



Dental Public Health Activity Descriptive Report

Practice Number: 23012
Submitted By: Western Maryland Area Health Education Center & Allegany Health Right
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SECTION I: PRACTICE OVERVIEW		
Name of the Dental Public Health Activity: Mountain Health Alliance		
Public Health Functions: Assessment – Acquiring Data Assessment – Use of Data Policy Development – Collaboration and Partnership for Planning and Integration Assurance – Population-based Interventions Assurance – Oral Health Communications Assurance – Building Linkages and Partnerships for Interventions Assurance – Program Evaluation for Outcomes and Quality Management		
Healthy People 2020 Objectives: OH-3 Reduce the proportion of adults with untreated dental decay OH-4 Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease OH-6 Increase the proportion of oral and pharyngeal cancers detected at the earliest stage OH-10 Increase the proportion of local health departments and Federally Qualified Health Centers each year OH-14 Increase the proportion of adults who receive preventive interventions in dental offices		
State: Maryland	Federal Region:	Key Words for Searches: Access to care, planning with partners, emergency department, emergency department referral, non-traumatic dental conditions, Western Maryland Area Health Education Center, Allegany Health Right, Mountain Health Alliance
Abstract: <p>The five-county region, which includes counties in Maryland, West Virginia, and Pennsylvania, have a very high poverty rate and high rates of adult oral health decay. In Allegany County, Allegany Health Right (AHR) has operated a dental program for low income people for over 11 years. Part of that program involves an Emergency Department (ED) Diversion program with the local hospital in Allegany County, in which patients presenting in the ED with dental pain are given a list of resources to contact for help. AHR employs a Community Health Worker (CHW) to do outreach and a Dental Case Manager to help patients find the care they need. To address this pressing problem on a larger scale, area agencies that work with low income populations (including Allegany Health Right) as well as area hospitals, health departments, Federally Qualified Health Centers, and other health care providers collaborated and established the Mountain Health Alliance (MHA) in 2011, under the auspices of the Western Maryland Area Health Education Center (WMAHEC). The MHA is dedicated to increasing access to affordable, comprehensive, quality healthcare for all in the tri-state, five-county region and currently is funded through a Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy grant, (D06H27794).</p> <p>Over the course of its existence, the AHR Dental Access Program has provided dental care, at no cost to the patient, in excess of \$2.1 million, with AHR paying over \$807,000 via grant funding and dental practitioners donating over \$1.3 million. Over 2,400 people have received services. Under the ED Diversion Program, from its inception in FY2013 to FY 2014, the Western Maryland Health System saw a 25% decrease in ED visits by patients seeking help with dental issues. In FY2012 the ED saw 1,519 emergency dental patients; by FY2014, that number had decreased to 1,144.</p>		

In striving to meet the region's most pressing problems, the MHA partners focus on assisting low income adults in finding the oral health care they need, and educating local providers as to the benefits of integrating oral health screenings into the primary care setting. MHA has established an ED referral/deferral program with two area hospitals, through which patients seeking dental assistance in the ED are asked to sign a release form allowing the hospital to send their patient contact information to the MHA's CHWs for follow-up. Once the release form is sent to MHA via HIPAA compliant fax to email, the CHWs contact the patients and help them find the dental care they need through local Health Department dental clinics (there are three in the region and a fourth under construction) or through private dental practitioners who volunteer to provide services to MHA referrals at a reduced hourly rate. The majority of dentists approached by MHA about taking referrals have agreed to provide services at an hourly rate of \$150, rather than charging by procedure. This has allowed MHA and AHR to greatly stretch direct service dollars. The dentists have all been approached by MHA staff, and agreed to the parameters of the program as suggested by MHA. No actual contracts have been signed; this is most likely a reflection of the rural area in which the MHA operates. All agreements with private practice dentists have been verbal. The CHWs develop relationships with the patients to encourage them to engage in healthier lifestyles and to improve their overall oral health. Again, the patients receive these dental services at no cost to them. In addition to the ED program, MHA also receives referrals for dental care from the FQHCs in its area, and through a variety of other sources. Finally, the MHA through the Western Maryland Area Health Education Center (AHEC) has provided Continuing Medical Education (CME) and training courses for hospital-affiliated primary care providers (PCPs), Federally Qualified Health Center PCPs, and other PCPs on the integration of oral health exams into the primary care setting.

