The Exit Interview – A Tool for Increased Retention and Satisfaction

Rene Rosas, DDS
NNOHA Treasurer and Workforce & Development Committee member

The recent Survey of Health Center Oral Health Providers: Dental Salaries, Provider Satisfaction, and Recruitment and Retention Strategies that NNOHA published showed that the majority of Health Center oral health providers are satisfied with their careers. Among the dentists that participated in the survey, 80.2% of them indicated their intent to remain in Health Center practices. The rate is even higher for dental hygienists at 93.3%.

While this result is very positive and informative, to continue to improve retention and ensure that Health Centers are fulfilling their perceptions about the Health Center. Conducting a formalized exit interview can provide a more complete picture.

Exit interviews are conducted when a staff member leaves, in order to elicit their impressions about their work environment and their perceptions about the Health Center. Interviews are generally conducted in-person by Human Resources staff, but in smaller organizations, the interview may be conducted by the Dental Director, the Executive Director, or could be a written questionnaire. Questions may relate to the workplace, supervisors, compensation, and other factors that affect job satisfaction. Examples of questions include:

- What are your primary reasons for leaving? (Answer choices could include: To seek a higher salary, to receive professional experience the Health Center does not offer, etc)
- Please rate your experience in: sense of accomplishment at work, professional growth, adequacy of equipment and supplies, compensation and benefits package, etc.
- What would have to change for you to remain? The information obtained through the interview should be treated confidentially.
- So where do you start? Here are some of the available resources:
  - ExitPulse – National Association of Community Health Centers (NACHC) has developed an online exit survey system designed specifically to survey departing Health Center employees and is available for purchase. For more information about this product, visit: http://www.nachpulse.com/.
  - Northwest Regional Primary Care Association (NWRPCA) has a sample exit interview questionnaire: http://www.nwrpca.org/images/stories/2010/workforce/direct_recruitment/Exit_Interview_Questionnaire.pdf
  - The NNOHA report, Survey of Health Center Oral Health Providers: Dental Salaries, Provider Satisfaction, and Recruitment and Retention Strategies, is available at: http://www.nnoha.org/generalpage.html

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It is important to remember that an exit interview is not an end in itself. Results of the interview should be used to improve the work environment. Health Centers can set up a system to determine how the data will be reviewed and possibly translated into potential changes at the Health Center. If used wisely, exit interviews can serve as a tool to understand what improvements are needed to enhance satisfaction of the providers and reduce the turnover rate, thereby providing an insight for Health Center retention strategies.

All Aboard for a Healthy Smile

Susan Lawson, MHRM  
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Have you ever tried to get a physician to take a look at a child’s teeth during a well-child check-up? Have you ever tried to get them to apply fluoride varnish? If you have, then you know it is not as easy as it sounds! The Early Childhood Oral Health (ECOH) initiative asks Primary Care Providers to do exactly that. The HealthPath Foundation of Ohio and the Ohio Association of Community Health Centers have teamed up to build on a pilot initiative that integrates oral health into primary medical care.

The ECOH Program is a quality improvement initiative designed for Health Centers and Look-Alike networks (FQHC-LA) in the state of Ohio. ECOH focuses on the integration of oral healthcare as a standard of care within the primary care setting by non-dental providers for children 9 months to 36 months of age during routine well-child check-ups, and minor illness primary medical care visits. Currently, ECOH is being implemented in 13 Health Centers totaling 28 healthcare delivery sites with a team of over 100 clinicians. As of November 30, 2010, close to 8000 children have received an oral health screening, and fluoride varnish treatment as part of their well-child check-up.

Dental care remains the top unmet need for children and low-income adults in the state of Ohio and Health Centers are an ideal venue for reaching Ohioans with limited access to oral health care. Furthermore, the Ohio Department of Health reports that disease rates are significantly higher among children from low-income families and those from Appalachia. According to the Uniform Data System, in 2009, Health Centers in Ohio cared for a total of 34,021 patients under the age of three. Because these Health Centers are located in diverse areas of the state they have the ability to reach a varied cultural and socioeconomic population as well; thereby helping to reduce health disparities.

