



Oral Health: Addressing Disparities in Access by Building an Efficient and Effective Service Line

Irene Hilton, DDS, MPH

Dental Consultant

National Network for Oral Health Access (NNOHA)

Disclosure

I have no actual or potential conflict of interest in relation to this program/presentation.

I have no actual or potential relevant financial or non-financial relationships to disclose.



Objectives



Understand disparities in oral health status and access to dental care in Health Center populations



Describe at least three strategies for expanding capacity of a health center dental program



Select one expansion strategy to follow up on in the next six months



Founded in 1991 by
FQHC Dental
Directors who
identified a need for
peer-to-peer
networking,
collaboration, and
support

HRSA National Training and Technical Assistance Partner



Learning Collaboratives



NNOHA Listserv



Annual Conference



NNOHA Oral Health
Leadership Institute
(NOHLI)



Webinars and on-demand
learning



Resources: publications,
dental forms library,
promising practices, and
more!

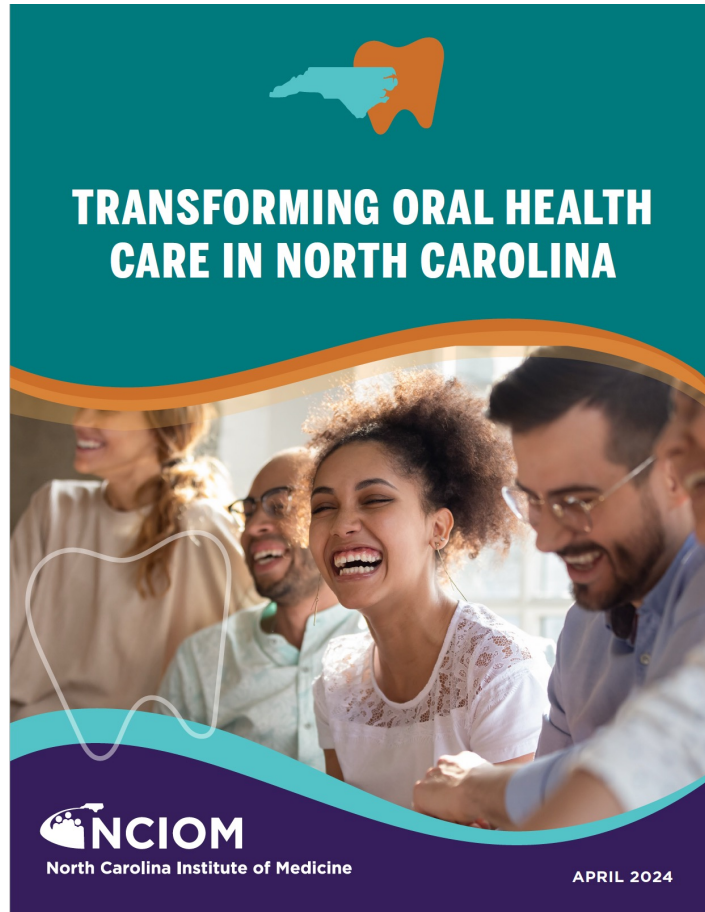
Visit nnoha.org or email info@nnoha.org





The Challenge

Timely...



KEY CHALLENGES IN ORAL HEALTH CARE IN NC

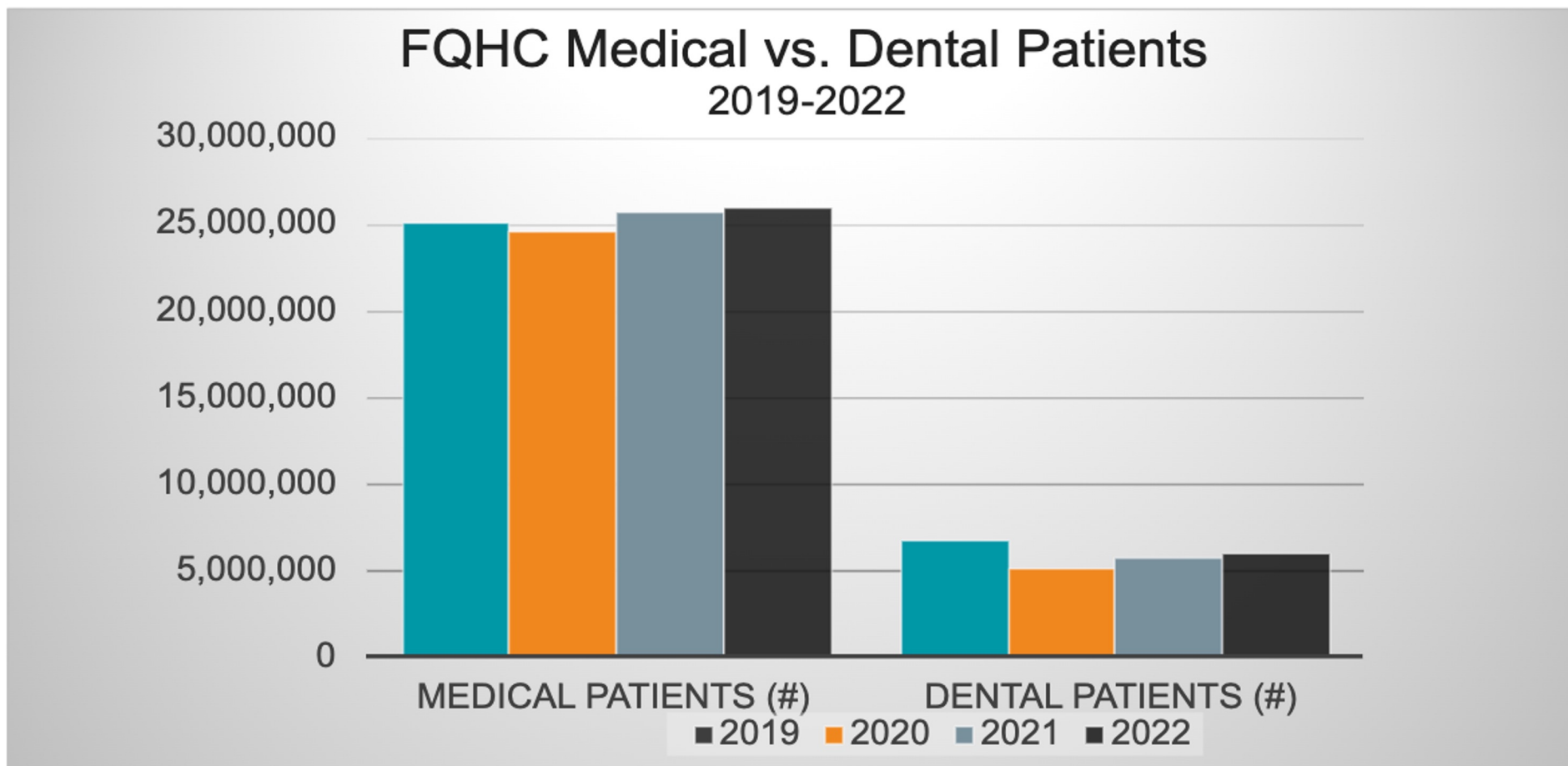
- Emergency department dental visits per 10,000 population in NC: **87.8** (more than twice the national rate)
- **13%** of kindergartners have untreated tooth decay.
- **55%** of American Indian and **52%** of Hispanic children (compared to 30% of White children) have untreated tooth decay.
- **21%** of North Carolinians over age 65 have lost all their natural teeth.

