Letter from the new NNOHA President

Huong Le, DDS, FACD, MA, Dental Director, Asian Health Services Community Health Center President, National Network for Oral Health Access

It is my great honor to serve as President of NNOHA for the next two years. Following our Immediate Past President Dr. Wayne Cottam is a difficult task, and I would like to thank him for his dedication and leadership provided over the last two years.

This is an exciting time for NNOHA. We just came off of a very successful conference in Denver, with more than 600 attendees, a new record. We are very thankful for the hard work of the Conference Planning Committee; NNOHA staff; our Conference Planner, On Par Productions; and our corporate sponsors and vendors. But most of all, we would like to thank YOU for showing your support by attending the annual conference.

We were also fortunate to have wonderful plenary speakers: Dr. Marcia Brand and Dr. Renee Joskow of the Health Resources and Services Administration, Dr. Denise Kassebaum, Dean of the University of Colorado, School of Dental Medicine, Dr. Charles Norman, ADA President, Dr. Kathleen O’Loughlin, ADA Executive Director, and Gary Wiltz, NACHC Board Chair and strong supporter of oral health. These speakers showed the strength of partnerships in promoting oral health. On the last day, some of you shared your stories of why you became a safety-net dental provider. Thank you for sharing your stories and reaffirming our commitment to the mission we all embrace, that is, serving the underserved.

The preliminary feedback for the conference sessions has been very positive. As always, NNOHA is very interested in hearing from all members regarding what we can do to enhance membership benefits and assist you in your daily work, so please reach out to NNOHA staff and board members.

With the conference complete, NNOHA is moving into 2014. This year, the implementation of the Affordable Care Act continues as millions of Americans will be enrolled in insurance plans that will impact our health centers. There are still many uncertainties. There has not been much mention of oral health in the program and the oral health provisions of ACA vary in differ-
Advocacy

Continued progress in increasing access to sealants

Andrew Peters, Associate, Pew Children’s Dental Campaign

Earlier this year, the Pew Charitable Trusts published “Falling Short: Most States Lag on Dental Sealants.” This report ranked all 50 states and the District of Columbia on four policy benchmarks related to prevention and examining states’ efforts to improve access to sealants for low-income kids.

Pew focused specifically on sealant policy because, despite the overwhelming body of evidence that sealants are effective at reducing cavities, the kids who most need them are not getting them. The latest available data from 2009-2010 showed that nationwide only 26 percent of low-income children had received sealants.

While expanding access to sealants can often pose funding and infrastructure challenges for states, Pew identified one policy change that states can address more easily: changing rules that require a dentist to examine a child before he can receive a sealant in a school-based health program.

The prior exam requirement deeply affects state sealant programs, and is not supported by the scientific evidence. The cost of hiring dentists runs up sealant program operating costs and limits how many children can be seen. Requiring an exam also means children miss more class time because an additional appointment must be made with a dentist.

The latest CDC and ADA recommendations on dental sealants – based on a thorough review of the evidence – are that a sealant can be placed over a tooth with early signs of decay and it prevents that decay from progressing. This is important because dental hygienists are trained to detect the presence or absence of a cavity and can assess whether it is appropriate to apply a sealant.

When Pew first reported on this policy in 2010, 21 states had rules that were not in line with the evidence based recommendations. Pew’s subsequent reports and accompanying state report cards initiated conversations on oral health policy around the country, with many states taking action to change their policies on dental sealants. Currently, 14 states still have rules inconsistent with current evidence based practice.

I would like to thank the NNOHA Board of Directors for giving me this wonderful opportunity. I promise you that I will do my best to represent the organization. NNOHA staff, the Board of Directors and I are here to serve you. Together, I know we will move forward as a strong organization to advocate for our patients, the vulnerable and those in need.

Learn about our new president on page 10.

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Sealants save states money by preventing the need for fillings or other restorative dental work.

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5 Fontana, M., et al. [Link]
and we continue to make progress:

- Since “Falling Short” was published, Ohio, Tennessee, New Jersey, and Kentucky have moved to amend their rules.

