Preventing Childhood Tooth Decay - Getting Their Attention

Marija Osborn, MSW, NNOHA Policy Analyst

January saw the start of the 113th Congress and the opening of state legislative sessions across the country, and the publication of The Pew Center on the State’s latest report, “Falling Short: Most States Lag on Dental Sealants.” The report, which can be found at www.pewstates.org/dental-sealants, provides a national snapshot of how we are doing, but can also serve as a useful tool for you to be an effective advocate.

At the heart of advocacy is the goal of getting your message heard by those who have power to make a decision and getting them to act in favor of your message. The most successful advocates provide decision makers with data, put a face to their message, and present a solution. The Pew Center report, Falling Short can assist you in developing a strong oral health advocacy message for policy makers.

Falling Short provides you with two great tools: a letter grade to sum up how your state is doing in preventing dental decay for the state’s children, as well as data that can be used to understand where changes can be made that can result in an improvement in your state’s oral health status. As a safety-net oral health care provider, you have the power to become a very effective oral health advocate. You have the ability to give a face to the (Continued on page 2)

NOTE: The NNOHA newsletter is for information sharing & discussion purposes. NNOHA does not endorse all included viewpoints or authors.
Falling Short report because you can effectively tell the story of the children who have come through your doors seeking dental care.

As you consider how you can utilize this report, keep the following in mind:

- **Not everyone knows what a dental sealant is or the research behind it**, so take a moment to briefly explain what they are in non-clinical terms. Page 5 sums up some of the research and talking points you can use.
- **Never underestimate the power of letter grades on policy makers.** It may seem elementary, but grades give policy makers a snapshot of a problem that they can understand and take action on.
- **Facts are great, but stories reinforce that they are true.** Talk about how many children you see in your practice with preventable decay, but also talk about one or two particular stories that have affected you.
- **Effective advocates build a relationship.** Did your state receive an A? Effective advocates contact policymakers not only when advocating for policy changes but also to thank them for actions that have been taken to achieve an A and encourage them to continue to do so.

As you review *Falling Short*, look specifically at your state. Where do you rank? What are the areas in need of improvement? Consider looking at the school districts around your clinic — how many of their high risk schools have sealant programs? Based on your assessment, consider getting this information into the hands of your state legislators, your federal representatives, your school board, and your community.

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**Exploring the Uniform Data System (UDS)**

Irene Hilton DDS, MPH, NNOHA Dental Consultant

One of the many activities NNOHA staff perform to serve its members is monitoring the annual Uniform Data System (UDS) data collected by HRSA. The UDS is the core set of information for reviewing the operation and performance of Health Centers. The UDS tracks a variety of information, including patient demographics, services provided, staffing, clinical indicators, utilization rates, costs, and revenues. UDS data is collected from grantees and reported at the state and national levels. The 2011 UDS data report can be accessed at: [http://bphc.hrsa.gov/uds/view.aspx?year=2011](http://bphc.hrsa.gov/uds/view.aspx?year=2011).

Recently, NNOHA Special Projects Coordinator, Sonia Sheck, created a spreadsheet with an in-depth analysis of 2011 data, as well as a comparison of some UDS dental data for five years (2007-2011). She looked at both national and state data and aggregated the state data by HRSA regions. Some of the results are presented below. One of the goals for sharing the results with members in this article is to stimulate thinking as to what these findings might mean. Most of us can think of the context in which our Health Center dental programs exists, which explains BOTH local variation and national trends. While there is no right or wrong answer, let the conversations begin!

Two of the most frequent practice management questions NNOHA receives are: “What is the baseline number of encounters a clinic/provider should achieve?” and “What is a reasonable amount for the average cost of a dental encounter?” The UDS data allows us to look at both cost per dental visit and encounters per dentist and dental hygienist at the state, regional, and national levels.

For cost per visit, one interesting finding is the range and variation between states even in the same HRSA region, validating that each state (and Health Cen-
ter) situation is unique. In 2011, the average cost for a dental visit in a Health Center was $160 nationwide, but the variation between states ranged from $122-$272, which is more than double. Even in the same HRSA region it was not uncommon to find differences of over $100 in per visit cost between states.

For encounters per provider in 2011, the national average was 2,682 visits/FTE dentist and 1,314 visits/FTE dental hygienist. The range between states varied from 1,666 to 3,342 visits/FTE dentist and 485-1932 visits/FTE dental hygienist. It would be interesting to match states by the scope of their dental team members’ practice, i.e. do states with broader scope of practice have more encounters/DDS in the Health Center setting? It is assumed, but yet to be studied.