Source- <https://oralhealthnc.org/wp-content/uploads/2019/12/Portrait-of-Oral-Health.pdf>

<https://nciom.org/wp-content/uploads/2024/04/Oral-Health-Report-4-24.pdf>



Dental Access Inequities in Health Centers

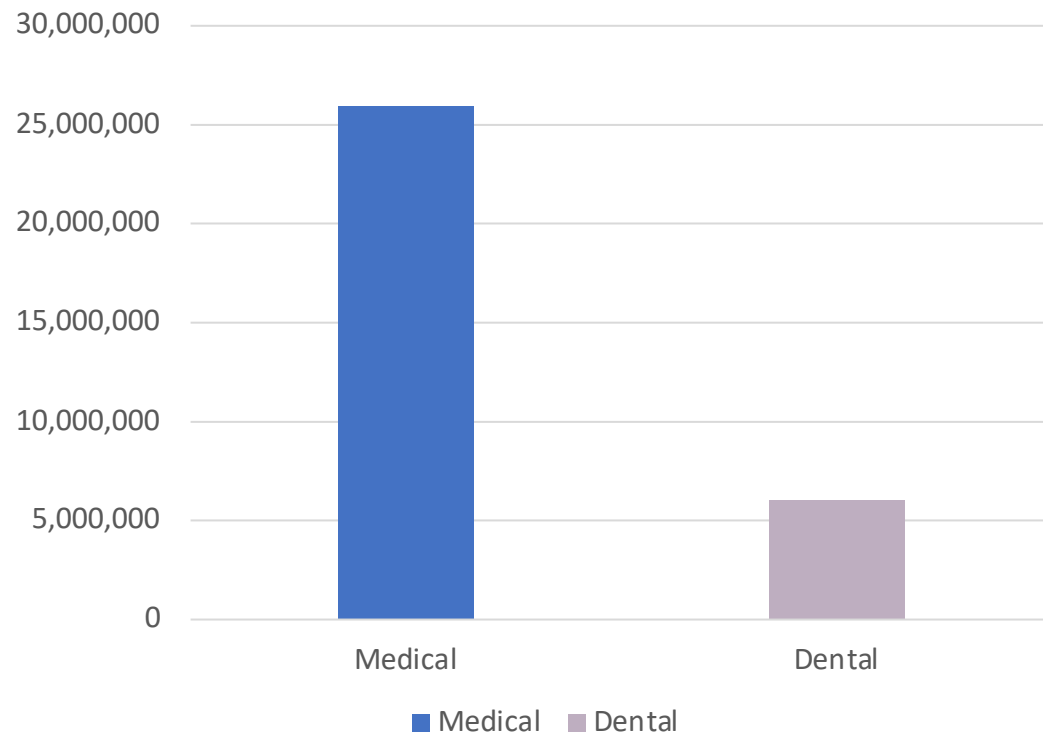


UDS Table 5, 2019-22

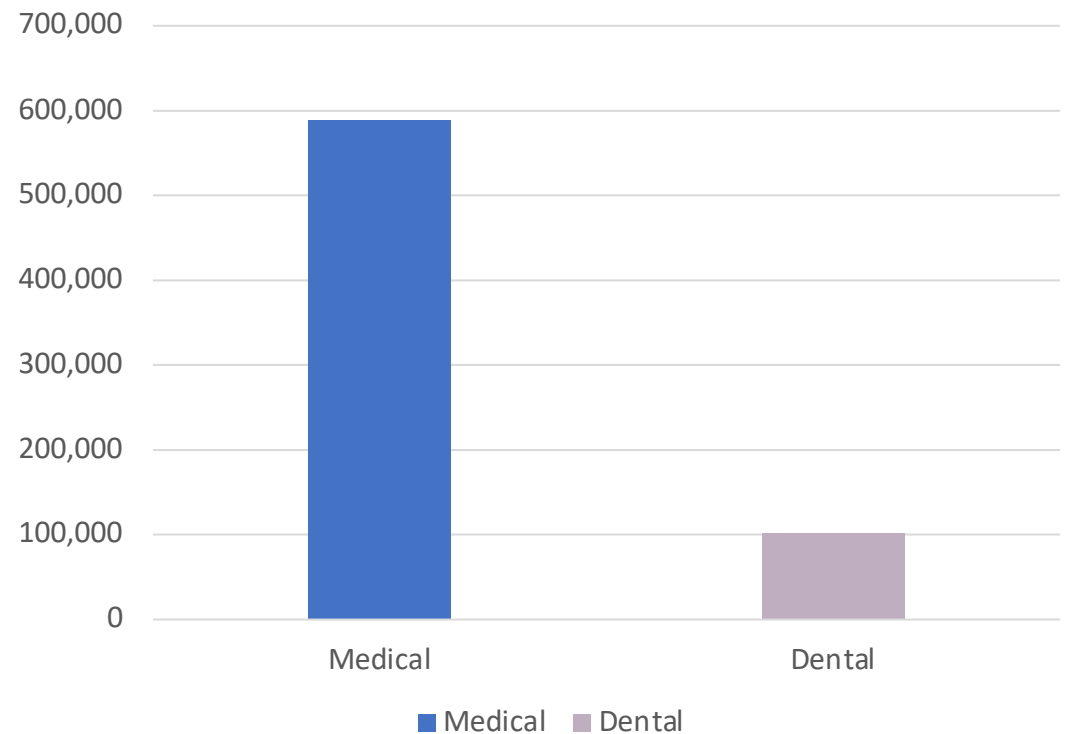


2022 UDS: Dental Users Compared to Medical Users

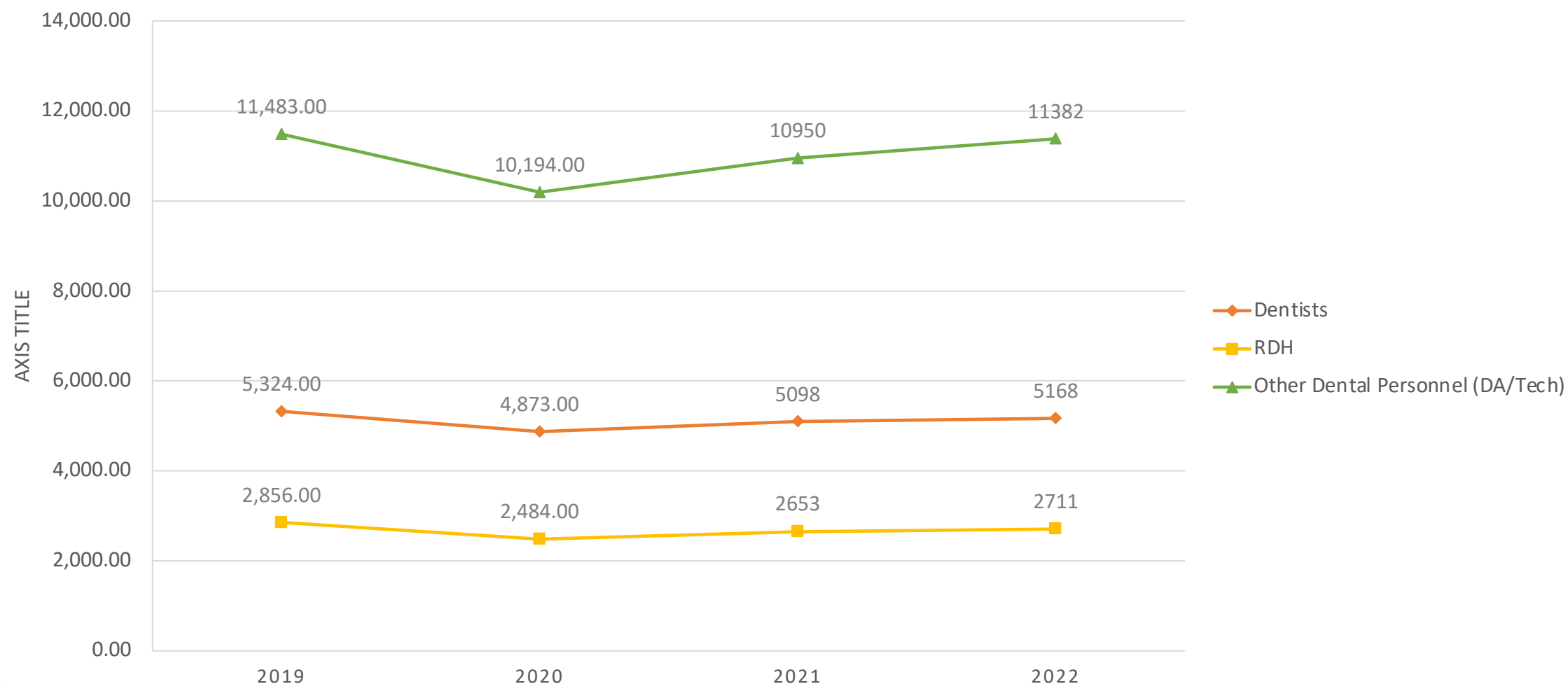
United States



North Carolina

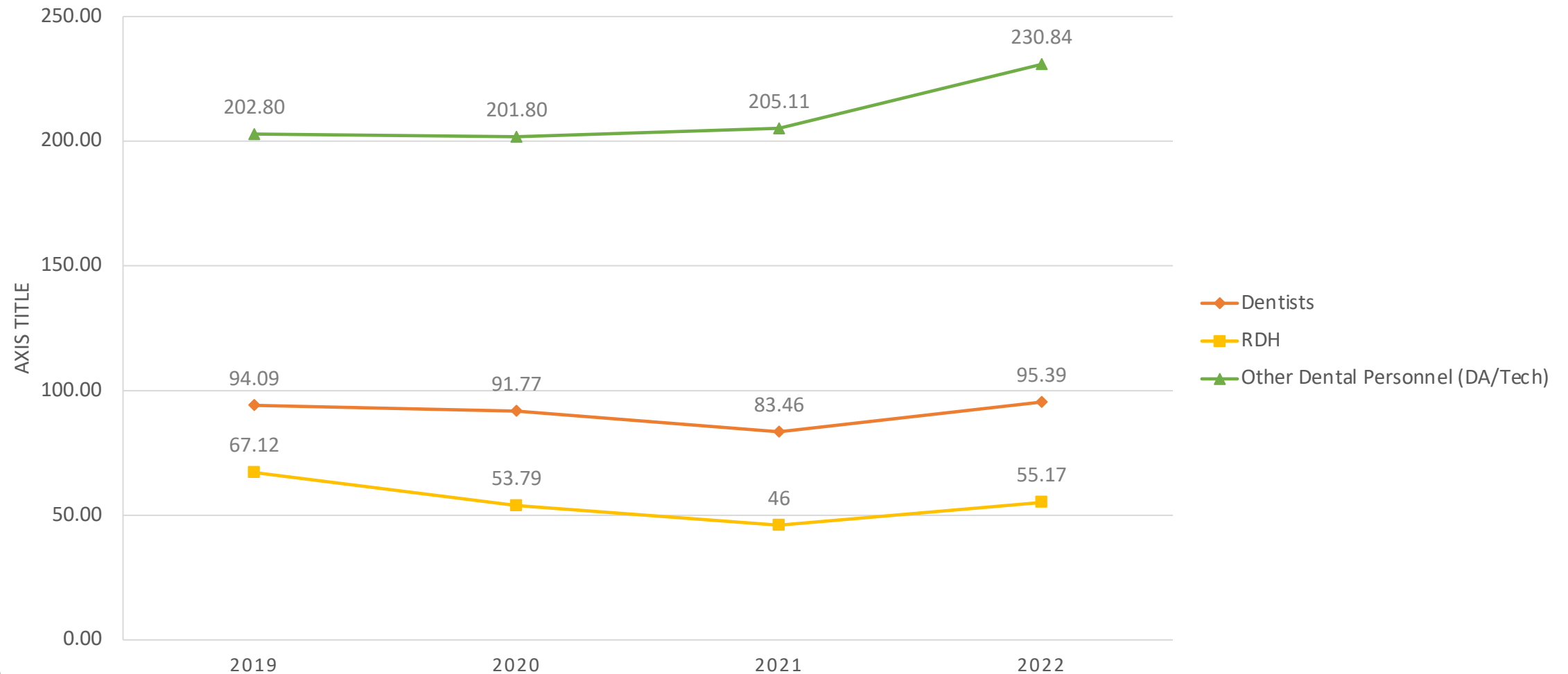


UDS: Dental Program FTEs 2019-22 National



Dental Program FTEs 2019-22

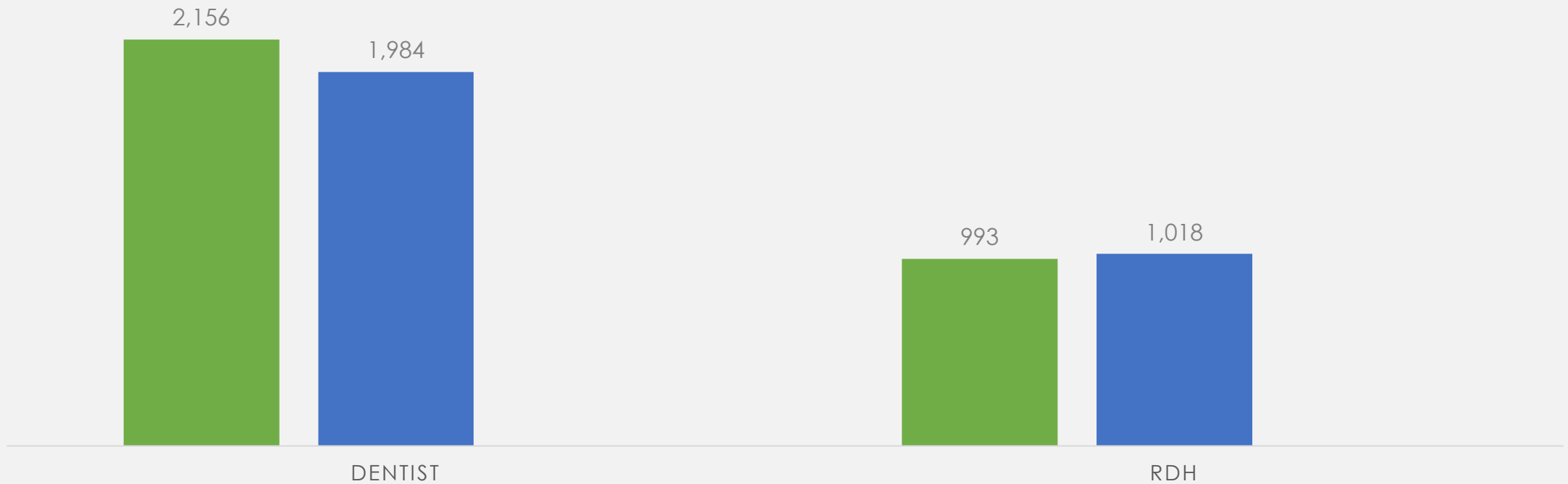
North Carolina FQHC & LAL