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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

The Mountain Health Alliance (MHA) is a Network of health care providers, hospitals, health departments, an Area Health Education Center (AHEC), agencies that work with low income populations, and educational facilities (University of Maryland School of Medicine and Potomac State College/West Virginia University) focused on integrating oral health care into the primary care setting and increasing access to care via physician/practitioner recruitment. The MHA was formed under the auspices of the Western Maryland AHEC to address a severe lack of access to health care services in a rural five-county, three-state region. The Network determined one of the most pressing needs to be oral health.

Since MHA's inception, the Network has actively supported two Mission of Mercy (MOM) dental events, and is working in support of a third, scheduled to take place in October 2015. The first two MOMs were two-day emergent free dental care clinics. MHA conducted pre- and post-treatment surveys to profile those seeking care. MHA also acted as the principal fundraising organization in support of the MOM events (including the upcoming MOM in October 2015). At the first two events, over 2,200 adults received dental care valued at over \$2.4 million. Sixty-seven percent of patients treated were from

the MHA's five-county region. CHWs provided follow-up with patients by reviewing healthy oral practices and assisting them in finding dental resources that fit their financial situation, such as free cleanings available at dental hygienist schools in the area. Finding dental homes for the Mission of Mercy patients is problematic, as most seek care at the free clinic because they cannot pay out-of-pocket costs associated with Medicaid or have no private insurance.

While providing treatment via events like Mission of Mercy has enabled the Mountain Health Alliance to reach patients not reached in the past, a greater focus of the Network is to increase *ongoing* treatment for the low income population living in the region.

To that end, Allegany Health Right (AHR), a partner in the Mountain Health Alliance, has managed a Dental Access Program for low income adults in Allegany County for over eleven years. Adults referred to the Program are screened for eligibility and then referred for treatment to an appropriate dental provider. Allegany Health Right pays a negotiated reduced rate to the dental provider. For clients seen at the Allegany County or Garrett County Health Departments, AHR pays a flat \$150 per hour fee as opposed to a fee per procedure. There is no cost to the client. Treatment costs and some programmatic costs are covered by a variety of grants. AHR is currently providing over 900 urgent dental treatment visits a year and close to \$600,000 worth of dental care to those in need in Allegany County.

AHR currently receives funding from HRSA; County United Way, which involves Allegany and Garrett counties in Maryland and Mineral County in West Virginia, each raising funds for distribution to non-profits providing services in those counties; the Community Development Block Grant program; Carefirst Foundation; the Delfest Foundation; the Weinberg Foundation; the Gratis Foundation; along with funding from Community Health Resource Commission.

In 2012, AHR received a grant from HRSA to fund the Regional Oral Health Pathway: A Program of the Mountain Health Alliance (ROHP). The ROHP program is integrated with the Mountain Health Alliance, which also received a HRSA grant to broaden access to dental care for low income adults across the MHA's large five-county region. Allegany Health Right acts as the Dental Case Management for MHA clients as well as ROHP clients.

Through the MHA Network and its partners, the scope of services is expanding beyond referral for treatment of urgent dental needs to include improved oral health education for the targeted population. Instrumental to this expanded scope of work are trained, oral health focused Community Health Workers (CHWs). A high school diploma or GED is required, and the CHWs receive training from a nationally vetted, 165-hour curriculum of the Texas AHEC East Coastal Region Community Health Worker Training. They also receive additional training specifically on oral health from the Central Massachusetts AHEC. Optimally, a CHW comes from the community it serves. The CHWs are deployed into the community to reach targeted, high risk groups. These include low income adults, seniors on limited incomes, and disabled adults. Allegany Health Right also employs one CHW, who has worked in the field for two years. Over the past 18 months, AHR's CHW has reached over 2,000 consumers and over 500 staffers from various agencies that work with the targeted population on oral health self-care as well as information on accessing available dental services. Individuals identified with an urgent dental need are referred to a Dental Case Manager at AHR for access to treatment.

MHA's CHWs were hired and trained by June 2015. To date, they have received 28 referrals regarding people in need of oral health care; helped 21 of those referred find treatment, and presented information to 1,071 people through their community outreach efforts.

In order to provide seamless oral health services to the targeted population and to simplify the process for providers, all billing for treatment in the MHA/AHR service area is funneled through AHR. AHR, in turn, bills MHA for services as needed. MHA, through its HRSA grant, has direct service dollars that may be used to pay for patient services not covered by Medicaid.

