



NATIONAL NETWORK FOR ORAL HEALTH ACCESS QUARTERLY NEWSLETTER

SUMMER 2011

Volume 4, Issue 3

Inside this issue:

EBD	2
Dental PBRN Blood Glucose Study #15	4
NH Workforce Pipeline	5
Characteristics of a Quality Dental Pro-	6
Planning Health Center Facilities	7
Member Spotlight	8
Literature Reviews	10
Annual Conference	14

THANK YOU: Dr. John McFarland, Dr. Dennis Lewis, Dr. Sonia K. Makhija, Stephanie Pagliuca, Dr. Irene Hilton, Allison Coleman, Dr. Elaine Myers, Ana Zorrilla, Dr. Huong Le, and Jennifer Hein for contributing articles or information.

EDITORIAL BOARD: Dan Brody, Ellen Gould, Lisa Jacob, Dennis Lewis, Amos Deinard, Neal Demby, Irene Hilton, Colleen Lampron, and Mitsuko Ikeda (Editor).

If you have a **suggestion for articles or authors** to include in future newsletters, please contact Mitsuko Ikeda at mitsuko@nnoha.org.

Celebrating 20 Years of NNOHA: An Interview with the President

Mitsuko Ikeda
NNOHA Project Coordinator

At the 2011 National Primary Oral Health Conference, we will be celebrating the 20th anniversary of NNOHA's founding. NNOHA was established in December 1991 by a group of passionate oral health providers who were concerned about the future of oral health access. In addition, this year's conference will be historic as NNOHA's Founding President Dr. John McFarland will pass the baton to a new president after 20 years of his leadership. On this occasion, NNOHA interviewed Dr. McFarland to hear his perspective on NNOHA's development.

Q: How was NNOHA formed?

In the late 1980's and early 1990s, many of us were very alarmed at the number of Health Center dental programs that were disappearing. In the course of a few short years, we dropped from around 250 to about 175 programs across the country. Seventy-five dental programs, probably more, that were providing valuable services to

those in need were gone like tumbleweeds in a wind storm. We were discouraged; there was a general lack of concern around oral health and a lack of commitment to including dental services as part of



NNOHA Founders, 1991, Washington, D.C.

primary care within Community Health Centers. Oral health was a 'tag-on,' not a priority. We said, "Something has to be done!"

Q: What are the highlights of your experience with NNOHA?

The highlight of my career was in the early days of the Bush Administrations' push for development of Health Centers.

(Continued on Page 2)

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



Dr. McFarland and NNOHA Executive Director, Colleen Lampron

“NNOHA has an important mission to improve oral health access, and I have met the most wonderful people in my life through the work with this group.”

Celebrating 20 Years of NNOHA

(Continued from Page 1)

Rumor has it, in 2001 there was a meeting where the Assistant Bureau Director said they should include dental services in the ‘new starts’ and Dick Bohrer, former director of the Community Health Program at Public Health Service, replied, “Yeah, we should; then we can get McFarland off our tail.”

Q: This is your last year as NNOHA’s President. What would you like to share with our membership?

NNOHA has a history of being run on volunteer energy, passion for our work, and being run out of the hip-pockets of those willing to open their wallets. For most of the last decade, we really just tried to hold on until we could build up the resources to hire an Executive Director. The best thing that has happened to NNOHA was the day we were able to hire Colleen Lampron; she has been able to tighten the focus of our Board and help bring us to the next level. She has given us momentum. Thank you so much, Colleen.

Today, NNOHA is a nationwide network of more than 1,600 safety-net oral health providers and their supporters. Our organization provides invaluable support and resources, ranging from advocacy and technical assistance to National Primary Oral Health Conference and one-on-one consultation, to the membership.

NNOHA has an important mission to improve oral health access, and I have met the most wonderful people in my life through the work with this group. Although I will certainly miss being part of NNOHA’s leadership, I feel very encouraged about the future of oral health, for this network, and for the health of our patients. I wish NNOHA many more years of success! ■■



NNOHA Board of Directors, October 2010

EBD: Appraise Evidence Critically

Dennis Lewis, DDS dlewis@dentalaid.org
Executive Director, Dental Aid Inc. and
NNOHA EBD Champions Committee Chair

I have been hearing the same word repeated in several of the conversations I have had recently. I doubt it will become the new word the way leverage, or collaboration has, but the word keeps coming up. In our organization, we are trying to create an accurate cash flow model we can use for forecasting. It is to be an *iterative* process (A process for arriving at a decision or a desired result by repeating rounds of analysis or a cycle of operations.) as we move forward and re-evaluate our assumptions every month. If through this *iterative* process we find our assumptions were not valid, we change them and the process repeats itself as our forecasting becomes increasingly accu-

rate. I have heard “iterative” at least ten times this last week.

I was thinking I seldom, if ever, use an iterative process in my clinical practice of dentistry. When I find something that works for me, or in some cases what works for the people I work with, I stick with it. I don’t change and I don’t reevaluate. My practice isn’t iterative.

Recently, we are hearing more and more about Evidence-Based Dentistry (EBD). The process of being willing to ask questions, research the question, accept the answer, apply the answer and then re-evaluate, is at the core of EBD. In order to apply the evidence to our practices, we need to learn to appraise evidence critically.

(Continued on Page 3)

This can be done by starting with three questions:

1. What is the level of the evidence? Is it a systematic or a narrative review?
2. When was the evidence generated? Is the evidence current?
3. Is the evidence useful? Is it valid, important to my practice and applicable?

To get any evidence that is potentially useful to our practice, we need to make a reasonable internet or PubMed query. We have to ask an answerable question. The following is an example I learned in Boston at the Forsythe Institute EBD training in 2010. Here, I have changed it slightly to fit my situation. I often recommend fluoridated toothpastes. I practice in Boulder, Colorado. In Boulder, if it is not perceived or believed to be organic, it must not come near the body let alone put in the mouth. I am often asked, "I am opposed to fluoride, does fluoridated toothpaste really work?" I want to say, "Of course!" and I would like to add something like, "you, silly person." In seriousness, the patient asked the question with sincerity and my answer should be supported by science. The answer should be based, not on what I was taught a long time ago and still believe, but because the research says it works.