2022 Dental Program Productivity

ENCOUNTERS PER FTE

■ US ■ North Carolina



ORAL HEALTH IS EQUITY

Improves quality of life.

Access to equitable oral health reduces tooth loss, pain, and chronic illness.



Gives kids a head start.

Preventive care starting in childhood creates equitable outcomes into adulthood.



Facilitates overall wellbeing.

Collaboration with healthcare providers and stakeholders increases equity.



Boosts earning potential.

Water fluoridation and other community-wide policies have been linked to populations with higher wages.



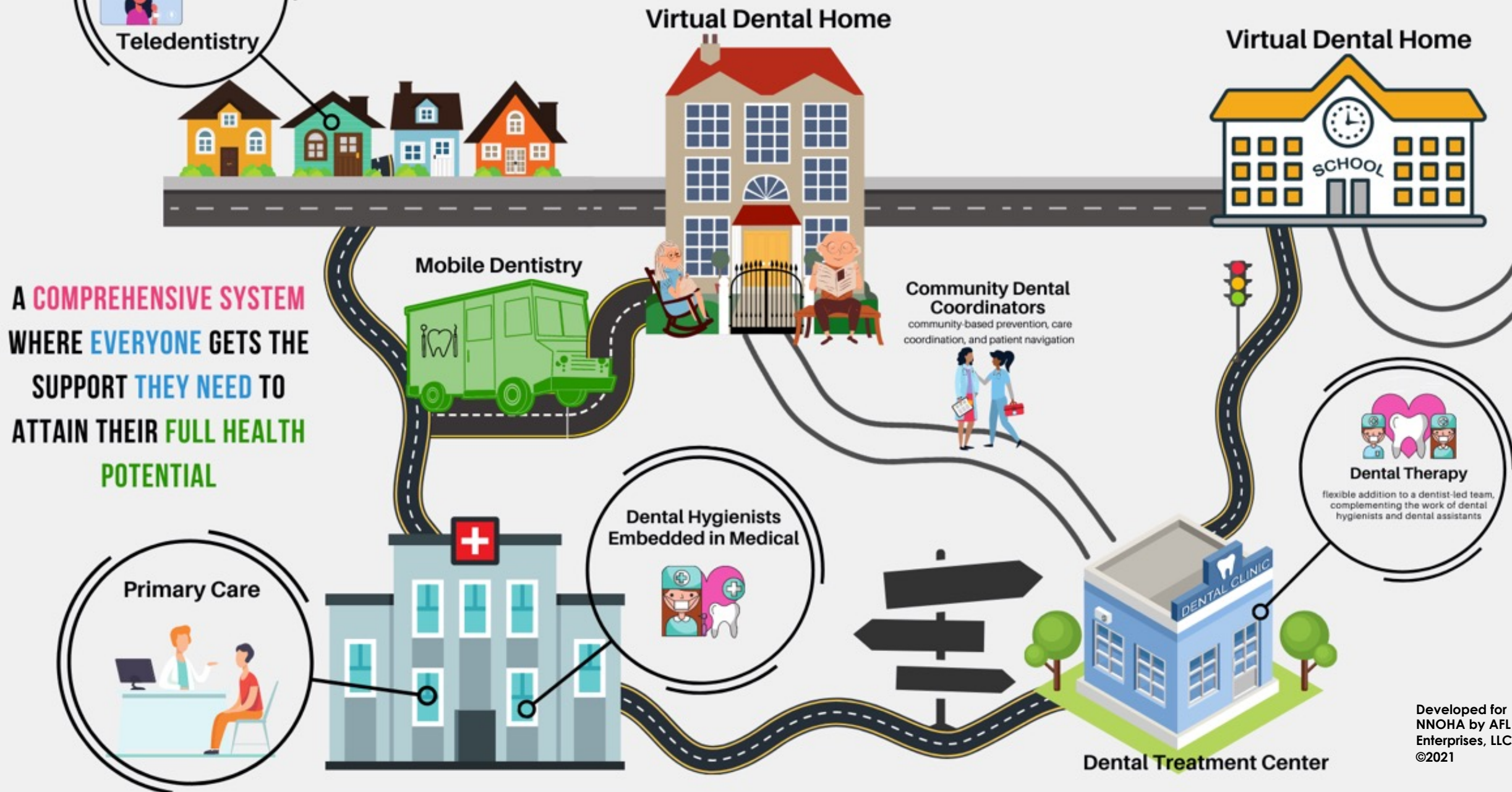
Two vertical bars, one dark blue and one green, are positioned to the left of the title.

Expansion Strategies

<https://www.nnoha.org/pages-1/resources-%7C-access-to-care>



DELIVERY SYSTEM DESIGN FOR ORAL HEALTH EQUITY



1. Traditional “Brick & Mortar” Expansion

- Except for preventive procedures, dentistry is ambulatory surgery
- Large capital expenses
- Infrequent HRSA dental expansion grants (2016- FTEs, 2019-capital infrastructure)
- Local funding solutions



2. Contracting

- <https://www.nnoha.org/pages-1/resources-%7C-access-to-care-%7C-contracting-for-dental-services>
- Has to be a win-win for both contracting entities
- Has not had the uptake that was hoped for



