

National Organization of State Offices of Rural Health

Creating State and National Partnerships to Improve
Rural and Frontier Oral Health

PARTNERSHIP PROJECT
ALASKA STATE OFFICE OF RURAL HEALTH AND
NATIONAL CENTER FOR FRONTIER COMMUNITIES

SEPTEMBER 2010

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EXECUTIVE SUMMARY

This report derives from a partnership project between the National Organization of State Offices of Rural Health (NOSORH), the Alaska Office of Rural Health, and the National Center for Frontier Communities (NCFC). The goal of the project is to identify existing state and national partnerships that State Offices of Rural Health (SORHs) are participating in for the purpose of improving oral health in rural and frontier communities.

There are two phases to this project. The first phase collected information from State Offices of Rural Health creating a baseline. Phase two reached out to national organizations to gather information about their activities towards improving access to oral health services in rural and frontier communities.

The results are heartening. Across the country, state, local and national groups are organized and working together to increase access to oral health care. The primary importance of prevention programs in these various networks will do much to reduce or delay the need for restorative care.

The data from each phase are presented separately. Recommendations are made for next steps for NOSORH and state offices. Next steps are also suggested for ways that NOSORH can offer leadership to a national network with shared goals.

SORH Baseline

The Alaska Office of Rural Health recently completed an in-depth statewide survey and as a result, gained a great deal of information upon which to base its oral health planning. Alaska submitted a proposal to NOSORH, which proposed gathering similar information about each of the other Offices of Rural Health in the other states. A national SORH baseline serves two purposes; first, it promotes information sharing among the states and second, it provides NOSORH with a national baseline to support further educational activities and policy development.

Based on the Alaska SORH's comprehensive approach, in the summer of 2010, a survey was developed to gather similar information from the states. The questions were based upon the Alaska framework of key issues: health care delivery, workforce, financing, facilities and policy.

Some significant findings are aggregated into the table below.

SORH is working on improving access to oral health services.	76%
State has an oral health plan.	79%
SORH works with other in-state organizations on oral health issues.	93%
SORH works with national organizations on oral health issues.	46%
SORH works with CHCs to increase access through expansion grants.	62%
State Medicaid Program covers adult oral health care.	50%
Working on oral health workforce policy or legislation.	29%
Underserved areas in the states with adequate oral health facilities.	5%
Underserved areas in the states without adequate oral health facilities.	80%

The collection of data from national organizations, uncovered a lot to be proud of as every organization contacted is working in a coalition with other groups. This indicates that a national focus on access to oral health care is in place across professions and geography.

The priorities identified a critical need for facilities. Following closely behind as a priority is the need to expand and modernize the oral health workforce. New provider types are being trained and are already in practice across the country from the Alaska Dental Health Aide to expanded scope of practice for hygienists to a new Mid-Level Oral Health Professional.

A recommendation is that NOSORH serve as a single point of contact for state offices and the national oral health organizations. The NOSORH communications system is already well established and the organization is capable and interested in performing this service.

PHASE ONE

Creating a Baseline

Background

In November 2009, the National Organization for State Offices of Rural Health (NOSORH) solicited partnership proposals from state offices of rural health for projects that “promote and champion a regional and national partnership that will benefit State Offices of Rural Health (SORH) and other national and regional organizations that address rural health issues.” The Alaska State Office of Rural Health submitted a proposal entitled, Creating State and National Partnerships to Improve Rural and Frontier Oral Health. The Alaska SORH project was submitted as a collaborative with the National Center for Frontier Communities (Center). The proposal was accepted.

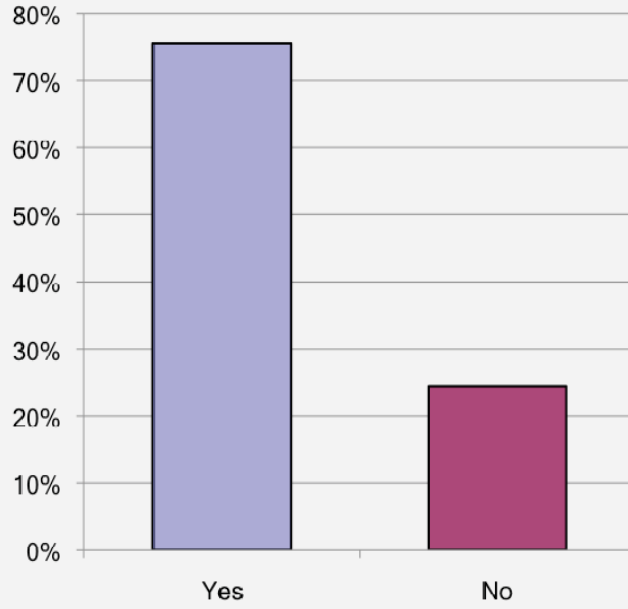
The Alaska SORH was interested in building on its in-state oral health analysis and learning what other state offices across the country were doing to improve oral health services. NOSORH would also benefit from the data collected, as it would serve as a national baseline to help target policy improvements.

