Community-based Dental Care: An Alternative Approach to Improve Access to Dental Providers

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Conflict of Interest Disclosure Statement

- Dr. Simmer-Beck reports no conflicts of interest associated with this course. She has no relevant financial relationships to disclose.
- Dr. Branson reports no conflicts of interest associated with this course. She has no relevant financial relationships to disclose.

Introduction

This course will introduce the learner to community-based dental care. The learner will be able to describe community-based dental care and make decisions regarding how it can be introduced into a community setting to improved access to oral health providers. Strategies that can be used to meet the challenges presented by community-based care will also be introduced.

Course Contents

Overview

Current evidence indicates that despite previous attention drawn to oral health disparities, children and adults in low-income families, the elderly residing in residential facilities, adults and children with special needs, and people living in "Dental Health Provider Shortage Areas" (DHPSAs) continue to have significant oral health problems due to lack of ready access to dental professionals.[1-12] Nationwide, emergency room dental visits nearly doubled from 2000 to 2010 increasing from 1.1 million to 2.1 million.[12] The oral health problems high risk populations experience stem from geographical constraints, inadequate numbers of oral health professionals treating Medicaid eligible patients, financial limitations, difficulties interacting with culturally-diverse populations, and/or lack of appropriate knowledge about the need for proper oral health practices.[2,4,9,13-15] Untreated oral health problems will inevitably result in developing unnecessary chronic pain, exacerbation of systemic disease such as aspiration pneumonia, reduced quality of life, poor performance in school, and large dental bills.[15-17] Figure 1 provides a list of resources that can be used to reveal the health of individual communities. It also includes links to state and national data for comparison purposes.

Quality affordable healthcare for all Americans was the influential factor for establishing the Patient Protection and Affordable Care Act of 2010 (ACA).[28] To support implementation of this legislation, the Institute for Healthcare Improvement (IHI) established three goals, commonly referred to as the "TripleAim," to optimize the U.S. healthcare system and improve accountability. The TripleAim framework seeks to improve the patient experiences of care, improve the health of populations, and reduce the costs of health care.[29] The ACA has mechanisms in place to develop new patient care models, such as community-based health care, that should improve the health of individuals and the community.[28] To facilitate ACA initiatives, the role of public health must measure the health of communities and integrate the provision of health care services into communities.[28,30]

Learning Objectives

Upon completion of this course, the dental professional should be able to:

- Define community-based care.
- Determine one's professional interest in providing community-based care.
- Explain the elements necessary for providing community-based care.
- Describe utilization of the workforce when providing community-based care.
- Recognize the challenges that may be encountered while providing community-based care.

Name of Resource	Website
County Health Rankings and Roadmap	http://www.countyhealthrankings.org/
America's Health Rankings	http://www.americashealthrankings.org/

Figure 1. County, State, and National Health Rankings.

- Identify solutions to meeting the challenges encountered when providing community-based care.

What is Community-based Care?

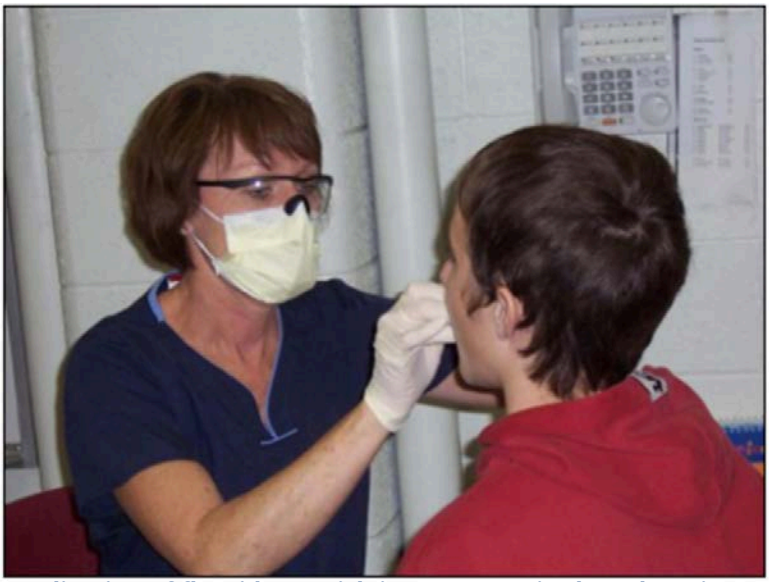
There is a growing need in the United States to provide oral health care to diverse populations. These populations include; people who are homebound or residing in a residential facility, people who are physically isolated, people who have disabilities and children who do not have access to routine preventive dental services. One mechanism to address these needs is to provide access directly where the people live, work, go to school, worship, or receive social services.[31] This phenomenon is referred to as "community-based care."