Justification of the Practice:

The region served by both MHA and AHR has very high poverty rates and very poor health indicators. According to County Health Rankings and Roadmaps (www.countyhealthrankings.org), a Robert Wood Johnson Foundation program that compares health outcomes and factors among communities, all five counties have similar profiles reflecting poor health practices and outcomes. Allegany, Garrett, and Bedford counties data all reflect 18% of their population as having poor or fair health, while in Washington and Mineral counties 15% of the population suffers poor or fair health. In addition, the adult obesity rate within the five-county MHA region ranges from a high of 35% in Mineral County to a

low of 28% in Allegany County. The rate of uninsured residents ranges from a high of 18% in Mineral County to a low of 11% in Allegany County.

Allegany County has particularly poor indicators regarding the status of oral health as compared to other Maryland jurisdictions. According to the *Maryland Behavioral Risk Assessment Survey 2008 Report*, Allegany County ranks first in complete tooth loss in the state and last in the percentage of people who have kept all their teeth. Sixty one percent of the people surveyed reported that they had never seen a dentist. Allegany County is tied with Caroline County as the top county in Maryland for number of residents who have not visited a dentist in five or more years. Allegany County is the highest ranked county in Maryland in total tooth loss with 10.3% of residents having all of their permanent teeth removed.

Oral health throughout the MHA region is similar to that of Allegany County.

MHA's five counties, either through their Federally Qualified Health Center partners or because of the low income numbers, have HPSA designations in Primary Care, Dental, and Behavioral Health.

County	Dental HSPA	Date Modified	Mental HSPA	Date Modified	Primary HSPA	Date Modified
Allegany	2	06/25/2014	17	07/02/2013	13	03/02/2012
Garrett	16	08/31/2011	12	07/22/2014	12	01/06/2012
Washington* (*Tri-State Community Health Center)	10	11/25/2003	11	11/25/2003	16	11/25/2003
Mineral	17	01/24/2012	16	08/23/2012	7	12/29/2013
Bedford	7	06/13/2011	14	05/21/2014	15	10/21/2013

The overall population of the MHA region is approximately 180,710 persons; over 13% of that population, or approximately 23,884 people, are under- or uninsured, low income adults. At the Mission of Mercy events held, 80% of participants reported household incomes below \$30,000. (The approximate average household income for the MHA region is \$40,000.) Sixty-two percent of MOM patients reported they did not have access to dental care because they lack insurance, or the cost of care is too high.

While access to health care overall is a concern, the primary health disparity that exists in the region is limited access to dental care due to the low socio economic status of much of the area's population. The region has an Appalachian culture characterized by a strong sense of community, a self-reliant attitude, and cultural norms that include a distrust of outsiders and formalized medical systems. Low education and literacy levels contribute to poor self-care, particularly in oral health. In addition, many low income residents are faced with barriers to accessing dental care due to lack of insurance. The Allegany County Health Planning Coalition, in its Local Health Action Plan, has consistently identified dental access as one of the greatest unmet health care needs in the county.

According to the CDC's Report, "Oral Health Status and Access to Oral Health Care for U.S. Adults Aged 18-64" published in 2012, adults with Medicaid were almost five times as likely as adults with private health insurance to have poor oral health, and adults with Medicaid were almost twice as likely as adults overall to not have had a dental visit in more than 5 years.

The impact of poor oral health on overall health is well documented. Neglected oral hygiene and dental treatment directly leads to medical conditions, such as systemic infections, and aggravates many existent medical conditions. For instance, inflammation present in periodontal disease has been linked to cardiovascular disease while oral infection may cause bacterial endocarditis in susceptible patients with cardiac defects. Poor oral hygiene can also place a person at risk for pulmonary infection and lung disease.

Inputs, Activities, Outputs and Outcomes of the Practice:

- Use of Community Health Worker to reach underserved populations and increase understanding of health issues, particularly oral health. Over the last year, the AHR CHW has

focused on disabled adults and low income seniors by providing presentations in the community and linking them to treatment resources.

