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NATIONAL NETWORK FOR ORAL HEALTH ACCESS QUARTERLY NEWSLETTER

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NEW! Oral Health and the Patient Centered Health Home (PCHH) Action Guide

Irene Hilton, DDS, MPH
NNOHA Dental Consultant

We live in a time of rapid change in the health care field. New concepts and terminology are emerging as patients, health care providers and funders seek to access and/or provide quality health care while controlling costs. One phrase that has recently surfaced is the Patient Centered Health Home (PCHH).

The PCHH can be defined as a place where all aspects of patient care between healthcare providers (e.g., dental, medical, behavioral care and community resources) are integrated and coordinated, with the goal of improving health care quality and outcomes and lowering health care costs. In some respects the PCHH is more than just an actual location; it is an approach to health care delivery.

The goal of providing a “health home” for all patients is a key element of health care reform conversations at national and state levels. Across the nation, demonstration projects are currently under-way to develop, implement and evaluate the PCHH concept to see if, indeed, better health outcomes and/or reduced costs are achievable.

With the physical co-location of multiple health care services at a single site, defined patient populations and an increasing adoption of Electronic Health Records, Health Centers are logical organizations to implement and achieve the PCHH concept.

As part of a cooperative agreement with HRSA, NNOHA has agreed to develop and implement a training/technical assistance plan to support Health Centers in integrating oral health into their Patient Centered Health Home.

(Continued on page 2)

NOTE: The NNOHA newsletter is for information sharing & discussion purposes. NNOHA does not endorse all included viewpoints or authors.
The assessment revealed two primary infrastructure barriers to integration. The first was that respondents stated that many of their clinical sites did not have co-located medical and dental services at the same site. A lack of interoperability between the medical and dental Electronic Health Record systems was cited as another key barrier to increased integration and communication.

Among the best practices developed by Health Centers to further the integration of oral health is the use of their clinical information systems to generate lists of specific populations of medical patients targeted for care in the dental clinic, to track referrals from medical to dental, and to use the IT system to identify and alert medical providers about special populations targeted for dental referral in real time during the medical appointment.

Health Centers used patient enabling service staff such as Family Support Workers, Patient Navigators, and Health Coaches to make dental appointments for clients, or had “open access” procedures, referring pediatric patients to dental department for same-day exam visits and “max-packed visits,” with immunizations in medical and an exam with the dentist in one visit. Other programs located dental staff in pediatrics, primary care and WIC departments to facilitate integration.

For more Best Practices and useful tips to assist your dental program in increasing communication and integration with medical and other departments in your Health Center, check out the entire Oral Health and the Patient Centered Health Home (PCHH) Action Guide, which can be downloaded at no cost at http://www.nnoha.org/generalpage.html. Get a head start on this important movement that will soon be coming to your Health Center!!

NNOHA Annual Membership Survey Reveals High Satisfaction Rates

Annette Zacharias
NNOHA Executive Director

First of all, on behalf of NNOHA staff and the Board of Directors, I want to thank you for participating in the recent NNOHA Annual Membership Survey. The NNOHA Membership Survey was distributed via email in March and April of 2012. Of the 219 NNOHA members participating in the survey, 195 completed the entire survey. Here are some highlights of the findings:

- The survey revealed the value of NNOHA resources and support to its membership. Seventy five percent of individuals rated the Operations Manual for Health Center Oral Health Programs as “Valuable” or “Extremely Valuable.” One individual commented, “The Operations Manual has been a phenomenal tool. I enjoy reading and learning about how to become a Dental Director because when the time comes for me to step it up, I know I will be ready.”
- Another key resource is the Annual National Primary Oral Health Conference, with 74% of individuals rating the conference as “Valuable” or “Extremely Valuable.” Members commented that they enjoy the opportunity to network with their peers and NNOHA leaders. They also appreciate the availability of presentation slides on the NNOHA website.
- A large number of NNOHA members who participated in the Membership Survey are participating in advocacy efforts on behalf of Health Centers and oral health. Sixty percent of participants have attended public hearings/meetings, and 48% have given testimony at public hearings/meetings. Participation in other advocacy efforts is also strong, including group meetings with policy makers/legislators (52%), and letters to policy makers/legislators (65%). It is wonderful to see our members advocating for the underserved!