Dr. Richard Niederman of the Forsyth Institute poses the question for an internet search using a PICO (Problem, Intervention, Comparison, and Outcome) format as follows: *"In children from fluoridated communities with caries (P) would using fluoridated toothpaste (I) when compared to non-fluoridated (C) reduce the incidence*

of caries (O)?

This question revealed 70 studies involving a total of 42,300 children. The studies show caries reduction of 25%. The benefits of fluoridated toothpaste increase as the caries rate increases and the benefit was not influenced by water fluoridation. I now have evidence to tell the mother in Boulder, Colorado, to please use fluoridated toothpaste, it is safe and does help. It is no longer just my word against the overwhelming popular opinion in my practice area.

In order to apply EBD, you have to be willing to ask a question even if it means risking what you have always assumed to be true. If it turns out some of your assumptions have been wrong would you be willing to change? We all face questions. Here are just a few. Does the mid-level dental provider model improve oral health? Are school based dental programs effective at lowering the caries rates in the school? What evidence exists to support the tooth choice and retention of sealants placed in schools? Is there a difference in caries reduction when a child receives 4 fluoride varnish applications over 2 or 3 applications per year?

Here is the challenge for you: Try to write a PICO question on a topic you want an answer to. Try one of the questions I posed if you don't have one of your own. We need to be willing to assess the data. We need to be willing to make changes when it may result in improvement. Then after we implement the change the assessment needs to be iterative ■■



If you are previously trained in EBD and attending the 2011 NPOHC, please contact Mitsuko Ikeda, NNOHA Project Coordinator, at mitsuko@nnoha.org. There will be a hands-on EBD training and we are looking for volunteers to support the session.

Dental PBRN Blood Glucose Study #15 has a Major Impact on a Study Participant

Sonia K. Makhija, DDS MPH,
smakhija@uab.edu

DPBRN Director of Communications

Dr. Gary Lease and his staff from the South Lake Community Health Center Dental Clinic in Groveland, Florida participated recently in the DPBRN Study #15 entitled 'Blood Glucose Testing in

Dental Practice'. The Health Center serves four counties and draws patients from four additional counties. The population served is rural, including underserved lower income patients and migrant workers, as well as full-fee patients.

(Continued on Page 4)

Dental PBRN Blood Glucose Study

(Continued from Page 3)



Dr. Lease and his team.

Dr. Lease, a member of the National Network for Oral Health Access, has participated in several DPBRN studies, and was glad to learn about the study that sought to determine the feasibility of doing random blood glucose screening for dental patients at risk for abnormal readings.

The specific goals of this study were to quantify the percentage of DPBRN patients who meet the American Diabetes Association screening criteria, describe the characteristics of these patients, determine the acceptability of conducting blood glucose testing in the dental office, and identify barriers to regular screening, as reported by DPBRN patients and practices.

Results from the study were recently presented at the International Association for Dental Research (<http://www.IADR.com>) annual meeting in March 2011. Blood glucose screening in dental practice was found to be feasible and was viewed positively by participating clinics and their patients. Additionally, the study had a particularly important impact for one of Dr. Lease's patients. This patient was being seen for a routine prophylaxis appointment and agreed to participate in the study. The initial blood glucose reading was very high (465 mg/dl; normal random value is 80-120 mg/dl) and stayed high when the test was repeated. Dr. Lease asked the patient whether he or his family had a history of diabetes, but the patient was unaware of any problem. At that point, the study protocol required Dr. Lease to refer the patient to a physician. As the dental clinic is associated with a medical clinic, the dental staff immediately called to see if they could have the patient seen by a medical provider. Because of the extremely high reading, the medical clinic advised that the patient should go immediately to the emergency room.

The patient instead reported very soon after the dental visit to a medical clinic. At that time, he was diagnosed with diabetes for the first time and is now under the care of a physician. Although he said he felt fine at the initial study visit, he realized after the diabetes diagnosis that he had been having some health problems. The patient is now on medication for diabetes and he stated that he is being more careful with his diet, both of which have improved his overall health. Today, the patient feels lucky that he participated in the study and said "I am happy I had the testing; if not for the test (study) I would still not know [that I was diabetic]. I had a problem with my eyesight, my eyes hurt, and that is better. I am so glad that I was able to be part of



the test and I am very thankful."

The Community Health Center Dental Clinic at South Lake identified a number of patients enrolled in the study with elevated readings who also were unaware of the problem. Dr. Lease sees the "test as a benefit to the overall health of the patient, treating the whole patient, not just their oral condition. A poorly controlled diabetic can be expected to respond differently than a well-controlled one, in terms of healing and tissue response." With the clinic serving a population which seems to have more periodontal disease, Dr. Lease says he is now "more inclined to suggest medical follow-up if a person comes in with severe periodontal disease. I ask if they have a family history or have been tested for diabetes. The blood glucose testing by finger stick is an efficient and easy tool and I hope in the future our profession is able to incorporate it into daily clinical practice." ■■

**“ I am happy
I had the testing;
if not for the test I
would still not know. I
had a problem with
my eyesight, my eyes
hurt, and that is
better. I am so glad
that I was able to be
part of the test and I
am very thankful.”**

- Study participant

Building a Workforce Pipeline on the Enthusiasm of New Hampshire Dentists

Volume 4, Issue 3

Stephanie Pagliuca, Director of the NH/VT Recruitment Center, A service of Bi-State Primary Care Association

In 2003, New Hampshire was just another state without a dental school or a dental residency program and no strategy in place to recruit its next generation of dentists. Although the state still doesn't have its own dental school or residency program, it has come a long way toward building the pipeline for recruiting dentists, especially to areas of the state where their services are most needed.

