NNOHA President Heads North to See the Alaska Mid-Level Model Close Up

Teddy Gray King, tking@nnoha.org
Policy Analyst

Last October, NNOHA’s President, John McFarland, D.D.S., took a break from his work in Colorado to head north. It wasn’t salmon fishing or glimpses of the northern lights that Dr. McFarland was looking for. He participated in the 2010 Dental Health Aide Therapist Learning Tour for a first-hand look at Alaska’s mid-level model.

As many in the oral health community already know, the tribal governments in Alaska have taken the initiative to address severely inadequate access to dentistry and all other oral health services through the introduction of dental health aide therapists. These mid-level dental aides hail from remote Alaskan tribal regions and are trained by the Alaska Native Tribal Health Care Consortium (ANTHC), in conjunction with the University of Washington DENTEX program (DENTEX is an Alaska based program that educates dental health aide therapists to provide dental care to Alaska Native communities). Upon completing two years of training, the Dental Health Aide Therapists are then employed by the Regional Health Corporation, under the supervision of licensed dentists, and assigned to clinics in tribal areas.

Dr. McFarland said of his trip, “it was very interesting seeing the Dental Health Aide Therapist model up close.” He went on to say that in light of NNOHA’s commitment to oral health access, “we are trying to review the various forms of mid-levels, one of which is the Dental Health Aide Therapist model in use in Alaska.”

The subject of mid-levels, particularly as it applies to Health Centers in the rest of the country, is complicated by many factors not present in Alaska. One issue that makes the Alaska model inherently different than that in the lower 48 states is the unusual regulatory system in a State with such a large Native American population. In the lower 48, each state regulates all oral health care are reviewing workforce models, including one of NNOHA’s partners, the Pew Charitable Trusts. As this policy issue evolves, look to NNOHA to provide balanced information on our Policy & Advocacy page (http://www.nnoha.org/advocacy.html).

There were 13 participants on Dr.

(Continued on page 2)

NOTE: The NNOHA newsletter is for information sharing & discussion purposes. NNOHA does not endorse all included viewpoints or authors.
Alaska trip continued...

(Continued from page 1)
McFarland’s trip, including two other NNOHA members, Dennis Lewis, D.D.S. and Scott Bibbens, D.M.D. In addition to dentists, the group included a Health Center CEO, foundation trustees, program officers, and others involved in oral health care issues. Funders for the 2010 Dental Health Aide Therapist Learning Tour were the Betterment Fund, Caring for Colorado Foundation, the DentaQuest Foundation, the Foundation for a Healthy Kentucky, the Kellogg Foundation, the Pew Charitable Trusts, the Washington Dental Service Foundation, and the Alaska-based Rasmussen Foundation.

National Health Service Corps, Financial Support for Primary Care Dentists and Dental Hygienists

Rebecca Spitzgo
Director, National Health Service Corps

The National Health Service Corps (NHSC) Loan Repayment Program is accepting applications for 2011. The NHSC offers fully trained and licensed dentists and dental hygienists, as well as other primary health care professionals, tax-free loan repayment, in addition to their salary, in exchange for working in communities with limited access to care. There are new loan repayment options in 2011: $60,000 for two years of service and $170,000 for five years of service. There is an option to pay off all student loans with additional service. This year’s investment in the program, which includes $290 million from the Affordable Care Act, seeks to address shortages in the primary health care workforce which hopefully would translate into greater access to healthcare for those who might otherwise go without.

“Increasing access to primary health care professionals who can support the physical and mental well-being of individuals can help prevent disease and illness, and ensure that everyone, regardless of where they live, has access to comprehensive, high quality care,” said Health & Human Services (HHS) Secretary Kathleen Sebelius. As of September 2010, oral health providers comprised 14% of the NHSC, with 900 dentists and 168 dental hygienists currently serving at NHSC sites.

The Affordable Care Act also provides more flexibility in how the Corps administers the loan repayment program. In addition to monetary awards that are higher than previous years, the Corps will give members the option of working half-time to fulfill their service obligation and provide credit for some teaching hours. And for the first time, clinicians may apply to the NHSC Loan Repayment Program online, where they will find tutorials and additional information to assist in the application process.

“The health care professionals who answer this call to serve in the NHSC will join thousands of dedicated primary care clinicians who bring quality health care to underserved communities and vulnerable populations,” said Health Resources and Services Administration (HRSA) Administrator Mary K. Wakefield, PhD., RN.

