

The Community Guide to Adult Oral Health Program Implementation

October 2016

The Administration for Community Living and the Office on Women's Health within the U.S. Department of Health and Human Services funded The Lewin Group to develop and disseminate The Community Guide to Adult Oral Health Program Implementation, a guidance document that provides key tips to communities interested in starting an oral health program for older adults. The Administration for Community Living and the Office on Women's Health do not necessarily endorse any of the content in the Oral Health Guide. The project is funded under Contract Number HHSP23320095639WC.

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Introduction

Thank you for your interest in the Community Guide to Adult Oral Health Program Implementation (Oral Health Guide). This resource has been prepared for you, as an advocate for low-income, underinsured, and uninsured older adults. You may rely on it for detailed information about planning and putting into practice an adult oral health program or for expanding a current program. Here, you'll also find links to other useful resources that'll assist you every step of the way, from assessing your community's need for such services to ultimately evaluating your established program's effectiveness—and everything in between (think “gateway” to many relevant tools, including guides and manuals with worksheets, checklists, tables and charts, templates, and more). Within these pages is everything you need to know to help underserved populations of older adults receive the oral health care they need to live an overall healthier life.

The realization that oral health is strongly connected to overall health is growing. Beyond the health of teeth and gums, a visit to a dental professional can detect signs of poor nutrition, disease, infection, immune disorders, and some cancers, leading health experts to regard the mouth as “a mirror of health and disease.”¹ In fact, research has shown that poor oral health is associated with diabetes, heart disease, and stroke.² Additionally, pain and tooth loss can affect speech, eating, and other such everyday activities and can deter people from socializing and engaging fully with their communities. The connections between oral health and the body and the mind's overall wellbeing suggest that we must consider oral health in conjunction with general health.

Historically, however, medical care and oral health care have been viewed as separate and almost unrelated health care issues. As a consequence, oral health services all too often have played a secondary role in treating the “entire” person. According to David Satcher, MD, PhD, in his 2000 report *Oral Health in America: A Report of the Surgeon General*, “oral health is a critical component of health and must be included in the provision of health care and the design of community programs.”³ In 2003, the World Health Organization agreed, writing, “The compartmentalization involved in viewing the mouth separately from the rest of the body must cease because oral health affects general health by causing considerable pain and suffering and by changing what people eat, their speech, and their quality of life and well-being.”⁴ Addressing

¹ U.S. Department of Health and Human Services (2000). Oral Health in America: A Report of the Surgeon General. Retrieved from <http://www.nidcr.nih.gov/DataStatistics/SurgeonGeneral/Documents/hck1ocv.@www.surgeon.fullrpt.pdf>

² Institute of Medicine (2011). Advancing Oral Health in America. Retrieved from <http://www.hrsa.gov/publichealth/clinical/oralhealth/advancingoralhealth.pdf>

³ U.S. Department of Health and Human Services (2000). Oral Health in America: A Report of the Surgeon General. Retrieved from <http://www.nidcr.nih.gov/DataStatistics/SurgeonGeneral/Documents/hck1ocv.@www.surgeon.fullrpt.pdf>

⁴ Peterson, P.E. (2003). The World Oral Health Report 2003: Continuous improvement of oral health in the 21st century – the approach of the WHO Global Oral Health Programme. *Community Dentistry and Oral Epidemiology*, 32.

oral health needs is a critical step to achieving the triple aim of improved care, improved health, and lower costs per capita.⁵

Although clinicians, policymakers, payers, advocates, and researchers are recognizing the need for oral health care in overall health care, a large gap in levels of access and availability of oral health services continues to exist for older adults. The passage of the Affordable Care Act (ACA) strengthened the availability of oral health care coverage for children, but the ACA doesn't require oral health care coverage for adults despite their greater risk for gum disease, cancer, and other painful oral health conditions.⁶ Medicare provides only limited dental benefits to older adults in connection with other procedures, and Medicaid benefits for low-income older adults vary widely across states because of lack of minimum coverage requirements.⁷ According to the Centers for Disease Control and Prevention (CDC), 19 percent of older adults (ages 65+) have untreated cavities, 25 percent have gum disease, and nearly 40 percent haven't visited a dental professional in the past year.^{8,9,10}

In addition to advocating for oral health benefits for older adults through publicly funded programs, oral health care must be a critical component of community-based health services, including primary care and social services provided by safety net organizations. Community-based programs that provide ongoing preventive and restorative oral health care to older adults can improve the quality of life for these people, reduce hospitalizations, and decrease overall health care costs as other chronic health conditions are better managed and controlled.^{11,12} In particular, managed care organizations, accountable care organizations, and other entities that bear financial risk for their beneficiaries should be interested in preventive and restorative oral health services that ultimately reduce health care costs. Identifying and vetting programs that serve older adults—as well as programs serving other populations that can be adapted for older clients—and replicating successful models across the nation are critical to improving access to care for this underserved population.

⁵ Institute for Healthcare Improvement (2016). Triple Aim for Populations. Retrieved from <http://www.ihl.org/Topics/TripleAim/Pages/Overview.aspx>

⁶ Centers for Disease Control and Prevention, Division of Oral Health. (2013, July 10). Oral Health for Older Americans. Retrieved from http://www.cdc.gov/oralhealth/publications/factsheets/adult_oral_health/adult_older.htm

⁷ Medicaid and CHIP Payment and Access Commission (2015). Report to Congress on Medicaid and CHIP: Medicaid Coverage of Dental Benefits for Adults. Retrieved from <https://www.macpac.gov/wp-content/uploads/2015/06/Medicaid-Coverage-of-Dental-Benefits-for-Adults.pdf>

⁸ Dye, B.A., Thornton-Evans, G., Li X., & Iafolla, T.J. (2015, May). Dental Caries and Tooth Loss in Adults in the United States, 2011–2012. Retrieved from <http://www.cdc.gov/nchs/data/databriefs/db197.htm>

⁹ Healthy People 2020. (n.d.). Oral Health Across the Life Stages. Retrieved from <http://www.healthypeople.gov/2020/leading-health-indicators/2020-ihl-topics/Oral-Health/determinants>

¹⁰ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, & National Center for Health Statistics. (2015, May). Health, United States, 2014. Retrieved from [http://www.cdc.gov/nchs/data/14.pdf#084](http://www.cdc.gov/nchs/data/hus/14.pdf#084)

¹¹ Jeffcoat, M.K., et al. (2014). Impact of Periodontal Therapy on General Health: Evidence from Insurance Data for Five Systemic Conditions. *American Journal of Preventive Medicine*, 47(2).

¹² Albert, D.A., et al. (2006). An examination of periodontal treatment and per member per month (PMPM) medical costs in an insured population. *BMC Health Services Research*, 6(103).

Purpose of the Oral Health Guide

The Oral Health Guide, along with the corresponding online database of vetted community-based oral health programs, aims to help groups at the state and local levels launch their own oral health programs for older adults. Here, community-based entities can find key tips, case studies, and other sources of support for creating such programs, both cost effective and sustainable. If your community already has an oral health program in place for older adults, the Oral Health Guide can help you expand it. In addition, recognizing the connection between oral health and overall health, the Oral Health Guide contains advice and links to resources concerning person-centered care¹³ and interprofessional collaboration.

Who Should Use the Oral Health Guide

This Oral Health Guide is intended for entities with a stake in promoting oral health among older adults, including coalitions, state and local governments, advocacy groups, health centers, foundations, dental and medical associations, universities, hospitals, Area Agencies on Aging (AAA), senior centers, and other health and social service organizations.

How to Use the Oral Health Guide

Presented in a “roadmap” of bulleted and numbered lists for clarity and easy access to information, each Oral Health Guide section addresses an important step in developing an adult oral health program. Although the sections are generally organized in sequential order (beginning with the first steps of the program development process), the sections you use and the order in which you use them depends on your community’s unique circumstances and needs. A supplementary source of knowledge and ideas, the Oral Health Guide functions as a printable checklist to which you can refer throughout the program development process. Keep in mind that these tips are neither comprehensive nor are they proven best practices; rather, they’re based on the experiences of, and the lessons learned from, other oral health programs as well as on guidance from oral health experts and other oral health program manuals. When using the Oral Health Guide, creating timelines that prioritize key tasks and goals corresponding to each step in the development process for your own specific needs is essential.

As well as the fundamental steps of the development process, five Key Concepts, or promising practices for program development, are integrated throughout the Oral Health Guide. Similar to

¹³ Person-centered care, or patient-centered care, is defined as “providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.” Institute of Medicine (2001). Crossing the Quality Chasm: A New Health System for the 21st Century. Retrieved from https://www.nationalacademies.org/hmd/~media/Files/Report_Files/2001/Crossing-the-Quality-Chasm/Quality_Chasm_2001_report_brief.pdf

the rest of the Oral Health Guide, the Key Concepts needn't be considered in sequential order, but rather may influence the development process at every step. You'll find additional guidance documents and resources listed at the end of each section and potential funding sources used by other oral health programs listed in **Appendix A**.



Conduct a Needs Assessment

A vital first step to ensuring that your program improves the oral health of older adults in your community, assessing their specific oral health needs helps you achieve the following objectives.

- Determine whether an oral health program can meet an existing need
- Determine whether your community is ready to launch an oral health program given the available resources
- Uncover barriers to care
- Reveal opportunities for partnerships
- Identify strategic human and financial resources

A needs assessment generally includes four features: 1) an **environmental scan** to gather information on the oral health care landscape and health care needs among older adults in your community; 2) a **market analysis** on the outlook for oral health in your community and characteristics of similar oral health programs; 3) a **readiness assessment** of your organization’s capacity for change and how it aligns with your community’s needs; and 4) a **collection of baseline data** to measure progress for program evaluation.

1. [Conduct an environmental scan](#)
2. [Conduct a market analysis](#)
3. [Conduct a readiness assessment](#)
4. [Collect baseline data](#)

Conduct an Environmental Scan

- Form an advisory group to lead the environmental scan effort, providing advice and making recommendations during this systematic review of the current and anticipated factors that might affect your program, your organization, or other people who might be involved. Consider inviting key partners in your community, such as representatives from oral health associations, dental schools, the aging services network, and other health care– and social service–related entities. To ensure [interprofessional collaboration](#), the group should be diverse and should represent

“Building relationships up front [during the Needs Assessment process] was really important. . . . In the end, we got results that were so much more meaningful to the project and to the advisory team members. Being collaborative takes time, but in the end, you get more out of the process.” – Jennifer Crittenden, MSW, Assistant Director, University of Maine Center on Aging

people from various health and social service professions. Early partner involvement promotes commitment later, during the program’s implementation stages. For more information, see guidance from the Association of State & Territorial Dental Directors (ASTDD) on forming an advisory group.

- ❑ Understand the oral health landscape and emerging trends in your community through literature reviews (e.g., of research studies, academic papers, clinical studies), public records (e.g., census data) research, and direct observation. Consider population demographics (e.g., poverty level, education level, insurance status), community perceptions of oral health (including health literacy), community history, and existing policies and groups that address access to oral health services.
- ❑ Conduct key informant interviews and focus-group sessions with people and entities involved in or affected by oral health issues (e.g., nonprofit organizations, dental schools, local governments, seniors groups, aging services network) to gain insight into your community’s observations and priorities. A discussion led by a moderator, a focus group is an effective way to elicit information about a product or topic from participants who necessarily share an interest or a characteristic. Collaborating with the right stakeholders can save you a significant amount of time and research to identify community oral health care needs. For example, a local dental school might already have collected data on older adults who need oral health care, which you can use to identify your own priorities rather than collecting the same data.
- ❑ Conduct a survey, particularly helpful for reaching large numbers of community members, to collect information on perceived accessibility and quality of oral health care in your community and to ensure you develop your program with a [person-centered approach](#). Consider working with specific community groups to reach survey recipients, and administer your survey in person or via U.S. mail, email, or phone.
- ❑ Analyze your strengths, weaknesses, opportunities, and threats (SWOT analysis) based on your research findings. The fact that your organization is the only oral health care service provider within a certain geographic area might be regarded as a strength, while relying too heavily on funding from one source might be considered a weakness. Opportunities and threats often relate to factors outside your organization, such as potential new funding or plans to cut funding. For an example, see the Community Tool Box created by the University of Kansas, [Section 14](#), on SWOT analysis.

Conduct a Market Analysis

- ❑ Study the oral health care services available in your community, including the safety net oral health care programs and policies (e.g., Medicaid reimbursement, state regulation of health professions) affecting your community. Investigate the impact of these programs and policies, how the programs are supported financially, and whether other

oral health care resources (e.g., funders, community organizations, private practices, dental schools, federally qualified health centers [FQHC] and other health centers) exist in the area.

