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Introduction

Health Resources and Services Administration (HRSA) funded health centers provide health care services for more than 27 million people. In 2017, 78% of health centers had a dental program, serving over 6 million people. Of all health center patients, only 22.5% of them received dental services at health centers. The National Network for Oral Health Access (NNOHA) is a HRSA National Cooperative Agreement awardee funded to support health centers in expanding oral health services.

In support of the Oral Health Infrastructure (FY19) funding opportunity, NNOHA has developed this toolkit as a guide for health centers to use in their efforts towards infrastructure enhancements that provide new or enhance existing integrated oral health services. Feedback from the 2018 HRSA Oral Health Service Expansion (OHSE) regional listening sessions was also used to inform the development of this toolkit. This toolkit will assist health centers in assessing their readiness for oral health service expansion, provide links to HRSA's requirements, regulations, and resources, and offer infrastructure enhancement and expansion strategies for community health centers that have either on-site dental services or no current dental services.

Relevant HRSA Regulations, Requirements, and Resources

When planning for the initiation or expansion of oral health services, health centers should review the following resources:

- **Health Center Compliance Manual** to understand and ensure compliance with the Health Center Program requirements
- **FY16 Oral Health Infrastructure (OHI) technical assistance website** to access the OHI Notice of Funding Opportunity, webinar details, and helpful resources specific to the funding opportunity
- **BPHC’s Oral Health and Primary Care Integration website** for resources on improving oral health and primary care service integration in health centers
- **Sign up** for the HRSA Primary Health Care Digest, a weekly newsletter containing information and updates pertaining to the Health Center Program, including upcoming oral health training and technical resources and competitive funding opportunities

Organizational Readiness Assessment for Expansion

Start by assessing the following factors to determine if starting a dental program or expanding an existing dental program is feasible to meet an organizational need and/or increase access to dental services for the health center service population.

- **Level of need for dental services in the health center service area population:** HRSA health center grantees are required to provide preventive dental services, either directly, through a formal written contract/agreement, or through an established arrangement Health centers may also elect to provide additional dental services beyond the required preventive dental services. Signs of a need for dental services include inappropriate emergency room utilization for non-traumatic dental needs by health center patients, demand for dental services by the health center primary care population and/or community demand.

  Health centers already operating on-site dental services, may have insufficient capacity to meet the dental needs of the service area population. Signs of insufficient program capacity include:
- Long wait times for dental appointments
- Inability to complete recommended treatment plans
- High rates of drop-in emergency visits with multiple return visits for the same condition
- Low rates of appointment compliance
- Decreased satisfaction by health center patients and staff with the dental program

θ **Level of access to community dental providers for the health center population:** If the health center is located in a community with an adequate network of dental providers that accept Medicaid beneficiaries and offer payment options to low-income patients so that the health center service area population has adequate access to dental services, then the health center should evaluate the network of dental providers in proximity to the service area to determine the best site(s) for expansion.

θ **Level of organizational confidence to provide dental services sustainably:** The cost of providing dental care compared to primary care can lead to long-term fiscal challenges if not managed. Health centers considering starting a dental program, should have a business plan with estimates of both the capital costs of a dental clinic build-out and the expenses and anticipated payer mix and revenues for the dental program. Health centers with data that shows they will be able to operate and fiscally manage an on-site dental program sustainably should consider proceeding with implementing a dental program. Health centers with existing dental programs that are not, at minimum, revenue neutral, should proceed with caution if considering additional expansions.

**Expansion Strategy- Factors/Criteria**
While the most common method of starting or expanding existing dental services is to build-out a brick and mortar dental clinic, there are other options, especially for health centers that already have existing dental clinics. The access point strategies are diagrammed and described below:

![Expansion Strategy Diagram]
Option 1: Health Center with No Current Dental Services

New Start-Up for Direct Services

The most common strategy for adding dental services for health centers that do not currently offer dental services is to build-out a brick and mortar dental clinic that will offer direct services. For this option, consider and adequately address the following factors:

- **Space for the dental clinic:** The physical location for a dental clinic must be identified. Ideally, a dental clinic would be located as close as possible to, or even embedded in, the health center primary care medical clinic. Co-location facilitates patient-centered, integrated, team-based care. When space in the same building is not feasible community locations close to the health center primary care medical clinic are desirable.