So why don’t all Primary Care Medical Providers include routine oral health screenings as a standard of care? As we began recruiting providers we heard many reasons for non-participation, including “I don’t have time to add one more thing to a well-child check-up visit”, “oral health wasn’t in my curriculum”, “that’s the Dentist’s job” and “I am not comfortable looking in their mouths.” We learned that we needed to convey the importance of oral health for at-risk children and listen to provider’s concerns as we began developing the ECOH initiative. We have identified the top critical success factors as being:
1) a clinical culture that values oral health;
2) integration into existing patient processes;
3) an engaged program coordinator;
4) an effective referral system and lastly;
5) ease of data collection and reporting.

From an implementation standpoint, there are several areas of importance. Data collection of required measures quickly became one of the most significant program elements for participants. The process needs to be straightforward and data needs to be easily collected since most ECOH program coordinators wear many hats in the Health Center. Another discovery has been the understanding that not all Health Centers are at the same level of readiness for program adoption. We needed to build relationships, and at times, tailor the program to fit the individual needs of the Health Center.

Because this is a grant-funded initiative, it is essential to build sustainability. Currently, participants are reimbursed through foundation funding for each fluoride varnish application administered to eligible children as an incentive for program participation. However, the reimbursement will eventually run out. We are working with the National Implementation Research Network to strengthen implementation of the project across Health Center sites and build sustainability beyond foundation funding.

As we know, a child’s oral health is a significant element of their overall health and should be thought of as a priority rather than “one more thing to do.” By developing a culture that values oral health, it is intended that the Health Centers will continue to offer this preventive measure as a standard care.

For additional information on the ECOH program as well as resources to develop your own program, please visit the OACHC website at http://tinyurl.com/6kzud8y.

Did you NNOHA?

You can get social with NNOHA using the tool that best suits your personality:

Twitter: Get short, timely updates from NNOHA on available resources or interesting updates. http://twitter.com/nnoha

Facebook: Become a fan on facebook and get updates on NNOHA and other oral health developments. Also, browse through all of the photos from the 2010 National Primary Oral Health Conference: http://www.facebook.com/nnoha.org

Forums: The website forums are active and ready for your questions, comments, and conversations. You can choose to be alerted for every post or just on specific topics. You’ve got burning questions, one of your colleagues may have the answer!

Visit http://www.nnoha.org/forums.html to get started today.
Periodontal therapy does NOT lower preterm birth.

NO! Wait a minute. Periodontal therapy DOES reduce the risk of preterm birth!

NO! Wait a minute… what do you mean there is no association at all?! I’m so confused!!

What is Evidence-based Dentistry?
As practitioners we are confronted almost daily with an exhausting amount of often conflicting health information. Evidence-based dentistry (EBD) is an approach to dental healthcare that utilizes high-quality and reliable evidence, along with professional expertise and patient’s values.

The example above in which research findings vary greatly from study to study is all too common. There are many reasons science sometimes fails us including:

1. Lack of an a priori question (not setting out with a defined question before the study starts)
2. Lack of a proper control (a control minimizes confounding variables and bias such as the placebo effect)
3. Lack of randomization (Randomly assigning patients to the control or test group is a way to minimize bias.)
4. Bias:
   a. Lack of blinding (both investigators and/or subjects)
   b. Selection bias: only selecting studies that support the topic of interest
   c. Publication bias: the fact that more studies with positive results get published
   d. Conflict of interest
   e. Measurement bias: observer, responder and instrument bias
5. Lack of statistical “power” (Lack of statistical power may be due to minimal 1) statistical significance, 2) magnitude of the effect of interest in a population or 3) sample size.)
6. Small sample size (too few of patients to be able to tell the difference between biological variation and true effects)
7. The use of surrogate outcomes (i.e. using “attachment loss” instead of tooth survival as an end point of a study)
8. Confounding: when the association of an exposure (i.e. smoking) and the outcome (i.e. cardiovascular disease) is mixed up with the real effect of another exposure (i.e. periodontal disease) and the same outcome (i.e. cardiovascular disease)
9. Even the way statistics are presented in a study can make a finding appear more significant than it really is!

