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THANK YOU to the following individuals for contributing articles, information, or photos: Leann Keefer, Colleen Lampron, Dr. Alex Narváez, Salud Family Health Centers, Maria Smith, Phillip Thompson, and Dr. Don Weaver

EDITORS: Leslie Franklin and Phillip Thompson

If you have a suggestion for articles or authors to include in future newsletters, please contact info@nnoha.org.

NNOHA’s National Oral Health Learning Institute (NOHLI) is currently working with its third cohort, which will be graduating at the 2015 NNOHA Conference this November. NOHLI is a year-long, in-person and online training program that provides core knowledge and competencies that emerging Health Center/safety net oral health leaders need to develop as effective managers, directors, and advocates for oral health and their communities.

While a majority of the curriculum is web-based, one of the highlights of the year is always Boot Camp, a 2.5 day intensive training held in NNOHA’s hometown of Denver. This year’s meeting was held at the offices of the Delta Dental of Colorado Foundation, a long-time supporter of NNOHA and the generous host for this year’s Boot Camp.

Boot Camp kicked off with an informal outdoor dinner at a local restaurant. The next day, the meeting was launched with an icebreaker called The Marshmallow Challenge (see photo, next page). Just as the
Scholars working on The Marshmallow Challenge

Applications for NOHLI Cohort 4 closed August 31, 2015. We are very excited and gratified by the large number of qualified applicants. The acceptance committee is hard at work and will announce the names of those accepted into the next cohort in early October. Click here for more information about NOHLI or email nohli@nnoha.org with questions.

icebreaker concluded, the building fire alarm went off! Luckily, it was just a drill that gave everyone an unplanned opportunity to go outside and get fresh air.

Dr. Paul Glassman of the University of the Pacific presented on change principles and then tasked scholars to work in small groups on case studies, which required the use of the change management concepts learned, in order to develop courses of action for realistic dental clinic situations. Dr. Glassman and Dr. Wayne Cottam, NNOHA’s Immediate Past President, facilitated an interactive session reviewing the characteristics of effective verbal presentations. Each scholar practiced these skills by giving a short presentation. NNOHA Board of Directors member Dr. Martin Lieberman led a session on managing staff conflict, during which scholars had to navigate difficult conversations with role playing and reversal scenarios. Dr. Kecia Leary of NNOHA’s Practice Management Committee ended the day by presenting on Health Center financial terminology, including how to read and understand key financial reports and concepts.

The next day Dr. Lieberman reviewed the key concepts of the quality improvement online module and scholars reported back on their module assignment, completing one Plan-Do-Study-Act (PDSA) cycle. The rest of the day was spent in small groups where scholars developed recommendations for case studies that incorporated the concepts learned at Boot Camp and NOHLI overall. Faculty, including Dr. Ethan Kerns, NNOHA Practice Management Committee member and NOHLI pod advisor, were on hand to provide support. Each group presented their recommendations to the larger audience.

Boot Camp remains one of the highlights of the NOHLI year at NNOHA, and this year was no exception. Cohort 3 scholars are incredibly talented; each contributed to the meeting with a variety of experiences and ideas. One scholar shared, “the training was beyond my expectations and highly applicable to my needs in directing a dental program.” Boot Camp is also rewarding for the faculty. According to Dr. Glassman, “for me, I’d say the best part is the opportunity to work with a group of program directors who are dedicated to making a difference in the lives of people left out of the traditional dental care system. The extent to which I am able to help them do that is what makes the program rewarding for me.”

From now until the 2015 NNOHA Annual Conference in November, scholars will continue the online curriculum modules and webinar meetings. NNOHA has been very proud to support the following Cohort 3 scholars through their NOHLI journey.

Editor’s note: The author of this article, Maria Smith, recently left NNOHA after three and a half years to continue her career in public health at Denver Public Health. We thank her for her services and wish her all the best.

NNOHA is very grateful to the following for their generous financial contributions to make the National Oral Health Learning Institute possible:

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Pure and Simple: Dental Unit Waterline Compliance
Leann Keefer, RDH, MSM
General Manager and Director of Education, Crosstex International

Best practices of infection prevention and control provide safety in the clinical environment and treatment protocols for patients and dental professionals. Exposure to poor water quality can pose a health risk for people and conflicts with universally accepted infection prevention protocols. Noted most recently, in 2011, was the fatal case of an 82-year-old otherwise healthy woman, who developed Legionnaire’s disease after a dental visit. The goal of effective dental waterline treatment is to reduce the number of microorganisms present in the water, thereby helping to break the chain of infection.

