellow members, learn about our long-term goals, and more importantly gain some key feedback on dental coverage of moms and babies in Maryland.

I can't wait to meet you in-person on April 29th. As a reminder, you will receive \$500 for each in-person meeting. Please go ahead and mark our upcoming meetings on your calendar. Attached is a save the date with our meeting schedule from April – October of this year.

Attachments:

- Agenda
- Team Members and Team Captains
- Save the Date for April-October
- Parking directions

Sincerely,
Lisa Bress

Strategic Oversight Group Meeting Minutes



**Paving the Way to Oral Health Equity: Prenatal/Postpartum Advisory Board
Project
Strategic Oversight Group
Meeting Minutes**

Meeting	Strategic Oversight Group (SOG)
Date Time Location	March 4, 2022 9a – 10:30a Zoom
Attendees	Holly Hayes, Lisa Bress, Hillary Edwards, Katy Battani, Tom Oates, Mary Backley, Adebukola Oluyole

Agenda item	Description
Welcome!	<ul style="list-style-type: none"> • Introductions and check-ins
PPAB Recruitment Update	<ul style="list-style-type: none"> • SOG members shared updates on recruitment efforts <ul style="list-style-type: none"> ○ Four signed PPAB agreement forms received • If no one from the rural community can commit to joining PPAB, then maybe they can be asked to join the external advisory board • Several pending participants <ul style="list-style-type: none"> ○ Recruitment will be finalized within the next week ○ Signed PPAB agreement forms due within the next two weeks
Discussion of meeting structure and tentative calendar	<p>PPAB Meetings</p> <ul style="list-style-type: none"> • Minimum of three in-person meetings • Meetings will be held on Fridays <ul style="list-style-type: none"> ○ Tentative schedule for in-person meetings: <ul style="list-style-type: none"> ▪ Kick-off April 29, 2022 9:30a – 1:30p ▪ July 22, 2022 9:30a – 1:30p ▪ September 23, 2022 9:30a – 1:30p ○ Location – first option is to search for space to reserve at the University of Maryland Baltimore <ul style="list-style-type: none"> ▪ Second option - look for community/multipurpose space to rent ○ There are funds available to cover the cost of parking for PPAB meeting attendees • Two virtual meetings via Zoom <ul style="list-style-type: none"> ○ Tentative schedule for virtual meetings: <ul style="list-style-type: none"> ▪ June 24, 2022 9:30a – 11a ▪ October 28, 2022 9:30a – 11a



**Paving the Way to Oral Health Equity: Prenatal/Postpartum Advisory Board
Project
Strategic Oversight Group
Meeting Minutes**

Meeting	Strategic Oversight Group (SOG)
Date Time Location	January 28, 2022 9a – 10:30a Zoom
Attendees	Holly Hayes, Lisa Bress, Hillary Edwards, Katy Battani, Tom Oates, Mary Backley, Adebukola Oluyole

Agenda item	Description
Welcome!	<ul style="list-style-type: none"> ● Holly Hayes (ISI Consulting) introduced the ISI Consulting team and explained their roles ● Ade Oluyole (PATIENTS Program, UMSOP) and Hillary Edwards (PATIENTS Program, UMSOP) were introduced and they described their roles for this project
Composition of the PPAB	<ul style="list-style-type: none"> ● Group reviewed the list of names and organizations submitted for consideration as potential PPAB members ● Time was spent discussing the disciplines needed on the PPAB <ul style="list-style-type: none"> ○ Goal is project manager/program director level ● Group agreed on the following: <ul style="list-style-type: none"> ○ Four spots for individuals with lived experiences ○ Eight spots for professionals ○ Disciplines and available spots identified: <ul style="list-style-type: none"> ▪ 1 Community Program ▪ 2 Prenatal Providers ▪ 2 Dental Providers ▪ 1 Office of Oral Health ▪ 1 Social Service/Support - Social Worker or Patient Navigator ▪ 1 Public Health ● Recruitment Strategy <ul style="list-style-type: none"> ○ It was suggested that SOG should reach out to potential PPAB member via phone and follow up with an email and flyer



**Paving the Way to Oral Health Equity: Prenatal/Postpartum Advisory Board Project
Strategic Oversight Group Kick-off Meeting Minutes**

Meeting	Strategic Oversight Group (SOG)
Date Time Location	January 21, 2022 9a – 10:30a Zoom
Attendees	Holly Hayes, Lisa Bress, Hillary Edwards, Katy Battani, Tom Oates, Mary Backley, Elizabeth Carpenter, Adebukola Oluyole

Agenda item	Description
Welcome!	<ul style="list-style-type: none"> • Introductions were made and members spent time getting to know one another through personal reflections and sharing
Grounding the Work – What is the purpose of the SOG?	<ul style="list-style-type: none"> • Holly Hayes (ISI Consulting) will serve as the facilitator for this project • Carequest grant is funded for 12 months • SOG will help with the development of the Prenatal/Postpartum Advisory Board (PPAB) • Develop a scalable model for community engagement • One goal is to bring together a diverse group of partners • Once PPAB is in place then interactive trainings will begin • Key roles for SOG: <ul style="list-style-type: none"> ○ Recruit PPAB members ○ Offer interactive trainings ○ Identify communication approaches ○ Develop innovative evaluation methods ○ End product – manual of methods and promising practices • SOG member suggested that the group begin to think about the future of the project/group after the grant funding ends <ul style="list-style-type: none"> ○ Another member suggested that a sustainability plan be developed
Prenatal/Postpartum Advisory Board	<ul style="list-style-type: none"> • PPAB will consist of 10 to 12 members <ul style="list-style-type: none"> ○ Individuals with lived experiences and health care professionals ○ Help identify strategies ○ Develop questions and procedures that will lead to the development of a foundational piece with the overarching goal of increasing oral health equity



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**Paving the Way to Oral Health Equity: Prenatal/Postpartum Advisory Board
Project
Strategic Oversight Group
Meeting Minutes**

Meeting	Strategic Oversight Group (SOG)
Date Time Location	February 11, 2022 9a – 10a Zoom
Attendees	Lisa Bress, Hillary Edwards, Katy Battani, Thomas Oates, Mary Backley, Adebukola Oluyole, Elizabeth Carpenter

Agenda item	Description
N/a	<p>Welcome</p> <ul style="list-style-type: none"> • Meeting was facilitated by Lisa Bress • Lisa and Tom talked about the expertise that each SOG member will bring to the project <p>PPAB Composition</p> <ul style="list-style-type: none"> • Lisa shared the PPAB project goals chart (use this link to view the chart) https://docs.google.com/document/d/1ZBJsm73pR6HdZ1vl_3D-NSB6soc5XqH2/edit <ul style="list-style-type: none"> ○ Chart outlines a list of goals and strategies that will be identified by the PPAB • It was suggested that SOG consider taking a step back/slow down and take another look at the PPAB recruitment list <ul style="list-style-type: none"> ○ Want to ensure that PPAB is a diverse group • First PPAB meeting should focus on the problem <ul style="list-style-type: none"> ○ This will help everyone understand why the group was brought together ○ Hillary talked about the 10-step framework for continuous engagement (use this link to view the article titled ‘Continuous Patient Engagement in Comparative Effectiveness Research’) https://drive.google.com/drive/folders/1b9tDV4tWlozBdUzLVgpC-083bXMNqg7C • Lisa and Katy will review the list of recommended potential PPAB members

Next Meeting	TBD
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**Paving the Way to Oral Health Equity: Prenatal/Postpartum Advisory Board
Project
Strategic Oversight Group
Meeting Minutes**

Meeting	Strategic Oversight Group (SOG)
Date Time Location	February 4, 2022 9a – 10:30a Zoom
Attendees	Holly Hayes, Lisa Bress, Hillary Edwards, Katy Battani, Tom Oates, Mary Backley, Adebukola Oluyole

Agenda item	Description
Welcome!	<ul style="list-style-type: none"> • Introductions and check-ins
Feedback of two PPAB Flyers	<ul style="list-style-type: none"> • Ade shared feedback from the PATIENTS Program Engagement team regarding the lived experience flyer <ul style="list-style-type: none"> ○ It was mentioned that a community member may not know the term equity ○ It is not clear who is the target audience ○ Potential members may want to know how long is the PPAB commitment • Holly shared the feedback with Elizabeth and the lived experience flyer was updated • There were no changes made to the professional flyer • SOG members shared additional feedback <ul style="list-style-type: none"> ○ Goal description may still need to be streamlined/personalized ○ More plain language needed • Holly will update flyers and send to Lisa and Tom for review later today <ul style="list-style-type: none"> ○ Lisa and Tom will review flyers and work with Elizabeth to finalize
Review and feedback of draft email	<ul style="list-style-type: none"> • Draft email for PPAB recruitment was sent to SOG a few days ago for review • Group agreed that the email was good to use and can be personalized as necessary • Hillary suggested that Lisa and Tom consider submitting this project to IRB <ul style="list-style-type: none"> ○ Submitting to IRB will support the determination that this project is not considered human subject’s research ○ Lisa will begin the process to submit to IRB via CICERO



**Paving the Way to Oral Health Equity: Prenatal/Postpartum Advisory Board
Project
Strategic Oversight Group
Meeting Minutes**

Meeting	Strategic Oversight Group (SOG)
Date Time Location	August 25, 2022 8:30a – 9:50a Zoom
Attendees	Holly Hayes, Lisa Bress, Hillary Edwards, Tom Oates, Mary Backley, Ade Oluyole

Agenda item	Description
Welcome!	<ul style="list-style-type: none"> - Introductions and check-ins
Just-in-Time Evaluation: Milestones, Goals and Progress-to-Date	<ul style="list-style-type: none"> - Reviewed project goals and timeline <ul style="list-style-type: none"> o Goals 1 – 3 were completed o Goals 4 – 6 were pushed back and will begin in September 2022 <ul style="list-style-type: none"> ▪ PPAB - Extra time was spent building relationships ▪ The group is still on track to complete the manual by December 2022 - Holly provided an overview of PPAB meetings 1 – 3 <ul style="list-style-type: none"> o 100% participation at all three meetings o Lessons learned <ul style="list-style-type: none"> ▪ Process: Compensation of key individuals, non-exempt employees cannot take the stipend (not double dipping), tax issues ▪ Process: Frameworks are needed for storytelling and key processes ▪ Results: Oral health myths still exist ▪ Process: Important to provide key content before developing strategies o Critical moment <ul style="list-style-type: none"> ▪ Relationships: Helping individuals with oral health issues o Future PPAB meetings <ul style="list-style-type: none"> ▪ September 23rd (In-person) ▪ October 28th (Virtual) - PPAB members were recorded sharing their oral health experiences at meeting 3 <ul style="list-style-type: none"> o Suggested plans for the videos <ul style="list-style-type: none"> ▪ Ask PPAB members how they would like to share the videos

Press Release



**Advancing Oral Health
IMPROVING LIVES™**

FOR IMMEDIATE RELEASE
May 8, 2022

CONTACT Lisa Bress, RDH, MS
PHONE 410-706-7230
EMAIL Lbress@umaryland.edu
WEBSITE umaryland.edu

Paving the Way to Oral Health Equity for Maryland Pregnant and Postpartum Individuals through Collaboration and Community Engagement

Baltimore, MD (May 8)

The first meeting of the UMB Prenatal Postpartum Advisory Board (PPAB) was held April 29 at the University of Maryland BioPark. This state-level workgroup was strategically assembled to target underserved mothers through implementation of Maryland’s expanded Medicaid dental coverage window for pregnant and postpartum women while also building on additional recent legislative oral health achievements in the state. In a unique partnership, the initiative created a working group of community members with lived experience and oral health partners inside and outside dentistry.

One of the largest challenges in any initiative such as this is creatively engaging participants from diverse backgrounds in a way which encourages constructive dialogue, empathy, and a deep understanding of root causes and actionable solutions.

“This is such a non-typical advisory group and we’re employing a completely different approach from the norm. I think what is crucial is that we’re engaging people with lived experience and discussing the impact of race/ethnicity and equity on oral health care,” says principal investigator Lisa Bress, RDH, MS of the University of Maryland School of Dentistry. “That’s never been a part of the equation before, and it’s a powerful part of the story.”