Because researchers are evil (that’s a joke), we cannot consider the results of just one study to be enough to base decisions regarding our patient’s health. Instead we must look at the total body of evidence on a particular subject. Clearly busy dentists do not have the time (and sometimes expertise) to critically appraise every relevant study published on a particular topic of interest. Luckily, there is a very rigorous scientific technique by which researchers can combine results from many individual studies. This process is called a “systematic review” (sometimes accompanied by “meta-analysis”) and is considered to be the very highest quality of scientific evidence available.

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Systematic reviews often use “forest plots” of weighted odds ratios to describe the combined results of multiple individual studies. An “odds ratio” is a way to describe the strength of an association with less than 1 having little to no association and greater than 1 a stronger association. In the example above, if only the study by “Allaqaband” was considered one might conclude that the association is significant because the odds ratio is 1.23. However, when data from other studies are combined together it is found that there is in fact little to no association because the combined odds ratio of all the studies is 0.54.

Since even accessing and reading systematic reviews can be burdensome in modern life, there are many organizations that specialize in producing short summaries and quality assessments of systematic reviews. Examples of free internet sites that specialize in this are:

- The ADA: EBD.ADA.org
- The Cochrane Collaboration: www.cochrane.org
- The DARE database: www.crd.york.ac.uk/crdweb/
- The TRIP database: www.tripdatabase.com/

Additionally, the ADA’s Center for Evidence-based Dentistry has many quality membership services including multiple courses in EBD and low-cost original text publication’s available from the library.

The utilization of the most current high-quality and unbiased evidence is not a substitution for professional expertise or patient autonomy, but simply a complement and enhancement to the delivery of high-quality, value-based healthcare.
Member Spotlight:  
Health Care Center for the Homeless - Orlando, Florida

Mitsuko Ikeda  
NNOHA Project Coordinator

The Health Care Center for the Homeless (HCCH) is a 501(c)(3) founded in 1993 by Dr. Rick Baxley, a volunteer physician who saw the need to provide quality health care services to the homeless population in Orlando, Florida. Dental services were added in 1994. Initially sharing a space at the Coalition for the Homeless, the program began with evening clinic hours one or two nights a week. For years HCCH operated out of three separate locations, but the Orange Blossom Family Health Center was opened in 2006, allowing for the services to be provided in one central location. The Dental Clinic has 6 dental treatment rooms, a small lab, and has been paperless for 7 years. The program currently employs 2 FTE dentists, 7 Expanded function dental assistants, and 2 front desk assistants. The mission of HCCH is accomplished through the provision of quality, affordable health care services that are accessible to everyone regardless of their ethnicity, socio-economic status, or ability to pay.

NNOHA staff interviewed Mary Ann Andrew, RDH, Dental Services Manager of HCCH. The Orange Blossom Family Health Center graciously opened their doors to NNOHA members and conference dignitaries in October 2010, in conjunction with the National Primary Oral Health Conference.

Q: What is your community like?
A: We provide health care services for homeless individuals who live in Orange, Osceola, and Seminole Counties in Florida. We also serve the housed but uninsured residents of Orange County. At our Health Center, we provide eight key services to the community: primary medical care, dental services, mental health and substance abuse counseling, vision services, an on-site pharmacy, a residential TB shelter, mobile health services, and an aggressive street outreach program - the HOPE Team. Our vital services are provided by a staff of dedicated professionals, who strive to improve our patients’ health status and help them regain their self-sufficiency.

Q: What challenges do you face that might be different from other centers?
A: Over 50% of our population is homeless. Working with the homeless population presents us with many challenges including their nomadic lifestyle, tendency towards episodic dental care (when it hurts they come in) and lack of dental education.

Q: What are you doing well that you’d like to share with us?
A: Our Health Center had 11,803 dental visits for FY 2009-2010, which translates to roughly 2.5 patients per dentist per hour. We are able to maintain this productivity level by having our dental assistants perform everything they are authorized and trained to do. This includes entering all charting and treatment notes in the patient’s record, and providing all post-operative instructions, as well as explanations of the treatment plan and procedures performed. While the dental assistants are doing this, the dentist can see the next patient. This arrangement frees the dentist to perform more actual treatment, enabling them to utilize their time very productively.