- Maryland began allowing public health dental hygienists to place sealants without a prior exam from a dentist in 2008. In a report published this fall, the Maryland Department of Health found that where the law had been implemented, more sealants were applied, costs were down, and more children were referred to a dentist for necessary restorative care.

- Hawaii and the District of Columbia are currently considering legislation that would eliminate the prior exam requirement.

Sealants save states money by preventing the need for fillings or other restorative dental work. In Colorado, officials estimated a savings of $2 for every dollar invested. There is also evidence that removing the barrier of a prior exam is saving money on program costs as well. In Virginia, a pilot project eliminating the prior exam requirement in three rural counties found a 20% reduction in program costs when no exam was necessary.

In late 2014, Pew will publish its next 50-state report card on sealant policy. The report will use the same benchmarks to examine how state policies have changed since 2012, but success in getting more kids access to sealants will require your engagement as an advocate. For more information about “Falling Short,” visit the Pew website.

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8 Colorado Department of Public Health and Environment, Oral Health Program (2005). The Impact of Oral Disease on the Health of Coloradans. [Link]
9 Report on Services Provided by Virginia Department of Health (VDH) Dental Hygienists Pursuant to a Practice Protocol in Lenowisco, Cumberland Plateau, and Southside Health Districts for FY 2012. [Link]
We are confident that the quality of our patient care has significantly improved since we converted to electronic records 18 months ago.

An essential aspect of an electronic record system is the ability to generate informative reports. This is an extremely important asset since vast amounts of patient data can now be easily gathered and searched. By leveraging this collection of data, Salud is broadening and energizing its quality of care improvement program. Listed below are some examples of how Salud is utilizing EHR data and reports.

- Salud uses the EHR to generate monthly report cards for dentists and hygienists, evaluating their progress toward the new quality improvement goals that Salud recently established. As a first step, we started with dental specific quality improvement goals such as locking procedure notes within 24 business hours and tracking how many patient referrals still need follow-up. In the future we hope to have quality improvement goals where our medical and dental departments each play a role in achieving them.

- As a part of improving the quality of patients’ oral health, we have developed a Medical-Dental Integration Program, which provides preventive dental services including oral health assessment, anticipatory guidance, oral hygiene instruction, and fluoride varnish through collaboration. This Medical-Dental Integration Program allows hygienists to walk between the medical and dental departments to provide dental services in conjunction with a medical visit within the medical setting. The internal referral feature of the electronic record system has been instrumental in managing patients in this new program in order to track treatment provided, and to ensure that all patients have a dental home for future oral health care services.

- Another very beneficial asset provided by electronic records is that of establishing a reliable recall system for our patients. Prior to converting to electronic records, some of Salud’s dental clinics were using post cards to contact patients for recall appointments, while other Salud clinics had no universal recall system in place. Now, thanks to electronic records, the recall patients are automatically contacted via email, text, or phone. We have already seen an increase in our recall compliance rate at my clinic. Patients have also expressed gratitude and increased satisfaction as a result of receiving these recall appointment reminders.

- Pre-written dental procedure notes are an indispensable tool that should be used with an electronic dental record. Salud teaches dental students from four different universities across the country. These dental students all want to use different formats when writing their notes. By building pre-written procedure notes, we were able to standardize the formats for our students and our fifteen dentists, thus making the patient treatment plan easier for all staff to understand and follow.
The electronic record is also an asset during the reporting and billing process, especially when the dental and medical records are integrated and communicate well. In this way, all storage of patient demographic information and all billing can be done through one record, which greatly simplifies the reporting and billing processes.

We are confident that the quality of our patient care has significantly improved since we converted to electronic records 18 months ago. We have been able to successfully integrate our medical and dental clinics to offer dental services in conjunction with medical appointments. Our patient recall system has seen improvement as have our reporting and billing processes, and Salud’s dental charting is now standardized and organized. Electronic records contain very useful tools that allow for improvement in quality of care for patients in any setting.