In analyzing the national data over the five years (2007-2011), an unexpected gold nugget was found – a finding that, instead of answering a question, creates more questions. In the last five (or really ten) years, Health Center dental programs have experienced tremendous growth. This is evident in the UDS data. As seen in the accompanying graph, everything is rising in a linear manner - dental staff FTEs, dental patients, total dental visits, etc.

What was totally unexpected was that over the five-year period, encounters/FTE - whether for the dentist, dental hygienist or the dental team - have almost NO variability! Think about this. More dental clinics opened, more staff were hired, but productivity per provider did not increase. Can it be that the current Health Center dental delivery system is at peak productivity? Think of the variables at the Health Center and state level that balance out so that nationally there has been no change in productivity. Once you are looking at millions of encounters, something really has to change to move the needle. What, if any, changes can be made, given our current dental care delivery system, that would increase productivity and would that be a desired outcome? Again, while there is no right or wrong answer, let the conversations begin! 

![Figure 1- 2007-2011 UDS Data](image-url)
Corporate Advisory Spotlight: 3M ESPE

3M ESPE provides dental products and services designed to help dental professionals improve their patients’ oral health. These products are a result of conversations and collaboration with dental professionals around the world.

Products that are of special interest to Health Center dentists include:

- Filtek™ Supreme Ultra Restorative is a versatile composite that can be used with confidence for both anterior and posterior restorative procedures.
- Scotchbond™ Universal Adhesive is a single-bottle adhesive solution that combines true versatility with the ultimate in strength, speed (one step; one coat application) and convenience.
- Ketac™ Nano Light-Curing Glass Ionomer Restorative is an esthetic glass ionomer with fewer steps and faster treatment.
- RelyX™ Luting Plus Automix is a resin modified glass ionomer cement with a tack light cure option for faster clean-up after placing crowns. The sustained fluoride release is an advantage for caries prone patients.

Preventive products include:

- Vanish™ 5% Sodium Fluoride White Varnish with Tri-Calcium Phosphate is targeted to deliver sustained fluoride and calcium release. This exclusive TCP technology has been customized to work with Vanish white varnish.
- Clinpro™ Sealant, with its unique patented color-change technology, makes sealant application easier than ever. It is pink in color when applied to the tooth and cures to a natural white.

For additional information or technical support, call the 3M ESPE Customer Care Center at 1-800-634-2249 or visit the 3M ESPE website at 3MESPE.com.

Matt Bender, of 3M ESPE, has turned over his NNOHA responsibilities to Steve Priola, 3M ESPE’s Federal Accounts Manager. Steve, his wife Maylie, and son Evan (5) reside in San Antonio, TX. Steve can be reached at 904-537-7930, spriola@mmm.com.

NNOHA Welcomes New Corporate Advisory Committee Members

Innodent takes pride in its clients, knowing we are working diligently to achieve superior service that would be of great benefit. Our clients range from Community Health Centers to group practices to private dentists. Specifically to Community Health Centers, we have decided to offer prices lower than other laboratories. We have also decided to keep the concept simple by creating flat rates. For example, we provide flat rate shipping for $189 for dentures from start to finish. Innodent feels this simplicity will be attractive to you, the customer and the finance departments.

Our goal is to maintain a one-on-one relationship with our clients, regardless of location. Our philosophy is to work together to create what will be the best environment for everyone, while providing you quality products at a low price with quick turnaround times. We hope you take the time to allow us to show you why we are your INNOVATIVE DENTAL SOLUTION. For more information, please call (845) 838-9100.

Hu-Friedy is committed to helping dental professionals perform at their best by offering products, services and community support that advance dental performance. Our partnership with NNOHA will help us better understand, serve and provide solutions to the needs of community health centers across the country. We are committed to identifying causes and allocating resources to address healthcare, education and environmental philanthropic needs. For more information on Hu-Friedy, please visit: http://www.hu-friedy.com/.

To learn more about NNOHA’s Corporate Advisory Committee members, visit http://www.nnoha.org/advisory.html.
Advocate Spotlight: Dr. Lisa Bozzetti, Virginia Garcia Memorial Health Center (Oregon)

Marija Osborn, MSW, NNOHA Policy Analyst

2012 was a historic year for Portland, Oregon – the City Council voted unanimously in favor of Community Water Fluoridation. Dr. Lisa Bozzetti, a NNOHA member since 2010, participated in the coalition supporting this movement. NNOHA staff interviewed Lisa on her involvement in the process, the lessons she learned, and what advice she would offer to other NNOHA members seeking change in their community.