Q: Do you have any strong partnerships in the community?
A: We currently partner with, and provide treatment to, the patients from the VA Homeless Program, the Senior Resource Alliance, three area Juvenile Justice Programs, and area shelters.

Q: How do you interface with the medical department?
A: The Dental Program interfaces with all departments through the Managers Meetings, CQI, and staff meetings. We do not directly integrate with the Medical Electronic Health Records, but do enter our visits for UDS purposes.

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Member Spotlight continued...

Q: Has NNOHA been helpful to you in some way?
A: NNOHA has been extremely helpful to us; the meetings, Forums, and newsletters have come to be our best source of information relevant to what we do. NNOHA provides us with valuable information, and keeps us motivated and striving for excellence.

Q: What do you “know now that you wish you knew then”?
A: Our best advice would be to join NNOHA and to attend the annual Conference!

Q: What would you like the decision makers in DC to know about Health Center oral health programs?
A: Health Center oral health programs provide quality care, increase access to care and need continued support from the decision makers. It is their best use for limited funds!

Q: What is on your wish list for the future?
A: We are actually realizing two wishes for the future. In January we began our Mobile Dental Unit Program with a three-chair vehicle, which will provide in-school sealants for Osceola County and also be utilized to provide Medicaid services to Juvenile Justice patients in Central Florida. Our CEO has also secured funds for a clinic expansion, which will start in May 2011 and includes an additional 4 dental treatment rooms (bring us to 10 treatment rooms in our main facility).

*You may reach Mary Ann Andrew at mandrew@hcch.org

HP2020 Insight

Terry Hobbs
NNOHA Project Director

In December, the U.S. Department of Health and Human Services released the Healthy People 2020 oral health objectives. The list includes objectives for youths and adults, and has objectives based on access to preventive services, oral health interventions (like sealants and water fluoridation), monitoring & surveillance systems, and public health infrastructure. The complete list of objectives can be found at http://tinyurl.com/2020OH. Many NNOHA members participated in providing feedback on the comments as they were being developed either through written comments or by attending the community meetings. We applaud you for being engaged in the process.

NNOHA welcomes the release of these measures as oral health is an important goal to be included in the quality improvement plans of every Health Center and the Healthy People 2020 oral health objectives present an option of potential data to track. The measures also provide a collective way to track the oral health of our communities.

A recent release by the Pew Charitable Trust lauded the arrival of the measures but also commented that "the oral health goals could have been more ambitious." Pew commented: "[The] objective for reducing the proportion of kids aged 6 to 8 years who have ever had a cavity. Healthy People 2010 had set a goal of reducing this measure from 52 percent in 1994 to 42 percent by 2010. However, the new “target” in Healthy People 2020 is 49 percent, which is considerably worse than the 2010 target. The new 49 percent goal also looks unambitious considering that the 42 percent target has already been achieved by children from families with incomes greater than 200 percent of the federal poverty level.”

Health Centers may choose to take this opportunity to start with the HP2020 objectives and develop objectives that are ambitious for their center(s) depending on the current baselines and the needs of their unique communities.
The Practitioners Engaged in Applied Research and Learning (PEARL) Network is a practice-based research network where practitioners conduct clinical studies during the course of providing routine care for their patients. The goal of the PEARL Network is to improve clinical care through practice-based research. The PEARL Network currently has over 200 members (termed practitioner-investigators or P-Is) and is supported by the National Institute of Dental and Craniofacial Research. Studies conducted range from surveys (What do you do in your practice?) to comparative effectiveness research (What works in your practice?) to randomized clinical trials (What is the most effective therapy?). All studies are designed to minimally impact the workflow of the practice and both P-Is and subjects are financially compensated for their time. The PEARL Network team of clinical research associates is always on hand to help initiate a study in a P-I’s practice, answer questions regarding studies as they arise, and help assure the quality of the data collected. Ideas for PEARL studies originate from the P-Is themselves and address commonly encountered questions in clinical practice.