- Determine the availability of private and public insurance in your state and community. Medicaid funds oral health care services for adults in some states, but reimbursement levels are generally low and might not cover the oral health care services you'd like to provide. FQHCs also fund oral health care services in some areas (see the [FQHC locator](#) to find a health center).
 - Assess how other oral health care programs and dental care providers in your community charge for their services and how they acquire necessary equipment. Evaluate your target population to determine the types of insurance and forms of payment typically used for oral health care services.
 - Identify, via interviews or surveys, the challenges that other oral health care organizations or private practices face when dealing with underserved older adults in your community. This information will help you design your program to avoid these challenges.
- ❑ Forecast your program's expected demand on current policies (e.g., Medicaid reimbursement policies), economic forecasts, and aging trends. This information is important to ensure that your program attracts enough people to make a meaningful difference as well as to secure sufficient funding to become sustainable, in other words to continue operating over the long run.
 - ❑ Identify barriers to oral health care that exist in your community. Determine why private dentists or other community oral health care programs aren't meeting the needs of underserved older adults or whether a shortage of oral health care service providers overall might exist.

Conduct a Readiness Assessment

- ❑ Assess the willingness of your organization or other people who might be involved to start a new program, their understanding of the program's potential impact, and their commitment to the program's [vision, mission, and goals](#). Essential to launching a program is gaining leadership buy-in.
- ❑ Interview or survey your organization's staff or other people who might be involved to discover the level of additional support or training they might need to start a new oral health care program. This approach also helps in assessing your organization's culture and adaptability to change or the suitability to take on this challenge of other people who might be involved.
- ❑ Analyze the financial readiness of your organization or other people who might be involved, which helps you identify changes necessary to support the new program (e.g.,

shifting staff schedules, cutting costs on current initiatives). See the [Finance the Program](#) section for assistance with determining short-term and long-term funding sources for your program.

- ❑ Evaluate the availability of your community or organization’s structural resources or the structural resources of other people who might be involved, such as basic equipment, technology, and facility space for your program. If you’re setting up a new program, consider capital costs, such as equipment and supplies.
- ❑ Answer the key questions in the [Planning section of the Safety Net Dental Clinic Manual](#) to gain a sense of the program’s feasibility, or the likelihood of its moving beyond development to keeping operations up and running successfully. Gathering your thoughts helps in assessing your organization’s readiness for a new program or the readiness of other people who might be involved. Have those answers prepared for leadership and staff.

Collect Baseline Data

- ❑ Choose *baseline indicators, or metrics*, that align with your organization’s goals (see the [Develop a Vision, a Mission, and Goals](#) section for more information on goal-setting). The standard against which you’ll compare information collected in *the future, after* program implementation, baseline information is particularly useful for judging the effects of a policy or program change. Consider gathering baseline indicators at several points over time, an approach that can increase the reliability of your results and help you identify future changes in trends. The [National Oral Health Surveillance System](#) has examples of key oral health indicators.
- ❑ Collect data on the baseline metrics. Ideally, to paint a comprehensive picture of your community’s requirements, include a mix of *qualitative data*, describing oral health care needs, and *quantitative data*, measuring and calculating those needs. You can gather the former (primary data) via key informant interviews, focus groups, surveys, community conversations, or dental chart or record reviews and the latter (secondary data) using the [Behavioral Risk Factor Surveillance System](#), or the CDC’s [Oral Health Data](#) website. Researchers gather *primary data* for a specific project or purpose, employing questions or methods tailored to the research needs. They also use *secondary data*, which was collected by someone else for a different, but related purpose.
- ❑ Include in your baseline data both *process metrics*, or measurements of steps or services completed (e.g., number of oral health care services delivered), and *outcome metrics*, or measurements of whether or how health was improved (e.g., number of clients

reporting reduced oral pain). See Chapter 5, Section II, of the [Mobile-Portable Dental Manual](#) for examples of process and outcome metrics.

- ❑ Analyze and interpret the results gleaned from your data. Based on the data, determine whether trends exist that should be explored further and which metrics, if any, you most want to change. Establish priorities for your program, and determine the oral health goals you can realistically accomplish based on your analysis.
- ❑ Develop an implementation plan, and, to raise awareness of the program, share findings from your needs assessment with your community and key stakeholders. To encourage community and stakeholder engagement with your program, tailor these presentations to include information important to each group. For more information on engaging community members and key stakeholders, see the [Establish Partnerships](#) section.

Program Spotlight: Maine MOTIVATE

Maine has one of the oldest populations in the country, with veterans contributing significantly to its high number of older adults. This case study describes how the Lunder-Dineen Health Education Alliance of Maine (Lunder-Dineen) conducted a needs assessment as part of its [Maine's Oral Team-Based Initiative: Vital Access to Education](#) (MOTIVATE) program in 2013.

Maine MOTIVATE was launched with the goal of developing an evidence-based education program to train staff in long-term care facilities. As one of the first steps in 2014, Lunder-Dineen carefully selected an advisory group of oral health experts to guide the needs assessment and to determine what educational oral health content would best inform the provider staff at long-term care facilities. After sharing data and researching the oral health needs of long-term care residents, the group recommended conducting surveys and focus groups among providers (both administrative and direct care staff), residents, and caregivers at six Maine Veterans' Homes. Results of the surveys and focus groups showed that some administrative and direct care staff lacked training on basic oral health services and that other staff faced barriers to providing care, such as busy schedules. The focus groups also revealed resident cooperation as a potential barrier to care. For example, many veterans with memory loss weren't agreeing to receive oral health services. With these results, the program is conducting ongoing training for provider staff on basic oral health principles identified as gaps in care, holding free oral health care events at facilities where staff might otherwise be too busy to provide oral health care, and educating provider staff on best practices in delivering oral health services to residents with memory loss.

Key Resources

The resources listed below provide additional guidance and support for conducting a needs assessment.

1. **American Association for Community Dental Program’s Guide for Developing and Enhancing Community Oral Health Programs, Step 2: Assess Needs and Resources** – The American Association for Community Dental Program designed this guide to help local public health agencies develop new community oral health programs or expand existing programs. The second step in this guide presents an overview of needs assessment, which includes organizing and conducting the assessment, analyzing data, and developing recommendations based on the findings.
<http://aacdp.com/Guide/step2.html>
2. **National Maternal and Child Oral Health Resource Center’s Safety Net Dental Clinic Manual, Chapter 1: Partnerships and Planning** – This manual’s first chapter outlines the specific items communities should consider when conducting a needs assessment, including population demographics, oral health needs, accessibility of current oral health care resources, and community perceptions of the need for oral health care resources. A Phase II: In-Depth chart helps identify other important information to collect for a needs assessment. http://dentalclinicmanual.com/chapt1/2_3.html
3. **University of Kansas’s Community Tool Box, Chapter 3: Assessing Community Needs and Resources** – The third chapter in this resource contains information on a variety of topics related to conducting a needs assessment, including developing a plan for assessing local needs and collecting baseline data. <http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources>
4. **Association of State & Territorial Dental Directors’ Assessing Oral Health Needs: Seven-Step Model** – In this resource, the ASTDD describes a step-by-step model to help state and local dental programs conduct an oral health needs assessment: 1) identifying partners and forming an advisory group; 2) conducting self-assessments to determine goals and resources; 3) planning needs assessments; 4) collecting data; 5) organizing and analyzing data; 6) using data for program planning, advocacy, and education; and 7) evaluating the needs assessment. <http://www.astdd.org/oral-health-assessment-7-step-model/>
5. **National Maternal and Child Oral Health Resource Center’s Financial Management for Safety Net Dental Clinics, Module 1: Strategic Planning** – This module from the National Maternal and Child Oral Health Resource Center offer detailed information on how program staff at safety net dental clinics can develop a business plan and can make sound financial decisions during the program planning phase. Module 1.3: Developing a

Business Plan presents information on conducting a market analysis.

http://ohiodentalclinics.com/curricula/finance/mod1_3_2.html

6. **National Center for Farmworker Health's Needs Assessment Tools** – This website provides tools, webcasts, and health data for conducting a needs assessment for farmworkers' health. Communities wishing to evaluate oral health needs of special populations can learn about specific concepts, such as focusing the needs assessment on migrant or seasonal populations and taking into account language limitations or literacy level. <http://www.ncfh.org/needs-assessment.html>
7. **Centers for Disease Control and Prevention's Needs Assessment Template** – Developed for community groups dedicated to a variety public health issues, the CDC's Needs Assessment Template can be used by organizations to conduct telephone interviews with potential oral health stakeholders to assess the community's needs and interest. http://www.cdc.gov/phcommunities/docs/needs_assessment_template.doc

Key Concept 1: Target Population Selection

Selecting a target population helps you focus limited resources on specific people or groups of people in your community. When choosing a target population, you might want to consider groups that historically have had difficulty accessing or paying for oral health services or groups located outside the “traditional” dental clinic. This approach can help you both narrow your scope and gain increased support from payers that fund programs for older adults. Potential target populations among older adults who’re generally underserved include groups living in the following circumstances.

- Low-income, uninsured, or underinsured
- Rural residence
- Residential care facilities
- Homebound situations
- Special health care needs
- Homeless or displaced

In addition to considering the populations listed above, your needs assessment can help you select your target population. The list below offers more tips for selecting a target population.

- Confirm that the populations you’re considering have specific oral health needs and ensure that baseline data is available for these older adults. This information helps you evaluate your program’s impact on participants.
- Consider why the oral health issue hasn’t already been addressed for this population, and identify current barriers to care. This information helps you anticipate challenges when working with these older adults.
- Contact state oral health programs, local health departments, and dental schools in the state for additional information on potential target populations, and collect results from surveys conducted recently.
- Begin thinking about the location for delivery of your oral health care services, places that older adults can access easily.



Develop a Vision, a Mission, and Goals

Developing your program’s vision, mission, and goals helps ensure that staff and community partners are working toward a common objective. These elements ultimately help guide your evaluation and quality improvement efforts, too. Generally, a vision describes what the program aims to accomplish (i.e., the ideal state), while a mission defines your program’s purpose and reason for existence. Goals are specific and measurable outcomes that align with and contribute to your vision and mission.

1. [Develop a vision](#)
2. [Develop a mission](#)
3. [Develop goals](#)

Develop a Vision

- ❑ Form an advisory group with key stakeholders and community members to collaborate on developing a vision. Your program can continue to engage this group throughout the project lifecycle.
- ❑ Enlist a leader for group meetings; ensure this person has strong facilitation skills and is impartial regarding the group’s interests. Meetings should integrate information collected during the needs assessment process and should gather new ideas from key stakeholders and community members on what to include in the vision statement.
- ❑ Develop a consensus on common themes, values, and objectives most important to the advisory group members, and hence the community, over the next 5 to 10 years. From this consensus, draft a concise, positive vision statement relevant to your community.

“Oral health is a critical component of overall health and well-being throughout the life span. We envision a Washington where we ensure that:

- *Every person is free from oral disease and enjoys optimal oral health;*
- *Every lay person and health professional understands the importance of oral health and its relationship to overall health and wellness;*
- *Prevention and health promotion are essential; and*
- *Oral health care is funded so that it is available, accessible, affordable, effective, and efficient.” – Washington State Oral Health Coalition’s vision statement*

Develop a Mission

- ❑ Leverage an advisory group with facilitator to develop your mission, following the steps described above for developing your vision. Consider developing your mission in the same group meeting as your vision.
- ❑ Draft a mission statement describing what you want your program to accomplish. The statement serves two purposes: 1) mobilize staff, volunteers, and supporters to focus on specific goals the program wants to achieve and 2) act as a reminder of the program’s initial motivation.
- ❑ Ensure that your mission statement is brief and outcome oriented. Use clear, understandable language, and make certain the mission can be adapted to potential changes in your community.
- ❑ Review mission statements from other programs for ideas.

“Our mission is to provide high-quality, comprehensive medical and dental care, patient advocacy and related services to people who need them most, regardless of their ability to pay.” – Mission statement from the Care Alliance Health Center in Cleveland, Ohio

Develop Goals

- ❑ Develop SMART goals: Specific, Measurable, Achievable, Relevant, and Time bound. In addition, set goals that are challenging (i.e., stretch for significant health improvements).
- ❑ Building on your environmental scan (see the [Conduct a Needs Assessment](#) section for more information), research common goals in the field and account for logistical requirements (e.g., additional funding, staff training) that might be necessary to reach the goals.
- ❑ Set goals that specify *how much* of *what* will be accomplished and *by when*.
 - Ensure that your organization has baseline data to quantify each of your goals (the [National Oral Health Surveillance System](#) has examples of baseline data to quantify oral health goals).
 - Consider both process metrics (e.g., number of oral health services delivered) and outcome metrics (e.g., number of clients reporting reduced oral pain) because showing the results of one often strengthens the other (Chapter 5,

“By 2020 (by when), to increase by 20% (how much) those elders reporting that they are in daily contact with someone who cares about them (of what).”
– Example of a specific goal from the University of Kansas’s Community Tool Box

Section II, of the [Mobile-Portable Dental Manual](#) provides examples of process and outcome metrics that quantify goals).

Program Spotlight: Washington State Oral Health Coalition

Washington State had been working to identify the oral health care needs of its citizens and to promote dental disease prevention and access to care. This case study provides additional information on how the Washington State Oral Health Coalition (WSOHC) developed a vision, mission, and goals for its program.