New Hampshire's dentist pipeline and recruiting efforts have been organized through the NH/VT Recruitment Center, a service of Bi-State Primary Care Association (Bi-State). Bi-State is a nonprofit 501(c)(3) charitable organization working to improve access to health care services for people in NH and VT. The Recruitment Center has attracted more than 230 individuals to New Hampshire since its inception in 1994, including 28 dentists. The majority of these individuals have been recruited to practice in rural and federally designated underserved areas of the state, consistent with the Recruitment Center's mission.

One of the most unique aspects of the pipeline is how NH dentists are engaged in the recruitment process. The Dentist Ambassador Program was established in 2005 to channel the passion and enthusiasm of the dentists who already practiced in New Hampshire. Dentists who serve as ambassadors practice in either safety net or private practices located throughout NH. The ambassadors volunteer as panelists at presentations to dental students in the region that are organized by the Recruitment Center. Ambassadors share their lessons learned related to finding the right practice and relocation as well as their experiences practicing in NH.

After the presentations, ambassadors may host prospective recruits at their practices to allow young dentists to see first-hand what it is like to practice in New Hampshire. These interactions help someone who is considering relocation to NH make decisions about where they will practice and who they will affiliate with once in the state.

Dr. Whitney Goode is a great example of how NH's pipeline and recruitment efforts have come together. Dr. Goode met representatives from the Recruitment Center and a few dentist ambassadors when she attended a presentation given at her dental school. As the daughter of a dentist in the mid-west, Dr. Goode was familiar with how private practice worked but she

was interested in learning more about dentistry in NH and the role of the public health dental clinics. The Recruitment Center organized a visit to NH for Dr. Goode so she could meet with ambassadors and tour some of the public health dental clinics in the state. Shortly after her visit, Dr. Goode decided that she was very interested in practicing in New Hampshire.

The Recruitment Center stayed in touch with Dr. Goode and in 2007 introduced her to the Executive Director of Goodwin Community Health in Somersworth, NH. Goodwin Community Health is a Federally Qualified Community Health Center that offers comprehensive dental services to their patients. Within a few months Dr. Goode joined Goodwin Community Health as an associate. Today, Dr. Goode is the Dental Director for the practice. Shortly after getting settled in NH, Dr. Goode's excitement to share her experiences about practicing in NH with other young dentists led her to sign on as a dental ambassador.



Dental Care Service at the Goodwin Community Health

Although Bi-State has the infrastructure in place for recruiting health professionals there was still a lot of work to be done to establish the pipeline for recruiting dentists. Bi-State has worked closely with many organizations to bring the dentist pipeline from concept to reality. The organizations include the NH Dental Society, the NH Department of Health and Human Services Office of Medicaid Business and Policy, Northeast Delta Dental Foundation, the Endowment for Health, Tufts University School of Dental Medicine, Brigham and Women's General Practice Residency and others.

(Continued on page 6)

Building a Workforce Pipeline

(Continued from page 5)



Representatives from New Hampshire Community Health Centers meet with Kneka Smith, Associate Dean for Planning for the University of New England's new College of Dental Medicine

Most recently, Bi-State has been working with the University of New England in Portland, ME which is scheduled to open a new dental school in 2013 that will serve as the

dental school for NH, VT, and ME. The dental school at the University of New England will be another feeder into New Hampshire's dentist pipeline.

For more information about The Recruitment Center, please contact Stephanie Pagliuca, Director of the Recruitment Center, at: (603) 228-2830 Ext. 111 or spagliuca@bistatepca.org. ■■

Editor's Note: While the initiative has focused in New Hampshire, we are sharing this program as a model for other states to consider. Although Health Centers and safety-net dental programs are the primary source of oral health care for the underserved population, some dentists in private practice accept Medicaid patients and serve in volunteer roles in the safety net. Strengthening relationships between dentists in private practice and dentists working in Health Center and safety-net practices supports access to oral health care for all.

PRACTICE MANAGEMENT

NEW! Fact Sheet- Characteristics of a Quality Oral Health/Dental Program

Irene Hilton, DDS, MPH
NNOHA Dental Consultant

Over the years, Health Center dental directors, dental staff, executive directors and others have asked: "What makes a good dental program?" As part of NNOHA's cooperative agreement with HRSA, this question has been answered with the development of the **"Characteristics of a Quality Oral Health/Dental Program"** fact sheet.

The fact sheet can be used as both a self-assessment and a planning tool. Dental programs can assess how many of the characteristics the program currently possesses and examine if the characteristics that are not present are of value and create action plans to develop them. While every successful dental program does not necessarily possess each of the characteristics listed, quality programs do exhibit most of these criteria.

How were the characteristics identified? The NNOHA Practice Management (PM) Committee was the facilitator of the process. Members of the Committee have almost 150 years of combined experience

in Health Center and dental program management! The PM committee brainstormed a list of characteristics of successful dental programs, which was augmented by more criteria derived from reviewing each of NNOHA's *Health Center Dental Operations Manual* chapters and the publication, *The Good Practice* by Safety Net Solutions. This process resulted in an initial listing of more than 20 characteristics.

To reduce down to the top characteristics, the PM Committee went through the process of ranking all the criteria by having each member select the top 5 **most** important and 5 **least** important characteristics for a successful program. There was high congruence between those characteristics scoring low in importance and high in lack of importance and vice-versa, validating the selection method. The results of the process are found in the fact sheet. NNOHA hopes that every Health Center dental program will review and use the fact sheet as an opportunity for improvement.

To download the fact sheet, visit: <http://www.nnoha.org/generalpage.html>. ■■



Planning Health Center Facilities to Support a Growing Need

Volume 4, Issue 3



Allison Coleman, MBA,
Chief Executive Officer, Capital Link

Health Centers nationally now serve 20 million patients, but are expected as a result of health reform to serve 40 million over the next five years. This growth will require Health Centers to expand their capacity for all core services, responding to the medical, dental and behavioral health needs of their communi-

ties. One method of providing dental care is to develop referral networks with local dentists. However, if the community capacity is not great enough to accommodate the Health Center's patients, many choose to incorporate dental into their on-site services.