Why did you get involved in this effort?
I was contacted by Upstream Public Health, a local non-profit that spearheaded this grassroots effort of over 80 different local and national organizations publically supporting the effort. I am the Dental Director of a large FQHC just outside Portland and represented the dental public health side in the coalition. The coalition looked to us [dental public health] to provide both the data and face of Oregon’s dental problem. The support of my Health Center was also important in recruiting additional coalition members without a public health background.

Had you engaged in advocacy efforts before this?
No, I had never done something like this before. This was my first foray into something very controversial, and I learned I had friends who very vocally did not support fluoridation. As a part of this effort, I was invited to be on a panel that testified before the Mayor and City Council. That was the first time I had ever testified on an issue.

In addition to testifying, what advocacy activities did you engage in?
In order for my organization to participate in the coalition, I had to go before my Board of Directors and ask for their public support. It may seem like a fairly obvious thing, but Oregon is known for having folks who are vehemently against fluoridation, so with the help of Upstream, we worked to educate the Board. My presentation was well received and my Board voted unanimously to support the issue. Getting the endorsement of the Board was important, because it meant I could personally represent the agency through attendance at meetings and speaking to the press.

Portland has turned down water fluoridation in the past, what do you think has been different about this campaign?
The medical and dental community supported this effort, but we were not the driving effort. This allowed the fluoridation campaign to be framed in a different light (social justice/equity), and that has really helped. Upstream Public Health works to promote policy changes that support public health in Oregon and they are well known and respected in the community.

What advice do you have for NNOHA members about advocacy?
Know that you do not have to be the expert on everything. Study the issue and know your part.
PARTNERSHIP

Stephanie Hansen, Education Coordinator, NOSORH
Maria Smith, MPA, Project Coordinator, NNOHA

Last summer, NNOHA and the National Organization of State Offices of Rural Health (NOSORH) initiated a new plan to provide oral health resources and technical assistance to State Offices of Rural Health (SORHs). SORHs work to improve access to, and enhance the quality of, health care for America’s 61 million rural citizens. NOSORH is the membership association of all 50 SORHs. NOSORH’s mission is to build the capacity of SORHs through education, advocacy and partnerships.

To help bring awareness to rural oral health issues, we started off the project by presenting at each other’s annual conferences. NOSORH presented at the 2012 National Primary Oral Health Conference in La Jolla, CA with a session titled, “Oral Health in Rural America,” which discussed the unique and challenging aspects of oral health in rural America and highlighted several state programs working to address those challenges. Just a few weeks later, NNOHA presented at NOSORH’s Annual Meeting in Madison, WI on oral health disparities and improving access to care. Discussions at the end of both sessions illustrated the overall shortage of dental providers in rural settings, both in Health Centers and private practice, lack of water fluoridation and

Advocate Spotlight (Continued from page 5)

but remember that there are other members of your coalition who can help. Even with the struggles, it was one of the most rewarding things I have done. I don’t know if I will have another opportunity to do something of comparable impact again. I am happy that I participated.

Were there any unexpected rewards for participating?
The agency as a whole supported the fluoridation effort, so I sent out regular emails updating the entire organization on what was happening. I got emails back from doctors, nurses, frontline staff, and people I personally didn’t know that worked for our Health Center, all letting me know they were supportive of what we were doing. They also told me that it had inspired them to write a letter or contact the Mayor and City Council concerning the fluoridation effort. It was a great way to make the rest of the Health Center aware of what the dental department was doing.

What’s next?
Upstream Public Health is leading the full coalition as we shift into a political campaign in preparation for a public vote in May 2013. I look forward to staying involved.

NNOHA and The National Organization of State Offices of Rural Health (NOSORH): A Growing Partnership to Provide Oral Health Resources to State Offices of Rural Health

Protestors Outside

Vote Supporters with Thumbs Up
lack of funding for adults to receive dental care. These discussions confirmed the need to support SORHs in their efforts to provide oral health resources to rural America.

In order for NNOHA to help SORHs provide oral health resources to rural clinics, NNOHA and NOSORH conducted a survey to assess SORHs’ current oral health work and interest in technical assistance trainings. The survey was released in December 2012 for a period of approximately three weeks. We received responses from 37 states. The results revealed that 79% of respondents are actively working on oral health issues in their state. The most common oral health projects conducted by SORHs include recruitment and state loan repayment programs, school-based oral health screenings, advocacy for water fluoridation, and helping both Health Center and private dentists better understand Medicaid billing and reimbursement procedures. “Unfortunately, it is not a surprise to see recruitment and retention at the top of this list. Ensuring access to providers remains a challenge in rural America,” says Teryl Eisinger, Director at NOSORH.

The results also illustrated SORHs’ collaborative efforts on their oral health work: 81% are working with their state oral health programs, 62% with Federally Qualified Health Centers, 49% with other safety-net clinics, and 27% with local school districts.