Several factors particularly set this advisory board apart. First is the inclusion of low-income pregnant and postpartum mothers who have struggled to navigate the current oral health care

landscape. They bring a first-hand experience of oral health inequities that are common in their community and often are due to structural racism, lack of awareness, and fear.

“I have a toothache right now, my baby is 3 months old, and I didn’t know I had dental coverage while I was pregnant. Can you help me?,” commented one of the mothers, reflecting a common need.

Second is the expertise of oral health professionals (dentists and dental hygienists) with their perspective on care as well as their knowledge of the financial and regulatory challenges involved.

“That meeting was really something! It was amazing how some of the moms were shy at the beginning of the meeting and then they comfortably contributed more and more as the meeting progressed,” said Dr. John Farrugia, a dentist in private practice.

And finally, there is the invaluable facilitation and equity coaching expertise of Holly Hayes, President of ISI Consulting. Holly and her staff employ engaging, innovative techniques to transform a diverse group of passionate champions for health equity into a results-oriented team. This expertise initiated the integral component of the project to enable the team to make decisions and develop strategies with a shared voice and targeted focus.

As PPAB member Katy Battani (BSDH '02, MSDH '08), a member of UMSOD's Alumni Association Board of Directors noted, “I can honestly say that this was one of the best meetings I’ve ever attended, and I have attended a lot of meetings. It accomplished the goal of connection between and among the diverse mix of board members. Relationships were built and I know will continue to be deepened.”

In coming months, the PPAB project will continue to develop stories illustrating the challenges and opportunities presented by the expansion of the Medicaid dental coverage window and work with institutions, individuals, and community organizations to implement effective, equity-driven initiatives.

The PPAB project is sponsored by CareQuest Institute for Oral Health and Colgate Oral Pharmaceuticals, Inc. through a total of \$157,000 in grant funding. It is under the direction of principal investigator Lisa Bress, RDH, MS and co-principal investigator Tom Oates, DMD, PhD.

For more information on the Prenatal Postpartum Advisory Board and its current and upcoming initiatives, please contact Lisa Bress, RDH, MS at 410-706-7230 or Lbress@umaryland.edu.

Code of Conduct



Our Code of Conduct

- ◀ Everyone has a voice, and we listen to one another.
- ◀ **Have Fun!**
- ◀ **This Is a Brave Space**
- ◀ Listen to Understand
- ◀ **Everyone Participates**
- ◀ **No Judgement**
- ◀ Be Openminded
- ◀ **Respect one another**
- ◀ **Don't Interrupt**





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Prenatal/Postpartum Advisory Board

Oral Health Glossary



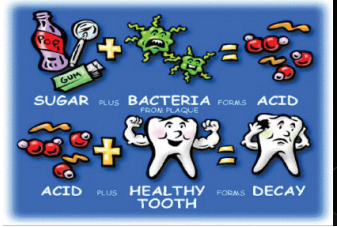
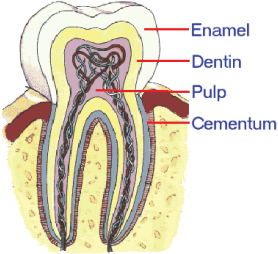
July 2022




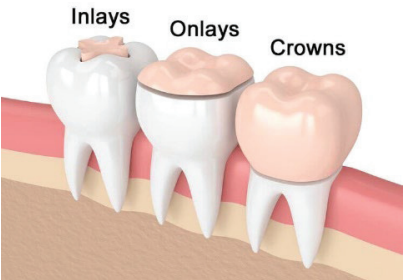
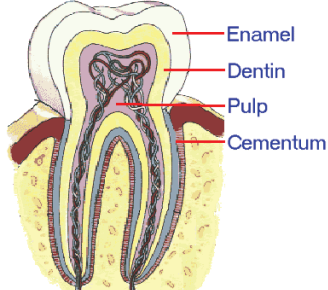
Oral Health Glossary

Dental Term	Plain Language Alternative(s)	Graphic
Abrasion	Tooth surfaces that are worn away (from tooth brushing)	 <p><i>Dentalcare.com</i></p>
Abscess	When pus has nowhere to drain it turns into a pocket of infection	
Acid	Is produced when sugar and bacteria combine on the tooth	
Amalgam	Filling material--silver in color	 <p><i>Dentalcare.com</i></p>
Apicoectomy	A procedure that cuts off the end of the tooth or root to be able to put a filling in the end so the tooth doesn't get bacteria in it. It seals the tooth at the root	 <p><i>Clinicapardinas.com</i></p>
Attachment Loss	Loss of tooth and gum support	
Bacteria	Germs	
Biopsy	Removing tissue for evaluation and diagnosis	


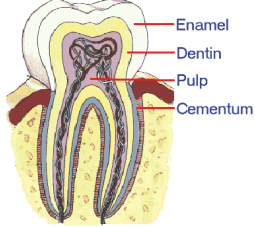


Oral Health Glossary

Bleaching	Making the teeth lighter or whiter)	
Bonding	Glue used to put a cap on a broken tooth.	
Calculus	Hardened plaque that cannot be removed with a toothbrush or floss	 <p>Dentalcare.com</p>
Caries	Cavity, tooth decay, holes in tooth	 <p>Dentalcare.com</p>
Caries Disease Process	When sugar and bacteria combine on a tooth surface for a long period of time it creates acid. This results in breakdown of the tooth (decay)	
Carcinoma	Cancer	
Cementum	The outer layer of the roots of your teeth	 <p>http://www.mouthandteeth.com/anatomy/tooth-anatomy.ht</p>
Chronic	Constant; life-long condition, lasts a long time	



Oral Health Glossary

<p>Composite</p>	<p>Filling material--whitish/tooth color</p>	 <p>Breezedental.com</p>
<p>Comprehensive exam</p>	<p>looks at everything in the mouth- teeth gums, throat, inside and outside the mouth. Checking to make sure no problems</p>	
<p>Crown</p>	<p>Cap covering tooth</p>	 <p>Suredental.com.au</p>
<p>Dental Prosthesis</p>	<p>A device that replaces missing teeth (it could be a denture or a fake tooth for a missing/ extracted tooth)</p>	
<p>Dentin</p>	<p>The layer of the tooth under the visible layer</p>	 <p>http://www.mouthandteeth.com/anatomy/tooth-anatomy.htm</p>




Oral Health Glossary

Denture	False teeth	 <p><i>Drjohnrusso.com</i></p>
EIOE (Extra/Intra Oral Exam)	Oral cancer exam-- checking the whole mouth for anything that is different, making sure everything looks good and healthy.	
Enamel	outside of the tooth- the part that you see when someone smiles. The strongest material in your body)	 <p>http://www.mouthandteeth.com/anatomy/tooth-anatomy.htm</p>
Endodontics	Dental care specialized in root canals	
Erosion	Wearing down of tooth surfaces due to acid. Example: from vomiting, sugary drinks	 <p><i>Researchgate.net</i></p>
Erythema	Redness	
Extraction	Pulling/taking tooth out	
Fistula	<p>Small opening in the gums where pus slowly drains into the mouth</p> <p>Normally does not cause pain</p>	

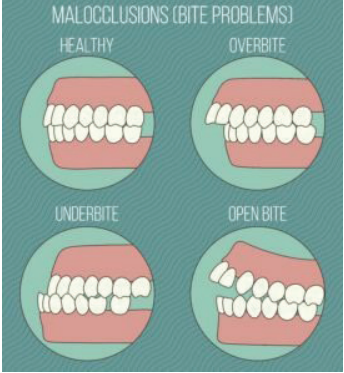

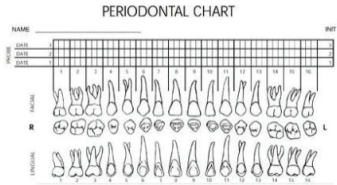

Oral Health Glossary

Fluoridated drinking water	When the fluoride/ a vitamin is added to drinking water to make teeth stronger	
Fluoride	A vitamin/mineral added to toothpaste, mouthwashes, drinking water, and other dental products to strengthen the teeth and prevent the growth of harmful bacteria in the mouth.	
Fluoride varnish	Fluoride treatment that is painted on the teeth to prevent cavities. (A coating that makes the teeth stronger)	
Gingiva	Gums	
Gingival Margin	Where the tooth and gums meet	
Gingivitis	Bacterial disease in the gums	 <p><i>Clinicalorenzo.com</i></p>
Graft	Taking something either man-made or from somewhere else in your body and putting in place to replace, re-enforce, or make stronger part of your mouth or body	
Halitosis	Bad breath	
Implant	Something that goes into your gums /bone like a post to hold a new/fake tooth when the tooth in that area is missing. Sometimes implants hold a denture in place	




Oral Health Glossary

Inflammation	Pain, swelling, redness, warm to the touch	 <i>Dentalcare.com</i>
Interproximal	The space between two teeth	
Intraoral	Inside the mouth	
Labial	The lip surface or side of your teeth	
Lesion	A sore or any part of your skin that looks different from the rest.	 <i>Dentistryiq.com</i>
Leukoplakia	White painless patch in the mouth that does not wipe off	 <i>Healthline.com</i>
Lingual	The tongue surface or side of your teeth	
Local Anesthetic	Numbing solution	
Malignant	A cancer where cells grow quickly	

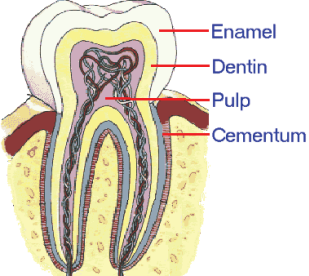

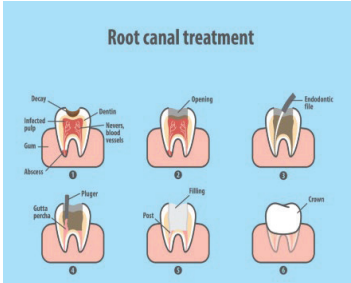

Oral Health Glossary

<p>Malocclusion</p>	<p>Crooked, crowded, doesn't line up</p>	 <p>Bethesdafamilydentistry.com</p>
<p>Occlusal</p>	<p>The biting surface of your teeth</p>	 <p>Speareducation.com</p>
<p>Orthodontics</p>	<p>Braces or Invisalign</p>	
<p>Palate</p>	<p>Roof of your mouth</p>	
<p>Perio Charting</p>	<p>Collection of measurements to determine the health of your teeth and gums</p>	
<p>Periodontics</p>	<p>Dental care specialized in treating the gums</p>	
<p>Periodontal Disease</p>	<p>Gum disease/infection</p>	 <p>Drcamargo.ie</p>

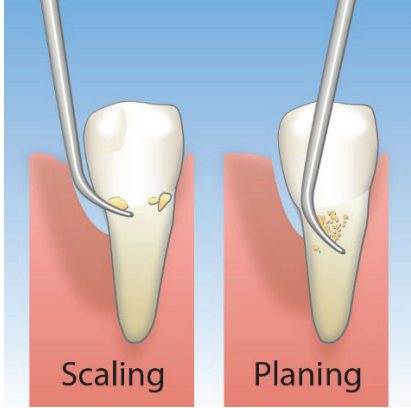
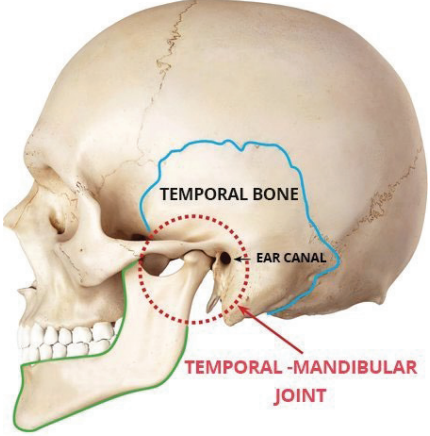
Oral Health Glossary

