National Rural Health Association

CareQuest Institute for Oral Health™

Compendium of Rural Oral Health Best Practices

2025

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Developed as part of the National Rural Oral Health Initiative

2025

Preface

The National Rural Oral Health Initiative is a joint effort between the National Rural Health Association (NRHA) and The CareQuest Institute for Oral Health to develop resources, partnerships, and strategies to improve oral health disparities amongst rural Americans.

NRHA aims to achieve these goals through four approaches: communication, advocacy, education, and research. While we recognize rural-specific challenges, the diversity, innovation, and resilience of rural communities can be leveraged to improve quality and access to oral health services for who call rural home.

The partnerships NRHA has formed through this work continue to strengthen and broaden the reach of the initiative. This compendium is a product of that collaboration and innovation, highlighting best practices from across the United States that can be built upon in rural communities.

KEYWORDS

Oral health
Rural health
Access
Community health care

Foreword

Oral health impacts a person's physical, emotional, and psychosocial well-being. The National Rural Health Association recognizes that rural communities face unique challenges but also innovative opportunities to obtain comprehensive dental care. We are committed to addressing these barriers through thoughtful best practices as part of the National Rural Oral Health Initiative.

NRHA is uniquely positioned to unite a national network of rural health experts, researchers, policymakers, providers, community organizations, federal partners, and funders to advance oral health in rural communities. By fostering collaboration and innovation, we aim to ensure that individuals in rural areas have access to quality oral health care as an integral part of their overall well-being.

Our team is dedicated to bringing together committed partners, NRHA members, and community leaders who are already championing improved oral health for rural residents. By strengthening resources, sharing expertise, and advocating for systemic change, we move toward our shared goal: accessible, high-quality oral health care for all who choose to call rural communities home.

Alan Morgan
CEO, National Rural Health Association

Contents

Submissions by category

Please note that submissions may be listed in multiple categories.

Clinical

Integration of care

Telehealth

Workforce development & training

Integrating Oral Health into Rural Prenatal Care to Improve Maternal and Neonatal Outcomes

Texas A&M Rural Community Health Institute

Texas

Clinical integration of care

Purpose: The purpose of this initiative is to improve maternal and neonatal outcomes in rural West Texas by integrating oral health into prenatal care practices. Through a telehealth platform, the program will embed oral health screening, patient education, and coordinated referral pathways into virtual prenatal visits. By partnering with local federally qualified health centers (FQHCs) and engaging community health workers (CHWs), the project aims to increase access to preventive dental care, reduce pregnancy-related oral health complications, and address barriers faced by pregnant individuals in maternity care deserts.

Summary: West Texas is home to vast rural landscapes, resilient communities — and some of the most severe maternity care deserts in the state. In many counties, there are no local obstetric providers, no birthing hospitals, and limited access to dental services. Pregnant individuals face significant barriers to care, including geographic isolation, lack of transportation, and provider shortages. While improving access to prenatal care is an ongoing priority, oral health — an essential but often overlooked component of maternal wellness — has historically been left out of the conversation.

The initiative is embedded within Texas A&M Rural and Community Health Institute's (RCHI) virtual prenatal care delivery system, which serves rural counties lacking OB services and enables pregnant patients to complete scheduled prenatal appointments via telehealth while receiving wraparound education and care coordination. This initiative aims to integrate oral health screening, education, and referral pathways into a telehealth-based prenatal care platform. This model targets rural West Texas counties where maternal and dental health services are limited or nonexistent.

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Though in its early stages, this innovative approach holds promise to improve outcomes for mothers and babies by delivering oral health support directly through virtual prenatal care.

Purpose and goals

The initiative aims to reduce oral health-related complications during pregnancy by embedding oral health into the maternal care continuum. Key goals include:

- Implementing standardized oral health screening during telehealth prenatal visits.
- Providing culturally responsive oral health education through digital tools.
- Creating referral systems to connect patients with appropriate dental care, including FQHCs and academic partners.
- Utilizing CHWs to reinforce education, assist with navigation, and address access barriers.

This model is built into an existing telehealth prenatal platform that provides virtual care for pregnant individuals in rural regions lacking OB services.

Program components

1. Oral health screening: A concise screening tool has been added to the digital intake process for prenatal telehealth visits. Providers ask patients targeted questions about bleeding gums, pain, visible decay, and hygiene practices. Positive responses trigger follow-up actions within the platform.

2. Digital oral health education: During virtual visits, providers use embedded education tools — such as videos, bilingual handouts, and visual aids — to counsel patients on the importance of oral health in pregnancy, safe dental procedures, and at-home care. These materials were designed with health literacy considerations and are available in both English and Spanish.

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3. Referral pathways: The platform is programmed to generate referrals for patients who need preventive or urgent dental care. RCHI has partnered with rural FQHCs and safety-net dental clinics to prioritize appointments for pregnant patients. The Texas A&M School of Dentistry has been identified as a potential collaborator for future phases of the initiative, with opportunities to explore academic support, clinical partnership models, and expanded dental access through student-engaged care and specialty referrals. While not yet formally established, this collaboration represents a promising avenue for scaling impact and strengthening referral networks.

4. Community Health Worker Support: CHWs provide follow-up for patients flagged in the platform. They help schedule dental appointments, assist with transportation coordination, reinforce oral health education, and serve as culturally aligned liaisons who help build trust and improve patient engagement.

Challenges and hurdles

As implementation begins, the team is proactively addressing several anticipated challenges:

- **Provider shortages:** Many rural counties lack dentists who accept Medicaid or are trained in pregnancy-safe dental care. RCHI is strengthening relationships with regional FQHCs and exploring mobile dentistry and tele-dentistry options to extend service reach.
- **Siloed Systems:** Historically, OB and dental providers operate in separate systems. To bridge this divide, the telehealth platform facilitates referral alerts, shared documentation, and streamlined care coordination between providers.
- **Patient misinformation:** Some patients delay or avoid dental care due to misconceptions about its safety during pregnancy. Culturally appropriate materials and CHW-led conversations are used to dispel myths and promote early intervention.

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- **Technology access:** Limited broadband access and digital literacy remain concerns. CHWs are available to help patients access telehealth appointments and feel comfortable using the platform.

Early successes

Though full-scale implementation is still underway, early provider engagement has been strong. Feedback from clinicians indicates that the built-in prompts make it easy to screen for oral health risks and start the conversation during virtual prenatal visits. CHWs report increased patient interest and appreciation for the education provided, and referral systems are actively being finalized.

The concept for a partnership with the Texas A&M School of Dentistry has also been considered for development, offering academic-community collaboration, the potential for expanding workforce engagement, and increased capacity to serve rural populations in need of specialty dental services.

Impact and efficacy: As this initiative is in the early stages of implementation, formal data on impact and efficacy is not yet available. However, the program has been designed with evaluation in mind, and several key structures are in place to support data collection and assessment as the model scales.

