Community Dental Health Coordinators for Underserved Areas

Robert A. Faiella, DMD
MMSc, President, American Dental Association

In May, the American Dental Association (ADA) launched Action for Dental Health: Dentists Making a Difference, a nationwide campaign aimed at addressing the dental health crisis facing America today. A key component of this initiative is the Community Dental Health Coordinator (CDHC) program, which utilizes a new type of community health worker who focuses on oral health education and disease prevention, and connects those in need of care with the dentists who can provide it.

The success of community health workers (CHWs) in managing and improving the health of people in underserved communities is well documented. But prior to the CDHC pilot project, few CHWs were known to have had training in oral health. Faced with a widespread dental health crisis, public officials and others involved in safety net health care have been quick to recognize and incorporate this type of oral health expert into their existing resources.

The CDHC initiative dates back to 2006, when the ADA launched the educational pilot project with Rio Salado College in Tempe, AZ, administering a 12-month, online didactic curriculum, with the dental schools at the University of Oklahoma and UCLA supervising subsequent clinical training. Temple University and Arizona School of Dentistry and Oral Hygiene subsequently joined the project. By the end of...
last year, 34 CDHCs had completed their didactic and clinical training and are currently working in such underserved areas as remote rural regions, inner cities and American Indian communities in eight states.

Most CDHCs come from communities similar to those in which they work. In fact, some are working in the same communities in which they grew up. This all but eliminates the cultural, language and other barriers that otherwise could impede their effectiveness. All are at least familiar with the unique health challenges facing the communities in which they work. They can link health care providers, social and community agencies and underserved populations in ways that promote healthy behaviors, prevent disease and help people get health care when they need it.

An additional attribute of the CDHC model is its maturity. CDHCs are trained in a complete curriculum developed by experts in their respective fields and refined over a period of six years. This curriculum focuses on seven core competencies all CDHCs are required to master: developing and implementing community-based oral health prevention and promotion programs, prioritizing population and patient groups, providing individual preventive services based on approved plans, collecting diagnostic data, performing a variety of clinical supportive treatments, administrative procedures and temporizing dental cavities in preparation for restorative care by a dentist.

With the educational phase of the CDHC pilot project concluded, the ADA is now conducting a comprehensive evaluation of the program, examining such factors as patient satisfaction, improvements in dental health in host communities, and the financial viability of the CDHC model. While evaluation is not complete, early indications are promising:

- One CDHC who began working in 2011 in a single-dentist practice in a remote, rural location more than doubled the productivity of that practice over the prior year.

- Over a nine-month period, another CDHC working only one day per week, provided services to 114 patients in a rural tribal community health center’s diabetes clinic. Over that period, dental services provided to those patients increased dramatically, and the rate of missed dental appointments among diabetic patients fell to zero, compared with a clinic-wide no show rate of 18 percent.

- Through one CDHC’s outreach work at a Midwest Indian Health Service clinic, 240 children received care at Head Start and daycare centers, or at the clinic, over a 10-month period. Billable services provided at the outreach locations were valued at $105,501. Total value of billable services at the clinic was $51,951, with the average value of care provided per child at $440.

Moving forward, the ADA and state dental societies are committed to expanding on these initial successes by working with public and private sector stakeholders in bringing CDHCs to more underserved communities. With millions of individuals lacking quality dental care, ADA believes the CDHC model has an important part to play in bringing oral health to those who need it most. For more information about CDHCs, visit: [http://www.ada.org/cdhc.aspx](http://www.ada.org/cdhc.aspx).
Affordable Care Act: Preparing for 2014
Marija Osborn, MSW, NNOHA Policy Analyst

The past year has been filled with developments and many conversations about the impact of the Affordable Care Act (ACA), including a large discussion at NNOHA’s Board of Directors retreat in June. As the deadline for Health Insurance exchanges to open comes closer, what has become clear is that the impact will be different in each state and your skill in asking the right questions will improve your clinic’s ability to respond appropriately to a changing landscape. Here are the questions you should be asking.