<p>Periodontal disease process</p>	<p>When plaque builds up, it hardens. This causes an infection and if not treated this begins to eat away at the bone and makes the gums red, puffy, and bleed. This destruction creates pocketing and eventual tooth loss.</p>	 <p><i>Msdmanuals.com</i></p>
<p>Periodontal Maintenance</p>	<p>Dental cleaning that is done after scaling and root planing for patients with periodontal disease to prevent further disease.</p>	
<p>pH level</p>	<p>Acid level – The amount of certain levels of chemicals in your mouth. Some food & drinks can change the level in your mouth to amounts that may cause tooth problems.</p>	
<p>Plaque</p>	<p>White film of bacteria which sticks to your teeth that can be removed with a toothbrush or floss</p>	 <p><i>Dentalcare.com</i></p>
<p>Pontic</p>	<p>Fake tooth in a spot where a tooth was extracted</p>	
<p>Probe Readings</p>	<p>Measurement of bone and gum health around each tooth.</p>	 <p><i>Dentalcare.com</i></p>
<p>Prophylaxis (prophy)</p>	<p>Cleaning of your teeth by a dental hygienist or dentist.</p>	

Oral Health Glossary

<p>Pulp</p>	<p>Tooth nerves – It is the tissues that feed the tooth, it includes the nerve, blood vessels, lymph vessels, fluids.</p>	 <p>http://www.mouthandteeth.com/anatomy/tooth-anatomy.htm</p>
<p>Radiographs</p>	<p>X-rays of your teeth and everything under the gum.</p>	 <p>Caomr.ca</p>
<p>Restoration</p>	<p>Filling material to fix a cavity</p>	
<p>Risk Assessments</p>	<p>Collecting information about medical history, medications, health habits, and risk factors (ex- smoking or high plaque levels) in order to determine a patient's health needs</p>	
<p>Root Canal</p>	<p>Removal of infection in the nerve of the tooth then the tooth is filled with a material</p>	 <p>https://www.braintreefamilydental.com/services/advanced-care/root-canal-treatment/</p>
<p>Scaling</p>	<p>Scraping the tooth to clean and remove all the plaque, calculus or stain</p>	 <p>Elevatedental.ph</p>

Oral Health Glossary

<p>Scaling and Root Planing</p>	<p>Deep cleaning of the teeth when you have gum disease</p>	 <p>Mycdmr.com</p>
<p>Sealant</p>	<p>Plastic coating that is placed in the grooves of the teeth to prevent cavities</p>	
<p>Side Effect</p>	<p>Effect caused by medication Ex: Penicillin tends to cause stomach ache</p>	
<p>Temporomandibular Joint</p>	<p>Elbow-like joint which connects the upper and lower Jaw bones. Used when opening and closing your mouth.</p>	 <p>Cosmeticdentistrynewyorkcity.com</p>
<p>Topical gel</p>	<p>Numbing gel – puts gums to sleep</p>	
<p>Xerostomia</p>	<p>Dry mouth</p>	

Oral Health Glossary

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Equity Glossary

COMMON EQUITY, DIVERSITY AND INCLUSION TERMS & DEFINITIONS	
Allyship	Lifelong process of building relationships based on trust, consistency, and accountability with marginalized individuals and/or groups of people.
Cultural Humility	Ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the you.
Discrimination	Occurs when a person, or a group of people, is treated less favorably than another person or group because of their background or certain personal characteristics.
Equality	Ensures that everyone gets the same things to enjoy full, healthy lives. Aims to promote fairness and justice, but it can only work if everyone starts from the same place and needs the same things.
Equity	To understand and give people what they need to enjoy healthy lives with fairness and justice.
Inclusion	Seeking out, identifying, understanding, and removing barriers to full participation and belonging; intentionally including additional difference in a group or process; encouraging high levels of both individuality and belonging.
Intersectionality	Explains how social group identities intersect to create a unique whole and thus need to be studied at their intersections. (concept coined by Kimberle Crenshaw)
Justice	The collective responsibility of a free and just society to ensure that civil and human rights are preserved and protected for each individual regardless of gender, race, ethnicity, nation of origin, sexual orientation, class, physical or mental ability, and age. Scheme of law in which every person receives his/her/its due from the system, including all rights, both natural and legal.
Microaggressions	A comment or action that is subtly and often unintentionally hostile or demeaning to a member of a minority or marginalized group.
Prejudice	A quick decision about a person or group of people based on limited information.
Privilege	A special right, advantage, or immunity granted or available—often implicitly and "invisibly" to those who have it—only to a particular person or group.

The original version of this glossary was shared by Goodstock Consulting, LLC.

Meeting Summaries–2022 Meetings



UNIVERSITY of MARYLAND
SCHOOL OF DENTISTRY



PPAB Meeting One

April 29, 2022

Prepared by
ISI Consulting



Meeting Summaries–2022 Meetings

[April 29, 2022] PPAB Meeting #1 Summary

On April 29, 2022 the Prenatal and Postpartum Advisory Board (PPAB) met for the first time from 9:30am to 1:30pm at the University of Maryland BioPark. Lisa Bress opened the meeting by proposing the group thinks about their IMI (Inspiration, Motivation, Impact). What INSPIRED participants to join the PPAB? What will MOTIVATE participants to continue the program? Also, what IMPACT would participants like to make through this work. After introductions participants drafted a code of conduct (page 2) that the group agreed to.

Participants then learned the importance of creating compelling dental narratives that will help engage participants and supporters. Holly Hayes shared four storytelling frameworks petal method, nested loop model, journey model, and the sparklines model (page 8). Afterwards, participants practiced sharing their stories with one another. Based on the stories, participants identified major challenges impacting new and expectant moms in Maryland. Seven major challenges (page 4) were identified.

Katy Battani then presented on the past, present, and future of Medicaid dental coverage in Maryland. In the past, there was dental coverage for women only during their pregnancy and no mandatory dental coverage for adults. As of April 1, 2022, there is dental coverage for women during their pregnancy and 12 months postpartum. In January 1, 2023, mandatory dental coverage for all adults will begin. Following this discussion, participants worked in groups to answer questions about a case study about “Mel.” More in-depth discussions will occur at our next meeting.

Photos from this meeting can be found at:
<https://drive.google.com/drive/folders/1XKVB7hB8eci3fXGmO15tTsD7zm-odwjD?usp=sharing>

The next PPAB meeting will be held over Zoom and take place on June 24, 2022. Homework for the meeting can be found on page 6.

Participants

- Katy Battani*
- Lisa Bress*
- Maia Dailey*
- Jenifer Fahey*
- John Farrugia*
- Debbie Fleming*
- Sara Gonzalez*
- Holly Hayes*
- Debony Hughes*
- Sade Jones*
- Giselle Joseph*
- Tre’Nisha Lassiter*
- Nicole Lennon*
- Tom Oates*
- Ade Oluyole*
- Amy Radion*
- Shayya Rosette*
- Chaudaiye Smith*



Meeting Summaries–2022 Meetings

Our Code of Conduct as PPAB Members

All participants agreed to a code of conduct that consists of the following norms and expectations for all PPAB meetings:

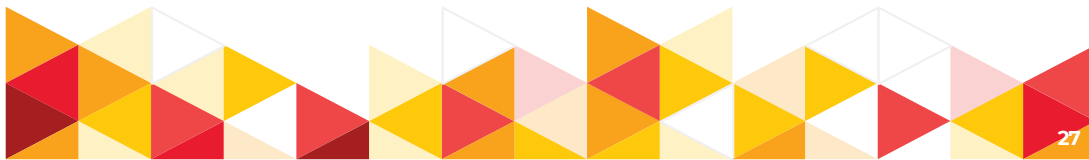
Everyone has a voice, and we listen to one another	
Have fun!	
This is a brave space	
Listen to understand	
Everyone participates	
No judgement	
Be open-minded	
Respect	
Don't interrupt	

Meeting Summaries–2022 Meetings

The Heart of the Matter

Every story must include these three features

- ◀ **CHARACTER:** You're telling a story about a *person*, not an organization, because stories are told person -to-person. Institutions don't have stories; people do.
- ◀ **FELT NEED/DESIRE:** Everyone wants or needs something. We relate to that felt need, so use it.
- ◀ **CONFLICT/CHALLENGE:** There is always a barrier to achieving a desire or an obstacle to meeting felt needs. That's where challenges arise. And we all relate to challenges, even if they're not our own.



Never forget the power of EMOTION.

- ◀ **Good stories are good because they make you *feel* something.**
- ◀ Emotion is the fuel that drives your story. Joy, pleasure, pain, embarrassment, fear, frustration, uncertainty...
- ◀ Emotions are universal and can transcend language and cultural barriers.
- ◀ Personal stories with an emotional component have been proven time and time again to produce results.



Meeting Summaries–2022 Meetings

Major Challenges

The advisory board brainstormed major challenges impacting prenatal and postpartum women’s ability to access dental care for themselves and their children. Seven major challenges were identified along with some causal factors.



Meeting Summaries–2022 Meetings

Policies at the State Level

Medicaid Dental Coverage in Maryland: Past, Present, and Future

Medicaid dental coverage for pregnant women only during pregnancy.

No mandatory Medicaid dental coverage for adults.

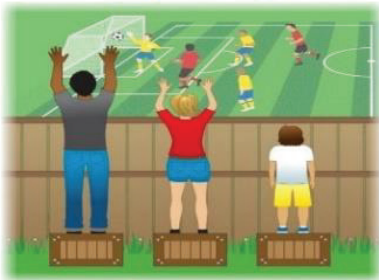


Medicaid dental coverage for women during pregnancy **AND** 12 months postpartum (began April 1, 2022).

Mandatory Medicaid dental coverage for all adults will begin January 2023.

Equity and Why It Matters

Equality



The assumption is that everyone benefits from the same supports. This is equal treatment.

Equity



Everyone gets the supports they need (this is the concept of "affirmative action"), thus producing equity.

Justice



All 3 can see the game without supports or accommodations because the cause(s) of the inequity was addressed. The systemic barrier has been removed.

Meeting Summaries–2022 Meetings

Homework Before Our Next Meeting

Homework assignment – Watch this short 3-minute video about your homework assignment from Holly

<https://us06web.zoom.us/rec/share/cg5nMAyrjrDRjh0zUtSqGwKZXBpVAXOBeP6iLMLNpt3XYIq6HuZ7xslH6KEU8tsC.ByYWdWpG9ki1pyTq>

Before our next virtual meeting on June 24, 2022, please complete the two homework assignments below. This will take us further as we begin to go deeper discussing equity, implicit biases, and barriers to oral healthcare in the state of Maryland.

- Write up draft two of our your oral health story. See attached with the worksheets. Complete page one and then pick one framework to go deeper with your story. If you get stuck, contact Holly Hayes at holly@sharptogether.com or call her at 803-920-1736.
- Take two tests developed by Harvard University. Go to this link: [Implicit Association Tests by Harvard University](#). Complete two tests, and save your results in your PPAB binder, on your computer or somewhere that you can reference them later for our June 24th meeting. Please complete the RACE and SKIN-TONE Implicit Association Tests (IAT) to explore and possibly uncover attitudes and beliefs about a race and skin color. *You will not be required to share your answers, but you will be asked to discuss the experience at our next meeting.*

Meeting Summaries–2022 Meetings

Appendix A. Homework

CREATING A STORY STRUCTURE

Homework: Complete this page and then complete ONE of the four framework worksheets. If you get stuck, give Holly Hayes a call (803.920.1736) or send her an email (holly@sharper.together.com) and we will schedule a time to talk. Please do this before our next meeting on June 24th.



While data can provide a framework for building programs and processes, it is story that creates the vibrant connections essential to engage participants and supporters. A compelling story has the power to transform what you accomplish.

So how do you tell a compelling story? **Every story must include three critical features:**

- 1) Character:** You're telling a story about a person, not an organization. We relate best to everyday people we can recognize.
- 2) Felt Need/Desire:** Everyone wants or needs something. There's a behavior or a situation or a problem the person wants to change, to get (or get rid of), or to restore. We relate to felt needs.
- 3) Conflict/Challenge:** There is always a barrier to achieving a desire or an obstacle to meeting felt needs. That's where challenges arise, and we can all relate to a challenge.

When you think about your story, take time to identify and develop each of these three elements.

Can you define each element in one sentence? What story are you going to tell?

Who is it about?

What does that person need or want? Why is that important to them?

What barrier or challenge do they face?

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Now, let's work on a story model.

OPTION ONE: PETAL MODEL



WHAT does that person need or want?

