Chapter Two: Leadership—Becoming an Outstanding Dental Director

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EXECUTIVE SUMMARY

NNOHA recognizes that the leadership of an oral health program can have a great impact on the overall success of the program. In this chapter, NNOHA discusses elements of leadership and has compiled resources to assist members of the Health Center team in running a strong practice. Key points of the chapter include:

- Relationships with members of the Executive team (Executive Director, Chief Financial Officer, Medical Director, and the Human Resources department) can be important for the oral health program and should be strengthened;
- NNOHA recommends that the Dental Director report directly to the Executive Director;
- The Dental Director should be involved in developing and managing the organization’s budget;
- Teambuilding can be an effective way to strengthen the oral health team (samples of exercises are included);
- Being in management requires building a different skill set than being a clinician;
- Finally, the chapter also includes an ongoing discussion about the philosophy of leadership and how developing leaders can analyze themselves to improve their leadership capabilities.

To effectively lead a Health Center oral health program, one needs to acquire a unique set of clinical and administrative skills, as well as the vision and overall picture for program development. No matter how skilled someone is in leadership, there is always room for improvement. NNOHA recommends this chapter for new Dental Directors, experienced Dental Directors, and anyone with an interest in developing their leadership skills.
LEADERSHIP

BECOMING AN OUTSTANDING DENTAL DIRECTOR

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1. INTRODUCTION

People who influence oral health have a perplexing problem. Although the developed world enjoys better oral health today than ever before, oral diseases remain the most common bacterial infections. An even more alarming trend is that the incidence of oral disease in young children is rising. These infections are typically easy to manage, yet providers tend to focus on repairing the damage rather than preventing and/or eradicating the infections. Disease management challenges are most acute in Health Centers where oral diseases are highly concentrated and more pronounced. It is clear that Health Centers require the utmost attention in evaluating and improving the methods of treating oral diseases. Health Centers need to change their approach to oral health through effective, innovative leadership.

The dental world may not be perceived as rapidly changing, but over the last 30 years, there have been significant changes—and they are accelerating. The “total health” concept will bring enormous changes in the future. Dental care will become more integrated with primary medical care to create the health home environment, and disease management may be provided by a wide variety of yet undefined practitioners or team members. Great dental leaders will need to integrate dental and medical care for the optimal health of their patients.

Dentists have a reputation for being good leaders in the military environment where many have become hospital administrators. Also, many have had political careers as high up as the U.S. Congress. This speaks especially well for dental leadership aptitude, since dental schools provide minimal leadership training and leadership skills are generally learned outside academia.

In spite of this aptitude, many dentists who open their practices immediately after graduation find themselves on a steep learning curve when it comes to effectively running a business. Dentists who choose a career in a clinical health setting often find themselves involved in clinical leadership positions early in their careers, and they may lack sufficient training or experience in budgeting, public health, management and grant writing. As a result, many Health Centers with rapidly growing oral health programs have dentists who assume leadership roles before they’ve had an opportunity to fully develop their skills as good clinicians and leaders.

“We can do no better in our lives than lead people to excellence, fulfillment, and collective achievement. We need people who can rise above the fast-paced changes the world presents us and conquer the barriers. We need leaders with vision and courage who ignite intentional transformation and bring new ways to a new world. We need leaders who are not afraid to think and act differently.”

(Excerpts from “Becoming a Resonant Leader,” by Mckee, Boyatzis and Johnson, Harvard Business Press)

Health Center Dental Directors are expected to not only have exemplary clinical skills, but also to run their departments and be strong participants in corporate leadership. This is difficult to do when they have not mastered the basics. This is a conundrum the Health Resources Services Administration (HRSA) has acknowledged and which provided the impetus for creating this manual.

Successful oral health programs in Health Centers typically have clinical leadership including a Dental Director, Director of the Oral Health Program, Chief Dental Officer (CDO) or Chief Dentist. For this manual, the term Dental Director will be used to refer to the leader of the oral health program. The Dental Director is responsible for clinical services and programs. Ideally, the Dental Director should be a dentist, (D.M.D. or D.D.S.) with substantial clinical, administrative and public health experience to provide oral health leadership for the Health Center.

NNOHA HAS SEVERAL RECOMMENDATIONS TO HELP THE DENTAL DIRECTOR BECOME THE BEST LEADER POSSIBLE:

- Participate actively in the management and decision-making activities of the Health Center.
- Report to the level of administration that effectively links the oral health program to resources, input into the budget, and the grants process.
- Be the key advocate for the oral health program to the Health Center’s entire management team.
- Become an oral health champion in the local, state and national communities.
- Provide critical input that benefits the Health Center’s quality management system and the integration of oral health in its overall clinical policies.
- Develop, along with the administration and Board of Directors, the Principles of Practice for the oral health program, describing the scope of services to identified populations.

In addition to these administrative recommendations, there are also many philosophical issues to consider, which are explored later in this chapter.
2. Learning Objectives

After reading this chapter, the reader should be able to:

- Identify a Personal Model of Leadership and opportunities for improvement;
- Identify ways to strengthen relationships with the executive team, staff and Board of Directors;
- Understand the parameters of a Dental Director position;
- Develop ideas for how to interact with staff;
- Create a vision of how to lead;
- Develop a professional vision of the dental department;
- List opportunities for positive change within the Health Center; and
- Meet social responsibilities.

Although some individuals may seem to have natural skills, it does not mean leadership skills cannot be developed. This manual is designed to help individuals sharpen their skills and become better leaders. The exercises and guides provided here were modified from the book, “Becoming a Resonant Leader,” published by The Harvard Press. This book is a valuable resource to have on hand.

3. What Makes a Great Leader?

Most people can describe how they would like to be led, but find it difficult to actually lead.

