NNOHA Members Observe the Minnesota Dental Therapy Model

Marija Osborn, MSW, NNOHA Policy Analyst

While oral health tends to be neglected in health care discussions, problems with accessing quality oral health care for uninsured and low-income populations are not a hidden problem to us at NNOHA. This problem is multifaceted and complex, ranging from family values around oral health care to a lack of providers in isolated communities.

NNOHA is committed to improving the overall health of underserved individuals through increased access to oral health services. This includes supporting our members in serving patients effectively and efficiently, and also exploring innovative ways to expand access to care.

As part of our efforts to look at new and developing options to expand access to care, four members of NNOHA’s Advocacy and Strategic Partnerships Committee, NNOHA staff and 18 dentists from around the country in January to observe the Minnesota Dental Therapist model in January. This trip, organized by one of NNOHA’s partners, the Pew Children’s Dental Campaign, both answered questions for participants and brought up additional ones.

The NNOHA Advocacy and Strategic Partnership Committee members who attended were Dr. Janet Bozzone, Dr. Pat Mason-Dozier, Dr. Margaret Drozdowski-Maule, and Dr. Eva Poulson.

The three-day agenda included learning about the process for creating the Dental Therapist (DT) and Advanced Dental Therapist (ADT) model in Minnesota.

(Continued on page 2)
the scope of practice, visiting training and employment sites, and hearing from those currently employing DT/ADTs. Information on DT/ADTs, including scope of practice, can be found at www.dentalboard.state.mn.us/Default.aspx?tabid=1165.

Use of the model is still developing and in many ways it remains to be seen if the goal of expanded access will be met with this addition to the dental team in Minnesota. However, each of the NNOHA members who attended, filtering the trip through their own knowledge and experience, did agree that the model at least has the potential to expand access to care.

From our brief experience, NNOHA members who traveled to Minnesota identified several ways that this model may expand access to care as it develops. The model allows more services to be delivered by the dental team by extending the reach of the dentist. The expansion is a result of the DT/ADTs being added to the available providers for simple procedures and freeing the Dentist to see more complex cases. Additionally, the ADT model opens up the possibility of increasing care provided in remote and off-site settings, including mobile, school-based, and nursing homes.

However, NNOHA members also agreed that transferring the model from Minnesota to other states is easier said than done. Differences in provider salaries, Medicaid reimbursement, and availability of other dental team members (such as dental hygienists) are different from state to state and impact the feasibility of implementation. Part of what makes Minnesota’s model work is that services provided by DT/ADTs cost less because the provider is paid less, but the clinic is able to bill Medicaid at the same rate as a dentist. States that have no Medicaid coverage for oral health will continue to struggle with paying for the service regardless of who performs it.

More states are examining the creation of additional members of the dental team, and it is important that we stay involved in these conversations.”

Every year the National Assembly on School-Based Health Care (NASBHC) brings together hundreds of providers, administrators, educators, and advocates for the National School-Based Health Care convention – the premier advocacy, networking, and continuing education event for the school-based health care movement. The 2013 convention’s theme, Redefining Health for Kids and Teens, highlights the possibilities for students when health and education intersect. This year, as part of the convention, NASBHC is pleased to present a collection of workshops focused on oral health care called Bringing Oral Health to School. Join us June 23 - 26 in downtown Washington, DC – Register today at http://www.nasbhc.org/convention!
NNOHA’s 2013 Annual Membership Survey: A Roadmap for Our Future Services

On behalf of the NNOHA Board of Directors and staff, I would like to express my sincere appreciation for those that completed our 2013 Annual Membership Survey. If you have taken our membership surveys before, you probably realized that this year’s was a little different. As NNOHA continues to grow and serve a more diverse membership, we believe it is important that we hear the voice of all of our members. Our staff developed this year’s survey with the intent of gaining specific feedback from you, so we can make decisions as we initiate new projects and expand upon current resources. Here are some of the highlights from the results:

- In response to the question “Which topic areas do you recommend that NNOHA prioritize for resource development in the next year?” 52.6% choose Interprofessional collaboration/Medical-dental integration as their answer. Other top choices were: Quality Assurance/Quality Improvement plans (49.8%), Clinic management (39.3%) and Meaningful Use (37.9%).

- NNOHA and the National Dental Practice-Based Research Network (PBRN; a group of dental practices and organizations committed to advancing knowledge and improving dental practice) are working together to identify research questions that would benefit patients and providers in Health Center oral health programs.

We asked members to rate their top three research questions choices as 1st, 2nd and 3rd. The membership’s top choices were “Integration of medical and dental care services,” “Dental care among diabetic patients” and “Dental visit recall interval.” NNOHA’s team is currently working with PBRN faculty to develop more detailed study concepts from these results.