- **Capital funding for the build-out, equipment and supplies:** Financing for all aspects of dental clinic development must be identified. Depending on the selected physical space, capital funding may include building or practice purchase, remodeling of existing spaces, purchase of dental equipment and initial supply costs. The HRSA OHI funding can be used to fund minor alterations and renovations, equipment and supplies, and health information technology (HIT).

- **Workforce:** Staffing for the dental clinic should be identified and/or a plan for recruiting and hiring dental staff should be developed. Workforce resources are discussed more in this toolkit.

**General Expansion Resources and Practice Management**

An excellent initial resource for health centers without dental programs that provides an overview of developing a program is *The Safety Net Dental Clinic Manual* a resource designed to assist with dental clinic development and ongoing operations.

The *NNOHA Operations Manual* is a useful resource for health centers that are starting a new dental program. There are six chapters in the NNOHA Operations Manuals:

1. **Health Center Fundamentals:** provides basic material on health center dental programs and relevant information to have a successful health center dental program.
2. **Leadership:** describes elements of dental program leadership and gives resources to assist health centers in running a strong practice.
3. **Financials:** provides a general overview of the health center financial structure for oral health programs.
4. **Risk Management:** discusses strategies to provide quality dental services while reducing liabilities to protect the patient and provider.
5. **Workforce and Staffing:** provides helpful tools and resources in addressing common workforce issues for health center dental programs.
6. **Quality:** provides information on how to achieve and improve quality oral health care and gives approaches to establish a relevant quality improvement plan for dental programs.

**Financials**

In addition to the *Financials chapter* of the NNOHA Operations Manual, there are many other resources that are useful in financing health center oral health services for new dental programs:

- NNOHA and Capital Link’s [webinar](#) on planning and financing dental expansion. Capital Link is a HRSA National Cooperative Agreement awardee that works with health centers and primary care associations to provide support in financial management.
NNOHA’s webinars on Financial Management for Health Center Oral Health Programs, split into Part 1 and Part 2. The webinars provide the basics of financial management and answers frequently asked questions.

When creating a new dental program, it is essential to analyze financial impacts of different scenarios. The DentaQuest Partnership for Oral Health Advancement and National Maternal and Child Oral Health Resource Center have created an Interactive Budget-Planning Workbook to assist with these cost comparisons.

Health Information Technology
As a new health center dental program develops, health centers will consider health information technology (HIT) systems for Electronic Dental Records (EDR). With the emergence of whole-person, integrated team-based care, the selection of the EDR has become more complex. The level of desired interoperability and communication between the medical and dental electronic records has become another criteria for EDR selection, along with cost, user-friendliness, user support and other traditional factors. The HRSA OHI funding can be used to improve the interoperability of oral health and medical electronic health record systems.

Resources to assist health centers in selecting the appropriate EDR software for their new dental program include:

- Using HIT to Improve Oral Health Access and Outcomes which discusses the benefits of having an integrated dental HIT.
- A Strategic Roadmap to Achieving Meaningful Use Objectives and Selecting an Integrated Electronic Health Record System to Improve Oral Health Access and Outcomes
- Health Center Controlled Networks (HCCN) provide HIT support to health centers. The NACHC Network Resource Guide provides information about HCCN support capabilities and services.

Policies and Protocols
Health center dental programs must ensure that they have proper dental practice policies and protocols to ensure patient safety and quality dental services.