A broad-based group of organizations and people, whose mission is to promote and advocate for optimal oral health for all Washington State residents, the WSOHC took several steps to update its vision, mission, and goals in a comprehensive oral health improvement plan. First, the coalition created a steering committee (known as an *advisory group* in the Oral Health Guide) to lead the effort. The steering committee distributed surveys to coalition members, health professionals, and the public to gather feedback on the WSOHC’s vision and goals. To define its priorities, the steering committee also organized more than 60 webinars and in-person sessions with stakeholder groups in the public, private, and nonprofit sectors. Finally, the WSOHC convened an oral health education consortium to gather comprehensive feedback from the academic and research communities. The finalized plan contained collaborative input and participation from oral health coalitions; health-oriented government agencies; professional associations and licensing boards; community health clinics; dental insurers; oral health education consortiums; and oral health foundations. Moreover, web-based and in-person sessions were conducted with community members who aren’t health professionals. In the plan, the WSOHC outlines [measurement indicators](#), or data sources that align with each specific goal, as well as [prioritization criteria](#) for each goal.

Key Resources

The resources listed below provide additional guidance and support for developing your vision, mission, and goals.

1. **University of Kansas’s Community Tool Box, Chapter 8: Developing a Strategic Plan** – Section 2 (Proclaiming Your Dream: Developing Vision and Mission Statements) and Section 3 (Creating Objectives) explore the steps your organization can take to develop a vision, a mission, and goals. This chapter includes, as well, checklists and examples that can help you develop these strategic elements. <http://ctb.ku.edu/en/table-of-contents/structure/strategic-planning>

2. **Washington State Department of Health’s Community Roots for Oral Health: Guidelines for Successful Coalitions** – This resource describes ways in which your organization can find common ground for a shared vision and mission in developing an oral health program. In addition, it contains examples and descriptions of a vision, a mission, and goals that oral health programs can consider.
<http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionalsandFacilities/PatientCareResources/OralHealth/OralHealthCoalitions/GuidelinesforSuccessfulCoalitions>
3. **National Association of County and City Health Officials’ Mobilizing for Action through Planning and Partnership, Chapter 2: Visioning** – The National Association of County and City Health Officials’ Mobilizing for Action through Planning and Partnership plan describes a community-driven strategic planning process to improve community health. Chapter 2, on visioning, guides communities through a collaborative, creative process that leads to a shared vision and common values.
<http://www.naccho.org/topics/infrastructure/mapp/framework/phase2.cfm>
4. **National Maternal and Child Oral Health Resource Center’s Safety Net Dental Clinic Manual, Chapter 1: Partnerships and Planning** – In Chapter 1’s planning section, the Safety Net Dental Clinic Manual addresses how a clinic’s mission and goals might affect financial sustainability and access to care. A table illustrates how different mission statements yield different policies. http://dentalclinicmanual.com/chapt1/2_2.html
5. **Centers for Disease Control and Prevention’s Division of Oral Health Workbook: Logic Models** – The CDC has detailed how oral health programs can construct a logic model (diagram that links program inputs and resources to program outcomes and products) to illustrate how programs can accomplish desired outcomes. This resource includes instructions on writing vision, mission, and goal statements for a coalition, organizing these elements within the larger context of developing a plan for an oral health program. http://www.cdc.gov/oralhealth/state_programs/pdf/logic_models.pdf
6. **Vanderbilt University Medical Center’s Smart Goals Template** – Vanderbilt University Medical Center has developed a template that your organization can use to make sure your program goals are specific, measurable, achievable, relevant, and time bound.
http://www.mc.vanderbilt.edu/documents/vmcpathology/files/Smart_goals_template.pdf
7. **Centers for Disease Control and Prevention’s Goals and Objectives Checklist** – The CDC has developed a checklist of criteria your organization should consider when developing program goals. <http://www.cdc.gov/healthyouth/evaluation/pdf/brief3.pdf>

Key Concept 2: Person-Centered Care

According to the Institute of Medicine, person-centered care (also often referred to as patient-centered care) is defined as “providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.”¹⁴ In short, person-centered care goes beyond the traditional patient-provider relationship by engaging the patient as an active participant in health care and aims to provide care in the best interest of the person receiving it.

Person-centered care in oral health care has been associated with many positive outcomes, including better chronic oral disease treatment and management, improved safety, and cost containment.¹⁵ Because person-centered care is based on collaborative decision-making—between the person receiving care and the family caregivers, dentists, physicians, physician assistants, nurses, and other health care providers—practicing interprofessional collaboration is important for your organization, too.

The resources listed below can help your organization learn more about delivering person-centered care in oral health programs for older adults.

- ❑ [Patient Centered Primary Care Training Programs](#) – The Patient-Centered Primary Care Collaborative has organized a searchable online database with almost 100 training programs that support health professionals “in their efforts to deliver primary care that is patient-centered and collaborative across disciplines.” The database allows you to search by the “Oral Health” profession.
- ❑ [Oral Health Integration in the Patient-Centered Medical Home \(PCMH\) Environment](#) – Commissioned by the Funders Oral Health Policy Group with additional funding from the REACH Healthcare Foundation, Qualis Health developed a white paper presenting background information on the new person-centered model of care delivery. Included are case studies and lessons learned from clinics and neighborhood organizations that have attempted to collaborate and provide care across medical professions.
- ❑ [Patient Centered Care Policy Brief](#) – The Pediatric Oral Health Research & Policy Center produced a brief that outlines five core principles to consider in a patient- or family-centered approach to oral health care. Many of the case studies, as well as the section on health information technology, apply to older adults.

¹⁴ Institute of Medicine (2001). Crossing the Quality Chasm: A New Health System for the 21st Century. Retrieved from [https://www.nationalacademies.org/hmd/~media/Files/Report Files/2001/Crossing-the-Quality-Chasm/Quality Chasm 2001 report brief.pdf](https://www.nationalacademies.org/hmd/~media/Files/Report%20Files/2001/Crossing-the-Quality-Chasm/Quality%20Chasm%202001%20report%20brief.pdf)

¹⁵ Dental Quality Alliance Conference 2013. Chris Smiley, DDS: The Importance of Patient-Centered Care. Retrieved from http://www.ada.org/~media/ADA/Education%20and%20Careers/Files/Session_2_Smiley.pdf?la=en



Establish Partnerships

Collaborating with a variety of organizations can help strengthen the planning process for a community-based oral health program for older adults and can expand the program’s impact. The benefits of forming partnerships and coalitions are far reaching and might include one or any combination of the following.

- Improving understanding of local needs and assets
- Maintaining, improving, and expanding the scope and range of oral health services available to older adults
- Leveraging diverse talents and resources to find creative solutions
- Garnering more visibility, public recognition, and influence for a particular issue
- Obtaining referrals for new patients
- Avoiding services duplication in a geographic area
- Acquiring feedback from clients and your community to evaluate the program
- Marketing and sustaining the program over time

The effort to build effective partnerships involves three main steps.

1. [Identify stakeholders](#)
2. [Approach potential partners](#)
3. [Sustain partnerships over time](#)

Identify Stakeholders

- Identify all community organizations, businesses, and entities that could benefit from or create barriers to your program. Research and analyze why each stakeholder would support or oppose your program, and theorize their potential strategies for supporting or opposing your goals. This approach helps you develop a plan to maximize the benefit of supporters and minimize the negative effects of stakeholders that oppose your efforts. Potential stakeholders might include the following entities.

Aging Organizations

- AAAs
- Long-term care facilities
- Community and senior centers

Dental and Other Health Entities

- Dental and dental hygienists’ associations
- Health and dental insurers

- Hospitals and health professionals (e.g., dentists, dental hygienists, physicians, physician assistants, nurses)
- Health clinics and FQHCs
- Professional schools (e.g., dental schools, dental hygiene schools, schools of public health)

Other Community Resources

- Government (e.g., health department officials) and elected leaders
- Businesses
- Community action agencies
- Foundations
- Religious organizations
- Service organizations
- Media outlets

“The value of a backbone organization has been critical to empowering coalition partners and is the engine that fuels the creativity of building solutions to access to oral health care for older adults.” – Mary Jane Carothers, Coalition Chair and Vice President, Quality Improvement and Clinical Affairs for Iowa Health Care Association

- ❑ Make a list of all stakeholders that could add value to your program, brainstorm the specific role or roles each stakeholder could play, and specify how your program could benefit them. For example, local hospitals might benefit from reduced emergency room visits from uninsured people with oral pain, and local health departments might be interested in improving the oral health of their uninsured constituents.¹⁶
- ❑ Make a list of all stakeholders that might oppose your program. Your organization should investigate why these stakeholders might present issues in the future and should proactively engage them.
- ❑ Identify issues that might limit individual partner involvement (e.g., administrative, legal, financial) and, if necessary, make a plan to overcome these barriers.
- ❑ Identify champions in your community as potential partners. Champions are knowledgeable about oral health and can lead the charge in developing your oral health program.

Approach Potential Partners

- ❑ Determine the number of partners you want involved in your program. More partners can enhance your ability to provide services, but planning meetings and achieving group consensus can be logistically challenging when too many are involved.
- ❑ Rank potential partners based on how much you need them and their expected level of involvement. Some partners might be more involved in program day-to-day operations

¹⁶ Stakeholders have an interest in your program but aren't necessarily partners. Partners are stakeholders with which you end up forming mutually beneficial and productive relationships.

whereas others might simply want to stay informed. Having a mix of partner types maximizes the number of partners you can engage.

- ❑ Outline compelling reasons why each potential partner should join your effort based on the partner's unique interests.
- ❑ Think specifically about how you'll appeal to each potential partner, including how the partner can benefit from participation in your program. To tailor your approach, research the issues or organizations with which each partner has been involved. Practice your proposal and prepare answers to anticipated questions or objections.
- ❑ Determine the best method to initiate contact with potential partners. When deciding among face-to-face contact, phone calls, letters, and email, consider the advantages of each approach and the likelihood of responses.
- ❑ After your initial approach, plan next steps according to each potential partner's response.
 - For a "Yes" response, follow up within a reasonable timeframe to explain in greater detail what you want from the partner.
 - For a "Maybe" response, brainstorm what can be adjusted to get the potential partner on board (e.g., changing the proposed role or the timeframe of the commitment).
 - For a "No" response, decide whether you'll reach out again at another time or if it's best to not pursue the partnership any further.
- ❑ Establish a lead organization (backbone organization), when coordinating your program's partnership, to
 - Provide structural support and assistance across all participating organizations and stakeholders,
 - Guide the program's overall vision and approach, and
 - Mobilize funding, among other functions.

Backbone organizations can take multiple forms and depend on the type and structure of your program. See the [Collaboration for Impact's website](#) for more information on backbone organizations.

Sustain Partnerships over Time

- ❑ Ensure that you've collaborated with all involved partners to develop your vision, mission, and goals. Transparency about your program's intentions is critical to building successful partnerships.
- ❑ Show your appreciation for partners frequently, both privately and publically. Gratitude may take the form of award ceremonies or ongoing incentives for engagement. See [Chapter 41](#) of the University of Kansas's Community Tool Box for more information.
- ❑ Plan how you can help your partners. Offer your assistance or useful expertise to ensure the partnerships are mutually beneficial.
- ❑ Keep partners informed of new developments in your program and recent measures of success. Show them the positive impact your program is having on a continued need in your community. To gain insight and keep key partners engaged, involve them in evaluation plans.
- ❑ Check in with partners periodically about changing interests or priorities affecting them and how these changes could relate to their commitment to or involvement in your oral health program for older adults. Changing roles or focus areas for partners might be necessary to keep them committed and engaged.

Program Spotlight: Elks Mobile Dental Program

This case study provides additional information on establishing partnerships based on the experiences of the [Elks Mobile Dental Program](#). Established in 1962, the program operates three mobile dental units that deliver oral health services to people with developmental and physical disabilities in Missouri.

The Missouri Elks Benevolent Trust supplied upfront funding and conducted initial outreach to the Missouri Department of Health and Human Services (DHHS) to help design and fund the Elks Mobile Dental Program. Donations to support the program also came from Elks member pledges, lodges, and ladies auxiliaries as well as the Elks National Foundation Annual Contribution. With funding set, the Elks Benevolent Trust and the Missouri DHHS contracted with the Truman Medical Center to operate the program. For several years in the 2000s, the Elks Benevolent Trust acted as the program's sole financial sponsor because of state budget cuts, but the Elks Mobile Dental Program staff kept in touch with Missouri DHHS Bureau of Primary Care staff, as well as other previous program funders, to sustain the partnerships. Elks Mobile Dental staff sent monthly email newsletters with client testimonials and general program updates and continued to assist the partners. In forming and strengthening the partnerships, the Elks Mobile Dental Program emphasized the importance of using succinct outreach messages, looking for partners already interested in the target population, and

tailoring resource requests. In 2013, the Missouri DHHS began funding the program again, which the Elks Mobile Dental Program staff attribute to their continued communication and relationship-building with DHHS staff.

Key Resources

The resources listed below provide additional guidance and support for establishing partnerships.