- Sixty two percent of respondents indicated that they would be willing to hire new mid-level providers, if their states authorized or piloted such programs.

The 2012 Membership Survey confirms what NNOHA members know about themselves. Our members are an engaged, passionate and dedicated group, working very hard to improve the oral health status of people across America.

The survey results provide critical information for NNOHA as we continue to improve the services and resources to support our membership and set our priorities in strategic development, programs, and policy activities. More detailed results will be available on the NNOHA website in the near future.

Congratulations to the winners of our prizes: Karen Dent-iPad, LeAnn Smith-NPOHC discounted registration, and Howard Baillit, William Soult, Mary Ann Andrew and Cheryl Russo-gift cards. ■ ■
GraceMed Health Clinic (Wichita, Kansas)

Marlo Smith, MPA
NNOHA Project Coordinator

GraceMed Health Center, founded in 1979, is a Christ-centered, non-profit Community Health Center providing access to quality health, vision and dental care for all residents of Wichita, Sedgwick County and south central Kansas. GraceMed added dental services to its clinics in 1996. Since 2005, GraceMed has been offering a full range of preventive and restorative dental services. GraceMed was awarded the Henry Schein Cares Global Product Donation in 2011. For this issue, NNOHA interviewed David Sanford, CEO at GraceMed.

What is your community like?

Wichita is the largest city in Kansas with a metro population just under 500,000. Our community has a diverse population with rich cultural heritages. The primary industry has traditionally been aircraft manufacturing, but with the downturn in the economy, the business sector is now more diverse.

In our county, it is estimated that 60,000 residents are uninsured and another 55,000 qualify for Medicaid. Residents in these two categories comprise the majority of our Health Center patients.

What challenges do you face that might be different from other Health Centers?

Since only one small Community Health Center is located in an adjacent county, we draw patients from over 70 zip codes throughout south central Kansas. As a result, we are not exclusively urban or rural, but a combination of the two. Therefore, some obstacles to care, such as transportation, are difficult to overcome.

What are you doing well that you would like to share with us?

From 1996 to 2004, dental services were offered sporadically until GraceMed was able to hire a DDS to take the program to the next level. We restarted our dental clinic in 2005 and have grown to be one of the two largest Community Health Center dental clinics in the state. With four full-time and two part-time dentists, we provide a full range of restorative care services. We also have a very successful oral health care outreach program. We visit at least one delivery site in each of the 18 south central Kansas counties and provide preventive services for low-income children (e.g. schools) and senior adults living in group residences (e.g. nursing homes). We have 10 dental hygienists, most with their Extended Care Permit, who are allowed by the state to provide care off-site. We have two vans to transport portable dental equipment and staff to our host sites. This outreach program has been very successful.

Do you have any strong partnerships in the community?

We provide quality care at an affordable cost and fill the void left in most communities by the private dental community. We need to ensure that individuals have access to quality dental care, even if that means approving the dental mid-level position (e.g. Registered Dental Practitioner in Kansas) in areas where “dental deserts” exist in selected geographical areas.

What is on your wish list for the future?

My general wish is that every person living in the U.S. has access to quality, affordable dental care services. I wish we had more dentists and dental hygienists dedicated to community health. I wish dentists were not so ‘territorial’ and ‘protective’ of their turf, but willing to work toward solutions to quality, access, and cost issues. I wish we had more pediatric dentists for low-income children who are likely to suffer from the same oral health care problems as their parents. I wish we had resources, both financial and workforce, to address the challenges low-income people experience in accessing quality, affordable dental care.
Massachusetts Expands Dental Workforce

Lynn Bethel, RDH, MPH
Director, Office of Oral Health, Massachusetts Department of Public Health
NNOHA Member

Governor Deval Patrick changed the dental workforce landscape in Massachusetts on January 15, 2009, when he signed into law a new category of dental hygienist. Public health dental hygienists are licensed providers who may provide the same scope of services without the supervision of a dentist in a public health setting, as they can under general supervision in a private dental office. They can also be directly reimbursed by Medicaid, offering the potential for underserved and underserved residents to receive preventive dental care.

