



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

Prepared in collaboration by the Association of
State and Territorial Dental Directors and the
National Network for Oral Health Access



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Purpose

Many populations face challenges in accessing oral health services. Limiting factors can include the lack of available providers, restrictive state dental practice acts, scarcity of school-based health centers that provide dental services, lack of a regular source of health care (including dental care), lack of health or dental insurance, lack of awareness of the importance of oral health to overall health, and certain health beliefs. The extent of the oral health access problem highlights the need to identify new strategies and partnerships to meet the needs of all sectors of the U.S. population. This Issue Brief is intended to help state and territorial oral health programs (SOHPs), Health Centers, funders, policy makers, and other stakeholders recognize and support opportunities for collaboration between SOHPs and Health Centers.

Health Centers

Health Centers provide comprehensive primary health care to over 20 million people across the country regardless of income or insurance¹. Health Centers are community-based and patient-directed organizations that serve populations with limited access to health care. Among those served are low-income populations, the uninsured, those with limited English proficiency, migrant and seasonal farmworkers, individuals and families experiencing homelessness, and those living in public housing. Health Centers provide primary health care services such as checkups, immunizations, dental care, prescription drugs, mental health services, and substance abuse treatment.

State Oral Health Programs

SOHPs improve a state's oral health by raising awareness of the relationship of oral diseases to systemic health and by addressing *Healthy People 2020 Oral Health* goals to "prevent and control oral and craniofacial diseases, conditions, and injuries, and improve access to preventive services and dental care."² SOHP roles include describing and quantifying oral disease, mobilizing and leveraging available resources, developing and implementing

What is NNOHA?

The National Network for Oral Health Access (NNOHA) is a non-profit organization founded in 1990 by a nationwide group of Dental Directors from Health Centers that recognized the need for peer-to-peer networking, services, and collaboration to most effectively operate Health Center oral health programs that serve underserved populations. NNOHA has a diverse membership of Health Center oral health providers: Dental Directors, dental hygienists, and their supporters. NNOHA's membership represents the diversity of Health Center oral health settings – from novice to experienced Dental Directors (from 30 days to 30+ years) to diverse Health Center settings - from isolated, rural, one-dentist clinics, to large urban practices with 20 or more dentists. NNOHA was originally run solely by volunteers, but since 2007 has been supported in large part by Cooperative Agreement funding from the Health Resources and Services Administration (HRSA).

As the only national organization representing Health Center oral health providers, NNOHA is dedicated to improving access to primary oral health care services for disadvantaged populations. NNOHA currently develops practice management resources to aid these programs, coordinates communications tools to keep the members connected, hosts an annual conference for members to receive both clinical and leadership continuing education, hosts an online job bank to help fill Health Center dental vacancies, and coordinates activities around training and technical assistance. NNOHA supports Health Centers aiming to provide, expand, or improve oral health services.

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.

policies, and facilitating the intersection of oral health with other health, environmental, and human services programs to assist with community and state health improvement.³ The Association of State and Territorial Dental Directors' *Guidelines for State and Territorial Oral Health Programs* describes 10 essential roles that SOHPs play in promoting oral health in the U.S., grouped within the three core public health functions:



What is ASTDD?

The Association of State and Territorial Dental Directors (ASTDD) is a national non-profit organization representing the directors and staff of state public health agency programs for oral health. ASTDD formulates and promotes the establishment of national dental public health policy, assists state dental programs in the development and implementation of programs and policies for the prevention of oral diseases; builds awareness and strengthens dental public health professionals' knowledge and skills by developing position papers and policy statements; provides information on oral health to health officials and policy makers, and conducts conferences for the dental public health community.

The ASTDD Membership consists of the chief dental public health officer (state dental director) of the state health department or equivalent agency, and the U. S. Territories. ASTDD also offers an Associate Membership, open to any public agency, voluntary organization, tribal entity and/or health professionals employed or interested in dental public health.