Gathering Information from the States

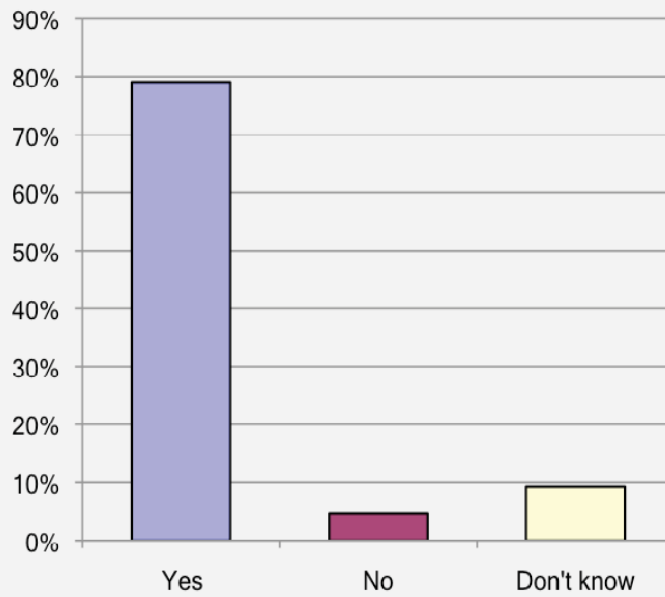
An online survey was developed and distributed to the SORHs through the NOSORH State Directors list serve. An excellent response rate was accomplished, 86% with forty-three states participating. Because of the depth of information shared by the states, complete results will be available as a searchable database at www.nosorh.org. Some of the key findings of the survey follow.

First, and most significant, state offices of rural health are deeply involved in oral health issues. They are engaged at all levels from policy, workforce development, to expansion of rural access.

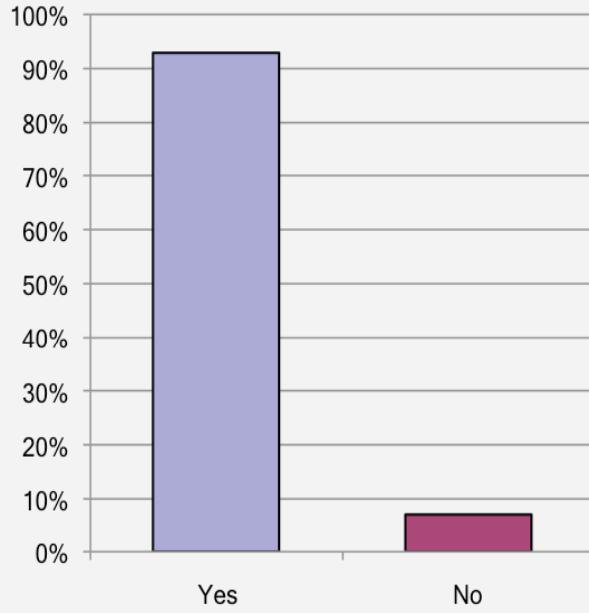
Is your office currently working on access to oral health services?



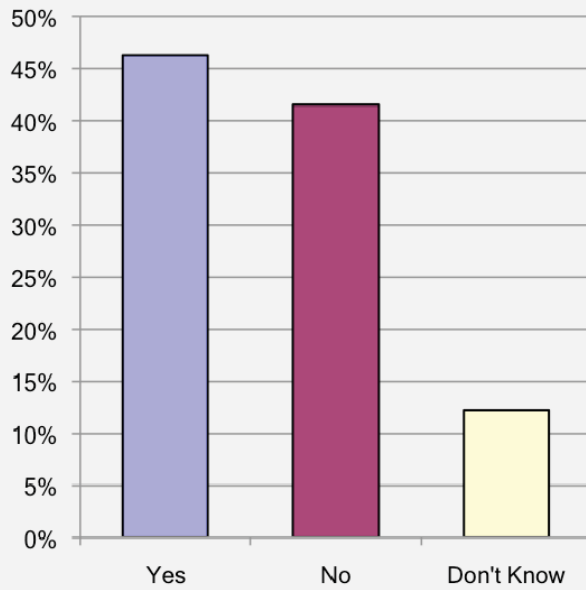
Does your state have an oral health plan?



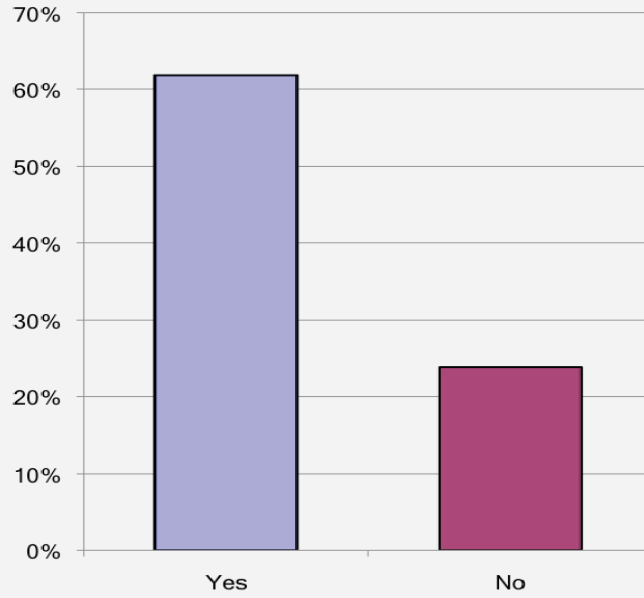
Does your office work with in-state organizations that are concerned with oral health?