When the legislation was signed into law, Senator Harriet Chandler, Co-Chair of the Legislative Oral Health Caucus stated, “I applaud Governor Patrick for recognizing the impact this law will have in improving oral health care, especially in certain areas of the Commonwealth where there is a severe shortage of quality dental care.”

Preventive services are necessary, but what if a person is in pain or needs a filling? The Massachusetts Board of Registration in Dentistry requires that public health dental hygienists have agreements with dentists willing to provide dental treatment for his or her patients. Public health dental hygienists are also required to complete extra training and have a signed collaborative agreement with a Massachusetts licensed dentist. Collaborative agreements are legal agreements between the hygienist and the dentist, and include details regarding communication to ensure the public’s health and safety. Dentists who sign collaborative agreements are not responsible for the hygienists’ actions.

Community Health Centers are a perfect partner for this new professional. Not only are Health Centers able to enter into collaborative agreements, but they could also serve as an access point for the comprehensive and continuous care that the hygienists’ patients may need. Community Health Centers without dental practices also gain an opportunity to expand access to dental care by partnering with public health dental hygienists using portable dental equipment. Through this partnership, the Health Center could offer preventive services in their pediatric medical setting, as well as in women’s health departments and in chronic disease programs, such as those serving individuals with diabetes.

Are public health dental hygienists improving oral health care in the Commonwealth? Though it is too early to tell, in their first year of practice, public health dental hygienists were reimbursed by Medicaid for more than 15,000 dental claims provided to almost 8,000 low-income residents, who may not have received dental care otherwise. While the Massachusetts Medicaid program reimburses for preventive services for adults, less than one percent of the residents receiving dental services in year one were in that age category: demonstrating that more work needs to be done to promote the availability of this unique, licensed dental professional.

In parallel with the creation of public health dental hygienists, the Board of Registration in Dentistry enacted additional regulations while providing dental care in a public health setting. Some of these include, requiring dentists and public health dental hygienists to acquire a permit to operate a mobile dental facility or a portable dental operation, as well as providing their patients with the names of dentists. Community Health Centers, or dental school clinics located within a reasonable geographic distance from the patient’s home which are willing to accept referrals for emergency and follow up dental care.

To support these new initiatives, the Massachusetts Department of Public Health developed a Public Health Dental Hygiene E-Toolkit to be used as a resource for dental hygienists, dentists and residents. The online resource, which is updated regularly, includes PowerPoint presentations, videos, sample documents, and other sources of useful information to be used while providing dental care in a public health setting.

As of April 2012, there are 21 dental hygienists who have completed the required training, have signed a collaborative agreement and are Medicaid providers. For more information on public health dental hygiene practice in Massachusetts and to access the PHDH E-Toolkit, visit the “Dental Workforce” and “Public Health Dental Hygiene E-Toolkit” links at www.mass.gov/dph/oralhealth.

The Pew Children’s Dental Campaign Wants to Hear from You!

Teddy Gray King, NNOHA Policy Consultant

We need your voice. Oral health leaders across the country have long known that access to dental care is a serious problem for too many kids. In fact, some 16.5 million underserved children face access barriers as a result of dentist shortages, mis-distribution of dentists in the areas that need them the most and inadequate reimbursement rates from Medicaid. Additionally, the number of kids in need of care is projected to grow while the supply of dentists relative to population is projected to decline over the next decade.

These access barriers have spurred a community of dentists across the country to advocate for dental workforce innovations designed to address the unmet need. Dentists involved in this community embrace a wide array of workforce models that integrate into the existing dental team and are evidence based.

