



# The Bellwether

Leading Local Efforts to Improve the Nation's Oral Health

A Newsletter of the  
American Association  
for Community  
Dental Programs

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## News from the Chair

Welcome to the second issue of the American Association for Community Dental Programs' (AACDP's) newsletter. We look forward to receiving your submissions, suggestions, and questions. Contact us at [info@aacdp.org](mailto:info@aacdp.org).

AACDP's annual meeting will be held on April 26–27, 2008, in Miami, FL, during the 2008 National Oral Health Conference (NOHC), which is sponsored by the Association of State and Territorial Dental Directors, the American Association of Public Health Dentistry, the Health Resources and Services Administration, and the Centers for Disease Control and Prevention.



AACDP's meeting kicks off on Saturday afternoon with a joint session with the Medicaid/SCHIP Dental

Association titled "Medicaid/SCHIP and Local Promising Practices for Oral Health Access." The session will feature speakers from select states as well as from the Children's Dental Health Project and will address efforts to increase access to care for children and families. The AACDP business meeting will follow the session.

The second day of the meeting will consist of four sessions. In the first, "Federal Activities and Their Impact on the Local Level," federal dental officers will discuss current and future activities and their impact on local programs. "Getting a Head Start on Achieving Optimal Oral Health" will describe promising models that utilize standardized assessments conducted by dental hygienists as an entryway to the oral health care system. The session will also discuss how collaboration has been used as a vehicle for establishing dental homes for children enrolled in Head Start. The challenges faced and lessons learned in launching these efforts will also be addressed. "Data: Friend or Foe? Collecting Data for Planning and Evaluation" will be a skill-building session for staff working in local programs. The session will provide the best methods of gathering

data for evaluating local programs. The meeting will conclude with the session “State Practice Act Workforce Issues and How They Impact Access,” which will look at changing practice acts, including results from several states.

More information on AACDP’s annual meeting and on NOHC is available at <http://www.aacdp.com/conference> and at <http://www.nationaloralhealthconference.com>. ■

## Expanded Dental Hygiene Practice in Kansas, Michigan, and Minnesota

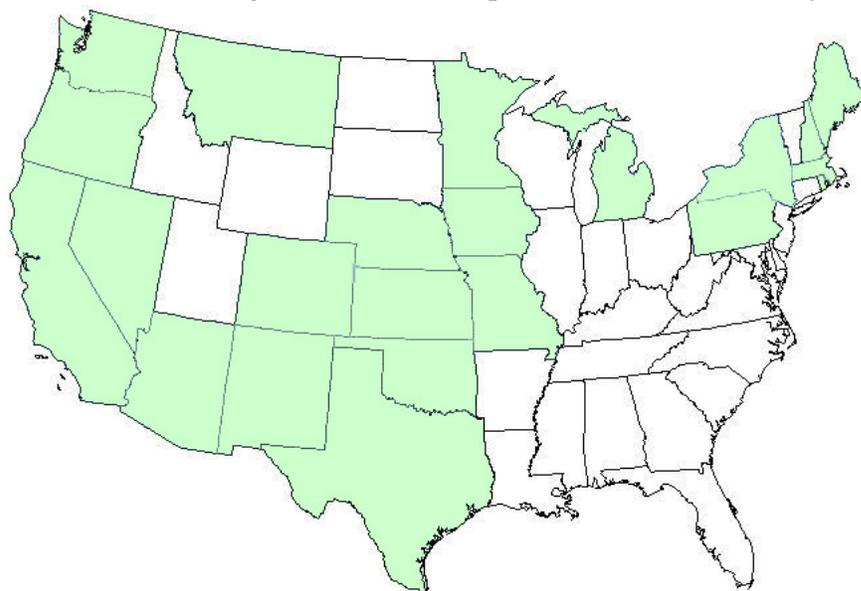
One approach to addressing dental work force shortages is to create an expanded dental hygiene practice that allows dental hygienists to provide services to populations with low incomes and who are underserved. Services are provided in community settings, and without a dentist’s direct supervision. According to the American Dental Hygienists’ Association, 22 states are identified as direct-access states, meaning that dental hygienists can initiate treatment based on their assessment of patients’ needs and can maintain a provider-patient relationship without a dentist’s authorization or direct supervision. Following are highlights of activities from three states with such provisions:

**Kansas** offers an Extended Care Permit (ECP) for dental hygiene services. A law passed in 2003 allows dental hygienists with ECPs to work in Head Start programs, child care settings, schools, long-term care facilities, and centers for people with developmental disabilities.