Dental unit waterline contamination was first reported in 1963. Research has shown microbial counts can reach <200,000 CFU/mL within 5 days after installation of new dental unit waterlines and contamination levels of up to 1 million CFU/mL of dental unit water have been documented. In 1995, the American Dental Association issued a statement encouraging improvement in the design of dental equipment to offer delivery of on the outgoing water quality levels used in non-surgical dental treatment with 200 CFU/mL or fewer. Based on standards for potable drinking water by the Environmental Protection Agency, the American Public Health Association, and the American Water Works Association, the Centers for Disease Control and Prevention guidelines (2003) state the number of bacteria in water used as a coolant/irrigant for nonsurgical dental procedures should be less than 500 CFU/mL.

The following options are available to address the biofilm with its resident microorganisms and optimize dental unit water quality:

- Self-contained water systems
- Point-of-use filters
- Chemical treatment protocols
- Municipal water treatment systems
- Slow-release cartridge devices

Point of use filters placed at the end of each waterline often have pores too large to effectively trap bacteria, as well as slowing the flow of water in the tubing which contributes to biofilm growth, and they provide additional surface area for microbial growth. There is an ongoing expense of filter replacement every 7 to 10 days.

Chemical agents available commercially are designed to inactivate and remove biofilms or deter attachment of biofilm in new or cleaned systems. Daily compliance with tablets, along with monthly shocking, and quar-
Centers for Disease Control and Prevention (CDC) recommendations:

- Flush lines at the start of the day and between patients for 20-30 seconds
- Establish a protocol to achieve and maintain water lines with less than 500 CFU/mL
- Strictly follow manufacturer’s instructions and protocol for maintaining water quality
- Monitor water quality based on manufacturer instructions

ADA American Dental Association:

American Dental Association on Dental Unit Water Lines (2004):

- Dental unit water systems regularly maintained to deliver water of an optimal microbiologic quality
- Employ commercial devices to meet water quality standards of less than 200 CFU/mL
- Monitor Biological water quality
- Dental unit water systems must be maintained to deliver water of an optimal microbiologic quality
- Adopt the use of commercial devices to achieve the safe water quality standard of <200 CFU/mL
- Use EPA-registered and FDA-cleared dental waterline treatment product or device according to manufacturer’s directions
- Strict adherence to water quality protocols
- Monitor water quality

One innovative waterline disinfection cartridge system, available for municipal or bottled water, offers a continual slow release of iodinated resin. As water flows through the cartridge, it pulls elemental iodine from the resin into the water stream. From there the iodine interacts with any bacteria in the water, killing it on contact. The cartridge is effective for one-year after being installed making compliance effortless. This simple system is FDA and EPA cleared to provide water under 200 CFU/mL with absolutely no testing requirement. With no protein attached to the iodine, it poses no risk for allergies and any “unused” iodine evaporates into the air. Unlike hazardous heavy metal based cartridges, the used iodine cartridge can be simply disposed of into the trash.

Effective dental unit waterline maintenance is a key component of an infection control program. Criteria for choosing a dental unit waterline treatment system includes ability to control microorganisms and biofilm at required standards, product and labor costs, safety to equipment and the environment, and ultimately compliance.

This article is sponsored by Crosstex, a NNOHA Corporate Advisory Committee member.
The Centers for Disease Control and Prevention (CDC) has launched a new, integrated website that enables dental and public health professionals and policymakers to monitor selected oral health information. **Oral Health Data** offers enhanced capabilities for viewing state and national data for indicators of oral health and fluoridation status. The new system allows individuals to view and interact with data in tables, graphs, and maps online and to export datasets.

**Oral Health Data** currently includes four adult indicators obtained from state Behavioral Risk Factor Surveillance System (BRFSS) data for 1999 and even years from 2000 through 2010; available by age, education and income level, gender, and race/ethnicity. Also available are three child indicators (years range from 1993 to 2013) provided by states that conduct statewide oral health screening surveys that meet criteria for inclusion in the National Oral Health Surveillance System; these data are provided by grade in school (kindergarten through third grade) or Head Start. In addition, the new website has data on the percent of states’ population with access to community water fluoridation, obtained from biennial water fluoridation reports from 2000 through 2012. Data for additional years will be added as they become available. CDC plans to expand the system to include additional information and indicators.