The Pew Children’s Dental Campaign invites you to sign up to join this community of like-minded oral health professionals who want to be part of this dialogue. Members of the Pew Children’s Dental Campaign Access Champions will have the ability to review the latest research, interact with their peers, attend workshops, and influence key policy makers. If you are interested in participating in the Pew Children’s Dental Campaign Access Champions group, please email Zach Snyder at zsnyder@pewtrusts.org for more information.

Editor’s Note:
Do you have any suggestions for resources NNOHA can offer to dental hygienists through our website, webinars, and conference sessions? Please contact Mitsuko Ikeda, NNOHA Project Director, at mtsuko@nnoha.org with your ideas!
SPECIAL SESSION:
REGISTER TODAY!

JOIN US
at the 2012 National Primary Oral Health Conference

THE 2012 CONFERENCE WILL INCLUDE:
- Leadership/Practice Management Sessions;
- Clinical Best Practices;
- Hands-On Sessions;
- CE Credits;
- Updates from HRSA and NNOHA;
- Social Events; and
- Invaluable networking with your colleagues and friends.

Visit www.nnoha.org/conference/npohc.html for:
- INDIVIDUAL REGISTRATION:
  Early bird rates are available until August 30, 2012 at $425 for NNOHA Members and $475 for Non-Members (Join NNOHA today by checking the “Become a NNOHA Member” box on the registration page)
- HOTEL RESERVATIONS
- INFORMATION ON THE CALL FOR ABSTRACTS
- EXHIBITOR INFORMATION:
  NNOHA is currently accepting exhibitor booth registrations.

2012 NNOHA OUTSTANDING CONTRIBUTION AWARDS
Each year at the National Primary Oral Health Conference, NNOHA presents awards to those individuals or organizations that have made significant contributions to quality oral health care for underserved populations. For details about the awards or how to nominate your colleagues, visit www.nnoha.org/conference/npohc.html.

For more information contact:
Luana Harris-Scott
NNOHA Meeting Planner
619-279-5879
onparpro@comcast.net

“Introduction to Diagnosis and Management of Orofacial Pain and TMD for the General Dentist”
(Pre-registration and additional $150 fee required)
Sunday, Sept. 30, 8:00am - 5:00pm
Speaker: Omar F. Suarez, DMD, MAGD
Diplomate, American Board of Orofacial Pain

This is an 8 hour course focusing on the Diagnosis and Management of TMD. The Course is organized into several modules, introduction to OFP, functional anatomy and biomechanics of the TMJ, Pathophysiology, Evaluating patient with OFP, Differential Diagnosis and treatment/management options. Upon completion of this course the participant will gain deeper knowledge as to the Pathophysiology of TMD/OFP conditions, comprehensively evaluate a patient with Orofacial complaints, arrive at a differential diagnosis and recommend a course of action or intervention. A certificate of Completion will be awarded by Lutheran Medical Center, Department of Dental Medicine.

Register for the NPOHC and this great session at http://www.nnoha.org/conference/npohc.html!
Improving Patient Care Quality in 501(c)(3) Organizations

Michigan Community Dental Clinics is a not-for-profit management services corporation based in Boyne City, Michigan that provides services to Medicaid patients and the working poor. Over the last five years, the organization has expanded from 8 clinics in 2007 to 21 clinics in 2012, with plans to add 4 or 5 more in the coming year. In this time we have also increased our number of employees from 67 to 280 with 30 full-time dentists, 30 part-time dentists and 42 hygienists.

With our expanded locations, we have greatly improved our ability to provide quality patient care to the low-income communities in Michigan that included 67,000 unique individuals in 2011.

Our ability to expand the number of clinical sites and increase services has been directly related to the ability to do things that many other organizations have just begun to discuss. We have a model of care similar to the private sector’s, including a competitive pay structure and a stringent quality of care program. In addition, we’ve implemented an Electronic Dental Record (EDR) system that is vital to achieve our goals. Our patient record is totally paperless including digital patient radiographs. This allows for a record to be accessible by any employee, for any patient, throughout our organization. While others are in the process of moving in this direction, we have accomplished it through our internal efforts and externally with our strategic partners.