What are the Benefits of Becoming a PEARL Member?
- Participate in the presentation and publication of the results of PEARL studies.
- Distinguish your practice as an active contributor to the advancement of health care.
- Financial compensation for the practice and patients for participation in PEARL studies.
- Become part of a network of like-minded practitioners who want to change the course of health care.
- Become a research associate member of the New York University College of Dentistry.
- Attend the annual meeting and earn Continuing Education Credits.
- Get training on how to conduct clinical studies.
- Consider an alternate career in academic dentistry.
- Receive feedback by participating in studies for use to benchmark your practice.

How do I become a member of the PEARL Network?
contact: dental.pearl@nyu.edu or 212.998.9746
For more details please visit the PEARL website: www.pearlnetwork.org

Congratulations to...

...The California Dental Association (CDA) Journal and editor Kerry K. Carney, DDS. The CDA’s May 2009 issue received the 2011 International College of Dentists Golden Pen Award. This issue, “Serving the Underserved,” focused on Health Centers and included some articles written by several NNOHA members. The International College of Dentists gives out annual journalism awards recognizing outstanding journalism by editors in and out of the dental profession. The Golden Pen is awarded to the most outstanding article or feature. The archived May 2009 issue can be found at http://www.cda.org/library/cda_member/pubs/journal/jour0509/index.html.
Members of NNOHA’s Membership Services Committee have volunteered their time to review articles and studies that may be valuable to Health Center oral health programs. Two reviews are listed below. Visit http://www.nnoha.org/litreview.html to see all of the reviews and links to the articles. Please note that some of the full articles may require subscriptions or payment to view.

The Impact of Visible Dental Decay on Social Judgments: comparison of the effects of location and extent of the lesion

A. Somani et al.

Previous research has shown people make social judgments about someone else based on the condition of that person’s teeth. Dentists and dental hygienists know this through experience but it has not been the subject of extensive investigation. This study sought to determine whether the position of the decay and the extent of the lesion are determining factors in such social judgments. One hundred young people were randomly divided into four groups of 25 per group. Each group was shown a differently computer-modified photograph of the same person. The location and extent of a lesion were varied systematically. Participants were asked to rate the person in the photograph with respect to intellectual ability, social competence and psychological adjustment. The data confirms previous studies that poor dental condition is highly correlated with perceived poor social performance and intellectual ability. The study also showed the more central position of the caries is more predictive of poor social judgments.

Significance to HC dental practice: In Health Centers where dental providers often need to become apologists for their oral health programs, this article supports and provides arguments for the social impact of dental disease. It supports the need and significance of treating decay as a needed component of assuring patients have an equal chance for success without stigma or prejudgement due to the presentation of their teeth and smile.

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Attributes of an Ideal Oral Health System

Tomar SL, Cohen LK

The purpose of the study was to address the perceived inadequacies in the current U.S. oral health care system in better preventing oral diseases, eliminating oral health disparities, and ensuring access to basic oral health services. The authors sought to articulate the attributes that an ideal oral health system would possess which would be consistent with the principles of the leading authorities on the public’s health. The authors reviewed policy statements and position papers of the World Health Organization, the Institute of Medicine, the American Public Health Association, Healthy People 2010 Objectives for the Nation, and the American Association of Public Health Dentistry. The authors concluded that, consistent with leading public health authorities, an ideal oral health system would have the following attributes: it would be integrated with the rest of the healthcare system; it would emphasize health promotion and disease prevention; it would monitor population oral health status and needs; it would be evidence-based, effective, cost-effective, sustainable, equitable, universal, comprehensive and ethical; it would offer continuous assessment and assurance, be culturally competent and empower communities and individuals to create conditions conducive to health. The authors concluded that though there are some attributes of an ideal oral health system on which the United States has made initial strides, it falls far short in many areas. The authors are of the opinion that the development of an oral health care delivery system that meets the characteristics described above is possible but it would require tremendous commitment and political will on the part of the American public and its elected officials to bring it to fruition.
NNOHA NEWS, Volume 4, Issue 1