"Oral Health Data gives users more tools in an easy-to-use format to create their own filtered views and graphs," stated Katherine Weno, DDS, JD, Director, CDC Division of Oral Health. "The new website will allow state health agencies to track state and national trends so they are better able to plan and evaluate state-based oral health programs."

CDC has also enhanced its web portal, **My Water’s Fluoride (MWF)**. **MWF** allows consumers in participating states to check out basic information about their water system, including the number of people served by the system and its fluoride level. According to the U.S. Public Health Service, the recommended level for fluoride in drinking water to prevent tooth decay is 0.7 milligrams per liter.

In addition to improved consumer information, the new **MWF** is presented in an easy-to-view and navigate format. **MWF** is a voluntary public disclosure website; states (see list at right) choose whether they will provide their water fluoridation information to **MWF**.

Fluoride, a naturally occurring element in the environment, is known to be effective in preventing tooth decay in children and adults. Over the past seven decades, water fluoridation has played an important role in the dramatic reduction of tooth decay and has been identified by CDC as one of 10 great public health achievements of the 20th century.
In 2012, a man died in my home state of Washington because he did not have insurance and could not afford dental treatment. While this kind of tragedy doesn’t happen every day, tens of millions of children and adults in our country regularly suffer from untreated dental decay, pain, and disease because they cannot afford routine dental care. In Washington, for instance, less than one in five adults with Medicaid coverage receives dental care. Only half of the state’s children on Medicaid can access regular care, even with enhanced reimbursement.

My 30 years of experience in dentistry have exposed the best and the worst of our current dental delivery system. I’ve had the privilege of working with other dedicated dental providers who’ve helped thousands of patients maintain healthy mouths. However, I’ve also seen firsthand how broken the current dental delivery system is—especially for the people who need care the most, like the elderly. Besides the dismal Medicaid statistics above, nearly half of the population in the United States is unable to get care in an average year. In addition, the American Dental Association reported that emergency room visits, for preventable dental problems, could be costing our health care system up to $2.1 billion dollars annually. Dentists and clinics need options to better meet the needs of our current patients and extend our care to more people.

One proven option to reach additional patients is allowing dentists and community clinics to hire midlevel dental providers. Doing so would introduce more flexibility to dentistry, while also improving access to care by bringing the care to where people are, including remote rural areas, schools, and assisted living facilities. Dental health aide therapists in Alaska and dental therapists in Minnesota have helped dentists improve and expand dental care for rural communities and at-risk populations for years, and Maine just became the third state to authorize midlevel providers. Studies have consistently demonstrated that these midlevel dental providers provide quality, competent, and appropriate care to patients who otherwise may struggle to access oral health. More dentists like me deserve the opportunity to hire these providers to extend our care and expand the impact of our practices.

Midlevel providers not only increase access to dental care, but studies have shown that they can also improve a practice’s financial well-being. When we dentists spend most of their time “drilling and filling,” we are not operating at the top of our licenses, education, or skills. By hiring midlevel providers, dentists can delegate routine restorative procedures and focus their skills and attention on much more complicated procedures that only dentists are trained to perform, thereby creating a more efficient delivery of dental care. If I were permitted to hire midlevel dental providers, I could expand our clinic’s capacity to see more patients who need care and reduce wait times.

All too frequently, the problems we see in my clinic could have been prevented or more efficiently treated if we had a more effective oral health care delivery system. We as
dentists now have a tremendous opportunity to improve our profession to better meet the needs of the communities we serve through the increased use of midlevel dental provid-
ers. I challenge all of my colleagues to get involved and encourage every state to allow dentists to integrate these providers into our dental teams.

This perspective was provided by NNOHA member Alex Narváez, DDS, dental director for one of the largest health centers in the Pacific Northwest. The opinion presented here does not necessarily reflect the position held by NNOHA or its leadership. NNOHA invites additional perspectives from members, which may be published in a future issue of this newsletter, and encourages ongoing dialogue on this and other current topics.

NNOHA in the News

HRSA Announces Agreement with NNOHA

Phillip Thompson, Executive Director, National Network for Oral Health Access
Colleen Lampron, President, AFL Consulting

NNOHA is very excited to announce that on August 14, 2015, the Health Resources and Services Administration (HRSA) has awarded one of three National Training and Technical Assistance Cooperative Agreements to The National Network for Oral Health Access. NNOHA will be working with HRSA on the Oral Health target area to improve access to oral health care by encouraging and training health centers to begin new oral health programs where none currently exist. We will also work with current oral health programs in developing and sustaining a quality improvement "culture" that includes effective and meaningful collection of the new Uniform Data System (UDS) quality measurement for community health center oral health programs.