Leaders should:

- Inspire cohesiveness with a shared vision and purpose focused on the quality of work;
- Create a positive work environment and a winning team that is productive, creative and talented;
- Give motivation, meaning, direction, and focus to the dental team;
- Communicate the organization’s expectations and goals while hold the department accountable;
- List opportunities for positive change within the Health Center; and
- Meet social responsibilities.

A Blue and Gold Navy recruiter was presenting the virtues of the Naval Academy to a group of high school students when one boy sneeringly shouted, “How can you expect us to accept the Navy’s honor code that says you have to rat on a classmate for any cheating violation no matter how small when nobody else saw the violation?” The officer smiled as if he relished answering the question. He said, “Let’s try a scenario where our country suddenly faced war and all of you were drafted. You ended up on my ship and we headed into harm’s way. What is the number one trait you would hope I had as your commanding officer?” The students bantered about for a short time before agreeing that the number one trait would be trust. Trust is built through integrity, empathy, effective communication skills and by example.
Use self-awareness, mindfulness and compassion. (Example: A supervisor's negativity can be toxic. Staff will sense destructive stress and may feel overworked, underappreciated and unhappy. A leader who exudes vision, positivity and hope has no bounds.)

Lead by example. (Set a good example by treating patients and staff compassionately, ethically, and by working hard.) The bottom line is that leadership begins within.

4. Fostering Relationships With The Executive Team

It may feel like a Dental Department exists as a silo; however, the Executive Team can be an important part of the program’s success. The following are thoughts to consider regarding relationships with the Executive Director, Medical Director, Chief Financial Officer and Human Resources Department.

Executive Director

It is important to understand the Health Center Executive Director’s expectations. An Executive Director (ED) has a huge responsibility and relies on the Dental Director’s expertise to identify problem areas in his or her dental department. An ED who has to ferret out problems and bring them to the attention of the Dental Director will question that person’s performance. Listed below are some tips for working effectively with the ED:

■ Dental Directors who keep things running smoothly and effectively are usually greatly appreciated. However, when there are problems, the ED needs to be informed early. Potential issues include treatment risk exposures; equipment needing replacement; provider/staff problems; community involvement that may involve press coverage; and outside professional involvement, such as a state oral health coalition, NNOHA or other organizations. The ED should be informed early, and Dental Directors should not be afraid to ask for help. The role of the ED is to be supportive of a Dental Director’s direct reports, but they do not like surprises, unless it is all good news!

■ In general, a Dental Director should communicate regularly with the ED through regular meetings and stay in touch via e-mail and the phone. EDs need to be “in the know” about everything going on within the organization. They especially do not like to be caught in embarrassing situations, unaware of something significant happening within their departments.

■ A Dental Director should manage his or her own budget, but if there will be major expenditures for new equipment or new positions, the ED should be kept informed and consent to those expenditures before they are executed. The worst case scenario is to be at odds after the deed is done.

■ A solicitation for money or equipment should only be conducted once the ED is made aware of those intentions. The ED and others in the organization may be communicating with the same parties, and it is always wise for the right hand to know what the left hand is doing.

■ EDs love positive public relations. Whenever possible, a Dental Director should do something that reflects positively on the organization in the minds of its constituencies and the general public. On the other
hand, a public relations event should not come as a surprise to the ED, who should participate in the event whenever possible. The Dental Director should not engage in an interview without first obtaining approval.

- Quarterly action plans need to be shared with the ED to ensure that everyone is on the same page regarding priority objectives. The Dental Director should discuss with the ED timelines and the progress, or the lack thereof, being made.

- Special effort should be made to understand the broad corporate perspective on issues at Corporate Leadership Team meetings. A Dental Director may advocate for the program, keeping in mind the greater good of the organization, because they are not only the director of the program, but also a key leader in a larger organization of diverse parts.

- A Dental Director should foster a mutual trust with the ED, who typically wants to be supportive, but this support must be earned.

**Medical Director**

The Dental Director should have a close and positive relationship with the Medical Director. As we move away from independent departments that resemble silos to a Health Home concept that intimately connects all health providers, this relationship becomes even more important. The Dental Director should present oral health issues to the medical staff via invitation from the Medical Director. Presentations on systemic effects of oral diseases help to cement oral health as an integral part of overall health. Training medical personnel on preventive measures, such as fluoride varnish applications, nutritional aspects of oral health, and oral hygiene are also integral to a comprehensive preventive model.

**Reporting Structures**

Although other scenarios have been successful for different programs, NNOHA’s general recommendation is to have the Dental Director report directly to the Executive Director to assure a voice at the decision making table. This may not be the case in some programs with inexperienced Dental Directors, but it still should be the goal.

**Note:** In NNOHA’s 2009 Salary & Retention Survey, Dental Directors who reported to a CMO/Medical Director were 2.2 times more likely to indicate intent to leave the Health Center practice than those Dental Directors who reported to a CEO/Executive Director.

**Chief Financial Officer**

The financial complexities of a Health Center can be difficult to understand. The many income streams might include funding sources such as federal, state, city, United Way, local grantors and community organizations. Grants vary from one year to the next, trying to maintain a balanced budget can be nothing short of a circus act.
The Dental Director should be able to identify and have timely access to the necessary financial data that will assist in the evaluation of the fiscal status of the oral health program. It is crucial to develop a strong relationship with the Chief Financial Officer (CFO). The CFO wants the program to be successful and balanced, so a Dental Director should keep the following tips in mind:

- CFOs are there to help a Dental Director manage the financial picture on a daily, monthly, quarterly and annual basis. A CFO offers financial expertise and helps keep the oral health program operating efficiently and under budget. A CFO is a great asset when there is a need to expand or buy something new.

- A CFO will look for variations and compare changes to benchmarks. A Dental Director should meet with the CFO regularly.