Dental care in the United States is typically provided in private dental offices or public dental clinics when patients present to the facility for treatment. This phenomenon could be termed a "reactionary model" because patients have identified the need for care and call to schedule an appointment.[32] This model depends on the patients' knowledge, attitudes, and resources.[32] Furthermore, patients must be able to navigate through financial, structural and cultural barriers. These barriers can be further defined as shortage of providers, inadequate transportation, cultural insensitivity and lack of funding for care.[33] Although these barriers exist in all regions, they often present greater challenges in the rural areas.[30]

Community-based care can be very effective in rural communities as a result of the small number of people and the ability to build relationships among the local stakeholders.[30] Integration of community-based care is a way to efficiently utilize resources and get the community involved in taking care of one another.[30,34]

Several well recognized community-based care models that utilize tele-dentistry for communication between mid-level dental hygienists and dentists, exist across the U.S.[32,35-38] Teledentistry allows dental personnel to use technology to capture images of the oral conditions. These images, along with other electronic data, such as radiographs, can be sent to another site where another provider can offer feedback and direction. This may be done with the dental hygienist capturing data for a dentist at another site to complete an exam. Or, data may be transferred to a specialist to secure an advanced diagnosis.[39-43]

It is helpful to examine existing models of care when considering a structure for a model in your community. Summerfield, in collaboration with the Northern Arizona University Dental Hygiene Department developed a tele-dentistry



Application of fluoride varnish in a community-based setting.
Source: University of Missouri Kansas City School of Dentistry

model that digitally links the oral health care team.[41] This highlights the need for the dental team to remain intact, even if all members cannot be present in the same location. Simmer-Beck, in collaboration with University of Missouri Kansas City School of Dentistry developed a school-based tele-dentistry model that used a store and forward method to exchange clinical information.4[4] Glassman and Helgeson, report on community models which target individuals where they live, work, go to school, or obtain other health or social services.[32] These community-based clinics provide "virtual dental homes' or sites for dental services, for individuals who are unable to access care in the traditional private practice setting.[42,43]

Many states have begun revising their dental practice acts to allow dental hygienists to provide care in places where people live, work, go to school or receive social services. At the present time 42 states permit some form of "direct access" allowing dental hygienist the capacity to "initiate treatment based on his or her assessment of patient's needs without the specific authorization of a dentist, treat the patient without the presence of a dentist, and can maintain a provider-patient relationship."[45]

Community-based Delivery as a Career Choice

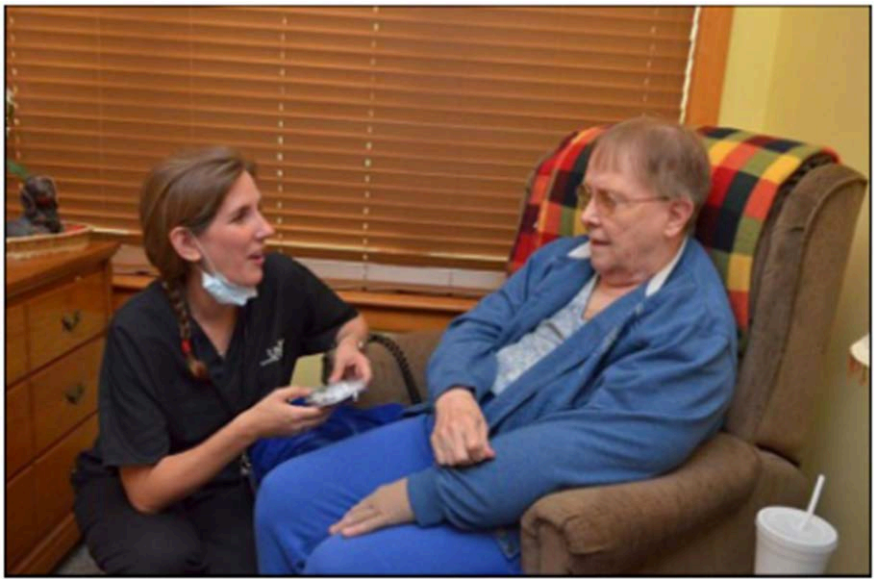
Making the decision to move into a community-based setting for delivery of care requires thought and careful consideration of one's professional goals. Community-based care may be offered through a large corporation which already has multiple programs in place[35,46] or may be a part of a model utilized by a community health center.[36,37] However, if no such opportunity exists, the dental professional may have to establish his/her own program for community-based care.