- Another focus which includes MHA CHWs has been educating Head Start teachers and children on the importance of good oral health by utilizing the "Oral Health for Maryland's Kids, A Healthy Start Teacher's Guide for Creating Healthy Smiles" curriculum, 2012 National Maternal and Child Oral Health Resource Center, Georgetown University. Publication was made possible by funding from the Health Resources and Services Administration, Maternal and Child Health Bureau through grant numbers H47MC00048 and H47MC08649 curriculum.
- Through MHA partners, the Allegany County and Garrett County Health Department Dental Units, we are able to leverage treatment funds in a way that provides extensive dental care for very little cost. By paying a flat hourly rate of \$150, the MHA partners can get more treatment for more people. This rate results in about an 80% reduction in the actual cost of care.
- Through the AHR ED Diversion program, patients presenting with dental conditions are referred for access to dental treatment. This has resulted in a significant decrease of 25% from 2011 to 2014 per the Western Maryland Regional Medical Center, from primary ICD-9 coding.
- MHA is implementing a similar ED referral/deferral program in the larger MHA region. This program will encompass both Garrett and Mineral counties.
- Through the MHA ED program, the CHWs will assist those referred consumers in not only finding the dental care needed, but in altering lifestyle choices in order to improve oral health in the long term.
- The MHA staff is organizing CMEs on the benefits and importance of integrated health care delivery in order to increase oral health care screenings in primary care settings.

Budget Estimates and Formulas of the Practice:

The principal expenses for Allegany Health Right to maintain the program include:

- Personnel (salaries and benefits) - \$88,000 (includes .50 FTE Executive Director, 1.0 FTE Community Health Worker and .6FTE Dental Case Worker and fringe benefits at 10% of total salaries.)
- Other Expenses (Rent, utilities, travel, equipment and supplies) - \$14,920
- Total expenses: \$102,920 Misc. @ \$300 per year
- Program Specific Expense – this is payment to dentists, oral surgeons and the Allegany County Health Department for discounted treatment to patients referred by Allegany Health Right – total \$125,000 per year. It is anticipated this will increase to \$150,000 per year in future years.

Other Expense	Current Activity
Expenses	
Staff Salaries	\$80,000/yr.
Staff Benefits @ 10%	\$8,000/yr.
Office Space	\$10,200/yr.
Telephone	\$2,220/yr.
Supplies	\$2,000/yr.
Equipment	\$500/yr.
Travel	\$500/yr.
Misc.	\$300/yr.
Program Specific Expense	
Payments to dental providers	\$125,000/yr.

Mountain Health Alliance Budget:

Salaries & Fringe -\$181,151 (.20 FTE Project Director, 1 FTE Network Director, 1 FTE Workforce Chair, 2 FTE CHWs, .80 FTE support staff)

Other expenses - \$118,849 (travel, supplies, contracts, rent, utilities, communication, audit and direct services)

TOTAL: \$300,000

Lessons Learned and/or Plans for Improvement:

Under the original AHR ED Diversion program, consumers presenting at the ED with dental pain were given a list of dental resources to contact. However, recently the MHA approached the hospitals in Mineral and Garrett counties about creating a patient information release form that, when signed by the patient, would allow the ED to send the patient's contact information directly to MHA's Community

Health Workers. The CHWs then contact the patient directly. While new, it is hoped that this approach will increase the number of people actually receiving oral health treatment who sought assistance through the ED. AHR and Allegany County's hospital is considering adopting this approach.

Available Information Resources:

Hyperlink to the Community Health Worker brochure for providers
Training on Conducting Oral Health Exams in the Medical Setting:
<http://www.msda.com/files/ER%20Toolkit%20General.pdf>

SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

How has the practice demonstrated impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence, outcomes of the practice and/or evaluation results)?

- In two years, trained 78 primary care providers and 76 health professional students to perform oral health screenings during routine physical exams.
- Recruited and maintained approximately 15 dental providers as part of the network of providers offering services at greatly reduced rates.
- Three Community Health Worker (CHWs) students completed CHW training as well as specialized training in Oral Health Education.
- The CHW workers continue to work with underserved populations in the region.
- Approximately 3,592 people in the MHA region viewed presentations and received information on oral health care and dental treatment resources in the community between March 2014 and September 2015.
- Initiated an ongoing emergency department dental diversion program with the local hospital in Allegany County; similar program being implemented in Garrett County and Mineral County.
- Reduced by 25% the number of ED visits to Allegany County's hospital (Western Maryland Health System) for dental conditions from fiscal year 2013 to fiscal year 2014. This is the only jurisdiction in the state reporting this type of decrease in ED usage. Numbers for Garrett County's hospital and Mineral County's hospital will be forthcoming, as those programs are just beginning.
- Increased the number of low income adults receiving urgent dental treatment from 177 to 549 during the course of the AHR grant.
- Increased the number of dental treatment visits from 279 to 883 over the course of the AHR grant.
- Increased the value of dental care provided from \$162,691 to \$590,016 over the course of the AHR grant.
- Helped organize and participated in Mission of Mercy events that provided over \$2.4 million in dental care to area residents.
- Participated in a Department of Defense led Innovative Readiness Training, which provided free dental care to over 350 residents.
- AHR's Community Health Worker and MHA partner Allegany County Health Department provided focused outreach to underserved seniors in the MHA area offering oral health education and referral to dental treatment for 687 seniors and 152 staff serving seniors
- AHR's Community Health Worker provided focused outreach to low income disabled adults offering oral health education and referral to dental treatment to 646 disabled adults and 183 caregivers