- A Dental Director should establish the budget and take responsibility for monitoring it. If a Dental Director does not provide input, the CFO will automatically look at historical data and gauge changes in the budget accordingly. Most budgets are established well before the beginning of the fiscal year and are essential to the annual federal grant request. This means that a Dental Director needs to look at least six months out at possible changes in the departmental budget and discuss them with the CFO. Changes in fee schedules, pending grants, changes in staffing patterns and equipment needs are best planned at this time. The Health Center’s budget must be approved by the Board of Directors. The budget is the estimated income and cost for the coming year. CFOs do not like to see changes in costs, unless it is clearly offset by income. Because the Dental Director is accountable for the department, he or she has to know the budget and should ask for it if necessary.

- CFOs issue monthly reports typically called Management Reports, Financial Statements, or something similar. They expect the Dental Director to read and understand these reports and to use them as a tool to keep the budget in balance. Key financial concepts and terms will be discussed in Chapter Three: Health Center Financials.

- Dental Directors should be aware of the benchmark values available for Health Centers across the country. Based on the 2009 Uniform Data System (UDS) results, the average annual encounter rates are 2,726 per dentist and 1,352 for dental hygienists. The productivity of a Health Center is dependent on multiple factors, such as the scope of service allowed in each state, the number of support staff, equipment, patient mix, patient needs, and a multitude of other factors. Each facility should consider all of those factors to make a goal that is right for the organization and allow for the program to be sustainable. It is important for a Health Center to avoid being on either extreme of having either too few or too many encounters, as both
can lead to poor patient outcomes or a failed business plan. It is important to know that these numbers are not quality indicators, but simply averages to help in business planning. A Dental Director should work with the Executive Director and/or IT team to begin developing a system to produce key data for monitoring the program. Examples are found in the subsequent Quality chapter of this operations manual.

- The CFO will look closely at net charges and collections. This is an area that should be observed regularly. These numbers vary from one Health Center to another, but should remain relatively consistent within a Health Center.

- The Dental Director should also receive a quarterly cost report to help ensure spending is within the budget. The cost of supplies should be watched. Bulk ordering and standardizing supply usage among the Health Center’s dentists is imperative. All staff dentists should be using the same endodontic techniques, resins, amalgam, etc. There should not be drawers full of supplies that no one is using. Take advantage of the NNOHA supply discounts. Contact info@nnoha.org for information.

- Bottom line, CFOs look for accountability. If a Dental Director has a track record of meeting budgets and projections, CFOs are more likely to look favorably on expansion or new equipment plans.

**The Chief Operating Officer**

The Chief Operating Officer (COO) generally oversees all aspects of administrative operations at a Health Center. The COO’s responsibilities may include supervising communications, marketing, purchasing, information technology, risk management, and quality management. If commensurate with his or her background, the COO may oversee clinical operations. In some cases, one person may fulfill the roles for both CFO and COO. Health Center COOs ideally work closely with Dental and Medical Directors to ensure a smooth operation and development of each department. While NNOHA recommends that Dental Directors directly report to EDs, it is very critical for them to also maintain open and consistent communication with COOs. While EDs ideally focus on strategic and external aspects of Health Center operations, COOs are responsible for day-to-day business management. Dental Directors may find common ground with COOs in areas such as risk management, improving staff productivity, and managing patient flow.” Each Health Center situation is unique, however if the Dental Director works to communicate to the COO the importance of appropriate dental care to the overall health of the patient, the program is far more likely to be successful. This is becoming more critical as health care funding becomes more outcome focused.

**The Human Resources Department**

Recruiting and retaining key personnel is essential. The Human Resources (HR) department can help the Dental Director understand the basics of good interviewing techniques, as well as managing staff issues. But the burden for staffing falls on the Dental Director, and the more he or she knows about dealing with personnel, the better the department will be. The HR department can aid the business manager in the day-to-day personnel issues, design

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provider contracts, help recruit providers, aid in designing training platforms, help manage customer relations issues, and be an excellent sounding board for solving professional budget issues. The HR department’s major function is to provide support. This includes keeping track of immunizations and licenses and assisting in employment interviews and exit interviews. HR staff can also help a Dental Director develop an orientation packet for employees and providers. HR can be a wonderful resource for training managers, as well as the Dental Director. For smaller Health Centers, there may be no HR department, and it will become another skill set that the Dental Director will need to develop.

5. Communicating With The Board

The Board of Directors must hear a voice for oral health. The best representative for that is generally the Dental Director. At least 50% of the members of the Board are patients of the Health Center—this is an important audience to reach. The Dental Director needs to review the Board Meeting agenda, which is usually sent out days before the meeting, and be prepared to address any oral health issues. Many times, the ED or Medical Director may not see how certain issues also include oral health. It is recommended that the Dental Director approach the ED about attending board meetings when there are relevant oral health issues on the agenda. NNOHA recommends that Dental Directors be prepared to present an annual State of the Dental Department to the Board. In some cases, only the CEO or Executive Director reports to the Board regularly. In those cases, the Dental Director’s role is to inform their board representative of relevant oral health issues and get them on the agenda.

6. Owning Personal Power

The Dental Director is a department head and part of the corporate leadership within the Health Center. Dental Directors have a great deal of power within the Health Center. Young, inexperienced Dental Directors may not understand the responsibility that accompanies this position or may be afraid of making mistakes and shy away from taking control. It is crucial to embrace this power and figure out how it fits with one’s vision. A Dental Director should consider their sphere of influence within their center and maximize these relationships.

Many think good leadership comes from being smart. This is a myth; intellect and technical knowledge do not make great leaders, but are good starting points. Emotional and social intelligence make the difference. Smarts can get someone in the door, but emotional intelligence enables leaders to deal with their own internal responses, moods and states of mind. Under stress, these leaders are intensely in touch with the feelings of those around them, and can inspire hope and well-being at just the right times. This creates an environment that is exciting, challenging and supportive.