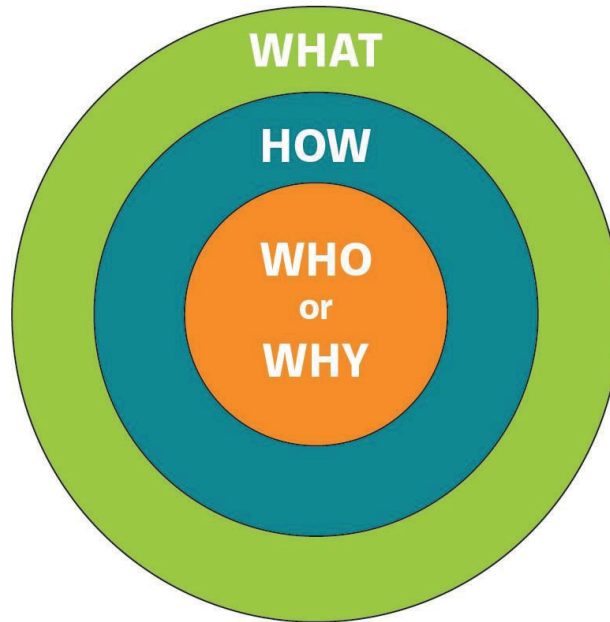
WHY is that important to them?

HOW is the barrier or challenge they face overcome?

WHO is it about?

Meeting Summaries–2022 Meetings

OPTION TWO: NESTED LOOPS MODEL



WHY do they have this problem or challenge?

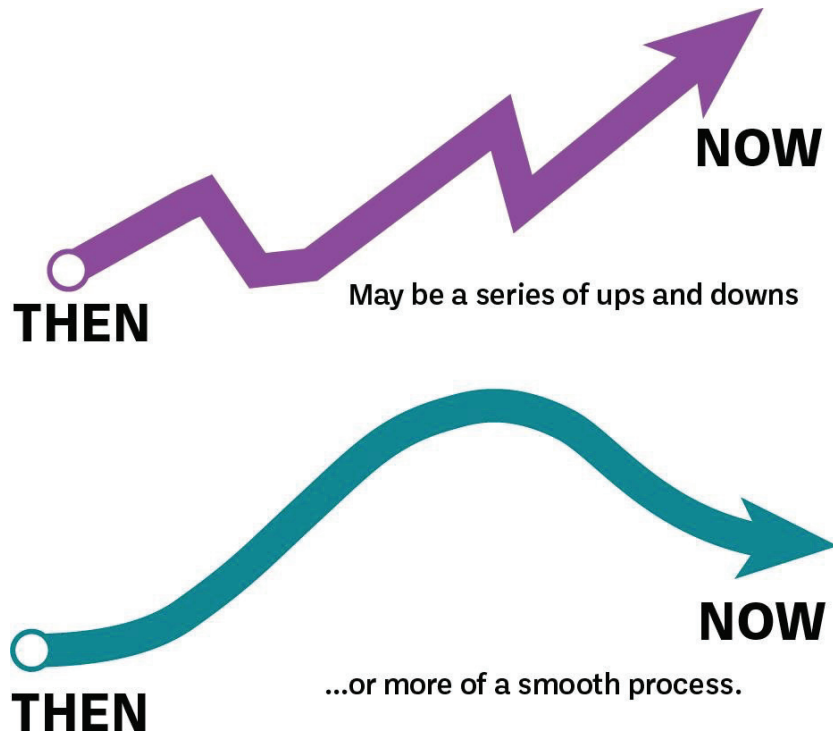
HOW is their need met or their challenge resolved?

WHAT has changed as a result of this action?

WHO is it about?

Meeting Summaries–2022 Meetings

OPTION THREE: JOURNEY MODEL



WHO is it about?

What is their BEFORE story? What was going on back THEN, before their challenge was resolved?

What is their story NOW? What has changed as a result of the actions taken?

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OPTION FOUR: SPARKLINES MODEL



WHO is it about?

What is their BEFORE story? What was going on back THEN, before their challenge was resolved?

What happened? What is their story NOW? What has changed as a result of the actions taken?

Meeting Summaries–2022 Meetings



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Meeting Summaries–2022 Meetings



PPAB Meeting #2

June 24, 2022

Prepared by
ISI Consulting



Meeting Summaries–2022 Meetings

[June 24, 2022] PPAB Meeting Two Summary

Executive Summary

On Friday, June 24, 2022 the Prenatal and Postpartum Advisory Board met for the second time from 9:30am to 11:30am over Zoom. The purpose of this meeting was to discuss implicit biases in-depth and analyze strategies to combating implicit bias within ourselves. All slides can be found [here](#). The main goal of the meeting was to create a better understanding of the challenges around implicit biases and raise the internal awareness of participants. Holly Hayes opened the meeting with a reaffirmation of the PPAB code of conduct and a “speed dating” warm-up activity. Afterwards, Holly began the implicit bias training. The PPAB began that by discussing their results from taking the Implicit Association Tests (race and skin-tone) by Harvard University. This led into an in-depth discussion on how humans think and the way implicit biases can manifest without intent.

Participants were given a moment to reflect on the real and often harmful effects of implicit biases which plays out in our institutional work and helps shape outcomes. Holly described the difference between the system I and system II brain and how less than 2-5% of our brain is engaged in conscious thinking. Recent examples were given of profiling and stereotyping which then led to how implicit bias impact oral health. Participants looked at social determinants of health (financial barriers, underlying conditions, low health literacy, food insecurity, depression, transportation issues, bad policies) to illustrate how seemingly unrelated factors all play a role in the overall health (ex. Poor oral hygiene) of an individual.

Following this discussion, the group discussed lighter topics when Katy Battani shared some news and updates. She informed the group that coverage for health services and dental care were extended from 60 days to 12 months, and that the Healthy Babies Equity Act was passed in Maryland. This bill expanded Medicaid coverage to all pregnant mothers regardless of immigration state.

The group then pivoted to learning about strategies to combat implicit biases. The acronym I.M.P.L.I.C.I.T. was taught to demonstrate how one can be more mindful of their own biases and work towards checking them in their behaviors. This culminated in reflective conversations had by the group as a whole and in small groups. Group members discussed reactions to their test results and also strategies that each one could explore further to engage the System II brain. With a new outlook focused on identify implicit biases, the PPAB revisited a case study from the first meeting to see how their perspectives on the situation have changed and what new details they were able to glean this time around.

To wrap-up the meeting, participants reflected on the meeting and briefly discussed what would happen at the next PPAB meeting, which will be held in-person on July 22nd.

Participants

*Katy Battani
Lisa Bress
Maia Dailey
Jenifer Fahey
John Farrugia
Debbie Fleming
Sara Gonzalez
Holly Hayes
Debony Hughes
Sade Jones
Giselle Joseph
Tre’Nisha Lassiter
Nicole Lennon
Tom Oates
Ade Oluyole
Amy Radion
Shayya Rosette
Chaudaiye Smith*

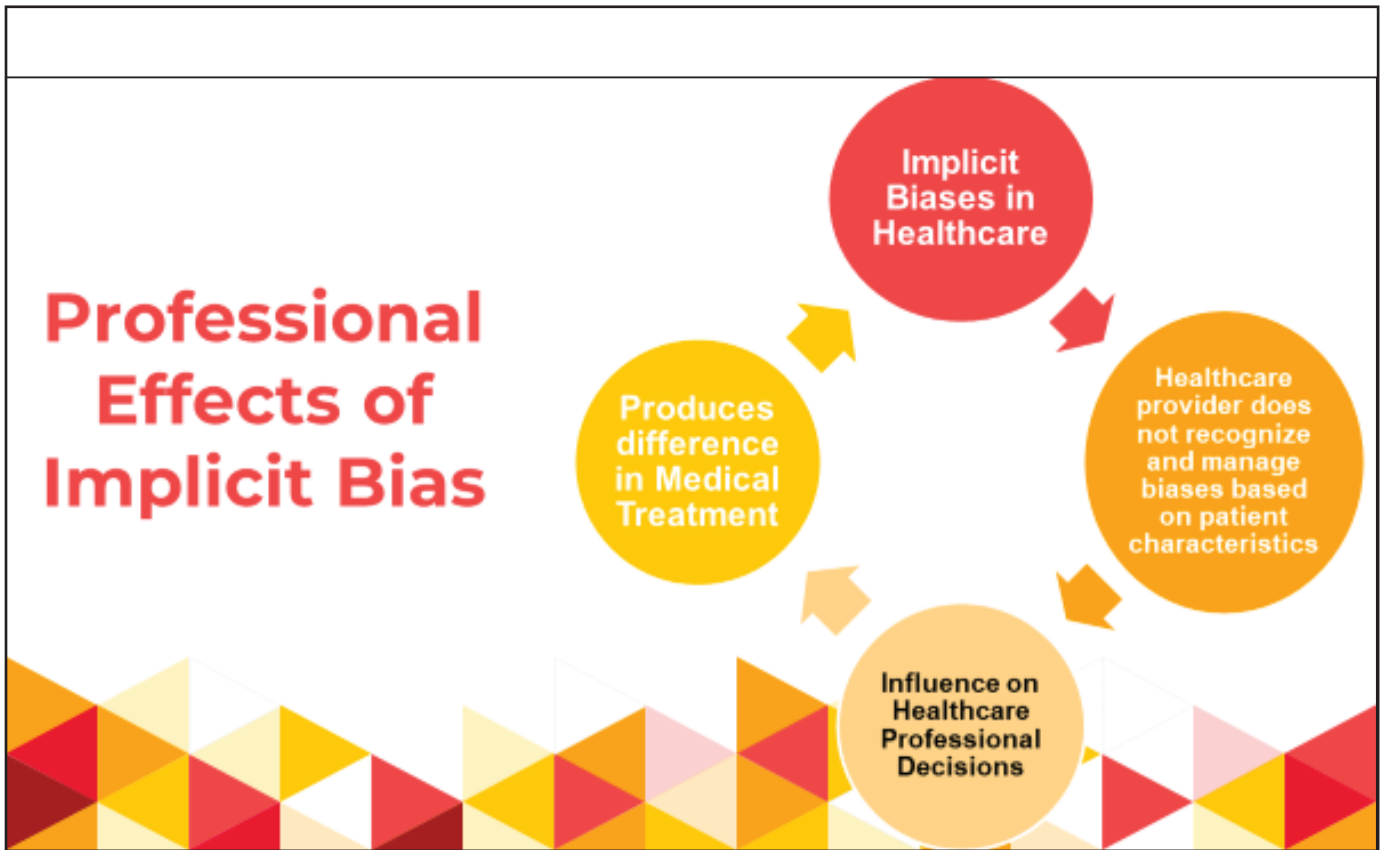
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STRATEGIES TO COMBAT IMPLICIT BIASES

	DESCRIPTION	RESOURCES
I	Introspection Explore and identify your own implicit biases by taking implicit association tests or through other means.	<i>Project Implicit – Implicit Association Tests</i> https://implicit.harvard.edu/implicit/
M	Mindfulness Practice ways to reduce stress and increase mindfulness, such as meditation, yoga, or focused breathing.	<i>Three Ways Mindfulness Makes You Less Biased</i> https://greatergood.berkeley.edu/article/item/three_ways_mindfulness_can_make_you_less_biased
P	Perspective Consider experiences from the point of view of the person being stereotyped. This can involve consuming media about those experiences, such as books or videos, and directly interacting with people from that group.	<i>A Conversation About Growing Up Black</i> https://www.nytimes.com/2015/05/07/opinion/a-conversation-about-growing-up-black.html
L	Listen Pause and reflect on your potential biases before interacting with people of certain groups to reduce reflexive reactions. This could include thinking about positive examples of that stereotyped group, such as celebrities or personal friends.	<i>Snacks and Punishment</i> https://www.nytimes.com/video/us/10000004818677/snacks-and-punishment.html?playlistId=10000004821064
I	Individuals Evaluate people based on their personal characteristics rather than those affiliated with their group. This could include connecting over shared interests or backgrounds.	<i>Long-Term Reduction in Implicit Race Bias: A Prejudice Habit-Breaking Intervention</i> https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3603687/
C	Check Yourself Embrace evidence-based statements that reduce implicit bias, such as welcoming and embracing multiculturalism.	<i>The Impact of Multiculturalism Versus Color-blindness on Racial Bias</i> https://groups.psych.northwestern.edu/spcl/documents/colorblind_final_000.pdf
I	Integrate Promote procedural change at the organizational level that moves toward a socially accountable health care system with the goal of health equity.	<i>The Equity and Empowerment Lens</i> https://multco.us/diversity-equity/equity-and-empowerment-lens
T	Time Practice cultural humility, a lifelong process of critical self-reflection to readdress the power imbalances of the clinician-patient relationship.	<i>Cultural Humility Versus Cultural Competence: A Critical Distinction Defining Physician Training Outcomes in Multicultural Education</i> https://pubmed.ncbi.nlm.nih.gov/10073197/

SOURCE: Edgoose, J, Quiogue, M, Sidhar, K. (2019). How to identify, understand and unlearn implicit bias in patient care. American Academy of Family Physicians, July/August.