- The NNOHA Dental Forms Library houses various forms such as job descriptions, consent forms, dental clinic policies, patient instructions, performance evaluations, and quality assessment forms.
- To develop a high performing dental program, the Characteristics of a Quality Oral Health Dental Program factsheet provides an outline of the top characteristics of a quality health center dental program.
- To prepare for Operational Site Visits (OSV) from HRSA, this presentation will provide an in-depth look at what to expect when preparing for an OSV.
- Health centers are encouraged to promote sustainable green practices across dental sites. This promising practice, Going Green in Dental discusses strategies to implement green initiatives for waste management in dental programs.

Patient Safety
Patient safety is a priority for health center dental programs. To learn more, access the following resources:

- The Centers for Disease Control and Prevention’s (CDC) current infection prevention and control guidelines and recommendations for dental settings.
Oral Health Infrastructure Toolkit

- The Organization for Safety, Asepsis and Prevention’s (OSAP) resources for patient safety in the dental office.
- NNOHA’s webinar, Infection Prevention and Control for Dental Settings defines the purpose of an infection prevention and control (IPC) program, common IPC risks, and way to prevent common IPC risks.
- HRSA’s webinar, Infection Prevention and Control in Dental Settings reviews documented transmission of infectious agents in dental settings and the implications of this information, as well as standard precautions with an emphasis on sterilization and disinfection of patient care items and devices.
- The American Dental Association’s resources on patient safety and infection control.

Workforce Resources
Refer to the Appendix 1 for Workforce Resources.

Contracting Dental Services
Health centers that do not currently have on-site dental services and are unable to build-out a brick and mortar dental clinic, may consider contracting with outside dental providers to provide access to dental care services. The following resources are available to help contract oral health services:

- NNOHA’s checklist, Contracting for Dental Services in Health Center: A Checklist for Planning assists health centers in determining if contracting is an appropriate strategy and to plan for the implementation of contracting dental services.
- NNOHA’s implementation guide, Contracting for Dental Services in Health Center: Implementation Strategies includes promising practices from interviews with health centers that are sustainably contracting for dental services.
- The Children’s Dental Health Project created a handbook for health centers on Increasing Access to Dental Care through Public-Private Partnerships.
- NNOHA and NACHC offered a webinar on dental contracting.

Option 2: Currently Offers On-site Dental Services
Expansion of On-site Direct Services
Health centers that currently offer on-site dental services have various options for expanding oral health care access. One common strategy is through the expansion of on-site direct dental services. Health centers may expand on-site direct dental services through establishing new sites or by renovating/expanding existing locations. Health centers may also expand on-site direct dental services with the integration of oral health and primary care practice (IOHPCP). For the expansion of on-site direct services, consider and adequately address the following factors:

- **Space for the dental clinic:** The physical location for a dental clinic must be identified. Ideally, a dental clinic would be located as close as possible to, or even embedded in, the health center primary care medical clinic. Co-location facilitates patient-centered, integrated, team-based care. When space in the same building is not feasible, community locations close to the health center primary care medical clinic are desirable.
- **Capital funding for the build-out, equipment and supplies:** Financing for all aspects of dental clinic development must be identified. Depending on the selected physical space, capital funding may include building or practice purchase, remodeling of existing
spaces, purchase of dental equipment and initial supply costs. The HRSA OHI funding can be used to fund minor alterations and renovations, equipment and supplies, and health information technology (HIT).

- **Workforce**: Staffing for the dental clinic should be identified and/or a plan for recruiting and hiring dental staff should be developed. Workforce resources are discussed more in this toolkit.

### New Sites and Site Renovations

One option to expand on-site direct dental services is through the development of new sites or renovation/expansion of existing sites.

#### General Expansion Resources and Practice Management

An excellent initial resource for health centers with dental programs that provides an overview of developing a program is *The Safety Net Dental Clinic Manual* a resource designed to assist with dental clinic development and ongoing operations.