Regardless of the origin of the community-based care, several guidelines should be kept in mind. The first guideline is to remember it takes a team. For example, a person to act as a "navigator" for the population being served will be an important part of scheduling and eliciting patient acceptance of the program. Successful public health programs often cite the role of the navigator or patient coordinator as the key to patient acceptance and compliance.[38,47] This "navigator" may be a traditional dental professional such as the dental assistant or dental hygienist or may be someone trained specifically to direct patients through the care process, such as a social worker or community health worker.

Secondly, the dental professional must remember that the delivery process is different than that of traditional private practices and thus may require thinking outside of the box and utilizing the work day differently.[48,49] For example, the first hour of the day may be spent in driving to a new location. Periodically a portable clinic may have to be transported which will require dis-assembly and re-assembly of equipment. The schedule may require that the patient appointments be scheduled between other activities at the delivery site. For example, delivery of care in a long-term care facility may require the dental professional work when space is available and when the residents are not otherwise occupied with meals, therapies or social activities. This will alter the number of patients available to treat in a day.

Thirdly, regardless of the setting, community-based care must be sustainable.[50] Delivering care in a non-traditional location such as a school, social service center or long term care facility should not be entered into as an act of volunteerism. Volunteerism is good for a time, but may not be a sustainable method of delivery. A dental professional seeking a career in community-based dentistry should decide if he/she has a desire to search for long-term funding. If not, then perhaps a career with a company or health center utilizing the community-based model is the answer. However, if the provider is determined to engage in a program of community-based care that is not funded by a company or already established clinic, there may be a need for business skills and grant writing. The topic of sustainability and securing grants will be discussed later in this course.

A career inventory may be helpful when considering the option of community-based



Delivering care where people live is an example of care in a community-based setting.

Source: University of Missouri Kansas City School of Dentistry

dentistry. Such an inventory, adopted from the Oral Health Kansas Extended Care Permit Toolkit,[51] is suggested for your use in making a decision about a career in community-based dental care. This inventory can be found in Appendix A.

Required Elements

Conducting a Population Profile

Delivering community-based oral health care requires careful planning and consideration. No two community-based care environments are the same. The dental provider should begin by formulating a team consisting of the dentists, dental hygienists, dental assistants, administrator(s) and key personnel from the organization being served. This team may also include funders. It is the role of this team to determine the needs of the population and examine potential interventions to meet those needs.

Table 1 outlines some basic information that needs to be collected by the team. The team must take into consideration the population and their individual needs. Most likely the team will need to complete a population profile or community profile and needs assessment to determine the appropriate intervention.

This profile will provide a thorough description of the demographics of the population to be served. This can be accomplished by examining published data, screening the oral health of individuals who will be receiving care, surveying individuals and/or guardians, surveying personnel from the location being served, and/or conducting a focus group. It is at this stage that a champion from the organization or community will be identified to help build acceptance of the program.

When the needs have been determined, the team will begin planning a program. Figure 2 provides a list of questions that community organizations have been advised to ask dental service providers to determine the type of oral health program that will best meet the needs of individuals served by the organization. The dental provider should be well prepared to answer and discuss these questions.

Establishing an Advisory Council

Once early plans are made, it is critical to engage the local population by forming an "Advisory Council." This council would consist of local stakeholders and provide an outlet for the expression of support and concerns. Furthermore, the council will be able to supply information about the specific traits of

Table 1. Basic information to collect for a needs assessment or population profile.

1. Population to be served

2. Location of the population to be served

3. Number in population
   - Age categories
   - Gender

4. Demographics of the population-includes, but not limited to:
   - Ethnicity
   - Educational Status
   - Financial Status

5. Immigrant status
   - Natural born citizen
   - New American
   - Naturalized citizen

6. Religious Affiliation
   - Primary affiliation
   - Local gathering center for religious activities

7. School system information
   - Names of all schools-public and private
   - Names of school officials-including school nurses
   - Numbers of students at all grade levels
   - Names of community colleges, technical schools and local universities

8. Health status
   - Oral health status-periodontal and decay experience, community water fluoridation
   - Medical health status-predominant health issues
   - Mechanisms for payment of health care- Medicaid, private insurance, self-pay

9. Insurance status
   - No insurance
   - Medicaid
   - Private pay

10. Access to health services
    - Hospital availability
    - Out-patient medical clinics-private and safety net clinics
    - Home health services
    - Dental clinics
    - Social service agencies
    - County/city health departments

11. Access to daily living resources
    - Food pantries and meal programs
    - Clothing exchanges
    - GED, reading programs and other educational programs