- Over 80% of members have engaged in advocacy of some kind during this past year, and 82% of organizations have engaged in advocacy on oral health issues.

- The primary internal barrier to meeting the demand for dental services was identified as physical space limitations, and the primary external factor was lack of funding for adult dental services.

Throughout the survey, results revealed the membership’s strong interest in topics related to the integration of oral health into overall health. Given this, our staff will increase their efforts in providing resources that will meet this need.

Again, thank you for your valuable feedback! We are listening to your input. The membership survey is just one venue to share your insight—we always welcome your suggestions to us by emails, phone calls, webinar evaluations, and in-person meetings, so do not hesitate to reach out to us!

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Q: Which topic areas do you recommend that NNOHA prioritize for resource development in the next year? (Select up to 2 topic areas)

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<th>Answer Options</th>
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<tr>
<td>Interprofessional collaboration/medical-dental integration</td>
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<td>Meaningful Use</td>
<td>37.9%</td>
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<td>Risk management/Malpractice</td>
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<td>Other</td>
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Flexible Partial Dentures: Predictability from Impressions to Delivery

Danny Marinkovic, CDT, Innodent Dental Laboratory, NNOHA Corporate Advisory Board Member

The enigma about flexible dentures is that many mistakenly think they can be utilized where other options fail to work. The same rules apply for flexibles as for cast or all acrylic partials. Flexibles still require a certain amount of space between the ridge and the opposing occlusion. There needs to be enough tooth structure to have diatoric holes for “mechanical retention.” The body of the flexible partial also requires a certain amount of thickness.

That being said, collapsed bites are very difficult to solve with flexibles, as are bilateral undercuts. Surveying principles that apply to flexibles are the same as for other partials. In some cases the “height of contour” happens to be right above the middle third or even in the occlusal third of the tooth. Although these types of dentures are flexible, the dental technician still needs a clear path of insertion.

Given the multitude of flexible denture materials to choose from, I prefer FRS (Flexible Resin System), a Dentsply product; the reason being FRS is 100% nylon. It allows me to engage just the undercut of the tooth, leaving no need to over extend the clasp over the gingiva causing a “sore spot.” Using FRS allows me to control the flexibility by finishing to a specific thickness.

It has been reported by the Journal of Prosthetic Dentistry that flexibility in partials can be a contributing factor to ridge recession. This is due to the forces of mastication applying repeated pressure on the ridge. With this in mind, one would ask why bother with flexible partials? The flexible partials are made of a lightweight material, aesthetically pleasing, comfortable, and non-allergenic.

As with any oral prosthesis we start with impressions. I have found that using a medium body VP impression material works well. A heavy body impression material can cause teeth to break off the model during demounting of the cast. This happens when impression material locks over the undercut of the teeth, in which case we can have an inaccurately fitting partial at delivery. These are just a few of the steps that should be followed to be able to achieve great fitting and esthetically pleasing partial dentures.

1. Here we have a surveyed cast with clasp design.

2. A fully waxed up partial ready for try-in.

3. After a successful try-in we are ready to flask our partial for processing.

4. Case ready for injection of FRS flexible material; notice the diatoric holes in teeth.
Many Health Centers have formal and informal partnerships with their local community Early Head Start (EHS) and Head Start (HS) programs, providing prevention and treatment services to families enrolled in these programs. There are resources available to Health Center dental programs working with EHS/HS to assist in developing better collaborative services.

The National Center on Health (NCH) is one of six national resource centers funded by the Office of Head Start. NCH goals are to:

1. Provide evidence- and practice-based information and materials to the HS community.
2. Work collaboratively with leaders in the health, early childhood and child care fields to improve the health all Head Start participants, including those in EHS, HS, American Indian and Alaska Native HS, and Migrant and Seasonal HS programs, and their families.
3. Work with national, state, and local organizations and agencies to enhance the health care infrastructure that impacts and serves EHS/HS children and families.

Oral Health Component

The oral health component of the NCH, known as the oral health project (OHP), is being led jointly by the National Maternal and Child Oral Health Resource Center (OHRC) and the Association of State and Territorial Dental Directors (ASTDD).
Head Start NCH’s OHP (Continued from page 5)

NCH oral health activities include 1) disease prevention and management, 2) access to care, and 3) systems integration. NCH promotes advances in the way that oral health is perceived and how oral health knowledge is acted upon as well as in the way that oral health education and preventive and treatment services are delivered to EHS/HS families. The Office of Head Start continues to place special emphasis on the needs of American Indian/Alaska Native families, Migrant/Seasonal Farmworker families, and families with Children with Special Health Care Needs. There will be increased emphasis on the oral health needs of pregnant women and young children in Early Head Start.