More and more Health Centers that were designed for medical services only are struggling with expansion or adaptation of spaces to accommodate the requirements for providing dental care within their facility. Health Centers cannot afford and/or provide staff time to identify and develop the resources to plan, finance and build a facility that will accommodate their diverse patient needs today, and in the future.

In general, Health Centers face challenges in four areas: (1) obtaining access to affordable, high-quality capital development expertise; (2) raising grant or "equity" resources for a project; (3) obtaining debt financing and (4) a lack of understanding of the Health Center business model among lenders that impedes access to capital.

Recognizing that Health Centers needed help overcoming the challenges they face in developing facility projects, Capital Link was established in 1998 as a joint effort of the National Association of Community Health Centers (NACHC), several state-based Primary Care Associations (PCAs), the Community Health Center Capital Fund and the Bureau of Primary Health Care.

Capital Link is a national nonprofit organization dedicated to assisting Health Centers in planning and obtaining financing for building and equipment (capital) projects. Through a contract with the Bureau of Primary Health Care, some of the services Capital Link provides for federally-funded centers in the early stages of the capital development process are offered without charge or at a reduced cost. Capital Link offers a range of capital-related technical assistance and lending services to centers offering medical, dental and enabling services, tailored according to need. These include:

Pre-Development Planning to Help Health Centers Determine their Needs. Preliminary Feasibility Analysis; Market Assessments; Program, Operation and Facility Planning

Financing Assistance Services to Communicate the Merits of the Project to Funders. Financial Forecasting; Finance Packaging; Term Sheet Comparisons; Lender Negotiations; Assistance through Closing

Loan and Guarantee Programs to Encourage Investment in Health Centers. Capital Link developed and manages the following lending programs:

- Tax-Exempt Bond Program for Health Centers in Massachusetts
- Gulf Opportunity Zone New Markets Tax Credit (NMTC) Program
- National Loan Fund
- Health center loan underwriting for third party lenders

Impact/ Performance Monitoring and Planning: Capital Link developed and maintains the largest database of Health Center audited financial information nationally. Services include strategic capital development planning, capital needs assessments of the Health Center industry, analyses of the economic impacts of capital projects on communities, financial trends analyses and market work-force assessments.

Policy Development and Support: Capital Link works closely with the National Association of Community Health Centers and state-based Primary Care Associations to advance Health Center capital policy at the federal and state levels. In this capacity, Capital Link was instrumental in providing the data and rationale to support Health Centers' successful efforts to obtain \$3 billion in capital funding from the federal government (through American Recovery and Reinvestment Act (ARRA) and the Affordable Care Act (ACA)) and \$341 million in state and foundation funding to support state-based capital development efforts for Health Centers. Putting together the pieces of a successful capital project takes time, money, expertise and a highly-developed vision for the Health Center's future.

(Continued on Page 10)

Unity Health Care, Inc.

Mitsuko Ikeda
NNOHA Project Coordinator

During this year's National Primary Oral Health Conference, NNOHA will be touring Congress Heights Health Center, one of the clinics of the Unity Health Care, Inc. (Unity), on Monday, October 24th. For this issue, NNOHA interviewed Dr. Elaine Myers, Dental Director of Unity. Unity offers a continuum of medical care and human services to homeless and medically underserved people in the District of Columbia, and the Health Center is celebrating the 25th anniversary of its founding this year.

Q: Tell us about your Health Center and challenges you face.

Unity was founded in 1985 as Health Care for the Homeless Project (HCHP) providing primary health care services to homeless individuals and families that resided in local emergency shelters or on the streets of

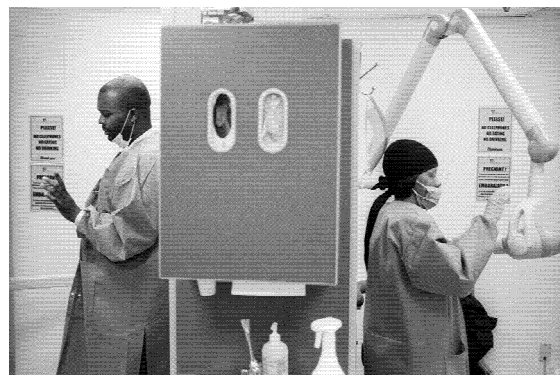


the District of Columbia. In 1996, the organization expanded when it became the Federal government's emergency grantee for the Community Health Center Programs, which expanded our patient base to include the

underserved, uninsured and working poor residents of the city. Today, Unity has a network of 29 Health Centers and a mobile medical outreach vehicle. The majority of the population in our community are African Americans, low income and uninsured. Our challenge is that we have a very high patient demand, yet we do not have enough providers.

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

Despite our challenges, we are meeting the needs of the local community. Congress Heights has been called "the center of excellence" because of the outreach to the community & productivity through health fairs and a high school-based dental clinic.



Q: How do you interface with the medical department?

We have monthly provider/staff meetings, where we can interact with the medical department. We are also utilizing eClinicalWorks to share medical records across the departments.

Q: What do you "know now that you wish you knew then?" or what advice would you give to a new HC Dental Director?

I did not realize how far removed corporate staff and medical department were from the aspects of day-to-day operation of a dental clinic. Advice: to not be discouraged but to continue to work with them to understand the day to day operations and procedures in a dental clinic.

Q: What would you like the decision makers in DC to know about Health Center dental programs? What is your wish list?

Dental care is just as important as medical. Dentists provide dental care that medical providers are not able to. We wish that more dental providers and facilities will accept the DC dental insurance with the recent expansion of covered dental services and enhanced reimbursement. ■ ■

Do you have a good story to share? In the Member Spotlight section, we interview NNOHA members about their Health Centers and their work. If you have any comments or suggestions, or would like to volunteer to be featured in a future newsletter, please contact Mitsuko Ikeda at mitsuko@nnoha.org.



Find NNOHA on social media!





Congratulations to...