Effective leaders possess emotional intelligence. Good emotional intelligence begins with self-awareness. People often think a person’s intelligence is what pulls them through a crisis. However, analytical sense takes time and often requires thoughts to marinate for a time to “gel.” Emotions, on the other hand, come at the speed of light. It is important to understand this quickness and how powerful it is. Good leaders have a “presence” and a self-confidence that seems to emanate like an aura. People can feel their confidence and know they know themselves and their capability, as well as their limitations and principles. First a person must know how they feel, then they

“Every action in our lives touches on some chord that will vibrate in eternity.”
~ Edwin Hubbel Chapin
need to be able to manage their emotions. It is not easy. Most people have to work hard to control impulses. And then emanate from body language, tone of voice, “mood” and action. Emotional awareness is something great leaders tap into all the time. Emotions are natural and a constant part of life. They drive people to want or not want to do something—and they are contagious.

Leadership is not just about budgets and schedules; good leadership is about people and relationships. Once a leader is able to “own their personal power,” they are better able to develop self-awareness and self-control that people respond to and respect. A leader who owns his or her personal power can support and inspire the team.

7. **Personal Model Of Leadership**

This section will help check emotional intelligence and leadership qualities. The chart below aids in determining a personal model of leadership. A dot can be placed in each pie-shaped area indicating the percentage of experience for each category from 0% in the center to 100% on the outer edge:

- **Self-Awareness:** Rate your understanding of the tenets of leadership, the level of trust from your staff and your current effectiveness. How well do you understand your own emotions and your level of integrity and conviction?

- **Social and Professional Awareness:** Rate your understanding of the culture of your organization, the barriers to optimal quality, the hurdles you face with your staff and your depth of understanding regarding the complexities of being a Dental Director.

- **Self-Management:** Rate how well you manage both your positive and negative emotions, the emanation of your energy and mental clarity.

- **Relationship Management:** Rate how well you guide the tone of your staff, coach and develop their emotional skills, and manage conflict.

- **Intellect and Technical Experience:** What is your level of professional experience, education and management experience?

These rankings will help reveal areas for improvement. It is not easy to face the fact that we are not as good as we would like to be. Not everyone can rise to great leadership, but an assessment such as this one will provide a framework from which to improve. Revisiting this assessment once a year can be helpful. As long as a leader is improving, he/she can be assured that they are becoming a more effective leader. No one scores 100 percent, so everyone has room for improvement, and even the greatest leaders need to take the time to reflect on their skills. The closer a Director’s real self comes to their ideal self the better leader they will be.
Positive actions and attitudes can be contagious. It is important for directors to manage their department by example both clinically and administratively. The Health Center staff should be inspired to work diligently as a team focused on delivering high quality patient-centered care that is administered effectively, efficiently and compassionately. Often the every-day challenges of working in a Health Center environment can result in high stress levels for directors, providers and support staff alike. Although a certain amount of stress can foster increased productivity and creativity, directors who can manage this hard work with a positive mental attitude can energize their entire staff. Finding this equilibrium can prevent the destructive tendencies and negativity that might otherwise result. Remembering to acknowledge staff accomplishments under fire can promote an increased level of pride and commitment to the mission of the organization.

A good leader uses the concepts of self-awareness, mindfulness and empathy to maintain positive relationships in order to build sustainable, effective leadership. A good leader understands that negativity can be toxic, and realizes the importance of harnessing emotions in high pressure situations to avoid transmitting these harmful feelings to others. A Dental Director who is mindful, aware and awake, values the need to foster a positive work environment where all members of the dental team believe they are an essential part of the unit’s overall accomplishments. A successful director is able to bolster staff self esteem so that feelings of being overworked and underappreciated can be minimized. A sincere “thank you” or a compliment delivered at the end of the day can often be as effective as financial incentives to improve job performance.

A creative leader who exudes positivity, hope and vision has no bounds. New challenges are always arising and success is measured in increments. A wise leader will not accept complacency. It is not only what a good leader has done yesterday, but also what is being done today and planned for tomorrow that is important. A great motto to live by is “We are the best, but we can do even better.”

8. Taking Charge of the Department

The Dental Director’s first take-charge item is the dental department budget. Many Dental Directors are overwhelmed and allow the Chief Financial Officer to dictate the budget. It is the Dental Director’s department! The CFO is a partner who can share valuable expertise, but to run a department, the Dental Director needs to own the budget, be accountable for it, and scrutinize it to find ways to make the dollars more effective. The budget’s first line item is the cost per encounter. The national average for this expense is about $150. Health Centers are bound by expensive procedures; the more expensive the procedures, the higher the cost per encounter. The costs skyrocket if the procedures include molar root canal, dentures, or crown and bridge work.

Be mindful of the community being served. If a Health Center is turning away patients needing Phase I services because the schedule is full of expensive, time-consuming Phase III procedures, the Health Center may better serve the community by limiting the more time-consuming procedures. The community’s needs should be the primary goal. At the same time, a Health Center must retain its staff dentists and allow them to perform procedures they were trained to do, so a Dental Director has to find that fine line.

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“Do not go where the path may lead, go instead where there is no path and leave a trail.”

– Ralph Waldo Emerson

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If it takes more than three months for a patient to get an exam appointment, the Dental Director should advocate for expanding the practice. The Dental Director will be involved in grant writing and should also look for other opportunities to increase income.

9. Facing Fiscal and Environmental Challenges

As part of the Health Center management team, the Dental Director is expected to make fiscal and operational recommendations. Good, data-driven information and a review of current and future environmental changes facing the oral health program are essential in making wise management-level decisions. These decisions must be fiscally sound and consistent with federal policy and the overarching mission of the Health Center.

