



COLLOQUIUM REVIEW #3

NH Oral Health 2014/ Littleton, NH

September 25, 2013

Exploring Rural Oral Health

For the final session that focused on education and information, the third convening was hosted by the North Country Health Consortium in Littleton. Our thanks to Nancy Frank, Francine Morgan and Annette Cole. Presentations further explored the existing public health infrastructure and its capacity for deployment of public health dental hygienists.

This session focused on the Community Action Programs (CAPs) and the Community Health Centers (CHCs). As systems both provide health and social services on a state-wide basis. The featured local programs are the Molar Express and the Coos County Family Health Services – Dental Health Service Day.

Our objectives for the meeting included:

- Broadening the scope of stakeholder involvement – the network grows;
- Increasing knowledge about the existing infrastructure systems in NH;
- Highlighting local innovative community-based programs; and
- Further advancing the vision of future roles for the PHDHs.

“...shared commitment to forge common ground as we work together to find new ways to solve problems has led us to new avenues for working together.

We can expect momentum to grow — and we can expect wonderful progress ahead.”

U.S. National Oral Health Alliance

Common values, common vision, common voice.



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Community Action Programs (CAPs) - Fundamental Infrastructure for Community Service Delivery

Our exploration of public health infrastructures brought us to the NH-based CAPs, part of the federally-funded *War on Poverty* programs established in 1965 under the provisions of the Equal Opportunity Act of 1964. CAPs are a long-standing local response to community need. Under the Act over twelve hundred Community Action Agencies (CAA) were established nationwide creating a wide-opportunity of access points.

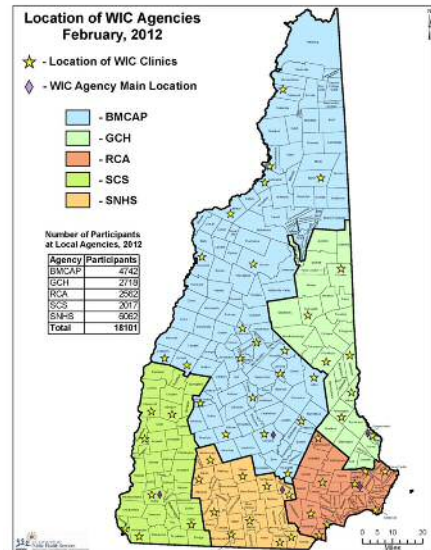
The primary mission of the CAP agencies is to work with low-income families and the elderly to assist them in their efforts to become or remain financially and socially independent. The agencies accomplished this by providing a wide array of services that are locally-defined, -planned and -managed.

Funded by federal, state, county and local monies including public and private grants, fees for service, and private business and individual donations, the agencies meet the needs of children, families, single parents and the elderly by providing basic services including food and shelter.

In NH, the CAPS provide services statewide in all 10 counties through 29 outreach centers. Services and programs relevant to oral health include Head Start, childcare centers, emergency food pantries, elderly and family housing, nutrition sites including Women, Infants and Children (WIC), Commodity Supplemental Food Program (CSFP) and senior services including ServiceLink and senior centers. From June to December 2011, seven NH WIC sites were visited by 6 PHDHs to provide oral health screening, fluoride varnish, parent education, and coordination of follow-up care.

Many opportunities for collaboration exist with CAPs to promote oral health to underserved populations. CAPs have access to at-risk populations without a dental home and have the ability to provide services in non-traditional community settings such as Head Start, WIC clinics and senior centers. Thereby utilizing the opportunity to bring oral health services directly to the client at locations where multiple clients congregate.

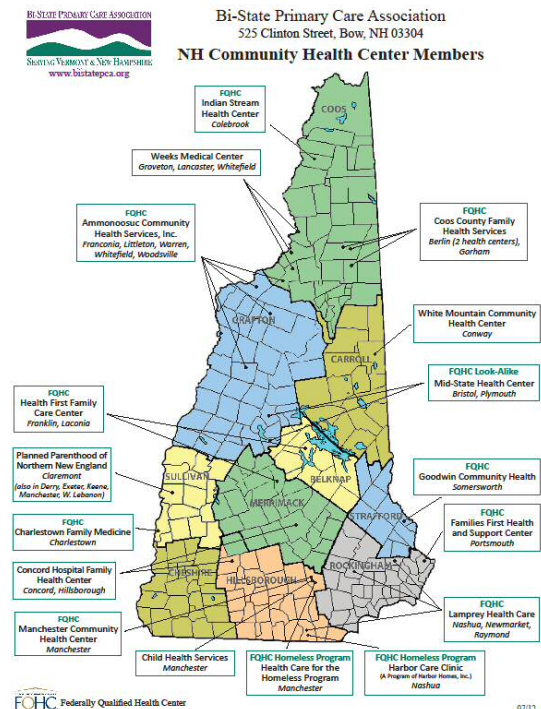
Although part of a nationwide network, the CAPs operate as independent business entities without common governance. All belong to the NH Community Action Program that provides them some opportunity for centralized communication and advocacy.