12. Local governmental and organizational structure
    - Names of elected officials
    - Civic organizations and names of officers
    - Specific interests/projects of local government or civic organizations

1. Why should our organization allow a community-based dental program to service our community?
2. Who owns the program? How is it funded?
3. What treatments and services will your program offer (dental screenings, dental sealants, preventive services, and/or restorative services)? How long will this take?
4. Where will services be provided? What are the space, water, and electrical needs?
5. Do you have a letter of reference?
6. How is eligibility for the program's services determined? Will the program provide the full scope of treatment to all individuals who return a consent form?
7. Will there be any charge to program participants? Are uninsured individuals offered the same services as insured individuals?
8. How does the program determine whether or not the individual has a regular dental provider?
9. What type of informed consent does the program use?
10. What are the organization's responsibilities? How much time will be involved?
11. How is follow-up case management handled? How is urgent care (within 24 hours) handled? Who is responsible for this?
12. Who will answer parent/guardian questions or concerns after treatment has been provided?
13. What referral mechanisms have been established with local dentists or clinics?
14. How long and how often will your program be onsite?
15. How can individual patient records be obtained by parents/guardians and future dental providers?
16. What oral health data will be collected? How will this information be shared with the community organization, parents/guardians, local health departments, and state oral health programs?
17. What infection control policies and procedures are in place?
18. Are all treatment providers licensed in the state where dental services are being provided?
    For programs that offer restorative services…
19. Will treatment plans be established? Will all of the necessary treatment be completed and in what timeframe?

Figure 2. Key questions for community organizations to ask dental providers.[52-54]

the community being served that may not be known to the dental professionals. The council will help in establishing support for the program. It is critical the members of the Advisory Council have voice in the planning of the program. This will provide for better insight and ownership by all involved. A listing of potential stakeholders to include in the Advisory Council is provided in Figure 3.

Choosing a Space to Deliver the Project

The team should carefully choose a location from which the project will be delivered. This site must be a place that is familiar to the population and provides a comfortable atmosphere for those that will be served. This is an important issue that can be discussed with by the Advisory Council. Members of the Council may suggest strategic locations that may increase access.

The physical parameters of a facility also need to be considered when choosing a location. Adequate space, lighting, ventilation-heating and cooling, utilities and access to transportation/parking is primary on the list of mandatory requirements. Table 2 provides a list of questions that should be determined when securing a location.

Adequate space for delivery of care and storage of equipment/supplies is often a challenge. For example, approximately 80-100 square feet would be the minimal space necessary for a portable operatory in a school. In a school setting, the library; a portion of the cafeteria; or minimally used classrooms are chosen for sites to set up a portable operatory. Keep in mind privacy must be maintained for the patient and provider. This may often require the use of room partitions. Request storage for supplies and equipment near the area which will be used for services. Set-up of an operatory becomes difficult when one must carry equipment and supplies up and down stairs for storage. This is not a problem if a project is operated only a few times, but for a sustained project, the movement of equipment and supplies from a remote storage area can hamper retention of dental personnel and potentially hinder project success.

1. Key member/s of the dental professional team
2. Oral health champion/s from the population to be served
3. Lay representatives from the population to be served-not the oral health champion/s above
4. Representative/s from the targeted location at which the project will be delivered
5. Representative/s from local community/civic organizations that may support the project
6. Representative/s from the local government/city council
7. Representative/s from local businesses that may support the project
8. Representative/s from county/city health departments
9. Representative/s from local medical and dental providers
10. Representatives from local/regional health care coalitions

Figure 3. Potential Members for an Advisory Council.

Table 2. Questions to ask for securing a location.

- Does your organization have space available that can be utilized for up to ____ weeks by this program?
- Does the space you identified have the ability to be locked?
- Does the space you identified have at least 2 electrical outlets available for use?
- Does the electrical supply to the space support the use of multiple electrical devices at one time?
- Does the space you identified have access to a water source?
- Are there heating and cooling outlets in the space?
- What is the source of lighting? Is it adequate?
- Is there storage available at the site? Is it locked? Is it heated and cooled?
- What times could the storage area be accessed? Must we secure access to the storage through a person at your facility?
- During what hours can the operatory be assembled? Can this be done a day prior to care?
- Does your organization have wireless internet connection?
- Is there someone at your organization that would be willing/able to work with the program as a contact person for location questions and concerns?
- Is staff at the location supportive of the program and willing to tolerate the small interruptions in their day necessary to provide the care?
- Does your organization have additional dental programs that provide care at your organization on a regular basis? If so, which program and whom do they treat?
- Are there any times of year when the delivery of care on site would be not permissible? If so, when?