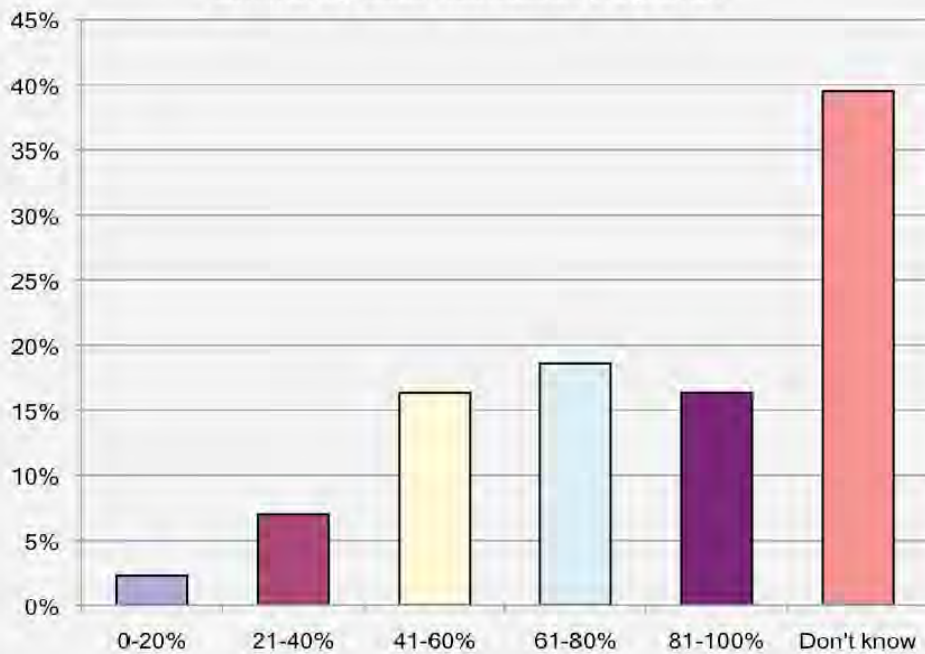
Does your office work with national organizations that are concerned with oral health?



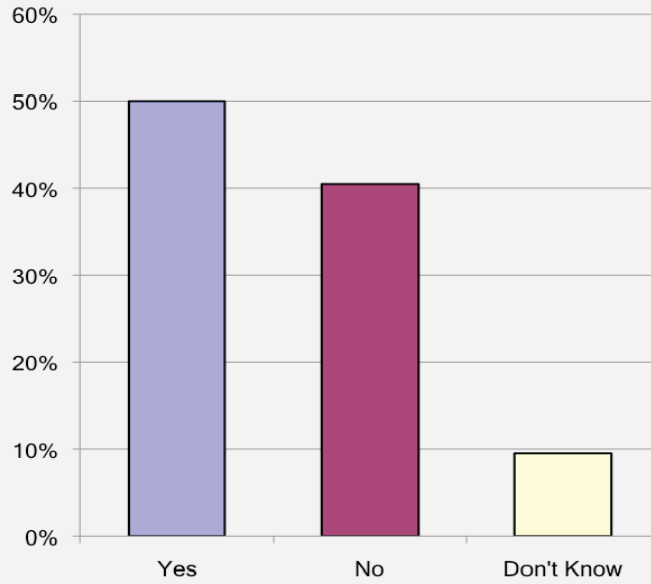
Is your state office working with Community Health Centers to increase access to oral health services through expansion grants?



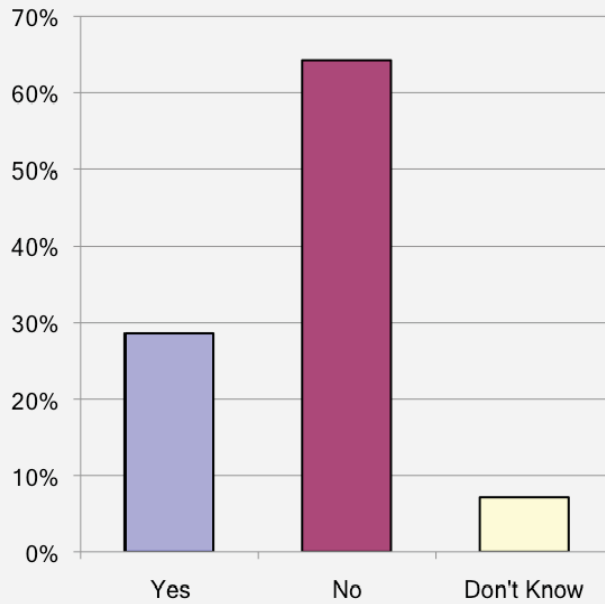
What percentage of your state's population has access to community water fluoridation programs?