Allen Patterson, NNOHA Board Member, who was selected for the 2011 **Jeffrey T. Latman Leadership in Health Care Finance Award**. This award is presented to an individual who serves in a senior level finance position and whose work best exemplifies excellence, leadership, and integrity in strengthening health center fiscal operations. The award will be presented at the NACHC CHI August 26 – 30, 2011. ■■

Farewell

Terry Hobbs, former NNOHA Project Director, moved on from NNOHA effective May 31, 2011. She has been an integral part of the growth of NNOHA over the past three years, spearheading many committee activities and developing NNOHA's resources.

Thank you, Terry, for all your contributions – you are certainly missed! ■■



Did You NNOHA?

New Resources Available:

- NNOHA recently released a new chapter of the *Operations Manual for Health Center Oral Health Programs*: **"Health Center Financials."** To download the PDF file of the chapter or purchase printed copies, visit: <http://www.nnoha.org/practicemanagement/manual.html>
- NNOHA issued a summary document of its discussion on the current efforts to develop and implement **diagnostic codes** for oral health programs and next steps identified through discussion with the partners. Click here to download the handout: <http://www.nnoha.org/generalpage.html>

...

Community Water Fluoridation Policy Statement: NNOHA Board of Directors approved the policy statement on community water fluoridation in August 2011: <http://bit.ly/nnoha-fluoride>

...

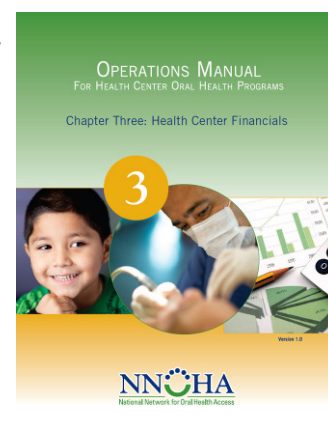
NNOHA & Ad Council Collaborate to Improve Children's Oral Health: NNOHA is proud to partner with the Ad Council and distinguished members of the Partnership for Healthy Mouths, Healthy Lives coalition on this three-year oral health literacy campaign. Click here to read the press release: <http://bit.ly/adcouncil>

...

NNOHA Outstanding Contribution Awards: Each year at the National Primary Oral Health Conference, NNOHA presents awards to those individuals or organizations that have made significant contributions to high-quality oral health care for underserved populations. Submit your nominations by September 6, 2011: <http://bit.ly/2011npohc-awards>

...

New IOM Report on Access to Oral Health: On July 13, 2011, the Institute of Medicine (IOM) issued a report titled "Improving Access to Oral Health Care for Vulnerable and Underserved Populations." This report assesses the current oral health care system, develops a vision for how to improve oral health care for vulnerable and underserved populations, and recommends ways to achieve this vision. To read the full report, visit: <http://bit.ly/o0GdpR> ■■



Have you used "NNOHA Forums," a message board for the NNOHA members. The purpose of the Forums is to facilitate discussion among the NNOHA members and allow them to ask questions on various topics to their peers and NNOHA staff. Sign up today at: <http://www.nnoha.org/forums.html>

**Membership
Services**

Literature Reviews

Members of NNOHA's Membership Services Committee volunteer their time to review articles and studies that may be valuable to safety-net oral health programs. Two reviews are listed below. Visit <http://www.nnoha.org/litreview.html> to see all of the reviews and links to the articles. Please note that some of the full articles may require subscriptions or payment to view.

If you have any suggestions, or if you are interested in being involved in the Membership Services Committee, contact info@nnoha.org.



Topical fluoride as a cause of dental fluorosis in children

Wong MCM, Glenny AM, Tsang BWK, Lo ECM, Worthington HV, Marinho VCC

Strong evidence exists to support the use of toothpaste containing fluoride can prevent dental caries in both adults and children. Twenty-five studies were reviewed to determine the significance and prevalence of fluorosis or tooth mottling of the permanent teeth due to swallowing when toothpaste with fluoride was utilized on young children with developing teeth. The review showed the risk of fluorosis is much higher and more common when the fluoride in the toothpaste was equal to or higher than 1000ppm. The higher risk and prevalence of change in the permanent teeth was also related to when the toothpaste was first used. Higher fluorosis occurred when the toothpaste was utilized prior to 12 months and it dramatically reduced if the toothpaste was introduced after 24 months. The evidence supporting the increased association of mottling with use prior to 12 months is weak and unreliable. The studies had no definitive data related to the amount of toothpaste being used on the brush. They failed to quantify a pea-sized amount, or a rice-sized amount of toothpaste with the presence or absence of fluorosis. The frequency of brushing was not a factor in the development of fluorosis. The participants in all of the selected studies brushed a minimum of once per day, but the frequency over 7 times per week was not accounted for in most of the studies. The authors concluded in children considered to be at high risk for tooth decay the benefit to health of preventing decay may outweigh the risk of fluorosis. This article is important to any dentist working with populations at high risk for dental caries. It is a helpful article in determining when the benefit is worth the risk.

The Cochrane Collaboration, *The Cochrane Library*, 2010 Issue 6

<http://www.ncbi.nlm.nih.gov/pubmed/20091645>

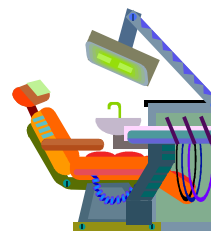


Photo credit: winmond

Planning Health Center Facilities

(Continued from page 7)

With creative planning, Health Centers can succeed in developing facility projects that will enable them to serve their growing patient base. For more information on the programs and opportunities identified in this article, call (636) 233-3082. A variety of resources, including free publications to assist Health Centers in accomplishing specific tasks related to the capital development process, can be found at Capital Link's website at www.caplink.org. ■■



In June, Capital Link sponsored a webinar, **"It's All in the Numbers: Financial Planning and Financing For Your Dental Expansion."** To view the archived presentation, visit: <http://bit.ly/nnohawebinar>

Upcoming Conferences & Events

Volume 4, Issue 3

AUGUST 2011

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

SEPTEMBER 2011

- **ADA/Forsyth Course on Evidence-Based Dentistry** will take place September 19-23, 2011, at the Forsyth Institute in Cambridge, MA. Visit <http://www.ada.org/forsythcourse.aspx> for more details.
- The annual **National Rural Recruitment and Retention Network (3RNet)** conference and membership meeting will take place in Austin Texas, September 21-23, 2011. For more information, visit <http://www.3rnet.org/>