NHSC was founded in 1972 to address a primary care shortage. In 38 years, the NHSC has connected over 37,000 primary health care practitioners to communities with limited access to primary care. All 10,000 plus NHSC-approved sites are located in designated Health Professional Shortage Areas (HPSAs).

Currently, there are more than 8,000 physicians, dentists, dental hygienists, nurse practitioners, nurse midwives, physician assistants and mental and behavioral health specialists treating more than seven million people, regardless of their ability to pay, at sites in HPSAs across the country. By the end of FY2011 more than 10,500 clinicians will be caring for more than 11 million people, more than tripling the National Health Service Corps since 2008. To learn more about the National Health Service Corps’ loan repayment program, call 1-800-221-9393 or visit: http://www.nhsc.hrsa.gov.
Caryn Bernstein, MPH  
National Association of Community Health Centers

Health Center dental practices play an important role in the national strategy to increase the number of persons who receive HIV testing early in their infection, who enter into care early, and who stay in care. The dental visit presents both an opportunity to offer and perform an HIV test and to coordinate with the Health Center's medical practice to initiate the care and treatment process for those patients with reactive results. As Health Centers organize as patient centered medical homes, HIV screening in the dental clinic becomes another example of high quality, efficient, effective, and timely care to patients. Patients agree.

In 2009, the National Association of Community Health Centers (NACHC), with support from the Centers for Disease Control and Prevention (CDC), assessed Health Center patients' attitudes toward, and experience with, routine HIV screening as part of the dental visit. The majority of dental patients were found to be accepting. In dental practices where HIV screening was not already offered, 80.2% of the respondents said they would take a free HIV test if it were offered during their visit. When asked to select one main reason for their willingness to accept a test, 54.8% said it was important to them to know their result. When asked if the dental clinic is a good place to offer testing, 57.5% of the respondents in non-screening practices either agreed or strongly agreed that it is. In dental practices where HIV screening was already being offered, 75% of the respondents had been offered an HIV test either during the current visit or an earlier visit. Of these patients, 96.6% said they were comfortable with the offer and 69.4% of them accepted it. When asked if the dental clinic is a good place to offer testing, 80.2% either agreed or strongly agreed that it is.

NACHC and the CDC continue to build on their joint efforts to support routine HIV screening within Health Center medical and dental practices, with additional impetus to do so from the National HIV/AIDS Strategy (NHAS) released by the White House in July 2010. The NHAS identifies three primary goals for the nation: reduce HIV incidence; increase access to care and optimize health outcomes; and reduce HIV-related health disparities. Health Centers play a critical role in the achievement of these goals.

NACHC is currently available to provide an array of training and technical assistance to Health Centers that receive HIV rapid test kits through the CDC's Expanded HIV Testing for Disproportionately Affected Populations initiative (also referred to as 10-10138). One particular focus of NACHC's training and technical assistance is patient-level data collection and reporting, a requirement under 10-10138 funding. NACHC hosts HIVPulse, a secure online data collection, management, and reporting system and dashboard. With HIVPulse, subscribers transmit patient-level data collected from their routine HIV screening programs via fax to a secure server where the data is verified and written to a site-specific database. In turn, subscribers have 24/7 access to a dashboard which shows their site-specific data (e.g., number of tests offered, accepted, and declined; reasons for declining a test, test results, actions taken, etc.).
NACHC HIV Pulse Demo Data Management

Tracking of reactive and positive test results for reporting purposes; ability to filter data to create charts and graphs; and provides reports which are automatically generated summarizing performance for the most current month. To view the HIVPulse demo site, type the following into your browser: demo.hivpulse.com (no www); Username: Admin and Password: demo. If your organization would like to subscribe to HIVPulse or you would like more information about other technical assistance offerings, please contact Katja Laepke at klaepke@NACHC.com. Additionally, visit NACHC’s online repository of models, tools, and resources for integrating screening into the existing patient visit and establishing strong community partnerships around services for patients who are living with HIV disease. Dental specific content is available.

In the Spirit of Collaboration

NNOHA and The Association of State and Territorial Dental Directors (ASTDD) have developed a document which promotes the benefits of collaboration between Health Centers and state and territorial oral health programs (SOHPs) and provides some real-life examples of collaboration. This document is intended to help SOHPs, Health Centers, funders, policy makers, and other stakeholders recognize and support opportunities for collaboration between SOHPs and Health Centers. We are pleased to announce the release of:

Strategies to Improve Collaboration Between State Oral Health Programs and Health Center Oral Health Programs.