The first change implemented to improve care was to change the dentists’ pay structure. The new structure combines base pay with a percentage of revenue generated, with the percentage based upon a relative value unit (RVU) regardless of remuneration to the organization. The RVU is benchmarked to all procedures based on the DPO fee schedule of Delta Dental of Michigan. Almost immediately, production efficiency and productivity. The second change implemented involved putting systems in place to balance productivity with ever-improving quality in the care rendered. Through this effort, the clinic has achieved improved financial results, increased patient satisfaction, improved workforce satisfaction and higher quality of care for those served. This culture has helped our doctors realize that ever-improving quality of care positively affects their income.

The third change involved implementing and maintaining a very stringent quality improvement program to ensure high standards when working with community partners and government agencies. Availability of the EDR is integral to the success of this program as it provides crucial reports including the ability to audit, document, and benchmark quality of care through the Clinic Chart Reviews (for example, failure of amalgams vs. composites); review and benchmark dental and hygiene services; access a radiographic database; provide standard, centralized access for procedures and materials; monitor productivity between clinics and practitioners; and interact in the database of Press Ganey in Patient Surveys (a survey of 1,000 of our patients divided among all 21 of our facilities). The RVU is also used in our quality assessments. Reports can be drawn using RVU data that indicates the prevalence of procedures being accomplished by any particular provider or facility. Outliers can be identified for both quality and adherence to acceptable standards of care. Once identified, exceptional practices can be shared among the organization so all may benefit through standardization of the best practice. Moreover, potentially substandard practices can be targeted for improvement.

We have learned that using the right technology is an essential tool to track quality of care provided to patients. Dentrix Enterprise is the backbone of the quality of care program since it allows any doctor to access any patient record in any clinic.

Managing a not-for-profit dental organization to achieve positive quality outcomes is not easy. However, we feel that we have achieved something special at Michigan Community Dental Clinics. We firmly believe that all citizens deserve high quality care and we are committed to being part of the solution in our state. I am happy to share our experiences with other organizations that are working to improve quality and customer experience for patients in need; feel free to contact me at GHeintschel@mididental.org.

Did You NNOHA?

NNOHA Welcomes An Intern!

Last month, Morgan Gunning joined the NNOHA team as an intern. Most of her time is spent working on the newsletter, job bank, membership and social media outreach.

Morgan Gunning is thrilled to intern at NNOHA. She is currently a junior at the University of Denver, majoring in Biology with a minor in both International Studies and Chemistry. Her long-term goal is to go to dental school, and she has recently felt a passion for serving low-income families and communities after going on a Dental Mission trip to Guatemala last summer. In Guatemala, she was able to educate individuals on the importance of dental care and do basic cleanings, temporary fillings, and assist with extractions. She is excited to be able to learn more about NNOHA and contribute to the organization with new ideas. She is a member of Delta Delta Delta Sorority, and loves hiking, skiing, and traveling.

Just Launched - NNOHA TA Resource!

- NNOHA is excited to announce the latest section of its website: Technical Assistance page. NNOHA will be updating this section as new resources become available. Visit this new webpage at http://www.nnoha.org/technicalassistance/main.html

- As part of the launch, NNOHA presented a webinar, “Practice Management Technical Assistance: Delivering Sustainability to Health Center Dental Clinics,” on May 18. The archived presentation will be available on the NNOHA website at: http://www.nnoha.org/practicemanagement/webinars.html

Funding Alert: Applications are open for HRSA-13-140 Affordable Care Act - Grants for School-Based Health Center Capital (SBHCC) Program. Eligible applicants are a school-based health center or a sponsoring facility of a school-based health center. Application deadline is June 26, 2012. For more information, visit http://www.hrsa.gov/grants/index.html

Mark Your Calendars! PBS Frontline is featuring an hour-long presentation on oral health on Tuesday, June 26. Stay tuned for further information through our Weekly Digest (http://www.nnoha.org/news/weekly_digest.html).
Effectiveness of Preventive Dental Treatments by Physicians for Young Medicaid Enrollees

Bhavna T. Pahel, BDS, MPH, PhD, et al.