OCTOBER 2011

- The **2011 American Dental Association Annual Session** will take place October 10-13, 2011, in Las Vegas, NV. Visit <http://www.ada.org/session/> for details.
- The **Idaho Oral Health Alliance (IOHA)** is hosting a meeting, "Including Oral Health in the Patient Centered Medical Home," on October 14, 2011 in Boise, ID. For more information, visit: <http://www.idahooralhealth.org/>
- **AAP National Conference & Exhibition** will take place October 15-18, 2011, at the Boston Convention & Exhibition Center, Boston MA. For more information, visit <http://www.aapexperience.org>
- The **2011 National Primary Oral Health Conference** will be October 23-26, 2011, at the Gaylord National in National Harbor, MD (Near Washington, D.C.). Registration is available at: <http://www.nnoha.org/conference/npohc.html>.
- The Institute for Oral Health's **2011 IOH National Conference**, "Oral Health in Healthcare Reform," will take place October 27 & 28, 2011 in Sofitel Hotel Water Tower in Chicago, IL. Visit www.IOHWA.org for details.
- **APHA Annual Meeting & Exposition** will take place October 29-November 2, 2011 in Washington, DC. For more information, visit <http://www.apha.org/meetings>.

NOVEMBER 2011

- The **Hispanic Dental Association (HDA) Annual Meeting** will take place November 3-5, 2011 at the Mission Bay Hilton Resort & Spa, San Diego, CA. For more information, visit <http://www.hdassoc.org/>.

FEBRUARY 2012

- The **2012 Association of Maternal & Child Health Programs (AMCHP) Annual Conference** will convene February 11-14, 2012 at the Omni Shoreham Hotel in Washington, D.C. Check back at <http://www.amchp.org/EVENTS/AMCHP-CONFERENCE/Pages/default.aspx> for further information.

MARCH 2012

- The **2012 American Academy of Dental Practice Administration (AADPA) Annual Meeting**, "The Best of the Best" will take place, March 7-10, 2012, in Scottsdale, AZ. For more information, visit <http://www.aadpa.org/>.
- The **2012 American Dental Education Association (ADEA) Annual Session & Exhibition** will take place March 17-21, 2012, in Orlando, FL. For more information visit: <http://www.adea.org/2012ANNUALSESSION/Pages/default.aspx>.



Member Recognition

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

ORGANIZATIONAL MEMBERS

- Association of State and Territorial Dental Directors (ASTDD)-Christine Wood
- Bi-State Primary Care Association-Claire Hodgeman
- Blackstone Valley Community Health Care, Inc.-Lalita Bhattacharya, DMD
- Comprehensive Community Health Centers-Robert Seward
- Council Bluff Community Health Center-Kudzai Chikwava, DDS
- Heart of Texas Community Health Center, Inc.-Allen Patterson
- Interior Community Health Center-Heather Willis, DDS
- LA CLINICA DE LOS CAMPESINOS, INC.DBA FAMILY HLTH & DENT CTR-Ted Kay, CEO
- Lake Superior Community Health Center-Kathy Miller
- Lincoln Primary Care Center-Kimberly Estep, MS, MBA
- Missouri Primary Care Association-Joseph Pierle
- MMD Systems, Inc.-Scott McLaughlin
- Native American Health Center, Inc.-Eulalia Valerio
- North County Health Services-Michelle Gonzales
- Optimus Health Care, Inc.-Ludwig Spinelli
- Presbyterian Medical Services
- Puget Sound Neighborhood Health Centers-Mark Seccord
- St. Francis House NWA, Inc.
- Valley Family Health Care, Inc. – Payette-Marni Hansill, D.D.S.
- Visiting Nurse Association of Central Jersey Community Health Center, Inc.-Gary Linington, M.D.
- Whatley Health Services, Inc.-Deborah Tucker
- Yakima Valley Farm Workers Clinic-Mark Koday, D.D.S.

INDIVIDUAL MEMBERS

NNOHA currently has over 1,600 members. The following people have initiated or renewed their NNOHA membership between April 15, 2011 and July 15, 2011, and we recognize them for their commitment.

Holly Bartman, Hayley Beaudette, Dori Bingham, Rudy Blea, Jessica Brewster, James Cannava, Howard Chapman, Jr., Miguel Cintron Bermudez, Lorelei Claiborne, Benjamin Connor, Becky Demers, Robert Dennison, Gerald Dismar, Jeremy Draper, David F. Drohan, Martha Engel, Judith Feinstein, Emanuel Finn, Alyssa Franzen, Harry Goodman, Dee Gulis, Beverly Isman, Stephanie Jackson, Roger Kane, Jr., Corey Ann Koch, Satish Kumar, Raymond A. Kuthy, Pat Lathrop, Warren R. LeMay, Nicole Medley, Anita Mitchell, Reginald Moore, Barbara Morgan-Washington, Alejandro Narvaez, Rob Orr, Takeisha Presson, Nancy Read, Craig Rechkemmer, Linda Renner, Suzanne Russell, Joe Schneider, Sonia Sheck, Donna E. Simpson, Jared Simpson, Brian Souza, Lisa Swenson, Chad Vargas, Christine Vesclusio, Sangeeta Wadhawan, Katherine Weno, Melody Zamora.

The following people have initiated or renewed their NNOHA membership between January 15, 2011 and April 15, 2011 whom may have been mistakenly left out of our last newsletter. We apologize for our mistake and recognize them for their commitment.