3 Key Touchstones for our Conversation:
Building a Safe and Brave Space

- 1. Need to deeply listen**
- 2. Let go of judgements and allow people to tell their own stories**
- 3. Speak from the “I” perspective**



Meeting Summaries–2022 Meetings

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PPAB Meeting Three

July 22, 2022

Prepared by
ISI Consulting



Meeting Summaries–2022 Meetings

[July 22, 2022] PPAB Meeting Three Summary

Executive Summary

On Friday, July 22, 2022 the Prenatal and Postpartum Advisory Board met for the third time from 9:30am to 1:30pm at the University of Maryland BioPark. The purpose of the third meeting was to provide foundational pieces related to oral health which are needed before strategies can be created. Holly Hayes opened the meeting with a reaffirmation of the PPAB code of conduct and a warm-up activity. Then, Katy Battani shared positive news related to dental care coverage for ALL Maryland adults on Medicaid, which goes into effect on January 1, 2023. Several questions emerged from this newly passed law and the group agreed that more information needed to be shared.

Participants were then inspired by hearing first-hand from PPAB member, Chaudaiye Smith, and her journey to get and maintain her braces. PPAB members discussed the challenges Chaudaiye faced and continues to face. Following a quick break with PPAB BINGO, participants then broke out into learning stations for Oral Health University 101. The overarching question for the learning stations was: What do we need to know in order to develop strategies for moms and babies in Maryland? Participants were guided through five stations: Oral Health & overall health (Lisa Bress), Dental Preventive Care (Dr. Alice Horowitz), Nutrition (Sara Gonzales), Story Coaching (Judy Ferrell), and Recording Your Story (Doug Brotherton). Following seven minutes of learning, and four minutes of questions, participants reflected at each station. Participants completed a worksheet to document their Takeaways, Actions they will take, Barriers that may hinder mothers and children in Maryland, and the Benefits of overcoming those barriers. Individual stories were video-taped and will be used to further illuminate the need for oral health and prenatal care integration.

Participants strongly believe that knowledge is critical to decrease the dissemination of myths related to oral health care and pregnancy. Participants engaged in an activity known as “Red Spies and Gold Spies” to identify ways to make information a n d g u i d a n c e around oral health easily understood by pregnant women and moms. After a fun scavenger hunt following lunch, PPAB members went deeper exploring how implicit biases impact oral health care. Participants discussed a second equity case study and identified potential leverage points. The next PPAB meeting will be held in-person on September 23rd.

Participants

*Katy Battani
Lisa Bress
Maia Dailey
Jenifer Fahey
John Farrugia
Debbie Fleming
Sara Gonzalez
Holly Hayes
Debony Hughes
Sade Jones
Giselle Joseph
Tre’Nisha Lassiter
Nicole Lennon
Tom Oates
Ade Oluyole
Amy Radion
Shayya Rosette
Chaudaiye Smith*

*Special Guests:
Doug Brotherton
Judy Ferrell
Dr. Alice Horowitz*



Meeting Summaries–2022 Meetings

Key Learnings Shared During the Oral Health University 101 Stations

Learning Station & Teacher	Two to three key information points covered
Oral Health & overall health / Lisa Bress	<p>* The healthier mom's mouth is, the healthier the baby's mouth will be, meaning pregnant moms need to go to the dentist and get their cavities fixed since teeth with active decay have bacteria that can be passed on to baby. This bacteria is eventually always passed on to child but the longer it is takes to be passed on the less of a chance the child is for getting cavities.</p> <p>*Fluoride is safe to use in toothpaste and rinse for the pregnant moms and the children.</p> <p>*Bleeding gums during pregnancy is very common but can be avoided by going to the dentist and getting teeth cleaned.</p>
Dental preventive care/ Dr. Alice Horowitz	<p>*Fluoride prevents cavities; Get it from the Tap and brush with fluoride toothpaste.</p> <p>*The day baby is home from birthing center, start cleaning her gums with a dampened cloth to disrupt the plaque.</p> <p>*When infants first tooth comes into mouth, use a tiny, tiny bit of fluoride toothpaste</p> <p>*Take infant to well-baby appointments to get counseling on oral health and fluoride treatment</p>
Nutrition / Sara Gonzales	<p>*The importance of learning how to read nutrition labels to determine just how much sugar is in our drinks</p> <p>*The importance of breastfeeding promotion during pregnancy and postpartum, as it protects the child's dental health in several different ways.</p>
Story coaching / Judy Ferrell	<p>* The PPAB members need to focus on their theme/high points of their story. Often times, one can use several examples for one story to emphasize a point (i.e. access to care, Medicaid).</p> <p>*Storytelling is a powerful tool that can be used with individuals who are completely unaware of access to care and oral health challenges.</p>

Meeting Summaries–2022 Meetings

Red Spies and Gold Spies - What is needed to increase knowledge and connections?

Red Spies

(Ideas to INCREASE knowledge and connections)

Informative billboards and videos. (Specifically in healthcare, and they can use available videos)

Increase the number of community health workers trained in dental.

Make it an ad on the MTA bus.

Educate the OBGYNs.

Workshops at all schools.

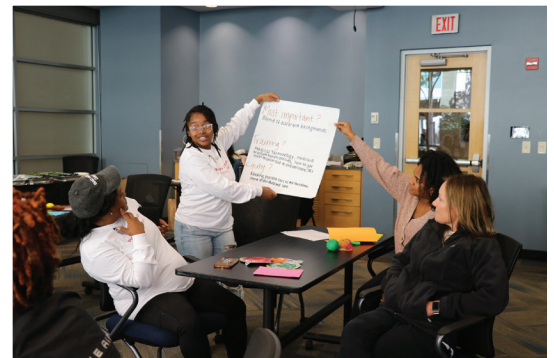
Gold Spies

(Ideas to DECREASE knowledge and connections)

Do nothing/ keep doing what we are doing.

Provide information in as complicated a manner as possible, full of medical jargon, all at once, and inconsistent between providers.

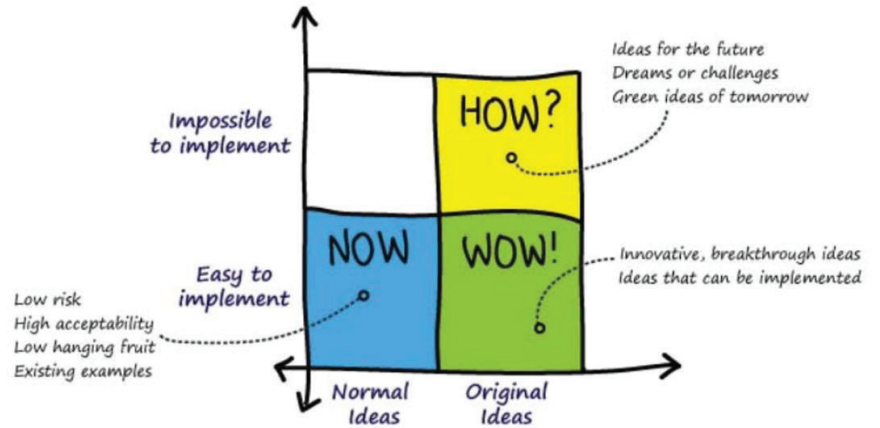
Perpetuate myths about safety of dentists, fluoride, dental treatments, etc. for pregnant women and children.



Meeting Summaries–2022 Meetings

Pre-Work

PPAB Members were asked to brainstorm strategies in three categories, based off the learnings up to this point. These strategies will be shared at the September face-to-face meeting.



Pre-Work Worksheet



What are some NOW ideas?

Low risk, high acceptability ideas, there are existing examples

What are some HOW ideas?

Ideas for the future, dreams or challenges.

What are some WOW ideas?

Innovative, breakthrough ideas that can be implemented

Meeting Summaries–2022 Meetings



Meeting Summaries–2022 Meetings



Meeting Summaries–2022 Meetings

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PPAB Meeting Four

September 23, 2022

Prepared by
ISI Consulting



Meeting Summaries–2022 Meetings

[September 23, 2022] PPAB Meeting Four Report

Executive Summary

On Friday, September 23, 2022 the Prenatal and Postpartum Advisory Board met for the fourth time from 9:30am to 1:30pm at the University of Maryland BioPark. There were 18 participants (only one absent). Holly Hayes opened the meeting with a reaffirmation of the group’s code of conduct and a warm-up activity. The group then explored common statements related to oral and prenatal health and discussed whether the statements were true or false. Over half of the statements, believed to be true by some, were actually false. PPAB members taught each other and also explored the role that these beliefs have on behaviors of mothers. PPAB members emphasized that messaging and correcting some mis-information needs to come from individuals that mothers trust.

The group then participated in a consensus building workshop, which included time for individual thinking, small group work and large group discussion. PPAB members sought to answer the question: What strategies are needed to overcome barriers related to oral health among women and children in the state of Maryland? Previously the advisory board had brainstormed the major challenges creating those barriers. Key strategies needed to advance oral health in Maryland include: targeted provider education, trendy messaging, incentivized Medicaid utilization, integration and collaboration across community groups, targeted patient education and oral health policies.

Group members then discussed what distinguished the PPAB from other groups, and what was important moving forward. The group would like to focus on trendy messaging and targeted patient and provider education. PPAB members believe that customizing materials, and being mindful of equity and the need for individualization will be critical moving forward. Members would like to be trained in key content areas and be able to communicate messages to their own communities in hope of advancing oral health and prenatal health integration.







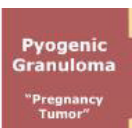



The next PPAB meeting will be held over Zoom on October 23th.

Participants

- Katy Battani*
- Lisa Bress*
- Maia Dailey*
- Jenifer Fahey*
- John Farrugia*
- Debbie Fleming*
- Holly Hayes*
- Debony Hughes*
- Sade Jones*
- Giselle Joseph*
- Tre’Nisha Lassiter*
- Nicole Lennon*
- Tom Oates*
- Ade Oluyole*
- Amy Radion*
- Shayya Rosette*
- Chaudaiye Smith*



Meeting Summaries–2022 Meetings

Myth	Fact	Visuals
Pregnancy has nothing to do with oral health.	During pregnancy there are hormonal and physiological/ bodily changes that may negatively affect oral health such as cavities, pregnancy gingivitis, periodontitis (gum disease), pyogenic granuloma (pregnancy tumor), and tooth erosion. These dental concerns can be prevented and treated when women visit the dentist during pregnancy.	 
Dental care should be avoided during pregnancy.	Pregnancy is a teachable time in a woman's life. Dental care is SAFE and IMPORTANT during ALL stages of pregnancy. It will help you and your baby's health to tell your dentist you are pregnant. Getting cavities filled before the baby is born may reduce negative birth outcomes and the child's risk of cavities. Poor prenatal nutrition may affect the child's tooth development.	 
Maternal oral health does not affect the future child's health.	Children born to women with poor oral health and high level of caries-causing bacteria are at high risk of developing dental caries. Periodontitis has been linked to negative pregnancy outcomes, including low birth weight and preeclampsia.	 
"Gain a child, lose a tooth." Calcium is sucked out of the mother's bones and teeth during pregnancy.	<i>This myth likely came from the increased risk of cavities during pregnancy.</i> The fetus does not take calcium from the mother. Calcium is critical for fetal development, but the growing baby takes most of the calcium from the mother's diet.	 
You should brush your teeth right after vomiting.	Stomach acid is not ideal for teeth because it can wear away the enamel, brushing right after can make this worse. Try rinsing with warm water and baking soda, and wait 30 minutes before brushing.	 
X-Rays aren't safe for the baby during pregnancy.	X-rays with lead shielding are considered safe by the American Dental Association. No research has found a link between x-rays and birth defects.	
Fluoride is dangerous.	Fluoride is a mineral in water. It strengthens teeth and improves nutrition.	