There are an increasing number of models involving medical based practitioners applying cariostatic modalities, such as fluoride varnish to young children at well child checks. There is very little evidence and very few reports which measure the effectiveness of reducing dental caries with these alternative models of early oral health interventions. This is not to say they are not effective; simply, there are few studies measuring the outcomes.

The “Into The Mouth of Babes” (IMB) program in North Carolina started in 2000. This study reports on the efficacy of the North Carolina program from 2000 to 2006. The study revealed that the results were dose dependent. The child had to receive at least 4 doses of fluoride varnish by 36 months to see a reduction in caries related treatment up to 6 years of age. When the child did receive this minimal dose, there was a 17% reduction in caries related treatment.

This study has implications to Health Center providers due to the high risk and resulting high caries rate of the populations they serve. The Health Center dentist should look at models that incorporate methods of applying fluoride varnish on very young children. The model the dentist develops should target minimally 4 to 6 varnish applications by the child’s third birthday for maximum effectiveness.

Pediatrics 2011; Volume 127, Number 3, March 2011: e682-e689
Download at http://pediatrics.aappublications.org/content/127/3/e682.full.pdf

Special thank you to Dr. Dennis Lewis for contributing this literature review.

Upcoming Conferences & Events

Here are some upcoming conferences in 2012. For a more detailed list, please visit:
http://www.nnoha.org/conference/links.html

- The 2012 Dental Management Coalition (OMC) Meeting will take place June 3-5, 2012 in Philadelphia, PA. For more information, visit http://www.dmcnet.org.
- The U.S. National Oral Health Alliance is holding the Third Leadership Colloquium June 6-7, 2012 in San Francisco, CA. For more information, visit http://www.usfulanetoralhealth.org/content/participate-third-leadership-colloquium-san-francisco.
- The 2012 American Dental Hygienists’ Association (ADHA) Annual Session will take place June 13-19, 2012, in Phoenix, AZ. For more information, visit http://www.adha.org/annualsession/2012/index.html.
- The 2012 USPHS Scientific and Training Symposium will take place June 19-21, 2012 at the University of Maryland, College Park, in Washington, DC. For more information, visit http://www.usphsdevents.org for details.
- APHA Annual Meeting & Exposition will take place June 26-29, 2012 in Charlotte, NC. For more information, visit http://www.apha.org/meetup.
- The Hispanic Dental Association (HDA) Annual Meeting will take place July 20-24, 2012 in Boca Raton, FL. For more information, visit http://www.hdadassoc.org.
- The National Dental Association (NDA) 99th Annual Convention will take place July 20-24, 2012 at the Boca Raton Resort & Club in Boca Raton, FL. For more information, visit www.ndaonline.org.
- NACHC’s 2012 Community Health Institute & EXPO will take place at The Peabody Orlando in Orlando, FL from September 7-11, 2011. For more information visit http://meetings.nachc.com/?page_id=83.
- The annual National Rural Recruitment and Retention Network conference and membership meeting will occur September 18-20, 2012 in Tacoma, WA. For more information, visit https://www.lntrecnet.org.

The national network is a consortium of practices and clinics devoted principally to the oral health care of patients, but whose members investigate research questions with practical impact that will improve the quality of dental care.

The goals are to conduct national oral health studies on topics of importance to practitioners and their patients, to provide evidence to improve routine dental care, and to facilitate movement of the latest evidence into routine clinical practice. A key objective is to conduct studies that will improve the knowledge base for clinical decision-making.

The National Dental PBRN is now enrolling practitioners. You can enroll online by clicking here (www.NationalDentalPBRN.org), and following directions from there.

For more information, visit http://www.dentalpbrn.org/uploadeddocs/NDPBRN%20Overview%20Newsletter%20Format_042612.pdf or contact Dr. Sonia K. Makhija, Network Director of Communications and Dissemination at dentalpbrn@uab.edu.
These organizations became 2012 Organizational or Association Members of NNOHA between February 1, 2012 and May 1, 2012. We recognize their commitment to supporting NNOHA and improving access to oral health services for the underserved.