The survey also discovered a significant interest in oral health technical assistance trainings from NNOHA (72% of all respondents). SORHs are most interested in webinar trainings on recruitment and retention strategies (75%), what to expect when hosting dental students and residents at Health Centers/Rural Health Clinics (56%), how to start a dental program within a Health Centers/Rural Health Clinics (53%), and how to conduct a community needs assessment (34%).

We are using this data to plan the resources we will disseminate in 2013, including a webinar series, learning community calls, newsletter articles and email communication. We are also discussing opportunities to present at SORH regional meetings across the country. Potential presenters include dental providers in rural Health Centers and SORHs with innovative programs. According to NNOHA’s Executive Director, Annette Zacharias, “the webinars can be an opportunity for SORHs to not only learn about innovative practices from on-the-ground Health Center dental providers, but to also share their own successful programs with one another.”

The first webinar for SORHs will occur this spring, covering recruitment and retention strategies. We will invite NNOHA members to join SORHs in all relevant trainings. Both NNOHA and NOSORH are excited about the project and we are looking forward to all the trainings we will conduct in 2013! If you have any questions about this partnership, please contact Maria Smith at maria@nnoha.org.

“79% of respondents [to the SORH survey] are actively working on oral health issues in their state.”

From L to R: Annette Zacharias, (Executive Director, NNOHA), Jessica Burkard (former Special Projects Coordinator, NOSORH), Alisa Druzba (Director, NH Bureau of Rural and Primary Care), Maria Smith (Project Coordinator, NNOHA).
MEMBER SPOTLIGHT

Maria Smith, MPA, NNOHA Project Coordinator

Piedmont Health Services, Inc., a Federally Qualified Health Center (FQHC), provides comprehensive health care services, as well as supportive services (education, translation, transportation, etc.) that promote access to health care. For this article, NNOHA interviewed Katrina Mattison-Chalwe, DDS, Dental Director at Piedmont Health. Piedmont Health’s mission is to improve the health and well-being of the community by providing high quality, affordable, and comprehensive primary health care.

When did your Health Center start?
Piedmont Health was founded in 1970 (then called Orange Chatham Comprehensive Health Services) by a group of health care professionals at the University of North Carolina at Chapel Hill and local community members concerned with lack of access to primary health care. Our Prospect Hill Community Health Center in rural Caswell County, the first Federally Qualified Health Center in the state, opened March 11, 1970. We now operate six Community Health Center sites in four counties and additionally a CMS-deemed Program of All-Inclusive Care for the Elderly (PACE). We plan to open two additional Community Health Center sites and expand PACE in 2013. Piedmont Health Community Health Centers provide comprehensive family medical and dental care, on-site laboratory, 340b pharmacy, WIC/nutrition services, care management, and outreach services.

What is your community like?
We serve a diverse multi-county region in the north-central “Piedmont” region of North Carolina that encompasses both rural and metropolitan areas. Our patient population in CY 2011 was 53% Hispanic, 19% Black, 19% White, and 4% Asian. Of these patients, 41% preferred care in a language other than English. Most preferred Spanish, but a significant group of Burmese refugees preferred Karen or Burmese dialects. Of the total population, 59% were uninsured, 28% had Medicaid/CHIP, 9% were privately insured, and 4% had Medicare. Over 98% of patients lived below 200% of the Federal Poverty Level and qualified for sliding-fee care.

What challenges do you face that might be different from other Health Centers?
North Carolina Health Centers serve more uninsured residents than the national Health Center average (52% vs. 36% respectively in 2011), and serve a large group of Hispanic immigrants and Burmese refugees who have great need for culturally-competent care.

What are you doing well that you would like to share with us?
We have collaboration with the University of North Carolina at Chapel Hill (UNC) School of Dentistry’s Pediatric Dentistry Department. In order to increase dental access for very young children (< 4 years), our dental staff were trained in UNC’s Baby Oral Health Program (BOHP) model, which has been successfully implemented in our four dental sites. The model focuses on providing oral health education to parents and oral screenings/fluoride varnishes to very young children. We have integrated this work with our Women, Infants and Children (WIC) and medical departments to enhance its impact. For example, WIC children and those being seen in the medical department are offered same day access to fluoride varnish and education. From 2011 to 2012, the number of encounters for this age group increased from 420 to 1695. We also increased the number of patients who received care from 335 in 2011 to 1,233 in 2012.

Do you have any strong partnerships in the community?
In addition to working on the BOHP model, we partner with several academic institutions as a clinical site for student rotations (dental, hygiene, and dental assisting students). Moreover, we offer training rotation opportunities for both 3rd and 4th year dentistry and dental hygiene students from the UNC School of Dentistry. We also partner with two local community colleges, Alamance Community College and Central Carolina Community College, to offer...
clinical experiences for hygiene and dental assisting students.