The **NNOHA Operations Manual** is a useful resource for health centers who are expanding an existing dental program. There are six chapters in the NNOHA Operations Manuals:

1. **Health Center Fundamentals**: provides basic material on health center dental programs and relevant information to have a successful health center dental program.
2. **Leadership**: describes elements of dental program leadership and gives resources to assist Health Centers in running a strong practice.
3. **Financials**: provides a general overview of the health center financial structure for oral health programs.
4. **Risk Management**: discusses strategies to provide quality dental services while reducing liabilities to protect the patient and provider.
5. **Workforce and Staffing**: provides helpful tools and resources in addressing common workforce issues for health center dental programs.
6. **Quality**: provides information on how to achieve and improve quality oral health care and gives approaches to establish a relevant quality improvement plan for dental programs.

#### Financials

In addition to the **Financials chapter** of the NNOHA Operations Manual, there are many other resources that are useful in financing health center oral health services for new dental programs:

- NNOHA and Capital Link’s webinar on planning and financing dental expansion. Capital Link is a HRSA National Cooperative Agreement awardee that works with health centers and primary care associations to provide support in financial management.
- NNOHA’s webinars on Financial Management for Health Center Oral Health Programs, split into Part 1 and Part 2. The webinars provide the basics of financial management and answers frequently asked questions.
- With any dental program, it is essential to analyze financial impacts of different scenarios. The DentaQuest Partnership for Oral Health Advancement and National Maternal and Child Oral Health Resource Center have created an Interactive Budget-Planning Workbook to assist with these cost comparisons.

Many health centers have expanded oral health access through service expansion. NNOHA’s promising practice, *Increasing Oral Health through Clinic Expansion* features a health center...
who expanded their dental clinic using the HRSA 2016 Oral Health Service Expansion funding. NNOHA’s promising practice, Expanding Scope: The Swedish Community Specialty Clinic describes a health center’s experience with expanding their scope of practice to provide advanced dental services.

Expansion or Addition of Off-site Direct Services

Another option for expanding oral health services for health centers who have a dental program is the expansion or addition of off-site direct services. This can be accomplished through mobile/portable dental units, hospital-based dentistry, teledentistry, public housing based health centers, and school-based health programs. This section will outline resources and strategies to expand off-site direct dental services. For bringing a new site (Form 5B) including one that is intermittent into scope, the information is available on the HRSA website, under the resources and sites tab. Follow the Form 5B instructions to complete the form.

For the expansion or addition of off-site direct services, health centers should consider the following factors:

- **Capital funding for the build-out, equipment and supplies:** Financing for all aspects of dental clinic development must be identified. Depending on the selected physical space, capital funding may include a mobile dental unit purchase, remodeling of existing spaces, purchase of dental equipment and initial supply costs. The HRSA OHI funding can be used to fund minor alterations and renovations, equipment and supplies, and health information technology (HIT).
- **Workforce:** Staffing for the dental clinic should be identified and/or a plan for recruiting and hiring dental staff should be developed. Workforce resources are discussed more in this toolkit.

Mobile Dental Unit/Portable Dental Programs

Health centers may consider the option of a mobile dental unit or a program using portable dental equipment to expand off-site direct dental services outside of a traditional fixed dental clinic. Health centers can use this checklist in planning for a mobile program or program using portable dental equipment:

- Build the case and get support for a mobile, portable, or hybrid program to expand oral health services, especially in rural areas experiencing access barriers. The National Rural Health Resource Center has resources for improving oral health care services in rural areas including dental health provider shortage areas.
- Determine the setting (e.g., school, homeless shelter, residential facilities, long term care facilities, primary care medical clinic) and delivery model (e.g., mobile, portable, or hybrid program) through a needs assessment. This Dental Clinic Comparison Chart provides the pros, cons, capacity, and costs between fixed clinics, mobile clinics, and clinics using portable equipment.
- Establish goals and objectives for the program.
- Establish community partnerships.
- For mobile dental programs, access the Mobile-Portable Dental Manual (Chapter 2) to learn about how to get started, van structural considerations, vehicle design, building and delivering the vehicle, staffing, program operations, and financing. The HRSA OHI funding can be used to purchase a new or enhance an existing mobile unit.
- For programs using portable equipment, access the Mobile-Portable Dental Manual (Chapter 3) to learn about considerations on patient population, site coordinators, design
and transportation, staffing, program operations, risk management, and financing. The HRSA OHI funding can be used to purchase portable dental equipment and supplies to provide preventive dental services in other settings accessible to the patient population (e.g., schools, community organizations, homeless shelters).