It is our belief that potential and existing HRSA grantees and Look-Alikes will benefit from a national network providing training and technical assistance to institute new high-quality oral health services and enhance the quality of oral health services currently provided. Trainings will also be provided on how to accurately report oral health care quality measures in annual reports to HRSA.

Key strategies

1. Support health centers to provide new high-quality oral health services by providing training and targeted technical assistance to U.S. health centers without oral health programs. Educational programs are already developed and will be launched at the 2015 NNOHA Conference in Indianapolis, and will expand over the next two years to regional conferences and trainings around the country. Some of these include training for health center CEOs on starting and sustaining financially successful oral health programs. Other courses in Indianapolis will focus on quality improvement and the new UDS measure.

2. Enhance the quality of oral health services currently provided by implementing the Institute for Healthcare...
Improvement Breakthrough Series Collaborative Methodology to train health center oral health programs in the Model for Improvement, creating the foundation for monitoring, reporting and improving on a specific set of dashboard measures that includes the HRSA sealant measure.

Activities for the project include a national Quality Improvement Learning Collaborative, training sessions, national webinars, conference sessions, and development and distribution of fact sheets to ensure information is presented using a variety of methods designed for the highest level of understanding and retention. This knowledge and enhanced skill set will lead to improved performance of health centers across the nation, consistent with the goals of the HHS National Quality Strategy.

NNOHA wants to thank our partners and supporters who helped us develop our proposal and will work with us to carry out our strategies and activities. We are especially grateful to our partners at DentaQuest Institute’s Safety Net Solutions, the Children’s Dental Health Project, the ADA Dental Quality Alliance, the National Association of Community Health Centers, Association of State and Territorial Dental Directors, Delta Dental Foundation of Colorado, Washington Dental Services Foundation, Iowa Primary Care Association, Massachusetts League of Community Health Centers, and Pennsylvania Association of Community Health Centers.

This morning we take pride honoring a longtime colleague and friend, Dr. John McFarland. John, as we all know, is Director of Dental Services at Salud Family Health in Ft. Lupton, CO, where he has devotedly served rural and migrant farmworker communities for over 40 years.

John’s goal has been to expand access to oral health for low income and special populations and to integrate oral health into the primary care model of practice. And when we look at the numbers and see today that over 75 percent of health centers nationwide now provide dental services, we can say he has succeeded in his goal.

John espouses what America has slowly come to recognize—that oral health is a key factor in the overall health of each and every individual. Across the country, his message has been clear and I quote his words: “My idea of primary care done correctly is comprehensive care that includes medical, dental and behavioral health.”

John’s work never stops. He is involved in many local, regional, and national programs geared to improving the health of farmworkers. He has served on the National Advisory Council on Migrant Health and provides leadership in both NACHC and the Migrant Clinicians Network. Also, he is
the founder of the National Network of Oral Health Access, an organization of CHC dental professionals that is doing so much in the direction of helping to improve and expand oral health access.

John, you have changed the face of primary care. We express our appreciation and honor your leadership with the NACHC Lifetime Achievement Award in Migrant Health!

Editor’s note: Dr. McFarland’s term as a NNOHA board member will end in November 2015, just as NNOHA begins its 25th year. We extend hearty congratulations to Dr. McFarland on this recent honor and thank him for his service in founding NNOHA and his leadership over the past 24 years.

Dr. John McFarland, circa 1975

Do you have an announcement to share with other NNOHA members, such as a successful volunteer event or local win for community water fluoridation? Send your news to info@nnoha.org as a submission for the next newsletter. NNOHA will try its best to honor all requests.

2015 Annual Conference

Your Oral Health Program: Strategies for Success

Sunday, November 15, 2015
8:00 a.m. to 5:00 p.m.
Indianapolis Marriott Downtown

You are invited to a one-of-a-kind, one-day intensive learning session for health center CEOs and CFOs on how to build and sustain financially successful dental programs. Underwritten by DentaQuest Institute’s Safety Net Solutions program, there is no charge to attend, but pre-registration is required. This special event will take place one day prior to the opening of the NNOHA Conference, the number one gathering of CHC oral health professionals in the country. For specifics about this session and the conference agenda, please see our website at www.nnoha.org/events/annual-conference/.

Sponsored by DentaQuest Institute
NNNOHA'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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