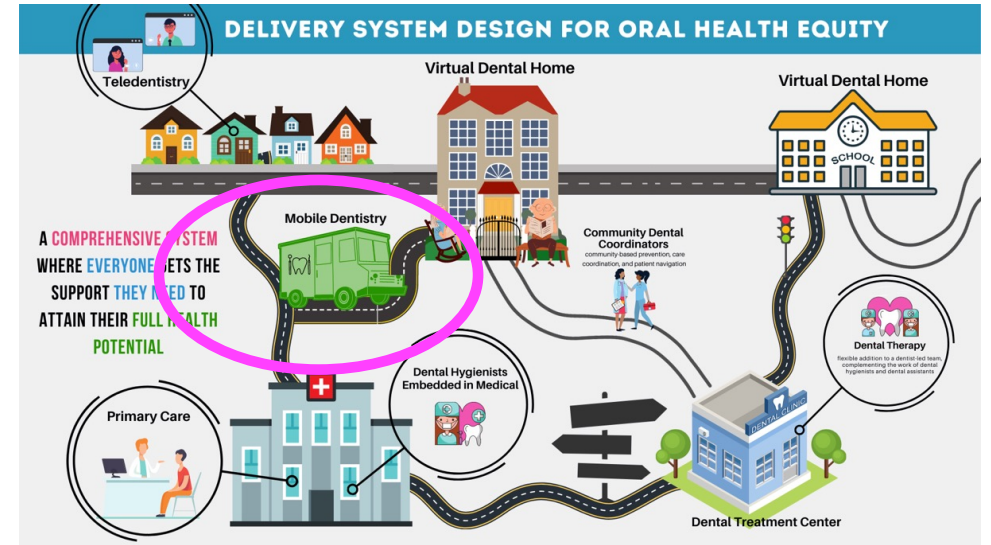
3. Integration of Oral Health and Primary Care Practice (IOHPCP)

- NC early adopter *“Into the Mouth of Babes”* program
- Most appropriate for young children 6-36 months
- Prevention & anticipatory guidance
- EPSDT visit frequency 6, 9, 12, 15, 18, 24, 30m & 3yr visit



4. Mobile Dentistry

- School-based
- Head Start
- Older adult programs
- Medical clinic
- Portable equipment or bus/van
- HRSA Scope of Project change



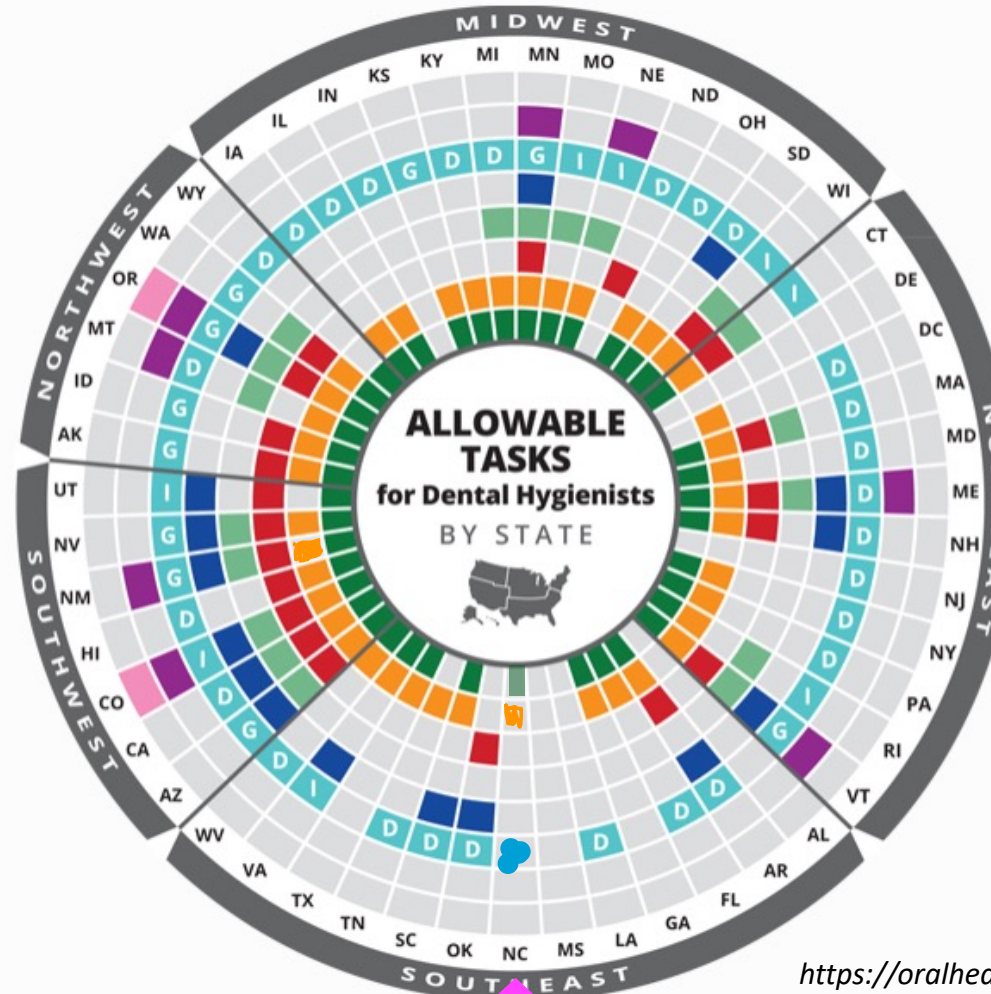
School-Based Programs

- NNOHA Survey of School-Based Oral Health Programs Operated by Health Centers
https://drive.google.com/file/d/1FzJfis7cZXw7rfpuZYJaCbiC4_NBCRn-/view
- 63% of SB HC are operated by FQHCs per School-Based Health Alliance
- Sustainable programs dependent of state RDH scope of practice



NC Public Health RDH-

Variation in Dental Hygiene Scope of Practice by State



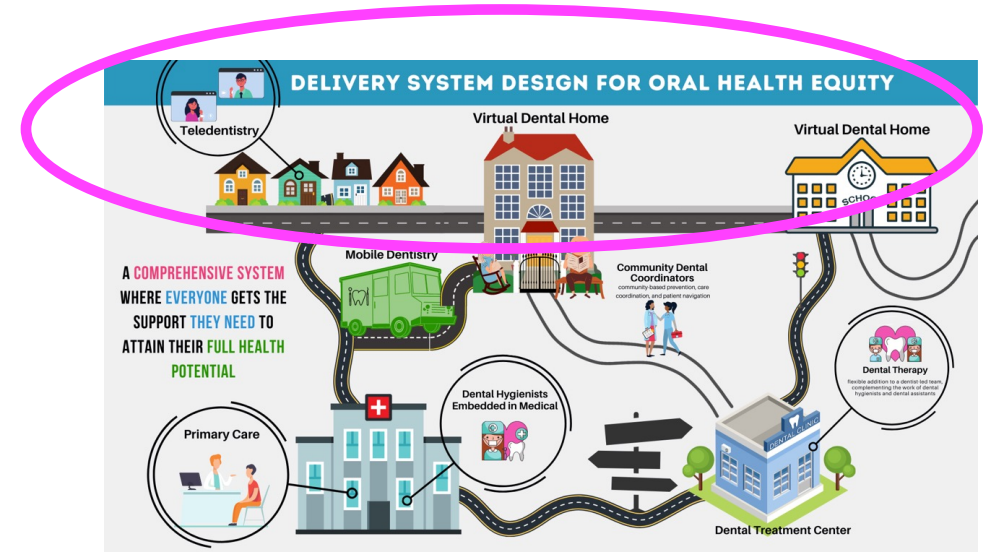
The purpose of this graphic is to help planners, policymakers, and others understand differences in legal scope of practice across states, particularly in public health settings.