- Determine the health IT system and how the mobile dental unit or portable equipment program will handle patient records. It is critical that mobile/portable dental units are able to access and integrate electronic dental records (EDR). Health Center Controlled Networks (HCCN) provide HIT support to health centers. The NACHC Network Resource Guide provides information about HCCN support capabilities and services.

- Establish quality assurance/improvement and patient safety protocol and processes. The Organization for Safety, Asepsis and Prevention (OSAP) is a resource for patient safety in the mobile/portable dental settings. OSAP offers resources such as a checklist and a fact sheet for infection control in mobile/portable dental units.

- Establish an ongoing program evaluation and quality improvement process.

For more information on these steps, access the Mobile-Portable Dental Manual, a comprehensive manual that explains how to develop and operate a mobile or portable dental program. The California Primary Care Association’s technical assistance guide, Increasing Access to Oral Health provides an overview of models that can be used to increase access to oral health including new service delivery models such as intermittent and non-traditional dental sites.

A NNOHA promising practice, Adding Restorative Care to Health Center Mobile Dental Programs describes a health center’s experience in adding restorative care to their health center’s mobile dental program. Another NNOHA promising practice, Implementing Mobile Dental Services in an Elder Care Facility, describes a health center’s experience in using mobile dental units to provide care to the elder population.

**Teledentistry**

Teledentistry is an emerging trend for health centers and is a viable option to expanding off-site direct dental services. Health centers can use this checklist in planning for a teledentistry or virtual dental program:

- Build the case and get support for a teledentistry program as a cost-effective method for expanding oral health services. The Association of State and Territorial Dental Directors’ (ASTDD) white paper discusses how teledentistry can facilitate access to care.

- Check your state’s current telehealth-related laws and policies.

- The SMILES Dental Project has resources to support health centers in planning their virtual dental home project including budgets and IT systems. Telehealth Resource Centers (TRCs) provide assistance, education, and information to organizations actively providing or interested in providing health care at a distance. OHWRC’s Case Studies of 6 Teledentistry Programs outlines factors considered when planning and implementing teledentistry services and infrastructure requirements.

- Consider financial sustainability of the program and how it will be funded. The HRSA OHI funding can be used to purchase teledentistry equipment.

- Establish community partnerships.

- Determine the teledentistry or virtual dental home model for your health center including setting (i.e., Head Start Centers, schools, residential facilities, long-term care facilities, etc) and services provided. Different models can include dental hygienists within the Virtual Dental Home model or interprofessional telehealth-connected teams.
Determine technology (i.e. electronic records, telehealth equipment, and transmission modes) that will be used based on the type of interaction between the patient and provider, information being transmitted, or communication medium.

Ensure the teledentistry network and electronic dental records comply with HIPAA requirement and federal standards for system security.

Establish clinical workflows, new dental team roles, and communication processes between on-site and remote site care teams (i.e., synchronous vs. asynchronous). The HRSA OHI funding can be used to redesign workflows to support the use of telehealth and virtual dentistry to increase access to oral health services.

Prepare sites for clinical care through provider and staff training and education.

Establish an ongoing program evaluation and quality improvement process.

A NNOHA promising practice, Increasing Access to Care through Teledentistry, features a health center that implemented a Virtual Dental Home. Another NNOHA promising practice, Implementing a Pediatric Teledentistry Program, discusses a health center’s experience in utilizing teledentistry to increase access to care for pediatric patients.