1. **University of Kansas’s Community Tool Box, Chapter 7, Toolkits 1 and 8** – This comprehensive resource contains checklists and other guidance for communities to learn about assessment, planning, intervention, evaluation, and advocacy of community programs. [Chapter 7: Encouraging Involvement in Community Work](#), [Toolkit 1: Creating and Maintaining Partnerships](#), and [Toolkit 8: Increasing Participation and Membership](#) focus on choosing community partners and maintaining relationships. <http://ctb.ku.edu/en>
2. **Washington State Department of Health’s Community Roots for Oral Health: Guidelines for Successful Coalitions** – These guidelines describe in detail critical tasks community organizations should complete as they form oral health coalitions, such as developing an action plan. This resource is organized in steps, but the introduction notes that the process generally isn’t linear. <http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionalsandFacilities/PatientCareResources/OralHealth/OralHealthCoalitions/GuidelinesforSuccessfulCoalitions>
3. **Centers for Disease Control and Prevention’s Basic Strategies for Collective Impact: Partnerships, Coalitions, and Collaborations** – This CDC document outlines the different roles and activities of statewide partnerships, coalitions, and collaborations critical to the nation’s oral health. http://www.cdc.gov/oralhealth/state_programs/infrastructure/partnerships.htm
4. **Association of State & Territorial Dental Directors’ Best Practice Approach Report: State Oral Health Coalitions and Collaborative Partnerships** – This resource assesses the effectiveness of statewide oral health coalitions and collaborative partnerships and provides examples to illustrate successful development of such partnerships. <http://www.astdd.org/bestpractices-bpastatecoalitions.pdf>
5. **Prevention Institute’s Developing Effective Coalitions: An Eight Step Guide** – This step-by-step guide to coalition-building helps partnerships launch and stabilize successfully. It supports advocates and practitioners in every aspect of the process, including determining the appropriateness of a coalition, selecting members, and conducting ongoing evaluations.

http://www.preventioninstitute.org/index.php?option=com_jlibrary&view=article&id=104&Itemid=127

6. **Collaboration for Impact’s The Backbone Organization** – This resource outlines the roles a backbone organization might play in collaborative partnerships as well as misperceptions communities might have about a backbone organization’s roles. The Collaboration for Impact also provides [a separate guide](#) for building the “backbone infrastructure,” which includes details on funding, leadership and staff, and data collection. <http://www.collaborationforimpact.com/collective-impact/the-backbone-organisation/>
7. **Centers for Disease Control and Prevention’s Division of Cancer Prevention and Control: Partnership Tool Kit** – This CDC resource presents a set of guiding questions that community organizations can consult as they advance through the four stages of partnership development. <http://cancercontrolplanet.cancer.gov/CDCPartnershipToolkit.pdf>
8. **Association of State & Territorial Dental Directors’ Assessing Oral Health Needs: Seven-Step Model Worksheets** – The ASTDD developed four worksheets to help organizations conduct a needs assessment. Listing potential organizations and agencies with which to partner, the first worksheet can be used to track contact information for potential community partners. <http://www.astdd.org/docs/Worksheets.pdf>

Key Concept 3: Interprofessional Collaboration

Interprofessional collaboration between dental professionals and other health and social service providers can greatly improve your community’s ability to provide oral health care to older adults. Health care and social service providers that haven’t traditionally delivered oral health services—such as physicians, physician assistants, nurses, and social workers—can contribute to oral health in a variety of ways. A consortium of funders and health professionals with a vision to eradicate dental disease, the [National Interprofessional Initiative on Oral Health](#) (NIIOH) works specifically to facilitate collaboration and dialogue among primary care physicians, physician assistants, dental professionals, and funders to bridge the gap between oral health and primary care.

With funding from the DentaQuest Foundation, the Washington Dental Service Foundation, and the REACH Foundation, NIIOH has developed the following tools and resources to enable interprofessional learning and collaboration across health professions. The curricula and integration frameworks listed below can help you integrate oral health services into overall health care.

“[Patients] appreciate that their doctor cares about their mouth. You can see the light bulb come on for patients, not dissimilar to the light bulb that came on for us doctors when we realized we were leaving oral health out.” – Dr. Eric Penniman, DO, Medical Director for Primary Care at Marshfield Clinic

- ❑ [Smiles for Life Curriculum](#) – A product of the Society of Teachers of Family Medicine, the Smiles for Life curriculum provides educational resources to facilitate integration of oral health into primary care. The curriculum consists of online modules covering core areas of oral health, with courses on older adults and other specific populations. Smiles for Life has also developed a mobile app to support clinical decision-making.
- ❑ [Oral Health Delivery Framework](#) – Developed by Qualis Health, the Oral Health Delivery Framework outlines different ways that primary care practices integrate oral health services into patient-centered medical homes and promote oral health activities. The Oral Health Integration Implementation Guide (anticipated release fall 2016) will provide guidance, resources, and tools to help primary care practices integrate oral health services, drawing on the experience of 19 field-testing sites piloting the Oral Health Delivery Framework.
- ❑ [Oral Health Nursing Education and Practice Initiative](#) – Led by the New York University College of Nursing, the Oral Health Nursing Education and Practice Initiative aims to integrate oral health practices into nursing training programs and practice settings. The

initiative has added the oral component to the traditional head, eyes, ears, nose, and throat exam.

- ❑ [Physician Assistant Leadership Initiative in Oral Health](#) – This initiative is a collaboration of national organizations overseeing physician assistant education, accreditation, certification, and practice. Tools and resources are available from the National Commission on Certification of Physician Assistants Health Foundation.



Design the Program

As you define your program’s scope, you might choose to replicate, or copy, an existing program; adapt an existing program; or design an entirely new program. Think about the tips below for designing your program.

- Ensure that your delivery model, the approach you take to supply a product or service, is in line with your organization’s vision, mission, and goals and applies to your community’s unique circumstances. Confirm that your partners support the delivery model.
- Determine the oral health program design that can reach your target population of older adults most effectively. Consider a mix of different services and delivery models most useful and accessible to those people. This approach can increase program flexibility and address the limitations of a single model.
- Make certain the model fills a gap in care or will meet a currently unmet oral health need. Be realistic about what your program can and can’t offer to meet this need.
- Consider selecting a model that addresses barriers to care, which might include income restrictions, lack of insurance, personal mobility challenges, complex medical needs, geographic location, or lack of adequate transportation.
- Determine whether you can reasonably design your program given available financial and social resources. Consider startup costs, ongoing operational and maintenance costs, and available staff necessary for different models.
- Consider how health care and social service providers that haven’t traditionally delivered oral health services—such as physicians, physician assistants, nurses, and social workers—can contribute to your program or can integrate oral health services into their existing models. See the [Key Concept on Interprofessional Collaboration and Person-Centered Care](#) for more information.

This section describes a half dozen common program models, with things to think about before deciding to adopt one of them.

1. [Dental clinic model](#)
2. [Mobile-portable model](#)
3. [Eligibility and enrollment model](#)
4. [Virtual model](#)
5. [Event-based model](#)
6. [Outreach and education model](#)

Dental Clinic Model

Under the dental clinic model, programs deliver oral health services to people at freestanding clinics with fixed locations (e.g., community health centers, FQHCs) or at dental clinics situated within larger medical centers. These programs generally offer a range of oral health services, which might include basic services (e.g., screenings, cleanings, X-rays), comprehensive services (e.g., fillings, oral surgery, dentures), or a combination of both. Other programs operating under the dental clinic model offer only emergency oral health services or other forms of specialized care. Listed below are a few things to think about before deciding to adopt the dental clinic model for your program.

- Identify participating dental care providers and determine whether they'll work on a fulltime or part-time paid basis or whether they'll volunteer their services at no cost. Communicate with part-time and volunteer providers to agree on a time that fits within their existing schedule.
- Determine whether clients will pay for services. If clients are expected to pay, decide whether to use a sliding fee scale or to require payment in full. You have the options of relying on private insurance, individual self-pay, and, in some states, Medicaid reimbursement.
- Investigate the potential to share resources (e.g., office staff, equipment) or to coordinate care with other medical providers, should the dental clinic be located within a larger facility or medical center.
- Choose a location that minimizes transportation barriers (e.g., near public transportation, centrally located), or consider helping arrange transportation. Lack of adequate transportation often poses a major barrier to older adults' obtaining care. The brochure [Choices for Mobility Independence: Transportation Options for Older Adults](#) can help you explore transportation assistance options.

Example

[Walker Methodist Dental Clinic](#) provides oral health care to older adults in the Minneapolis, Minnesota community as part of the larger Walker Methodist Health Center network. The dental clinic opened in 2006, and, through a major grant-funded expansion in 2015, doubled its capacity to provide oral health care and oral health education. The clinic operates four days a week, staffed by University of Minnesota School of Dentistry faculty and students, with additional support from Walker Methodist staff. In addition to providing oral health care to older adults, the program teaches geriatric oral health care continuing education courses to dental professionals. Providers participating in this program are unpaid.

Mobile-Portable Model

Under the mobile-portable model, oral health services are delivered either in a mobile dental vehicle (i.e., mobile dental unit) or at a fixed physical location where program staff bring portable dental equipment to the facility. This model focuses on providing oral health care to underserved people who lack adequate transportation or who face other barriers to care (e.g., geographic location, personal mobility). These programs tend to offer basic services, such as oral health exams and oral health education, but also can provide comprehensive services. They coordinate closely with other community partners, as well, to deliver services at locations where they're most likely to reach older adults (e.g., community centers, senior centers, long-term care facilities, faith-based organizations), or they bring portable equipment directly into the facilities. Listed below are a few things to think about before deciding to adopt the mobile-portable model for your program.

- ❑ Make certain your program builds relationships with other community organizations that can assist with the logistical challenges of mobile-portable oral health care, such as determining a suitable site for van parking or finding a location for inventory storage.
- ❑ Recognize that staff in mobile or portable programs might have to fill multiple roles. Administrative staff, for example, might have to coordinate site visit locations and movement of equipment into a facility.
- ❑ Compare the difference in upfront costs and equipment durability for mobile versus portable oral health services. Self-contained mobile dental vehicles have high initial costs but might prove more durable, whereas portable equipment generally has lower upfront costs but is more at risk for “wear and tear.”
- ❑ Arrange access to electricity, water, and septic systems at each site you'll visit, if you plan to deliver services directly from a mobile vehicle.
- ❑ Be prepared to refer people to more specialized or comprehensive care in your community that your mobile or portable program mightn't be able to provide.

Example

[Senior Mobile Dental](#) is a nonprofit organization that brings portable dental equipment to community facilities, such as assisted living centers and nursing homes, and provides oral health services to older adults. In 2013, the program expanded its staff and services to deliver a full range of oral health services, including fillings, extractions, and dentures. The program is staffed by dentists, hygienists, a denture technician, and a full dental support team.

Eligibility and Enrollment Model

Programs operating under the eligibility and enrollment model provide care coordination (i.e., manage clients' appointments to referred dental care providers and arrange transportation and other social services), payment counseling and financial assistance, and enrollment support to people needing oral health care. Services often are delivered as part of another model, such as a dental clinic that handles referrals to specialists and coordinates care with other general health care services delivered at the clinic. Listed below are a few things to think about before deciding to adopt the eligibility and enrollment model for your program.

- Develop strong partnerships in communities where people can be referred for services. These partners could include participating dental practices, dental schools, and health and social service agencies. See the [Establish Partnerships](#) section for more information on developing these relationships.
- Hire staff with experience in community outreach and case management as opposed to clinical service delivery.
- Consider that programs under this model, without accompanying service provision under another model, don't increase overall capacity of available services. If an insufficient number of providers or payment methods is available, these programs might be limited in their effectiveness.

Example

The [Elder Dental Program](#) is a community-based nonprofit program dedicated to helping low-income older adults in southern Massachusetts access high-quality oral health care at reduced costs. Applicants submit information about their income and savings. Once financial eligibility is determined, the program's manager matches the applicant with a participating volunteer dentist in the community. All appointments occur in the office of the participating dentist, and people pay for services based on the Elder Dental Program sliding fee scale.

Virtual Model

The virtual model, also known as teledentistry, allows dental care providers to serve people and exchange information via technology for purposes of oral health education, diagnosis, treatment planning, or consultation. For many programs under this model, dental hygienists or dental assistants travel to a location in the community, such as a long-term care facility, to gather clinical information and to provide basic hygiene services. Dental hygienists and assistants can then transmit information to a dentist or a specialist for more involved treatment planning, and the dentist or the specialist can consult with the client using real-time video

software. Listed below are a few things to think about before deciding to adopt the virtual model for your program.

- Research and invest in an electronic health records (or electronic dental records) system to enable communication among the care team. See the [Health Information Technology](#) section for more information.
- Check state and local regulations to ensure that dental hygienists and dental assistants can provide services without a dentist onsite.
- Consider including an allied oral health professional (e.g., dental hygienist, dental assistant) and a collaborating dentist on your team. A dental coordinator can also help offer case management and communicate with community sites and clients.

Example

The [Virtual Dental Home](#) provides oral health services in multiple locations across California. Dental hygienists and dental assistants gather diagnostic records, provide basic oral health services to people in the community, and communicate with dentists using a telehealth system to form treatment plans. Also known as e-health or m-health (mobile health), telehealth uses digital information and communication technologies (e.g., computers, mobile devices) to manage clients' health and wellbeing. The Pacific Center for Special Care at the University of the Pacific, Arthur A. Dugoni School of Dentistry, created the Virtual Dental Home program in 2009. Now, 15 communities in California have implemented the model, and programs in Hawaii, Oregon, and Colorado are in the process of adopting and adapting the model.