Research has shown that a broader scope of practice for dental hygienists is positively and significantly associated with improved oral health outcomes in a state's population.^{1,2}

<https://oralhealthworkforce.org/wp-content/uploads/2019/01/Single-Page-Layout-Final-2019.pdf>

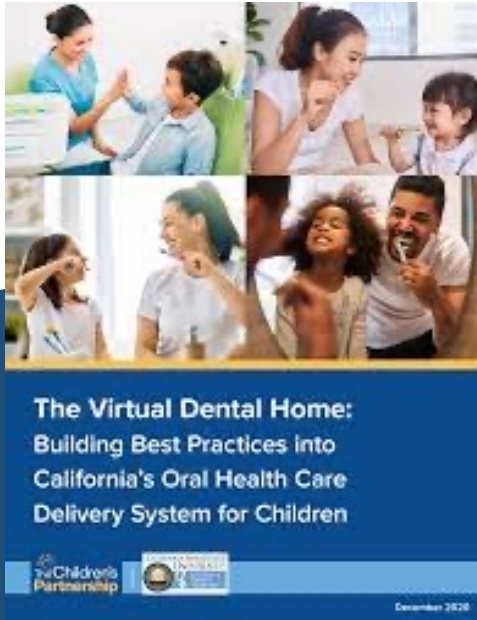


5. Teledentistry & NNOHA



- Pre-pandemic: **Asynchronous** virtual dental home
- During pandemic: Emergence of **Synchronous** teledentistry
- Conducted 5 years of teledentistry learning communities





<https://dental.pacific.edu/dental/faculty-and-research/research-facilities/pc/vdh>

https://childrenspartnership.org/wp-content/uploads/2021/01/VDH_Statewide_Final.pdf

<https://smilesdentalproject.org/>

[Ravenswood VDH Promising Practice](#)

Pre-COVID-19 Asynchronous Teledentistry

- Store & Forward
- Virtual Dental Home
 - California
 - Colorado
 - North Carolina
- Hygienist based
- Community locations
- Requires legislation

Covid World Teledentistry Applications



Prevention & Disease Management

- Prevention
- Exams
- Patient-administered care
- Self-management support



Triage

- Emergencies
- Trauma
- Acute infections



Coordination

- Case management
- Care coordination
- Patient education



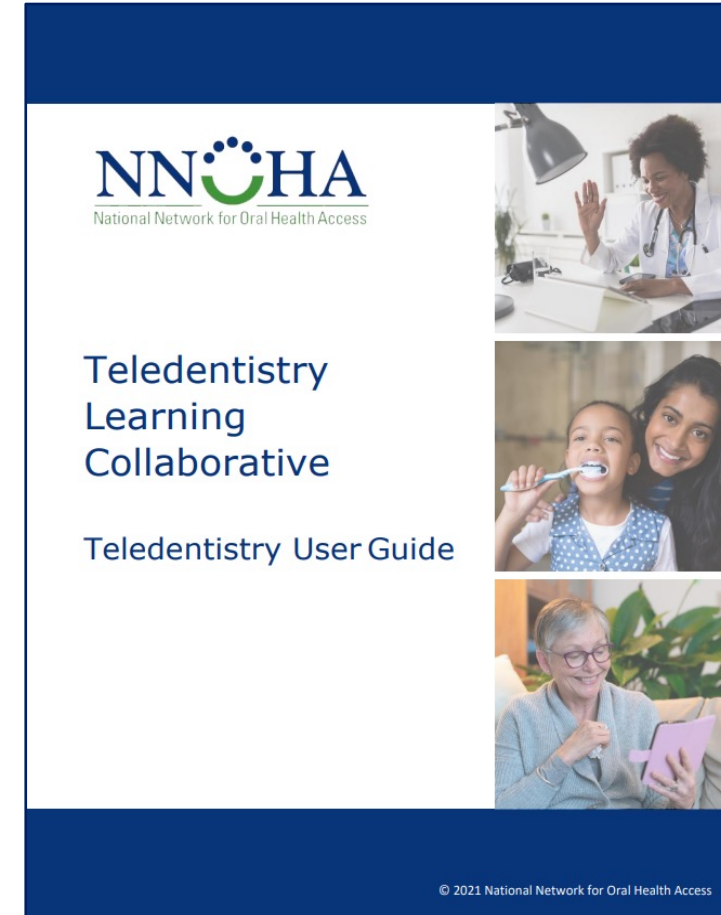
Follow-Up

- Remote monitoring
- Evaluation
- Screening



Promising Practices

- NNOHA Teledentistry Resource Page
<https://www.nnoha.org/pages-1/coronavirus-%7C-teledentistry-resources>
- NNOHA's Teledentistry User's Guide
https://drive.google.com/file/d/1aPXqUeLLOKQeD486Rm0GcYlt8_W9FAa0/view?usp=drivesdk
- NNOHA Teledentistry Readiness Assessment



What is possible with Teledentistry?



Diagnose Caries



Demonstrate brushing and flossing at home



Patient-administered care: at home Fluoride Varnish



Does this care
need to be
delivered in a
dental operator?



Risk assessment



Exam using photos and video



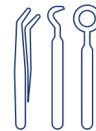
Motivational interviewing and self-management goal setting