Access

Volunteering at the Mission of Mercy in Oregon

Janet Bozzone, DMD, MPH, FAGD
Dental Director, Open Door Family Medical Centers
President-Elect, National Network for Oral Health Access

The people standing in the line that wrapped around the Rose Convention Center in Portland, Oregon were not waiting for tickets to a basketball playoff game or a Rolling Stones concert. It looked like a camp-out – the people in line were generally well prepared to spend the night outdoors with camp stoves, sleeping bags and even tents. It was hard to believe that those gathered outside were waiting to receive free dental care at the fourth Mission of Mercy (MOM) in Oregon.

We pulled into the convention center’s parking lot just before 5:30 p.m. for our orientation presentation on a chilly Sunday evening. A brief introduction to the project was given, sponsors were thanked, and volunteers were fed before they were given an overview of the experience. The large banquet hall was almost full of people and, from the hands that were raised, the majority were there for their first MOM event (including my friend Linda and myself). Sunday, volunteers had already set up for the event and doors were set to be open at 4:30 a.m. on Monday. It was a marvel of planning and organization. Intake stations, medical evaluation, dental triage, x-ray, and routing stations would allow patients to be escorted swiftly to the portable dental chairs and units dotting the convention center floor that were organized into the various treatment areas.

I had volunteered for the dental triage area because I thought I could be most helpful in assessing and prioritizing care for people who perhaps had not seen a dentist in a very long time. Although I would have enjoyed treating patients, like most dentists who work in health centers, I have no malpractice insurance and am only covered by the FTCA while working in our facilities.

Most of the other volunteer dentists and dental assistants came from private practices, and were not accustomed to seeing so many patients with such extensive dental treatment needs; for health center dentists, this was business as usual. Patients were informed that they would be able to have at least ONE procedure performed (although quadrant dentistry was encouraged) and those who were willing could return to the back of the line for additional care if time and capacity permitted.

We arrived back at the convention center for our shifts at 9 a.m. to relieve the first set of volunteers who had been working since 4:30 a.m., getting patients into treatment chairs by 6 a.m. Linda went to the hospitality area to help with food services for the volunteers, while I sped off to dental triage. Donning a bicycle headlamp, I proceeded to evaluate patients who represented a cross section
of the local community – but some had even crossed the border from the state of Washington. Some patients had complex dental needs while others simply asked for a “cleaning.” There are several safety-net providers in the area, but Oregon covers very limited services under Medicaid, so for many it was their only opportunity to receive dental care for no cost.

The two days I spent at the MOM were tiring but the time flew by. The concept of “mission dentistry” was new to many, both patients and volunteers. Some cases were heart breaking. Some patients were disappointed that we could not do everything they wanted, but everyone received some of the care that they needed. In the end, I was more disappointed that there is actually a need to provide care under such conditions – here in the United States.

I think it was a valuable experience for other dentists to see the challenges we deal with on a daily basis in health centers. But volunteer clinics are poor substitutes for a true dental home. As President-Elect of NNOHA, I believe everyone should have access to affordable oral health care, and I hope one day that no one will have to receive care at a Mission of Mercy. Unfortunately, that day is not yet here, and for some this is a valuable service and their only option for care.

Missions of Mercy are held in several states across the country and would certainly benefit from the expertise of our membership. The next MOM in Oregon will be held in Salem on July 11-12, 2014, and limited permits are obtainable at no cost for those wanting to volunteer from out of state.

For more information and pictures, visit the Oregon Dental Association website.

Expanding our clinic’s impact through the use of a Virtual Dental Home System

Yogita Thakur, DDS, MS
Dental Director, Ravenswood Family Health Center

As a safety-net clinic, we at Ravenswood Family Health Center are all too familiar with the prevalence of rampant dental caries among our very young patients. For the most part, disparities in dental caries prevalence among the very young from racial and ethnic minorities is a result of lack of access to preventive dental services in a traditional dental office setting.

One of the barriers families face in accessing care is the time they need to take off from work to take the child to the dentist. Because this barrier is affecting a child’s oral health status, Ravenswood Family Health Center’s dental clinic teamed up with Paul Glassman DDS, MBA and the Virtual Dental Home (VDH) Team from the University of the Pacific Arthur A. Dugoni School of Dentistry to provide preventive oral health services outside the four walls of the dental clinic in settings where children from low-income families attend preschool (San Mateo County Head Start).