Event-Based Model

Under the event-based model, programs organize and carry out dental fairs at community locations (e.g., stadiums, fairgrounds), generally by recruiting local volunteer dental staff to provide basic services to people in need. These events are usually of short duration (e.g., one day, one weekend). This model commonly focuses on delivering services to underserved people who lack adequate transportation or who've other geographic or mobility-related barriers to care. In addition to oral health care, these events might provide medical, vision, preventive care, and health education services. Listed below are a few things to think about before deciding to adopt the event-based model for your program.

- Develop an implementation plan far in advance because these event-based programs require a high level of coordination between dental care providers and other partners. Programs have found that planning and preparing for one event can take almost a year.
- Coordinate dental care provider locations where clients at the event can go for follow-up care. Many clients might require follow-up in the days or weeks following the event.

- ❑ Secure event space that's large enough for the expected volume of clients. The event space should have areas for registration and waiting, clinic operations, and volunteer breaks. It should also have sufficient parking and be able to handle traffic flow. Possible venues include gymnasiums, civic centers, and indoor sport facilities.

Example

Since 2000, the [Mission of Mercy](#) program has operated mobile clinics in strategic locations across Virginia, providing preventive, restorative, and surgical oral health treatments to low-income people via two- or three-day events. The Virginia Health Care Foundation provides [instructions and guidance](#) on how to conduct a Mission of Mercy project.

Outreach and Education Model

Under the outreach and education model, programs provide client, caregiver, and provider education and raise awareness of recommended oral health practices in the community. These outreach efforts can be based on coursework, online tools, or media campaigns. Listed below are a few things to think about before deciding to adopt the outreach and education model for your program.

- ❑ Ensure that educational materials and outreach methods are culturally appropriate and accessible. For more information on cultural competence and accessibility, see the [Cultural Competence](#) section.
- ❑ Consider the accessibility and effectiveness of locations where you'd like to reach your target population (e.g., locations where the target population typically gathers, including, for older adults, in senior community centers).
- ❑ Test the messages of your educational materials with a pilot audience to evaluate the effectiveness of the delivery and its impact on the target audience. Use audience feedback to edit and improve materials.

Example

Administered by Oral Health America, [Tooth Wisdom: Get Smart About Your Mouth](#) is an educational program for older adults, health professionals, and caregivers of older adults. Oral health educational materials, including resources focusing on the importance of oral health and prevention, as well as an [interactive map](#) for website visitors to find oral health care in their area, are free and available to the public on the [program's website](#). In addition to educational materials, dental hygienists lead one-hour workshops in community settings where older adults naturally congregate to increase knowledge about oral health and encourage self-care.

Program Spotlight: Gary and Mary West Senior Dental Center

Gary and Mary West Senior Wellness Center staff and volunteers became increasingly aware that many seniors didn't have access to affordable oral health care. A survey administered in 2014 to more than 300 older adults who used services at the Senior Wellness Center identified dental care as one of the most critical needs among this population, with high cost, lack of providers accepting state Medicaid, and lack of adequate transportation as the top barriers to care. This case study provides additional information for designing a program based on the experiences of the Gary and Mary West Senior Dental Center.

Program design for the Gary and Mary West Senior Dental Center began with the decision to co-locate with the Senior Wellness Center to capitalize on the Center's accessible location and existing health, psychological, nutritional, social, and community supportive services. A dental center within a larger senior center allows for integration of care with other clinical and social service providers, thus connecting dental health to a person's overall health.

The Gary and Mary West Senior Dental Center began operations on June 1, 2016. Comprehensive geriatric assessments completed by a "senior care navigator" facilitate integration of care and triage people in need (i.e., decide the order in which patients are treated based on the urgency of their need for care) to dental services, coordination with other health and social services, or both at or outside the Senior Wellness Center. Medicaid reimbursement is an important payment source for eligible people. Dental clients ineligible for Medicaid can pay through their private insurance or via a fee established by an income-based sliding fee scale.

Key Resources

The resources listed below provide additional guidance and support for designing your program.

1. **National Maternal and Child Oral Health Resource Center's Mobile-Portable Dental Manual** – This manual compares mobile and portable dental systems to help organizations design, purchase, and operate oral health care programs. It is a companion manual to the [Safety Net Dental Clinic Manual](#), which provides more general guidance on clinic development and operations to organizations starting safety net dental clinics. Chapters on partnerships, facility design and staffing, and clinic operations are particularly relevant to selecting your program model. <http://mobile-portabledentalmanual.com/>
2. **Rural Health Information Hub's Oral Health Toolkit, Module 2: Rural Oral Health Program Models** – Module 2 describes rural oral health models—such as the outreach

and education model, the dental clinic model, and the mobile-portable model—and suggests things to think about before adopting one. Although this resource targets organizations planning to operate in rural areas, many of the considerations can be applied more generally. <https://www.ruralhealthinfo.org/community-health/oral-health/2/program-models>

3. **University of Kansas’s Community Tool Box, Chapter 19 and Toolkit 7** – This comprehensive resource features checklists and other information for communities to learn about assessment, planning, intervention, evaluation, and advocacy of community programs. [Chapter 19: Choosing and Adapting Community Interventions](#) and [Toolkit 7: Developing an Intervention](#) provide guidelines for selecting and adapting program models. <http://ctb.ku.edu/en>
4. **Community Catalyst’s Addressing Oral Health Needs: A How To Guide** – This guide describes several oral health program models and provides examples of programs that have adopted each model. Mobile units, dental clinics, referral programs, and volunteer-based programs are among the models discussed. http://www.communitycatalyst.org/doc-store/publications/addressing_oral_health_needs_2002.pdf
5. **National Maternal and Child Oral Health Resource Center’s Mobile-Portable Dental Manual: Dental Clinic Comparison Chart** – This chart compares fixed clinic facilities, mobile vans, and portable equipment by listing the pros and cons of each model. Factors to consider include cost, accessibility to the target population, and ease of equipment transport. http://mobile-portabledentalmanual.com/chapt1/section_02/a_table.html

Key Concept 4: Cultural and Linguistic Competence

With the increasing diversity of people living in the United States, oral health programs' prioritizing cultural and linguistic competence is important when delivering services to older adults. According to the [National Center for Cultural Competence at Georgetown University](#), culturally competent organizations "have a defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally." Linguistically competent organizations "convey information in a manner that is easily understood by diverse groups including persons of limited English proficiency, those who have low literacy skills or are not literate, individuals with disabilities, and those who are deaf or hard of hearing." Your organization should consider the following steps to work toward cultural and linguistic competence.

- ❑ Use the findings from your community needs assessment, and determine how your organization should adapt the program to serve people from different cultures.
- ❑ Engage diverse community organizations to obtain community survey data and to stay current on demographic and cultural trends.
- ❑ Deliver cultural training to all staff, oral health care providers, and stakeholders involved in the program. Ensure that trainings and policies are outlined and reviewed regularly. The U.S. Department of Health and Human Services' Office of Minority Health offers [an online course](#) about providing culturally and linguistically appropriate oral health care.
- ❑ Develop culturally relevant, easy-to-interpret, and accessible clinical and educational materials, such as oral health fact sheets and follow-up information.
- ❑ Offer translation and interpretation services based on the needs of older adults in your community. Conduct routine satisfaction surveys among the clients that receive these services, and adjust the services accordingly to meet clients' needs.
- ❑ Practice use of culturally competent language, and understand best ways to communicate with people from different cultures. The National Center for Cultural Competence's [Checklist for Linguistic Competence](#) contains more information on this topic.
- ❑ Conduct self-assessments of your staff's cultural awareness and ability to provide culturally competent services. A few examples of self-assessments are listed below.
 - University of Arkansas for Medical Science's [Cultural Sensitivity Test](#)
 - American Speech-Language-Hearing Association's [Cultural Competence Personal Reflection Checklist](#)
 - National Center for Cultural Competence's [Self-Assessment Checklist for Personnel](#)
 - Oregon Department of Human Services' [Cultural Competency & Diversity at DHS: Tools for Managers](#)



Finance the Program

Obtaining funding is an important step to starting your program and sustaining it over the long term (see the [Ensure Sustainability](#) section for more details). Throughout the financing process, delivering comprehensive services and achieving financial sustainability, in other words having enough short-term and long-term financial resources for continued program operation over multiple years or even decades, might involve tradeoffs. Developing a budget and a business plan—with support from an experienced partner, if necessary—can help ensure that you secure the funding you need to balance your mission with your financial goals. In addition to guidance on budgeting and business planning, this section contains tips on how to obtain the funding necessary to operate your program. Financing involves these three primary features.

1. [Develop a budget](#)
2. [Develop a business plan](#)
3. [Secure necessary funding and resources](#)

Develop a Budget

Developing a budget is an important first step in financing your program. A budget formally tracks your financial goals and might be required for grant applications or other funding requests. Your budget should include both income and expenses. Income sources might include client service revenue—money collected as self-pay fees and from insurance claims—as well as external funding (e.g., grants, donations). Expenses should include upfront and ongoing operational costs, recurring and, therefore, for which you can plan. As described in the National Maternal and Child Oral Health Resource Center’s Financial Management for Safety Net Dental Clinics curriculum, [operating budgets](#) outline financial goals for the coming year, whereas [capital budgets](#) plan for the purchase of major capital assets, such as equipment or property that requires a large initial investment but should enable operations over a series of years.

Outline Expected Income

- Determine whether you’ll gain income through client service revenue (e.g., Medicaid or Veterans Affairs reimbursements for services, client self-pay); alternative, external income sources (e.g., public and private grants, donations); or both. Research these revenue sources and their respective billing and collection processes. For an example, see [Module 3](#) of the National Maternal and Child Oral Health Resource Center’s Financial Management for Safety Net Dental Clinics curriculum.

- ❑ Separate self-pay clients into three different fee schedules, or tiers: full pay, sliding fee, and minimum fee. Sliding fee and minimum fee payment tiers offer greater flexibility to clients with low incomes or no dental insurance.
- ❑ Estimate client service revenue based on the expected number of client visits and the average reimbursement rate per visit. For more information, see [Chapter 3](#) of the National Maternal and Child Oral Health Resource Center’s Safety Net Dental Clinic Manual.
- ❑ Estimate alternative, external income sources, such as grants and donations. See the [Secure Necessary Funding and Resources](#) subsection for more information on how to appeal to these funding sources.
- ❑ Account for the effects on income streams caused by scheduling, lack of transportation (e.g., missed appointments), and billing and collection systems. Properly designing these systems and planning for implementation can minimize losses. See the [Implement the Program](#) section for more information.

Outline Expected Expenses

- ❑ Estimate your program’s upfront, or startup, costs. Potential upfront costs include facility construction and purchase of large dental equipment, supplies, instruments, and office equipment.
- ❑ Consider used or donated dental equipment to reduce upfront costs, keeping in mind equipment life and safety. See [Module 3](#) of the National Maternal and Child Oral Health Resource Center’s Financial Management for Safety Net Dental Clinics curriculum for more information.
- ❑ Estimate and account for salaries, maintenance, insurance, and other routine operating expenses. Budget for other expenses, such as benefits (e.g., health insurance, paid leave) and employer contributions to payroll taxes.
- ❑ Minimize administrative expenses to only the costs that help keep the program functional and support clinical goals. Administrative expenses should generally represent only 10 percent to 15 percent of the total budget.
- ❑ Factor into your budget all of the costs of health information technology (IT), including tangible costs (e.g., hardware, software, facility modifications) and intangible costs (e.g., staff time, training, learning curve). See the Key Concept [Health Information Technology](#) for more information.

Develop a Business Plan

- ❑ Write a short summary to introduce your program, and provide an overview of your plan.
- ❑ Explain the results of your needs assessment, how your program can help satisfy those needs, and any opportunities for expansion. See the [Conduct a Needs Assessment](#) section for more information.
- ❑ Provide a background of your organization and an overview of your oral health program that contains its vision, mission, and goals. Describe the scope of services that your oral health program will provide. See the [Develop a Vision, a Mission, and Goals](#) section for more information.
- ❑ Outline your program’s management and staffing structure, including staff roles, responsibilities, and qualifications, as well as how you plan to attract and retain staff.
- ❑ Describe the operations plan, which focuses on how clients will be guided through the program. Some topics to address might include client eligibility, appointment scheduling, and registration. See the [Implement the Program](#) section for more information.
- ❑ Include a detailed budget with expected income and expenses as well as [operating and capital budgets](#).

“Research hospitals in your area and figure out how much money they lose each year on emergency dental charity care. Tell them about the amount of charity care they have to write off each year, and propose they invest it in your oral health program that focuses on prevention.” – Dr. Angie Settle, West Virginia Health Right

Secure Necessary Funding and Resources

- ❑ Develop a fundraising plan that outlines revenue goals for different funding sources and that might include client revenue, contracts, grants, and donations. Consider asking a partner with fundraising experience to help you develop this plan. Diversifying income sources and weaving together funding streams from multiple sources helps reduce risk and ensure sustainability. See [Chapter 3](#) of the National Maternal and Child Oral Health Resource Center’s Safety Net Dental Clinic Manual for an example.
- ❑ Search for [grant opportunities from a variety of different sources](#), including local, state, and federal governments and public and private foundations. The National Maternal and Child Oral Health Resource Center provides more information on the [search process](#) and [identifying foundations](#).
- ❑ Prioritize grant opportunities that your program could pursue. Grants that provide ongoing operational support are more desirable than grants that provide short-term funding.