Health Centers face many challenges in attempting to provide health services to low-income populations. As a fiscal matter, the Health Center is obligated by federal statute to provide or arrange for its federally approved scope of dental services to all residents of its designated medically underserved service area (or medically underserved population), regardless of ability to pay or insurance status. At the same time, the Health Center is obligated to maximize all revenues by setting charges consistent with locally prevailing rates, while offering discounts to uninsured and underinsured individuals and families with incomes below 200% of poverty. In most communities, this dilemma is particularly acute for dental services, as the need for such services far outstrips the available resources. This places an enormous strain on the Health Center’s dental resources, requiring a proactive management approach to maximize such resources.

In addition, Health Centers must be able to monitor internal and external changes that may impact their ability to continue operations. This entails the ability to predict changes within the environment that impact future revenue streams and take appropriate action in advance of such changes. For example, it is important to monitor demographic changes and population profile data to anticipate service needs and opportunities, as well as to solicit other funding resources that may become available. Moreover, HRSA Policy Information Notice 98-23: Health Center Program Expectations states that each Health Center must conduct a needs assessment of its community, including the number of estimated users, oral health status and description of existing providers. This assessment will be used to justify project plans, prevention and treatment needs, service mix, organization of care and staffing requirements.

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**Patient Base**

As a major consideration in successful practice management, a Health Center dental clinic must manage the inflow of new patients entering the dental practice. While it is customary to allow open access and simply treat all potential patients as they walk into the clinic, a successful practice must monitor and manage new patient activities. This includes such practice parameters as time allocation for dental services; revenue generation and payor mix ratios; the ratio of emergency walk-ins versus comprehensive regular care seekers; after-hours and extended office hours coverage; and patient flow. A Health Center that simply allows a passive open access policy without management faces the risk of poor performance due to environmental changes. This can threaten the longevity of the dental program.

A Health Center is legally obligated to serve all residents in its designated service area or applicable designated service population, for example, migrant and seasonal farm workers, the homeless and public housing residents. More specifically, it needs to provide services available to all populations with fees adjusted based on ability to pay. This means that Health Centers cannot implement a matrix or quota system based solely on patient payor status where the effect is to discriminate between patients based on payor source. A Health Center cannot close its doors to uninsured residents within its service area to serve insured residents to meet the matrix or quota. On the other hand, implementing a system based on medical priority may be appropriate as long as it is applied evenly to all patients.

**Fees**

Health Centers are required to establish a schedule of fees or payments for the provision of oral health care services to cover reasonable cost of operation and a corresponding schedule of discounts adjusted on the basis of the patient’s ability to pay. The fees charged prior to discount should be comparable to fees charged by other providers in the market place. The sliding fee scale provides a full discount (100% off of the cost of the service) to individuals and families with annual incomes at or below the Federal Poverty Level guidelines found at [http://aspe.hhs.gov/poverty/09poverty.shtml](http://aspe.hhs.gov/poverty/09poverty.shtml) and no discount to individuals and families with incomes greater than 200% of those in the guidelines. The sliding fee scale must be available for all services defined within the scope of oral health services provided by the Health Center. Health Centers may set the sliding fee scale for oral health services to assure that revenues collected are maximized to support the oral health program. More information on the sliding fee scale is found in the Financials Chapter of this manual.

In addition, a Health Center can make reasonable decisions regarding the ability to make services available to individuals from outside the facility’s service area. This flexibility can involve determining what cap needs to be applied for services to such non-service area residents, and whether to adjust the charges applied for services and any corresponding discounts. In providing this flexibility, it is advisable that Health Centers be aware of and anticipate responding to potential complaints and/or negative publicity that may result from individuals who are denied access to services or charged more than residents.

**Services**

Dental service mix decisions must retain good quality of care within acceptable dental therapeutic guidelines and the dental resources available. For instance, if a filling can be considered adequate, verses a full or partial cast...
crown, the filling is deemed a more economical option. In making this determination, Health Center management must evaluate the level of services it can afford to provide to its patients as a whole and at the individual patient level (e.g., routine care being available only every six months). The Health Center’s services must be evaluated to determine which options—beyond statutorily required preventive care services—can be made available to all residents in its service area without regard to their ability to pay. In some cases, a Health Center may determine that some portion of its dental services program should be provided outside of its federal scope of project. If a Health Center decides to provide services out of the scope of project, this frees the Center to provide services not bound by the sliding fee scale. However, it will also exclude them from certain benefits allowed for services provided within the scope, including cost-based reimbursement from Medicaid and CHIP and Federal Tort Claims Act (FTCA) protection in case of a malpractice claim. More information on FTCA can be found in the Financials chapter—the other chapters of NNOHA’s Operations Manual for Health Center Oral Health Programs can be found at http://tinyurl.com/OMHCOHP as they are released.

Although it is not legal to schedule patients based on payor mix, Health Centers must create a positive and successful business plan that relates to the needs assessment. A Dental Director must consider multiple factors when trying to achieve fiscal sustainability. In some communities the Health Center may be the only Medicaid provider, and the only provider for uninsured patients. In another community there may be multiple providers. Dental Directors need to consider the payor mix of the community, patient demographics, the Health Center mission and the community needs assessment while advocating for the underserved.

10. Team Building

Dentistry can be repetitive and tedious. It is easy to get bored and lose focus. An offensive lineman on a football team also has a repetitive and tedious job. However, he acknowledges how critical his role is in his team’s success, and enjoys the praise when the team wins. He also has a coach telling him how he can improve. Dental Directors can become mired in production and caring for their patients and may be hesitant to instruct their colleagues. But a Dental Director is also the team’s coach. The Dental Director should be aware of and encourage every team member. One way that works well is holding regular staff meetings where specific issues are addressed and the team is encouraged to offer solutions. Oral health programs without regular staff meetings would do well to start organizing one today—these should not be optional.