Click here to read the issue brief: http://tinyurl.com/HC-SOHPCollab2

NNOHA acknowledges the efforts of ASTDD Executive Director Christine Wood and ASTDD Board of Directors member Katherine Weno for their involvement in the project. We also thank the many state Dental Directors and NNOHA members who shared information on their collaborative efforts with us. Let us know if you have any experiences to add to the discussion; send an Email to info@nnoha.org!
Two diverse webinars are coming up on NNOHA’s calendar. We hope you will be able to join us!

**Elevating the Importance of Community Water Fluoridation**

Wednesday, May 25, 2011   12:00-1:30pm EDT
Kelly S. Adams, Senior Campaign Associate, Pew Children’s Dental Campaign

Notice: The Fluoridation Webinar is currently at capacity. An archive of the presentation will be available after May 25 for those that were unable to attend.

This webinar will discuss the benefits of Community Water Fluoridation (CWF) and the arguments and messages used by anti-CWF groups. The Centers for Disease Control and Prevention deemed water fluoridation one of the top 10 most influential public health achievements in the 20th century, yet many communities are still unfluoridated or rolling back fluoridation due to vocal opposition by groups in the community. This is important because safety-net providers in communities without fluoridation can expect higher decay rates. Kelly will discuss the groups that oppose fluoridation, why those anti-fluoride activists appear to be winning, and what pro-oral health groups can do to help promote the movement and improve public health.

**It’s All in the Numbers: Financial Planning and Financing For Your Dental Expansion**

Wednesday, June 22, 2011   12:00-1:30pm EDT
David Kleiber, Project Consultant, Capital Link

The session will cover the operational planning elements that will need to be considered when forecasting a dental expansion and then go on to describe possible sources of capital financing. The presentation will walk through a model that will project financial results on a stand-alone basis for a dental clinic based on the number of planned operators, provider productivity, payer mix, and reimbursement rates / systems, etc. – variations in any one of which can have a significant impact on the feasibility of the project. Finally, we will review a list of possible funding sources for a Health Center dental project – and the pros and cons of using each - before finishing with some suggestions for next steps.

To register, visit: [http://www.nnoha.org/practicemanagement/webinars.html](http://www.nnoha.org/practicemanagement/webinars.html).
If you have suggestions for future webinars, feel free to contact Mitsuko Ikeda at mitsuko@nnoha.org.

**Safety Net Dental Clinic Manual Redesigned and Expanded**

The Safety Net Dental Clinic Manual, online at [http://www.dentalclinicmanual.com](http://www.dentalclinicmanual.com), now includes a chapter on program sustainability. The site has been redesigned for easier navigation and searching, and content has been updated throughout. The manual includes tools and resources like clinic policies, efficiency tips, professional standards, supply lists, floor plans, design tips, photos of equipment, customizable budget worksheets, funding strategies, quality improvement plans, fact sheets, and web sites. Use the chapters on partnership and planning, facility design and staffing, finances, clinic operations, quality improvement, and now, program sustainability.
Community leaders established Kokuia Kalihi Valley (KKV) in 1972, with a mission to be “an agent for healing and reconciliation in the Kalihi Valley community.” Affordable and accessible health care was identified at that time as the community’s highest priority, with oral health services being a particular need. Working out of renovated military surplus trailers, KKV’s original staff of one Executive Director, four community outreach workers, and a loyal cadre of volunteer doctors and dentists began providing direct health and social support services to Kalihi Valley’s large Asian/Pacific Islander immigrant population. Today, KKV’s staff of one hundred and fifty work out of eight locations across Kalihi Valley, serving nearly 10,000 community members each year.

KKV’s vision of addressing our community’s health in the fullest sense has led us to engage in a range of activities that is perhaps broader than at many other Health Centers. (e.g. youth programs; economic development; legal advocacy; and environmental and cultural activities at Ho’oulu ‘Aina). KKV often confronts entrenched systems that shape patients’ and providers’ perspectives. For example, to overcome the hierarchy that places providers over patients in understanding patients’ own experiences, KKV engages University of Hawaii nursing students to work alongside community members in Ho’oulu ‘Aina’s community gardens. In addition, to accommodate its diverse patient population, KKV has cultivated a diverse pool of employees who are fluent in 20 Asian/Pacific Islander dialects, and who reflect the multicultural backgrounds of the community served.