NNOHA Notes

Applicants sought for ADA Hillenbrand Fellowship. This fellowship is one year in Chicago and provides a wealth of experiences in various dental systems. If you need assistance or support for an application, contact us at info@nnoha.org. More details on the fellowship can be found at http://www.ada.org/news/5178.aspx

Need dental job description templates? NNOHA has partnered with the National Association of Community Health Centers to develop several general job description templates related to oral health positions. Visit the Human Resources forms section in the dental forms library. http://www.nnoha.org/dentallibrary.html

Limited time offer from NNOHA: Printed copies of chapters one and two in NNOHA’s Operations Manual for Health Center Oral Health Programs are available for just the costs of shipping! Click here to order http://www.nnoha.org/productforms/yearlymembership.html (Manual selections are at the bottom of the form).

New resource: This web archive of studies and reports on oral health and Dental Public Health for the period 1984-2007 may be useful to assist in grant writing and program planning activities. The authors and researchers were faculty and dental public health residents of The Department of Community Dentistry at The University of Texas Health Science Center at San Antonio (UTHSCSA). The usefulness of the reports lies in the results and materials themselves, and they are also a guide to planning, execution and comparison of future studies in dental public health and oral health. http://www.oralhealthsa.org http://www.oralhealthsa.org/Dental_Public_Health_San_Antonio/Welcome.html

Get Your Message Out!
Would you like to advertise to the community of safety-net providers and support NNOHA at the same time? Advertising opportunities are available on NNOHA’s website, the newsletter, and in up-coming publications. To find out more, visit: http://tinyurl.com/NNOHA-ad.

National Children’s Dental Health Month Resource

The National Maternal and Child Oral Health Resource Center (OHRC) in collaboration with the Maternal and Child Health Library at Georgetown University released a new edition of the knowledge path about oral health for infants, children, adolescents, and pregnant women. Presented in time for National Children’s Dental Health Month in February, this electronic resource guide points to resources that analyze data, describe effective programs, and report on policy and research aimed at improving access to and the quality of oral health care. The knowledge path can be used by health professionals, program administrators, educators, and policymakers to learn more about oral health, for program development, and to locate training resources and information to answer specific questions. Separate sections present resources for families, schools, and child care and Head Start programs as well as resources about dental caries, dental sealants, fluoride varnish, pregnancy, and special health care needs. The knowledge path is available at http://www.mchoralhealth.org/knwpathoralhealth.html. Knowledge paths on other topics are available at http://www.mchlibrary.info/KnowledgePaths/index.html.
Upcoming Conferences and Events

Registration is open for NNOHA’s 2011 NPOHC!


Registration is available at: http://www.nnoha.org/conference/npohc.html.

- The American Academy of Dental Practice Administration (AADPA) 2010 Annual Meeting, “A Time for New Ideas” will take place, March 2-6, 2011, in San Antonio, Texas. For more information, visit http://www.aadpa.org/
- The 2011 American Dental Association (ADEA) Annual Session will take place March 12-16, 2011, in San Diego, California, at the Manchester Grand Hyatt San Diego. For more information visit: http://www.adea.org/events/upcoming_adea_annual_sessions/Pages/default.aspx
- The American Association for Dental Research (AADR)/IADR General Session will take place in San Diego, California March 16-19, 2011. For more information, visit http://www.iadr.org/i4a/pages/index.cfm?pageid=3912
- American Dental Hygienists’ Association (ADHA) Annual Session will take place June 15-21, 2011, in Nashville, Tennessee. For more information, visit http://www.adha.org/annualsession2010/index.html
- The Dental Management Coalition (DMC) Meeting will take place June 12-14, 2011, in beautiful Port St. Lucie, Florida at the Club Med Sandpiper Bay. For more information, visit http://www.dmcnet.org/
- The Academy of General Dentistry (AGD) Annual Meeting will be July 26-28, 2011, in San Diego, California. For more information, visit www.agd.org.
- The National Dental Association (NDA) 97th Annual Convention will take place July 22-26, 2011, at the Baltimore Marriott Waterfront in Baltimore, Maryland. For more information, visit www.ndaonline.org.
- NACHC’s 2011 Community Health Institute & EXPO will take place at the Manchester Hyatt in San Diego, California, from August 26-30, 2011. For more information, http://meetings.nachc.com/?page_id=83
- AAP National Conference & Exhibition will take place October 15-18, 2011, at the Boston Convention & Exhibition Center, Boston Massachusetts. For more information, visit http://www.aapexperience.org
Member Recognition