Initial engagement from prenatal care providers has been positive. Providers using the telehealth platform have expressed enthusiasm about having structured prompts to guide oral health screening during virtual visits, and have found the process intuitive and easy to integrate into existing workflows. Likewise, CHWs are prepared to begin follow-up and support for patients referred through the platform, offering education and navigation assistance to improve access and continuity of care.

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Though formal qualitative data has not yet been collected, early anecdotal feedback from community stakeholders has emphasized the importance of addressing oral health in pregnancy — particularly in maternity care deserts where such concerns are often overlooked.

As implementation continues, the team will track key indicators such as referral volumes, appointment completion rates, and provider use of the screening tool. These metrics, along with patient and provider satisfaction surveys, will guide future refinements and help establish the program's efficacy as a best practice model for other rural regions.

Sources of funding: This initiative is supported through state legislative special item funding allocated to the Texas A&M Rural and Community Health Institute to address maternal health disparities in underserved areas of Texas.

Additional information: This initiative reflects a scalable, patient-centered model for integrating oral health into rural prenatal care through technology, partnerships, and culturally grounded outreach. By embedding oral health screening and referrals into a telehealth platform while leveraging local providers, CHWs, and Texas A&M's dental school, the program addresses critical care gaps in underserved West Texas counties. As implementation continues, the model has the potential to be replicated in other rural regions facing similar maternal and oral health challenges.

End of submission

Integrating Dental Care to Improve Health

Mercy Foundation, CHI Mercy Health
Oregon

Integration of care

Purpose: Mercy Foundation and CHI Mercy Health recognize the relationship between oral health and overall health. We take an integrative approach to improve oral health for K-12 youth and apply those same techniques with hospital patients through preventative care (screenings, fluoride varnish, and sealants on untreated molars), oral health education, and connection to care for urgent/immediate needs or a dental home. These programs aim to reduce health care disparities resulting from poverty, lack of access to care, and un-fluoridated water.

Summary: In alignment with Mercy's broader strategy to improve health outcomes for youth, our Healthy Kids Outreach Program (HKOP) launched our school-based dental clinics in 2011 at 38 schools in rural Douglas County, Ore. We utilize hygienists and dental assistants to provide preventative care starting with a thorough assessment, fluoride varnish, and sealants on untreated molars. Age-appropriate oral health education is interactive, and a community dental health coordinator (CDHC) works directly with families experiencing acute dental issues to connect them to treatment and permanent dental homes.

When we began, tooth pain was the third cause of absenteeism. Almost 70 percent of students rely on free and/or reduced lunch, and many had never been to a dentist or owned their own toothbrush. At first obtaining parental consent to treat students was challenging, but by consistently showing up — even during COVID — families knew they could trust HKOP.

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Since 2011, we have tripled the number of youth we serve while reducing the percentage of students with urgent dental needs from 15 percent to 3 percent. This year the rate of returned consent forms increased 20 percent. During the pandemic when schools shut down, we reengineered our vans to serve as mobile dental clinics to continue providing dental services.

When data showed youth were coming to the emergency room for dental issues, HKOP launched a pilot project to reduce ER visits for dental emergencies with our hospital. Our CDHC provides direct follow-up and case management to families of children presenting with dental issues. As a result, we have decreased ER visits by 27 percent.

By emphasizing prevention, distributing dental hygiene kits, and promoting education and care coordination, we have been able to improve the oral health of almost 5,000 students this year. Many students who have had access to HKOP's services since the beginning have reached adulthood without dental caries.

We have also successfully advocated for legislative support for schools to provide oral health education and make screenings mandatory for children under seven. As a school-based program certified by the Oregon Health Authority, HKOP is able to provide these services at no cost to schools or families.

Incorporating lessons learned through HKOP and recognizing the state of poor dental health among Douglas County adults, in 2022 we began development of a hospital-based oral health care program. With support from our board, community members, and hospital leadership, we built a program from the ground up.

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We embedded an expanded practice dental hygienist (EPDH) and dental assistant at the hospital to screen patients, provide prevention services, and initiate a care plan for follow up-treatment and/or connection to a dental home when patients are discharged. We also implemented a training program for nurses and CNAs on the relationship between dental care and healing, meeting patients' oral care needs while hospitalized, and identifying oral health issues such as plaque vs. calculus or infections like gingivitis and periodontal disease.

Since January 2024, we have treated 1,800 patients and provided 2,000 interventions. We were recently approved to submit reimbursements for Medicaid encounters to help sustain the program.

One of the greatest challenges is connecting patients with a dental provider. Douglas County is a medically underserved area and a dental desert. Most patients either do not have dental insurance or are covered through the Oregon Health Plan, our state's Medicaid program, which most private practice dentists do not accept. Advantage Dental, our dental coordinated care organization, has a wait list, which can deter patients from seeking treatment.

Although Roseburg, our county seat, has a VA hospital and recently constructed dental clinic, a significant number of veterans admitted to MMC have poor oral health. Unless they are active service or 100 percent disabled due to a service-connected injury, most do not qualify for VA dental benefits or are overwhelmed with the paperwork required to apply. Our EPDH and dental assistant help veterans apply for benefits, and Oregon recently passed legislation to support oral health for veterans. In addition, we received a grant specifically to serve our veterans from CareQuest Institute for Oral Health.

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Contributing to the success of both programs is Mercy Foundation's collaboration with community partners. They include Douglas Education Service District, Advantage Dental a DCCO, AVIVA Health Center a Federally Qualified Health Center, and the Oregon Oral Health Coalition.

Impact and efficacy: Mercy believes the issue of poor oral health could be significantly reduced by focusing primarily on prevention services, which in the long run are inexpensive and less invasive. It is the principle guiding Mercy's adoption of these best practices for our oral health programs:

- Prevention: Regular assessments (for schools our goal is two rounds of screenings), application of fluoride and sealants, and age-appropriate education including brushing/flossing, diet, and discouraging the use of tobacco products.
- Access to care: Whether it is providing school-based dental clinics to K-12 youth, offering hospital-based services, working with local providers to create a referral network, or the utilization of CDHC, creating access points to care is essential.
- Adopting evidenced practices: We follow evidence-based guidelines, recommendations, and studies when designing or improving programs, such as OHA's standards for the application of sealants. We use credible research from sources such as Health Teeth, Bright Futures, the American Dental Association and collect data to track program effectiveness and cost savings.
- Developing community partners: We work closely with schools to cultivate partnerships and achieve shared goals, such as creating systems to streamline the distribution of consent forms without overburdening school personnel; engaging with families about the importance of dental care; and partnering with organizations that support dental health.

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- Advocating for oral health: We regularly communicate and engage with policymakers about the importance of oral health, its long-term cost savings, and strategies for incorporating oral health into schools and health systems. School-based dental clinics and classroom-based dental education provided by an outside group such as HKOP is an efficient and cost-effective way to improve children's oral health. Likewise, a hospital-based oral health program can improve overall health and reduce other health complications.