Consensus Workshop: What strategies are needed to overcome barriers related to oral health among women and children in the state of Maryland?

Targeted Provider Education	Trendy Messaging	Incentivized Medicaid Utilization	Integration and Collaboration Across Community Groups	Targeted Patient Education	Oral Health Policies
<ul style="list-style-type: none"> - Dental and prenatal providers take continuing education - Understand social cues when interacting with patients - Training students to break down what you're (they're) doing - Educate dental and prenatal providers - Myth vs. Facts - Transportation 	<ul style="list-style-type: none"> - Oral Health jingle - TikTok office videos - Did Ya know? Campaign - CoCo Mellon ETV incorporate oral health - Increase innovative education via social media (TikTok, texts, FB, IG.) - Attention "did you know" grabbing billboard - Increase communication campaigns to inform patients of the importance of oral care pre/post-partum 	<ul style="list-style-type: none"> - Increased Medicaid participating dental providers - Create patient Medicaid incentives for dental visits - Designated MA day with tax incentives - Increased MA rates for dentists - Transportation 	<ul style="list-style-type: none"> - Community Health Workers placed in practices with re-impbursement codes - Increased RDHs in community programs and prenatal and pediatrics - Educate organizations such as March of Dimes to understand the need. - Build a network to partner in the community (ex. Local dentists) - Oral Health community workers going to schools and door to door and office - All RNS to include oral health education - Build more focus groups (like the PPAB other places) - Re-visit daycare 	<ul style="list-style-type: none"> - Education community-based programs/staff about oral health, Medicaid, etc. - Water education - More education for health centers, dental, etc. for prenatal care - Give specific post care instructions to patients - Hospital discharge video about oral health - required - Myth vs. fact posters 	<ul style="list-style-type: none"> - Oral health required before entrance into daycare - revisit transportation policy - State license mandated pregnant/patient provider training - State and/or federal funding equal required oral health - Create and use a centralized state hub for state insurance to local providers - funding (programs, education, prenatal reimbursement)

Meeting Summaries–2022 Meetings

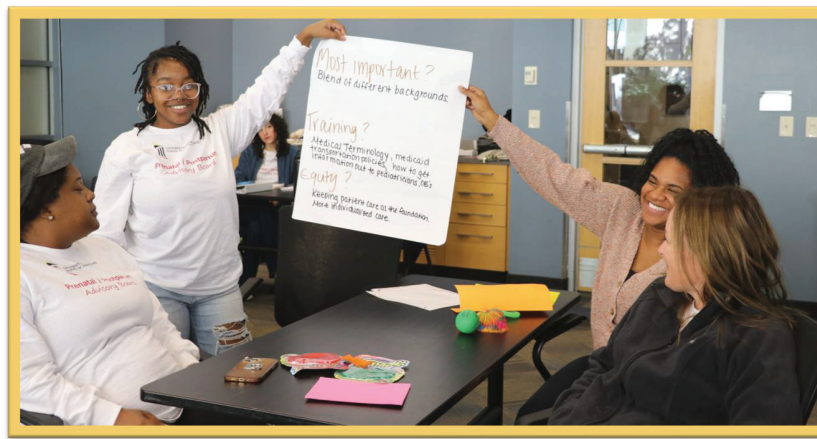
Most important from PPAB	Training Needed	Keep Equity
<ul style="list-style-type: none"> - Relationships - Learning different perspectives - Networking 	<ul style="list-style-type: none"> - Learning how to deliver the message about oral health <ul style="list-style-type: none"> - <i>Culturally competent</i> - Subject knowledge 	<ul style="list-style-type: none"> - Understand type of learner - Clear communication leads to better understanding and then leads to better health and knowledge - Do not make assumptions about what people know and don't know
<ul style="list-style-type: none"> - Blend of different backgrounds 	<ul style="list-style-type: none"> - Medical terminology, Medicaid transportation policies, how to get information about pediatricians, OBs. 	<ul style="list-style-type: none"> - Keeping patient care as the foundation, - More individualized care
<ul style="list-style-type: none"> - Connectivity of the diverse group that is PPAB 	<ul style="list-style-type: none"> - Community workers need oral health education toolkit - Professional needs education/knowledge for teams and MA 	<ul style="list-style-type: none"> - We all have a shared goal and therefore have to come together as a team

Meeting Summaries–2022 Meetings

Photos



Meeting Summaries–2022 Meetings



Meeting Summaries–2022 Meetings

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Meeting Summaries–2022 Meetings



UNIVERSITY of MARYLAND
SCHOOL OF DENTISTRY



PPAB Meeting #5

October 28, 2022

Prepared by
ISI Consulting



Meeting Summaries–2022 Meetings

[October 28, 2022] **PPAB Meeting Five Summary**

Executive Summary

On Friday, October 28, 2022 the Prenatal and Postpartum Advisory Board met for the fifth time from 9:30am to 11:30am over Zoom. The purpose of this meeting was to discuss all that had been accomplished in the PPAB meetings thus far and look forward to the future to see how this project may develop in the coming years. All slides can be found [here](#). Participants started by sharing their highs and lows of the week as an ice breaker, then played a True or False game (see following page) as a warm-up activity to review equity concepts.

The group then participated in a Critical Moments methodology to reflect on their experience with PPAB members. Participants completed a survey prior to the meeting and participants elaborated on responses at the meeting. The PPAB members who took the survey unanimously ranked their experience as 5-stars. Participants then detailed their shift in thinking with regards to equity, as well as how they currently define equity today. Afterward, the group went over each meeting thus far and discussed key moments and breakthroughs they had individually, and as a group.

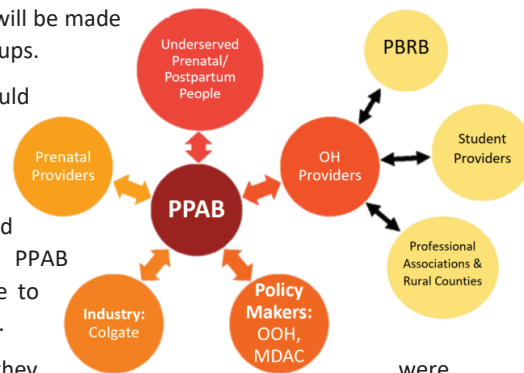
Lisa Bress then took the floor to give an update on the future of the work the PPAB had been doing. She began with the Year One accomplishments. She applauded the amazing experience of having a group with this level of commitment, their comfort to share and express their ideas and opinions, and to have accomplished the development of a list of barriers and strategies to address oral health care. Then she noted how the video-recorded stories (from BOTH oral and prenatal professionals AND participating moms) are impactful and unique. They will be made into a montage by January, 2023 to be shared with the groups.

Lisa went on to tell participants the goals for Year Two, should the project be funded. The two main goals are to replicate the positive trusting relationships out in the communities they represent, and promote bidirectional sharing to increase knowledge about prenatal oral health concepts and dispel myths among health professionals and adults. PPAB members expressed great interest in this and would like to continue this work in their own unique sphere of influence.

As the meeting came to close, participants shared what they were thankful for as well as expressing the importance of the foundational work of the PPAB. Group members said good bye “for now.” Holly Hayes will be following up individually with each member to participate in a key informant interview and participate in a more comprehensive evaluation survey.

Participants

- Katy Battani*
- Lisa Bress*
- Maia Dailey*
- Jenifer Fahey*
- John Farrugia*
- Debbie Fleming*
- Sara Gonzalez*
- Holly Hayes*
- Debony Hughes*
- Sade Jones*
- Giselle Joseph*
- Tre’Nisha Lassiter*
- Nicole Lennon*
- Tom Oates*
- Ade Oluyole*
- Amy Radion*
- Shayya Rosette*
- Chaudaiye Smith*



Meeting Summaries–2022 Meetings

Statement	Answer
<p>White women are more likely to die in childbirth than Black woman.</p>	<p>False. Black women are 3 to 4 times more likely to experience a pregnancy-related death than white women, even at similar levels of income and education. Multiple factors contribute to these disparities, such as variation in quality healthcare, underlying chronic conditions, structural racism, and implicit bias. Social determinants of health prevent many people from racial and ethnic minority groups from having fair opportunities for economic, physical, and emotional health.</p>
<p>Black people do more drugs than white people.</p>	<p>False. Black Americans and white Americans use drugs at similar rates, but Black Americans are 6 times more likely to be arrested for it. Black Americans are more likely than white Americans, in general, to be arrested, not just for drug charges. A recent study from the Pew Research Center found that in 2018, black adults, who make up only 12% of the overall US adult population, make up 33% of the adult prison population in this country. At the same time, white adults, who make up more than 60% of the population, make up just 30% of the prison population. Hispanics, who account for 16% of the overall adult population, make up 23% of prison inmates.</p>
<p>Black families have significantly less cash reserves to draw upon than white families.</p>	<p>True. Overall, white families hold, on average, more than five times as much liquid assets as Black families do, \$49,529 versus \$8,762. This makes white families far more capable of weathering the storm of COVID-19, whether it be job loss or another financial hit. This applies for all categories, college or without, homeowner or non-homeowner.</p>
<p>White people are the largest demographic using food stamps.</p>	<p>True. SNAP recipients represent different races and/or ethnicities. White: about 37 percent; African American: 26 percent; Hispanic: 16 percent; Asian: 3 percent; and Native American: about 2 percent. In fact, more than 80% of all SNAP/food stamp benefits go to households with a child, senior, or disabled person. Most food stamp recipients are children and the elderly.</p>
<p>White people are just as likely as non-white people to be extremely low-income renters.</p>	<p>False. Black, Native American, and Hispanic households are more likely than white households to be extremely low-income renters - with incomes at or below the poverty level or 30% of their area median income – for whom there is a dire shortage of affordable and available homes. This racial disparity is the result of higher homeownership rates and higher incomes among white households. Decades of racial discrimination in real estate, lending practices, and federal housing policy have made homeownership difficult to obtain for minorities (Rice & Swesnik, 2012).</p>
<p>Housing Assistance recipients are mainly young, single men.</p>	<p>False. Nearly a third (30%) of public housing residents are elderly, as are nearly half (46%) of residents in Project Based Section 8 housing. Households including a member with disabilities are also a sizeable group, composing one-fifth (21%) of those living in public housing, and over a quarter (28%) of voucher recipients. A little more than a third (35%) of public housing households include children under the age of 18, and 43% of households with vouchers have children.</p>
<p>1 in 6 children live in poverty in the United States.</p>	<p>True. In America, nearly 11 million children are poor. That’s 1 in 7 kids, who make up almost one-third of all people living in poverty in this country. In 2019, 14.4 percent of all children under the age of 18 in the United States were living below the official poverty measure. Children of color across most racial categories are more likely to experience poverty than their white counterparts. Black, Hispanic, and American Indian and Alaskan Native (AIAN) children have the highest rates of poverty.</p>

Meeting Summaries–2022 Meetings

What has been your biggest shift in thinking about equity?

- Most helpful is how we learn to come together and bring all the necessary voices to the table
- We still have a lot to learn
- Not having meetings that are just with the academics
- Learning and knowledge – learning from everybody and hearing their stories
- There is so much need
- Importance of having conversations about equity across the board
- Having open dialogue and discussions about equity
- The importance of how we now need to take this into the work we do to better improve things so that we don't have a large number of African American women dying in childbirth and after
- All the videos of the interviews because you all have similar messages regardless of your race, ethnicity, etc
- No shift but it is key to know the personal stories and be able to share them
- The stories are real and they can help make a difference
- It is important that what we've learned can be shared with a lot of people that do make decisions to make policy changes
- Diversity of this group takes it much further

How do you define equity today?

- Each person gets what they need to be as healthy as possible, that we're not all starting at the same place that we have access to the things that we need to be able to achieve health
- What you put in is what you get out
- Being fair – fair treatment anywhere you go
- Being on the same level – everyone should be treated equally
- Moving forward in my definition of equity I will include inclusion – inclusion is super important when talking about equity especially when defining equity to a child

How did the moment affect you? What are some shifts you have had in thinking, attitudes or behaviors?