Hospital-Based Care
Health centers may expand off-site direct dental services through the provision of care in hospital-based dental programs. Health centers can consider a hospital-based dentistry program to help provide oral health services for people with complex medical, cognitive, physical, and psychological conditions requiring additional management skills and resources. The following checklist can be used in planning for a hospital-based dental program:

- Conduct a community needs assessment.
- Create an operation and capital expense budget, identifying the cost for staffing, supplies and capital equipment. The HRSA OHI funding can be used to purchase dental equipment.
- Review HRSA’s requirements on defining scope or project and policy for requesting changes.
- Engage partners.
- Recruit, privilege, and credential staff interested in providing care in a hospital setting
- Understand the hospital environment and quality assurance/improvement activities (i.e., accrediting organization, national, state, and local health standards, etc).
- Determine equipment needs for the operating room.
- Prepare necessary forms and establish workflows needed in preparation for surgical cases (i.e., appropriate documentation, informed consent, etc.)
- Understand insurance requirements (i.e. pre-authorizations).
- Consider leveraging a case manager.
- Prepare sites for clinical care through provider and staff training and education.
- Establish an ongoing program evaluation process.

For more information on these steps, access NNOHA’s white paper on hospital-based dentistry for health centers and NNOHA’s presentation, Health Centers and Hospital-Based Dentistry. A NNOHA promising practice, Hospital-Based Early Childhood Caries Intervention discusses early childhood caries intervention through hospital-based dentistry. Another NNOHA promising practice, Establishing a Dental Clinic in a Hospital Emergency Department, features a health center’s experience in implementing a dental clinic in a local hospital as an emergency room diversion strategy for patients experiencing dental problems.
Health centers may also consider an emergency room (ER) diversion program which can include establishing a satellite site in a local hospital. The American Dental Association (ADA) has some resources on ER diversion like this fact sheet on reducing health care costs through ER diversion. They also have step-by-step guides on developing an ER diversion program. The Association of State and Territorial Dental Directors’ (ASTDD) Best Practice Approach Report, Emergency Department Referral Programs for Non-Traumatic Dental Conditions provides a description of the ER diversion strategy, guidelines and recommendations, research evidence, best practices, and examples.

School-Based Health Programs
School-based health programs are another option for health centers to consider in expanding off-site direct dental services. School-based health programs provide access to important preventive measures for high risk children such as dental sealants and fluoride treatment. Health centers can follow the checklist below when developing a school-based dental program:

- Build the case and get support for a school-based program as a sustainable service delivery method for expanding oral health services.
- Decide on a delivery model: 1) fixed clinic located in schools, 2) mobile vans parked on school property, 3) portable equipment carried into schools and located in temporary spaces, or 4) multiple models.
- Review your state’s dental practice act to determine supervision guidelines and allowable tasks by dental providers in school-based settings.
- Review state Medicaid guidelines on reimbursement of oral health services delivered in school-based settings.
- Consider the financial sustainability of the school-based dental program. This feasibility calculator can help to assess the financial sustainability of an existing or future school-based oral health program. The HRSA OHI funding can be used to purchase dental equipment and supplies including mobile units and portable dental equipment.
- Establish community partnership, that could include local schools, school districts, and existing school-based oral health programs. The National Maternal Oral Health Resource Center’s resource guide, Promoting Oral Health in Schools lists resources including readiness assessments for oral health programs in schools.
- Determine the services to be delivered within the school-based setting (i.e., preventive, additional, or specialty dental services). NNOHA’s Survey of School-Based Oral Health Programs Operated by Health Centers outlines descriptive findings on school-based health programs’ productivity and services. Additionally, the report provides promising practices and recommendations for funding, consent for treatment, and care coordination. A NNOHA conference session presentation, The Seal is the Deal discusses developing and implementing a school-based sealant program.
- Determine the health IT system for your school-based dental program. Ensure that the system complies with HIPAA standards.
- Establish clinical, referral, and care coordination workflows, new dental team roles, and communication processes between school-based site and health center sites.
- Enroll students and prepare the necessary forms to obtain consent.
- Prepare sites for clinical care through provider and staff training and education.
- Establish an ongoing program evaluation and quality improvement process.