- ❑ Communicate with grant-makers, even when you're not currently working on an application for their assistance. Use the opportunity to establish relationships, to learn about future funding, and to keep your program on their radar. See the [Establish Partnerships](#) section for more information.
- ❑ Write applications for grants you decide to pursue. Clarify the funders' expectations, deadlines, and requirements at the beginning of the process, and be sure to address these requirements. See the University of Kansas's Community Tool Box for an [outline and examples](#) for writing grant applications.
- ❑ Identify ways to leverage resources beyond fundraising. In-kind donations (i.e., contributions or gifts other than money) can offset planned expenses on office and dental supplies. For more information on in-kind donation possibilities, read the Virginia Dental Foundation's Mission of Mercy [Finance Committee](#) overview.

Key Resources

The resources listed below provide additional guidance and support for financing your program.

1. **National Maternal and Child Oral Health Resource Center's Safety Net Dental Clinic Manual** – This manual is designed to assist safety net dental clinic staff with clinic development and operations. Chapter 3: Finances covers many technical details of financial planning, such as projecting costs. Excel templates are also provided for budgeting and cash flow projections. <http://dentalclinicmanual.com/index.html>
2. **National Maternal and Child Oral Health Resource Center's Financial Management for Safety Net Dental Clinics** – This five-module curriculum covers all aspects of financing a clinic, from planning to management and sustainability. Content was adapted from the [Safety Net Dental Clinic Manual](#). <http://ohiodentalclinics.com/curricula/finance/index.html>
3. **University of Kansas's Community Tool Box, Toolkits 14 and 16** – This comprehensive resource contains checklists and resources for communities to learn about assessment, planning, intervention, evaluation, and advocacy of community practices. [Toolkit 16: Sustaining the Work or Initiative](#) and [Toolkit 14: Writing a Grant Application for Funding](#) discuss business plans and offer guidelines for completing grant applications. <http://ctb.ku.edu/en>
4. **California HealthCare Foundation's The Good Practice: Treating Underserved Dental Patients While Staying Afloat** – This guide is intended to help community dental practices enhance clinical and business operations by providing best practices and case studies in strategic planning, client flow, staffing, and business systems. [http://www.chcf.org/~media/MEDIA_LIBRARY/Files/PDF/PDF T/PDF TheGoodPractice.pdf](http://www.chcf.org/~media/MEDIA_LIBRARY/Files/PDF/PDF%20T/PDF%20TheGoodPractice.pdf)

5. **National Maternal and Child Oral Health Resource Center's Safety Net Dental Clinic Manual: Interactive Budget Planning Worksheet** – This manual contains a budget planning worksheet for dental clinics that uses revenue and expense inputs to generate a financial summary worksheet. http://dentalclinicmanual.com/chapt3/1_1.html
6. **National Network for Oral Health Access's Operations Manual for Health Center Oral Health Programs: Sample Monthly Financial Dashboard** – This sample dashboard helps communities track program data that impacts financial status, such as gross charges and number of no-show visits. <http://www.nnoha.org/nnoha-content/uploads/2013/08/OpManualChapter3.pdf>
7. **University of Kansas's Community Tool Box: Checklist for Following Funders' Guidelines** – This toolbox contains a checklist that communities can use as they prepare grant applications. It includes editing tips and common application sections. <http://ctb.ku.edu/en/table-of-contents/finances/grants-and-financial-resources/writing-a-grant/tools>



Implement the Program

You must consider several key steps as you proceed from planning and preparation to program operations and services delivery. These seven steps are intended to help your organization establish efficient processes but also to refine them over time. Depending on your program’s size and scope, as well as on your community’s specific needs, you might spend more time on certain steps than others as you implement your program.

1. [Establish clear policies and procedures](#)
2. [Onboard staff and promote engagement](#)
3. [Recruit potential clients](#)
4. [Develop efficient scheduling and follow-up protocols](#)
5. [Minimize missed appointments](#)
6. [Purchase equipment and supplies](#)
7. [Prepare for program evaluation](#)

Establish Clear Policies and Procedures

- Develop a policies and procedures manual that describes your program’s day-to-day activities. The manual should serve as a framework for all of the program’s operations and should be distributed to new and existing staff. See the [sample oral health program policies and procedures manual](#) from the National Maternal and Child Oral Health Resource Center.
- Develop a staff handbook that outlines employment practices, office operations, benefits, and other information important to employees. Templates are available, and the [sample staff handbook](#) from the National Maternal and Child Oral Health Resource Center provides more information on important content.
- Hold contractors and volunteers to the same standards as staff, and include the staff handbook in signed contracts and volunteer agreements to ensure compliance and understanding. Be certain that your organization also follows the policies and procedures agreed with contractors.

Onboard Staff and Promote Engagement

- Identify the types of providers you need based on your program model (e.g., dentists, dental hygienists, transportation managers for mobile-portable programs). Develop and refine an optimal staffing mix that uses different staff types efficiently.

- ❑ Determine whether your organization will use volunteers. Cater to your volunteers' needs, and offer a scope of services that affords them satisfaction. To keep them engaged, hold volunteer appreciation events, and bring volunteers into the program's decision-making processes. See the [Program Spotlight: Ensuring Sustainability](#) for more information on engagement.
- ❑ Adopt effective [recruitment and retention strategies](#), as described by the National Network for Oral Health Access. Advertise open positions through dental schools, job fairs, and national, state, and local associations. Provide supervision and support to ensure that staff members feel connected to the program's mission.
- ❑ Schedule initial training courses for staff and volunteers as well as opportunities for continuing education. Be sure to train staff on the [health information technology](#) that your organization chooses to implement (e.g., electronic health records). Continuing education opportunities can also help improve recruitment and retention.
- ❑ Create a job description for each position that clearly outlines minimum requirements, roles, and responsibilities. Distribute these descriptions to all staff members to promote accountability. For an [example job description](#), see the National Maternal and Child Oral Health Resource Center's Clinical Operations for Safety Net Dental Clinics.
- ❑ Host an orientation to introduce new staff and volunteers to the facility, and provide information on the organization's background, structure, and functions. During this orientation, distribute the staffing and policies and procedures manuals.

Recruit Potential Clients

- ❑ Develop a recruitment plan that includes your target number of clients, outreach strategies to contact potential clients, and list of potential partners that can help with this effort.
- ❑ Discuss potential outreach strategies, and determine how your organization will contact potential clients using one or more of these strategies. [The University of Kansas's Community Tool Box Chapter 7, Section 3](#) describes methods for outreach and the advantages and disadvantages of each.
- ❑ Decide which [community partners](#) can most help your organization recruit clients. Strategies for partnering to increase client recruitment could include direct referral from partner organizations, partners marketing your organization to specific sectors in the community where they have influence, or partners going into the community to conduct outreach where potential clients reside (e.g., public housing communities).
- ❑ Consider expanding the inclusion and exclusion criteria for people who can receive services from your program. Allowing a wider range of people to receive services can be

particularly helpful in cases where you're not meeting your goals for the number of clients you'd like to serve.

Develop Efficient Scheduling and Follow-Up Protocols

- Determine whether your program will serve clients by appointment, on a walk-in basis, or both. Establish how far in advance you'll make appointments. (No more than three weeks is recommended.)
- Schedule appointments based on a detailed treatment plan that the dentist creates for each client. This approach allows for better estimation of timing for appointments. For more information on [treatment planning](#), see the National Maternal and Child Oral Health Resource Center's Clinical Operations for Safety Net Dental Clinics.
- Remind clients about upcoming appointments or necessary follow-up via email, phone, or U.S. mail. Confirm with all clients the day before their appointment.
- Ask clients whether they're available on short notice for appointments, and maintain a list of these clients to fill last-minute gaps in the appointment schedule.
- Follow up with clients after a treatment or operation, and describe normal responses for the procedure (e.g., swelling), steps the client should take to ensure proper healing (e.g., medication), and body responses that warrant immediate attention (e.g., fever).
- Create a protocol for handling emergency visits (e.g., toothaches, broken fillings) based on your program's available services and capacity. For additional guidance on [handling emergency visits](#), see the National Maternal and Child Oral Health Resource Center's Clinical Operations for Safety Net Dental Clinics.

Minimize Missed Appointments

- Develop a written policy for missed appointments (see a sample [here](#) from the National Maternal and Child Oral Health Resource Center), distribute it to all clients during the first visit, and collect their signature for the policy as a signed contract.
- Develop a script for front desk staff to use when clients question the missed appointments policy. See page 11 of the DentaQuest Institute's [Best Practices Manual](#) for example language to include in the script.
- Schedule appointments no more than three weeks in advance, which decreases the likelihood of no-shows and cancellations. In addition, send a written reminder and follow up with a phone call to schedule necessary additional appointments rather than scheduling these appointments at the end of a current appointment.
- Consider scheduling two clients for one time slot if both clients have a history of missed appointments. Be sure that at least one of the clients is scheduled for a simple procedure in the event that both clients arrive for the appointment.

- ❑ Provide clear directions or support to help clients access the location of their appointment because inadequate transportation is often a significant cause of missed appointments among older adults. The brochure [Choices for Mobility Independence: Transportation Options for Older Adults](#) can help you explore transportation assistance options.

Purchase Equipment and Supplies

- ❑ Determine the types of equipment and supplies you'll need for your program as well as their cost (see the [Finance the Program](#) section for more information on estimating cost). Consider different products' [shelf life](#), the usual amount of time the product remains functional and safe before needing replacement, and use rate.
- ❑ Track your inventory to ensure supplies are replenished and haven't passed their expiration dates. In addition, pay attention to supplies that require certain temperatures (e.g., anesthetics).
- ❑ Plan for [maintenance](#) of facilities, vehicles, and other equipment, as described in the National Maternal and Child Oral Health Resource Center's Safety Net Dental Clinic Manual. Consistent preventive maintenance can reduce operating costs and increase shelf life.
- ❑ Consider purchasing bulk amounts of supplies with other programs, clinics, or organizations for reduced prices.
- ❑ Speak with manufacturers or suppliers at state or regional meetings to secure discounts or donations as a charity or nonprofit organization. Also, consider asking private dentists to donate their used equipment when purchasing upgrades (i.e., as tax write-offs for the private dentists).

Prepare for Program Evaluation

- ❑ Identify the data measures (e.g., number of clients served, number of procedures performed) to be tracked regularly, which helps ensure that evaluation and quality improvement efforts later can proceed as planned with a sufficient amount of data for robust, reliable evaluation. See the [Evaluate the Program](#) section for more information.
- ❑ Plan ahead for collection and storage of health records and other client documentation (e.g., informed consent, referrals). The National Maternal and Child Oral Health Resource Center's Clinical Operations for Safety Net Dental Clinics provide more information on [storing health records](#). In addition, adopting health information technology can lead to more efficient workflows and can improve service delivery (see the Key Concept [Health Information Technology](#) for more information).

- ❑ Ensure that staff members understand Health Insurance Portability and Accountability Act (HIPAA) rules as well as Institutional Review Board (IRB) requirements for conducting research on human subjects. The ASTDD provides information on the [IRB Review and HIPAA requirements](#) for oral health programs.

Program Spotlight: Access Dental Care

This case study provides additional information on how to implement a program based on the experiences of [Access Dental Care](#), a mobile-portable program in North Carolina that provides onsite oral health services in long-term care facilities to older adults and people with intellectual and developmental disabilities. When Access Dental Care started, it adopted many ideas from existing portable programs and collaborated with these programs to improve its own operations. The program, for example, learned about a chair that another program had custom designed with a manufacturer to reduce the risk of back pain among its dentists and hygienists and was able to purchase this same chair for its dental staff. In addition to working with similar programs for implementation, Access Dental Care hired a mix of dentists, dental hygienists, and dental assistants based on the type of services provided, particularly seeking staff who could communicate effectively given the program's desire to educate other health professionals in the long-term care facilities. For equipment and supplies, the program worked with the dental equipment manufacturers to customize products that would incorporate versatility, size, and disposability, all major factors. Although disposable supplies are more expensive, Access Dental Care decided to use them to maximize client service time at each site. Through products customization and adoption of promising practices from other programs, Access Dental Care was able to implement the program effectively and maximize efficiency.

Key Resources

The resources listed below provide additional guidance and support for implementing your program.

1. **National Maternal and Child Oral Health Resource Center's Clinical Operations for Safety Net Dental Clinics** – This resource contains six modules with comprehensive, experience-based information on how dental clinic staff can develop and streamline implementation to improve quality of care and operational efficiency.
<http://ohiodentalclinics.com/curricula/operations/index.html>
2. **DentaQuest Institute's Best Practices Manual for Safety Net Dental Programs** – This manual outlines and provides guidance on fundamental steps that safety net dental directors and staff should take as they operate their programs, including scheduling,

staffing, and billing and collections advice.