- Amy – Watching Chaudaiye build her confidence to share her story about her braces and now wanting to work in the industry
- Sade – the interviews where everyone shared their stories
- Debono – thankful for the composition of this group – the impact of what has occurred in these meetings is significant
- Maia – hearing everyone's stories and backgrounds in general – also sharing my story had a great impact on me
- Shayya – being able to be vulnerable with this group from different backgrounds – and seeing the growth of everyone – being able to be transparent and share with a group of people on the first day
- Chaudaiye - A memorable moment for me is being able to share that story about my braces and you all being there for that moment. Before I started this study with you all, I didn't care what I had to do but I wanted them off. I was very insecure about these braces and I dreaded having them on. I also feel so much better about spreading news on how to keep a healthy smile. I feel real confident about telling the people that I know what's right and what's wrong.

Meeting Summaries–2022 Meetings

- Giselle – being able to hear the moms really share their stories and be vulnerable in this space – and that they trusted me to bring them in this space – having our moms in the room shows that they are making a difference and their voices are being heard
- Jenifer – walking into the room on the first day and seeing the moms
- Holly – Sade coming to the meeting straight from Myrtle beach – that was commitment
- Lisa – after the first meeting Sade said “I came and I thought it was going to be boring” – Sade really had a good time and was really excited – all the moms have attended every meeting
- Katy – I like that we set a code of conduct at the first meeting



Meeting Summaries–2022 Meetings

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Evaluation Findings

FINAL SURVEY RESULTS

1. Rate the Prenatal Postpartum Advisory Board (PPAB) on how well we, as a team, were able to discuss issues and work together on solutions.
 - a. All 9 (100%) rated it 5 stars for Super!
2. Our first meeting was April 29, 2022 of this year. Name one activity, event or memory that stands out to you as being the MOST memorable (April-October, 2022). Just pick one memory and describe it.
 - a. Establishing the PPAB's code of conduct by reflecting on past experiences we've had w/ working in groups. I thought this was a great way to set the stage for the PPAB and I liked that we reminded ourselves of it at each meeting.
 - b. Getting to hear the stories of people's experiences in the dental/medical system.
 - c. She we got together to come up with our code of conduct. It was nice to see us all come together.
 - d. Dancing together and getting to know the members of the board. The other thing that stood out was Holly's welcoming and energetic attitude.
 - e. I loved the sharing your story when we have a first hand look of our first experience or memorable experience at the dentist.
 - f. Many. But just one I'd say Red and Gold Spies and developing ideas that will increase knowledge around oral health and the opposite team ideas that decrease knowledge.
 - g. Coming together and sharing ideas while being able to laugh and still accomplish our set goals.
 - h. Dancing as a group
 - i. The last "window " sitcky hanging we did to identify and then group together our ideas for change. It was the culmination of our efforts this year and is a tangible outcome or result of the groups guidance , work and bonding over the past six months.
3. Based on your time with the PPAB, describe ONE area where you have shifted in your thinking or attitude? I came to the PPAB thinking this _____ and now I think differently because of _____. It can be from your personal life or your professional life or a little bit of both!
 - a. Having worked in this space for many years, I came to the PPAB thinking that I knew the strategies needed to improve access to and utilization of oral health care for pregnant and postpartum women in Maryland but I learned that the "wisdom of the crowd" is always best. Having a diverse group of individuals with different perspectives, experiences, and opinions expanded my view to include additional innovation strategies to address barriers in the state.
 - b. I thought that we had the message about oral health out to moms and that the barriers were primarily related to healthcare system and insurance - while those are definite barriers, we still need to do work in general on oral health literacy and on overcoming individual's past negative experiences.
 - c. I came to the program thinking that cavities couldn't be passed from mother to child and through various exercises I was proved wrong
 - d. My attitude about oral health is different. I knew you need to go to the dentist but never really understood the importance.

Evaluation Findings

PPAB Meeting #1 | 4.29.22

In-person meeting

12 out of 13 PPAB members completed the evaluation

Please share at least two key takeaways you learned at the meeting.

- Great value in having individuals with lived experiences on the advisory board
- Equity training and activities to engage the group and make all feel comfortable are essential for the group relationships to gel
- Be open minded and really appreciate life experiences you have had that shaped you into the individual you are now
- The difference between learned and lived experience and how they are both intricate pieces
- Now have a better understanding of the barriers that face our group and the areas that we really need to work on
- This group may offer more than expected regarding our long-term goal to increase access to and use of fluoride varnish in non-dental settings to reduce disparities in children's oral health
- The importance of using a method to tell a story
- Learned a lot about dental health and that there will be free adult dental coverage next year
- Loved the support received while sharing story
- Not everyone has had a bad experience at the dentist
- We are trying to prevent another case that involves someone dying or getting hurt due to lack of resources
- Collaboration is key
- Increased my knowledge about prenatal and post-partum dental needs vs availability and delivery

What did you like most about the meeting?

- Everyone had a voice/safe space to be heard
- Breakout group during the "share your story" exercise
- Liked that it was a discussion rather than a lecture
- Organized, productive and fun
- Diversity of the group

What did you like least about the meeting?

- Equity group discussion was not long enough
- Wish that there was more time
- The length of the meeting

Do you have any suggestions that can help us improve the next meeting?

- More time on equity training, individual group discussion and sharing results with the larger group

Evaluation Findings

PPAB Meeting #2 | 6.24.22

Virtual meeting

9 out of 13 PPAB members completed the evaluation

Please share at least two key takeaways you learned at the meeting.

- Like learning about proximity, empathy, and equity
- We all have biases, they are natural, unconscious - our conscious brain can recognize them, and we can evaluate them and "work on them"
- I learned that it's easier to judge people just by the way they look and act in life versus getting to know who they are as a person – seeking perspective
- I loved the IMPLICIT acronym I plan to put that into use in my daily life. Also, how important it is to exercise empathy and understanding the other person's point of view in a situation instead of judging or letting stereotypes run. Also, I was so amazed that we only use 2-5% of System II in our brain.
- Meaning of bias
- Implicit bias and how it can affect our daily lives
- Our biases aren't always immediately obvious to ourselves or part of our consciousness
- There are ways to slow down our thinking that can help to control our biases
- There are many strategies to combat implicit bias
- Loved the good news from Katy and how we can share that message with Marylanders

What did you like most about the meeting?

- The way everyone has become more comfortable and open with one another
- Insight and different perspectives we all bring to the group
- I didn't have to dance
- I like that we got to unpack the biases about the implicit around oral care and how can we make a difference individually
- I loved how engaging the breakout rooms were and the overall meeting
- Everyone had a good attitude
- That this meeting was virtual

What did you like least about the meeting?

- In-person is better, but virtual still worked fine
- Time felt very short in the breakout rooms, so it was more rushed
- Not enough time to enjoy my PPAB team
- The federal government program discussion was hard to follow - slide showed percentages, but group was giving their opinions at the same time - I see the reason for the discussion but would have preferred to see the HuffPost results after we provided our suggested "more recipients"

Do you have any suggestions that can help us improve the next meeting?

- Breakout sessions could be longer
- More time for group discussions – there was not enough time for each person to share

How did you feel about completing pre-work? Did you find it helpful for the session? Please explain.

- Enjoyed the pre work because it helped me prep for the meeting
- I had a better understanding of what was being discussed
- Useful because it gave us a baseline especially during the breakout sessions and I was able to talk with my teammate about dental care for her young daughter and this wouldn't have happened had we not shared our stories
- Helpful because I learned the difference about bias
- It allowed us to have ample time to contemplate our stories outside of group time
- I completed a few additional tests out of interest

Evaluation Findings

PPAB Meeting #3 | 7.22.22

In-person meeting

4 out of 13 PPAB members completed the evaluation

Please share at least two key takeaways you learned at the meeting.

- Everyone has a story
- Big changes are coming to those who need it the most and information and education are empowering
- Fluorination and tap water continue to be something our population mistrusts and it needs to be addressed
- We are going to need to do education about new dental/healthcare coverage and have places/people to refer patients to for assistance in signing up for/using their benefits
- Implicit bias and how it is infused in so much of each day

What did you like most about the meeting?

- Positive energy of team members
- We are getting more comfortable and familiar with each other
- Spending time with the new mothers and learning from them and seeing their enthusiasm also watching everyone's stories take shape
- I enjoyed and appreciated that Chaudaiye shared her story with us and the dialogue that followed her story

What did you like least about the meeting?

- Scavenger hunt

Do you have any suggestions that can help us improve the next meeting?

- A quiet room for filming

Evaluation Findings

PPAB Meeting #4 | 9.23.22

In-person meeting

11 out of 13 PPAB members completed the evaluation

Please share at least two key takeaways you learned at the meeting.

- Collaboration is important to obtain goals
- I've learned to trust a dentist again
- It is very important to be well educated around oral health to support the perinatal population
- It is crucial that we have more health workers involved in this work to make it realistic
- Understanding that this work cannot be done overnight
- A baby can get cavities from parents when they birdfeed or put pacifier in their mouth
- The importance of strategic planning to make true progress with PPAB in MD
- How important education is whether you are a patient or provider
- Working with a diverse group of people is vital
- We cannot assume that dentists and dental hygienists know about perinatal and infant oral health - they need to learn myths vs. facts as much as other groups do
- Developing strategies is not an easy task
- Everyone has such a different perspective to share and listening with 2 ears and one mouth is critical to moving forward
- There is still so much information that the public just simply doesn't know. I learned at least three "pearls" about delivery of care and other specifics to new mom/baby dental care that I either thought I knew, relearned, or learned for the first time. I can't imagine the public is any different. Getting these services, including knowledge, especially knowledge will impact these mom's and their children perhaps for generations to come
- That there continues to be a lot of myths and misinformation about oral health as well as lack of information about its importance in the perinatal period

What did you like most about the meeting?

- The cohesiveness of everything and everyone working together
- The diversity of the group
- I think the myths vs. facts part was very eye-opening for folks
- Appreciated the fun activities peppered throughout (finding commonalities, taking a walk with someone you don't know well, etc.)
- Group exercise developing strategies
- How much this group has come together to respect each other and value each other from a human standpoint right through to how each's unique position in the group is bolstering the group in its mission
- The opportunity to listen to and learn from those with lived experiences and also from those representing community health/support services
- I liked that we really came together and worked on thoughtful and productive strategies that can be implemented throughout Baltimore city to help with the lack of education around oral health
- It was refreshing to see so many of us are thinking of the same way ideas when we are grouped differently

What did you like least about the meeting?

- That we only have one meeting left
- Tables were so invested in the discussion about strategies that they weren't as focused on what other teams shared
- It is hard when one is getting into the meat of things to have to move on because of the time - I would like to see an agenda that builds in extra time at end of the breakout sessions where a lot of the more in-depth work can occur so that if there is a team that is really chewing on something or needs time, that can happen (maybe having the re-charge/ice-break activities as part of agenda following these breakout activities but willingness to forgo some of those so that some of this more meaningful exchange regarding the work at hand can continue uninterrupted if it occurs organically)

Evaluation Findings

Do you have any suggestions that can help us improve the next meeting?

- Create an opportunity to dig deeper into what the participants with lived experiences think are effective ways (both in mechanism and content) to implement those recommendations that are targeted to individuals like them - such as any media campaign or educational messaging and ask them to help provide strategies to outreach to community



Evaluation Findings

PPAB Meeting #3 | 10.28.22

Virtual meeting

8 out of 13 PPAB members completed the evaluation

Please share at least two key takeaways you learned at the meeting.

- Candid sharing of stories is impactful
- You can learn something from everyone
- Everyone is grateful to be at the table making a difference
- Lisa shared bidirectional dialogue between PPAB and community partners
- Exciting to see how much impact PPAB can (and will!) have
- Better understanding for equality and how it plays a part in health
- Knowing that this work needs to be done in every community and as we model the way for others it is not an easy walk in the park but a very valuable one that many can learn from
- I learned that we need more moms and community health workers to be involved in this work for it to be more effective
- I also know that providing information to others is important, but it must be done from an equity standpoint
- The importance of having a diverse population.
- There is a lot of work still to be done on equity
- That everyone really enjoyed being part of the PPAB and they are excited to be part of the next phase!
- Meeting 5 was a very nice summation of what we have accomplished, where we started, bias training, equity vs equality and what they mean and how we can best explain them and use this knowledge in how we not only perceive situations but how we act in them

What did you like most about the meeting?

