

Establishing the Base: Identifying NH's **Non**-Traditional Oral Health Settings

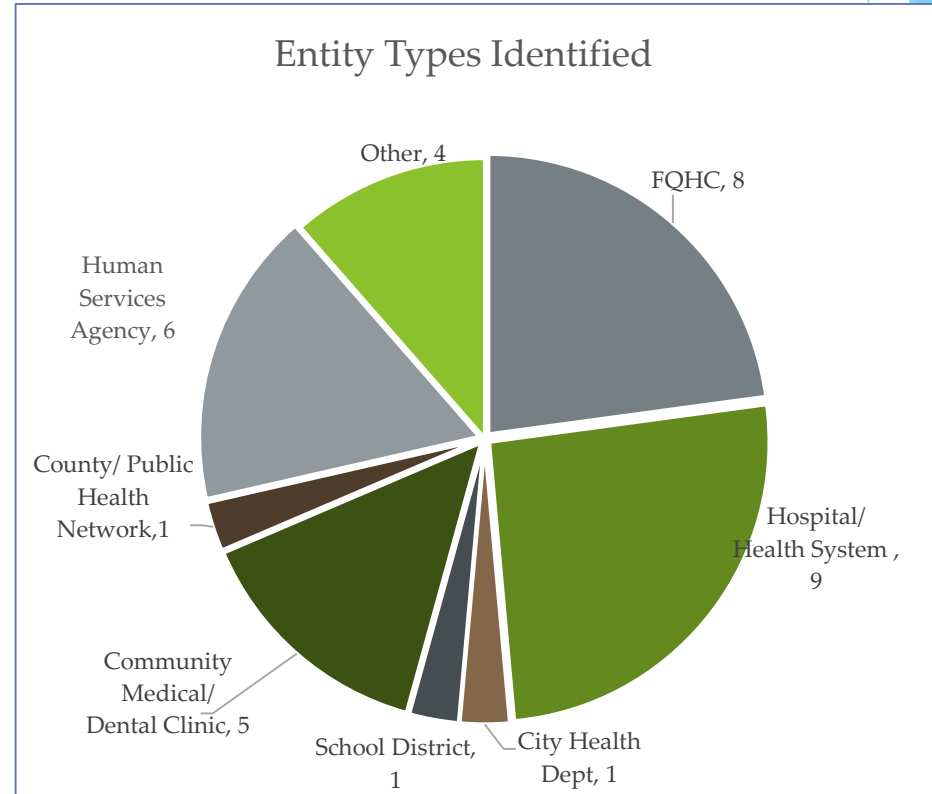


Establishing the Base

- Why - Where do we start?
- Where are the programs?
- Who do they serve?
- What do they do?
- Who does it?
- How is it paid?
- Are there gaps?

Cutting the data:

- ▶ 35 of the entities provide OH services in 58 programs e.g. nursing homes, school-based programs, mobile vans etc.
- ▶ By far, the most services are provided in schools and dental operators**.
- ▶ ** For the purpose of this study and report: One operator is a single/or multi-chair set-up with a dentist-based model.



Program Types and Numbers

Program Types Identified	Number
Child Day Care	1
Dental Operatory	17
Head Start	7
Medical Office	168
Mobile Dental	6
Nursing Home and Long-Term Care	4
Other/Undesignated	1
School Oral Health	21
Senior Center - Adult Day Program	1
Voucher Paid Dental Referral	6
Women Infants and Children (WIC)	6

Model Frames

- ▶ Dental Operatories affiliated with Federally-qualified Health Centers, community health centers, etc
- ▶ School-based and school-linked programs, WIC and Head Start
- ▶ Nursing homes and seniors, portable contract services
- ▶ Medical offices; and medical offices plus hygienist