In the first year, about 20 dental hygienists applied for ECPs, although only three or four began providing services in the community. In September 2004, Oral Health Kansas received a grant from the United Methodist Health Ministry Fund to hire a part-time consultant to encourage hygienists to apply for ECPs as a way to augment the dwindling dental work force in Kansas. As of March 1, 2008, 80 dental hygienists had received ECPs. Although there is no charge for the permit, the hygienist must apply and must be sponsored by a dentist.

Three dental hygienists have become “trailblazers,” each developing an ECP community-based service using different approaches for different target populations. Ginny Clark, R.D.H., developed a dental hygiene service program for adults with developmental disabilities in partnership with a local developmental disabilities agency. Maggie Smet, R.D.H., established a program for nursing-home residents in three counties in partnership with an administrator of a long-term care facility and a community dentist. And Kathy Hunt, R.D.H., established school-based programs in large and small school districts.

According to Marcia Manter, community development specialist with Oral Health Kansas, the ECP model has been most successful in safety net clinics that have embraced it as a way to expand their services. In addition, local health departments are piloting the ECP model to prevent oral disease, mostly in



children and pregnant women. Currently, no dental hygienists with ECPs are working independently, but Kansas law is open to an entrepreneurial model, so this may change.

Kansas developed an *Extended Care Permit Toolkit* that provides information for oral health professionals working in community agencies who are interested in developing new ways of delivering preventive services to individuals in the communities where they live. The toolkit includes laws governing ECPs, the role of the sponsoring dentist, financing information, equipment needs, and sample written agreements. The toolkit can be accessed at <http://www.oralhealthkansas.org/programs-ecpt.html>.

For more information the ECP, contact Marcia Manter at [mmanter@aol.com](mailto:mmanter@aol.com).

**In Michigan**, Public Act 161 (PA 161) was passed into law in 2005 to facilitate increased access to oral health care services for underserved populations in the state. The law allows dental hygienists approved by the Michigan Department of Community Health to provide preventive oral health care without a dentist's prior authorization in a variety of public health settings, including federally qualified health centers (FQHCs). Under PA 161, dental hygienists maintain a supervisory relationship with a dentist and refer patients who need additional oral health care. The program enables dental hygienists to bring preventive oral health care directly to those who cannot access care in traditional office settings.

Over 100 dental hygienists work in various practice settings in Michigan where clients can receive dental hygiene services without a dentist's examination. These hygienists work in collaboration with a dentist through a remote type of supervision contract in venues including prisons, FQHCs, schools, local public health departments, and six stand-alone programs for underserved populations. One example of such a stand-alone program is the PA 161 program at Meadow Brook Medical Care Facility, where Peggy Sloma, R.D.H., with 26 years' experience in clinical practice and dental sales, began providing services in September 2006. Ms. Sloma works in partnership



with the long-term care facility to provide care to the 250 residents. As a result of PA 161, Meadow Brook residents have access to oral health assessments and preventive care.

The Michigan Dental Hygienists' Association (MDHA) published a handbook, *The Meadowbrook Model*, to provide information to others who are interested in how the program started. MDHA also produced a flyer, *PA 161—Making Oral Health Care Accessible in Michigan*, with PA 161 program information and highlights.

For more information about the program, or to obtain copies of MDHA materials, contact Jackie Balcom at [balcomja@co.muskegon.mi.us](mailto:balcomja@co.muskegon.mi.us).

**Minnesota's** collaborative practice statute allows a dental hygienist licensed under this provision to perform dental hygiene services without the patient being examined by a dentist. The dental hygienist must, however, meet certain requirements, including current certification in advanced or basic cardiac life support and completion of courses in infection control and medical emergencies. The hygienist must also enter into a written collaborative agreement with a dentist who authorizes the services that the hygienist provides. The agreement outlines the parameters of care and the services that may be provided. In addition, the dental hygienist must have been engaged in the active practice of clinical dental hygiene for at least 2,400 hours in the past 18 months or for at least 3,000 hours during his or her career as a whole, including a minimum of 200 hours in 2 of the past 3 years.