Is your state expanding Medicaid?
The ACA was designed to increase participation in insurance by mandating the purchase of coverage. Two provisions were built in to assist low income individuals and families with this expense: a subsidy for those above 133% of the Federal Poverty Level (FPL) to purchase insurance through an Exchange, and Medicaid expansion to 133% of FPL for individuals.

A year ago, the Supreme Court determined that states could not be mandated to expand Medicaid, and thus, 21 states are not moving forward with expansion at this time. Start here by finding out where your state currently stands: http://tinyurl.com/dxyzhwe.

No Medicaid Expansion: Those individuals who are supposed to be covered by Medicaid expansion are not eligible for a subsidy and will not face a penalty if they fail to purchase insurance in the exchange. This means if your state is not expanding Medicaid there will continue to be a large group of adults without a funding source.

Expanding Medicaid: Even if your state is expanding Medicaid, there are two issues to consider when evaluating the impact on your health center. First, undocumented individuals are not eligible for Medicaid and will continue to be uninsured. Second, while it is also an option to expand Medicaid benefits to include dental, most will not. So even though most patients on the medical side will have insurance, the number of adults with dental coverage will continue to greatly lag behind.

What will the Exchange look like in your state?
The Exchange concept was included in the ACA so that small businesses and those without employer-based insurance could purchase insurance through an online marketplace that would allow for comparison and competition. Not all states have chosen or are making progress in operating their own exchange, choosing instead to default to the Federal exchange. Find out where your state stands here: http://tinyurl.com/oyfavno.

The biggest impact that this decision will have on oral health is the decisions made regarding dental insurance in your state’s exchange. While children’s dental was defined as an Essential Health Benefit, which must be included in all plans, two standards have been established that will create barriers to dental insurance coverage.

These standards state that children’s dental coverage can be offered as a stand-alone plan in exchanges, and that these separate stand-alone dental plans are subject to a separate out-of-pocket maximum. Additionally, the ruling as of now states that any subsidy will first be applied to medical plans, meaning in most scenarios families will not have fi-
Is Your Dental Clinic a Health Literate Organization?

Alice M. Horowitz, PhD, Center for Health Literacy, School of Public Health, University of Maryland

Oral health literacy is ‘the degree to which individuals can obtain, process and understand basic oral health information and services needed to make appropriate oral health decisions.’ While this definition appears to focus only on individuals, it is intended to include the public, health care providers and health care facilities as illustrated in Figure 1.

Addressing oral health literacy is critical to decreasing health disparities. Those at highest risk for lower levels of health literacy include: the elderly, those with limited levels of education, minorities, and individuals whose first language is not English. Overall, limited health literacy skill is recognized as contributing to disease and related health services that result in a high cost to the nation. Limited oral health literacy skills are associated with lower oral health knowledge, less frequent dental visits, higher severity of dental caries, lower oral health related quality of life and increased appointment failures.2,3

Financial assistance to purchase the dental plan. For more information on how you can advocate on these issues, see the Children’s Dental Health Project’s recent brief: http://tinyurl.com/1mw9bhw.

These questions are just the starting point for identifying what the impact of ACA will be on your dental program, and you need to make sure that your health center and your patients have a voice in these discussions. As you consider the potential impact, also ask yourself these questions:

- What organizations are involved in these discussions in my state? Does one of them do a good job advocating for my health center and the patients served?

- What information do I have that would help guide the discussion in my state for a better outcome for my patients?

- Where is oral health in these discussions in my state?

- What can I do to advance oral health in these discussions?

Policy is not stagnant; it can change and you can be a voice and active participant in that change. If you want to know more about how to be a part of that change, make sure you attend the Advocacy and CHCs session at the National Primary Oral Health Conference in November.

Addressing oral health literacy is pivotal to providing patient-centered, equitable health information and care. Since healthcare systems are complex, they are sometimes less than user-friendly and may even be barriers for individuals trying to receive health information and care, especially individuals with lower levels of health literacy. For example, our health systems require patients to find dental providers, complete complicated forms frequently written at a very high grade level, make and keep appointments, listen to us even when we use dental

Figure 1: Oral Health Literacy Framework
terms patients do not understand, and follow our directions.