Sources of funding: We fund both programs through a blend of grants, major gifts, and special events. We also receive in-kind support of supplies and personnel for our school-based program from Advantage Dental. To help sustain the hospital program, we have established a reimbursement system for Medicaid encounters.

Additional information: We see oral health as a public health issue that impacts overall health. Our in-hospital EPDH embodies this as illustrated in this example.

An ICU nurse asked the EPDH to look at a patient's dentures and complete an assessment prior to a swallow test they needed to complete. The patient was experiencing pain while wearing the dentures and had been admitted into the hospital with sinusitis the previous day. Their condition was not improving; they were struggling to eat a normal diet.

The EPDH spoke to the spouse, who said the patient was told by their dentist they needed implants and sent them on their way.

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Upon looking at the patient's mouth, the EPDH knew immediately it was more than an ill-fitting denture causing the pain. She saw a large, black and blue lesion on the upper right side of their mouth. A CT scan was ordered.

The patient was diagnosed with mucormycosis, a serious but rare fungal infection caused by certain molds. Mucormycosis can lead to death without treatment.

As a result, the patient was transferred to Oregon Health Science University the same day for treatment.

Without the availability of a hospital-based hygienist, the patient's condition may have gone undiagnosed. Providing oral health care may have saved this patient's life.

End of submission

School-Based Oral Health Program Learning Collaborative

Virginia Health Catalyst
Virginia

Integration of care

Purpose: Virginia Health Catalyst's School-Based Oral Health Program (SBOHP) Learning Collaborative helps dental safety-net clinics in provider shortage areas connect with school health teams to build strong, sustainable school-based oral health programs. The program utilizes the learning collaborative design to explore school-based oral health program best practices, implementation, and sustainability so clinic teams can maximize communication, coordination, integration, and cooperation with school teams. By creating a convenient and consistent way for students to obtain dental treatment, the program aims to increase students' time in class, expand access to oral health care, and improve overall health outcomes.

Summary: Since 2021, Catalyst has collaborated with 14 safety-net clinics to establish and expand school-based oral health programs across 100 Title I schools and 11 Head Start locations. Nearly all of these clinics operate in designated dental health provider shortage areas, with six situated in rural regions as identified by the Virginia State Office of Rural Health.

This initiative fosters direct partnerships between school nurses and clinic staff, with the goal of utilizing existing school health care providers and efficiently integrating dental care with school-based health services. School-based oral health programs primarily focus on screenings, preventive care, and diagnostic services, emphasizing minimally invasive treatments to promote long-term health outcomes for children.

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Although programs share many similarities, each is uniquely tailored to the specific needs of the community and the clinic's capacity. Many participating clinics coordinate visits to schools to provide screenings or services to multiple classrooms at a time. Others coordinate transportation so students can travel from the school to the clinic for treatment. Some clinics have established more permanent school-based health centers. For example, in Pulaski County, Va., the Community Health Center of the New River Valley partners with Pulaski County Public Schools to create a robust school-based oral health program at the health center within the local high school. Students are transported via school bus from other public schools in the to the school-based health center for oral health exams and treatment.

Catalyst employs a learning collaborative model to support clinic efforts and provide education, technical assistance, and training tailored to each clinic's readiness to implement school-based services. Clinics undergo an initial assessment followed by customized training covering oral health best practices, implementation strategies, and quality improvement tools such as process mapping and change testing.

One key challenge has been establishing and maintaining strong relationships with community partners, school nurses, and administrators, especially given frequent staff turnover. Successful partnerships have been critical to program sustainability. At New Horizons Healthcare in Roanoke, Va., a strong collaboration between the clinic's dental director and the local school health coordinator has led to a thriving school-based oral health program. As a result, New Horizons has conducted hundreds of screenings and connected many children to a permanent dental home.

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Another significant hurdle has been linking clinics — particularly those in rural areas — with specialized health care providers for services such as sedation. To address this, Catalyst has assisted clinics in creating community partner maps, allowing them to quickly identify referral options for children requiring specialized care. This mapping approach has also helped clinics connect students with other essential health related services, including access to nutritious food, clean water, and stable housing. School-based oral health programs play a vital role in reducing barriers to care, such as transportation difficulties and parental scheduling conflicts, ensuring equitable access to dental services. By providing care directly in schools, these programs can reduce absenteeism and improve overall student health. To date, tens of thousands of students across Virginia have gained access to school-based oral health services through Catalyst's efforts. Through close collaboration with clinic teams, Catalyst has helped build a sustainable infrastructure that will continue to provide essential oral health care for children in these communities. By strengthening partnerships, refining implementation models, and addressing challenges through innovative solutions, Catalyst has expanded access and improved health outcomes for students across Virginia.

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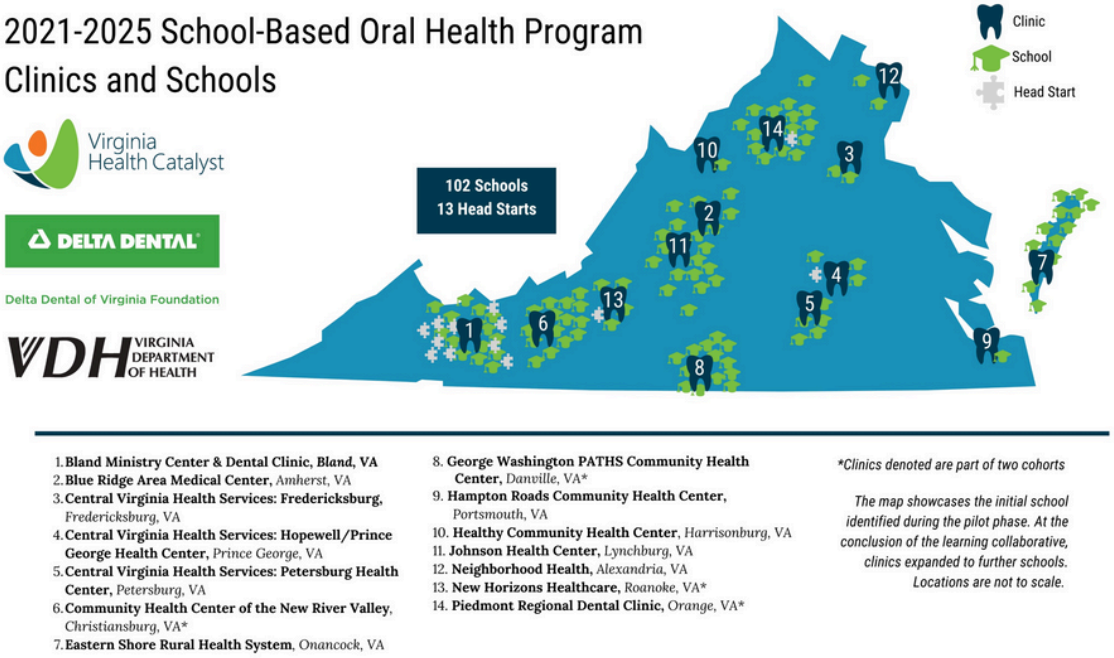

This map shows the clinics and schools that have participated in Virginia Health Catalyst's SBOHP from its inception in 2021 to the present.