In December 2006, the Administration for Children and Families' Office of Head Start authorized dental hygienists who have a collaborative agreement with a dentist licensed in Minnesota, and who have completed the Association of State and Territorial Dental Directors' Basic Screening Survey calibration exercise, to provide oral health assessment, triage, and referral for children enrolled in Head Start in the state. This process is recognized as meeting the Head Start oral examination program performance standard. The intended outcome is the creation of linkages between dental hygienists who provide services in Head Start programs and dentists in private practice or community clinic settings who provide follow-up services, if necessary.

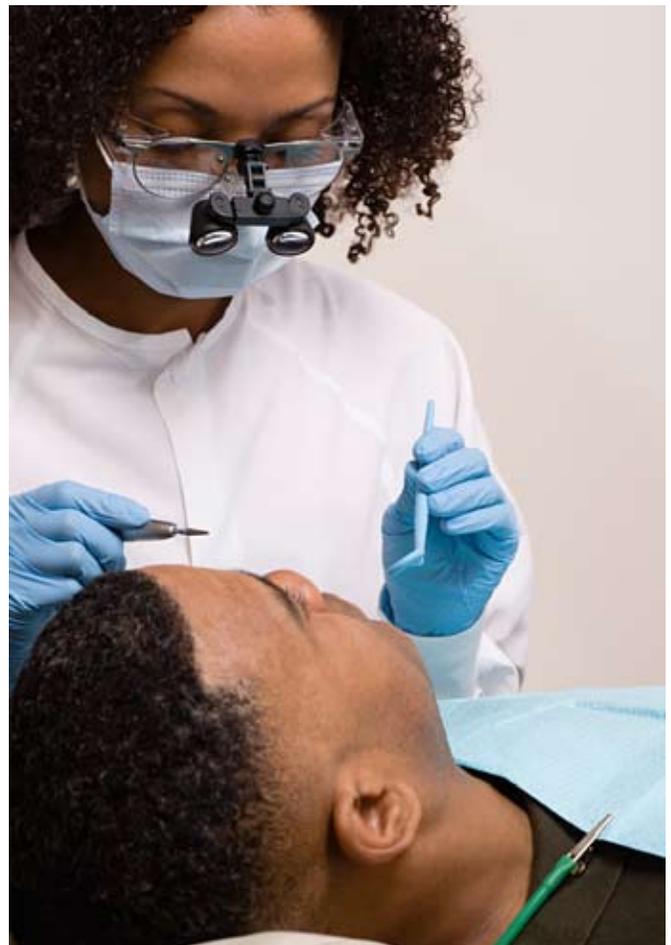
Visit <http://www.normandale.edu/dental> for additional information about the agreement. The site features the text of the statute; a collaborative agreement template; dental hygienists' descriptions of their experiences; and information about mobile-portable equipment, professional liability insurance, Medicaid, and grant funding.

For more discussion on expanded dental hygiene practice, attend AACDP's session "State Practice Act Workforce Issues and How They Impact Access," which will offer a look at the local impact of changing practice acts in several states. ■

*Marcia Manter and Jackie Balcom contributed content to this article.*

## Community-Based Dental Hygiene Discussion List

The **Community-Based Dental Hygiene (CBDH)** discussion list is designed to facilitate electronic communication among dental hygienists who provide services in community settings. Members from across the country can submit inquiries or comments to the group and reply to others' messages.



CBDH was established to foster learning and partnerships among the growing number of dental hygienists permitted by their state practice acts to provide services beyond the dental office. Via the discussion list, subscribers exchange information and solutions to problems related to community-based services in sites such as schools, health departments, and long-term care facilities.

Membership is open to dental hygienists providing services in community-based settings. To subscribe, submit contact information (name, title, organization, type of community organizations served, address, city, state, zip code, phone number, fax number, and e-mail address) to Marcia Manter, list moderator, at [mmanter@aol.com](mailto:mmanter@aol.com).

The CBDH discussion list was developed by community-based dental hygienists and is hosted by the National Maternal and Child Oral Health Resource Center. ■

# Ohio Dental Safety Net Information Center

The Ohio Dental Safety Net Information Center (ODSNIC) is a one-stop online resource center for safety net dental clinic personnel in Ohio. The information center is a Web site that focuses on concepts and tools and provides distance-learning opportunities.