Beyond training and the dental department specifically, we have a strong partnership with UNC Health Care, codified in the Carolina Health Net Program which identifies low-income uninsured patients in the UNC Emergency Department and specialty departments for referral to a primary care home at Piedmont Health. In a similar vein, we work with several local Chambers of Commerce to offer chamber member employers who do not offer health insurance to their employees, affordable health care options for those employees here at Piedmont Health.

How do you interface with the medical department?
All of our dental providers participate in site leadership meetings every week. Every quarter, we have a managers meeting which involves every department manager at all sites, including dental. We also participate in outreach events with all other departments. We have tried especially hard to integrate all the departments through the aforementioned BOHP, assuring that those children seen in the medical department who lack a dental home can easily establish one with us.

Has NNOHA been helpful to you in some way?
NNOHA has been extremely helpful with providing great resources for our operational best practice standards. They have also provided great conferences which make it easier to network and ask questions of other Dental Directors.

What do you “know now that you wish you knew then” or what advice would you give to a new Health Center Dental Director?
There are no specific instructions to being a Dental Director, but NNOHA can provide you with a road map on how to become a successful Health Center. The primary focus is quality care to the patient, but along with that comes policies, procedures, and standards that should be followed.

What would you like the decision makers in Washington, DC to know about Health Center dental programs?
Health Centers are an important part of community care. If our services are utilized in the correct manner, we help cut cost to the patient and the state. In a Health Center, everyone is treated with the upmost quality of care and care is not dependent on ability to pay. We are the best kept secret around!

What is on your wish list for the future?
We would like to make future enhancements to our partnerships with local health departments, hospital emergency rooms, and dental schools to ensure better oral health for everyone in our community.

A special thank you to Katrina Mattison-Chalwe, DDS, Dental Director at Piedmont Health Services, Inc. for contributing to this article!
NNOHA Welcomes a New Office Volunteer, Rachel Mundus: Rachel Mundus has a strong passion for safety-net dentistry. She is an advocate for oral health education and helping people find a comprehensive dental home. Ms. Mundus is studying to become a pediatric public health dentist and working to improve access for dental services in her home state of Michigan and nationally. After receiving her B.A. from the University of Tennessee in 2011 in African-American Studies she has been working to develop children’s education programs, support community clinics, and serves on the Children’s ToothFairy Foundation Board. She lives in Detroit, is working with Remote Area Medical and the Michigan legislature to bring no cost clinics to Michigan’s medically underserved areas, and is a post-Bachelor student at Wayne State University. Ms. Mundus is very honored to be volunteering with NNOHA to help influence policy and learn from the member’s successful program models to improve our Nation’s oral health access.

Discount Available - Comprehensive Pediatric Dentistry for the General Practitioner:
Friday, April 05, 2013 - Sunday, April 07, 2013
The JW Marriott San Francisco Union Square
500 Post Street, San Francisco, US-CA , 94102
American Academy of Pediatric Dentistry (AAPD) offers this two and one half day course that provides practical information, based on proven science, so that you can provide the best care for your patients. A broad array of topics will be presented including restorative care, pulp therapy, trauma, behavior management, oral pathology, space management and minor tooth movement. The material will be presented by experts in pediatric dentistry using lectures and panel discussions. Participants will have additional opportunities for discussion and one-on-one learning with the experts during the included luncheons and breaks.

All NNOHA members can register for this course at the discounted AAPD member rate! Please visit our news page at: http://www.nnoha.org/blog/110315/8564/ for more detailed information and how to register.

Oral Health Care During Pregnancy: A National Consensus Statement: In 2012, the Health Resources and Services Administration (HRSA), in collaboration with the American Dental Association and American College of Obstetricians and Gynecologists, produced the Oral Health Care During Pregnancy: A National Consensus Statement—Summary of an Expert Workgroup Meeting, which is intended to help professionals working in states and communities plan, develop, and implement programs to help ensure that pregnant women receive optimal oral health services. Though available online at http://www.mchoralhealth.org/PDFs/OralHealthPregnancyConsensus.pdf, print copies of the consensus statement are available at no charge and can be ordered online at http://www.mchoralhealth.org/order/index.html. These hard copies can be distributed at dental society meetings, oral health coalition gatherings, and with your medical colleagues within your Health Center.