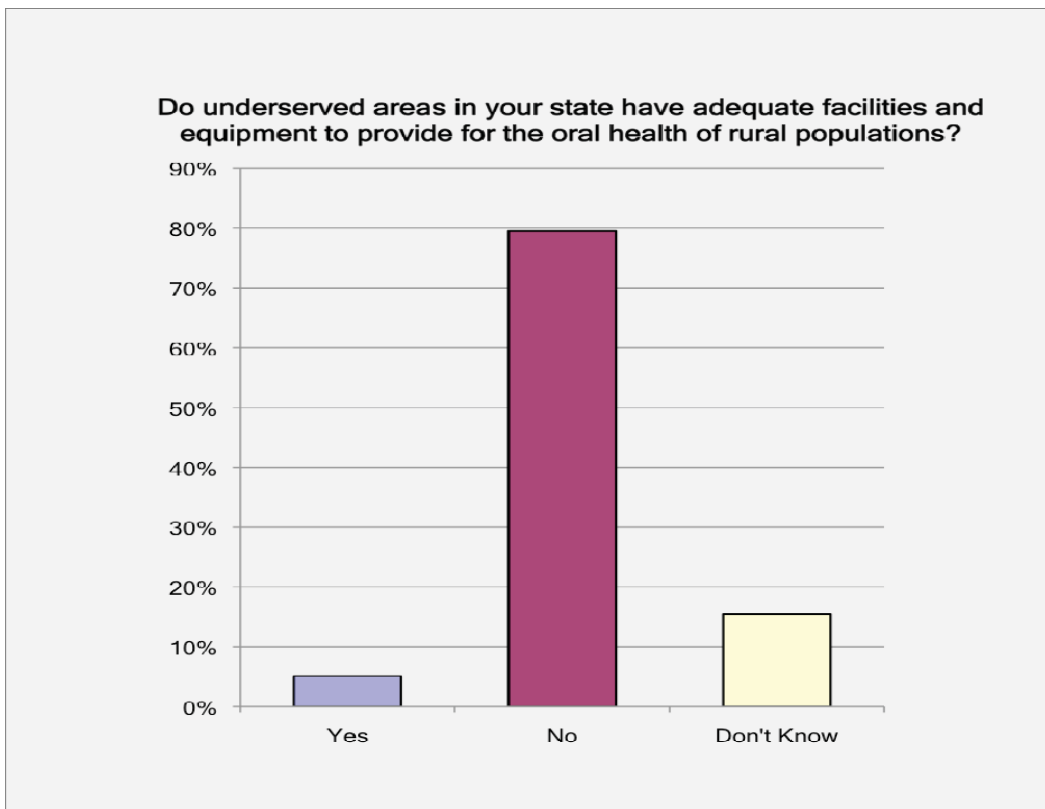
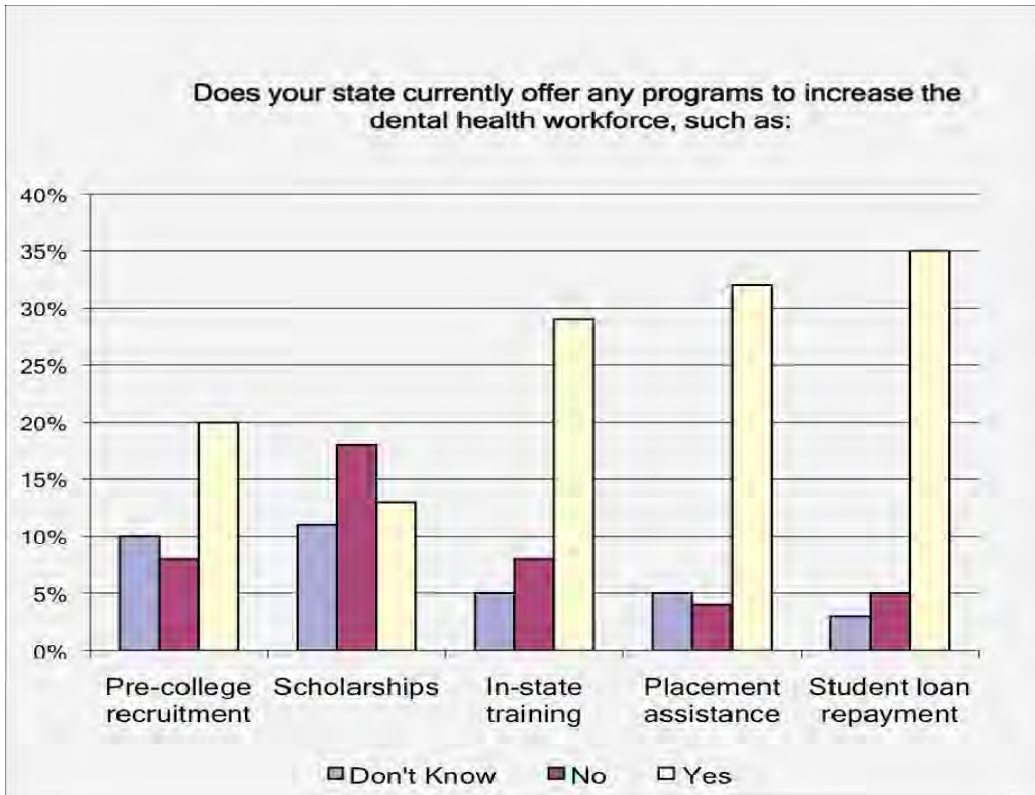


Does your state's Medicaid program offer dental coverage for adults?