Our challenge is to make our part of the oral health care delivery system as user-friendly and accessible as possible. Thus, we must address the mismatch between demands of the healthcare system and the skills of those using and working in the system. Recently the Institute of Medicine published a manuscript, Attributes of a Health Literate Organization. A health literate organization is one that ‘makes it easier for people to navigate, understand and use information and services to take care of their health.’ One of the 10 listed attributes of health literate organizations is “having leadership that makes health literacy integral to its mission, structure, and operations.”

One of the examples provided for this attribute is, “Uses health literacy strategies in interpersonal communications and confirms understanding at all points of contact.” For example, when we communicate with patients, we should always use “living room language” (gum disease rather than periodontal disease), listen actively, slow down, use visual aids when appropriate and use Teach Back methods. This means that after you have explained and demonstrated to a mom how to clean her infant’s mouth with a soft, damp cloth, you then ask her to demonstrate how she will do this procedure at home. Try to avoid asking questions that can be answered with a yes or no, for example “Did you brush your child’s teeth this morning?” Most will individuals will answer “Yes” because they recognize they should have done so even if they did not. A better way to ask is: “When did you last brush your child’s teeth?” Or, rather than asking “Do you put sweet drinks in your child’s sippy cup?”, ask “What do you put in your child’s sippy cup?”

This brief communication barely touches the surface of what we can do to help make our clinics more user-friendly. If you wish to pursue making your clinic a health literate organization, please read the

References:
Cavity Free at Three Overcomes Language Barriers to Educate Parents about the Importance of Oral Health in Colorado

Karen Savoie, Director, Cavity Free at Three

The Centers for Disease Control and Prevention (CDC) states that tooth decay affects children in the United States more than any other chronic infectious disease. While this could be prevented with the development of good habits such as brushing and flossing regularly, many parents simply do not know that they should begin teaching and practicing good oral health skills with their children as early as six months old.

For lower-income families a lack of non-English educational materials may also be a barrier to accessing information on how to care for their child’s teeth and gums. Cavity Free at Three, a program designed to prevent oral disease in young children throughout Colorado, recognized this need and has since made great strides in bridging the gap – bringing much needed children’s oral health information to non-English speaking families.

Cavity Free at Three’s mission is to help prevent dental decay in all young children no matter what language they speak. The organization believes that good oral health is such a simple, yet critical, part of children’s development into happy, healthy adults. Every child deserves the chance to succeed and should not be held back because crucial health information is not available to them or their parents and caregivers in a language that is understood.

Cavity Free at Three also works with providers and dentists on how to improve their outreach, education and service delivery to families with the goal of preventing dental disease early in life. In an effort to make information about oral health accessible, Cavity Free at Three has identified the top ten languages spoken in Colorado, where more than 120 languages are spoken throughout the state, and developed two parent education brochures, one on children’s oral health and the other on prenatal health, in those ten languages. These resources are distributed through community outreach locations, language resource centers, training participants, and can also be accessed online for free at [http://www.cavityfreeatthree.org/educating-parents](http://www.cavityfreeatthree.org/educating-parents).

Cavity Free at Three has distributed more than 5,000 translated brochures within Colorado. The materials are also available on the organization’s website. In addition to the top ten languages in Colorado, Cavity Free at Three began receiving requests for materials in other languages, such as Arabic, that were not available elsewhere and began translating materials in those languages as well. Currently educational materials are available in the following languages: Arabic, Burmese, Chinese, French, German, Hindi, Russian, Somali, and Vietnamese, as well as English and Spanish.

Student volunteers in Cavity Free at Three’s student interest group have taken this effort one step further by visiting non-English speaking communities throughout Colorado to teach translators how to properly deliver the educational materials to residents. Recently, a group of students visited a Somali community in Fort Morgan to deliver brochures and help translators relay the information to families.

Language barriers can have extremely detrimental effects on the overall health of children. Culturally-
appropriate translated materials are a crucial tool in educating families about the importance of prevention of dental disease in children and pregnant women. For more information on the importance of children’s oral health or to access Cavity Free at Three’s non-English materials, visit [http://www.cavityfreeatthree.org/](http://www.cavityfreeatthree.org/).