Because personnel have different backgrounds and training, a Dental Director should help them understand the Health Center’s leadership values and what is expected of them. One way to do that is to create a values pyramid. The pyramid can be configured in size and detail as appropriate and could include values like, Integrity, Honor, Empathy, Communication, Talent, Team Work, Efficiency, Effort, Customer Service or Quality. The Dental Director can make presentations on how each of the building blocks fits into the team or, preferably, assign team members to give a presentation on each value. This requires a bit of research to identify what each value means to the program. To the right is a sample pyramid used by one Health Center.

Sample Pyramid of Virtues
If the organization has more than one clinic, it is important to include site visits. Every member of the staff should feel that they are valued. One Health Center created a ‘Triple E’ award for ‘efficiency’, ‘effectiveness’ and ‘effort’ that is given annually to the clinic that scores the highest in selected criteria such as production, net charges, collections, income/FTE, cost/FTE, supply cost/production, unexcused absences, appointment wait time and patient satisfaction surveys.

Team building is not a silver bullet for fixing dysfunctional teams, or assuring that all of the teams will work well. But team building exercises can be helpful in developing effective teams. Included here are a selection of additional exercises that focus on five critical issues that may enable teams to strengthen their foundation.

An example of a teambuilding exercise designed so that the team becomes aware of, and experiences their interdependence is “Desert Survival.”

In this exercise, teammates individually rank the importance of items they will need to survive after a plane crash in the desert. The team then comes to consensus on the rankings of the items.

Team rankings, almost invariably, are more accurate than most individuals’ rankings.

Teamwork Exercises

- **Cohesiveness**

  Team building exercises that have a component of fun or play are useful in allowing social cohesiveness to develop. Examples include: designing a team logo, sharing information about first jobs, or participating in activities to discover characteristics that team members have in common. To develop task cohesiveness, activities that allow the group members to assess one another’s talents, strengths and weaknesses are useful.

- **Roles and Norms**

  An exercise which would help teammates use roles effectively might ask them to select the roles which are most needed to accomplish the task at hand and to assign those roles to team members.

- **Communication**

  There are many ways of facilitating the learning of effective communication skills. Active listening exercises, practice in giving and receiving feedback, and practice in checking for comprehension of verbal messages are all aimed at developing skills.

- **Goal Specification**

  A simple, but useful, team building task is to assign a newly formed group the task of producing a mission and goals statement.

- **Interdependence**

  This is the issue of how each team member’s success is determined, at least in part, by the success of the other members. The structure of the cooperative learning task should be such that it requires positive interdependence: students in a team should “sink or swim” together. Functioning independently of other group members or competing with them should lead to poor performance for the entire group. Both cooperative learning tasks and teambuilding tasks should have such a structure.

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8 Darwyn Linder, Department of Psychology & Susan Ledlow, Instructional Innovation Network, Arizona State University, “Five Issues to be Considered in Team Building.”
11. Effective Meetings

Staff meetings should be effectively managed for best results. Most business meetings have a facilitator who directs the meeting. This person solicits input from others regarding topics to address and sets the agenda. Time increments are set for each agenda item. A timekeeper is assigned to help keep the facilitator on track and a recorder takes minutes. The facilitator keeps the focus on the agenda item and, if the direction of the discussion is leading to a different topic, the facilitator will identify it as a separate issue and place it in a “parking lot” that can be added to the agenda in future meetings. The facilitator needs to be well versed on agenda items to keep the discussion going or, if needed, ask someone else to facilitate certain portions of the discussion.

This format will keep meetings orderly and productive. As the coach, a Dental Director makes the assignments accordingly and helps inexperienced facilitators gain confidence. Since many Health Center oral health programs are small, the Dental Director may be the facilitator most of the time, but encouraging staff participation promotes team spirit and gives less experienced members a chance to develop their leadership skills.

A typical month may include a variety of meetings such as: Corporate Leadership Team, Quality Team, Dental Leadership Team, All Dentists Meeting and Dental Staff Meeting. If the department is large enough to justify holding all these meetings, a dental business manager may be needed to aid the Dental Director in setting agendas and tracking progress. Most meetings have a facilitator, a gatekeeper to keep the agenda items on schedule, and a secretary or minutes manager. A significant portion of the meeting should be set aside for training issues. The agenda should be established and sent to the staff in advance, along with the assignments for presentations.

**SAMPLE AGENDA FOR MONTHLY DENTAL STAFF MEETING**

1. Reports from the various clinics on issues that have surfaced – **30 min.**
2. Overall state of the Dental Department – examining quality improvement measures, successes and problem areas – **15 min.**
3. Training topics such as risk management, incident reports, outreach, scheduling, evidence-based dentistry, cultural sensitivity, etc. – **45 min.**
4. Individual achievements of staff members – **15 min.**
5. Reports from staff members who have taken CE courses – **15 min.**

This sample agenda is for a two-hour meeting. If the team is able to meet weekly, times can be adjusted accordingly or topics can be rotated.

As a member of the Corporate Leadership Team, the Dental Director will be actively participating in developing and implementing the Corporate Strategic Plan and providing input outlining dental strategies. Most of these plans run in cycles of two to three years. These plans have various names, but the Dental Director represents the dental needs for the future and should be proactive in the plan’s development. If there is no Corporate Leadership Team or if the oral health program is represented by the Medical Director, the Dental Director must meet with his or her representative to ensure the needs of the oral health program are considered.
12. Staff Delegation

The size of an organization dictates how much time the Dental Director will spend on clinical duties versus administrative duties. If the department has a large number of operatories, clinical time will be reduced, but it is always a good idea to spend time in the clinical setting to keep apprised of the operational challenges at the ground level. If the department is small (less than four dentists), the Dental Director will likely spend the majority of the time in the clinical setting. The Dental Director will need a business manager to track staff’s daily operations, time off, supplies and other day-to-day operations that are impossible to do while treating patients. Depending on the number of sites and dentists (approximately five or more) the program will require a lead dental assistant to track supplies, follow up on pre-authorizations, interface with billing and collections, and train new dental assistants. Delegation to staff is a delicate matter, and most dentists have had little training in this area.