- Western Maryland AHEC, via its MHA HRSA funding, has purchased a total of \$194,000 in dental equipment for placement in partner health departments and Federally Qualified Health Centers throughout the MHA region.

Efficiency

How has the practice demonstrated cost and resource efficiency where expenses are appropriate to benefits? How has the practice demonstrated realistic and reasonable staffing and time requirements? Provide unit cost analysis or cost-benefit analysis if appropriate.

At the Allegany and Garrett County Health Department Dental clinics, located within the respective Health Departments, AHR pays a low fixed hourly rate (\$150) for urgent dental services, reducing the regular rate by almost 80%. This has allowed more people to receive more services. This payment model has also proved attractive to other funders. MHA is currently recruiting private practitioners in Mineral, Garrett, and Washington counties at that same reduced rate to assist in seeing under- and uninsured low income patients. The chart below illustrates how services increased threefold over a 3 year period.

Dental Services History by Fiscal Year

	2014	2013	2012
Treatment Visits	883	536	279
Unique Patients	549	312	177
Cost of Services Provided	\$ 590,016.50	\$ 369,674.80	\$ 162,691.00
Amount Paid for Services	\$ 132,817.40	\$ 92,149.45	\$ 82,952.10
Amount Donated by Providers	\$ 457,780.10	\$ 277,043.35	\$ 79,378.90
% Donated	78%	75%	49%
Visits Per Client	1.6	1.7	1.6
Paid Per Visit	\$ 150.00	\$ 172.00	\$ 297.32
Paid Per Client	\$ 242.00	\$ 295.00	\$ 468.66
Value of Services Per Client	\$ 1,075.00	\$ 1,185.00	\$ 919.16
Value of Services Per Visit	\$ 668.00	\$ 690.00	\$ 583.12

Another important aspect of the project is the Emergency Department initiative. ED visits for dental conditions at the hospital in Allegany County declined 25%. Western Maryland is the only area of the state that has seen a decline in ED visits for dental conditions. Tracking ED visits and charges based on the most commonly presented outpatient dental ICD-9 codes will begin this year in Mineral and Garrett counties, as the MHA ED referral/deferral program is implemented in those community hospitals.

Demonstrated Sustainability

How has the practice showed sustainable benefits and/or how has the practice been sustainable within populations/communities and between states/territories? What mechanisms have been built into the practice to assure sustainability?

- **Collaboration Among MHA Partners** - One of the most important factors to the ongoing success of the program is the continued collaboration among MHA partners. The Mountain Health Alliance continues to be active in organizing and recruiting new partners as it works to sustain gains made and tackles new challenges.
- **Partnership with Allegany County and Garrett County Health Departments** - Another important collaboration that will continue is the partnership with the Allegany and Garrett County Health Department Dental Units. Through this collaboration, AHR pays a low fixed hourly rate (\$150) for urgent dental services, reducing the regular rate by almost 80%. This has allowed many more people to receive many more services. This payment model has proved attractive to new funders, as invested dollars have a greater

impact. A similar dental clinic is currently under construction at the Mineral County Health Department.