- The length
- The participation and how family oriented we have all become
- Memorable moments that people shared with one another
- Hearing about next steps and that a year 2 is planned
- I like how you can tell how strong everyone's connections have grown compared to the first day
- I enjoyed that all of us were able to come together and share our thoughts and reflections one last time
- I loved most of all that we had parents involved in this project as it made this work more meaningful
- The diversity and openness of the group
- The conversation about equality
- I personally liked the opening (one highlight and one lowlight from the week) and talking about how people understand/explain health equity to others
- Everyone was sad that we are done for the year
- The group has come together, and everyone has a voice that is heard and is respected

What did you like least about the meeting?

- That it was our last one until next year
- High/Low took a little long - following the direction to selecting one would have kept it shorter
- Loved it all
- I thought it was going to be longer – I have come to enjoy our time together

Please share any additional comments.

- It was heartwarming to hear everyone's thoughts
- Looking forward to the outcome of Year 2 grant
- Great work by all! It went by too quickly!

Summation Findings

Summation Findings

Interviews

As part of our evaluation efforts, all PPAB members were interviewed by phone at a time that was identified as convenient to the participant. These semi-structured interviews were highly successful, with 100% of Prenatal Postpartum Advisory Board (PPAB) members participating. Interviews were 15-20 minutes in length and consisted of 7 open-ended questions. Interviews were not recorded to respect the privacy and confidentiality of the participants; however, notes were taken during each interview to capture their lived experiences. The purpose of the interviews was to elicit data regarding participant experiences during their participation in the PPAB and recommendations to improve future iterations.

Demographics

Group members included a diverse range of participants. Identified roles included: mother, social worker, general dentist, community health worker, certified nurse midwife/care coordinator. Equal percentages of participants (28%) were mothers with lived experience and dental hygienists; 21% have community capacity roles (social worker, community health worker, care coordinator), 14% were general dentists, and 7% were medical professionals.

Purpose of the PPAB

According to members in the group, the PPAB exists to provide oral health messaging to improve health and oral health care among pregnant and postpartum women who are seeking dental care. The PPAB seeks to identify and understand the importance of oral health and its connection to overall health. The PPAB also seeks to determine the needs of Baltimore city and expand dental health insurance coverage benefits during and beyond pregnancy. Participants identified that the PPAB intends to establish a collaboration between professionals and patients to raise awareness of dental benefits offered by the State of Maryland for mothers and babies, including the expansion of providers outside of dentistry. The PPAB exists to increase, support, and promote health equity for underserved pregnant and postpartum women. The PPAB seeks to improve access, knowledge, and service to care, providing individuals tools and resources to be healthy. The PPAB also exists to develop strategies to meet not just access to care but also the financial provision of the care. The PPAB group seeks to connect and brainstorm with individuals of different lived and professional experiences and perspectives to discuss dental and health insurance with the goal of educating many partners to share information about the new dental policy being passed. The PPAB also exists to inform strategies that will be prioritized with identified next steps for oral health work in the state of Maryland.

Invitation to Group

Many of the PPAB participants were invited for participation in the board through project creators who worked with participants in other capacities. Many of the mothers with lived experiences were invited to participate through their community health worker, with whom they had an established rapport. They felt comfortable participating due to the familiar face and known presence. Almost all of the participants stated they were nervous due to not being sure what to expect and believing that this board would be similar to other meetings attended.

Summation Findings

Almost two-thirds of participants stated that the idea of equity training was new, and despite equity and health disparities being previously mentioned, meetings did not exist to address this purpose. Others stated, that when first hearing about the PPAB, they were overwhelmed because “it was a lot to take in,” or due to conflicting obligations and being unsure of what commitment to the PPAB entailed. A few participants stated they believed they would not enjoy the group due to feeling unsure of what they could add/contribute to the dynamic. Only two of the participants identified feeling excited for the group initially due to the goal of wanting to assist mothers in Maryland, but both stated they knew more about the project due to being involved in the initial planning of the committee.

Comfort

Over 60% of the participants knew 1-2 other members prior to joining the group. However, ALL of the PPAB participants stated that they felt comfortable and got to know nearly everyone in the group once meetings began. Most identified feeling comfortable and centered during the 2nd group meeting stating, “we all became a family,” and “these people are like my 2nd family, I can rely on them.” Participants stated they felt comfortable engaging due to the group facilitator who ensured that despite a person’s title, role, education, or lived experiences, everyone felt included and participated in the activities. All of the participants identified that the icebreaker activities made each of them feel comfortable, with the most memorable activities including “the cupid shuffle, the Bingo game, the playlist/favorite songs, the common interest finding games, taking a crazy picture and breakout groups/rooms.” A few (3/14) participants identified barriers to comfort including the use of virtual meetings stating, “it was sometimes difficult to connect during these times.”

Group Difference

All of the participants noted the group was different from most meetings/groups they have attended or joined. Participants identified this difference was due to the diversity and multiple stakeholders present, stating “it was a blend of those with lived, learned and professional experiences.” Others noted that the group held many different perspectives and felt genuine. All participants identified that multiple voices present, noting each voice brought something different to the group and despite holding many different roles/titles everyone was there with the goal of helping others. Every participant with professional experience/titles identified the presence of mothers with lived experiences made the group much different and having this group of passionate individuals who are not providers brought significant impact, change, and further motivated their excitement and participation. Participants identified, “it did not feel like corporate world.” Other key quotes include: “This group is different, tons of diversity and the group was eclectic in experience and age;” “It was helpful, and I attend a lot of meeting where administrators are making rules about people they do not interact with, so this group was good to have the lived experiences;” “Different due to the wide variety of people, it brought a lot of people together;” “Different due of the perspectives without judgement. [lots of different positions in the group...that was helpful].”

Summation Findings

Compensation

Almost two-thirds of participants (64%) received financial compensation for participation in the PPAB. Twenty-one percent of participants were unable to accept compensation due to conflict of interest between funding source and place of employer. Two participants accepted financial compensation but had not received compensation up until the point of the semi-structured interviews. Participants who have not received funding stated they were working with their current employers to mitigate the delay. Most participants identified that the financial compensation was a motivator to joining the PPAB due to the lack of information and knowledge regarding expectations of the commitment. They noted later that given the impact and group dynamics and reflecting back, they would have joined the group and continued to participate even if compensation was not offered. Key quotes include: “It was really nice to have the funding in honoring time and other commitments...I think we should continue to do that because it was helpful for people,” “It was great to be a part of something that was different. If the money was not given, still willing to participate,” “...still willing to participate without the money, it is a lot of information such as brushing teeth and fluoride that was helpful;” “The money came on time to help with bills, and I forgot the money was coming at times,” “We covered a lot of topics, it was good to interact with other adults and I was able to share authentic experiences, so the money did not matter at some point due to the exposure.”

Other Compensation

PPAB participants identified other modes of compensation including: childcare, transportation funding, oral health care supplies/needs, movie tickets, activities for children and family, household supply needs, gift baskets, dental services, career opportunities, employment, food, t-shirts, and other supplies

Equity & Learning Items

Many participants of the PPAB defined equity as everyone getting what they need in order to be healthy and that differs for every person as everyone needs something different. Equity was often defined as “everyone gets what they need to be on the same footing and have the same opportunities”. Seventy-one percent of participants identified the difference between equity, equality and justice and referred to a visual graphic to assist in their definition. Other definitions of equity included: justice to address the root cause to break down/take down the barriers, and each person receiving things in the best way for them based on needs to include equal access to care and equal treatment.

All participants identified a perspective shift in equity and a commitment to equity in their work...often identifying having a formal working definition and being able to better explain difference of concepts to others clearly using plain language. Others stated that from this definition and discussion, it is easy to identify inequities and make a plan/commitment to address equity in the work. Other identified an equity lens in work including ensuring the population they service needs are met in which resources are spread across equitably. Many participants who identified using an equity lens in their work stated doing so using advocacy to support identified needs for clients to address gaps.

Summation Findings

After completing the case studies and discussions participants provided several points of clarity including: “Everyone has a different situation and it’s important to help one another when we have the resources that can help, “being eye-opening to identify biases and see how that impacts people that I work with,” “...everyone has something in common. When people feel accepted truly, they are able to be themselves and degrees do not matter;” “meeting people where they are and not having a blanket rule for everyone as everyone is in a different place,” and “everybody is equal no matter the color.”

PPAB Expansion

Seventy-one percent of participants in the PPAB expressed a desire and comfort to lead mini-PPABs in the community that they represent, further exploring oral health care challenges in greater depth. Three participants (21%) hesitated, identifying they would be open to co-leading a group if they were able to have support in moderating. Only one stated that they did not feel comfortable due to current role/position held with employers that would conflict with their duty obligations. Participants identified the following groups as those they would be comfortable leading: Hispanics, dental hygiene students and faculty, young mothers, youth, mothers, nurse midwives, dentist, social workers, pregnant women, other professionals. Ninety-three percent (93%) of PPAB participants identified the following resources needed to be successful in leading groups: additional training, co-moderation, debriefing assistance, icebreakers, moderation guides, monthly check in’s, quality improvement items. They often stated, “I want it to be just like we had and to get the same results.”

Change in Maryland

PPAB participants identified the following areas for change in Maryland

- Education
- Affordable childcare [subsidized/free daycare]
- Housing
- Dental-Medical integration [understanding health and oral health connection]
- Oral health literacy [awareness of oral health diseases]
- Parental education/knowledge to improve children’s health and oral health
- Accessible, accurate & non-judgement prenatal care
- Oral health discussions across multiple settings [schools, prenatal & Head Start programs]
- Youth development
- Accessible medical & dental care
- Addressing food insecurity
- Communication on oral health care
- More dentists accepting Medicaid [changing fees and reimbursement]
- Equitable care [everyone gets what they need without concern for barriers]

Summation Findings

Recommendations

Following are recommendations for the PPAB:

- Opening the resources to other communities
- Spread information and resources to others to participants to make this bigger.
- Provide tools for PPAB members to work within their communities to spread the information provided.
- Address everyone's literacy & educational needs [virtual sessions and quizzes were not the best]
- Expanding the program for more than pregnant women and to also include children.
- Expand program across Maryland
- Allow for people tell their stories.
- Less focus on pictures and video taking [this felt too exposing, and we need to protect others]
- Be clear about what comes next, and what are we doing from having done this training
- Keep the program growing
- Invite 2-3 more mothers from different neighborhoods to gain their perspective
- Provide outcomes/summary of work to public health dentists
- Share the interviews to participants that allows them to see their oral health interview
- Longer virtual meetings [virtual meetings are too short]
- Incorporating more time for all the activities [Activities felt rushed along and everyone did not get to share, and get enough time to speak]
- Restructure breakout sessions to be sure that there are no dominating voices
- Provide more education and information to include follow up messages.

Key Quotes:

- "They did an awesome job getting the messages that people should and need to know."
- "It was great, every session we learned something new. It was different from what I thought because I thought it would be a lot of tests, but we got really close and personal, so it was good."
- "The atmosphere that Holly created... this made it successful. I cannot talk about this enough, she knew how to work the room and it was amazing."
- "What Holly did for us is unbelievable."
- "The pathway that the PPAB is moving in is great."
- "The facilitator is good, and the participants want to be involved, so it is great."
- "Excellent experience from start to finish, it was never awkward."
- "Felt like we were all supposed to be there."
- "Holly made the meetings fun and engaging which was critical"
- "It was a judge free zone; it was good to express what was on my mind."
- "People were changed by how the group saw them."
- "I think it is perfect, it really met the need."
- "Every meeting, I learned something new, it was powerful."
- "I think this has shifted lens."

Summation Findings

- “What we did was unique.”
- “It was such a great group.”
- “The facilitator made sure everyone felt included and participated.”
- “It was a great group...it changed a lot and I hope that it can actually lead to something.”
- “The key to all of this...is to make sure you have a diverse group of people.”



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