Coaching toothbrushing and helping set up home care routines



Pre-planning care for those who may be experiencing symptoms



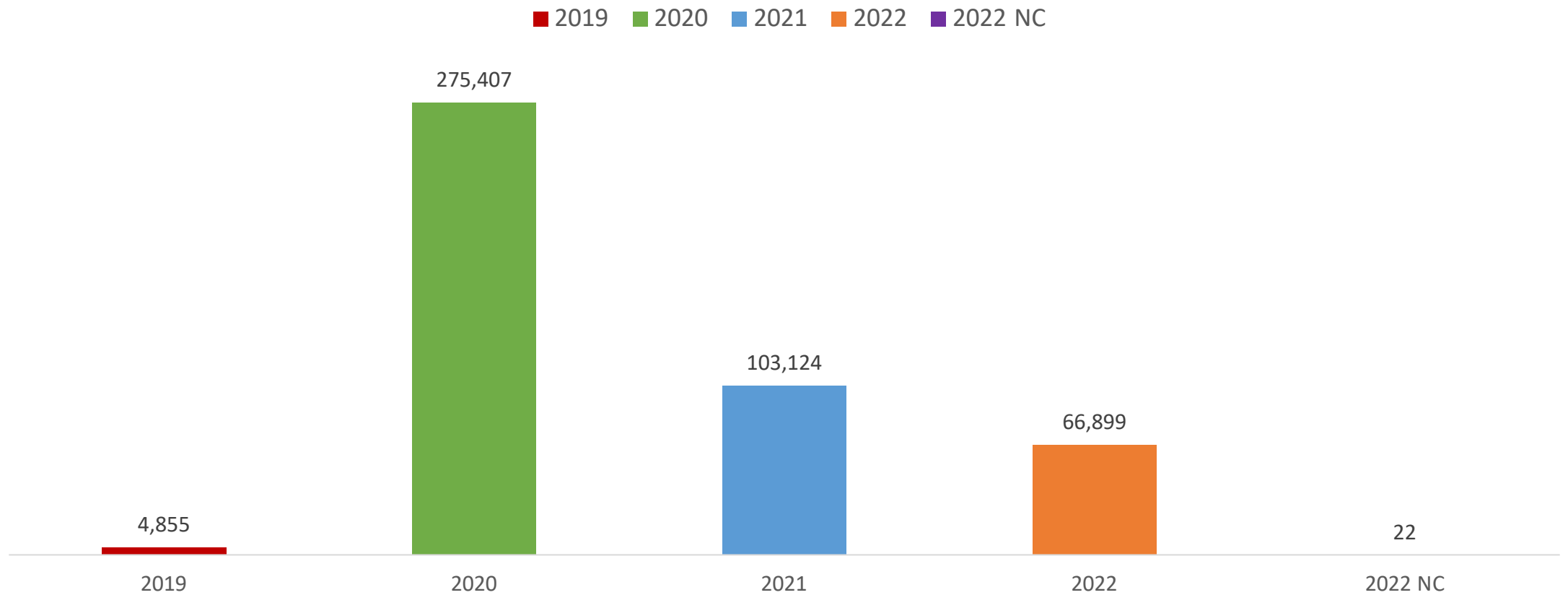
Supporting pain management strategies



Supervising fluoride varnish and sealant applications

Regression

UDS: Virtual Dental Visits



Statute/Policy Challenges

- Scope of Practice

- State dental board
- 1st- Legislation
- 2nd- Regulations
- Specific vs. loose/open to interpretation
- *North Carolina has passed teledentistry legislation*

- Payment

- State Medicaid office
- Reimbursed procedures do NOT have to align with scope of practice
- *NC Medicaid could reimburse for all CDT codes performed via teledentistry EXCEPT D0150 (Initial Exam) with the teledentistry modifier CDT codes + \$26 bump*





Breakout

Discuss which strategy interests you & why

1. Traditional expansion
2. Contracting
3. Integration of Oral Health and Primary Care Practice (IOHPCP)
4. Mobile dentistry
 1. School-based dentistry
5. Teledentistry

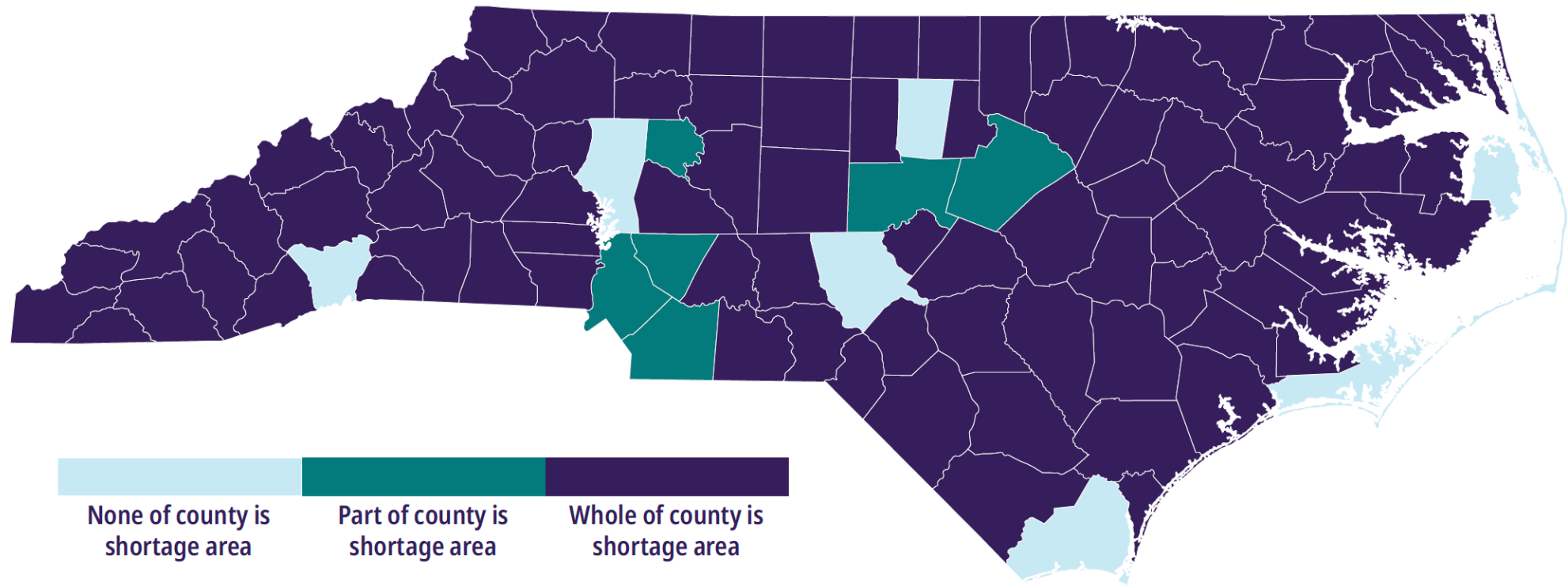




Workforce

Dental Workforce Distribution

DENTAL CARE SHORTAGE AREAS BY COUNTY, 2024



Source – [data.HRSA.gov](https://data.hrsa.gov), January 2024.



Grow Your Own

- Engage during dental/dental hygiene school and/or residency period
- Develop your own training programs
- Long-term collaborations with STEM programs, etc. to cultivate HC patients/community members into career paths at all levels of education



Changing Environment

- Loan repayment is not enough for providers
- Health center salaried provider competition is now DMSOs, not “traditional” private practice



Academic Partnerships

- NNOHA publication: Partnering with Academic Institutions to Develop Service Learning Programs
<https://drive.google.com/file/d/1ABRGxFWVNLfJL2TPUiwCk0Oihn2bF7SM/view>
- Pre-doctoral Dental Student Rotations
- Post-Doctoral Dental Residency Training
- Dental Hygiene Program Collaborations
- Dental Assistant Program Collaborations



North Carolina

- 3 dental schools
- 13 dental hygiene programs
- 20 dental assisting programs



Pre-doctoral Students

- CODA (Committee on Dental Accreditation) requires service learning rotation/opportunities
- Many of the newer dental schools are not being built with clinical facilities as a cost saving strategy, necessitating partnerships to identify clinical rotation sites for students
- Similar to contracting, has to be a win-win partnership to be sustainable



Dental Residencies

- NYU Langone FQHC-based residencies
<https://www.nyulangonedental.org/program-locations/aegd>

| | | | |
|----------------|-----------|---------------------------------------|----------------|
| North Carolina | Snow Hill | <u>Greene County Health Care, Inc</u> | Open Positions |
|----------------|-----------|---------------------------------------|----------------|

- HRSA Teaching Health Center grant program

| | | | | |
|--|-----------|----|---------------------------|-----------|
| Mountain Area Health Education Center | Asheville | NC | Obstetrics and gynecology | \$480,000 |
| Mountain Area Health Education Center, Inc. | Asheville | NC | Dental | \$320,000 |
| Mountain Area Health Education Center, Inc./Asheville | Asheville | NC | Family Medicine | \$960,000 |
| Mountain Area Health Education Center, Inc./Hendersonville | Asheville | NC | Family Medicine | \$800,000 |