Emerging Workforce Models

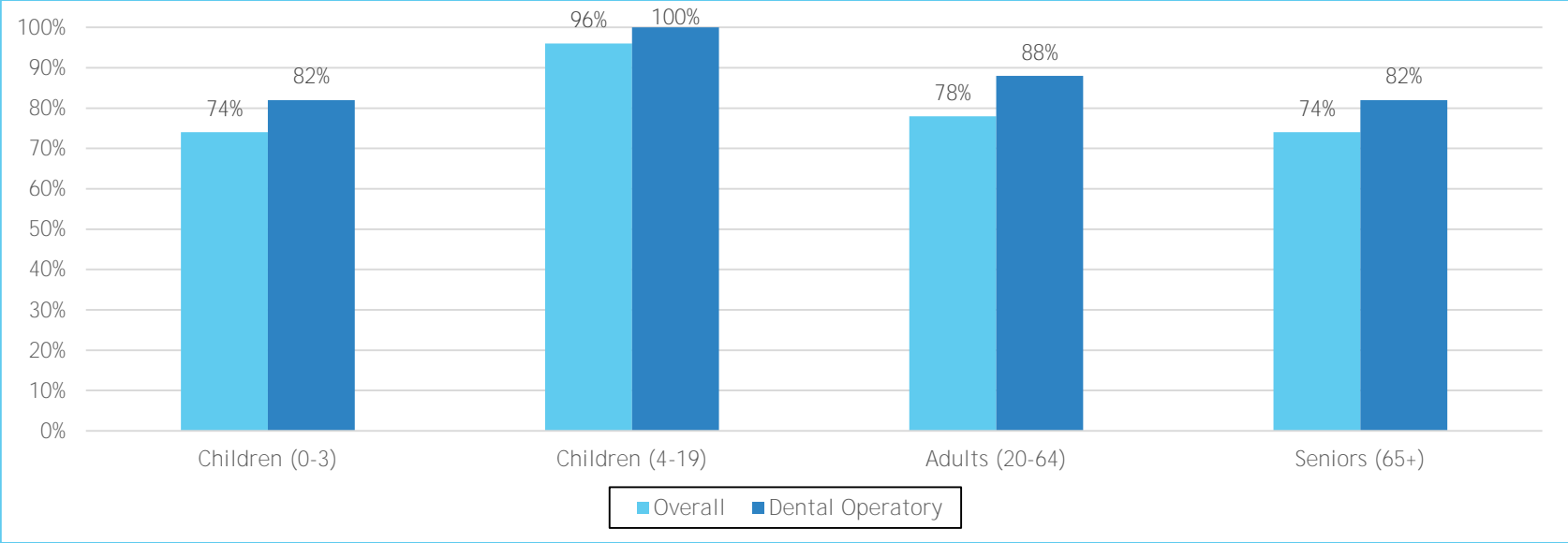
Hygienist-Centric models

- ▶ School-Based Programs
- ▶ Head Start
- ▶ WIC
- ▶ Child Care
- ▶ Mobile

Dentist-Centric models

- ▶ Hospital-Based Operatories
- ▶ Community-Based Clinics
- ▶ Nursing Homes
- ▶ Contract Services

Ages Served by Community-Based Dental Operatory Programs N=17.