For more information on these steps, access NNOHA’s report and webinar on school-based oral health programs by health centers. The American Dental Association also has a collection of
resources for school-based dental programs. NNOHA has a promising practice, Mobile Dental Units for School-Based Dental Care, from a health center that utilizes a mobile dental unit to provide dental care to various school sites in their community.

**Academic Partnerships**

Health centers may consider partnerships with academic institutions and residency programs to provide workforce when expanding on-site direct dental services. Academic partnerships may lead to potential recruitment of oral health professionals through service-learning programs. The HRSA OHI funding can be used for collaborative activities with educational institutions to serve as a rotation site for dental students or community site for a residency program.

The following resources may be helpful in establishing academic partnerships:

- NNOHA’s white paper, provides strategies for health centers to develop partnerships with academic institutions and residency programs.
- NNOHA developed an orientation narrative template for dental students who attend a service learning program through a health center as part of their orientation process.
- NNOHA’s preconference session presentation, Growing an Academic Health Center Practice is divided into three sections. The first provides the perspective of a dental school. The second describes a health center’s experience in developing an academic partnership including the cost benefits. The third describes postdoctoral residency program and health centers.

**Innovative Dental Team Members**

Over the last few years, there have been an emergence of new dental team members that may be utilized within health centers. Health centers with established dental programs may consider a new dental team member for expanding oral health services at their health center.

The following resources may be helpful in utilizing new dental team members:

- This webinar outlines the various types of midlevel dental providers.
- NNOHA’s webinar series on community dental health coordinators (CDHC) and dental therapists (DT) show how these dental team members may be utilized in health centers.
- NNOHA’s conference panel discussion featured a CDHC and a DT who worked in health centers.

**Integration of Oral Health and Primary Care Practice (IOHPCP)**

A strategy to expand on-site direct dental services is through integration of oral health and primary care practice (IOHPCP). The aim of IOHPCP is to improve access for early detection and preventive interventions by expanding oral health clinical competency of primary care clinicians.

**Background**

In 2011, the Institute of Medicine published the reports, Improving Access to Oral Health Care for Vulnerable and Underserved Populations and Advancing Oral Health in America. These reports identified the appropriate training for non-dental professional to perform oral disease screenings and provide preventive services as a method of improving oral health care of the underserved. As a result, HRSA released the 2014 white paper, Integration of Oral Health and Primary Care Practice. This paper outlines the five oral health core clinical competencies for primary care providers.
Implementation of IOHPCP

Health centers expanding on-site direct dental services may consider IOHPCP as an option by engaging primary care providers in oral health activities such as completing oral health risk assessments, completing oral evaluations, and administering preventive interventions (i.e. fluoride varnish).

The following resources may be helpful in implementing IOHPCP:

- NNOHA received supplemental HRSA funding to pilot the implementation of the interprofessional core clinical competencies and to develop the *User's Guide for Implementation of Interprofessional Oral Health Core Clinical Competencies*.
- NNOHA's webinar highlighting results from one of the pilot health centers.
- NNOHA's webinar featuring two health center experiences using the five oral health core clinical competencies.
- NNOHA and the National Health Care for the Homeless Council's webinar, *Oral Health and Diabetes in Patients Experiencing Homelessness* and a webinar featuring a health center's IOHPCP experience for prenatal care and diabetic management.
- A promising practice, *Adding Mobile Dental Services to a Pediatrics Clinic*, describes a health center’s experience in adding portable dental equipment to a pediatrics site by utilizing an existing medical exam room.