Impact and efficacy: Catalyst's program has significantly expanded access to dental care for children across Virginia, reaching an estimated 40,000 students at any given time. In the past year alone, participating clinics have conducted more than 700 oral health screenings and delivered critical preventive and diagnostic services, such as fluoride varnish applications and dental sealants.

Most importantly, clinics continue to thrive, grow, and expand after their participation in the program concludes. Eastern Shore Rural Health (ESRH) participated in the program from 2020 to 2021, as part of a group of nine clinics that collectively saw 715 patients. Today, ESRH operates five fully equipped school-based oral health programs, services every public school on the Eastern Shore through its Traveling Oral Health Prevention Program, and facilitates over 10,000 visits annually. Their program demonstrates that the SBOHP Learning Collaborative achieves its aims by making key investments in the future growth and success of clinic and school teams.

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Beyond quantitative measures, qualitative feedback from program participants underscores its impact. Providers report an enhanced understanding of school-based oral health program structures and implementation. They have gained greater confidence in navigating key components, including building relationships with school nurses and parents, managing consent processes, and maintaining electronic health records. Additionally, clinics have increased their use of fluoride varnish and sealants, adopted a more systematic approach to continuous quality improvement, and developed clearer strategies for long-term sustainability.

These outcomes demonstrate the effectiveness of Catalyst's SBOHP in reducing barriers to oral health care access and equipping clinics with the tools necessary for sustained success. By combining data-driven insights with hands-on training and technical assistance, Catalyst continues to foster a replicable, impactful model for school-based dental programs in underserved communities.

Sources of funding: Funding provided by the Virginia Department of Health, Office of Family Health Services, Division of Prevention and Health Promotion, CDC DP24-0048: State Promotion Strategies to Advance Oral Health, and the Delta Dental of Virginia Foundation.

End of submission

NNOHA Teledentistry for Access Learning Collaborative

National Network for Oral Health Access (NNOHA)

Nationwide

Telehealth

Purpose: NNOHA's Teledentistry for Access Learning Collaborative is a six-month peer-to-peer learning community to accelerate teledentistry implementation for health center patients. Participants share strategies and best practices for teledentistry visits and discuss how teledentistry can be used to improve oral health access for all populations. The goal of the Learning Collaborative is to increase access to oral health services through synchronous teledentistry by developing more efficient practice systems, patient engagement, provider recruitment/retention, and clinical improvements.

Summary: NNOHA is a nationwide nonprofit membership association that exists to promote access to oral health care for underserved populations by encouraging health centers to start and maintain dental programs. NNOHA provides training, technical assistance, and networking for oral health professionals who work in the safety net.

Teledentistry provides an alternative care delivery model that bridges barriers to oral health care access. This can lead to positive outcomes including fewer missed work and school days, lower cost of oral health services, reduced transportation and geographical barriers, increased patient engagement, and diverted emergency room dental visits.

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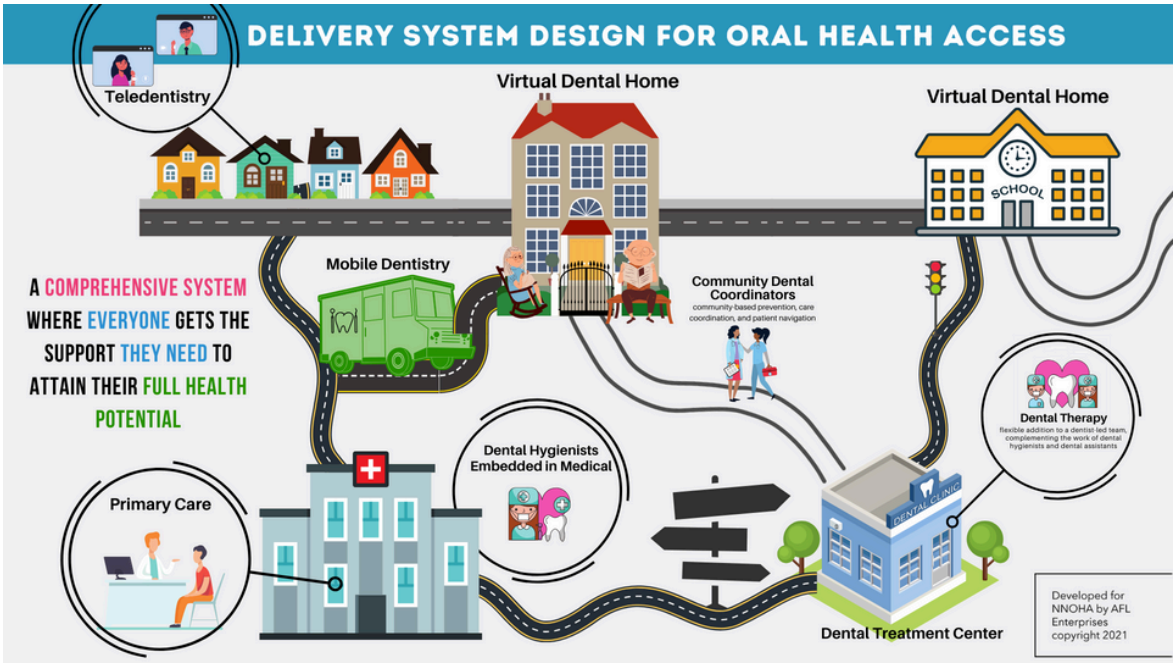

This diagram from NNOHA shows an ideal delivery system designed to encourage oral health access for all.

Since 2020, NNOHA has worked with more than 40 health centers as part of the Teledentistry for Access Learning Collaborative. Health centers typically begin using teledentistry for emergency triage to ensure only individuals needing in-person treatment present to the dental clinic, narrow the diagnosis of an emergency, and prepare for procedures that will be performed during the in-person visit. Over time, health centers have increased the complexity and aims of teledentistry visits to include applications such as pre- and post-operative visits, consultations, preventive care, and integrated care.

Teledentistry can reduce a patient's total visits to the dental clinic, which is especially important in rural areas that have greater distances between clinic locations. To reduce travel time, some health centers use teledentistry to conduct pre-operative visits for patients scheduled for general anesthesia and post-operative visits to check in with patients who have been treated under general anesthesia or undergone oral surgery or periodontal surgery.

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Synchronous teledentistry can also address access in rural areas with provider shortages. One health center in a frontier state operates five clinics, but only two offer dental services. One dental clinic is currently staffed by a full-time dental hygienist, and the dentists are located off-site. When a patient presents at this clinic, the dental hygienist takes images and photos and performs preventive activities.

Instead of the dentist reviewing later, the off-site dentist joins a video call immediately after the hygienist completes their work to perform an exam. This allows patients to access oral health care while reducing travel and wait times.