Activities

OHP will:

- Build on successful models/practices at the state and local level (including in Health Centers) and highlight them via broad dissemination.
- Work with national organizations (such as NNO-HA) and federal agencies to promote improvements in dental care delivery, financing and oral health data collection/tracking to improve access to preventive services and dental care.
- Promote collaboration of national organizations to maintain current state and local communication networks and create new ones.
- Work with partners to promote and provide training/increase skills of dental/medical office teams; EHS/HS health and technical assistant specialists and program staff; and EHS/HS families.
- Promote medical/dental collaboration and use of community support systems.
- Provide consistent messaging on oral health for EHS/HS families and staff and health care teams.

Some Roles for Health Centers Dental Programs

- Attend trainings on providing preventive and clinical dental care for young children and pregnant women.
- Communicate with local EHS/HS programs to offer exams/preventive services onsite and regular care/treatment in the Health Center clinic or via mobile van or portable equipment.
- Collaborate with Health Center primary care providers on oral health anticipatory guidance for caregivers, fluoride varnish applications, healthy diet and feeding practices.
- Communicate with EHS/HS staff on best strategies to interact with families and their children and reduce barriers to care.
- Offer to serve on the local HS health services advisory committee.

NNOHA is working closely with the NCH Oral Health Project to help Health Centers improve the oral health of EHS/HS children and families. Look for more updates and links to resources in future NNO-HA newsletters.
Celebrating Oral Health During National Health Center Week

Amanda Pears Kelly, National Advocacy Director, National Association of Community Health Centers

Each year the second week in August is recognized as National Health Center Week (NHCW), celebrating the services and contributions of Community, Migrant, Homeless and Public Housing Health Centers. While the primary goal and purpose of NHCW is to celebrate the services and accomplishments of America’s Health Centers, the weeklong observance also exists as one of the best public relations and advocacy tools available to health centers in order to rally support and raise awareness about the contributions and critical role health centers play in their communities.

Every year hundreds of health centers host more than 1,500 events in nearly every state in the country. Events range in size and scope from open houses and ribbon cuttings, visits with members of Congress and press conferences, meet and greet events with providers, to staff appreciation luncheons and more. The beauty of NHCW is that each participating health center has an opportunity to tailor their events to celebrate and showcase the accomplishments, plans and services critical to their patients and community.

Several successful NHCW events have featured oral health. In 2012, Metro Community Provider Network in Englewood, Colorado began their planning for NHCW early—a key component to hosting a successful event—by organizing a youth art contest linked to health center oral health initiatives in collaboration with local schools. To build the event itself, the health center decided that the art submitted by the three contest winners would be unveiled during NHCW and showcased as “wrapped art” on a brand new mobile dental van servicing the greater Denver suburb. Many factors contributed to making this event successful. First, by planning early the health center was able to leverage local and national event sponsorship enabling greater flexibility in designing the event. The health center also contacted multiple media outlets to cover the event, helping to raise public awareness about the health center, the importance of oral health and the new mobile dental van servicing the community. There was an outpouring of support in recognition of the health center’s work to fulfill the needs of the community and positively engage students and local schools to promote oral health.

Another example of a highly successful event, Blackstone Valley Community Health Care in Pawtucket, Rhode Island organized a “Meet the Tooth Fairy” event during NHCW 2012. This event featured health education, fluoride varnish, an opportunity to meet the local health center dentist, oral hygiene kits for kids and of course a chance to meet the Tooth Fairy (complete with a dental hygienist dressed up as the Tooth Fairy herself). Droves of parents

(Continued on page 8)
Member Spotlight: North Country HealthCare (Flagstaff, Arizona)

Maria Smith, MPA, NNOHA Project Coordinator

Serving 13 communities across northern Arizona, North Country HealthCare is a Federally Qualified Health Center (FQHC) providing medical, dental, behavioral health, pharmacy services, physical therapy, school based health services and more. North Country’s mission is to provide accessible, affordable, comprehensive, quality primary healthcare in an atmosphere of respect, dignity, and cultural sensitivity. The health and well-being of patients and community alike are promoted through direct services, training/education, outreach, and advocacy. For this article, NNOHA interviewed North Country’s Dental Director of 15 years, Dr. Kimberley Williams-Barnes.

When did your Health Center start?

In response to the large number of uninsured presenting at the Flagstaff Medical Center Emergency Room because they had no medical home, a group of healthcare providers and administrators started North Country HealthCare in 1991 as the Flagstaff Free Clinic. During the years between 1995 and 1996, North Country received both federal and state funding. In 1996, North Country became an FQHC, and in 1997, the dental clinic opened in Flagstaff. North Country now operates dental clinics in three of the 13 sites. The dental clinic in Flagstaff, the largest, has 10 chairs, the clinic in Winslow has 3 chairs, and 2 chairs in Ash Fork.