**Instrument Management: An Excellent Safety and Efficiency Strategy**

Mary Govoni, CDA, RDA, RDH, MBA

Managing instruments in a dental practice or facility is often taken for granted. Analyzing the steps involved in the use, cleaning, sterilization and storage of instruments reveals that there are a number of issues related to managing instruments that can affect both safety and efficiency in the practice or facility. A well-organized instrument management system can significantly reduce safety risks and enhance the efficiency of delivery of care.

The ideal type of instrument management system is one that facilitates safety for the dental team, protecting the hands of the team members from puncture during transport, cleaning and preparation of the instruments for sterilization (refer to Image 1). An instrument cassette readily accomplishes these objectives. When instruments are placed in the cassette, the risk of a puncture from sharp, contaminated instruments is eliminated while the instruments are being carried from the treatment room to the sterilization area.

Handling loose instruments during the cleaning process creates another risk for puncture injury, which can also be reduced by the use of cassettes. The entire cassette can be placed in the ultrasonic bath or instrument washer for cleaning, and then be wrapped or packaged for sterilization eliminating the need to handle individual instruments.

While safety is the most important factor to consider when selecting an instrument management system, efficiency and ease of use are certainly an important consideration as well. Studies have demonstrated that utilizing cassettes can significantly reduce the amount of time that dental team members spend processing instruments. The instruments are organized by procedure in a cassette, which serves as the delivery system or tray in the treatment room (refer to Image 2). Since the instruments are already in the cassette, once a procedure is completed, the assistant or dental hygienist simply closes the cassette, locks it and takes it to the sterilization area. The instruments are cleaned in the cassette, which is then package, placed in the sterilizer and then stored. The need to sort individual instruments and re-group them by procedure is eliminated, saving valuable time. Although some practices bundle and tie instruments for a procedure together for cleaning, this method can prevent the handles of the instruments in the middle of the bundle from being...
thoroughly cleaned, which can interfere with sterilization. In a cassette, the instruments are separated for efficient and effective cleaning and sterilization.

Yet another benefit of utilizing instrument cassettes is that the instruments are protected during cleaning. Loose instruments in an ultrasonic bath can become scratched or damaged, reducing their useful life.

Editor’s Note: Mary Govoni is an internationally recognized speaker, author and consultant on clinical efficiency, ergonomics, OSHA & HIPAA compliance, infection control and team communication.

Member Spotlight: Community Health Centers of Burlington (Burlington, Vermont)

As one of Vermont’s few Federally Qualified Health Centers (FQHC), Community Health Centers of Burlington (CHCB) provides comprehensive services to approximately 13,000 patients at five sites, three of which offer dental. Services include mental health and substance abuse, obstetrical and prenatal care, and dental. CHCB participates in the DentaQuest Foundation’s Strengthening the Oral Health Safety Net initiative, a program aimed to expand oral health capacity at the national, state and local level, with partners including NACHC, NNOHA, MassLeague, and the DentaQuest Institute. For this article, NNOHA interviewed CHCB’s Dental Services Supervisor, Mikayla Dubuque, CDA and Director of Community Relations and Development, Alison Calderara.

When did your Health Center start?

CHCB was founded in 1971 as an all-volunteer clinic. Over the years, CHCB has grown into a family practice designed to provide care for the Burlington region. We are Chittenden County’s only FQHC and Health Care for the Homeless program. We added a dental program in 2004 by merging with a local stand-alone non-profit dental clinic that had the big job of housing Vermont’s only dental residency program. This partnership helped grow our dental practice into three sites currently serving 6,000 patients.

What is your community like?

Our community, the Burlington region, is Vermont’s only urban area and Vermont’s biggest city. Burlington is the home of several colleges and the state’s university and medical school. The city has a thriving pedestrian marketplace and is located on the shores of Lake Champlain. Our city is diverse; as a refugee resettlement area, there are over 40 different languages spoken within the Burlington schools. Our region is also a tourist destination with our beautiful waterfront and skiing nearby.

While Burlington ranks high on national lists of great places to live, we have our challenges, too. There is a high cost of living and we have many families who need help accessing health services.