Features of the Web site include a comprehensive definition of safety net dental clinics, links to key oral health grantmaking organizations in Ohio, sources of county- and state-level data, a searchable clinic-locator database, electronic newsletters and discussion lists, job listings, and loan-repayment information. Three new distance-learning modules are available via ODSNIC; they focus on clinical care (coming soon), clinic operations, and financial management.

*Clinical Operations for Safety Net Dental Clinics in Ohio* is a series of modules designed to help clinic staff improve efficiency and quality of care, meet patients' needs, and set up an infrastructure that is conducive to these activities.

<http://www.ohiodentalclinics.com/curricula/operations/index.html>

*Financial Management for Safety Net Dental Clinics in Ohio* is a series of modules designed to help clinic staff learn about all aspects of financing a clinic and ensure that the clinic remains financially sustainable over the long term.

<http://www.ohiodentalclinics.com/curricula/finance/index.html>

The Anthem Foundation of Ohio, a supporting organization of the Greater Cincinnati Foundation, provided funding to the National Maternal and Child Oral Health Resource Center to develop ODSNIC in collaboration with the Ohio Department of Health, Bureau of Oral Health Services. A broad group of

stakeholders, in the form of an advisory committee, also contributed to the development of the Web site. Committee members included staff from the Ohio Department of Health, safety net dental clinics, foundations, and the Ohio Association of Community Health Centers, as well as individuals with expertise in education and curriculum development.

Visit ODSNIC at <http://www.ohiodentalclinics.com>. ■

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*The Bellwether: Leading Local Efforts to Improve the Nation's Oral Health*

National Maternal and Child Oral Health Resource Center

Georgetown University  
Box 571272

Washington, DC 20057-1272

Phone: (202) 784-9771

Fax: (202) 784-9777

E-mail: [info@mchoralhealth.org](mailto:info@mchoralhealth.org)

Web site: <http://www.mchoralhealth.org>

## American Association for Community Dental Programs Officers 2007–2008

### Chair

Larry Hill, Greater Cincinnati Oral Health Council,  
Cincinnati, OH  
E-mail: [larryhill@fuse.net](mailto:larryhill@fuse.net)

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Maureen Oostdik-Hurd, Madison Department of  
Public Health, Madison, WI  
E-mail: [moostdik@cityofmadison.com](mailto:moostdik@cityofmadison.com)

### Secretary/Treasurer

Jackie Campbell Brumley, Greater Cincinnati Oral  
Health Council, Cincinnati, OH  
E-mail: [oralhealth@fuse.net](mailto:oralhealth@fuse.net)

### Executive Committee Members

Myron Allukian, Oral Health Consultant, Boston, MA  
E-mail: [myalluk@aol.com](mailto:myalluk@aol.com)

Amos Deinard, University of Minnesota,  
Minneapolis, MN  
E-mail: [deina001@umn.edu](mailto:deina001@umn.edu)

Kathleen Endres, Wisconsin Department of Health  
and Family Services, Menasha, WI  
E-mail: [endrekm@dhfs.state.wi.us](mailto:endrekm@dhfs.state.wi.us)

Judy Gelinaj, St. Luke's Hospital, Maumee, OH  
E-mail: [gelinaj@slhhn.org](mailto:gelinaj@slhhn.org)

Katrina Holt, National Maternal and Child Oral  
Health Resource Center, Washington, DC  
E-mail: [kholt@georgetown.edu](mailto:kholt@georgetown.edu)

Carrie Janszen, Northern Kentucky Independent  
District Health Department, Edgewood, KY  
E-mail: [carriejanszen@ky.gov](mailto:carriejanszen@ky.gov)

Sharon Perlman, Oral Health Consultant, Chicago, IL  
E-mail: [sjperlman@sbcglobal.net](mailto:sjperlman@sbcglobal.net)

Nancy Rublee, Price County Health Department,  
Phillips, WI  
E-mail: [nancy.rublee@co.price.wi.us](mailto:nancy.rublee@co.price.wi.us)

Scott Wolpin, Choptank Community Health Center,  
Federalsburg, MD  
E-mail: [swolpin@choptankhealth.org](mailto:swolpin@choptankhealth.org)