What is your community like?

Flagstaff serves as a gateway to the Grand Canyon and offers beautiful mountain views and outdoor sports. The clinics in Flagstaff and Winslow (60 miles east of Flagstaff) are adjacent to the Navajo Reservation. The site in Ash Fork is located in a rural community west of Flagstaff. Flagstaff is also the home to Northern Arizona University, which draws an ethnic and age mix of people. Major employers in the area include W.L. Gore, Nestle-Purina and the US Forest Service.

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

Due to its size and abundance of natural beauty, Flagstaff attracts many medical providers and specialists, which creates recruitment challenges for North Country. The relatively small market is competitive, and with the recent downturn in the economy, many dentists are now seeing Medicaid patients.
These patients are primarily children since, at this time, Arizona Medicaid does not cover adult dental services.

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

We have managed to keep our rates affordable by bundling common services together, such as an exam and cleaning with fluoride treatment. We continue to partner with Lutheran Medical Center, the Arizona School of Dental and Oral Health (ASDOH), and Northern Arizona School of Dental Hygiene to train and mentor future dentists. After having worked or “shadowed” at North Country, four individuals have attended ASDOH for their formal dental training.

How do you interface with the medical department?

We interface with the medical department through clinical initiatives, including a project funded by Delta Dental to offer “scholarships” or reduced-cost care to pregnant women and children. We also offer reduced-cost care to patients with diabetes who are a part of our clinic-wide diabetic program.

In what ways has NNOHA been helpful to you?

NNOHA has provided clinical information as well as an opportunity to network with other safety-net dental programs. The information concerning everything from EDR programs to clinic management has been invaluable. NNOHA’s advocacy for safety-net programs is critical as well.

What do you “know now that you wish you knew then” or what advice would you give to a new Health Center Dental Director?

I wish that I had a better sense of business operations. As our program expands, less of my time is spent treating patients and more time is spent on budgetary matters. A good sense of accounting principles including budget projection, marketing and interpretation of accounting spreadsheets is helpful. We are in the business of health care delivery.

What would you like the decision makers in DC to know about Health Center dental programs?

Policy makers in DC need to understand that FQHCs and similar programs provide care with the least amount of resources to those most in need. Many of our patients have never had dental care and have multiple, extensive needs. Many also have complicating and undiagnosed medical issues. Others have been diagnosed, but have been unable to access consistent, quality care. These issues alone require that we as FQHC dentists take additional time in our education and treatment of our patients. We must educate our patients to the fact that systemic disease often has oral manifestations. We must empower our patients to recognize and prevent oral disease.

What is on your wish list for the future?

My wish list would include the expansion of affordable dental care to more, if not all, of North Country’s other clinics. Currently, dental services are available in less than a third of the clinics. Access to affordable care continues to be a challenge in the delivery of oral health care.

A special thank you to Kimberley Williams-Barnes, DDS, Dental Director at North Country HealthCare, for contributing to this article!
The National Primary Oral Health Conference is the only national conference designed exclusively for safety-net oral health dental providers.

**THE 2013 CONFERENCE WILL FEATURE:**
- Leadership/Practice Management Sessions;
- Clinical Best Practices;
- Promising 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/npoh.html](http://www.nnoha.org/conference/npoh.html) for:
- **REGISTRATION:** Early bird rates available through October 4, 2013 at $449 for NNOHA members and $499 for non-members. Join NNOHA upon registration to receive the member discount and start benefiting today!
- **HOTEL RESERVATIONS**
- **INFORMATION ON THE CALL FOR ABSTRACTS** Apply in June 2013 to share your innovative and successful oral health programs and management strategies.

**EXHIBITOR INFORMATION:** Showcase your products and services at the largest meeting of safety-net oral health providers.

**SPONSORSHIP INFORMATION:** Exposure to conference attendees, including a one-page ad in the Conference program book.

**2013 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](http://www.nnoha.org/conference/npohc.html).

For more information contact:
Luana Harris-Scott
NNOHA Conference Management
Professional
619-279-5879
onparpro@comcast.net

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**SPECIAL SESSIONS: REGISTER TODAY!**

**8 Hour Clinical Intensive Learning Certificate**

**Intensive Pediatric Session**

Intensive Pediatric Session, "Where the Rubber Dam Meets the Road", 8 Hour Clinical Intensive Learning Certificate provided upon completion of session. Speaker, Dr. Daniel Kane.

Please visit [www.nnoha.org](http://www.nnoha.org) for additional information regarding the session.