HRSA Funding Opportunities: FY 2013 New Access Point Funding Opportunity announcement is now available. Please visit the Grants.gov website at www.grants.gov for the NAP funding opportunity announcement (HRSA-13-228) detailing the eligibility requirements and review criteria for organizations seeking a grant for operational support of a new access point. Technical assistance information for this opportunity is available at: http://www.hrsa.gov/grants/apply/assistance/nap/. For other grant opportunities, visit: http://www.hrsa.gov/grants/index.html.
On the Horizon: Upcoming NNOHA Activities in 2013

Mitsuko Ikeda, NNOHA Project Director

As we enter 2013, we at NNOHA are very thankful for all your support in 2012, which made our organization grow tremendously, and wish you a belated Happy New Year! The 2013 calendar is looking even busier and more exciting for NNOHA, so on behalf of our program team I would like to share what is on the horizon!

- **Membership Survey:** NNOHA is conducting our Annual Membership Survey during the month of February. Your feedback is important to help us improve the services and resources we provide and to set our policy priorities. All members should be receiving an email with the link to the online survey on February 14, and the deadline is March 8, 2013! The results of the survey will be published in the May 2013 issue of NNOHA News.

- **Oral Health Core Competency Pilot:** In partnership with the Health Resources and Services Administration (HRSA), NNOHA has launched the Oral Health Core Clinical Competency Pilot Project. The goal of the project is to adopt and implement oral health core clinical competencies using a sustainable systems-approach resulting in integration of oral health and primary care through inter-professional collaborative practice. In response to our Call for Applications, many Health Centers have applied to participate in the project, and we are excited to announce that the following three have been selected: Bronx Community Health Network, Inc. (Bronx, NY), Family HealthCare (Fargo, ND and Moorhead, MN), and Health Partners of Western Ohio (Lima, OH).

- **National Oral Health Learning Institute (NOHLI):** When NNOHA launched the pilot class of the NOHLI in the summer of 2012, our members responded with overwhelming excitement, reinforcing the need for this type of leadership training. So far, our ten scholars have completed three online modules: Leadership, Health Center Fundamentals and Workforce. In March, scholars will attend their second in-person training, with sessions on Communications, Financials, Quality and more! For more information, please visit: http://www.nnoha.org/nohl/nohl.html.

- **Emerging Focus Areas:** By partnering with other organizations, NNOHA is expanding its reach and developing expertise in emerging areas related to the oral health safety net. One example is our new partnership with the National Organization of State Offices of Rural Health, as seen in the article by Maria Smith and Stephanie Hansen (see page 6). In addition, this year NNOHA will be conducting an environmental scan of school-based dental programs operated by Health Centers. Our goal is to better understand their scope and implementation strategies, as well as to identify high-performing programs and their characteristics, so that we can disseminate the information with our membership and beyond. Another area in which we have a great interest is diagnostic codes. Aside from the survey of the use of dental diagnostic codes in Health Centers we conducted last year (and the results will be released soon!), we are currently working with the Harvard School of Dental Medicine to potentially implement EZCodes in Health Centers.

- **Improved Infrastructure to Serve Our Members:** One area that you will see a change this year is our website! With the growth of our membership and services we offer, we are working on rebuilding the website so it can serve as a more powerful tool for you. Please look out for communication from us in the near future.

As a membership organization, NNOHA’s is here to serve YOU! We welcome any questions or comments regarding our projects and activities, including the ones highlighted here. We also invite you to get involved in NNOHA activities by participating in Committees and workgroups, mentoring new Dental Directors, or sharing our membership information with your colleagues. We hope to share different levels of volunteer engagement in the upcoming issue. We look forward to making 2013 the most exciting year for all of you and your oral health programs!
Fundraising: Telling Your Story – The Elevator Pitch

Jim Kitch, ADI Mobile Health

You may be asking yourself, “The elevator pitch, isn’t that just for sales folks?” Yes it is and as a Dental Director or FQHC team member you are in sales. You are not just a clinician or team member but you also have the duty of promoting your services and the organization to your clients, patients, vendors, your funding partners, and the greater community. You are in competition for patients, for funding partners, and for community partners with other for profit and non-profit programs.

As you craft your story, keep in mind these points. Can everyone in the organization share the same 3-4 points of information? What makes your organization unique? Why should a patient or funding source engage with your organization? What value does your organization bring to your patients, vendors, funding sources, and community partners?

Your elevator speech should engage the listener to want to ask more about your organization and to enter into further and deeper conversations. The goal is to pique their interest enough in 30-45 seconds to want to receive additional information. As you take a look at your particular organization and start to craft your particular story, always look at it from the listener’s viewpoint of “What’s in it for me?” If you can find that thing, that return, that hook for your listener, you will get the additional time to spell out the details of your organization and what it can offer to the listener.

Your elevator speech should mirror the elements of your mission statement yet be flexible enough to adapt to the population group you are talking with—patients, vendors, funding partners, or community partners.