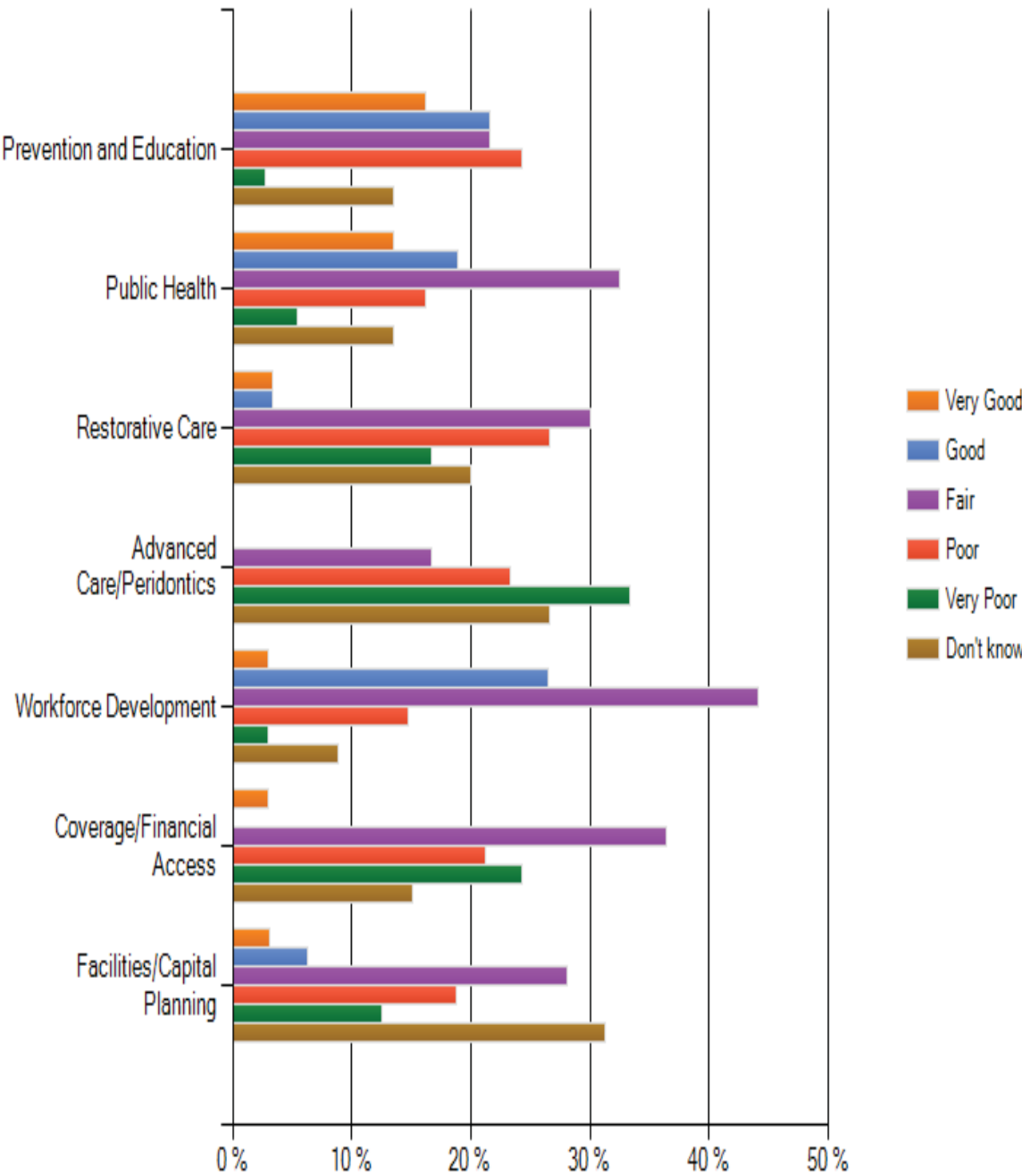


Is your office currently working on oral health workforce policy or legislation?.





Describe the current availability of oral health programs and services in rural and frontier communities within your state.



Next Steps for NOSORH

The National Organization of State Offices of Rural Health represents a diversity of organizational types and capabilities. For example, ten offices are university based, three are independent private non-profit organizations, and thirty-six are within state government. Five offices were created in the 1970's, eleven in the 1980's and the balance in the 1990's. Many offices have two or fewer full time employees, while others are quite large.

Despite the challenges this diversity has provided in other policy areas, as demonstrated by the survey results, state offices are fully engaged in oral health access. From workforce planning to recruitment of rural youth into education and training programs, the states are all engaged.

Several next steps are recommended for NOSORH.

1. Collect, compile, and disseminate federal and state oral health workforce plans that include specific rural strategies.
2. Encourage widespread adoption of the best models from existing rural oral health workforce strategies.
3. Create additional educational opportunities for the states to interact around rural workforce planning and initiatives that include rural oral health programs.
4. Continue to include oral health discussions and exchanges at the Regional SORH and Annual NOSORH meetings to provide ongoing opportunities to gain knowledge and strategize state, regional and national rural oral health system improvements.

PHASE TWO

Building a NOSORH Oral Health Network

A list of fourteen national and governmental organizations was developed for Phase Two of the project. They were asked to participate in an assessment of work towards improving oral health access in rural and frontier communities. Responses were collected through both an online survey and telephone interviews. An outstanding response rate resulted with 12 of the 14 organizations participating, 86%.