**Designed Especially for Seasoned Leaders**

**Digging Deeper – An Interactive Training for Experienced Leaders**

Designed for experienced Dental Directors and other leaders in Health Centers, this new workshop offers interactive and advanced training on topics related to running a successful oral health program. Participants will learn from facilitators and peers about critical issues in leadership. This session also provides opportunities for networking and discussion. NNOHA highly encourages you to attend this training if you are: (1) Dental Director with more than 5 years of experience; or (2) Previous attendee of the Fundamentals Training. Session registration is limited to the first 40 registrants.
Comings and Goings at NNOHA: In March, Terri Means joined NNOHA as the new Membership Services and Office Support Coordinator. Terri previously worked as the Director of Operations for the Colorado Association of Family Medicine Residencies, Colorado Institute on Family Medicine and the Commission on Family Medicine providing program management, facilitation and logistical support for all three boards. Terri created recruitment and retention strategies for the nine family medicine residency programs in Colorado. Terri worked with various communities in Colorado to address physician workforce issues in rural and underserved portions of the state. Terri is a founding board member of Own Your Own Health, a not-for-profit that encourages patients to take ownership of their own healthcare. Terri has been a Governor-appointed member of the J1/Conrad 30 Visa Committee since 2010. She is excited to join NNOHA and looks forward to learning more about oral health. “I have enjoyed working with NNOHA members in the past and look forward to being part of an organization where I can make meaningful contributions to development and growth.”

We would also like to take this moment to say goodbye to Jennifer Hein, NNOHA’s former Operations Manager for the last two years. We wish her the best of luck in her future endeavors and thank her again for supporting our members with such compassion and care.

Salary and Job Satisfaction Survey: NNOHA is conducting a 2013 Dental Salary & Job Satisfaction Survey at Health Centers nationwide through a partnership with Dr. Kenneth A. Bolin, a public health dentist and former FQHC dental director. One of the most frequently requested items from Health Center administrators and dental staff is information on salaries, recruitment of oral health providers, and job satisfaction related to retention of those providers. NNOHA believes that the information gathered will be very valuable to all Health Centers.

We strongly encourage your participation in completing the online survey by Friday, May 31st, 2013. We sincerely appreciate your time. Survey responses will remain anonymous, but responses will be aggregated for analysis. For more information, visit: http://www.nnoha.org/blog/110315/8870/.

Funding Opportunities:

- **HRSA—Ryan White Part C Capacity Development Program**: This program is designed to assist public and nonprofit entities in their efforts to strengthen their organizational infrastructure and to increase their capacity to develop, enhance, or expand access to high quality HIV primary health care services for people living with HIV or who are at risk of infection in underserved or rural communities. This funding opportunity is limited to current Ryan White HIV/AIDS Part C Early Intervention Services grantees. More information is available at: http://1.usa.gov/15uZOxX. Apply by May 30, 2013.

- **ADA Foundation Requests Harris Fund Grant**: Non-profit organizations that sponsor education programs for parents and caregivers to help reduce the incidence of early childhood caries are invited to submit an application for the ADA Foundation’s Samuel Harris Fund for Children’s Dental Health Grant Program. The Harris Grant Guidelines and application template are posted at www.adafoundation.org. Applications are due June 10, 2013.
In the fall of 2012, NNOHA became the proud recipient of supplemental funding from the Health Resources and Services Administration (HRSA) to implement the “The Oral Health Core Clinical Competency Pilot Project.” The goal of the project is to adopt and implement oral health core clinical competencies for primary care providers using a sustainable systems approach resulting in integration of oral health and primary care through inter-professional collaborative practice.

In 2012, HRSA fulfilled a recommendation made in the Institute of Medicine’s report Improving Access to Oral Health Care for Vulnerable and Underserved Populations (2011) to convene key stakeholders to develop a core set of oral health competencies for non-dental health care professionals. The Oral Health Core Clinical Competency Pilot Project is a direct result of these meetings. The determination by key stakeholders is that a pilot project in safety-net settings would inform the impact and effectiveness of oral health core clinical competencies and inter-professional collaboration in primary care settings toward increasing integration of oral health and primary care. The objectives of the pilot project are to:

1. Increase oral health screening and preventive services.
2. Increase oral health integration in primary care practice.
3. Increase inter-professional collaborative practice.
4. Increase care coordination between medical and dental services.
5. Identify sustainable approaches to practice changes.

In January 2013, three Health Centers were selected through a competitive application process to participate in the pilot project. They include Family HealthCare in Fargo, ND and Moorehead, MN; Bronx Community Health Network in Bronx, NY; and Health Partners of Western Ohio in Lima, OH. The three Health Centers are implementing programs, in part, through a common set of activities:

- Train primary care medical providers and medical support staff in the oral health core clinical competencies.
- Provide risk-based oral health assessments to the target population in their primary care setting.
- Provide fluoride varnishes in their primary care setting to patients who receive oral health assessments.
- Refer patients without a dental home who receive oral health assessments to their dental clinic.
- Provide oral health education in their primary care setting to patients who receive oral health assessments.