<https://www.dentaquestinstitute.org/system/files/Best Practices Manual.pdf>

3. **National Maternal and Child Oral Health Resource Center’s Safety Net Dental Clinic Manual, Chapter 4: Clinical Operations** – This manual’s fourth chapter offers detailed guidance on operating a safety net dental clinic successfully after determining the design and launching the program. The manual covers staffing, inventory management, and safety issues, among other topics.
<http://dentalclinicmanual.com/chapt4/index.html>
4. **Rural Health Information Hub’s Oral Health Toolkit, Module 3: Implementation of Programs** – This toolkit’s third module focuses on how rural oral health programs can put their operations into practice effectively after selecting a delivery model. Topics in this module relate to finding appropriate staff, partners, and resources and also address specific challenges to expect during implementation.
<https://www.ruralhealthinfo.org/community-health/oral-health/3/implementation>
5. **National Network for Oral Health Access’s User Guide for Implementation of Interprofessional Oral Health Core Clinical Competencies** – This resource highlights essential areas for program implementation and provides guidance on planning as well as on four system areas: training, health information technology, clinical care, and evaluation. http://www.nnoha.org/nnoha-content/uploads/2015/01/IPOHCCC-Users-Guide-Final_01-23-2015.pdf
6. **National Network for Oral Health Access’s Operations Manual for Health Center Oral Health Programs** – This six-chapter manual provides tools and resources for oral health programs located within larger health systems. Essential to implementation are Chapter 3: Financials and Chapter 5: Workforce and Staffing.
<http://www.nnoha.org/resources/operations-manual/>

Key Concept 5: Health Information Technology

A variety of oral health IT tools exist, including electronic health records and electronic dental records, electronic prescribing, and practice management systems, that when implemented properly can streamline workflows, improve care coordination, and allow for more effective measurement of basic health indicators. The checklist below, adapted from the Health Resources and Services Administration's (HRSA) [Oral Health IT Toolbox](#), can help you achieve these three goals. HRSA's [Health IT Implementation Toolbox](#) also provides comprehensive steps for implementing health IT systems.

- ❑ Conduct a readiness assessment on your financial and staffing capacity, facility infrastructure, and overall program stability.
- ❑ Identify and begin conversations with stakeholders (internal and external) that will use or will benefit from the technology.
- ❑ Build and train a team that includes a sponsor or team lead (e.g., chief operating officer), a project manager, support staff, a clinical champion, and technology super users.
 - Identify people to conduct training before, during, and after technology launch.
 - Prepare and carry out a training plan that addresses gaps in staff members' capabilities.
- ❑ Prepare a communication plan that lays out protocols for transferring information using the technology, and put it into action.
- ❑ Collaborate with regional- or state-based resources (e.g., Health Center Controlled Networks, State Health Information Exchange Networks, Regional Extension Centers), identifying opportunities for interoperability with other health care organizations in your community to share relevant health information. The Interoperability: The Key to Exchanging Health Information section in HRSA's toolkit outlines the basics of electronic health records interoperability, and page 3 of [this briefing](#) by the National Academy for State Health Policy provides an example of electronic health records–electronic dental records integration.
- ❑ Identify recommended IT vendors by contacting regional- or state-based resources as well as program providers that have implemented a similar technology previously, and select one that fits your needs.
 - Identify desired capabilities for your technology. For electronic health records or electronic dental records systems, standard functions include client demographic information, medical history, and alerts and reminders.
 - Customize your data collection, clinical decision support, or other system functions based on your organization's needs.

- Consult the Implementation Go-Live Planning Checklist before launch. Rehearse implementation processes, conduct a full-scale pilot test with the vendor, and develop a backup plan in the event the launch fails.
- Implement privacy and security safeguards, including training staff, limiting access to sensitive data, and employing both administrative and technical protection measures.

In addition to the implementation tips above, developing an evaluation plan for your technology is important. You should analyze the findings from your evaluation and optimize your technology based on strengths and weaknesses. Optimization techniques could include providing new training, updating software, and refining workflows.



Evaluate the Program

During the early planning stages of your program, before you start serving older adults, developing an evaluation plan that reflects your program’s vision and mission is imperative. By collecting data systematically from the beginning of your program and continuously throughout implementation, you can both evaluate its impact (e.g., reaching the triple aim of improved care, improved health, and lower costs per capita) and demonstrate to potential funders that it’s worth additional public and private investment. In this way, evaluation that begins before program launch can help ensure your program’s long-term sustainability as well as prioritize oral health in your community. Systematic evaluation also offers you the opportunity to identify areas of, and for, improvement—determine what works and what doesn’t—and initiate a continuous quality improvement plan to strengthen your program.

Four primary activities for evaluating your program include the following.

1. [Develop an evaluation plan](#)
2. [Collect data for evaluation](#)
3. [Analyze the collected data](#)
4. [Conduct a quality improvement process](#)

Depending on your program’s size, scope, and capacity, you might spend more time on some of these activities than on others as you conduct your evaluation and quality improvement.

Develop an Evaluation Plan

- Involve key stakeholders in developing the evaluation plan. Stakeholders can help inform and enhance the evaluation, and involving stakeholders can increase their buy-in to the program as a whole.
- Create evaluation questions that—when answered—demonstrate all of your program’s potential effects. These questions might relate to implementation, effectiveness, efficiency, timeliness, access, safety, and continuity. See the [Mobile-Portable Dental Manual](#) for more details on these evaluation topic areas. Consider both process metrics (e.g., number of clients served, number of procedures completed, cost of services provided) and outcome metrics (e.g., number of clients reporting satisfaction or dissatisfaction with services).
- Develop methods for how you’ll answer your evaluation questions and measure the success of your program. Such methods might include written surveys, interviews, focus groups, chart reviews, observations, or tracking forms.

- ❑ Select an appropriate research design to demonstrate reliable, valid findings. Depending on your program’s size and capacity, this approach might include pre- and post-intervention designs, interrupted time series designs, or control group designs, involving people who don’t participate in the program but, instead, serve as a benchmark, or point of reference from which to measure for program impact.
- ❑ Set up a timeline for your evaluation activities; start them when the program launches, and outline dates for all major milestones (e.g., data collection, reporting). Note that some methods are ongoing whereas others occur periodically (e.g., quarterly, yearly).

Collect Data for Evaluation

- ❑ Gather information on your planned methods and research design, including how other programs have gathered and analyzed data using the same approach.
- ❑ Develop and pilot test the data collections tools for the method or methods you selected in your evaluation plan. Testing allows you to refine and finalize the tools before collecting real data.
- ❑ Develop a plan to collect success stories, which you can use to attract additional sustainability funding (see the [Ensure Sustainability](#) section for more information). Real life anecdotes add a human element to your program, capture the attention of others in your community, and support and supplement data that shows program success. The CDC’s [success story workbook](#) contains tips on collecting information for success stories.
- ❑ Deploy staff to collect data and prepare the data for analysis. Consider reaching out to volunteers, dental students, and other stakeholders for assistance.
 - Consolidate and combine data from multiple sources, standardizing measurements.
 - Compile the data into a single location and organize it, as necessary.
 - Clean the data (i.e., review it and correct or remove inaccurate records) to ensure accuracy, completeness, and standardization.

Analyze the Collected Data

- ❑ Perform simple counting, graphing, and visual inspection of data over time or across different groups (e.g., comparing mean percentages at the beginning versus the end of the program) to reveal preliminary trends that might suggest program effects.
- ❑ Analyze qualitative interviews, focus groups, or observations to find patterns that can demonstrate program impact. Develop anecdotes and success stories from individual client interviews to strengthen your findings.

- ❑ Conduct more advanced analysis (e.g., subgroup variation) based on your available data and research design. Consider reaching out to volunteers with a statistics background for assistance (one source is [SeniorCorps](#) volunteers).
- ❑ Document interesting or important findings, such as differences within or among groups or correlations that might shed light on your program’s effectiveness.
- ❑ Interpret the results of your evaluation and determine whether the program had positive effects (i.e., met the objectives), no effect, or a negative effect. Identify unintended consequences of the program that could prompt program modifications or raise additional evaluation questions.

Conduct a Quality Improvement Process

- ❑ Create a formal, written policy for conducting quality improvement. You should conduct quality improvement after structured evaluations and routinely as the program evolves over time. As described in the University of Kansas’s Community Tool Box, consider instituting a [formal public reporting process](#) as part of your quality improvement process.
- ❑ Share the results of your evaluation with involved staff, participants, and stakeholder partners, and collaborate to brainstorm ideas for improvement (and continuance of successful activities). Present the evaluation results as a positive step toward success, even if the results aren’t all positive to start out.
- ❑ Use quality improvement tools to encourage discussion and create actionable next steps. Specific tools include flowcharts, cause-and-effect diagrams, and Pareto diagrams (see the National Maternal and Child Oral Health Resource Center’s Safety Net Dental Clinic Manual for [other tools](#)). Consider all of the potential reasons for failing to achieving desired outcomes when identifying root causes for challenges.
- ❑ Consider pursuing accreditation through the National Committee for Quality Assurance and other such organizations as you conduct quality improvement. Accreditation might help you garner recognition and validate your program’s approach to service delivery as well as help your program improve its quality.

Program Spotlight: The Dentists’ Partnership

The [Dentists’ Partnership](#) in Battle Creek, Michigan, collaborates with volunteer dentists to provide free oral health care to low-income, uninsured people. In exchange for the free services, clients must volunteer at local nonprofit organizations, with the number of hours dependent on the types of oral health services required. This case study provides additional information on how to evaluate a program based on the experiences of the Dentists’ Partnership.

Before program launch, staff collected pre-evaluation data to identify unmet needs in the community and agreed on baseline data that would inform the evaluation. The Dentists' Partnership evaluated its program through pre- and post-implementation data, which included the number of clients served, the value of oral health services provided, and no-show rates. The program also estimated its return on investment and collected anecdotal reports about client satisfaction. Positive impacts from the [evaluation](#), which is posted on the U.S. Agency for Healthcare Research and Quality's website, include a 70 percent decrease in the number of low-income people with oral health complaints at the local emergency department and a 322 percent return on investment. These robust evaluation efforts have helped sustain the initiative, generate volunteer dentist interest, and maintain support from program funders.

Key Resources

The resources listed below provide additional guidance and support for evaluating your program.

1. **University of Kansas's Community Tool Box, Chapters 36–41** – This toolbox provides comprehensive information for anyone interested in developing healthier communities. Chapters 36 to 41 focus on evaluating community programs and initiatives and maintaining high quality and rewarding accomplishments, respectively.
<http://ctb.ku.edu/en/table-of-contents>
2. **National Maternal and Child Oral Health Resource Center's Safety Net Dental Clinic Manual, Chapters 5: Quality Assurance and Quality Improvement and 6: Program Sustainability** – The fifth and sixth chapters of this manual provide detailed guidance on quality improvement and program sustainability, focusing specifically on data collection, analysis, and measuring program effectiveness.
<http://dentalclinicmanual.com/index.html>
3. **National Maternal and Child Oral Health Resource Center's Mobile-Portable Dental Manual, Chapter 5: Quality Assurance and Quality Improvement** – This manual's fifth chapter focuses on measuring effectiveness and outcomes. It summarizes evaluation basics, explains how to create an evaluation plan, and offers guidance for using evaluation information. <http://mobile-portabledentalmanual.com/>
4. **Rural Health Information Hub's Oral Health Toolkit, Module 5: Evaluating Rural Oral Health Programs** – This toolkit's fifth module covers evaluation of rural oral health programs, providing high-level information on the framework for evaluation, methods and considerations, and metrics commonly used.
<https://www.ruralhealthinfo.org/community-health/oral-health/5/evaluating-programs>
5. **Centers for Disease Control and Prevention's Developing an Effective Evaluation Plan** – This resource aims to help public health program managers, administrators, and

evaluators develop a comprehensive and effective evaluation plan. It covers six steps for developing an evaluation plan and contains exercises, worksheets, and tools to assist along the way. <http://www.cdc.gov/obesity/downloads/CDC-Evaluation-Workbook-508.pdf>

6. **University of Wisconsin Program Development and Evaluation Unit: Planning a Program Evaluation Worksheet** – This worksheet outlines five steps in program evaluation as well as poses questions your organization should ask when conducting an evaluation. <http://www.uwex.edu/ces/pdande/evaluation/docs/G3658-1W-word.doc>
7. **Centers for Disease Control and Prevention, Program Performance and Evaluation Office’s Program Evaluation Steps** – The CDC developed six connected steps that can be used as a starting point in tailoring an evaluation for a specific public health effort as well as a checklist of items to consider when developing evaluation reports. <http://www.cdc.gov/eval/steps/index.htm>



Ensure Sustainability

Sharing your program results with partners, funders, and other community stakeholders is fundamental to maintain existing relationships, attract support and buy-in from your community, and thereby ensure your program’s long-term sustainability. You can explore several other sustainability strategies, as well—either individually or in parallel with each other—to ensure your program’s continued presence and growth in your community. You might, for instance, choose to develop your value proposition, a presentation of your program’s worth, to secure a contract with a health care entity, apply for traditional grant funding, share resources with another organization, or develop a fee-for-service structure, depending on your program’s unique circumstances.