Other applications of synchronous teledentistry include patient engagement and prevention activities. One health center used synchronous teledentistry to perform a risk assessment, motivational interviewing, and self-managed goal setting with perinatal patients prior to an in-person visit where x-ray images were taken and hygiene services provided. This reduced the amount of time the patient needed to be present in the dental clinic. Other health centers participating in an integration initiative for patients with diabetes also performed these procedures via synchronous teledentistry prior to a hygiene and periodontal treatment visit. In both cases the health centers reported anecdotally higher rates of appointment attendance for patients who had utilized synchronous teledentistry prior to their in-person appointment.

Health centers have also used teledentistry as part of the desensitizing process for patients with special health care needs. Clinicians report that having patients see and familiarize themselves with the dental provider via teledentistry before an appointment can result in better engagement and visit outcomes.

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Teledentistry can also serve as a method of workforce retention. Licensed professionals who are physically unable to work chairside can still diagnose, educate, and guide patients. For example, a dentist at a health center provided care via teledentistry while recovering from a medical procedure. Another example of workforce retention involved a retired dentist who no longer wished to perform dental procedures and instead was able to lend their valuable experience to triage, diagnose, and create treatment plans via teledentistry. This can be especially useful in rural areas with provider shortages.

Barriers for teledentistry implementation include lack of available technology and reliable internet, patient and provider beliefs about the effectiveness of virtual dental services, and state legislation and reimbursement of services. To begin addressing these barriers it is important to identify a champion who can promote buy-in among the dental team, establish community partners to help with teledentistry access, and utilize dental assistants and administrative team members in building patient trust.

Impact and efficacy: Teledentistry is an effective strategy to deliver oral health care to patients. There is growing evidence to show the reliability and efficacy of teledentistry. Several studies have demonstrated that teledentistry approaches are as reliable as real time assessments of clinical diagnoses. Additionally, studies show that teledentistry can help improve patient experience and reduce health care costs. According to a six-year study in California, the virtual dental home can deliver more oral health services at a lower cost per patient than the current state dental Medicaid system. Teledentistry offers a safe and effective alternative to in-person dental care, enhancing access for rural communities and people experiencing barriers to care. Since 2020, NNOHA has worked with 43 different health centers as part of the Teledentistry Learning Collaborative.

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For the 2021 to 2023 reporting years, these 43 health centers account for a quarter of all virtual dental visits reported in the Uniform Data System (UDS). Since 2020, NNOHA Learning Collaborative participants have reported more than 85,000 virtual dental visits.

“We were able to initiate a teledentistry school-based program, and we now have our foundation for providing quality dental care via teledentistry to the underserved population,” says HealthCare Connection Community Center staff.

“We want to thank NNOHA for helping us, pushing us. We don’t feel like we could have done it by ourselves,” says Via Care staff.

Sources of funding: The Teledentistry for Access Learning Collaborative was funded by the Health Resources and Services Administration through NNOHA’s National Training and Technical Assistance Partnership.

Acknowledgements: Thank you to all the health centers that participated in NNOHA's Teledentistry for Access Learning Collaborative and AFL Enterprises, LLC.

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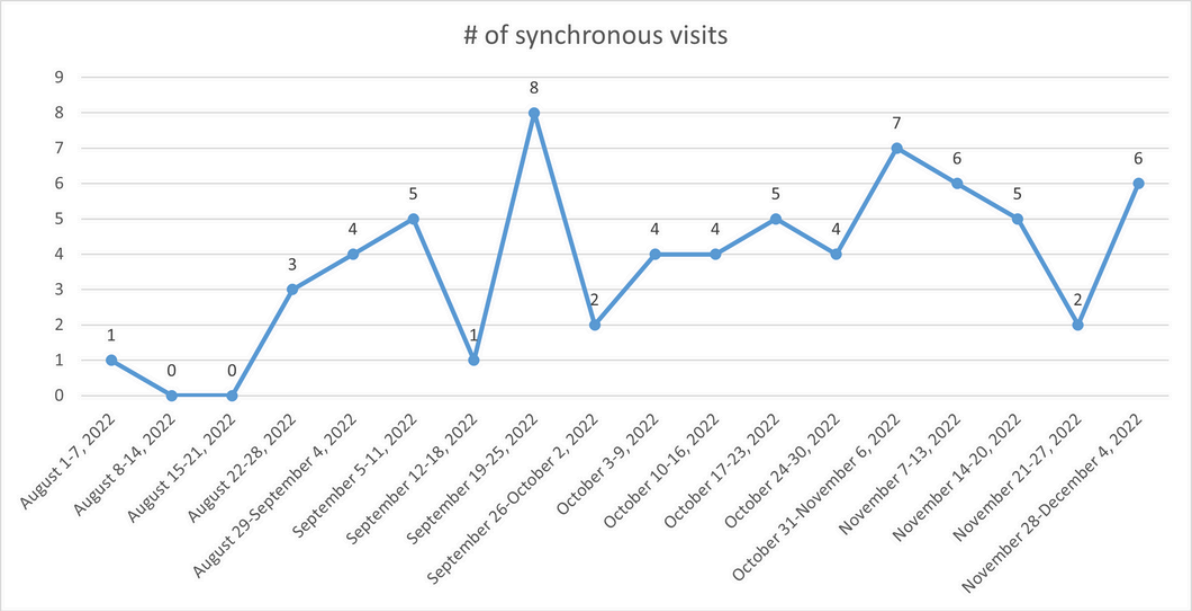
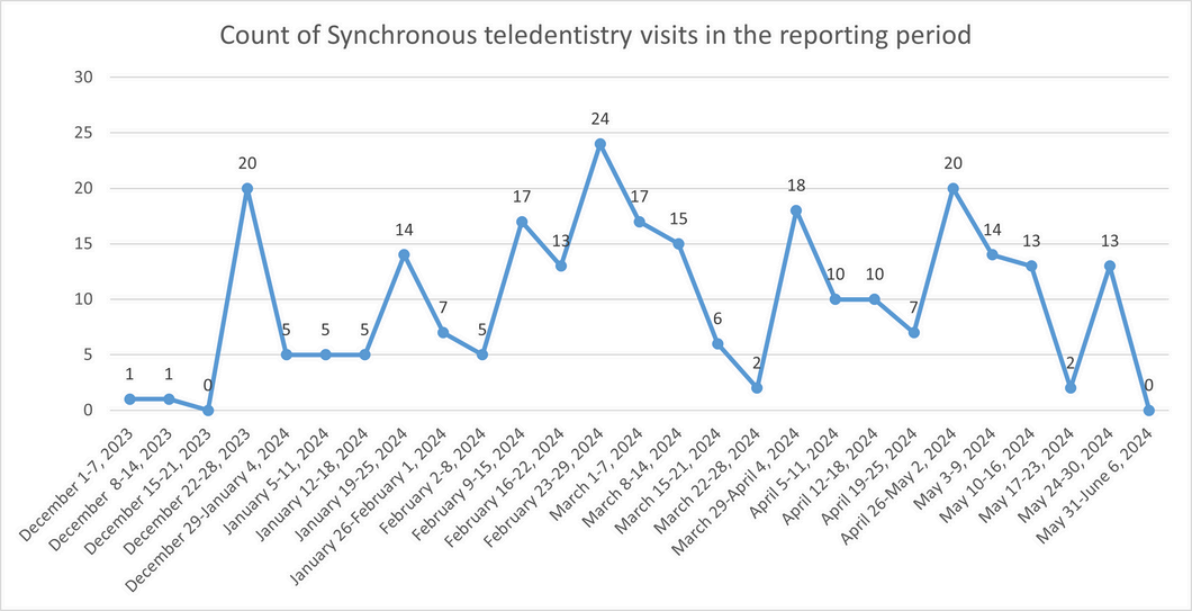
Additional information and supporting documentation: The supporting documentation demonstrates data from participants from NNOHA's Teledentistry Learning Collaborative.