Each Health Center is additionally developing their activities in ways that meet the needs of their organization and population of focus.

**Family HealthCare** is training primary care medical providers and medical support staff using the “Smiles for Life: A National Oral Health Curriculum.” Children ages 0 to 5 years old who are enrolled medical patients will be the target patient population for their project activities.

**Bronx Community Health Network** will use the “Bright Futures Oral Health Curriculum” to train primary care medical providers and medical support staff, and they will direct project activities toward patients 0 to 12 years old.
Having already successfully implemented oral health integration for medical pediatric patients several years ago, Health Partners of Western Ohio is directing their project activities toward adult patients 21 years of age and older, particularly pregnant women and parents of children who receive Medicaid. They are also using the “Smiles for Life: A National Oral Health Curriculum” to train their primary care medical providers and medical support staff.

The Health Center projects will be implemented and evaluated between February 2013 and May 2014. Each Health Center project will be evaluated through a common set of measures that will track oral health services (e.g. oral health assessments, fluoride varnish applications, patient education) provided by primary care medical providers and support staff as well as referrals to the dental program. Changes in oral health knowledge and skills of primary care medical providers, as well as patients’ experiences with receiving oral health care from primary care medical providers will be measured. An evaluation advisory board comprised of content experts in Health Center project evaluation, interprofessional collaboration, electronic medical/dental records, and other areas of expertise will provide input throughout the project.

An internal interim report in June 2013 and a final published project evaluation in June 2014, will describe in detail the implementation process and effectiveness of each of the oral health projects led by the three Health Centers. The project evaluation will be shared with a national audience comprised of government agencies, Health Centers, providers, and oral health advocates.

Look for a session on the Oral Health Core Clinical Competency Pilot Project at this year’s NPOHC in Denver, CO.


A Glimpse into the National Oral Health Learning Institute (NOHLI)

Maria Smith, MPA, NNOHA Project Coordinator

At the October 2012 National Primary Oral Health Conference (NPOHC) in San Diego, CA, ten NOHLI scholars and their mentors first sat together in a room getting to know one another at the kickoff meeting of the program’s pilot year. Since that initial meeting, the scholars, with the support of their mentors, have embarked on a journey of learning and relationship building with one another. Here is a glimpse into what scholars and mentors have been working on.

With a combination of distance and in-person trainings, scholars have been focusing on in-depth materials based on the chapters of NNOHA’s Operations Manual for Health Center Oral Health Programs: Leadership, Health Center Fundamentals, Workforce & Staffing, Quality, Financials, and Risk Management. Faculty members have been highlighting strategies and leading discussions on how to be an effective leader, both in the Health Center and community, throughout all of the trainings.

Each online lesson is called a module and is composed of a pre-recorded presentation, quiz and assignment. The assignment is often an exercise for scholars to conduct at their Health Centers, to help them apply the learning material to their day-to-day work. After scholars have completed the first three components of a module, they meet with their mentors remotely to discuss the learning material. In addition, scholars meet for a webinar with the facul-
ty for the specific module, to discuss the module content, any challenges they are facing at their Health Centers, and to share ideas with one another. In fact, several scholars have expressed that one of the most valuable aspects of each module is the webinar, as it is an opportunity for them to learn from their peers.

Most recently, scholars joined NOHLI faculty and NNOHA staff for an intensive weekend in March for “NOHLI Boot Camp.” Trainings were led by several NOHLI faculty, including Dr. Wayne Cottam, Dr. Martin Lieberman, Mr. Allen Patterson, Dr. Bob Russell, and from the University of the Pacific, Dr. Paul Glassman. Sessions focused on how to manage change at your Health Center, effective presentation skills, and navigating difficult situations with staff. In addition, Dr. Lieberman reviewed the Quality module (the most recent online module), and Mr. Patterson presented on finance principles at FQHCs, as a precursor to his upcoming module on Financials. In the evenings, scholars, faculty and staff enjoyed getting to know one another better. According to scholar Dr. Lisa Kearney from Erie Family Health Center in Chicago, “Boot Camp has been my favorite activity so far. I now feel I have nine other people I can contact as resources who are going through the same experience.” Another scholar, Tena Geis RDH, MA, from Primary Health Care, Inc. in Des Moines shared, "Boot Camp was a great experience. I left Denver that weekend with increased confidence in my leadership skills, a notebook full of ideas to be implemented, and new friends and mentors to network with. I greatly appreciate all the effort and time the NNOHA team has devoted to this opportunity and am so proud to be a part of it."