Q: What are you doing well that you’d like to share with us?

Our school-based dental sealant program has been a great success for the past 14 years, providing on-site screenings and sealants to thousands of Kalihi Valley residents.
youth. Over 2 million dollars in free services has been provided at five local elementary schools to date. An external 2004 study of the dental sealant program showed a 91% success rate (Percent of teeth sealed that remained caries-free for at least two years.) in reducing cavities and an estimated 3,326 cavities averted, and a savings of $271,558 in societal resources.

Q: How do you interface with the medical department? KKV’s current dental facility was designed jointly by our Medical and Dental Directors, with the two departments co-located on the second floor of KKV’s main clinic and sharing a front desk, waiting areas and sterilization facilities. For all practical purposes, the two are one clinic. Medical staff are readily available for consults and help, and joint meetings are held every Friday morning for all Health Center staff. The Dental and Medical Directors are both part of KKV’s Management Team, which meets biweekly to discuss activities and issues across KKV’s departments. Over the last 30 years, our medical providers have been our strongest supporters, since they see the oral health status and needs of our patient population every day.

Q: What would you “know now that you wish you knew then?” or what advice would you give to a new Health Center Dental Director? For a new Dental Program to be successful, it is necessary to develop good relationships with the Executive Director, the Medical Director, the CFO, and the grant-writing team. Grant writers are not just writers; they have to understand your program and mission. It helps to understand that dental programs are built from the ground up. It is essential to establish good referral systems with other programs within the Health Center, integrating with them rather than isolating the dental program.

We would also recommend tapping into the wealth of knowledge held by the other Health Center Dental Directors in your area. Visit them to see how their programs are run, and to learn how your programs might work together to support one another.

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Q: What is on your wish list for the future?

In Hawaii, the wish list first includes expansion of rural health centers on the outer islands of the state, since this is where the unmet needs are. This in turn would strengthen all the Health Centers in the state. In addition, it would save the State the more than $1 million it expends annually flying children to Honolulu for oral health services. A second wish would be for more emphasis in care for elders, pregnant women, and developmentally disabled patients.
The connections between oral health, physical health, and mental health are well known to researchers and clinicians alike. Poor oral health has been associated with preterm labor, heart disease, poor academic performance and low self-esteem. At the community health level, dental practices are overwhelmed with restorative care for children, who come to the clinic for general pediatric care, yet still end up with early childhood caries.

According to the American Dental Association, oral health literacy is “the degree to which individuals have the capacity to obtain, process and understand basic health information services needed to make appropriate oral health decisions.” Many families have low health literacy in general, and by extension, low oral health literacy. This means they may not understand how to provide optimal, preventive oral health hygiene for themselves and their families. The belief that baby teeth are not important and the action of putting sugary liquids in a bottle and using the bottle to put the baby to sleep are examples of a lack of knowledge to make appropriate decisions to support good oral health. This may also include inappropriate oral health hygiene and lack of utilization of oral health screening programs. Low oral health literacy has led to a silent epidemic of oral health diseases which was highlighted in Oral Health in America: A Report of the Surgeon General, published in 2000.

This report shed light on issues of access to care and disparities among the poor. Various organizations, including the American Academy of Pediatrics and the Association of Clinicians for the Underserved (ACU) have trained primary care clinicians to provide caries prevention during the EPSDT examination by age 1 in an effort to prevent dental caries.

In order for people to enjoy overall health and well-being, they must be convinced that oral health is an important part of their overall health. Education about the importance of teeth is key to overcoming low oral health literacy. However, teaching must happen in a language and at a level that patients can understand.

- Use of medical interpreters and community health workers can help bridge communication gaps.
- Instead of trying to explain the chemistry of tooth decay, demonstrations, including hands-on demonstrations and visual aids such as photos of decayed teeth, can be beneficial to clinicians.
- Coordination and communication between dental and medical providers is also essential. Alerts should be sent to pediatric providers via Electronic Health Records (EHRs) or other inter-clinic communication channels.
- Written handouts of proper oral health habits should be provided in simple language, using photos that reflect the ethnicity of the population.
- Handouts with large, clear fonts and highlighted key points are recommended. Handouts should be reviewed with patients to make sure they can read and comprehend the information.
- “Teach Back” allows patients to repeat to providers what they heard, and therefore allows providers to reinforce and repeat key messages.