This pilot project utilizes a dental hygienist and a dental assistant who provide services on site at Early Head Start and Head Start sites throughout San Mateo County. Equipped with portable imaging equipment and an internet-based dental record system, our VDH team (Ushma Patel, RDH and Leslie Estrada, DA) go to Head Start sites and collect electronic dental records such as X-rays, photographs, charts of dental findings, and dental and medical histories, on children whose parents have previously consented to participate in the project. The team then uploads the information to a secure website where they are later reviewed by one of our dentists who is familiar with the VDH protocols. The dentist then develops a treatment plan for the patient based on the collected dental records.
This program offers preventive services to children to keep their teeth healthy, and hopefully to help form lifelong habits to prevent dental caries in children who otherwise would not have received any dental care. Ushma Patel, our RDH, says, “it is very satisfying working with children and being a part of their first dental experience.”

Additionally, as part of a California Health Workforce Pilot Project, the Virtual Dental Home allows the hygienist to place interim therapeutic restorations to stabilize patients until they can be seen by a dentist for definitive care. The hygienist is also responsible for tracking and supporting the individual’s need for and compliance with recommendations for additional and follow-up dental services.

When more complex treatment is needed, the VDH uses case management techniques to direct patients to dental practices and clinics for the advanced procedures that require the services of a dentist. When these patients arrive in the clinic the dentist can concentrate on the advanced procedures that dentists are uniquely qualified to perform. This system results in increased efficiency in the clinic because the patient is better prepared to receive care, records are in place and the treatment plan that was previously established by the dentist can be implemented. Additionally, clinic staff can be prepared to address any unique needs of the patient as these are pre-identified by our hygienist.

As a dentist who reviews patient charts, develops treatment plans and also sees patients at the follow-up dental referral appointment, I feel confident that the exam with x-rays and photos, and the description provided by our hygienist help the reviewing dentist formulate a treatment plan that is very close, if not identical, to one created with a face to face visit. Also because of having had exposure to a dental professional in the comfort of their very familiar and non-threatening pre-school environment, children are less fearful of getting services in a dental clinic.

The VDH pilot project is an innovative program that may help reduce disparities in oral health by improving access to dental services for patients that have difficulty getting into care. In our pilot, we targeted very young low-income children attending Head Start and Early Head Start programs. The Ravenswood pilot is one of several sites piloting the VDH. The total program will be evaluated in the near future.

"... having had exposure to a dental professional in the comfort of their very familiar and non-threatening pre-school environment, children are less fearful of getting services in a dental clinic.”

Clinical Excellence

Serving patients with special health care needs

Kecia Leary, DDS, MS
Pediatric Dental Director, Jordan Valley Community Health Center

Dental care among children and adults is reported as the number-one unmet medical need for persons with special health care needs.¹¹ According to the American Academy of Pediatric Dentistry (AAPD) definition, "special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, health care intervention, and/or use of specialized services or programs.” Patients with special health care needs may seem like a challenge at first, but with attention to details, they can become some of your best patients.

The best national estimates are that there are 49.7 million people with a disability, and children comprise 2.6 million of them.¹² Since the mid-1970’s, there has been a

move to deinstitutionalize individuals, and many individuals that once lived in large institutions have been transitioned to living at home or in smaller community settings. However, individuals who live in the community must rely on private practice dentists (and Community Health Centers) to provide the bulk of their oral health care needs. 

Patients with special health care needs benefit from a dental home just like every other patient, but may require some modifications. According to the AAPD Guidelines, the following aspects may need to be considered: appointments should be scheduled at an optimal time for the patient; each patient is unique, and patients may require additional time/staff or a routine that is specific for the patient; these accommodations should be documented and everyone that has contact with the patient should have access to this information; and the most important person that should have access to this information is the person scheduling dental appointments.