Editor’s Note: NNOHA’s weekly digest hosts short articles on monthly themes. This article was published in the January 8, 2013 issue. To read other digests, please visit: http://www.nnoha.org/news/weekly_digest.html.

Find NNOHA!

This year, the NNOHA team will be attending various conferences throughout the year to bring oral health to the table. If you are attending the following conferences, please look for us and say “hello”!

- Association of Clinicians for the Underserved’s Health IT for the Underserved Conference (March 7-8 in Poughkeepsie, NY)
- NACHC’s 2013 Policy & Issues Forum (March 20-23 in Washington, DC)
- 2013 National Oral Health Conference (April 22-24 in Huntsville, AL)
- 2013 American Dental Hygienists’ Association (ADHA) Annual Session (June 19-25 in Boston, MA).
Upcoming Conferences & Events

Here are some upcoming conferences in 2013. For more detailed list, please visit: http://www.nnoha.org/conference/links.html:

- **The 2013 American Academy of Dental Practice Administration (AADPA) Annual Meeting**, “THE PATH-Passion, Purpose, Prosperity” will take place March 6-9, 2013 at The Cosmopolitan Hotel in Las Vegas, NV. For more information, visit http://aadpa.org/meetings-education/annual-meeting.

- **The 2013 American Dental Education Association (ADEA) Annual Session & Exhibition** will occur March 16-19, 2013 in Seattle, WA. For more information visit: http://www.adea.org/Secondary.aspx?id=13859.

- **The American Association for Dental Research (AADR)/IADR Annual Meeting** will take place in Seattle, WA, March 20-23, 2013. For more information, visit http://www.aadronline.org/i4a/pages/index.cfm?pageid=3507#.UJwnXYZlndl.


- **The American Academy of Pediatric Dentistry’s (AAPD) Comprehensive Pediatric Dentistry for the General Practitioner course** will take place April 5-7, 2013 at the JW Marriott San Francisco Union Square in San Francisco, CA. For more information, visit http://www.aapd.org/events/comprehensive_pediatric_dentistry_for_the_general_practitioner_Winter_2013/.

- **IHI’s 14th Annual International Summit on Improving Patient Care in the Office Practice & the Community** will take place April 7-8, 2013 in Scottsdale, AZ. For more information, visit http://www.ihi.org/offerings/conferences/summit2013/pages/default.aspx.

- **The 25th Annual Meeting on Special Care Dentistry** will occur April 18-21, 2013 in New Orleans, LA. For more information, visit http://www.scdaoonline.org/?page=AnnualMeeting.

- **The Annual Central Texas Dental Symposium** will occur Friday, April 19, 2013 at the Dell Children’s Medical Center in Austin, TX. For more information, visit http://www.dellchildrens.net/services_and_programs/craniofacial_center/annual_central_texas_dental_symposium/.


- **The ADA’s 2013 EBD Champions Conference** will take place April 25-27th, 2013 at the ADA Headquarters in Chicago, IL. For more information, visit: http://www.adad.org/278.aspx.

- **Western Clinicians Network is sponsoring the Annual Region IX Leadership Institute-20th Anniversary Celebration** on April 28-May 1, 2013 in Kapolei, HI at the Aulani Resort. For more information, visit http://www.westerncliniciansnetwork.net/?page_id=194.


- **The Northwest Regional Primary Care Association’s Spring Primary Care Conference** will take place May 18-21, 2013 in Anchorage, AK. Visit http://www.nwRPCA.org/conferences/spring-primary-care-conference.html for more details.

- **Sponsored by The PHS Commissioned Officers Foundation for the Advancement of Public Health, the 2013 USPHS Scientific and Training Symposium** will be held at the Renaissance Hotel in Glendale, AZ from May 21-23, 2013. The theme for the 2013 Symposium is “Public Health Prevention and Care: Bridging the Gaps.” For more details, visit http://symposium.phscof.org/.

- **The 2013 American Dental Hygienists’ Association (ADHA) Annual Session** will take place June 19-25, 2013 in Boston, MA. For more information, visit http://www.adha.org/annualsession2012/2013_info.htm.

- **The 2013 National School-Based Health Care Convention** will occur in Washington, DC from June 23-26, 2013. For more information, visit: http://www.nasbhc.org/site/c.ckLQKbOVLkK6E/b.7505261/k.2727/Convention.htm.
Member Recognition

The following individuals and organizations have initiated or renewed their membership of NNOHA between November 1, 2012 and February 1, 2013. We recognize their commitment to supporting NNOHA and improving access to oral health services for the underserved.