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

One of our primary challenges is the large number of homeless families and adults we serve. In downtown Burlington, we have two sites that primarily serve homeless families, adults and at-risk youth. Among these patients especially, we find poor oral health or missing teeth a significant barrier to employment. At CHCB, we offer individuals experiencing homelessness up to $1,000 worth of care at no cost to the patient each calendar year.
Do you have any strong partnerships in the community?

One of our most successful dental programs is our school based dental center. In 2004, the school district approached us as they had received grant funding to start a school based dental program. We jumped at the offer to work with them. CHCB fundraised for dental equipment and the school used the grant to renovate a space at one of the elementary schools. The only children accepted into the program are students of the school who do not have a dental home, are low income and uninsured, or are enrolled in Medicaid. A state program, the Tooth Tutors, works with each family to determine if their child or children need access to care and if necessary, refer kids to the clinic. This year, the school-based dental center will see over 700 children in the program, from all the elementary and middle schools in the district. The numbers of preventive visits has risen consistently over the years and most importantly, the children love receiving care in school.

Not only is this a terrific partnership, but it is such an essential public health intervention. This program was started with seed money of about $150,000 and the number of children who have been impacted is significant. These are children who have been relieved of pain, infection and bleeding; are now in regular routine preventive care and are learning the essential prevention skills they need to keep their teeth for a lifetime. It is a great program that truly invests in improving the next generation of children’s health and their readiness to learn.

How do you interface with the medical department?

We currently have an internal referral system through our integrated EMR for our OB and medical providers to connect patients to dental for urgent and routine care needs. Prior to this system, only 15% of our medical patients were also dental patients. As providers begin to refer their patients to us, we will continue to increase integrat-

ing medical and dental. Of all the referrals, 90% become dental patients.

What do you “know now that you wish you knew then” or what advice would you give to dental department staff?

Our advice to a dental department would be to work with your Health Center team to reiterate the importance of oral health to the overall community. Here at CHCB, we work to make our presence known in the community and to reach out to the underserved. There is still such an unmet need with our uninsured patients, and in particular, our most vulnerable patients: uninsured children, special needs individuals and pregnant mothers. Even though CHCB has recently expanded, we have already outgrown our space and unable to accommodate every patient that needs our help.

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

Health Center dental programs have strong community impact by promoting oral health and overall health. We accept emergency dental patients to help deter ER visits and aim to place them in a dental home that can provide access to continuous, affordable care needed to stay healthy.

What is on your wish list for the future?

CHCB would love to have more funding to support our current school based program, including assistance with transportation costs, as we do not have an outside funding source for this expense. Moreover, we would like to share our experience with our school based dental center to help others create something similar. Lastly, we would like to seek additional funding to expand our sliding fee scale so that we can serve more uninsured patients.

A special thank you to Mikayla Dubuque, CDA, Dental Services Supervisor, and Alison Calderara, Director of Community Relations and Development at Community Health Centers of Burlington for contributing to this article!
Did You NNOHA?

Panelists Wanted: HIT Integration – Have you successfully integrated an EMR and EDR that are not on the same platform? We want to hear from you. Contact Mitsuko Ikeda at Mitsuko@nnoha.org for an opportunity to share your promising practice at the 2013 National Primary Oral Health Conference or a webinar.

HRSA Grant Opportunity: Perinatal & Infant Oral Health Quality Improvement Pilot Grant Program – The purpose of the project is to integrate a successful community-based approach into a health care system with statewide reach, accomplishing statewide availability and increased utilization of quality preventive dental care and restorative services for pregnant women and infants most at risk. The Maternal and Child Health Bureau will accept applications this four-year pilot grant program until August 19, 2013. Consider partnering with your state or local government to apply.

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 Community Health Institute (CHI) & Expo, sponsored by the National Association of Community Health Centers (NACHC), will occur August 25-27, 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 26-29, 2013 in Boston, MA. For more information, visit http://www.hdassoc.org/site/epage/136339_351.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.