- **Collaboration with the Mineral County, WV Health Department**-Mountain Health Alliance has provided \$72,000 in dental equipment and assisted in obtaining funds for this health department to begin renovations on an existing dental clinic that has been inoperable for a number of years. This clinic should be operational within a year
- **Recruitment of private practitioners** – MHA continues to recruit private practitioners to help provide services for low income patients. Nine dentists have been recruited in the last six months in Mineral, Garrett, and Washington counties, with all but one agreeing to accept the \$150 per hour rate agreed to by the Health Departments.
- **Emergency Department Diversion Program** – Two partner hospitals and another that may join the MHA Network (the hospital in Mineral County) are changing the way they deliver care in the community due to overall changes in health care delivery and payment models. They are moving toward efficient, value driven care instead of volume driven care. ED use for dental conditions is decreasing because more adults in the community have access to urgent care through a dental provider- demonstrating the effectiveness of the efforts of MHA and AHR.
- **Community Health Workers** - The efforts of the CHWs will also continue. The expansion into oral health education and prevention has been a significant one for Allegany Health Right and other MHA partners. AHR's CHW has been able to integrate well into the community and coordinate with other CHWs in the area and with other MHA partners. There continues to be much need and demand for oral health education. MHA's two CHWs will continue to perform community outreach and direct consumer interaction in Mineral, Garrett, western Washington, and Bedford counties. Additional funders are interested in supporting the work of the CHWs, particularly in reaching out to underserved communities and populations that have little access to dental services.

MHA partners have been successful in attracting grant resources from public and private sources to increase access to adult oral health treatment for over eleven years. The unique structure of the program utilizes existing community resources and leverages treatment funds fourfold so that grant dollars can be stretched and have an increased impact in providing much needed oral health education and treatment to the community.

Over the past six years, the program has expanded in both scope and capacity. Allegany Health Right secures approximately \$600,000 worth of urgent dental care for needy adults with approximately \$125,000 in grant funding per year. Many stakeholders are committed to improving access to oral health for adults who do not have access to routine and urgent dental care. The MHA is a direct result of the desire of numerous agencies, health care providers, and educational facilities to broaden access to health care.

Recognition of the practitioners participating in providing patient care has come through awards provided two practitioners by the Maryland Rural Health Association, and through the WMAHEC annual banquet and awards program, which recognizes individual providers each year. Awarded practitioners are featured in press releases shared with local and state media outlets. AHR provides plaques to practitioners in recognition of their service.

This commitment to improved oral health as a community health priority is reflected in Allegany County's Health Planning Coalition's stated priorities and action plan. Several agencies, such as the Western Maryland Area Health Education Center, County United Way, the Western Maryland Health System and the Allegany County Health Department, have long term commitments to secure and dedicate resources toward this effort.

Collaboration/Integration

How has the practice built effective partnerships/collaborations among various organizations and integrated oral health with other health projects and issues? What are the traditional, non-traditional, public and private partnerships/collaborations established by the practice for integration, effectiveness, efficiency and sustainability?

The grant-funded programs have allowed a number of agencies to partner in order to reach more consumers with more services. MHA partners, as well as additional agencies, participate in providing services, essentially creating a forum to develop and sustain activities. While most of the MHA partners knew one another and worked together in the past, these partnerships deepened as a result of the HRSA grant. The HRSA funding provided the flexibility to try new models of

collaboration. This has given the MHA partners the confidence to continue collaborating in ways that maximize the benefit to the community. The community is currently engaged in a long term plan to break multi-generational poverty utilizing a "Bridges Out of Poverty" approach, locally adapted to the community's unique characteristics. Many of the MHA partners are participating in this initiative. The dental providers participating in this program have also adapted their billing practices to accommodate low income individuals, and more providers are accepting Medicaid covered adults in their private practices. The MHA partners continue to advocate for increased adult dental benefits at the state level.

Objectives/Rationale

How has the practice addressed HP 2020 objectives, met the National Call to Action to Promote Oral Health, and/or built basic infrastructure and capacity for state/territorial/community oral health programs?

The effort to recruit practitioners is an integral part of the mission of the Mountain Health Alliance. Those efforts include working with the hospitals that are Network partners to increase and/or create student rotations from regional dental schools. MHA is also working to create a rural health care curriculum requirement for students at those same facilities. There is also a program within the Western Maryland Area Health Education Center that works to create homegrown health care providers by exposing area high school students to health care occupations. This program provides area students with hands-on experience in a number of health care professions.

Exploring Careers in Health Occupations (ECHO) is the only residential health occupation program available to students in the AHR and MHA Region. Activities include visiting a variety of health profession schools that expose students to cadaver labs, patient interaction simulators, and teaching hospitals. In addition, they visit regional health care providers, including rehabilitative facilities and FQHCs. The ECHO summer program provides rising 10th through 12th graders hands-on experiences while exploring a wide variety of health careers in order to nurture an interest in becoming health professionals who may choose to practice in rural areas.