Job descriptions for business managers or lead dental assistants should be well defined, and new staff require proper training. Once the job description has been clearly explained and the staff person has been trained, a Dental Director should be able to trust in the staff’s ability to perform the respective job unless given reason to believe otherwise. If the staff is not meeting their obligations, then the Dental Director, in consultation with the HR department, should plan to implement progressive discipline where expectations regarding improvement are well-stated and clearly understood. Both of these positions, business managers and lead dental assistants, require detail-oriented professionals with pragmatic personalities who will not participate in office gossip. These staff members play the role of assistant coaches, and will be immersed in the honor, integrity and work ethic established by the Dental Director. These staff members will be expected to assist in minimizing malicious gossip, manipulative behavior and other morale busters.

13. Social Responsibilities

A Dental Director and the dental staff should be advocates for oral health in the community. The Dental Director should strive to develop collaborative arrangements that improve the oral health of the community. Whether they realize it or not, patients depend on the Health Center to represent their interests at the local, state and even the national level. Be involved! In an urban area the Dental Director could contact and involve others such as dental schools, public health departments or state agencies interested in the health of the underserved. Local, state and national policymakers are seeking guidance on issues that impact Health Centers and their patients. Many rural states have few public health entities representing oral health. In these areas, the Health Center can pioneer initiatives. The Dental Director should get to know the state and local dental association leaders, as well as the city and state health department representatives. Find out who is handling the Maternal and Child Health (MCH) programs in the area, such as Head Start and WIC. Can the Health Centers help to integrate oral health into medical health programs in the community?

Many states have oral health coalitions where stakeholders meet to coordinate common goals. These coalitions have become powerful unified voices for promoting oral health. Health Center input may be extremely valuable to the coalition. Getting involved in NNOHA is another way to contribute. The more dental providers involved, the stronger force it will become in promoting oral health. It is important to be a part of the broad community of oral health support networks. In addition to sharing expertise, Dental Directors can also find resources/assistance, insight into developing best practices, funding information and collegial support.

For suggestions on successful collaborative partnerships, see appendix one.

For suggestions on working with Community-based preventive services, see appendix two.
14. **Diverse Skill Sets**

Management is an important element in a Dental Director's role and requires a different skill set than being a clinician. Below is a chart that demonstrates the different thinking patterns. The most common challenge for a Dental Director is recognizing the need to transition from a clinician’s mindset to a managerial role. Dental Directors who work well as participatory, interdependent leaders will do well in this position. Mark an X next to skills that are your strengths to reveal areas that may need improvement. This chart may also be used as an evaluation tool to identify areas of growth for staff members who are taking on new managerial roles.

<table>
<thead>
<tr>
<th><strong>CLINICIANS</strong></th>
<th><strong>MANAGERS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Doers</td>
<td>❑ Planners / Designers</td>
</tr>
<tr>
<td>❑ 1:1 Interactions</td>
<td>❑ 1:n Interactions</td>
</tr>
<tr>
<td>❑ Reactive Personalities</td>
<td>❑ Proactive Personalities</td>
</tr>
<tr>
<td>❑ Require Immediate Gratification</td>
<td>❑ Accept Delayed Gratification</td>
</tr>
<tr>
<td>❑ Decision-makers</td>
<td>❑ Delegators</td>
</tr>
<tr>
<td>❑ Value Autonomy</td>
<td>❑ Value Collaboration</td>
</tr>
<tr>
<td>❑ Independent</td>
<td>❑ Participatory / Interdependent</td>
</tr>
<tr>
<td>❑ Patient / Community Advocate</td>
<td>❑ Advocate for the Organization</td>
</tr>
<tr>
<td>❑ Identify with Profession</td>
<td>❑ Identify with Organization</td>
</tr>
<tr>
<td>❑ Independent</td>
<td>❑ Interdependent</td>
</tr>
</tbody>
</table>

15. **Summary**

Health Centers need leaders who are ready to learn and grow and be stronger tomorrow than they are today. Health Center Dental Directors have a substantial responsibility. They oversee the staff, maintain a budget, provide direction for the department, often provide clinical care, and report to the executive team and the board, all while embracing the responsibility of improving the overall health of the community. It is a lot to ask and a lot to live up to. Those who have chosen to work at a Health Center have already revealed a great deal about their character. Now there is an opportunity to lead people to excellence, fulfillment and collective achievement. Dental Directors can build a vision and gain the courage that ignites intentional transformation and brings new ways of thinking to a new world. Health Centers and the nation's communities need leaders who are not afraid to think and act differently.

“I’ve been in private practice 17 years, managed care clinics four years; and spent the past year in a CHC. This past year has been the best, most satisfying and most rewarding.”

– Comments from a NPOHC conference evaluation
16. Frequently Asked Questions

What should the reporting structure be at my Health Center?

NNOHA recommends that Dental Directors report directly to the Executive Director.

How much time should Dental Directors spend on administrative vs. clinical duties?

There are many variables that may add to or take from administrative time or clerical duties, because some corporate administrators take more or less of this burden. A rule of thumb is that most programs with four to seven professional providers require at least one fifth of the Dental Director’s time for administrative duties. A business manager and a lead dental assistant can handle many of the clerical duties, such as scheduling staff, ordering supplies, payroll, monitoring time off, running production and producing other reports. If the Dental Director has to do any of these functions, it adds to the needed administrative time.

How involved should I be in the budget?