Magda Reda Abdelfattah, Edwin Acosta, Janet Adams, Lori Adell, Francis Afram-Gyening, Michael Alkov, Olusegun K. Alonge, Robyn Alongi, Mary Ann Andrew, Theresa Anselmo, Mostaf Barakzoy, John Barzycynski, Rob Berg, Julie Berg, Susan Bogni, Marcy Borofsky, Lisa Bozzetti, Arturo Bravo, Roderick Campbell, Jessica Campbell, Herman Campbell, Gueimei Chiang, Cameron Chrystal, Charles Connell, Richard Crout, Sergio Cuevas, Tina Davis, Jamie DeGraw, Lani Deibert, Amos Deinard, Mark Doherty, Lynn Douglas Mouden, Michael Downing, Edward Dye, Timothy Eaton, Ivan Egan, Amy Farrar, Georgia Fischer, Brian Fischer, Michelle Freire Troxelle, Wendy Frosh, Sangeeta Gajendra, Ricardo Garcia,



Richard Gesker, Lamont Gholston, Gregg Gilbert Chair, Jane Gillette, Danielle Goldsmith, Ellen Gould, Warren Graham, Joan Grcevic, Abbie Hage, Donna Harran, Horace Harris, Nicole Harris, Duke Heath, John Hederman, Irene Hilton, Katrina Holt, John Hubbard, Sharae Huff, James R. Hupp, Amid Ismail, Lisa Jacob, Rosalinda Jimenez, Lonna Jones, Kelley Johnson, Jeremy Johnson, Brenda Johnson, Ken Jones, Karlene Ketola, Tina Knopp, Sri Koduri, Lea Krause, Gregory La-Chance, Katherine Lane, Charla Lautar, Huong Le, Martia Leffall, William Leicht, Jennifer Lightbody, Herlivi Linares, Inez Lopez, Carol Ann Lutey, Anthony Malone, Mary Mariani, Suzanne Maslo, William Mason, Leland McCall, Joseph Mercardante, Karen Miller, Lohring Miller, Debra Morrisette, Wayne Moyer, Nancy Neel, Kathy Nelson-Burns, Richard Niederman, Linda Niessen, Carol Niforatos, James Patsis, Stephanie Poynter, James Quartey, Jason Rand, Melissa Rehling, Alicia Risner-Bauman, Heidi Roberts, Dale Ruemping, Jesley Ruff, Russell, Cheryl Russo, Avein Saaty-Tafoya, Rebecca Schaffer, Kim Schwartz, Amanda Michelle Serrano, Brian Serres, Stephen Shea, Mary Beth Shea, Travis Shearer, Theodore Shille, Arturo Sisneros, Tim Smith, Jonathan Smith, Margaret Snow, Woosung Sohn, Vicki Soule, Steven Steed, Rhonda Stephens, Cindy Stergar, Stacey Stirling, Marilyn Stolberg, Thomas Storen, James Strohschein, Eric Taylor, Bernadette Taylor, Sandra L. Tesch, Brandi Thompson, Pamela Tolson, Pamela Travis, Nathan Turnbow, Haley Van Winkle, Julie Vavruska, Dedra Wallace, Thomas Ward, Dan Watt, Erika White, Nicole White, Bridgette Wiefling, James Wieland, Lula Williams, Margo Woll, Gloria Yanez, Manhal Yazji, Kimberlie Yineman, Melody Zamora, Diana Zschaschel. ■■

2011 NNOHA MEMBERSHIP APPLICATION

Please complete the following information and mail to:

PMB: 329, 3700 Quebec Street, Unit 100,
Denver, CO 80207-1639

Select one:

- ☐ Annual Individual membership \$50.00
☐ Dental Hygienists or Dental Assistants \$30.00
☐ Annual Organizational membership \$350.00

(If you select organizational membership, please attach a separate sheet with names, titles, and E-mail address of those included.)

Contact Information:

Name _____
 Title _____
 Organization _____
 Address _____

 Phone _____
 E-mail _____

Committees:

- ☐ I am interested in receiving committee information.
☐ I am not interested in participating on a committee at this time.

Method of Payment:

- ☐ Check
☐ Bill Me
☐ Credit Card

Credit Card # _____ Security Code _____ Exp. Date _____

Signature _____



The National Network for Oral Health Access (NNOHA) is a nationwide network of dental providers who care for patients in safety-net systems. These providers understand that oral disease can affect a person's speech, appearance, health, and quality of life and that inadequate access to oral health services is a significant problem for low-income individuals. The members of NNOHA are committed to improving the overall health of the country's underserved individuals through increased access to oral health services.

“Mission of 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.”

From the Conference Planning Committee Chair

Dear NNOHA members,

The 2011 National Primary Oral Health Conference (NPOHC) is fast approaching! This year, with the theme of "Envisioning a Better Future for Oral Health Access," we will celebrate the 20th years of NNOHA and look to the future of oral health at the NPOHC. We will welcome Dr. Dr. Leo Rouse, ADEA President and Dean of the College of Dentistry at Howard University as the keynote speaker.

Leadership sessions this year include an exciting lineup, such as "Patient-Centered Health Home - Is There a Room for Oral Health?," "Meaningful Use for Dentists: What it means for me?," and "Envisioning A Better Future for Quality Oral Health Care for Low Income Children through Health IT." You will be also able to receive many clinical CE credits through sessions like "Incorporating Lasers into your Practice, Everyday , Every Patient," "Forensic Odontology 101, Health Screening in the Dental Setting," and "Removable Prosthodontics 2000: The Good, the bad, the beautiful."

In addition, back by popular demand, we are going to offer a training for new Dental Directors and those interested in learning more about the basics of operating a Health Center oral health program: "Leading a Health Center Oral Health Program." This training will be held as a conference pre-session on Sunday, October 23, and is open to all conference registrants at free of charge. More details about this session is available at: <http://bit.ly/npohc-presession>.

The overall agenda of this conference is now available on our conference webpage at <http://www.nnoha.org/conference/npohc.html>. The "EARLY BIRD" registration rate of \$375.00 is available until September 23, 2011. For any questions, please feel free to contact Luana Harris Scott, NNOHA Meeting Planner, at onparpro@comcast.net. See you in October!