Community Health Center (CHC) System – Statewide Access to Primary Care

Consistent with the design of the federally-qualified health centers (FQHCs), there are 16 federal- and state-supported community health centers providing primary and preventive health care services with many including behavioral health, substance abuse counseling and dental services. Patients are served regardless of their ability to pay and may be offered a sliding fee discount based on patient income. CHC staff can include physicians, nurse practitioners, physician assistants, social workers, pharmacists, nurses, dentists, care coordinators and other support staff. Payer source for patients is approximately 1/3 uninsured, 1/3 Medicaid and/or Medicare, and 1/3 commercial insurance.

Currently there are 3 CHCs that provide comprehensive dental services to their patients and 2 FQHCs that are in the process of establishing new comprehensive dental centers. Five CHCs facilitate school-based dental programs. Some CHCs provide access to dental services through voucher programs.



Participants

Jodi Carnes, RDH
Annette Cole, RDH
Sarah Finne, DMD
Nancy Frank
Marie Mulroy
Laurel Redden
Ed Shanshala II
Helen Taft
Neil Twitchell
Sandi VanScoyoc
Jim Williamson
Sue Wnuk
Adele Woods

These 16 CHCs are independent businesses without central governance. They belong to the Bi-State Primary Care Association that supports them with centralized communication, training opportunities, and advocacy. In addition to the 16 CHCs, additional Bi-State members include some rural health clinics, private and hospital-supported primary care practices, CAPs, homeless programs, Area Health Education Centers (AHECs) and social service agencies. Not all local health centers providing care to the uninsured participate in the Bi-State organization.

Presented by: Gail T. Brown, on behalf of Bi-State Primary Care Association

To reach the desired objectives to achieve oral health for all will require the best collaboration from all untraditional partners — starting with physicians, dentists, advocates, dental hygienists, funders and so on...Particularly important is the need and ability to bring together medical and oral health.

— Howard K. Koh, MD, MPH, Assistant Secretary for Health, US. Department of Health and Human Services.

Molar Express — Public Health Oral Health on Wheels



The Molar Express is a non-profit public health mobile dental clinic equipped to provide services typically found in any general dental practice. Services include: exams, cleanings, X-rays, fillings, sealants, and extractions. Services are provided in Coos and Northern Grafton County. The program coordinator is Francine Morgan,

working with PHDH Annette Cole and public health supervising dentist Jeff Williams, DMD.

State of the art portable dental equipment allows the Molar Express to set up a professional and safe dental clinic in schools and nursing homes. With changing technology and supportive funding, the Molar Express has been able to downsize from a full box truck to the back of a van, easily transporting services into the community. The Molar Express school-based program serves and educates children in northern NH and serves most school districts in North Country. In addition, Molar Express provides Oral Health Education to schools, community and organizations.



The work of the Molar Express has been made possible by extensive collaboration since 2002 with the North Country Health Consortium, Endowment for Health, NH Medicaid, the Cogswell Trust, Delta Dental and North Country Hospitals Flex funds. After several years of research, planning and grant seeking, a regional mobile oral health clinic model providing dental care the underserved population continues to thrive.

Coos Community Health Family Services (CCFHS) Dental Health Service Day



Funded by the Mt. Washington Auto Road/Northeast Delta Dental Foundation "Race to the Top" proceeds, CCFHS enhanced its fluoride varnish initiative delivered to Women, Infants and Children's nutrition program by including dental education, screenings, discussion of needs, and follow-up education, at 3-month intervals for one primary caregiver of WIC children. Targeting WIC recipients provides easy entry and efficient service

by bringing the dental providers into the community setting where mothers and children gather. This is considered effective because it builds on existing interest in dental care based on fluoride varnish service already provided, prior income qualification, the potential for a ripple effect within the family, and an opportunity for follow-up. In addition, CCFHS contract with the Molar Express to treat 7 to 8 clients in the allotted appointment time. *Adele Woods.*

Strengthening the Network:

Ammonoosuc Community Health Services, Inc.
Children's Alliance of NH
Coos County Family Health Services
North Country Health Consortium
HNFfoundation
Goodwin Community Health Center
NH Dental Hygienists' Association
NH Public Health Association
Families First
NH DHHS
NH Dental Society
Belknap-Merrimack Community Action Program

CONTACT US:

NH Oral Health Coalition
4 Park Street, Suite #403
Concord, NH 03301
(603) 415-5550

STAFF

Gail Brown, Director
gbrown@nhoralhealth.org

Jane Goodman, Coordinator
jgoodman@nhoralhealth.org

Meghan Steele, Program Asst.
info@nhoralhealth.org

www.nhoralhealth.org