Scholars also spent time planning the specific goals and activities of their individual NOHLI projects, to be implemented at their Health Centers from March through October 2013. Scholars’ projects vary, but include medical-dental integration, tracking treatment plan completion rates, developing and implementing a new schedule, and more. Scholars will work on their projects, with support from their mentors, and present their findings to one another at the NOHLI graduation ceremony at the 2013 NPOHC, November 10-13, in Denver, CO. In the meantime, scholars will be finishing up the last two modules, Financials and the Risk Management. We at NNOHA are very honored to offer the NOHLI to such a dynamic and passionate group of emerging Health Center leaders.

Scholars sharing their Quality module assignments with one another at Boot Camp.

ARE YOU…

- A new Dental Director or Dental Program Manager (0-5 years in role) interested in applying to the NOHLI this summer for the 2013-2014 class? Contact maria@nnoha.org to be added to the mailing list!
- A Dental Director or Dental Program Manager (5+ years of experience) interested in mentoring a 2013-2014 scholar? Please contact maria@nnoha.org!

Scholars from L to R: Remedios Amigon DDS, Lisa Bozzetti DDS, Arthur Unruh DDS, Ginger Melton RDH, Stephen Chadwick DDS, Tena Geis RDH, MA, Lisa Kearney DDS, Miriam Parker DDS, Yogita Thakur DDS, MS, Kelley Johnson DMD.
Now Accepting Applications For The 3rd Annual Henry Schein Cares Global Product Donation Program

The Henry Schein Cares Global Product Donation Program is an application-based initiative that provides a broad selection of health care products and supplies to humanitarian relief Non-governmental organizations (NGOs) and community medical, dental, or animal health care organizations. NNOHA will review and recommend up to 10 organizations for this program.

Who is Eligible:
NNOHA Organizational Members that are non-profit organizations with a dental program.

To Apply:
Please submit a request for the application link by emailing info@nnoha.org. The submission deadline is May 31, 2013. Grantees will be notified by the end of September.

For More Information:
Visit http://www.nnoha.org/henryschein.html or email info@nnoha.org for more information.

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 award 10 dental schools and their community partners funding and resources to develop a one year project focused on community-based dental education or recruitment of underrepresented minority (URM) dental students.

Please visit http://www.adea.org/PipelineNLI for the brochure and a link to the 2013 application. Applications are due June 24, 2013.
Here are some upcoming conferences in 2013. For more detailed list, please visit: http://www.nnoha.org/conference/links.html:

- 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.ckLQKbOVlkJ6E/b.7505261/k.2727/Convention.htm.

- The **Academy of General Dentistry (AGD) Annual Meeting** will occur June 27-30, 2013 in Nashville, TN. For more information, visit http://www.agd.org/nashville/.


- Hosted by Henry Schein, **The Business of Dentistry Conference** will take place August 8-10, 2013 at the Aria Resort and Casino in Las Vegas, NV. For more details, visit http://www.businessofdentistry.com/save-the-date/.

- The **2013 Community Health Institute (CHI) & Expo**, sponsored by the National Association of Community Health Centers (NACHC), will occur August 22-27, 2013 at the Hyatt Regency in Chicago, IL. For more information, visit http://meetings.nachc.com/?page_id=83.

- The **Hispanic Dental Association (HDA) Annual Meeting** will take place September 27-29, 2013 in Boston, MA. For more information, visit http://www.hdassoc.org/site/epage/136339_351.htm.

- The **2013 Institute for Oral Health (IOH) Conference** will take place September 12-13, 2013 at the Grand Hyatt in Washington, DC. For more details, visit http://iohwa.org/institute-for-oral-health-events.htm.

- The **2013 Northwest Regional Primary Care Association (NWRPCA)/Community Health Association of Mountain Plain States (CHAMPS) Annual Primary Care Conference** will be held at the Seattle Waterfront Marriott in Seattle, WA, October 19-22, 2013. For more information, visit: http://www.champsonline.org/Events/Conference.html.

- **AAP National Conference & Exhibition** will take place October 26-29, 2013 in Orlando, FL. For more information, visit http://s36.a2zinc.net/clients/aap2012/nce2012/public/Content.aspx?ID=188&sortMenu=130000.


- The **2013 American Dental Association Annual Session** will occur October 31-November 5, 2013 in New Orleans, LA. Visit https://www.ada.org/session/5474.aspx for details.

- **APHA Annual Meeting & Exposition** will occur November 2-6, 2013 in Boston, MA (141st Meeting). For more information, visit http://www.apha.org/meetings/AnnualMeeting/.