Experts in the delivery of community-based oral health care in skilled nursing facilities recommend a minimum of 12x12 feet (144 square feet).[32] Many long-term care facilities offer a beauty shop for residents and this may be an ideal location. The beauty shop usually has excellent lighting, seating space and sinks. Using a wheelchair lift in place of a portable dental chair may require more space for the operatory. Also, multiple care-givers may be needed to deliver care.[32] This also will dictate greater space requirements.

A portable operatory is not always necessary. It may be that funders and the project directors would like to establish a permanent operatory in the target location. This is ideal. However, remember, the same issues apply. These issues include adequate square footage, ventilation, lighting, utilities, storage and privacy.

Example of wheelchair recline platform in use.
Source: University of Missouri Kansas City School of Dentistry

Equipment and Supplies

Purchasing initial equipment and supplies can be a time-consuming task. The team must consider the needs of the population, the services that will be provided, and space available. There are a large variety of portable delivery systems/units. Table 3 lists the equipment the team may need. When selecting a system, the team must consider the water supply (internal or external), the air compressor (built in or a separate unit), the suction (high speed and/or low speed), what kind of hand pieces will be used, and the amount of noise that is acceptable. Table 4 lists the disposable supplies that may be needed for providing prophylaxis, radiographs, exams, and sealants. The disposable supplies are not much different than those needed in a private practice operatory. The team should have a routine maintenance schedule to prevent malfunctions and a repair plan in place for quality control.

Training and Workforce Regulations

Specific training and workforce regulations should be taken into consideration right from the beginning. All providers must have full knowledge of the dental practice act for the specific state in which the project will be delivered. The best source of information for projects that are outside the mainstream is the state dental board. This agency can provide a thorough analysis of the intentions of the project and use of personnel and deliver advice on staying within the law. Some states have specific permits that must be secured by the dental hygienist before working in public health settings.[55,56] Additional education may be required for the dental hygienist to secure these permits.[55,56]

In addition to following the dental practice act, one must be compliant with other state, county and city regulations. The use of portable radiograph equipment may require supplemental training and permits. This information can be obtained through the state's department of health. Also, do not neglect the need for city or county permits for construction and remodeling that may be necessary at your site.

Specific continuing education courses may be required. These are often courses related to the special permit for care in public health settings. Even if such courses are not required, knowledge in the field of public health can be valuable. Advancing education by enrolling in a degree completion or graduate program is a possible avenue, specifically with the focus on dental and/or public health. Often colleges and universities offer a certificate in public health. This certificate typically involves 12 credit hours in courses which may lead to a master's degree in public health. Often, such

Table 3. Equipment.

Operatory Equipment
• Portable delivery system/unit • Portable light or headband light • Portable chair and carrying case • Operator stool and carrying case • Wheel chair lift
Radiographs
• Handheld extra oral x-ray (Nomad) • Positioning stand w/remote activation • Carrying case • Digital scanner, eraser, and phospher plates • Lead apron • Laptop computer w/software
Scaling Handpieces
• Ultrasonic scaler • Ultrasonic scaler inserts • Slow speed handpieces • Roto Quicks handpieces
Prophylaxis and Exam
• Mirror (price figured by adding handle + mirror) • Shepherd's Hook Explorer • 11/12 Explorer • Probe • Scaling instruments • Air/Water Syringe tips

Table 3. continued.

Sealants
• Curing light unit • Dental sealant applicator handle
Sterilization
• Autoclave w/cassette • Ultrasonic Cleaner w/powder • Sterilization Maintenance/ Service and Strips (monthly)
Miscellaneous
• Printer • Ethernet cord • Extension cord/Surge Protector • Rubbermaid organizers • Rubbermaid storage totes • Adult and/or child Blood pressure cuffs • Stethoscope • Napkin Clip/Metal chain • Mouth props • Patient mirrors (handheld) • Fans • Safety glasses • Syringe

Table 4. Disposable Supplies.

Prophylaxis Supplies
• Prophy angle • Prophy paste • Fluoride varnish • 2x2 gauze • Floss • Saliva ejector • Patient napkin • Infection control barrier wraps • Sterilization bags • Clinician mask • Clinician gloves • Toothbrush • Toothpaste • Disclosing solution • Medicine cups
Radiograph Supplies
• Phosphor Plate Film Sleeves • Disposable Bitewing Tabs
Sealants
• Cotton Rolls/Dri-Angles • Sealant Material • Etchant Material

Example of supply storage.
Source: University of Missouri Kansas City School of Dentistry

certificate programs are offered in an online format.[57,58] National and state associations offer continuing education courses annually that relate to the delivery of care to special population groups.