The Dental Director is ultimately responsible for preparing and advocating for the dental budget. The CFO, HR department and staff can greatly contribute, but the Dental Director must understand the budget and provide the direction. CFOs know far more accounting methods and can guide you, but they are not dentists; the Dental Director has the best vantage point to understand the department’s needs.

NNOHA strongly recommends that the Dental Director be at the table when corporate budget decisions are made. If the Dental Director cannot create the budget, he or she needs to be very familiar with it, as this is one of many tools needed to run the program effectively. NNOHA recommends that Dental Directors review Chapter 3, Financials, at http://tinyurl.com/OMHCOHP.

17. Links

The following links may be helpful for developing leadership skills:

- NNOHA’s Practice Management Resources: http://www.nnoha.org/practicemgmt.html
- Training available through NACHC: http://www.nachc.com/complete-list-of-trainings.cfm
- Harvard School of Public Health, Leadership Courses: https://secure.sph.harvard.edu/ccpe/index.cfm
- California Dental Association: http://www.cda.org
  Thank you to the California Dental Association – some pieces of this chapter were originally published in the May 2009 CDA journal.
HEALTH CENTER LEADERSHIP WORKSHEET

1. How involved are you with your department’s budget?
   a. Extremely – I know every detail of what is going in and out.
   b. Very – I know the big picture of how our department is doing.
   c. Somewhat – I get occasional updates.
   d. Not at All – I am not involved with the budget or finances at all.

2. If you are only “Somewhat” or “Not at All” involved with your budget, what can you do next to get more involved?
   __________________________________________________________
   __________________________________________________________

3. Identify ways to strengthen your relationships with:
   Your Executive Team: ________________________________________
   Your Staff: _________________________________________________
   Your Board of Directors: ________________________________

4. Review the “Personal Model of Leadership” in this chapter. What is your strength?
   __________________________________________________________
   __________________________________________________________
   Where can you improve? ____________________________________
   What will you do in the next month to become a stronger leader? ________________________________________________
   __________________________________________________________
   __________________________________________________________

5. What do you want to see as your legacy as a Dental Director?
   __________________________________________________________
   __________________________________________________________

18. WORKSHEET
APPENDICES

Appendix One

BUILDING SUCCESSFUL COLLABORATIVE RELATIONSHIPS:

A strong Dental Director will look for strategic partnerships to help achieve his/her vision. Partnerships are voluntary collaborative agreements between two or more groups in which all participants agree to work together toward a shared mission.

WHAT IS THE POWER OF PARTNERSHIP?

If two horses can pull about four tons, how many tons could four horses pull? Simple arithmetic tells us eight tons, but this answer is not correct. Four horses can actually pull more than 15 tons! How is this possible? Synergy occurs and the sum of the parts becomes greater than the whole.

Synergy is the muscle behind strategic partnerships. By sharing risks, responsibilities, resources and competencies with others, the Dental Director is enabled to focus on projects that he/she considers most important.

PRINCIPLES OF PARTNERSHIPS

- All stakeholders must share a common interest.
- Mutual dependency arises from the sharing of risks, responsibilities, resources and competencies.
- Synergy is the goal.
- An unequivocal commitment is needed from all partners. Each partner needs to understand his/her role and responsibility.
- Partners must work together at all levels and recognize any constraints of all partners.
- Partners must provide complementary support.
- Regular communication is essential.

It is imperative for Dental Directors to participate in community organizations that have a stake in oral health. NNOHA has found that the most successful programs reach beyond clinic walls. These programs can lead to potential grant opportunities with sponsors who can help a Dental Director advance a program, as well as provide opportunities to improve leadership skills. There are many opportunities available to Dental Directors to build strong partnerships in the Health Center’s community and state. These opportunities include:

- Academia (faculty or student programs, mentoring dental students, residents, fellows)
- Hospitals
- Area Health Education Centers (AHEC): http://bhpr.hrsa.gov/ahec/centers.htm
- State and local dental societies: http://www.ada.org/statelocalorg.aspx
- State Coalitions: http://www.astdd.org/docs/BPAStrategicCoalitions.pdf
- State and local health departments: http://www.cdc.gov/mmwr/international/refres.html
- Head Start, WIC and other mother-child health organizations
- Community Councils that work with migrant workers

Appendix Two

COMMUNITY-BASED PREVENTIVE SERVICES

A strong dental leader will participate in community-based preventive services. This is a great opportunity to support oral health as part of overall health and to improve the health of the whole community. There are many community-based services and issues to be involved with, that may include:

- Prevention of early childhood caries
- Promotion of water fluoridation
- Elimination of school-based soda machines
- Preventing tobacco/spit tobacco use
- Migrant schools for Health Centers seeing migrant and seasonal farm-worker patients school-based sealant programs
- Assuring local screening programs include follow-up treatment access
- Head Start programs
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The National Network for Oral Health Access (NNOHA) is a nationwide network of Health Center dental providers. 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.
MEMBERSHIP APPLICATION
For calendar year 2011 (January 1st through December 31st)

Applicant Contact Information

Name:

Title:

Organization:

Name of Health Center: (if different from Organization name)

Address:

City: State: Zip Code:

Phone: Fax:

E-mail:

NNOHA Membership Category:

☐ Individual Member (dues $25)
☐ Organizational Member (dues $250)

If you are applying as an Organizational Member, please attach a list of the names, titles, and E-mail addresses of the employees you wish to include in the membership.

Referred by: (name of NNOHA Member)

Paying by (select one):

☐ Check (made payable to NNOHA)
☐ Bill Me

☐ Credit Card – Card Number:

Security Code: Expiration Date:

Signature

☐ Check here If you are interested in receiving information on the current NNOHA committees and opportunities to get involved.

Please complete this form and mail it to:
NNOHA, PMB 329, 3700 Quebec Street, Unit 100, Denver, CO 80207-1639
An online application is also available at http://www.nnoha.org/membership.html

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