



COLLOQUIUM REVIEW #2

NH Oral Health 2014/ Keene, NH

September 5, 2013

Exploring the Infrastructure & Advancing the Vision

The second convening was hosted by the Cheshire Medical Center in Keene. Our thanks to Eileen Fernandes and Ann Mahoney for their gracious hospitality.

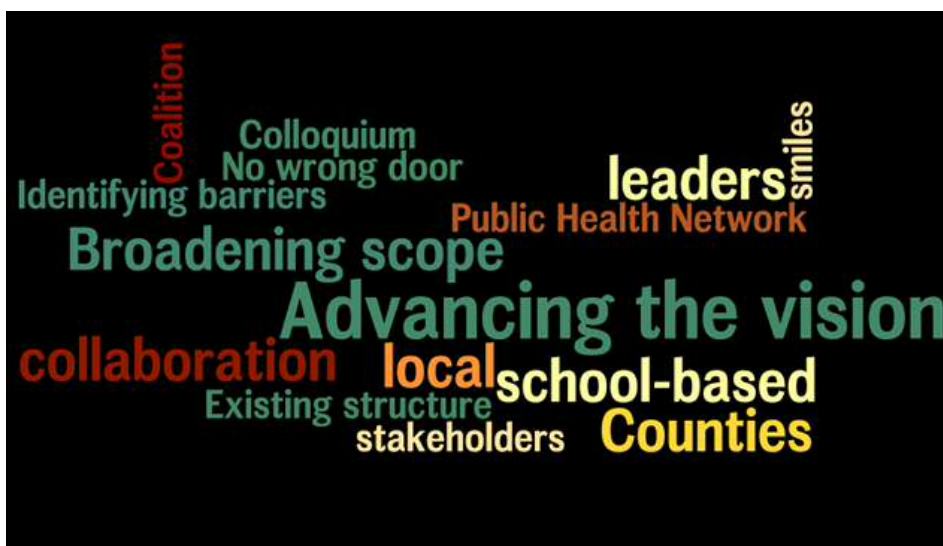
Presentations for the session focused on exploring the existing public health infrastructure for the capacity to support public health dental hygienists (PHDH) deployment. Characteristics explored included governance, geographic spread, functions, and centralized communication. Our local program highlight featured the work of Ann Mahoney and Dr. Stephen Hoffman through Cheshire Smiles. Our small group work focused on advancing the vision of the PHDH.

Our objectives for the meeting included:

- Broadening the scope of stakeholder involvement;
- Increasing knowledge about the existing public health infrastructure systems in NH with a special focus on the emerging public health networks (PHNs) and the counties;
- Highlighting a local innovative community-based program; and
- Progressing the vision of future roles for the PHDHs.

The colloquium framework combines small-group and whole group discussions to address critical questions concerning prevention and public health infrastructure, and includes presentations by contributors who share their specific health experience and expertise with the colloquium participants to enrich the roundtable discussions. This summary provides an overview of key areas of focus, shared ideas, and a range of next steps envisioned by the participants who gathered together from across the state.

— Adapted from the US National Oral Health Alliance Access to Dental Care Summit Summary



In This Issue

- Public Health Networks
- NH Counties
- Advancing Vision
- About DentaQuest
- Cheshire Smiles
- Growing the Network

The Emerging Public Health Networks (PHNs)

Beginning in 2002, the NH Department of Health and Human Services (DHHS), Department of Public Health Services began a key initiative to incrementally establish a framework to support regional public health services planning and program implementation; within 4 years they had developed network that included every city and town in the state. Due in part to the emergency funding that followed the events of September 11, 2001, initial activity focused on planning and response to public health emergencies.

A *Public Health Regionalization Initiative Task Force* was formed and worked to define local public health networks that would provide public health improvement policies and plans, public education, and continued development of partnerships. DHHS would retain responsibility for infectious disease investigation and laboratory services.

Over the past several years, funding has expanded beyond the emergency planning to include other public health functions. Many PHNs now provide some level of health service.

There are currently 13 PHNs funded and contracted with NH DHHS. The contracted entities include two county governments (Cheshire and Sullivan), three city health departments (Derry, Manchester, Nashua), the town of Exeter, three health care entities (Mary Hitchcock Hospital, Mid-State Health Center, Goodwin Community Health) and four non-profits (North Country Health Consortium, Carroll County Coalition for Public Health, Lakes Region Partnership for Public Health, and the Granite United Way).

Each network is a distinct entity without centralized funding or governance. The PHNs are currently working on developing local public health advisory committees (PHACs) to guide them in their assessment, planning and development. The PHNs and their PHACs have the capacity for oral health representation on the committees. This year, DHHS has used the PHNs for the distribution of their behavioral health contracts which will provide an opportunity for evaluation of the capacity of the networks within the system to move forward together on implementation. www.nhphn.org

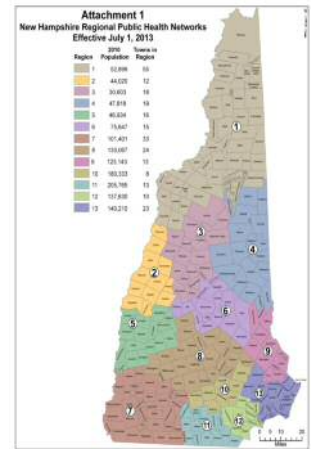
Presented by: Neil Twitchell, Administrator, NH Division of Public Health Services;

New Hampshire County System

Statewide there are now 10 counties. Governed under the NH Constitution and the NH Revised Statutes (RSA) Title 22, each county is a separate entity providing core functions including the provision of nursing home care, corrections; and the operation of the Register of Deeds, county attorney, sheriff and county treasurer. Some counties are open to more than the traditional role and provide local health services including oral health.