Health centers may also consider embedding dental providers (dental hygienists, dentists, etc.) in the medical program to further integrate oral health and primary care. Health centers should also carefully review their state dental practice act to ensure that dental hygienists are able to practice in the medical setting.

Training Resources

When developing an integration program, a training system should be developed for primary care providers on oral health topics. The HRSA OHI funding can be used for training activities that enhance the integration of oral and primary care practice by improving the oral health core clinical competencies of primary care providers and interdisciplinary training. A few training resources include:

- Smiles for Life is considered the most comprehensive oral health training curriculum for medical staff and providers. Smiles for Life has online modules that are self-paced and provides continuing education credits.
- The American Academy of Pediatrics has a list of resources and training tools for medical providers to engage in oral health.
- The National Maternal and Child Oral Health Resource Center website also has many resources that are useful for primary care providers in oral health topics.

Expansion of Contracting Services

Health centers that already contract for dental services may consider expanding their contracting services as a strategy to increasing dental services. There are many resources available for expanding contracting oral health services:

- NNOHA’s implementation guide, *Contracting for Dental Services in Health Center: Implementation Strategies* includes promising practices from interviews with health centers that are sustainably contracting for dental services.
- The Children’s Dental Health Project created a handbook for health centers on *Increasing Access to Dental Care through Public-Private Partnerships*. 
NNOHA and NACHC offered a webinar on dental contracting.

**Workforce Resources**
Refer to Appendix 1 for Workforce Resources.

### Appendix 1

**Workforce Resources**
It is critical when establishing a new dental program that health centers consider their workforce and staffing. Workforce issues are a primary concern for health center dental programs. Consideration of the following will help ensure a successful workforce model:

- Recruitment strategies for dental providers and team members
- Retention strategies for dental providers and team members
- Training opportunities that align with the health center mission of building community capacity and/or serve as recruitment and retention strategies

In addition to the *Workforce and Staffing chapter* of the NNOHA Operations Manual, the following list provides other resources on workforce and staffing that will be beneficial when establishing dental services at a health center:

- The [NNOHA Job Bank](#) is an excellent resource to recruit dental providers and team members. Job postings are publicized on the NNOHA website and in the bi-weekly NNOHA Newsletters.
- In 2018, NNOHA conducted a workforce survey among its membership. The [Analysis of the 2018 Member Workforce Survey](#) includes responses from health center dental providers and leadership on topics like dental staff salary ranges, benefits, and factors that influence job satisfaction and may be used to inform health center oral health programs in their recruitment and retention strategies.
- Recruiting and retaining a health center dental workforce can be challenging. NNOHA has compiled recruitment and retention tips for health centers working to build a strong and high-quality dental workforce. It is important that health centers make their program distinct and desirable for potential dental providers. Health centers should review workforce recruitment strategies to make their health center stand out. While recruiting staff and providers, there may be many questions that arise about what it is like to work for a health center. This [Health Center Dental Employment FAQ](#) is a resource that can be shared with interested candidates.
- One strategy for recruitment is through the [National Health Service Corps (NHSC)](#). NHSC has a loan repayment and scholarship program for dental providers if they work in a NHSC-approved site in a Health Professional Shortage Area (HPSA). Health centers may recruit dental providers who have a loan repayment or scholarship with NHSC to work in their dental program. Dental providers can apply for the loan repayment program while working in a health center that meets the HPSA dental scoring requirement. This may serve as a recruitment perk. NNOHA has developed a [fact sheet](#) that outlines the different options available through NHSC.
- Volunteer dental providers are a possibility when creating a health center oral health program. NNOHA’s promising practice, [Creative Staffing with Professional Volunteers](#) discusses the strategies used to expand volunteers’ capabilities when facing budgeting issues. In addition, health centers can apply for FTCA medical malpractice coverage for a qualified [Volunteer Health Professional (VHP)](#).