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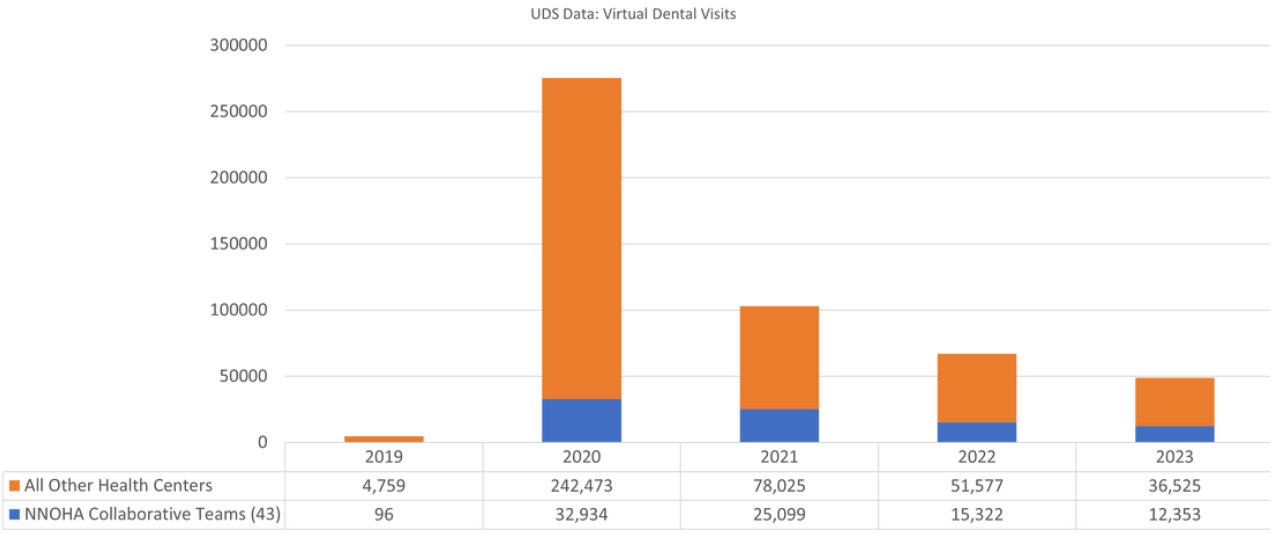
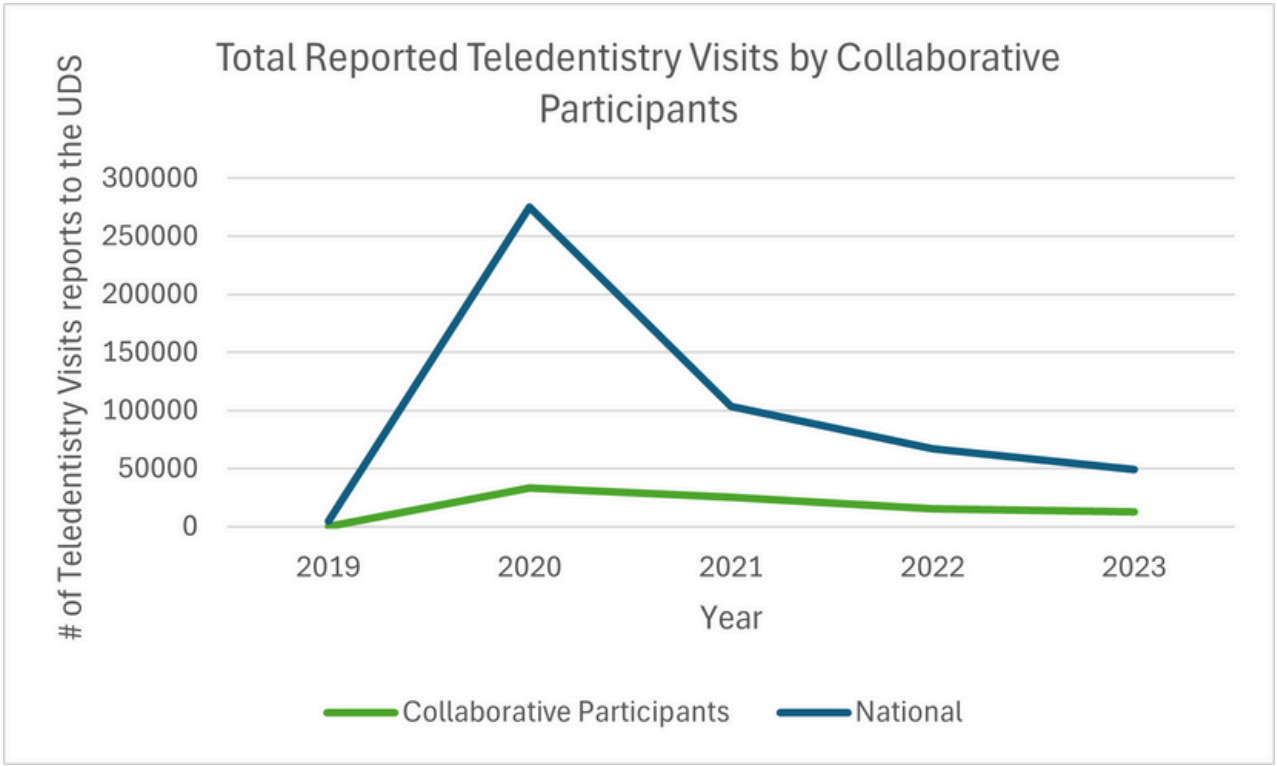


	2019	2020	2021	2022	2023
All Other Health Centers	4,759	242,473	78,025	51,577	36,525
NNOHA Collaborative Teams (43)	96	32,934	25,099	15,322	12,353



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Expanding Virginia's Dental Workforce through Creative Collaborations across the Commonwealth

Virginia Health Catalyst, Mountain Empire and Germanna Community Colleges

Virginia

Workforce Development and Training

Purpose: Created in 2020, the Future of Public Oral Health (FPOH) Taskforce was convened by the Virginia Health Catalyst with partners from across the Commonwealth. Geared toward health equity and a more efficient health care system, collaborators focused on key areas including technology, workforce, and data implementation.