The counties have common membership in the NH Association of Counties, but do not have centralized governance, function, or communication. Funding comes from state, federal, private, and local sources. Two of the counties function as Public Health Networks (PHNs) as discussed above.

Presented by: John Wozmak, Esq., Cheshire County Administrator and the NH Association of Counties www.nhcounties.org.



Participants

Erika Argersinger
Louise Danforth
Pam Delahanty, RDH
Nancy Dumont
Eileen Fernandes
Sue Fulton
Ellen Heuduska
Andrea Iasillo, RDH
Liz Kantowski
Ann Mahoney, RDH
Nancy Martin, RDH
Marie Mulroy
Stephanie Pagliuca
Steve Rowe
Garrett Simonsen
Nancy Snow
Helen Taft
Sherry Thornburg
Neil Twitchell
Sandi Van Scoyoc
Jeff Woodburn
Adele Woods
Jack Wozmak

Advancing the Vision – Discussion Summary and Key Findings

To ensure input and consideration from a broad-spectrum of stakeholders, each colloquium included small group discussion. Groups were encouraged to review and affirm the evolving vision and to add components not already included. Discussion questions for this session were:

- In your role as an oral health stakeholder, if we were able to more systematically deploy a public health dental hygienist out into the community, what might NH's public health system or role look like?
- What barriers currently exist that would prevent that system from developing?
- What strengths and supports exist that would help build the system?



Early Visions:

- Dental care across the lifespan – pregnancy to geriatric
- Co-location of services with other providers including primary care, obstetrics, federally-qualified health centers, etc.
- Portability of services into the community including food pantries, nursing homes, schools, Women, Infants, and Children (WIC), Increased coordination of medical and dental providers
- Strong educational components to dentists, physicians, hygienists, etc.
- Consumers education on the importance of oral health
- **Follow-up referrals for both adults and children to dentists, specialists, and physicians (NEW)**
- **“No wrong door” for entry into the oral health access system (NEW)**

Barriers:

- Understanding of reimbursement, insurance, and billing
- Knowledge of public and private funding opportunities
- Coordination between dentists and primary care providers
- Limited knowledge about PHDHs and opportunities by dentists, hygienists, primary care providers, and consumers



Our primary funder for this project, the DentaQuest Foundation is committed to improving the systems that promote optimal oral health: Policy, Funding, Care and Community.

Through philanthropic investment, DentaQuest supports major national initiatives and state-based programs that are driving change from grassroots to grasstops. Their vision is the equitable access to knowledge, care, and community resources that supports optimal oral health.

Cheshire Smiles – School-based Program



Cheshire Smiles, affiliated with Cheshire Medical Center in Keene, NH, is a project of the Council for Healthier Communities. They provide a school-based program serving 21 elementary and 3 middle schools. Services are provided on-site, outside of the dental office by hygienist, Ann Mahoney through collaborative supervision from Dr. Stephen Hoffman.

Since its inception in 1997, the program brings oral health screenings, cleaning and restorative referral into the community setting. To date, over 22,118 children have been screened with 4,726 children receiving preventive services.

Sealant placement was added to the program in in the 2012-2013 school year. This process was made more efficient by the purchase of a curing light through funding received from the NH Dental Society Foundation. Over 8,550 teeth have been sealed.

Additionally, Cheshire Smiles provides oral health education in classrooms and Head Start centers plus charting assistance to the screening dentists.

Benefits of the program include the ability to see a large number of children in the community environment where they gather and the opportunity to provide them with information on oral health, dental home referral, and linkage to the NH Medicaid program. Challenges include the lack of care-management service to ensure efficient follow-up in a network with limited restorative options.

Funding for the community-based program comes from the NH DHHS Oral Health Program, Cheshire Health Foundation, Medicaid reimbursement, Keene-based Dental Health Works and the Cheshire Medical Center/Dartmouth-Hitchcock Keene in-kind donations. Community donations from parents, the local PTA and others make this a locally-supported and appreciated project.

Growing the Network

Alice Peck Day Memorial Hospital
Bi-State Primary Care Association
Cheshire County Administration
Cheshire Medical Center
Cheshire Smiles
Children's Alliance of NH
Coos County Family Health Services
Council for Children and Adolescents with
Chronic Health Conditions
Dartmouth Hitchcock
Endowment for Health
Families First Health and Support Center
Health First Family Care Center
Lamprey Health Care
Manchester Health Department
Monadnock Healthy Teeth to Toes (MCH)
NH Dental Hygienists' Association
NH Department of Health and Human Services
NH Oral Health Coalition
NH Public Health Association
NH State Senate
Town of Derry

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