Huong Le, DDS

NNOHA Conference Planning Committee Chair



• 2011 NATIONAL PRIMARY ORAL HEALTH CONFERENCE •

"Envisioning a Better Future for Oral Health"

OCTOBER 23 – 26, 2011 | GAYLORD NATIONAL HOTEL | NATIONAL HARBOR, MARYLAND

REGISTER ONLINE TODAY!

www.nnoha.org/conference/npohc.html



Take advantage of a special offer to Executive Directors!

Join your Dental Director and get \$50 off each registration (a total savings of \$100). Please email Luana Harris-Scott at onparpro@comcast.net or (303) 957-0635 ext. 3 to get your refund after registering both participants.

**This promotion is only available when attending the full 3-Day Conference.*



NATIONAL PRIMARY ORAL HEALTH CONFERENCE

2011 National Primary Oral Health Conference

October 23 - 26, 2011

Gaylord National Hotel

National Harbor, Maryland

INDIVIDUAL REGISTRATION FORM

Fax completed form to (303) 322-3079, Attn: 2011 National Primary Oral Health Conference

or email to onparpro@comcast.net

Please complete a separate form for each individual attending. Name badges and directory of participants will be produced from the information provided below. Please TYPE or PRINT your name clearly.

TO QUALIFY FOR THE **EARLY BIRD RATE**, REGISTRATION FORMS MUST BE RECEIVED NO LATER THAN **SEPTEMBER 23, 2011**

ALL REGISTRATIONS AFTER SEPTEMBER 23, 2011, WILL BE CHARGED THE ON-SITE REGISTRATION FEE

PARTICIPANT INFORMATION (* = required information)						
Prefix (Please check one) *		☐ Mr.	☐ Ms.	☐ Mrs.	☐ Dr.	☐ Other
Last Name, First, MI *						
Credentials						
Title (no acronyms)						
Organization *						
Address *						
City *		State *		Zip *		
Phone *		Ext.		Fax		
Participant's email address:						
Email address where confirmation should be sent: *						
Attendee Category (Please check all that apply) *						
☐ Region I - ME, NH, VT, MA, RI, CT	☐ Region II - NY, NJ, PR, VI	☐ Region III - PA, MD, DE, VA, WV, DC	☐ Region IV - KY, TN, NC, SC, GA, FL, AL, MS	☐ Region V - MN, WI, IL, IN, MI, OH	☐ Region VI - NM, TX, OK, AR, LA	
☐ Region VII - NE, KS, IA, MO	☐ Region VIII - MT, ND, SD, WY, CO, UT	☐ Region IX - NV, CA, AZ, HI	☐ Region X - WA, OR, ID, AK	☐ Speaker	☐ Federal Employee	
Are you a NEW DENTAL DIRECTOR? YES ☐ NO ☐						
Is this your first time attending the NPOHC? YES ☐ NO ☐						
Special Dietary Restrictions/Food Allergies:						
Special Needs:						
Continuing Education Units (CEUs)			Back by Popular Demand - Conference Pre-Session			
At least 15 CEUs will be offered at the National Primary Oral Health Conference			☐ YES I WILL Attend "Fundamentals of Leading a Health Center Dental Program" Sunday, Oct. 23rd - Noon to 5pm			
Registration Payment Information						
Registration fees are non-refundable and can be paid by the following: Credit Card (Mastercard or Visa only) and/or Check						
☐ NNOHA Member 3-Day Participant Fee \$375		☐ Non-NNOHA Member 3-Day Participant Fee \$425		☐ Federal Employee \$375		
OR						
NNOHA Member 2-Day Participant Fee						
☐ Monday / Tuesday \$300						
☐ Tuesday / Wednesday \$300						
NNOHA Non-Member 2-Day Participant Fee						
☐ Monday / Tuesday \$350						
☐ Tuesday / Wednesday \$350						
		NNOHA YEARLY MEMBERSHIP:		Payment Total:		
		☐ RENEW my Membership (\$50 per individual)		Registration Fee \$		
		☐ RENEW my Organizational Membership (\$350)		NNOHA Membership Fee \$		
		☐ Become a NEW Dental Hygienist / Dental Assistant Member (\$30 per individual)		Total \$		
		☐ Become a NEW Member (\$50 per individual)				
		☐ Become a NEW Organizational Member (\$350)				
		Join Today and Save on registration!				
		CONFERENCE ACTIVITIES				
		☐ NNOHA 20th Anniversary Party				
		☐ Annual morning NNOHA "Board" walk				
		(Check box to register)				
Pay by Check or Money Order - Please make Checks payable to National Network for Oral Health Access, PMB 329, 3700 Quebec Street, Unit 100 Denver, CO 80207-1639				Check #		Check Amt.
				Date Check Mailed:		
Hotel Reservations						
Please contact The Gaylord National Hotel in National Harbor, MD. <u>directly</u> to make your lodging reservations Phone: 301-965-4000. Or reserve your room online at www.nnoha.org/conference/hotel.html . Refer to "National Primary Oral Health Conference" code# A-NNO10 in order to receive the special conference rate of \$199.00 (Single/Double) per night plus 16% tax. Rate and availability guaranteed until September 23, 2011.						

**NATIONAL NETWORK FOR
ORAL HEALTH ACCESS**

PMB: 329 | 3700 Quebec Street, Unit 100

Denver, CO 80207-1639

Phone: (303) 957-0635 | Fax: (866) 316-4995

E-mail: info@nnoha.org

RETURN SERVICE REQUESTED

Please refer youths
to Smiles Change Lives for
affordable orthodontic
treatment in all
50 states!



Connect children in need with caring orthodontists.

Smiles Change Lives is a national nonprofit organization that serves:

- Children ages 10-18
- With good oral hygiene
- With a moderate to severe malocclusion
- Whose family taxable income is at or below 200% of the Federal Poverty Level – www.smileschangelives.org/qualify

Encourage families to apply by visiting
www.smileschangelives.org/apply or by calling **888-900-3554**.

You may refer an orthodontic provider in your community by
emailing partner@smileschangelives.org.

To request additional materials to distribute to qualified youth
in your area, please email andrea@smileschangelives.org or
call **816-421-4949**.



smileschangelives

bracing kids for a better future

www.smileschangelives.org