- 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/.
“Serving Our Mission in Challenging Times”
November 10 – 13, 2013
Hyatt Regency Hotel, Denver, CO

Special Pre-Conference Sessions

Saturday, November 9, 2013:

Advocacy Boot-camp: Community Water Fluoridation for Safety-Net Practitioners — Sponsored by Pew Children’s Dental Campaign

- Safety-net oral health programs have an important role to play in educating the community on the safety and effectiveness of water fluoridation. This interactive workshop will cover:
  - Strategies and techniques for using the time in the chair to effectively educate and advocate with your patients about the importance of water fluoridation,
  - How to bring other Health Center staff into the effort to educate on water fluoridation, and
  - Materials to create an environment that encourages water fluoridation literacy.

In order to eliminate cost barriers to attending this early session, 20 scholarships are available to assist with transportation and one night’s stay. To apply for a scholarship, click here.

Sunday, November 10, 2013:

Practical Pediatric Dentistry: Where the Rubber Dam Meets the Road
Join Dr. Daniel Kane, Director of the Pediatric Residency Program at Lutheran Medical Center, and Dr. Shreekrishna Akilesh, Pediatric Dentistry Associate Director - Rhode Island at Lutheran Medical Center, for this 8 hour training on Sunday, November 10th. Sunday’s session will be a lecture, followed by a hands-on session on Monday, November 11th. Upon completion of the course, a certificate of completion with 8 clinical CE credits will be awarded by Lutheran Medical Center, Department of Dental Medicine. Please see Session Details for a more detailed course description. An additional registration fee of $175.00 is required.

Fundamentals of Leading a Health Center Oral Health Program
This session is a perfect training opportunity for new Dental Directors and Health Center executive teams, including CEOs, COOs and CFOs. Experts in the areas of Health Center fundamentals, financials, leadership, and workforce/productivity will share their knowledge and identify the elements of a successful Health Center oral health program based on the materials found in the NNOHA’s Operations Manual for Health Center Oral Health Programs. This session also provides opportunities for networking and small group discussions. NNOHA highly encourages you to attend this training if you are a: (1) New Dental Director with less than 5 years of experience; (2) First-time NPOHC attendee; or (3) Administrator trying to expand your oral health knowledge.

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 small group discussion. NNOHA highly encourages you to attend this training if you are a: (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.

To add any of the aforementioned sessions to your existing registration, please email info@nnoha.org.

For questions regarding the NPOHC, travel inquiries, or for additional support, please visit http://www.nnoha.org/conference/npohc.html or contact Luana Harris Scott, NNOHA Conference Planner, at onparpro@comcast.net.
Member Recognition: Organizational and Association Members

These organizations became Organizational or Association Members of NNOHA between May 1, 2013 and July 31, 2013. We recognize their commitment to supporting NNOHA and improving access to oral health services for the underserved.

- AltaMed Health Services
- Aseptico
- Association for Utah Community Health
- Avenal Community Health Center
- Bedford Stuyvesant Family Health Center, Inc.
- Butte Community Health Center
- California Dental Association
- Canyonlands Community Health Care
- Central Florida Family Health Center
- Centromed
- Christ Health Center
- Community Care, Inc.
- Community Healthcare Network
- Dental Aid, Inc.
- Ezras Choilim Health Center
- Fairfax Medical Facilities, Inc.
- Family Health Centers, Inc. of Louisville
- Fish River Rural Health
- GC America Inc.
- Health Access Washoe County-HAWC, Inc.
- Health Care Center for the Homeless
- Health Center Association of Nebraska
- Health Partners of Western Ohio
- Henry Schein Inc.
- Iberia Comprehensive Comm. Health Center
- Innovdent Labs Inc.
- Kerr Corporation
- Kids Smiles
- Knox County Health Department
- Ko’olauloa Community Health and Wellness Center, Inc.
- Mariposa Community Health Center
- Mid-Ohio Valley Health Department
- Missouri Primary Care Association
- Montana Primary Care Association
- Morris Heights Health Center
- Mount Vernon Neighborhood Health
- Mountain Family Health Centers
- NH DHHS, Division of Public Health Services
- Peoples Community Health Clinic
- PrairieStar Health Center Dental Clinic
- San Benito Health Foundation
- SEMO Health Network
- Suncoast Community Health Centers, Inc.
- Treasure Coast Community Health, Inc.
- Utah Navajo Health System
- Valley Community Health Centers
- Washington Dental Service Foundation
- Wirt County Health Services Association

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