The organizations which took part in our project and their self-reported focus is described below:

3RNet, Rural Recruitment and Retention Network

To improve rural and underserved communities' access to quality health care through recruitment of health professionals and national advocacy relative to rural and underserved health.

American Association for Community Dental Programs

- Provide a forum for the exchange of thoughts and ideas among those throughout the country who are dedicated to improving the oral health of all Americans, with an emphasis on at risk populations, through community based programs. These programs may be based within city or county health departments, non profit agencies, professional organizations such as local dental societies, hospitals, schools of dentistry, community health centers etc.
- AACDP places a focus on oral disease prevention and treatment and oral health education.
- The voice for community based oral health programming with local state and federal public health personnel.

American Association of Public Health Dentistry

- A dental specialty group (recognized by the American Dental Association) whose focus is the oral health of the public. Our members are administrators of federal, state, and local oral health programs; researchers; educators; and students in dental programs.
- Collect, evaluate and disseminate data from and between our members; advocate through coalitions; co-sponsor the national oral health program; provide a network where members can collaborate and share their work.

Association of State and Territorial Dental Directors

To strengthen and support state oral health programs.

Federal Office of Rural Health Policy

- The Rural Health Outreach Grant Program within ORHP is available to address oral health needs within communities.
- The Community Health Center Program in the Bureau of Primary Health Care at HRSA provides funding for dental care.
- The Bureau of Health Professions has programs to support dentistry professions programs.

American Dental Hygienists Association

- Represent the more than 150,000 licensed dental hygienists and the patients they serve. Dental hygienists are licensed providers who focus their practice on prevention.
- Engage in a range of activities that relate to oral health – advocacy, communications, education, and data collection, among others.
- 51 constituent (state) associations and hundreds of component (local) associations that carry out policies and programs to promote the prevention of oral disease and increase access to oral health care services.

Denali Commission

- Funded rural primary care clinics throughout Alaska that incorporate space for dental/oral health services.
- Financially support Dental Health Aide programs in Alaska, and other allied health professional training. Our Federal Co-Chair has been an instrumental member of the Dental Health Aide training task force in Alaska for a number of years.

HRSA (Chief Dental Officer)

Access to primary oral health care, oral health professional workforce, oral health policy, training oral health professionals, support the dental public health infrastructure

Indian Health Service

- The Indian Health Service (IHS) is the U.S. Public Health Service (USPHS) agency responsible for addressing the health needs of over 1.9 million American Indians and Alaska Natives (AI/AN) in over 230 hospitals and clinics in 35 states.
- More than 1,800 dentists, dental hygienists and dental assistants work in programs that strive to prevent as much dental disease as possible through organized prevention programs and limit existing disease through active clinical programs.

National Association of Community Health Centers

Primary focus is access and workforce.

National Association of Counties

No oral health activities at this time.

National Network for Oral Health Access

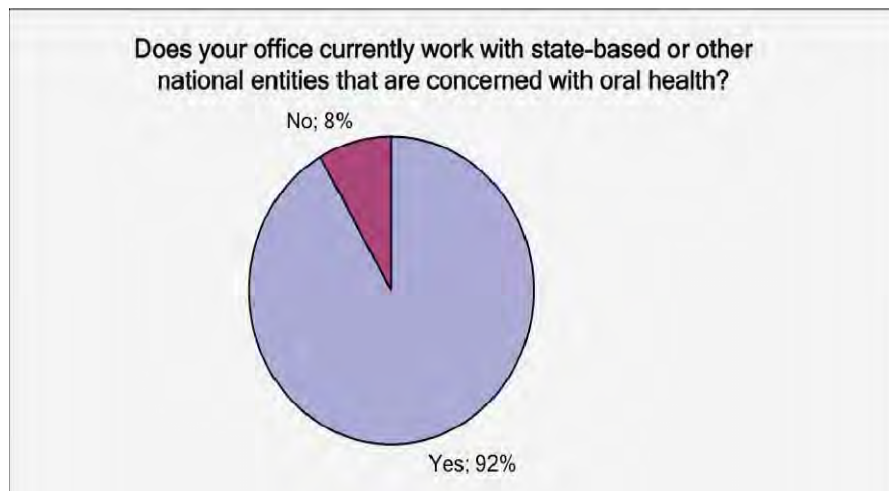
- HRSA Cooperative Agreement for Providers that work at Migrant, Homeless and Community Health Centers. NNOHA coordinates efforts to benefit Health Center oral health programs across the United States.
- Peer-to-peer networking, services, and collaboration to most effectively operate Health Center dental programs.
- NNOHA has a diverse membership of Health Center oral health providers: dental directors, dental hygienists, and their supporters.
- Membership represents the diversity of Health Center oral health settings – from novice to experienced dental directors - from 30 days to 30 years; to diverse Health Center settings - from isolated, rural, one dentist clinics, to large urban practices with 20 or more dentists.

Open-Ended Questions

The national organizations responded to several questions that were open-ended. This gave space for each to name programs on which they are working and their organizational partners. A chart of each yes-no response with the open-ended comments follows for each of the three questions.

All of the organizations used a slew of acronyms to identify their partners. There are many coalitions and organizations dedicated to improving access to oral health services. For the purposes of this paper, with the exception of the most well known organizations, the acronyms have been replaced with the number of organizations identified.