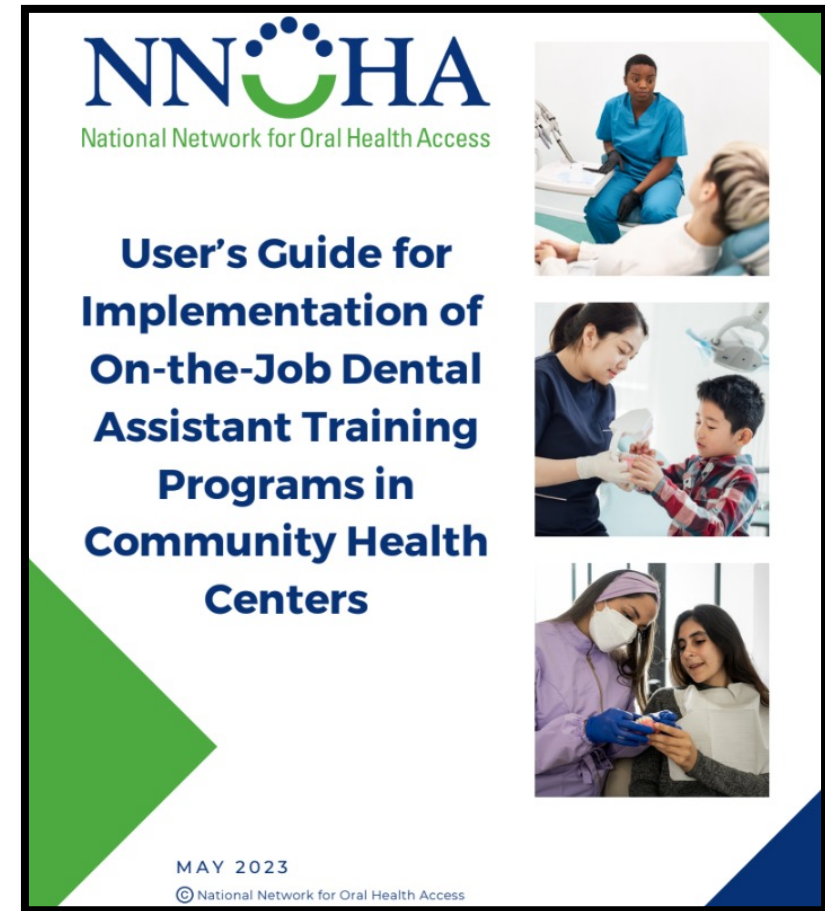
NNOHA's Dental Assistant Training (DAT) Activities

- 2021 dental assistant needs assessment
- **75%** report **unfilled DA position/s** for more than 3 months
- **88%** report top difficulty in recruitment is “**lack of applicants**”
- *Found that some community health centers have **in-house DA training programs** to help support with **recruitment of new dental assistants***



DAT Resources

Framework



https://drive.google.com/file/d/1_wxr6KvpC4gKkZGsCx8Umw3AXNBYQyZs/view



In-house Training Programs Can...

- Enhance recruitment and retention strategies
- Engage community members and improve partnerships with the community
- Optimize capacity, education, and workforce in the community
- Be the first step of a career ladder
- Increase patient-centered care and culturally appropriate care by including learners from the community



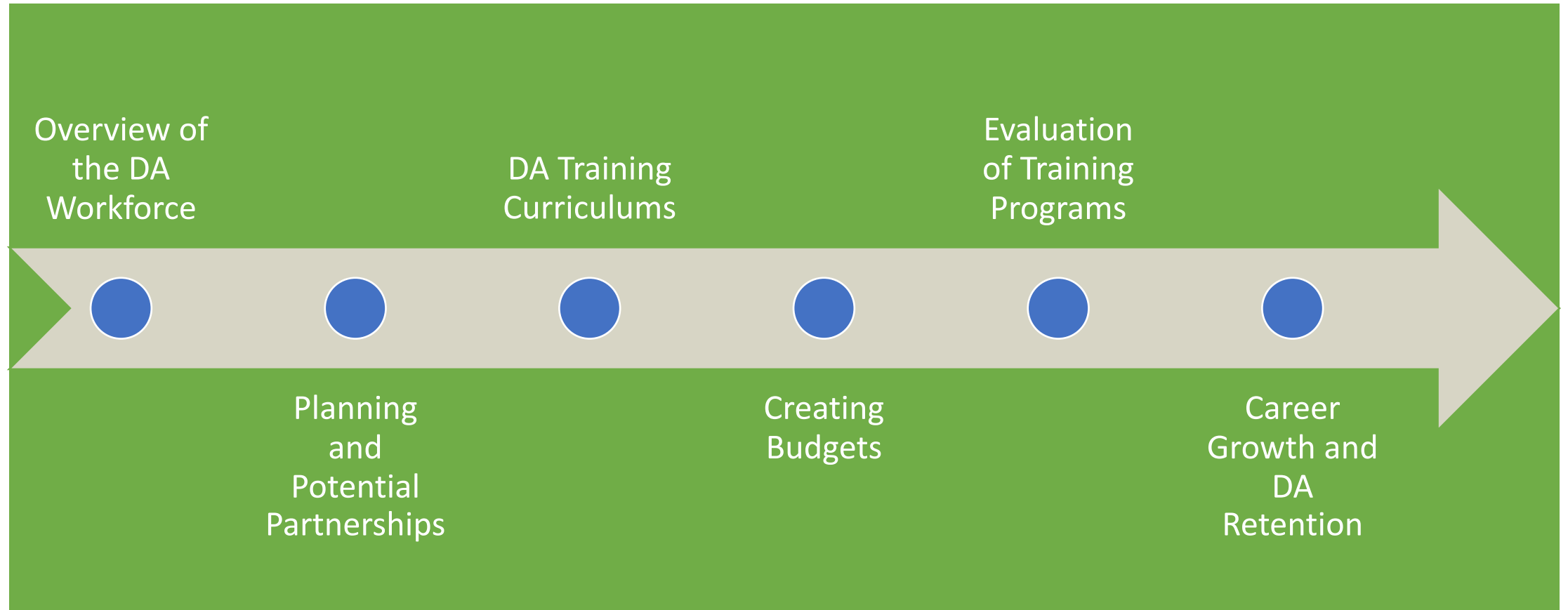
NNOHA DAT Learning Collaborative Aim

Optimize and enhance the dental assistant workforce by sharing strategies to improve recruitment, training, and retention of dental assistants in health centers.

**Participants will learn the fundamentals skills to plan and develop
*their own in-house dental assistant training program***



NNOHA DAT Collaborative Overview





Breakout

Discuss which strategy interests you & why

1. Partnership with teaching institution for health center rotations/placement (any dental team member)
2. Developing your own in-house dental residency program
3. Developing your own in-house dental assistant training program



Contact Us!



Candace Hsu Owen, RDH, MS, MPH
Education Director
candace@nnoha.org



Irene Hilton, DDS, MPH
Dental Consultant
irene@nnoha.org



Thank you!

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$550,000 under grant number U30SC29051 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