Three primary steps for ensuring the sustainability of your program comprise the following.

1. [Seek continued funding sources](#)
2. [Establish strategic partnerships](#)
3. [Develop key messages](#)

Seek Continued Funding Sources

- Apply for grants (public or private) and public funding appropriated from state or local legislators. Pay special attention to grants from local foundations or trusts requiring that the funds to be spent in your community.
- Contract with health care entities—such as managed care organizations, accountable care organizations, and person-centered medical homes—invested in your community. Emphasize how oral health can affect overall health as well as health care use and cost in your community.
- Seek in-kind support from your organization or community. Donated goods and free services from volunteers and students are valuable assets for a community oral health program.
- Organize fundraisers to solicit money in your community. Fundraisers might include charging money for a product, a service, or an event, whereas others could include hosting dinners with wealthy guests to attract large donations.
- Develop a fee-for-service structure that requires clients to pay for the care they receive. Your program could
 - Offer services on a sliding fee scale (i.e., reduced prices for people with lower incomes),
 - Offer some services free, or
 - Charge but require additional payment for other services.

You might also consider creating a discount dental payment plan, where clients pay an annual membership fee and receive discounts on services provided.

- ❑ Secure funding through an endowment, a planned giving arrangement, or a deferred gift. An endowment is a monetary gift invested on the program’s behalf and the interest of which may be used as operating income. A planned giving arrangement is a donation acquired through wills, trusts, and other forms of wealth, whereas a deferred gift is an arrangement that becomes available to the program at a future date (e.g., at the donor’s death).

“There is a category of funders that are not necessarily thinking of oral health as a health issue. Tell them it is related to health. If they’re concerned about overall wellness, they should be concerned about oral health, too.” – Dr. Vyan Nguyen, Gary and Mary West Foundation

Establish Strategic Partnerships

- ❑ Gather input from key stakeholders (e.g., current funders, staff, volunteers, clients) on potential sustainability strategies and how they align with your vision, mission, and goals. For examples of [potential sustainability strategies](#), see Chapter 46 in the University of Kansas’s Community Tool Box.
- ❑ Adopt a multipronged approach, and attract funding from a variety of different sources, reducing the risk of the program’s ending if one funding source dries up.
- ❑ Leverage existing resources and skills, either within your organization or among partners. For example, tap people with grant writing skills to prepare grant applications, or use people with experience working with state legislators to attract state funding.
- ❑ Consider sharing resources, such as facility space, dental equipment, or staff (e.g., paid employees, volunteers, students), with another organization, or become a line item in the existing budget of a larger organization or entity. See the University of Kansas’s Community Tool Box for more information on [becoming a line item in an existing budget](#).

Develop Key Messages

- ❑ Identify all potential audiences that might care about your program’s results, including community entities that aren’t directly concerned with oral health (e.g., media outlets, local hospitals). Find out what matters to your audience or audiences and how they’ll use your key message or success story.
- ❑ Develop a success story that moves beyond the numbers to connect with your audience. Demonstrate through imagery and consistent messaging how your program has

improved the lives of older adults in your community. The CDC's [success story workbook](#) shares tips on collecting information for success stories.

- ❑ Create a story to which your audience can relate, one free of jargon (e.g., using the term “tooth decay” instead of “caries”). Consider developing multiple versions of the same anecdote tailored to specific audiences.
- ❑ Display real pictures and quotations to reinforce the message; use bullets to highlight main points, such as significant achievements or lessons learned.
- ❑ Follow an effective success story outline:
 - Create a title that captures the reader’s attention;
 - Define the problem in your community;
 - Describe what your program offers;
 - Summarize your program’s positive results;
 - Describe what the audience can do to help; and
 - Provide contact information.
- ❑ Choose different formats or communication mediums for your message. Consider a
 - Paragraph spotlight to fill last-minute news holes,
 - Succinct one-pager to capture policymakers and funders’ attention,
 - Full brief with data summaries and anecdotes,
 - Published journal article, or
 - Any combination of these formats.

Consider using [social media](#) as a strategy to reach more audiences, as described by the CDC. See page 6 of the CDC’s [Impact and Value: Telling your Program’s Story](#) for more information.

- ❑ Decide which communication channels you’ll use to disseminate your key messages. Possibilities include articles written for local newspapers or professional journals, conference presentations, a website, or any combination of these prominent channels.
- ❑ Consider writing a press release to share your program findings. See the University of Kansas’s Community Tool Box, [Chapter 6.3](#), for guidance on developing a press release and for a press release template [here](#).

Program Spotlight: West Virginia Health Right

[West Virginia Health Right’s dental clinic](#) opened in 2001, when a group of community leaders approached the West Virginia Health Right medical center, citing the need for oral health care in the community. This case study provides additional information on how to sustain a program based on the experiences of this clinic.

Through careful planning and consistent applications submitted every year, the dental clinic achieved sustainability with funding from more than 50 grants. The clinic tracks many client

health and use metrics to demonstrate to funders the program's effects and cost savings. The program also emphasizes that gaining buy-in from local businesses, such as hospitals, which have an economic or social stake in older adults' oral health is critical to securing consistent funding.

In addition, volunteerism, the program insists, accounts largely for its sustainability. Without these volunteers, the clinic wouldn't be able to operate because most of the program funding is used to pay for equipment and supplies. To keep volunteers engaged, the clinic mails a quarterly newsletter with client success stories, hosts volunteer appreciation events with awards ceremonies, and sends personally written birthday cards from the CEO. The clinic also maintains an informal policy of placing volunteer dental staff's needs and interests above everything else in its day-to-day operations. This policy includes transcribing electronic health records into paper-based records for dentists who prefer the latter and coaching clients to voice concerns directly to the program staff rather than to the dentists.

Through planned and routine applications to public and private payers, as well as deliberate relationship-building with volunteers, West Virginia Health Right's dental clinic has built a sustainable oral health program in the community.

Key Resources

The resources listed below provide additional guidance and support for sustaining your program.

1. **University of Kansas's Community Tool Box, Chapters 39, 42–46** – The selected chapters in this toolbox focus on communicating information to funders for support, securing financial resources, and planning for sustainability. <http://ctb.ku.edu/en/table-of-contents>
2. **Centers for Disease Control and Prevention's Impact and Value: Telling Your Program's Story** – This guidance document focuses specifically on effective strategies for telling your program's success story, including detailed information on the format, outline, and development of a success story to disseminate findings and market your program. http://www.cdc.gov/oralHealth/publications/library/pdf/success_story_workbook.pdf
3. **Centers for Disease Control and Prevention's Success Story Development Guide** – This resource includes a success story template and tips on how to create a success story. https://nccd.cdc.gov/nccdsuccessstories/pdfs/Success_Stories_Development_Guide.doc
4. **Rural Health Information Hub's Oral Health Toolkit, Module 6: Dissemination of Rural Oral Health Resources and Promising Practices** – Module 6 of this toolkit provides tips for sharing resources and promising practices from oral health programs. The website

summarizes common methods for doing so and offers general tips for communicating your program's success. <https://www.ruralhealthinfo.org/community-health/oral-health/6/dissemination-of-resources-and-promising-practices>

5. **Centers for Disease Control and Prevention's A Sustainability Planning Guide for Healthy Communities** – This comprehensive 120-page planning guide was designed to help health community coalitions develop sustainable solutions for achieving healthy communities. The guide describes sustainability as it relates to both funding and maximizing other resources, policies, and networks in the community. http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/pdf/sustainability_guide.pdf
6. **Asset-Based Community Development Institute's Discovering Community Power: A Guide to Mobilizing Local Assets and Your Organization's Capacity** – This interactive guide helps organizations enhance their connections with community assets and strengthen current and future community-based projects, activities, and proposals. <http://www.abcdinstitute.org/docs/kelloggabcd.pdf>
7. **W.G. Kellogg Foundation: Template for Strategic Communications Plan** – This template outlines the main elements of a strategic communications plan, leaving room for communities to enter information and form their plan. <http://www.wkkf.org/resource-directory/resource/2006/01/template-for-strategic-communications-plan>
8. **Consulting Services for Community Solutions' Sample Sustainability Action Plan** – This sustainability action plan, featuring a timeline, outlines steps that organizations can take to sustain their intervention. http://www.ilj.org/publications/docs/Sample_Sustainability_Action_Plan.pdf
9. **University of Kansas's Community Tool Box, Chapter 6: Preparing Press Releases** – This resource provides a sample press release and a template for writing a press release. <http://ctb.ku.edu/en/table-of-contents/participation/promoting-interest/press-releases/example>

Conclusion

Despite increasing attention focused on oral health, millions of people—including older adults—still lack access to needed oral health care.¹⁷ Community approaches to improving access to oral health services for older adults have affected the health status of this population positively, but more still must be done. A CDC report notes that moderate and severe gum disease declined by 10 percent for seniors age 65 years and older from 1988–1994 and 1999–2004, but despite this progress, 25 percent of older adults still have gum disease and 40 percent haven't visited a dental professional in the past year.^{18,19,20}

Addressing the need for oral health care among older adults in your community is no easy feat, but by reading the Oral Health Guide, you've taken a critical first step toward developing an oral health program that can improve your target population's overall health and wellbeing.

¹⁷ The Henry J. Kaiser Family Foundation (2012). Oral Health in the US: Key Facts. Retrieved from <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8324.pdf>

¹⁸ Dye, B.A., Thornton-Evans, G., Li X., & Iafolla, T.J. (2015, May). Dental Caries and Tooth Loss in Adults in the United States, 2011–2012. Retrieved from <http://www.cdc.gov/nchs/data/databriefs/db197.htm>

¹⁹ Healthy People 2020. (n.d.). Oral Health Across the Life Stages. Retrieved from <http://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Oral-Health/determinants>

²⁰ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, & National Center for Health Statistics. (2015, May). Health, United States, 2014. Retrieved from [http://www.cdc.gov/nchs/data/14.pdf#084](http://www.cdc.gov/nchs/data/hus/14.pdf#084)

Appendix A – Funding Sources of Oral Health Programs

Organized into national-, regional-, state-, and local-level funders, the entities listed below have served as past or current funding sources for existing oral health programs.

National Funders

The American Dental Hygienists' Association Institute for Oral Health
CVS Charitable Trust
DentaQuest Foundation
Delta Dental Foundation
The Dental Trade Alliance Foundation
The Ford Foundation
The William Randolph Hearst Foundation
The Henry Schein Cares Foundation
The Highmark Foundation
Microsoft Corporation
The National Rural Funders Collaborative
The Robert Wood Johnson Foundation
The Ronald McDonald House Charities
The Sunshine Lady Foundation
The Sunstar Foundation
United Way
Wheat Ridge Ministries
The W.K. Kellogg Foundation

Regional Funders

Adventist-Laymen's Services and Industries: Pacific Union Chapter
Baptist Hospitals and Health Systems (BHHS) Legacy Foundation (AZ, NV, and CA)
Central New York Community Foundation
The Claude Worthington Benedum Foundation
The Duke Endowment (NC and SC)
The Foundation for Seacoast Health
The Hyde and Watson Foundation
The M. J. Murdock Charitable Trust
Price Chopper's Golub Foundation (NY, MA, VT, PA, CT, and NH)
The Raymond J. and Mary C. Reisert Foundation
Tufts Health Plan Foundation (MA and RI)

State Funders

The Anschutz Family Foundation (CO)
The Blue Cross Blue Shield of Massachusetts Foundation (MA)
The California Dental Association Foundation (CA)
The Cannon Foundation (NC)
Cogswell Benevolent Trust (NH)
The Healthcare Foundation of New Jersey (NJ)
The Healthy Alaska Natives Foundation (AK)
The Healthier Minnesota Community Clinic Fund (MN)
John T. Vucurevich Foundation (SD)
The Kate B. Reynolds Charitable Trust (NC)
The New Hampshire Charitable Foundation (NH)
North Carolina Dental Society (NC)
The Michigan Dental Association Foundation (MI)
The Rasmuson Foundation (AK)
The Robert W. Woodruff Foundation (GA)
Sarkeys Foundation (OK)
The Sunflower Foundation (KS)
Virginia Dental Association Foundation (VA)
Virginia Health Care Foundation (VA)
Wisconsin Dental Association (WI)

Local Funders

The Abington Foundation (Cuyahoga County, OH)
The Battle Creek Community Foundation (Battle Creek, MI)
The Board of Visitors (Phoenix, AZ)
Cone Health Foundation (Greensboro, NC)
The Fan Fox and Leslie R. Samuels Foundation (New York, NY)
The Greater Kanawha Way Foundation (multiple counties in VA)
The Mt. Sinai Health Care Foundation (Cleveland, OH)
Oklahoma City Community Foundation (Oklahoma City, OK)
Piedmont Triad Regional Council Area Agency on Aging (Central NC)
The Sisters of Charity Foundation of Cleveland (Cleveland, OH)
The Thatcher Family Fund (Cleveland, OH)
Topeka Community Foundation (Topeka, KS)
WellMed Charitable Foundation (San Antonio, TX)
The West Central Initiative (multiple counties in MN)
The Zarrow Family Foundations (Tulsa, OK)