10 Essential Roles that State Oral Health Programs Play in Promoting Oral Health in the U.S.

Assessment

1. Assess oral health status and implement an oral health surveillance system
2. Analyze determinants of oral health and respond to health hazards in the community
3. Assess public perceptions about oral health issues and educate/empower them to achieve and maintain optimal oral health

Policy Development

4. Mobilize community partners to leverage resources and advocate for/act on oral health issues
5. Develop and implement policies and systematic plans that support state and community oral health efforts

Assurance

6. Review, educate about and enforce laws and regulations that promote oral health and ensure safe oral health practices
7. Reduce barriers to care and assure utilization of personal and population-based oral health services
8. Assure an adequate and competent public and private oral health workforce
9. Evaluate effectiveness, accessibility and quality of personal and population-based oral health promotion activities and oral health services
10. Conduct and review research for new insights and innovative solutions to oral health problems.

Benefits of State Oral Health Program and Health Center Collaboration

SOHPs and Health Center oral health programs share a mission to improve the oral health of their communities. Both entities work on common goals in similar arenas and benefit from strong state and federal oral health policies and funding. Some states report collaborative relationships between SOHPs, Primary Care Associations, and the staff of Health Center oral health programs. Joint activities include participation in state oral health coalitions, oral health summits and governmental task forces, and drafting of state oral health plans. Primary Care Associations and SOHPs work together on mutually beneficial legislative initiatives such as Medicaid funding and changes to state dental practice acts. In some states, SOHPs secure federal grant funds to support programs administered by Primary Care Associations or individual Health Centers. Programs vary from to state, but commonly involve activities designed to strengthen the dental professional workforce and community-based oral health interventions.



The benefits of SOHP and Health Center collaboration include leveraging and sharing financial and programmatic resources, cross utilization of public health and clinical professional expertise, and the ability to maximize political capitol to prioritize oral health issues and develop a strong voice for oral health on the state level.

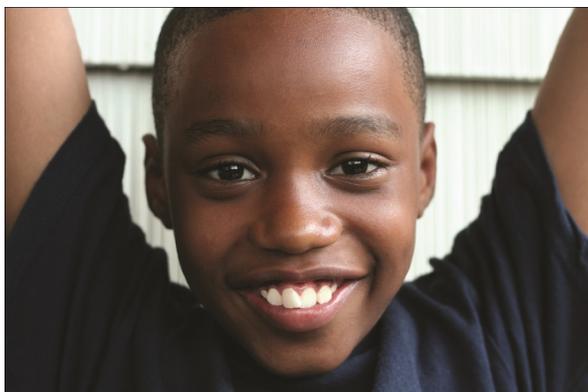
Examples of Collaboration

The following examples highlight innovative and successful collaborations taking place in some states. This brief is not a comprehensive list of all activities in all states, but instead focuses on the types of projects that can be done utilizing the skills and resources associated with SOHPs, Primary Care Associations and Health Centers.

The sufficiency of the dental professional workforce to meet the burden of oral disease is a long-standing issue for both SOHPs and Health Center dental clinics. Arkansas, Kansas and New Mexico SOHPs utilize HRSA Workforce Development Grants to aid safety-net clinics in dental staff recruitment and retention. Arkansas and Kansas are without an in-state dental school, so both fund recruitment visits to out-of-state dental schools and offer financial incentives to dentists and dental hygienists to work in underserved areas, including Health Center dental clinics. Arkansas offers a

\$10,000 signing bonus to dentists who can commit to work in a Health Center for two years. Kansas developed a dental specific state loan re-payment program for dental professionals who are not eligible for national or state re-payment programs.

Health Center dental clinics provide clinical rotations to dental professional students in programs facilitated by the SOHPs and the federal SEARCH (Student/Resident Experiences and Rotations in Community Health) program.



When Alabama's federal funding for SEARCH was eliminated, a pediatric dentist at the University of Alabama at Birmingham School of Dentistry on contract to the SOHP picked up the program. Kansas' SOHP provides their Primary Care Association with funding (in addition to the SEARCH funds

“Collaborations between SOHPs, Primary Care Associations and Health Centers are excellent ways to address state and community oral health issues, especially among underserved populations.”