When treating children and adults with special needs, developmentally-appropriate communication holds the key. Ask the parent/caregiver what the best method of communication is and how to relay information to the patient. It is important to make sure that the parent/caregiver is present for the appointment because they may serve as the communicator for the patient as well as provide a sense of comfort for the patient. The parent/caregiver knows the patient best and they are the dental team's best resource for treatment since most patients can be seen in a traditional dental setting with the support of the parent/caregiver.

The dental office should be willing to make modifications to the traditional delivery of dental treatment/examinations based on the patient’s needs. For instance, will a toothbrush prophylaxis work for the patient, does the patient need to be seated more upright, does the patient need to be seen more often, or do they need more frequent breaks? Documentation as well as understanding will make treating the patient easier in the future.

Prevention is a key aspect to avoiding dental problems in the future. Brushing teeth twice a day with fluoride toothpaste is the most important aspect for caries prevention. However, modifications may need to be made because the patient cannot tolerate the toothbrush, or due to sensory issues, they cannot tolerate toothpaste. A great resource for prevention recommendations is from the U.S. Department of Health and Human Services and NIDCR.

Finally, understand that there are many barriers that the patient and their family encounter every day. When a dental team understands the patient and their diagnosis, they are able to provide a true dental home which, according to the AAPD, is an “ongoing relationship between the dentist and patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated and family-centered way.

Hamilton Community Health Network (Flint, MI)

Miriam Parker, DDS, Dental Director, Hamilton Community Health Network
Maria Smith, MPA, Project Coordinator, National Network for Oral Health Access

Hamilton Community Health Network (HCHN), a Federally Qualified Health Center in Flint, Michigan is committed to compassion in the exam room and action in the community. HCHN’s vision is to be the leader in providing comprehensive quality, community-oriented health care for the underserved of Genesee County. For this article, NNOHA interviewed Hamilton Community Health Network’s Dental Director, Miriam Parker, DDS.

When did your Health Center start?

Hamilton Community Health Network was established in 1982 by St. Joseph’s Hospital, now Genesys Health System, as an emergency room diversion, providing primary care clinic for patients that were underinsured. Today, HCHN has 5 sites, 3 of which are multi-discipline. Two of the dental clinics are co-located with medical; the third is a stand-alone clinic. The services we provide include pediatrics, OB/GYN, mental health, internal medicine, pharmacy and dentistry. We also have ophthalmology and will soon add breast cancer care and renal services. HCHN has over 89,000 encounters per year, of which 26,400 are dental.

What is your community like?

Flint, Michigan was once home to General Motors. Today, Flint is economically challenged with heavy unemployment of previous factory workers. HCHN’s patients are almost equally African American and Caucasian. There are much smaller percentages of Hispanic, Arabic, and Asian populations. HCHN clients are 52% sliding scale, 45% Medicaid, 2% homeless, and 1% commercial insurance. We have an ever growing number of patients who need our services.

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

Our challenges are multiple. Our average no-show rate is 30%. On any given day, it can be as low as 5% or as high as 50%. As a result, we book heavy and take walk-ins. We have a no-show policy and often try new approaches. Our second biggest challenge is recruiting quality providers.

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

We recently have had a significant increase in treatment plan completions, from 3% to 43%. As an incentive to patients, we offer bleaching trays and solution to those who complete their treatment plans.

In addition, HCHN is part of a collaborative grant with the University of Michigan in which we involve pharmacy, mental health, and fourth year dental and medical students in our “morning huddles” where we discuss complex patients, with each discipline giving their input as to their approach to care. This experience helps expand the thought process of students and gives them insight into comprehensive patient treatment.

HCHN’s Main Clinic
Finally, our conversion rate of emergency patients to treatment planned has consistently increased over the past three years.

**Do you have any strong partnerships in the community?**

We work closely with the University of Michigan and University of Detroit Mercy dental schools, as well as Mott Community College Dental Assisting Program.

**Congratulations on graduating from NNOHA’s National Oral Health Learning Institute. How has your Health Center/dental program benefited from your participation in the program?**

Participating in the Learning Institute has given me tools for growth and development. More specifically, I implemented HCHN’s integration of health services. We are working to treat our patients more comprehensively to ultimately improve their health status.