Written Agreements

The dental provider and the organization need to compose a written agreement that outlines the relationship between the two entities and respective expectations. This may be in the form of a Memorandum of Understanding (MOU) or other type of Affiliation Agreement. Some basic items that should be considered are: patient population, location(s) where care will be delivered, who will purchase equipment/supplies and how it will be transported or stored, who will bill for procedures, and how the program will be sustained (financial arrangements). The dental provider and organization need to determine what patient information needs to be shared and how it can be shared while being compliant with HIPAA regulations. The information gathered when addressing the questions posed in Figure 2 will offer some guidance regarding information that needs to be included in a written agreement.

Billing for Services

One of the most challenging aspects of providing community-based care is sustainability. Grant funding can be pursued for start-up expenses; however, it is much more difficult to secure grant funding to pay for overhead and salaries. Large corporations and community health centers will most likely have a billing system in place. When professionals are starting a new community-based care model, the dental team must examine the payment systems that are in place. The individual/organization that can bill for services varies from state-to-state depending on the dental practice act. Public policies and payment systems may not be coordinated and this will need to be addressed. This influences the development of metropolitan and rural communities in terms of livability, working, operating a business, growth, and preserving heritage.[30,59]

Funding Source and Grantsmanship

Providing community-based care may require someone on the dental team to write a grant to secure start-up funding for purchasing equipment and supplies. Dental professionals need to recognize writing a grant takes time

Organization Name	Website	Description
Candid Learning (formerly the Foundation Center and GuideStar)	https://candid.org/	Offers resources to research and verify nonprofits, find grant funding, identify resources in your community, find data, explore global issues, improve your nonprofit, and share information about your program.
W.K. Kellogg Foundation	https://www.wkkf.org/resource-directory/resources/2017/11/wk-kellogg-foundation-step-by-step-guide-to-evaluation	"The Step-by-Step Guide to Evaluation"
Minnesota Council on Foundations	http://www.mcf.org/nonprofits/successful-grant-proposal	"Writing a Successful Grant Proposal" provides an overview of the key components of a grant proposal and tips on how to present your case effectively.

Figure 4. Additional grant writing training.

and planning. It is a skill that is not quickly learned. It is important to have knowledge of the literature, current evidence-based practices, and the target population in addition to having a detailed, accurate budget. The dental team must read the funding criteria carefully to make sure they meet all of the qualifications to apply. Often funders will only award grants to non-for-profit organizations; therefore, individuals may need to identify a fiscal agent to receive and distribute funds. The proposal guidelines must be read carefully and followed precisely. Most funding organizations will disqualify proposals that do not meet the guidelines. Figure 4 provides resources for additional grant writing training.

Figure 5 provides a list of national organizations that afford grant funding. In addition to using this list as a resource, grantees will also want to pursue local opportunities. Local foundations are typically smaller and often limit funding to specific regions. It takes time to find a funding organization whose mission aligns with a community-based project. Proposals are typically accepted within a specific window of time and grant writers may only have a few weeks to write the proposal. When someone on the dental team is looking for a grant, they need to be constantly on the lookout for funding opportunities. It is helpful to discuss the proposed project with potential funding organizations prior to submitting a grant proposal. Building relationships with key personnel is helpful for aligning your project with the funders needs. Figure 6 defines common grant terms that individuals will encounter and they are investigating grant opportunities and writing a proposal.

Conclusion

Many people in the U.S. have significant oral health problems due to lack of ready access to oral health care providers. Providing dental services directly where the people live, work, go to school, worship, or receive social services, commonly referred to as community-based care, is one proposed solution to this problem. Providing community-based care requires a team of individuals to establish a successful program that meets the communities' individual needs. Providing community-based dental care to individuals who lack access can be a rewarding experience for dental professionals when they know how to establish a community-based clinic.