QUESTION – INTERORGANIZATIONAL WORK AND PARTNERSHIPS



OPEN ENDED RESPONSES:

All 50 states and territories. Weblink for information about astdd partner organizations: http://www.astdd.org/index.php?template=sactnav_temp.php&topic=Coalitions%20%26%20Partners

Members in 50 states within: SORHs, primary offices, primary care associations, universities, HRSA; Commonwealth of the Northern Mariana Islands, Cherokee Nation in Oklahoma, National Health Service Corps

NACHC, ADA, Pew, American Dental Education Association, University of Connecticut, University of Louisiana

Nationally ADHA works Children's Dental Health Project, American Association of Public Health Dentistry, the Association of State and Territorial Dental Directors, the American Dental Association, the American Dental Education Association, Pew Center for the States' Children's Dental Health Initiative, the Campaign for Tobacco Free Kids, First Focus, and the American

Academy of Pediatricians. State dental hygiene associations partner with other state-based entities to advance policies and programs.

Alaska Dental Health Aide Program, through the Alaska Native Tribal Health Consortium

ADA, ADHA, NIH, CDC, and ten additional organizations.

National Network for Oral Health Access (NNOHA), APHA, ADA, and seven additional organizations

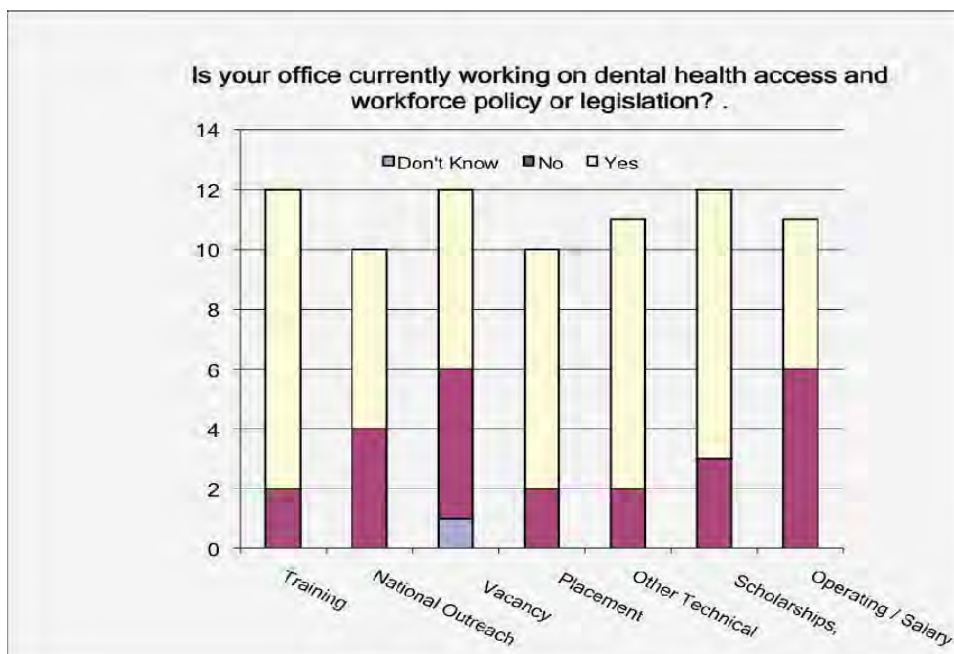
NNOHA and two additional organizations.

Through our membership in the Partnership for Medicaid we work with the American Dental Association and other groups that are concerned with oral health.

State health departments, NACCHO, NALBOH, ASTDD, ADA, ADHA, state primary care associations, the National Assembly for School Based Health Care and its state counterparts and affiliates, The DHHS Bureau of Maternal and Child Health, CDC

State and local dental societies in each state with IHS facilities. Every organized dental group, such as the ADA, APHA, seven additional organizations, every dental school and most dental hygiene training programs. With our partners in other Department of Health and Human Services agencies as well as other Federal Dental Programs, such as Department of Defense, Department of Homeland Security and the Department of Justice. Network extensively with as many public and private sector dental groups as possible. Have developed an early childhood caries initiative in which we network with all stakeholders in IHS communities - physicians, nurses, community health representatives, head start teachers, community leaders, parents and caregivers, etc.

QUESTION – ACCESS AND WORKFORCE



OPEN ENDED RESPONSES

Placement assistance/recruitment is provided for state oral health programs. Technical assistance is provided to states

Referred to www.3rnet.org

NNOHA online job bank, workforce development, workforce monitoring, salary and retention survey

ADHA and its state constitutions are committed to ensuring that the dental hygiene workforce is optimized to increase access to care. ADHA supports state and federal legislative efforts that enable dental hygienists to work to the extent of their education in a host of settings – private practice as well as community-based settings that are more easily accessible by those currently not able to receive care in a private dental office. Those interested can view legislation that ADHA tracks/is engaged in at: http://www.adha.org/governmental_affairs/tracking.htm.

ADHA legislative issues are captured in online resources at:
http://www.adha.org/governmental_affairs/practice_issues.htm.

ADHA has also been engaged in the development and promotion of a new, advanced practice (i.e. mid-level) oral health provider, the Advanced Dental Hygiene Practitioner (ADHP). The ADHP will be a Master's level educated provider envisioned to serve as the oral health equivalent to the nurse practitioner.