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

My advice for a new Dental Director would be to attend NNOHA’s annual conference, get to know your peers, and define and set goals for your dental program. Develop a strong relationship with your CEO, CFO and stay involved and relevant!

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

Decision makers in DC need to know that health centers are important players in delivering quality health care. Health centers need support from state and federal government, especially with the influx of new patients under the Affordable Care Act.

**What is on your wish list for the future?**

My wish is for consistent funding to continue to attract competent and able providers who are interested in offering a wider menu of needed services. For example, in 2014, HCHN will have an Oral and Maxillofacial Surgeon (OMFS) on staff and we would like to offer IV sedation for adults with special needs specifically, but available to others who are able to pay.

A special thank you to Miriam Parker, DDS, Dental Director at Hamilton Community Health Center for contributing to this article!

**Did you NNOHA?**

Meet NNOHA’s new Board President: 
**Huong Le, DDS, FACD, MA**

I was born and raised in Vietnam. My family left our home country as “boat people” in 1975 after the fall of Saigon into communist hands. After spending a few months at two different refugee camps, my family settled in Midland, Texas. I attended Baylor University for undergraduate study and the University of Texas Dental Branch, Houston for dental education. I completed a residency in Hospital Dentistry at Jerry Pettis VA Hospital in Loma Linda, CA.

In 1989, I joined a rural Health Center and later became their dental director. I eventually came to Asian Health services in Oakland to open its first dental clinic in 2003. Asian Health Services will be celebrating its 40th anniversary this year and the dental program 11 years. My husband and I have 4 children, the youngest of whom is a senior at University of California, Davis.

Like many NNOHA members, I have been involved in many organizations and am a strong advocate for oral health for all. In May 2012 I had the chance to be the only dentist at the White House for a briefing and was
At the 2013 National Primary Oral Health Conference (NPOHC) in NNOHA’s home base of Denver, the first cohort of National Oral Health Learning Institute (NOHLI) scholars met for the last time as a formal group. The NOHLI Advisory Board, faculty and mentors were also in attendance.

The morning started with scholars presenting the results of their projects: reviewing project rationale, objectives, resources required, challenges, outcomes, observations, and the NOHLI’s impact on each project. The projects scholars implemented at their Health Centers include:

- Caries risk assessment & disease management protocol
- Defining my role as a Dental Director
- Dental Lean Project: Dashboards and Visual Management
- Improving operational efficiency, provider productivity and patient access
- Integration of oral health and medical services
- Tracking treatment plan completion rates

Scholars also heard from Dr. Paul Glassman, University of the Pacific, about emerging national oral health issues, bringing scholars up to date on current and upcoming trends as they continue to lead their dental programs.

During a time of reflection on the program year and looking forward to what is next as the scholars continue their careers, scholars shared how valuable it was to have access to small group of peers to share ideas and concerns. They also reported they learned well from the structured online learning modules and in-person trainings that gave them practical knowledge and skills to help them improve their dental operations. The faculty encouraged this new generation of leaders to stay involved in NNOHA by participating in NNOHA Committees and presenting at the NPOHC. Mentors enjoyed watching the scholars grow, wishing they had a similar opportunity when they started their careers.
At the end of the meeting, scholars walked up to the front of the room to receive their certificates of completion from Dr. Wayne Cottam, NNOHA’s immediate past-president, with pomp and circumstance playing in the background. Mentors and the NOHLI Advisory Board were thanked with certificates of appreciation. It was an exciting and rewarding way to conclude the program year.

Scholars’ growth and overall success in the program is clear. Pre- and post-surveys showed growth in leadership skills, such as being comfortable counseling employees that are not meeting work expectations, and that they had a good sense of health center operations and interact well with the CEO and CFO.

At the end of the year, scholar Lisa Bozzetti, DDS, Dental Director at Virginia Garcia Memorial Health Center, shared that the “[Learning Institute] empowered me to feel like a leader and stand up for what I want to see in the dental department. This is facilitated by the fact that I have solid evidence from NNOHA recommendations and examples of what is done in similar Health Centers.”