they receive) for living expenses so more dental and dental hygiene students can have a clinical experience working in rural parts of Kansas. A past program in Colorado used the Migrant Health Program (housed in the state health department) to place dental professional students in schools and Health Centers to provide services across the state. This specific program no longer exists, but it forged a strong relationship between the Health Centers and the SOHP. The current Colorado Dental Director attends quarterly Health Center meetings to provide dental clinic staff with oral health data, policy updates and state loan re-payment assistance. Some states collaborate to provide Health Center dental clinicians with clinical and administrative support. In New Mexico, the SOHP and Primary Care Association created the *New Mexico Dental Support Network Forum*, an online support network that provides training and technical assistance for rural and Community Health Center providers. The group also conducts face-to-face meetings

and offers continuing education opportunities. In Illinois, the Department of Public Health (IDPH) Division of Oral Health collaborated with the Illinois Primary Health Care Association to develop the Oral Health Network. This network provides technical assistance, training, education, and advocacy to help build and sustain the oral health programs. The Iowa Primary Care Association utilizes their State Dental Director's experience with Health Centers to provide individualized technical assistance through clinic site visits and training for Health Center Dental Directors. He is also designing a Peer Review plan that will work within a new electronic health record system.

SOHPs and Health Centers often work together to provide community-based oral health programs. In Oregon, the SOHP contracts with dental providers in Health Centers like La Clinica del Cariño to administer school based sealant programs. In New York, Hudson River Health Care receives state funding for a sealant and a weekly fluoride rinse program in elementary schools. El Rio Community Health Center Dental Department in Tucson, Arizona uses state funds through the Pima County Health Department Women, Infants, and Children (WIC) program for *First Things First -First Smiles Matter*, an early childhood caries prevention program.

Other joint projects for SOHPs and Health Center dental clinicians are drafting resource guides, clinic manuals, and oral health research. The *Ohio Safety Net Dental Clinics* is a comprehensive online portal to the tools and information necessary to start and maintain the operations and delivery of health care services in safety net dental clinics in Ohio.⁴ SOHP and Health Center staff served on the Advisory Committee for a



national resource manual, the *Safety Net Dental Clinic Manual*.⁵ SOHPs have worked with Health Centers to conduct oral health surveys on their patient populations and to complete the state's Basic Screening Survey, a nationally utilized children's oral health survey. At least one state/Health Center collaborative program has been the topic of a research paper on service delivery in underserved populations⁶.

Summary

Collaborations between SOHPs, Primary Care Associations and Health Centers are excellent ways to address state and community oral health issues, especially among underserved populations. The starting point for many of these collaborations is a strong relationship between the SOHP and the state's Primary Care Office (PCO). PCOs, like the SOHP, are often located within State Departments of Health. Health Centers are usually familiar with the PCO as they often administer federal and state clinic grants and student loan re-payment programs. The state Primary Care Association can also facilitate partnerships between Health Centers and SOHPs. SOHP staff can connect with Health Center dental clinicians through their state's Primary Care Association conferences and by joining NNOHA. Health Centers that are looking for assistance in implementing community based programs, developing state oral health policy, or interested in other types of collaborations should investigate the resources available through their SOHP and ASTDD. The examples described in this issue brief make it clear that there is much to be gained by working together.

NNOHA Key Resources

- National Network for Oral Health Access Website: <http://www.nnoha.org/>
- The National Primary Oral Health Conference is an annual conference geared towards Health Center oral health providers: <http://www.nnoha.org/conference/npohc.html>
- Online resources for providers include a quarterly newsletter, white papers, a literature review, and a dental forms library: <http://www.nnoha.org/resources.html>
- An on-line job bank is available to help fill Health Center dental vacancies: <http://www.nnoha.org/dentalcareers.html>
- An online discussion forum is available for people involved in Health Center oral health programs wanting to have discussions with their peers: <http://www.nnoha.org/forums.html>
- For more information on Health Centers, please visit <http://bphc.hrsa.gov/about/>

ASTDD Key Resources

- ASTDD's website: <http://www.astdd.org/>
- The National Oral Health Conference, the nation's premier dental public health conference: <http://www.nationaloralhealthconference.com/>
- Guidelines for State and Territorial Oral Health Programs, a resource to assist health agency officials and public health administrators develop and operate strong oral health programs: <http://www.astdd.org/state-guidelines/>
- Competencies for State Oral Health Programs, the skill sets needed for a successful state oral health program: <http://www.astdd.org/docs/CompetenciesandLevelsforStateOralHealthProgramsfinal.pdf>
- Proven and promising best practices for state oral health programs: <http://www.astdd.org/best-practices/>

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