- Association of State and Territorial Dental Directors (ASTDD) – Christine Wood
- Blue Ridge Health Center, Inc.: Blue Ridge Medical Center – Susan Seal
- Iowa Primary Care Association – Nancy Adriance
- Central Counties Health Centers, Inc. – Craig Glover
- Cherry Street Health Services, Inc. – Chris Shea
- Clinicas Del Camino Real, Inc. – Shyam M. Krishnan
- Community Clinic at St. Francis House: St. Francis House NWA, Inc. – Kathy Grisham
- Community Health Center of Fort Dodge, Inc. – Jennifer Genuis-McDaniel
- Community Health Centers, Inc. (Winter Garden, FL) – Barbara Snell
- Community University Health Care Center: University of Minnesota – Jeffrey Luke
- Comprehensive Community Health Centers – Aminieh Tavijian
- Dental Aid, Inc. – Dennis Lewis
- Denver Health – Community Health Dental: Denver Health Medical Center – Paul Melnikovich
- Erie Family Health Center – Lee Frands
- Esperanza Health Center – Susan Post
- Ezras Cholim Health Center – Joel Mittelman
- Family Healthcare – Nancy Neff
- Flint Hills Community Health Center – Phillip Davis
- Gaston Family Health Services, Inc. – William Donegan
- Georgia Mountains Health – Steven Miracle
- Health Access Washoe County-HAWC, Inc. – Daniel Ahern
- Health Care for the Homeless, Inc. – Louise Treherne
- Iowa Primary Care Association – Nancy Adriance
- lA Familia Medical Center – Linda Renner
- Legacy Community Health Services, Inc. – Tyrone Springs
- Lutheran Family Health Center Network – Neal Damby
- Maine Primary Care Association – Kevin Lewis
- Minnesota Association of Community Health Centers – Rhonda Degelau
- Morton Comprehensive Health Services, Inc. – Roberts Sanders
- Neighborcare Health – Martin Lieberman
- Piedmont Health Services, Inc. – Brian Toomey
- Primary Healthcare Center of Dade, Inc.: Primary Healthcare Centers – Diana Allen
- REFOSH Health Center – Neshama Frome
- San Benito Health Foundation – Rosa Vivian Fernandez
- Shasta Community Health Center – Cheryl Russo
- Shenandoah Valley Medical System – David Fort
- South County Community Health Center, Inc.: Ravenswood Family Health Center – Yagita Thakur
- Southeast Lancaster Health Services – Melissa Hamers
- The Floating Hospital – Sean Granahan
- Treasure Coast Community Health – Vida Soule
- United Medical Centers – Alma Gonzales
- United Methodist Mexican American Ministries – Stephanie Waggoner
- Valley Community Health Centers – Sharon Ericson
- Valley Healthcare System, Inc. – Juliane Reynolds
- Vernon J. Harris East End Community Health Center – Tracy Causey
- Virginia Garcia Memorial Health Center – Lisa Bozzetti
- Washington Dental Service Foundation – Laura Smith
- West County Health Center: Russian River Dental Clinic – Stephen Gregory Chadwick
- Westside Family Healthcare – Thomas E. Stephens
- Will County Community Health Center: Dental – DeAnn Bednowicz

NNOHA currently has over 2,000 members. The following people have initiated or renewed their membership between February 1, 2012 and May 1, 2012, and we recognize them for their commitment.


The newly established Dental Pipeline National Learning Institute (NLI) provides an opportunity for dental educators and their community partners to address the problems of access and workforce disparities. The NLI has received demonstration-project funding by the Robert Wood Johnson Foundation for two years. Based on proven, effective Dental Pipeline strategies, the NLI will give participating schools and their community partners the tools and resources to successfully implement Pipeline programs.

Please visit http://www.adea.org/PipelineNLI for the brochure and a link to the application.

For a recording of the technical assistance webinar that was held on May 14th, please visit http://bit.ly/NLIwebinar to hear an overview of the program and common technical assistance requests related to partnership requirements and project specifications.
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.”