- The **2013 National Primary Oral Health Conference** will take place November 10-13, 2013 in Denver, CO. Please visit http://www.nnoha.org/conference/npohc.html for more information.
Member Recognition

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

ORGANIZATIONAL / UNIVERSITY AND ASSOCIATION MEMBERS

- Allen County Health Partners, Inc. – Warren Morris
- American Dental Association – Steven Geiermann
- Arizona School of Dentistry and Oral Health – Wayne Cottam
- Asian Health Services – Houng Le
- Benco Dental – Shawn Zech
- Bi-State Primary Care Association – Claire Hodgman
- Bullhook Community Health Center, Inc. – Cindy Smith
- Care Alliance Health Center – Marilyn Marlock-English
- Central Counties Health Centers, Inc. – Craig Glover
- Charles County Department of Health – Irene Shyman-sky
- Cherry Street Health Services, Inc. – Chris Shea
- Christ Community Health Services – Orpheus Triplett
- Clinica Campesina Family Health Services – Pete Leibig
- Columbia Basin Health Association – Alvin Thien
- Community Health Alliance of Pasadena – Rosa Leon
- Community Health Care, Inc. – Sharae Huff
- Community Healthcare Network – Gregory Taddeo
- Community University Health Care Center – Amos Deinard
- Cornerstone Care – Donna Simpson
- Covenant Community Care – Lynn Eickholt
- Covenant Community Health – Phyllis Porter
- Curtis V. Cooper Primary Health Care, Inc. – Leon L. Burton
- Dental Aid, Inc. – Dennis Lewis
- Denver Health – Paul Melinkovich
- Edward M. Kennedy Community Health Center – Kyeremaa Addo
- El Rio Community Health Center – Celia Hightower
- Esperanza Health Center – Susan Post
- Family First Health Corporation – Jennifer Englerth
- Family Health Centers – Michael Hassing
- Family Health Services Corporation – Robin Walker
- Family Healthcare Network – Henry Cisneros, Jr.
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- Hackley Community Care Center – Ivan Egan
- Hidalgo Medical Services – Charlie Alfero
- Hudson River HealthCare – Maura Sullivan-Maloney
- Inland Behavioral and Health Services – Temetry Lindsey
- Interior Community Health Center – Jeffrey Kilgore
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- Kansas Association for the Medically Underserved – Stephanie Waggner
- Kavo Group – Karen Lauder
- Keystone Rural Health Center – Joanne Cochran
- Keystone Rural Health Consortia, Inc. – Emma Hunter
- Kiamichi Family Medical Center – Amy Gilbreath
- La Clinica de los Campesinos, Inc. – Ted Kay
- Marian Clinic Dental – Kene Mackenzie
- Mariposa Community Health Center – Michael Gingras
- Mendocino Community Health Clinic, Inc. – Lucresha Renteria
- Minnesota Association of Community Health Centers – Rhonda Degelau
- Mount Vernon Neighborhood Health – Vance Granby
- Mountain Family Health Centers – Mark Sanazaro
- National Dental Association – Hazel Harper
- Neighborcare Health – Sarah Vander Beek
- NM Department of Health/Office of Oral Health – Carol Hanson
- North Country HealthCare – Ann Roggenbuck
- Northwest Community Health Center – Andrea Mar-cotte
• Ohio Association of Community Health Centers – Randy Runyon
• Palmetto Health Council, Inc. – Lamarvia Stinson
• Piedmont Health Services, Inc. – Katrina C. Mattison-Chalwe
• Portsmouth Community Health Center – Robin Langston
• PrairieStar Health Center Dental Clinic – Isolina Miranda
• River Hills Community Health Center – Ken Jones
• Riverstone Health – Michael Downing
• SAC Health System – Louise Lopez
• Salud Family Health Center – John McFarland
• Scenic Bluffs Community Health Centers – Cheryl Wendland
• Sebasticook Family Doctors – Bridget Burkholder
• Smiles on Wheels – Kim Crabtree
• South County Community Health Center, Inc. – Yogita Thakur
• Springfield Medical Care Systems – Donna Waldo

• Summit Community Care Clinic – Russell Brant
• Sunset Community Health Center – Satich Kumar
• Terry Reilly Health Services – Dan Watt
• The HealthCare Connection, Inc. – Lynda Roberts Riddle
• Valley Community Health Centers – Betsy Ness
• Washington County Health Department – Patricia Van Story
• Washington Dental Service Foundation – Laura Smith
• Welsh Mountain Medical And Dental Center – Terri Trimble
• West County Health Centers, Inc. – Stephen Chadwick
• Western Wayne Family Health Centers – Ann Schneider
• Westside Family Healthcare – Geri Harris
• Will County Community Health Center – DeAnn Bednowicz
• Yakima Valley Farm Workers Clinic – Anita Monoian

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