Needs Assessment of Health Centers without Oral Health/Dental Programs

**Background:**

Data from the Health Center Uniform Data System (UDS) showed that over 3.4 million individuals accessed dental services in the Health Center system in 2009. Out of 1,131 Health Centers nationwide, approximately 300 do not provide comprehensive oral health services.

As part of a Cooperative Agreement with the Health Resources and Services Administration (HRSA), National Network for Oral Health Access (NNOHA) recently conducted a needs assessment of Health Centers without oral health/dental programs, to identify what the barriers are to expansion. Based on the findings of this assessment, technical assistance resources can be developed to overcome barriers and encourage efforts to expand dental services in Health Centers.

An e-mail needs assessment was sent to 299 Health Centers that were identified by HRSA/BPHC as not having dental programs. Forty-one Health Centers responded for a response rate of 13.7%. The person completing the assessment was self-identified as the Health Center CEO/ED by 53.5% of respondents, followed by the CFO at 25.6%.

**Key Results:**

- **Two-thirds** of the respondents stated that they had never applied for an oral health expansion grant.
- The three biggest barriers that prevented a Health Center from providing oral health/dental services were:
  - Lack of physical space for a dental clinic
  - Perception that the Health Center would not be able to make an oral health/dental program succeed financially
  - Perception that the Health Center would not be able to hire providers for the program
- Of those Health Centers that had applied for a HRSA/BPHC oral health expansion grant but had not been funded, the majority felt that the weakest section of their grant application was their statement of **Resources/Capabilities** to address the oral health needs of their service populations.
- In the open-ended comment section of the assessment, the majority of comments related to the high up-front capital equipment costs associated with starting up a dental program.
Two-thirds of the respondents stated that they were interested in piloting technical assistance resources to expand dental/oral health services, including applying for future HRSA/BPHC expansion grants.

**Detailed Results:**

**Health Center Demographics**

The largest number of respondents (20.9%), were located in Region III (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia and West Virginia), followed by Regions IV and V.

Almost two-thirds (65.1%) of responding Health Centers self identified as rural versus urban. Respondents averaged 4 clinical sites per Health Center, with a range of 1-24 sites. The Health Centers averaged about 8,100 unduplicated users in 2010, with a range of 1,334-25,000 users.

**Previous Applicants for Oral Health Expansion Grants**

Most respondents had never applied for an oral health expansion grant, with only 29.7% indicating that their Health Center had previously submitted an application. When those respondents were asked which section of their grant application had received the lowest score, 60% stated they felt their Resources/ Capabilities section had received the lowest score, followed by the Need and Response sections at 30% each.

**Barriers to Providing Oral Health/Dental Services**

When asked to select which barriers played a large factor in choosing to not apply for an Oral Health/Dental expansion grant, the most frequently mentioned barriers were:

- Lack of physical space for a dental clinic (55.6%)
- Perception that would not be able to make an oral health/dental program succeed financially (51.4%)
- Perception that would not be able to hire providers for program (38.9%)

Interestingly, “Lack of time or resources to develop a grant application”, was selected as a large factor by 41.7% of respondents, but was also listed as not being a factor by a slightly higher percentage, 44.4%.

Many potential barriers were mentioned as not being a factor in the responding Health Centers’ decision on whether to apply for an expansion grant, including:

- Belief that oral health/dental service not needed at the Health Center at this time (85.3%)
- Health Center does not have dental HPSA designation (66.7%)
- Lack of general community support to develop a successful program (58.3%)
o Insufficient data about the need for oral health/dental services in our service population (56.8%)

o Lack of dental community support to develop a successful program (47.2%)

Over half of the comments in the open-ended response section of the assessment related to the barrier of high initial capital start-up costs associated with starting a dental program and the challenges that presents, combined with a recent lack of expansion grant opportunities:

“*We currently have secured a one-time $25,000 grant, but we need much more to make dental a reality. We are planning to apply for several more grants, but lack of resources...is making this very problematic.*”

“We have acquired the land. We have the design for a dental facility. We need the money to build.”

“The largest barrier to starting dental in our area is the large upfront capital costs.”

“...the capital to build and equip a dental office would be very helpful.”

“Oral health expansion grants are very infrequent. ES grants were too restrictive. CHCs without dental should be a major criteria and priority.”

“EXPANSION GRANT MONIES WERE NOT AVAILABLE”

**Technical Assistance**

Two thirds of responding Health Centers, 66.7%, stated that they would be interested in piloting technical assistance (TA) from NNOHA to apply for future HRSA/BPHC expansion grant to provide oral health/dental services. Seventy-seven percent of Health Centers that had previously applied for grants expressed interest in TA, compared to 58% of Health Centers that had never applied for funding. The three most preferred methods for receiving technical assistance were:

- On-line interactive materials, discussion boards, and monitored processes (e.g. webinars, learning collaboratives, etc.) (65.2%)
- On-going remote (calls, Emails) individual consultant assistance (60.9%)
- On-site individual consultation (56.6%)

**Discussion:**

Over the last 20 years HRSA/BPHC has made substantial investment in developing oral health/dental capital infrastructure in Health Centers, and the percentage of Health Centers with comprehensive dental programs has risen steadily to current levels of about 80%. For some Health Centers there may be a combination of geographic, economic and organizational factors that may preclude ever developing oral health/dental services, but beyond these, this
assessment reveals that there are many Health Centers that would like to implement dental services, and in fact realize that this is a need within their service population, but need varying levels of assistance to be successful.

“Adding dental services is a big community need and priority for us. We would appreciate any help we can get to add these services.”

Most Health Centers that have previously applied for oral health expansion grants are interested in receiving technical assistance to improve their application scores. Health Centers that have never applied for expansion grants expressed less interest in technical assistance.

Two barriers to oral health expansion identified by health centers could be addressed with appropriate technical assistance: the perception that an oral health/dental program might not succeed financially and the perception that the program would not be able to hire providers. Preferred methods for receiving TA included webinars and individual consultation.

Many of the comments spoke to the high capital costs associated with creating the physical infrastructure of a dental clinic beyond simply obtaining space. The comments mentioned the costs of building out the dental clinic—specialized plumbing, electrical and other building code requirements, as well as the cost of dental equipment, highlighting a critical difference between primary care in medicine, and primary care in dentistry, which from an equipment perspective is almost equivalent to ambulatory surgery.

**Next Steps:**

Several respondents to the needs assessment provided contact information and expressed interest in receiving technical assistance. Tools are being developed by NNOHA and piloted with these Health Centers.

For previous expansion grant applicants:

- Review and assessment of previous grant applications with special attention to the Resources/Capabilities section
- Development of learning tools/tutorials to maximize scoring for each section

For Health Centers that are considering expanding oral health services:

- Web-based training in developing all sections of a grant application
- Interactive personalized assistance
Existing NNOHA resources to address perception that would not be able to make an oral health/dental program succeed financially:

- Sample dental budget
- *Health Center Dental Operations Manual* Finance chapter

Existing NNOHA resources to address perception that would not be able to hire providers for program:

- Online job bank
- *Health Center Dental Operations Manual* Workforce chapter
- Salary & Retention survey
- Health Center Employer Compensation Analysis
- Archived Webinar The NNOHA Survey of Health Center Dental Salaries: Trends and Analysis

After revision of the piloted resources based on feedback from initial users, the new resource tools can be posted on the NNOHA website and used for future webinars. Tools can also be disseminated through collaboration with the communication channels of NNOHA and its partners.

**For more information, contact:**

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