In addition to course work, relationships between mentors and scholars grew throughout the year. The mentor program was originally meant to provide individual support to scholars from more seasoned Dental Directors on the practice management topics covered in the learning modules, leadership skills, scholar projects, etc. As the year progressed, many relationships blossomed with learning occurring both ways. According to mentor Cheryl Russo, RDH, Associate Dental Director at Shasta Community Health Center, “I had so much in common with my scholar; we related very well to one another. It was a mutually beneficial relationship.” Many mentor-scholar pairings met more than 10 times in the past year.

Thank you to everyone who helped make the first year of the NOHLI a success. We at NNOHA are very proud of all that the scholars accomplished during the program year, and wish them the best of luck as they continue to be leaders and oral health advocates for their Health Centers and communities.

Are you a new Dental Director or Dental Program Manager (0-5 years in role) interested in applying to the NOHLI this summer for the 2014 program year?

Contact Maria@NNOHA.org to be added to the mailing list.

News Alerts

Comings and Goings

Sonia Sheck, NNOHA’s former Special Projects Coordinator, has moved on to start a new position as a Quality Improvement Coach at Denver Health. Sonia was instrumental in launching and running the Interprofessional Oral Health Core Clinical Competencies Pilot Project. NNOHA thanks her for her commitment and hard work.

Also in January NNOHA said good bye to Annette Zacharias, former Executive Director. We thank her for her service to NNOHA and wish her the best of luck in her future endeavors.

With the change in leadership, NNOHA welcomed back Barbara E. Bailey, PhD as its Interim Executive Director. Dr. Bailey previously served in this capacity from September 2011 to February 2012, and will help NNOHA’s transition while it searches for a new Executive Director.
Funding Opportunity

HRSA is soliciting applications for HRSA-14-098  Ryan White HIV/AIDS Program Part F Dental Reimbursement Program (DRP) to expand HIV services and education and training. The primary purpose of the DRP is to improve access to oral health care services for patients with HIV and to train dental and hygiene students and dental residents to deliver HIV/AIDS dental care. Applicants are limited to dental schools and other dental education programs.

For other HRSA funding opportunities, visit: http://www.hrsa.gov/grants/index.html.

DQA eMeasures Survey

The Dental Quality Alliance (DQA) has been working with the Office of the National Coordinator for Health IT to develop two oral health measures for the 2016 edition of the Meaningful Use program. As a member of the DQA, NNOHA encourages you to take this opportunity to provide input into the proposed measures on care continuity and sealants for 6-9 year olds through this short survey. Your input is extremely valuable as these measures are developed. Please complete the survey by February 17, 2014.

Article on FQHC Efforts in Medical-Dental Integration


Member Discount on a Master’s Degree

A.T. Still University School of Health Management is reminding NNOHA members that they receive a 20% discount on tuition when enrolled in the Master of Health Administration (MHA) or Master of Public Health – general or dental tract (MPH) program.

Registration is easy. Simply apply online at: https://www.atsu.edu/shm/application. Once your application is received, an Enrollment Counselor will contact you. At this time, tell the Enrollment Counselor that you are a NNOHA member and a discount will be applied to future tuition. The Enrollment Counselor will also answer any questions you may have at that time.

Application deadline: Start date:
May 14 July 14
July 29 September 29
November 6 January 6, 2015

Contact information:
1.877.626.5577
shmonlineadmissions@atsu.edu
Member Recognition

ORGANIZATIONAL/UNIVERSITY & ASSOCIATION MEMBERS

The following have initiated or renewed their membership with NNOHA between November 1, 2013, and February 1, 2014.

We recognize their commitment to supporting NNOHA and improving access to oral health services for the underserved.

- American Dental Education Association
- Clinicas Del Camino Real, Inc.
- Comprehensive Community Health Centers
- Iowa Primary Care Association
- Native American Health Center
- Northern Oswego County Health Services, Inc.
- Teche Action Clinic
- Texas Association of Community Health Centers
- The Wellness Plan
- Virginia Garcia Memorial Health Center

NNOHA’s mission 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.

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