The National Network for Oral Health Access and the Association of Clinicians for the Underserved (ACU) share the commitment to improving the health of underserved individuals through access to oral health services. The mission of the ACU is to improve the health of America’s underserved populations and to enhance the development and support of the health care clinicians serving these populations.
The National Institutes of Health—National Institute for Dental and Craniofacial Research funded three oral health practice-based research networks (PBRN) in 2005, including “The Dental PBRN” (DPBRN). DPBRN is a consortium of participating practices and dental organizations committed to advancing knowledge of dental practice and ways to improve it. Essentially, it is “practical science” done about, in, and for, the benefit of “real world” daily clinical practice. The network includes more than 1,100 practitioner-investigators from the United States and three Scandinavian countries.

One of the DPBRN studies conducted recently was “Blood glucose testing in dental practice.” The specific goals of this study were to quantify the percentage of DPBRN patients who meet the American Diabetes Association screening criteria, describe the characteristics of these patients, determine the acceptability of conducting blood glucose testing in the dental office, and identify barriers to regular screening, as reported by DPBRN patients and practices. Below is a testimonial from one of our practitioners who participated in the study, Dr. Adolphus Jackson, of Birmingham, Alabama:

"My staff and I were delighted to be a part of the DPBRN study on Blood Glucose levels. One health risk that we already check as a standard rule is high blood pressure. This has proven to be effective in identifying patients who may be at risk of having hypertension. The testing of blood glucose levels in the dental office would definitely be useful. The patients were receptive to the idea of being able to know if their blood glucose level was within normal range. As a health care provider it is important for me to be able to give my patients as much information as possible about the effects of various health conditions on their dental health. It also shows that we are not only concerned about their dental health but their overall health and well-being. Our patients were impressed to know that we place great emphasis on their total health by participating in the study. The staff enjoyed being a part of the study and we all look forward to participating in future studies. It’s a positive benefit for both the patients and the practice."

For more details, please visit our website: DentalPBRN.org.

Literature Reviews

Members of NNOHA’s Membership Services Committee volunteer their time to review articles and studies that may be valuable to safety-net oral health programs. One review is 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. If you have any suggestions, or if you are interested in being involved in the Membership Services Committee, contact info@nnoha.org.


Focus groups and structured interviews were used in this study to explore beliefs about tap water among Latino parents of young children in a rural California community. The majority of the respondents were not born in the U.S., but had lived in the community over six years. A Health Center and private practice dentists serve the community. The vast majority of residents avoided drinking unfiltered tap water, and felt it was unsafe based on taste appearance and smell. Additionally, long-time residents spoke of a documented history of poor water quality, which information was transmitted to newer residents. Significance to Health Center Practice: Although the particular community in which the study was conducted does not have fluoridated drinking water, the beliefs and perceptions stated by the participants may have applicability to other urban or rural communities that are fluoridated. Health Center dental programs should be aware of any documented current or past issues with local water supplies, and be prepared to engage caregivers of young children in discussions about their drinking water preferences.
Therese M. Long, MBA CAE  
Executive Director  
Organization for Safety, Asepsis and Prevention (OSAP)

When severe acute respiratory syndrome (SARS), Methicillin-resistant Staphylococcus aureus (MRSA) and more recently, Novel H1N1, emerged as current issues, the Organization for Safety, Asepsis and Prevention (OSAP) responded by providing a rich online resource that was updated on a daily basis for dental professionals. OSAP did the legwork to survey the literature, vet and collate trusted information, checklists, Q&A and how-tos to help dental professionals meet the challenges head-on.

Immediate response to emerging pathogens of concern is but one of the many services OSAP provides. Strategically, OSAP’s goals are to:

- Identify, foster and build a strong community of recognized infection prevention and safety experts/facilities within oral healthcare,
- Improve infection prevention and safety compliance within dental practices, organizations, academic institutions, and companies involved in the provision of oral care, and
- Develop sustainable resources to support achievement of OSAP’s organizational mission.

OSAP is the world’s leading membership association exclusively dedicated to preventing disease transmission and ensuring the safe delivery of oral care for all. This razor-sharp focus on infection prevention comes from a diverse membership comprised of oral, as well as other healthcare professionals, consultants, researchers and organizations that include non-governmental organizations, manufacturing and distribution companies, government agencies and academia. OSAP members share a vision of Safe Dental Care for People Everywhere. The organization’s mission is “to be the world’s leading advocate for the safe and infection-free delivery of oral care.”