Dental Operators: Referral Network

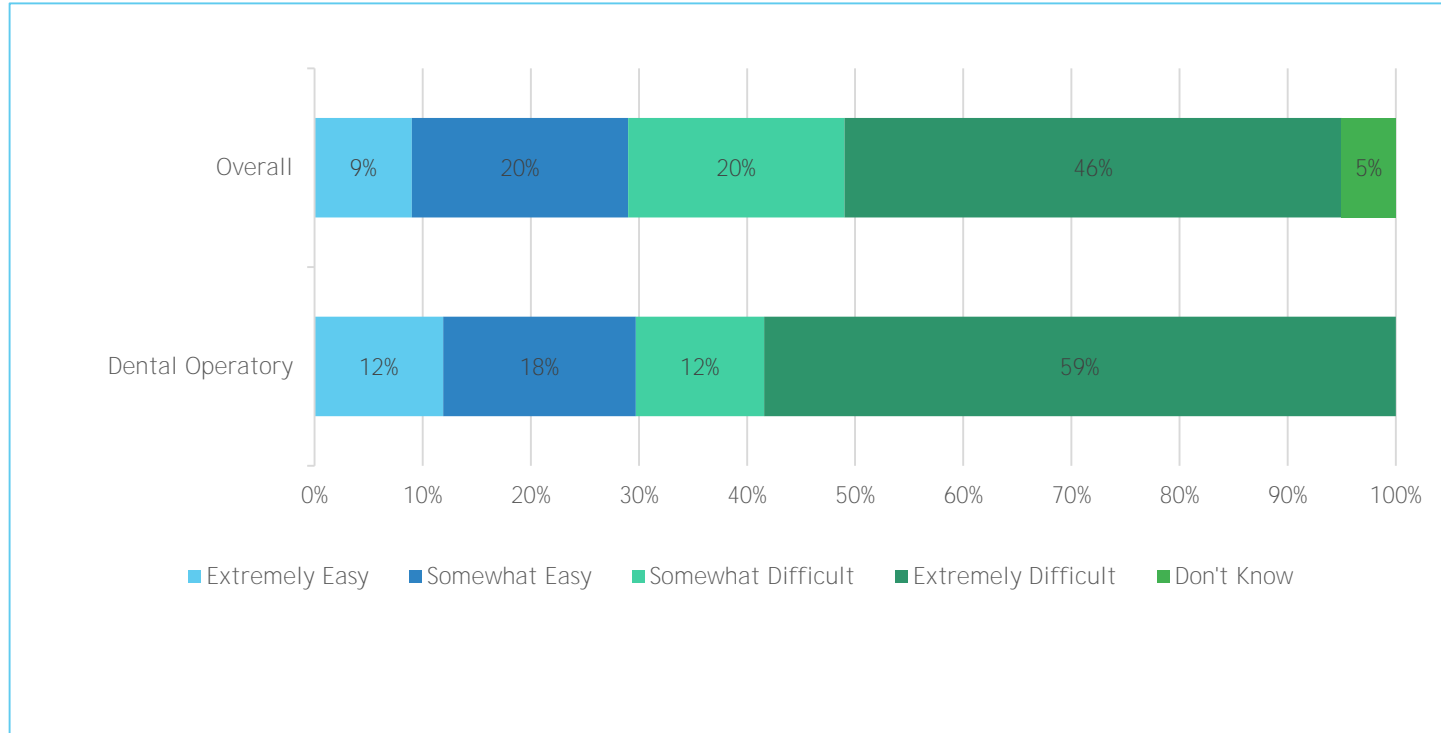


Figure 1 Relative Ease of Finding a Dentist for Pain and Swelling All Respondents (N=59) versus Dental Operators (n=17)

Services in Senior Centers and Institutional Care

Nursing homes that participate in the Medicare or Medicaid in NH, must provide for emergency dental care and any routine *dental care* defined within the Medicaid state plan.

4 interviews with nursing home providers representing 50+ facilities

- All are portable
- Range of services are based on contract between the provider and the facility
- Services: screening, exam, prophylaxis, FV, ITR, some restorative, some denture repair
- Options beyond the contract are the responsibility of the patient or family
- Changing demographic and health status

1 interview with senior center providers serving 5 sites

- Services: screening, exam, prophylaxis, FV, Xray, ITR, some restorative, some denture repair
- At no cost to qualified patients



Other adult oral health models

- **Voucher Programs**

Voucher programs present few common attributes, but are designed and funded to fill a gap in the local oral health delivery system including given rural areas of Strafford, Coos and Monadnock counties

- Emergency Department Diversion
- Pre-Surgery oral health evaluations
- Hospital based clinic Dental Director working with hospitalists
- Mothers in some WIC programs receiving dental care and education
- Oral health services for special populations e.g. residents of low income housing, those in unstable housing situations, food pantry clients
- Hygienist services in a medical practice
- Oral health services provided in correctional settings

Cross cutting sustainability factors

- Reimbursement resources and levels
- Robust referral networks
- Workforce allocation

Collaborative and Forward Focused

“As we build local infrastructure to improve health, most of the issues being addressed by local health departments and other local and community programs absolutely have the capacity to integrate oral health as part of their plans.

*We need to figure out how to make the connections and integrate within our own local organizations and with **funders so that oral health won't be on the fringe.**”*

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President, Empire Project for Oral Health

[http://www.astdd.org/docs/local-program-final-ex-summary-2-1-2011.](http://www.astdd.org/docs/local-program-final-ex-summary-2-1-2011)