Organization Name	Website	Description
Governmental Grants		
Grants.Gov	https://www.grants.gov/	A system that provides a centralized location for grant seekers to find and apply for federal funding opportunities.
Health Resources and Services Administration (HRSA)	https://bhw.hrsa.gov/grants/oralhealth	Offers grants to states to support oral health workforce activities including community-based care.
Foundation Grants		
DentaQuest Partnership for Oral Health Advancement	https://www.dentaquestpartnership.org/grantmaking	Provides grants that improve and strengthen systems that create better oral health for all.
Candid Learning (formerly the Foundation Center and GuideStar)	https://candid.org/	The most authoritative source of information on private philanthropy in the United States.
American Academy of Pediatric Dentistry Foundation	https://aapdfoundation.org/	Offers single-year and pilot grants to dentist-led, community-based programs that provide underserved children a Dental Home.
W.K Kellogg Foundation	http://www.wkkf.org/	Places the optimal development of children at the center of all they do and calls for healing the profound racial gaps and inequities that exist in our communities.
Robert Wood Johnson Foundation	http://www.rwjf.org/	Seeks to improve health and health care of all Americans.
Rural Health Information Hub	https://www.ruralhealthinfo.org/topics/oral-health/funding	Offers a comprehensive list of funding opportunities to improve oral health in rural communities. The list can be narrowed down by type, sponsor, topic, and state.
Professional Organization Grants		
American Dental Hygienists Association Institute for Oral Health	http://www.adha.org/ioh/	Offers grants to advance the profession of Dental Hygiene. Service grants provide funding for dental hygienists to provide oral health care and education to those in their communities.

Figure 5. Organizations that provide funding opportunities.

Request for Proposal (RFP): An invitation from a funder to submit applications on a specified topic with specified purposes.

- Solicited funding opportunity.
- An RFP usually has one receipt date, as specified in RFP solicitation.

Request for Application (RFA): Identifies a more narrowly defined area for which one or more agencies have set aside funds for awarding grants.

Funding Opportunity Announcement (FOA): A notice in Grants.gov of a federal grant funding opportunity.

Program Announcement (PA): Identifies areas of increased priority and/or emphasis on particular funding mechanisms for a specific area of science.

Logic Model: A planning tool to clarify and graphically display what your project intends to do and what it hopes to accomplish and impact.

Figure 6. Common grant terms.

Appendix A

There are no right or wrong answers, just options that can assist you in investigating your personal interest in delivery of community-based care.

Basic Questions

I have an interest in public health.

A. Very strong interest
B. Strong interest
C. Limited interest
D. Very little interest

I feel a personal desire to give back by serving people in need of dental care.

A. Very strong desire
B. Strong desire
C. Limited desire
D. Very little desire

I feel a personal desire to do something different yet still use my dental hygiene skills.

A. Very strong desire
B. Strong desire
C. Limited desire
D. Very little desire

I feel a personal desire to expand my management and leadership skills.

A. Very strong desire
B. Strong desire
C. Limited desire
D. Very little desire

I know dental hygienists who are working community-based care settings.
(circle all that apply)

A. Shadowed them on their jobs
B. Talked with them about their jobs
C. Know the benefits and challenges working in a community-based care setting

I have volunteered in non-traditional dental health settings.
(circle all that apply)

A. Mission of Mercy
B. School Dental Screening Program
C. School presentations during Children's Dental Health Month
D. Tooth brushing programs in preschools
E. Fluoride varnish programs
F. Dental exhibit at health fairs

Appendix A (continued)

Types of Community-based Settings

I prefer to provide services in the following types of sites:
(circle all that apply)

A. At an established clinic with fixed dental equipment
B. At an established clinic with portable dental equipment
C. Rotating to one type of site (i.e., school) with portable dental equipment
D. Rotating to a variety of sites (school, hospital, prison) with portable dental equipment
E. Sharing portable equipment with other hygienists in community-based care settings

I prefer to provide dental hygiene services in the following settings:
(circle all that apply)

A. Early Childhood Programs (pregnant women, infants and toddlers)
B. Preschool Programs (3-5 year olds)
C. Schools (K-12)
D. State correctional institution
E. Local health department
F. Indigent health care clinic
G. Adult care home
H. Hospital long-term care unit
I. State institution

I prefer to provide hygiene services at a site:

A. With a team of other dental health professionals and students
B. With a team of health professionals
C. With a team of other professionals such as educators
D. With a team of office staff
E. By myself

I am willing to travel to a site:
(circle all that apply)

A. Greater than 25 miles but less than 50 miles from home daily
B. Greater than 25 miles but less than 50 miles from home weekly
C. Greater than 25 miles but less than 50 miles from home monthly
D. Greater than 25 miles but less than 50 miles from home quarterly
E. Unwilling to travel to a site more than 25 miles from my home

I need to provide services in an environment:

A. Free from air with dust and other allergy producing particles
B. Free from overly heated or extremely cold rooms
C. Free from harsh/loud noises
D. Free from compromising postures which create muscular/skeletal discomfort

Appendix A (continued)

Types of Service

I prefer providing the following clinical procedures:

A. Fluoride applications
B. Caries assessment using laser fluorescence (i.e., DIAGNOdent)
C. Sealants
D. Routine prophylaxis
E. Scaling and root planning
F. Sharing clinical information via tele-dentistry equipment

I prefer the following types of services:

A. Clinical care
B. Screening
C. Data collection and reporting
D. Patient education

Administration

I prefer to do record keeping:

A. Myself using paper documents
B. Myself using computer software and filing electronically
C. With the assistance of an office person filing paper documents
D. With the assistance of an office person using computer software and filing electronically

I have the following level of computer confidence and competence:

A. Teaching myself new software programs
B. Quick to learn new software programs from someone else
C. Slow to learn and incorporate new software programs
D. No interest in using the computer to document hygiene services

I prefer to…

A. Submit patient services for billing by myself and problem solve glitches in payments
B. Turn all billing processes over to someone else

I prefer to…

A. Be an employee with a salary I can count on
B. Have benefits-health and disability insurance, retirement plan
C. Be a contractor, paid based on the services I perform

I prefer to…

A. Join a hygiene service that is administered by others
B. Design a hygiene service and administer it myself

Appendix A (continued)

Types of Patients

I am confident working with the following patient population:
(circle all that apply)

A. Pregnant women
B. Infants and toddlers
C. Preschool children
D. Elementary school children
E. Adolescents
F. Adults
G. Developmentally/intellectually disabled
H. Physically disabled
I. Adults in assisted living or skilled care centers

Personal Career Planning

I am planning to work in dental public health:

A. Within the next six months
B. Within the next year
C. Within the next 2 years
D. Sometime in the future
E. Maybe sometime if someone presents me with an opportunity that fits into my career and life plan
F. After I retire from private practice

I see my involvement in dental public health as:

A. A volunteer
B. A substitute for an ECP hygienist
C. Part-time
D. Full-time

Course Test Preview

To receive Continuing Education credit for this course, you must complete the online test. Please go to: *www.dentalcare.com/en-us/professional-education/ce-courses/ce552/start-test*

1. Lack of ready access to dental professionals in high risk populations stem from:

A. Geographical constraints
B. Inadequate number of oral health professionals treating Medicaid eligible patients
C. Financial limitations
D. Lack of knowledge about oral health practices
E. All of the above.

2. Which of the following is NOT a goal of the Triple Aim Framework?

A. Improved experiences for the dental professional
B. Improved patient experiences
C. Improved health of populations
D. Reduced cost

3. The model of oral health care delivery where care is provided directly where the people live, work, go to school, worship, or receive social services is called:

A. The reactionary care
B. The private practice
C. The community-based care

4. Direct access allows dental hygienist the capacity to:

A. Initiate treatment based on his or her assessment of patient's needs without the specific authorization of a dentist
B. Treat the patient without the presence of a dentist
C. Maintain a provider-patient relationship
D. All of the above.

5. Community-based care often has a person designated to help patients accept recommended care and schedule appointments. That person is known as:

A. A receptionist
B. A social worker
C. A dental hygienist
D. A navigator

6. The typical day for someone delivering care in a community-based setting is similar to that of private practice.

A. True
B. False

7. Who is responsible for determining the needs of the population and potential interventions?

A. Dentists
B. Dental hygienists
C. Dental assistants
D. Key personnel from the organization
E. The entire health care team

8. **Which item below would be the LEAST appropriate source for information about a population that is to be served?**
   A. Oral health screenings
   B. Published data
   C. Court house records
   D. Focused group interviews

9. **The role of the Advisory Council is to complete a population profile and needs assessment to determine priorities for programs.**
   A. True
   B. False

10. **Representatives from the local health department should be invited to join the Advisory Council?**
   A. True
   B. False

11. **The minimal amount of square feet needed for a mobile operator is:**
   A. 80-100 square feet
   B. 200-250 square feet
   C. 300-320 square feet
   D. 400 square feet

12. **The operatory space requirements in a long-term care facility will be greater than in those settings which treat ambulatory patients.**
   A. True
   B. False

13. **If the dental hygienist follows the dental practice act for the state when providing care in a community-based setting, he/she does not have to follow county or local laws.**
   A. True
   B. False

14. **A written agreement that exists between parties involved in a community-based dental clinic is often referred to as:**
   A. An Understanding of Terms
   B. An Agreement
   C. An MOU
   D. A PIA

15. **One of the largest challenges of community-based care is:**
   A. Following the law
   B. Infection Control
   C. Purchasing Supplies
   D. Sustainability

16. **An invitation from a funder to submit applications on a specific topic with specified purposes is referred to as:**
   A. Request for Proposal (RFP)
   B. Request for Application (RFA)
   C. Funding Opportunity Announcement (FOA)
   D. Program Announcement (PA)
   E. Logic Model

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Additional Resources

- No Additional Resources Available.

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