Recently, OSAP completed and posted on its website an infection control checklist for programs using portable dental equipment such as those targeted for community-based dental programs.

A selection of OSAP programs for which NNOHA members may have some familiarity include:

- “If Saliva Were Red”, the powerful visual lesson on cross-contamination. No-one who has viewed this 7-minute video ever forgets its important message,
- From Policy to Practice – OSAP’s ONLINE Guide to the CDC Guidelines (Free and available in English and Spanish),
- OSAP’s Traveler’s Guide for Safe Dental Care, and

OSAP is a valuable resource for dentistry. Its many resources provide practical, scientifically sound information and recommendations on specific issues like H1N1, dental unit water quality, “green” infection control, instrument processing, surface asepsis, percutaneous injuries, and much more.

OSAP’s continuing-education-accredited publications include a bi-monthly newsletter called Infection Control in Practice (ICIP) containing information, charts and resources on specific issues of interest in dental practice, and offering, as well, an opportunity to earn continuing-education credit. ICIP’s editorial tackles infection control with different approaches including compartmentalizing issues and procedures (2008), examining different circumstances that can occur in a typical dental practice (2009), and examining the consequences that could occur with infection control lapses (2010). Empowerment will be the theme for 2011 to assist the member(s) of the dental team who is generally responsible for infection control, to be a more effective leader of infection prevention and patient safety.

OSAP also provides relevant news, articles and research from around the world and organizes it by topic for speedy retrieval. Members receive The OSAP Report Online (TORO), a monthly online compilation of important and timely news, research and information as well as weekly INFOBITES of 2-3 breaking news items. And, members enjoy a special “Ask OSAP” benefit obtaining written, referenced answers to their infection control questions within 24-48 hours.

Live educational pro-
New Expertise

It has been a great year at NNOHA and we have been very busy. As NNOHA continues to grow, so has our team! We are excited to introduce two new additions to NNOHA’s staff and one expert advisor:

Jennifer Hein, Operations Manager:
Jennifer was hired as the Operations Manager in February 2011. Jennifer’s main priorities include NNOHA administrative and organizational projects, interaction with the members, and showing off her abilities to multi-task and jump in where extra attention to a project is needed. She is excited to be a part of NNOHA’s 20th anniversary celebration and begin a career in supporting non-profit dental clinics.

Jennifer@nnoha.org
(303) 957-0635 ext. 7

Theadora Gray King, Policy Analyst:
Theadora King, known as “Teddy” to friends and colleagues, joined NNOHA as a Policy Analyst in 2011. She brings close to two decades of experience in government and public affairs to NNOHA. She has a passion for all levels of government, and can deftly translate complex policy matters into understandable terms for oral health professionals and lay people alike. Teddy King lives in the San Francisco Bay Area with her husband and three young children.

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Dr. Irene Hilton, DDS, MPH, Dental Consultant:
Dr. Irene Hilton recently started supporting NNOHA as an expert dental consultant. Her duties include working with NNOHA’s Executive Director and staff to deliver quality services to NNOHA members. She is a dentist with the San Francisco Department of Public Health. Dr. Hilton is very active and also involved in organized dentistry. She currently serves on the California Dental Association Foundation’s Board of Directors and is a Past-President of the San Francisco Dental Society and a former NNOHA board member. Dr. Hilton believes, "This is an exciting time to be working with NNOHA!"

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(303) 957-0635 ext. 6
Upcoming Conferences and Events

- **NACHC’s Developing a Great Federally Qualified Health Center Training** will take place June 8-10, 2011 in Indianapolis, Indiana. For more information, visit [http://www.nachc.com/2011DevelopingEffectiveFQHCsTrainings.cfm](http://www.nachc.com/2011DevelopingEffectiveFQHCsTrainings.cfm)

- An international Health Center conference, **Community Health Centres: Acting today, shaping tomorrow** will be held June 9-10, 2011, at Westin Harbour Castle, Toronto, Canada. This conference is sponsored by the Association of Ontario Health Centres, the Canadian Alliance of Community Health Centre Associations and the National Association of Community Health Centers. Visit [http://www.aohc.org/index.php?ci_id=2062&ev_id=3402](http://www.aohc.org/index.php?ci_id=2062&ev_id=3402) for more information.


- The Organization for Safety, Asepsis and Prevention (OSAP) is hosting the **2011 Infection Prevention & Safety Symposium** on patient and provider safety in dentistry June 9-12, 2011 in Plano (Dallas), TX. For more information, visit: [http://www.osap.org/?page=Symp_2011Main1](http://www.osap.org/?page=Symp_2011Main1).