To learn more about the ADHP you can view the ADHP fact sheet -

http://www.adha.org/downloads/ADHP_Fact_Sheet.pdf

ADHP Competencies (curricular framework and background on the new provider) -

<http://www.adha.org/downloads/competencies.pdf>

Health reform provisions that impact the dental hygiene workforce, including workforce development, loan repayment opportunities, etc. visit:

[http://www.adha.org/governmental_affairs/downloads/Oral Health Provisions in Health Reform Legislation.pdf](http://www.adha.org/governmental_affairs/downloads/Oral_Health_Provisions_in_Health_Reform_Legislation.pdf)

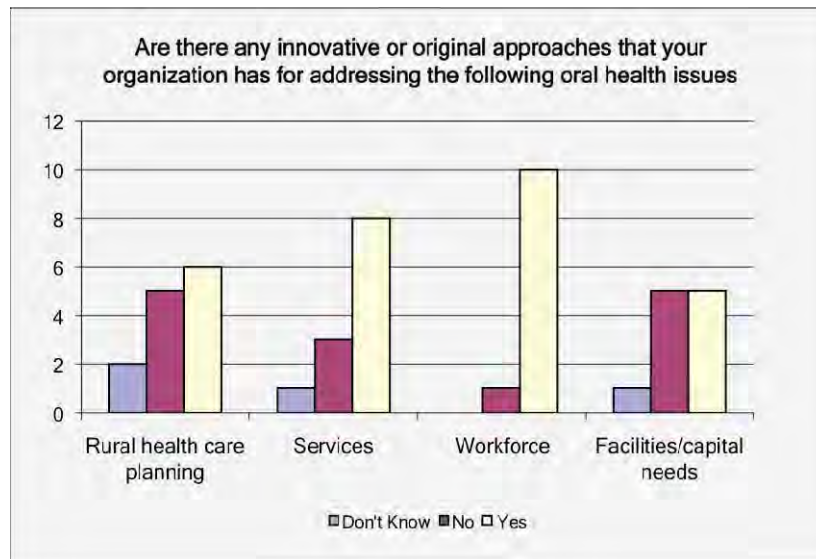
Education and training programs such as those at the University of Alaska

NACo supports federal health workforce development programs.

Technical assistance for clinic and school based dental programs, Working with various partners to advocate for the dental therapist model, list vacancies on our listserve, sealant program technical assistance, TA for clinical programs, advocate for restoration of regional dental consultants in HHS ten regional offices, advocated for inclusion of comprehensive dental services in health care reform for persons of all ages

We do not work on legislation out of my office - that would be in violation of the Hatch Act. We do develop, implement and evaluate policies specific to the Indian Health Service, however.

QUESTION – BEST PRACTICES



OPEN ENDED RESPONSES

“Best Practices” link on website, within that section is a subsection specifically on workforce development:

<http://www.astdd.org/index.php?template=bestpractices.html&tier1=Best%20Practices>

www.3rnet.org

Rural Health Outreach and Network Development programs in ORHP can be used to support planning, health service delivery and workforce issues. These are three-year demonstration grants.

Technical assistance for needs assessment, and facility planning, workforce development

Engaged in pioneering innovative workforce policies and increasing access to the oral health services dental hygienists provide. Work with Health Resources and Services Administration (HRSA) and non-profit organizations focused on the unique issues rural areas face to understand how the dental hygiene profession can be utilized/better understood. Studying how dental hygiene professionals can be used more readily in existing public health infrastructure (i.e. CHCs, FQHCs, hospitals, schools, etc) to facilitate greater access to care.

Incorporated dental health space in primary care clinics; have contributed to more than 100 rural clinics across Alaska. The Dental Health Aide Program is unique to Alaska.

Combined with ADA and ASTDD workforce committee, identify areas of concern, advocate for infrastructure support, educate decision makers, speak as a collective voice on workforce issues to the public, members and legislators.

Best Practice: A.T Still University, Mesa. Arizona

Working with the National Assembly for School Based Health Centers to integrate oral health services into school-based clinics.

Indian Health Service Division of Oral Health is world leader in rural oral health programs.

Developed a train-the-trainers programs for the Pan American Health Organization, in which health representatives in rural communities are taught oral health promotion/disease prevention techniques and are taught how to design, implement and evaluate oral health promotion/disease prevention programs. The course has been taught in Mexico City, Panama City and several islands in the Caribbean. Course participants have been dentists, physicians, nurses, community health representatives and officials from health ministries.

Next Steps: Formal NOSORH Participation in National Rural Oral Health Networks

The collection of data from national organizations, uncovered a lot to be proud of as every organization contacted is working in a coalition with other groups. This indicates that a national focus on access to oral health care is in place across professions and geography.

The priorities identified a critical need for facilities. Following closely behind as a priority is the need to expand and modernize the oral health workforce. New provider types are being trained and are already in practice across the country from the Alaska Dental Health Aide to expanded scope of practice for hygienists to a new Mid-Level Oral Health Professional.

A recommendation is that NOSORH serve as a single point of contact for state offices and the national oral health organizations. The NOSORH communications system is already well established and the organization is capable and interested in performing this service.

ATTACHMENT A.

Link to the searchable database of all SORH responses at ----- (NOSORH Insert URL here for the database)