The Virginia Community College System was a key partner in the workforce division. As the primary source of allied dental training in the Commonwealth, an emphasis was placed on expanding specialized DA-II programming into a remote area of the state, providing more educational opportunities, and increasing access to care in a recognized dental HPSA.

Kathy Earwood, RDH, DA-II, works with a patient at a GKAS event

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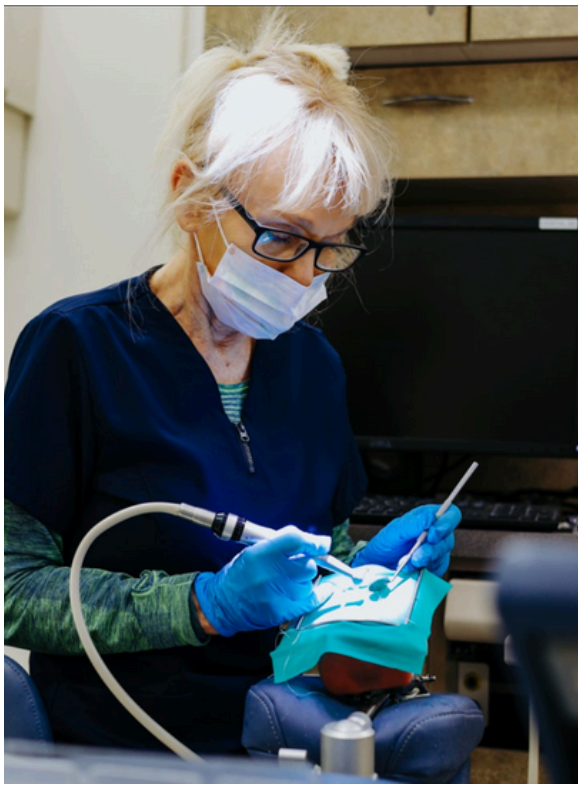
Summary: FPOH members and Catalyst staff worked collectively to identify and rank statewide priorities. Repeatedly the taskforce acknowledged the overall workforce as a primary target, recognizing that this single component of the larger network would have a ripple effect on every other aspect of the dental profession. A survey of the oral health landscape in Virginia captured major deficiencies in certain regions of the state, particularly in rural and remote communities. Consistent feedback from both clinical providers and community stakeholders noted inadequate support staff and high turnover rates in allied dental professionals were a top concern. Because of this, addressing allied dental training and ultimately increasing access to care was a top priority.



Annette Templeton, RDH in DA-II lab

Evidence-based strategies have proven that utilizing alternative treatment modalities is an effective way to increase access to care, particularly in rural or underserved populations. An example of this is the expanded functional dental assistant model, which allows specially trained dental auxiliaries to do reversible procedures such as fillings or crown cementation under the direct supervision of a dentist. Practices that use this model have shown an increase in production up to 30 percent, proving to be good for both business and access to care. For more than a decade, Virginia's Board of Dentistry has recognized the expanded functions model (also known as DA-II); however, it has not been widely adopted throughout the state with less than 150 DA-IIs registered with the board. FPOH members recognized room for growth in this area.

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Multiple educators served as FPOH members, including several from the Virginia Community College System. Mountain Empire Community College (MECC) was the newest program, launching a dental assistant curriculum in 2020. Located in the heart of Central Appalachia, MECC is in a rural area where provider rates are less than half of the state and national average. Preventative measures such as fluoridated water or patient literacy campaigns are also low, further complicating the dental health of residents. While MECC's dental program was rapidly growing in enrollment, there was a limit to current offerings.

Summer Woodard, DA-II student, works with program faculty

At that time, the specialized DA-II curriculum was only offered through Germanna Community College (GCC) in Fredericksburg, Va., but a plan was created to offer this curriculum to MECC's campus as a remote satellite location. FPOH leadership connected GCC/MECC faculty with the Delta Dental of Virginia Foundation, which provided funding for the expansion project.

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The collaborative DA-II curriculum was launched in spring of 2023 and instantly doubled the state's DA-II training capacity. Rural students are now able to take classes locally and implement this treatment model in one of the most underserved areas of the state. The training comprises didactic, laboratory, and clinical components, and DA-II students can offer free care to patients while completing their competencies in clinicals. In summer of 2024, an estimated $20,000 worth of free crowns and bridges were donated to MECC patients in Southwest Virginia, many of whom would not have otherwise been able to obtain this level of care. Both MECC and GCC share faculty members, making this program more sustainable and a successful example of how other allied dental program expansions could operate.

While the allied dental workforce is growing stronger, the DA-II model still faces challenges. Ongoing support and networking provided by FPOH helps address some of these problems. For example, dental programs are expensive to maintain and operate with specialty equipment and materials needed. Fostering partnerships helps identify potential funding sources for community colleges, plus it recognizes community partners who may be able to host clinical rotations, etc. Shared advocacy can assist in requesting state funding or lobbying for additional curriculum expansions in other underserved communities. There is also the benefit of provider education and program promotion. Although this model has been legal for years, many doctors or dental professionals are simply unaware of it. Through mutual FPOH connections, MECC/GCC faculty partnered with VCU School of Dentistry to educate pre-doctoral students on this treatment modality, with hopes that more emerging doctors will utilize DA-IIs in their office. The DA-II expansion is just one example of many positive initiatives to come from FPOH members, and there is momentum to continue improving oral health for many years.

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Dr. Emily Kate Bowen and DA-II Summer Woodard show VCCS Chancellor Dr. David Dore how to complete a filling while discussing program expansion.

Impact and efficacy: The Oral Health Gap Assessment Report published by the Virginia Health Catalyst's Future of Public Oral Health Taskforce contains many of the group's goals, needs, and a projected timeline for execution.

As part of workforce expansion, both colleges have been able to recognize the DA-II expansion model as a success. This partnership not only opened opportunities for rural residents to receive specialized training, but it also shows the efficiency of shared curriculum. Both institutions can share faculty, which is one of the biggest costs in higher education. Marketing materials and other common items can also be shared.

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Sources of funding: Delta Dental of Virginia Foundation

Additional information: Please see the video embedded in the DA-II program website, which interviews students and faculty who utilize the DA-II model.

Please review the pathway for dental assistants developed by Blue Ridge Partnership in conjunction with FPOH members.

Photo credit: MECC Health Sciences

End of submission

Increasing Access to Oral Health Care: Fulfilling Iowa's Need for Dentists (FIND) & Complex Hospital Dental Care in Rural Iowa

Delta Dental of Iowa and its Foundation

Iowa

Workforce Development and Training

Purpose: With a goal that all Iowans have optimal oral health and overall health, the FIND Project aims to increase access by increasing the number of private practice dentists in designated dental shortage areas. The project provides dentists with education loan repayment awards and assistance locating practice opportunities and connecting with local community resources.

The purpose of the Complex Hospital Dental Care Project is to increase access to pediatric dental surgery care through Iowa's rural critical access hospitals. The project provides funding for permanent dental equipment that can be utilized by multiple dental providers within the facilities.