- The **Dental Management Coalition (DMC) Meeting** will take place June 12-14, 2011, in St. Lucie, Florida, at the Club Med Sandpiper Bay. For more information, visit [http://www.dmcnet.org/](http://www.dmcnet.org/)

- **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/annualsession2011/index.html](http://www.adha.org/annualsession2011/index.html)


- The **2011 National School-Based Health Care Convention** will take place June 26-29, 2011, at the Chicago Marriott Downtown Magnificent Mile in Chicago, IL. Visit: [http://www.nasbhc.org/site/c.jsJPKWPFjRb2708163/k.9443/Convention_intro.htm](http://www.nasbhc.org/site/c.jsJPKWPFjRb2708163/k.9443/Convention_intro.htm) for more information.


- The **National Dental Association (NDA) 97th Annual Convention** will take place July 22-26, 2011, at the Baltimore Marriott Waterfront in Baltimore, MD. For more information, visit [www.ndaonline.org](http://www.ndaonline.org).

- The **Academy of General Dentistry (AGD) Annual Meeting** will be July 26-28, 2011, in San Diego, CA. For more information, visit [www.agd.org](http://www.agd.org).

- ADA’s **2011 EBD Champions Conference** will take place July 28-30, 2011, at the ADA Headquarters, Chicago, IL. For more information, visit: [http://www.ada.org/5094.aspx](http://www.ada.org/5094.aspx)

- NACHC’s **2011 Community Health Institute & EXPO** will take place at the Manchester Hyatt in San Diego, CA, from August 26-30, 2011. For more information, visit [http://meetings.nachc.com/?page_id=83](http://meetings.nachc.com/?page_id=83)


- The annual **National Rural Recruitment and Retention Network (3RNet) conference and membership meeting** will take place in Austin Texas, September 21-23, 2011. For more information, visit [http://www.3rnet.org/](http://www.3rnet.org/)


- **AAP National Conference & Exhibition** will take place October 15-18, 2011, at the Boston Convention & Exhibition Center, Boston MA. For more information, visit [http://www.aapexperience.org](http://www.aapexperience.org)

Did you NNOHA?....

...The National Oral Health Conference recently took place in Pittsburgh, Pennsylvania. NNOHA was honored to be involved in the conference. We had a table in the exhibit hall and greatly enjoyed meeting with NNOHA members and some new faces too. Several NNOHA members were conference speakers and extolled the great efforts being made by Health Centers across the country. NNOHA also hosted an intimate reception for members and had an enjoyable visit with our friend and new oral health advocate, Franco Harris. Kudos to the NOHC conference planners for an invigorating and informative conference!

.... NNOHA’s Advocacy and Strategic Partnerships Committee visited the office of Representative Elijah Cummings on March 25, 2011, during the NACHC P&I. The group met staff member Heidi Ross to discuss oral health care in light of national health care reform.

... Between March and April 2011, NNOHA conducted its annual Membership Survey. Among the resources and support provided by NNOHA, the membership felt that Annual Conference (National Primary Oral Health Conference), advocacy for oral health access for underserved populations, and educating key decision makers on the importance of oral health for underserved populations were the most important.

This year, the survey also included questions on NNOHA’s policy initiatives to determine levels of interest in various policy issues related to oral health and Health Centers. The results showed that NNOHA members are interested and engaged in public policy matters, and in many instances would be willing to become more engaged with the policy making process if offered adequate support and training.

Thank you to all of those who responded to our annual request for feedback. Your responses are helpful to us in identifying NNOHA’s strengths, finding areas to improve, and providing direction for future projects.

Congratulations to the survey drawing winners: Amanda Stangis, California Primary Care Association; Chet Evans, MS, DPM, Lake Erie College of Osteopathic Medicine; Paula Fischer, Rochester Primary Care Network; Ethan Kerns, Salud Family Health Center; Dr. Gary Lease, Community Health Centers, Inc.; and Dr. Violetta Roller, CommuniCare Health Centers.

“To laugh often and much, to win the respect of intelligent people and the affection of children; to earn the appreciation of honest critics and endure the betrayal of false friends; to appreciate beauty; to find the best in others; to leave the world a bit better, whether by a healthy child, a garden patch or a redeemed social condition; to have played and laughed with enthusiasm and sung with exultation; to know even one life has breathed easier because you have lived - that is to have succeeded.”