These organizations became 2010 - 2011 Organizational or Association Members of NNOHA between October 16, 2010, and January 15, 2011. We recognize their commitment to supporting NNOHA and improving access to oral health services for underserved populations.

GOLD CIRCLE ORGANIZATIONAL MEMBERS

- Arizona School of Dentistry & Oral Health – Wayne Cottam, DMD, MS
- Ashland County Oral Health Services, Inc. – Cindy Payne, RN
- Columbus Neighborhood Health Center – Tom Horan, MD
- Community Health Clinic Ole – Dale Berry, DDS
- Denver Health /Community Health Dental – Paul Melinkovich, MD
- East Georgia Healthcare Center, Inc. – Jennie Wren Denmark
- Erie Family Health Center – Lee Francis, MD, MPH
- Ezra Medical Center – Yishai Hecht
- Family Health Center of Marshfield, Inc. – Ted Kay, CEO
- Greater New Bedford Community Health Center, Inc. – Mary McCabe, DDS
- Harbor Health Services – David Reidy
- HealthPoint – John Caron, DMD
- Heart of Texas Community Health Center, Inc. – Allen Patterson,
- Hudson River HealthCare – Clifford Hames, DDS
- Iowa/Nebraska Primary Care Association – Deb Kazmerzak
- KUMC Rural Health Education & Services – Joyce Grayson
- La Clinica del Carino – Elizabeth Aughtney
- Missouri Primary Care Association – Joseph Pierle, CEO
- Northland Health Partners Community Health Center – Faye Hagen, CEO
- Northwest Community Health Center – Holly Haugen, CDA
- Open Door Family Medical Center – Janet Bozzone, DMD, MPH
- Salud Family Health Center – John McFarland, DDS
- Semo Health Network – Gail Redman, DDS
- Utah Navaho Health System – Dr. Joseph Vreeken
- Valley Community Health Centers – Shaorn Ericson, CEO
- Valley Health Systems, Inc. – Dan Brody, DMD
- Will County Community Health Center/Dental – DeAnn Bednowicz
- Yakima Valley Farm Workers Clinic – Mark Koday, DDS

INDIVIDUAL MEMBERS

NNOHA currently has over 1,300 members. The following people have initiated or renewed their NNOHA membership between October 16, 2010 and January 15, 2011, and we recognize them for their commitment:

Member Recognition continued...

(Continued from page 13)

Member Recognition continued...

(Continued from page 14)


“It’s easy to make a buck.
It's a lot tougher to make a difference.” ~Tom Brokaw
The Community of Safety-Net Dental Providers

The mission of the National Network for Oral Health Access (NNOHA) is to improve the oral health of under-served populations and contribute to overall health through leadership, advocacy, and support to oral health providers in safety-net systems.

2011 NNOHA MEMBERSHIP APPLICATION

Please complete the following information and mail to:
PMB: 329, 3700 Quebec Street, Unit 100, Denver, CO 80207-1639

Select one:

_____ Annual Individual membership $50.00
_____ Dental Hygienists or Dental Assistants $30.00
_____ Annual Organizational membership $350.00
(If you select organizational membership, please attach a separate sheet with names, titles, and E-mail address of those included.)

Committees:

_____ I am interested in receiving committee information.
_____ I am not interested in participating on a committee at this time.

Method of Payment:

_____ Check
_____ Bill Me
_____ Credit Card

Credit Card #: Security Code Exp. Date

Signature

“Act as if what you do makes a difference. It does.”
~William James

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