ORGANIZATIONAL / UNIVERSITY AND ASSOCIATION MEMBERS

- Aaron E. Henry Community Health Services Center - Alison Ross
- Access Community Health Centers - Ada Foerster
- Access Family Health Services - Marilyn Sumerford
- Akron Community Health Resources, Inc. - Kristine Drummond
- Central Counties Health Centers, Inc. - Mary Margaret Looker
- Community Health Services of Lamoille Valley - Kevin Kelley
- Community Health Care, Inc. - Mary Mariani
- Community Health Center of Burlington - Diana Greenough
- Community Health Partnership of Illinois - Debra Morignette
- Covenant House Health Service - Susan Stukes
- Delaware Valley Community Health, Inc. - Brenda Robles
- Dientes Community Dental Care - Laura Marcus
- E C Tyree Health & Dental Clinic - Schaunta James-Boyd
- East Central Mississippi Health Care, Inc. - James Yelverton
- Erie Family Health Center - Lee Francis
- Family Health Center of Marshfield, Inc. - Greg Nycz
- Family Health Centers, Inc. - Stephanie Poynter
- HealthPoint - John Caron
- HealthPoint - Pamela Gorsuch
- InterCare Community Health Network - MaryKay Powell Steele
- Katy Trail Community Health - Nicole Medley
- Lake Superior Community Health Center - Eric Elmquist
- Lakeland Immediate Care Center - Mary Middleton
- Lorain County Health & Dentistry - Stephanie Wiersma
- Lutheran Medical Center - Neal Demby
- Marana Health Center - DeeDee Franco
- Massachusetts League of Community Health Centers - Mary Leary
- Multnomah County Health Department - Alyssa Franzen
- Northern Tier Center for Health (NOTCH) - Pamela Parsons
- Northwest Human Services - Yutonah Bowes
- Open Door Family Medical Center - Janet Bozzone
- PCC Community Wellness Center - Robert Urso
- Primary Care Center Community Wellness - Paul Luning
- Shawnee Health Service and Development Corporation - Patsy Jensen
- Shenandoah Valley Medical System - David Fant
- Sun Life Family Health Center - Gregory Waite
- Third Street Family Health Services - David Hoag
- Virginia García Memorial Health Center - Lisa Bozzetti
- White Bird Clinic - Kim Freuen
Lutheran Medical Center Postdoctoral Dental Residency AEGD Program Expands!

In this one-year (second year optional) community health center-based program, AEGD residents receive comprehensive training in general dentistry as well as superior preparation for advanced specialties. AEGD is fully accredited by the American Dental Association Commission on Dental Accreditation (ADA/CODA). The program builds experience in large practice settings, working with general and specialist dentists, dental hygienists and dental assistants and physicians.

Residents may select from a number of areas including: public and community health related activities and supplemental, advanced clinical rotations in dentistry and medicine developed by the program in conjunction with health center training sites. Residents can expect to see more than 1,500 patients annually under the direct mentorship of world-renowned mentors and faculty members.

Upon successful completion, eligible residents can qualify for dental licensure using the postgraduate program pathway in those states that provide licensure options. Graduates of this program become confident practitioners with bright futures in private practice, community/public health, specialty training, or academic dentistry.

For more information, visit www.lmcdental.org
The National Network for Oral Health Access (NNOHA) is a nationwide network of dental providers who care for patients in safety-net systems. These providers understand that oral disease can affect a person’s speech, appearance, health, and quality of life and that inadequate access to oral health services is a significant problem for low-income individuals. The members of NNOHA are committed to improving the overall health of the country’s underserved individuals through increased access to oral health services.

"Mission of NNOHA is to improve the oral health of underserved populations and contribute to overall health through leadership, advocacy, and support to oral health providers in safety-net systems."

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**NNOHA MEMBERSHIP APPLICATION**

Please complete the following information and mail to:

181 E. 56th Ave. Suite 501
Denver, CO 80216

Select one:

- __Annual Individual membership__ $50.00
- __Dental Hygienists or Dental Assistants__ $30.00
- __Annual Organizational/University membership__ $350.00
- __Annual Association membership__ $350.00
- __Annual Student membership__ Complimentary Annual Fee

(If you select organizational/ university membership, please attach a separate sheet with names, titles, and E-mail address of those included.)

**Contact Information:**

- Name
- Title
- Organization
- Address
- Phone
- E-mail

**Committees:**

- __I am interested in receiving committee information__
- __I am not interested in participating on a committee at this time__

**Method of Payment:**

- __Check__
- __Bill Me__
- __Credit Card (Visa or MasterCard)__

Credit Card #: ___________________________ Security Code: ___________________________ Exp. Date: ___________________________

Signature: ___________________________

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