Ralph Waldo Emerson
Member Recognition

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

ORGANIZATIONAL MEMBERS

Access Community Health Centers - Mary Carr
American Dental Association – Steven Geiermann, DDS
Blue Ridge Health Center, Inc. - Margaret (Peggy) Whitehead
Bullhock Community Health Center, Inc. – Cindy Smith

- California Primary Care Association - Jamila Iris Edwards, MPP
- Camcare Health Corp.- Juris Svarcbergs, DMD, MPH
- Central Counties Health Centers, Inc. - Forrest Olson, President, CEO
- Central Florida Family Health Center - Leslie Smith, CEO, CMO
- Cherry Street Health Services - Chris Shea
- Columbia Basin Health Association – Alvin Thien, DDS
- Community Health Centers, Inc. – Dee Bradshaw
- Community University Health Care Center - Jeffrey Luke, DDS
- Dental Aid, Inc. – Dennis Lewis, DDS
- Family Health Center of Marshfield, Inc. – Greg Nycz, DDS
- Family Health Centers of Southwest Florida - Frank Mazzeo, Jr., DDS
- Family Healthcare Network – Henry Cisneros, Jr., DDS
- Jackson Hinds Comprehensive Health Center - John Patterson, DDS
- Kansas Association for the Medically Underserved – Chris English
- Lutheran Family Health Center Network – Neal Demby, DMD, MPH
- Madison Community Health Center – Anthony Malone, CEO
- Maine Primary Care Association – Kevin Lewis
- Massachusetts League of Community Health Centers – Shannon Quirk
- Montana Primary Care Association – Paula Block, RN, BSN
- Neighborcare Health - Martin Lieberman, DDS
- North Side Christian Health Center – Floyd Cephas
- Optimus Health Care, Inc. – Ludwig Spinelli
- Piedmont Access to Health Services, Inc. – Bridgette Wesley
- Quality Community Health Care, Inc. – Marcella Lingham, Ed,D
- Ravenswood Family Health Center – Luisa Buada, RN, MPH
- Salud Para La Gente, Inc. – Dennis Baluyut
- San Benito Health Foundation – Rosa Vivian Fernandez, MPH
- San Mateo Medical Center, Dental Services - Ann Marie Silvestri, DDS, MPA
- Scenic Bluffs Community Health Center – Tamar Diamond, DMD
- Semo Health Network – Gail Redman, DDS
- Shawnee Health Service and Development Corporation – Patsy Jensen
- Shenandoah Valley Medical System - David Fant
- Smiles Change Lives – Andrea Umbreit
- Three Lower Counties Community Services – Celeste Ziaza, DDS
- Tri-Town Community Action Agency – Joseph DeSantis, CEO
- Uncompahgre Medical Center - Steve Siegel
- Valley Community Health Centers – Sharon Ericson
- Washington Dental Service Foundation – Laura Smith, MPA, Pres, CEO

Individual Members

NNOHA currently has over 1,500 members. The following people have initiated or renewed their NNOHA membership between January 15, 2011, and April 16, 2011, and we recognize them for their commitment:

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: _______________________________

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Individual Members Continued...

Kirk Graham, Charles Graves, Waltrant Graw, Shellei Gray, Bruce Gray-Butler, Ken Green, Diana Greenough, Amy Greenstein, Mark Greer, Dick Gregory, Renee Grundig, Nohemy Guajardo, Shelley Guinn, Lauren Gulkia, Dilshan Gunawardena, Tracy Gutierrez, David Hadden, Renee Hall, Michael Grundig, Nohemy Guajardo, Shelley Guinn, Lauren Gulkia, Dilshan Gunawardena, Tracy Gutierrez, David Hadden, Renee Hall, Michael Grundig, Nohemy Guajardo, Shelley Guinn, Lauren Gulkia, Dilshan Gunawardena, Tracy Gutierrez, David Hadden, Renee Hall, Michael Grundig, Nohemy Guajardo, Shelley Guinn, Lauren Gulkia, Dilshan Gunawardena, Tracy Gutierrez, David Hadden, Renee Hall, Michael Grundig, Nohemy Guajardo, Shelley Guinn, Lauren Gulkia, Dilshan Gunawardena, Tracy Gutierrez, David Hadden, Renee Hall, Michael Grundig, Nohemy Guajardo, Shelley Guinn, Lauren Gulkia, Dilshan Gunawardena.

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