Summary: Delta Dental of Iowa (DDIA) initiated the FIND Project in 2008 as an expansion of their dental loan repayment program that began in 2002. The expansion included increased award funding (from $50,000 for 3 years to $100,000 for 5 years) and enhanced community and dentist engagement. In 2022, further loan repayment program enhancements were made including a new tiered system with awards up to $125,000 or $200,000 based on county priority or high priority status. A minimum of $5,000 in community match is required, and up to four awards are offered each year through a competitive application process.

The loan repayment program is open to dentists who are fully trained and licensed; a partner or owner in a private practice setting; committed to serving in a rural or underserved area; working full-time (minimum 32 hours/week); and willing to allocate 35 percent of patient visits to the underserved.

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Dr. Kale Floyd, Eldora, Iowa, 2024 FIND Project loan repayment award recipient (photo by Sara Schlievert, Delta Dental of Iowa)

As of 2022, requirements include allocating 15 percent of underserved patient visits to individuals who are Medicaid-enrolled.

External partnerships have been a significant factor in the success of FIND Project expansion and have been instrumental in assisting dentists with locating practice opportunities and securing community resources as they establish their practices. The University of Iowa College of Dentistry and Dental Clinics has created an Iowa Practice Opportunities Office and website, which helps connect dental students with dentists seeking associates. Iowa Area Development Group staff assist communities seeking a dentist and meet regularly with dental students to discuss practice locations and connect new dentists to local businesses for funding, such as building and equipment. The Iowa Dental Association includes practice openings on their website and provides guidance and resources for the ADA Career Services Program. Through the Iowa Department of Health and Human Services' I-Smile Program, newly established dentists can collaborate with local dental hygienists to establish referral systems to better meet the needs of underserved children and families in their communities.

Fortunately, there have been minimal project challenges; however, dentist recruitment for rural areas continues to be difficult. Unless they are returning to their hometown, many new dentists (and spouses) are reluctant to set up a practice in rural communities.

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The low Medicaid dental reimbursement rate in Iowa has become a more recent challenge. Some dentists are reluctant to commit to the loan repayment program due to concerns about the financial feasibility of meeting the 15 percent requirement for serving Medicaid-enrolled patients.

To address these challenges, the FIND Project has created videos of FIND dentists telling their stories of personal and financial success with a rural dental practice. These videos are included on the FIND Project website and used in outreach presentations to dental students. In addition, DDIA has recently updated the FIND & GROW Dental Student Guide, which offers a step-by-step process for finding a practice location. Iowa Area Development Group uses this guide when meeting with students and has also created county feasibility reports that offer demographic and financial information to help students compare different practice opportunities.

DDIA FIND loan repayment award recipients, 2002-2025

In addition to private practice dentists in rural Iowa, critical access hospitals are playing an active role in addressing health access challenges by collaborating with local public health authorities and providers and dedicating operating room time for dental procedures. In 2022, a significant community need was identified for pediatric dental surgery services within a hospital setting in rural Iowa. Local public health partners stated that families were experiencing wait times exceeding 12 months and traveling long distances due to the scarcity of such services.

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The DDIA Foundation responded to this need by helping Knoxville Hospital & Clinics navigate a request for hospital-based dental equipment, enabling them to provide pediatric dental surgery services and address long wait times and access barriers for families. The model's success and replication at Van Buren County Hospital and Buena Vista Regional Medical Center demonstrate its viability across both rural and urban settings. This project has directly improved access to care for nearly 100 children in its first months, offering a scalable solution to enhance health equity and Medicaid service delivery statewide.

Knoxville Hospital & Clinics (Credit to Knoxville Hospital website)

The hospital team initially faced barriers supporting dental procedures, including uncertainty around billing, assisting the dentist, and ordering dental supplies. With support and training from the dentist and DDIA Foundation, these challenges were addressed. The team gained confidence, insurance billing proved manageable, and the service is now a sustainable option, benefiting pediatric patients and families.

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Impact and efficacy: Since 2002, the DDIA Loan Repayment and FIND Project have been successful in attracting new dentists, engaging communities, and providing services to a wide range of underserved patients. Through the end of calendar year 2024, more than 61 dentists have provided 955,000 services during 354,000 patient visits to underserved Iowans. All but eight of these dentists have remained in Iowa and are still providing services. The program impact is also evident in comments received from FIND awardees. “Resources that would have gone toward student loan payments can now be reallocated and used to continue care for vulnerable populations I care deeply about,” says one pediatric dentist. “Receiving this award will allow me to continue to do what I am most passionate about: providing the best possible dental care to all children who need it.”

Through the Complex Hospital Dental Care in Rural Iowa Project, the Knoxville partnership has secured operating room time for at least 24 pediatric dental cases per month and hospital privileges for two pediatric dentists. Van Buren County Hospital served more than 95 patients in the first nine months of operation in 2024. Buena Vista Regional Medical Center was recently awarded funds to purchase equipment for the operating room. Two pediatric dentists now hold hospital privileges and are credentialed to provide care. While outcome data is not yet available, the infrastructure is in place to begin delivering pediatric dental services.

Sources of funding: FIND Project loan repayment award funding:

- Delta Dental of Iowa*: Up to $380,000 per year
- State of Iowa: $96,000 per year
- Community match: $5,000/applicant/year

*Delta Dental and its Foundation provide funding for a consultant who coordinates the FIND Project. All other partners/stakeholders serve as volunteers.

Complex Hospital Dental Care in Rural Iowa Project equipment funding:

- Delta Dental of Iowa Foundation: $105,000 in total for all three projects to date.

End of submission

Acknowledgments & additional information

This section includes further information such as websites and contact information for the submissions listed within this compendium.

Integrating Oral Health into Rural Prenatal Care to Improve Maternal and Neonatal Outcomes

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Integrating Dental Care to Improve Health

MERCY FOUNDATION; CHI MERCY HEALTH

Lisa Platt, President: lisa.platt@commonspirit.org

School-Based Oral Health Program Learning Collaborative

VIRGINIA HEALTH CATALYST

Sophie Webb, Senior Program Manager for Health Innovation: swebb@vahealthcatalyst.org

NNOHA Teledentistry for Access Learning Collaborative

NATIONAL NETWORK FOR ORAL HEALTH ACCESS (NNOHA)

Candace Owen, Senior Director of Education & Strategic Partnerships: candace@nnoha.org

Expanding Virginia's Dental Workforce through Creative Collaborations across the Commonwealth

VIRGINIA HEALTH CATALYST, MOUNTAIN EMPIRE & GERMANNA COMMUNITY COLLEGES

Dr. Emily Kate Bowen, DDS, MA, MPH, MECC Dental Program Director: ebowen@mecc.edu

Increasing Access to Oral Health Care in Iowa: Fulfilling Iowa's Need for Dentists (FIND) & Complex Hospital Dental Care in Rural Iowa

DELTA DENTAL OF IOWA AND ITS FOUNDATION

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