

## 2017 MOMENTUM AND ACHIEVEMENTS REPORT

### Background

The National Interprofessional Initiative on Oral Health ([www.niioh.org](http://www.niioh.org)) is a foundation-funded, multi-year effort to ensure that all patients have access to oral health services and referrals in the context of primary care. As a systems change initiative NIIOH provides backbone support to a consortium of funders, health professionals and national organizations that are preparing the health workforce to integrate oral health into primary care education and practice. NIIOH uses a collective impact approach to engage and align interprofessional partners to work in mutually supportive ways to catalyze oral health integration across primary care education and practice.

NIIOH core strategic activities:

- Cultivate oral health leaders and champions
- Facilitate interprofessional learning and agreement
- Create and support tools and resources that bridge interprofessional understanding, knowledge and skills enabling the primary care workforce to acquire core oral health clinical competencies

### The Five Conditions of Collective Impact



BOSTON COLLEGE CENTER FOR CORPORATE CITIZENSHIP CARROLL SCHOOL OF MANAGEMENT

### 2017 NIIOH Symposium on Oral Health and Primary Care

Over a dozen health professions were represented at the 2017 NIIOH Symposium on Oral Health and Primary Care. Existing oral health champions and health profession organization leaders from medicine, PA, nursing and dental professions were joined by new network partners from community health, pharmacy, and social work. The convening provided opportunities to celebrate accomplishments, strengthen connections, and learn about evolving integrated care delivery models. Small group discussions generated new benchmarks and strategies that define our work over the next year.



*Our annual Symposium on Oral Health in Primary Care provides an opportunity to engage existing and new partners in the type of networked thinking that reinforces commitment and awareness of relationships, strategies and tools they can leverage to “put the mouth back in the body” to elevate whole person care.*

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*"...Provided a great opportunity to network with people to determine strategy for moving our agenda forward for our organization. I continue to learn new things about the oral health landscape"*

*Participant comment*

Participant evaluations were highly favorable and spoke of the value of the NIOH in growing interprofessional agreement and collaboration to support system-wide change. It was noted the symposium brings together those with influence who are in a position to change the systems that ready an interprofessional workforce for, a person-centered, integrated model of care. A quiet, relaxed atmosphere allowed participants to carve out time and space to work together, promoting generative thinking that identified new opportunities and actionable strategies for change.



*Symposium participants listed three words to describe their experience. Greater prominence is given to words that appeared more frequently.*

A symposium highlight was an interview of Drs. Caswell Evans and Dushanka Kleinman, project team members of the landmark 2000 Surgeon General report, Oral Health in America. The session title, "The Historical Context – A Frame for Future Planning" reflected the unique perspective these leaders provide relative to NIOH's role and activities in the larger oral health movement.



*Dushanka Kleinman, DDS, MScD and Caswell Evans Jr. DDS, MPH Both were on the project team of the landmark publication: Oral Health in America: A Report of the Surgeon General, 2000.*

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Participants created a personal plan for advancing oral health activities at their own organization; many expressed personal interest in becoming more involved in NIIOH backbone activities.

## TOOLS AND RESOURCES SUPPORTED BY NIIOH

### Oral Health Implementation Guide and Toolkit

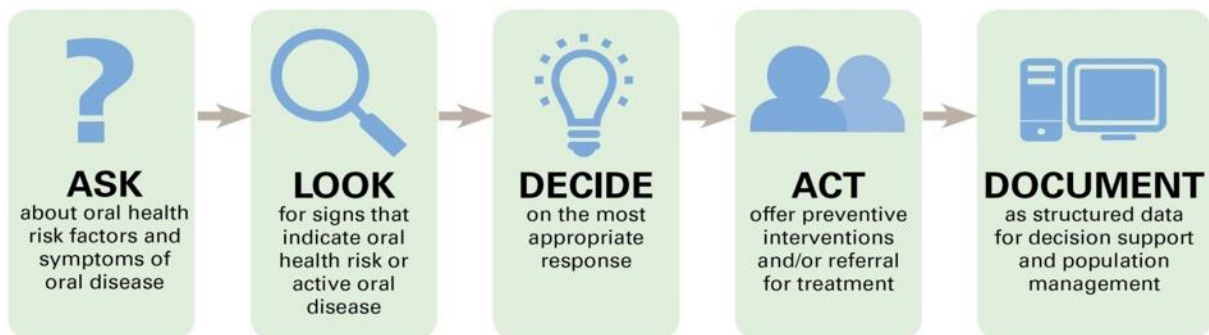
Qualis Health released the *Oral Health Implementation Guide and Toolkit* presenting the results of field testing and providing step-by-step guidance on oral health integration into primary care. The guide includes leadership and team readiness, staffing models, workflow optimization, patient screening protocols, treatment referrals, health information technology (IT), financial sustainability, clinical change processes, and more.

The Oral Health Implementation Guide and Toolkit was a follow-up to the 2015 White Paper, *Oral Health: An Essential Component of Primary Care* - Available at: [www.QualisHealth.org/white-paper](http://www.QualisHealth.org/white-paper)



The White Paper framework of five actions primary care teams can take to protect and promote their patients' oral health within the scope of practice for primary care can be implemented in a variety of practice settings.

### Oral Health Delivery Framework



### Smiles for Life: A National Oral Health Curriculum

In 2017, the NIIOH continued its support for Smiles for Life (SFL), a product of the Society of Teachers of Family Medicine. [www.smilesforlifeoralhealth.org](http://www.smilesforlifeoralhealth.org). Over 20 organizations now endorse SFL including new endorsements from the American Association of Colleges of Pharmacy (AACP) and Canadian Pediatric Society. Free CE credit is now offered for physicians, PAs, nurses, dental professionals, midwives, medical assistants, and pharmacists.

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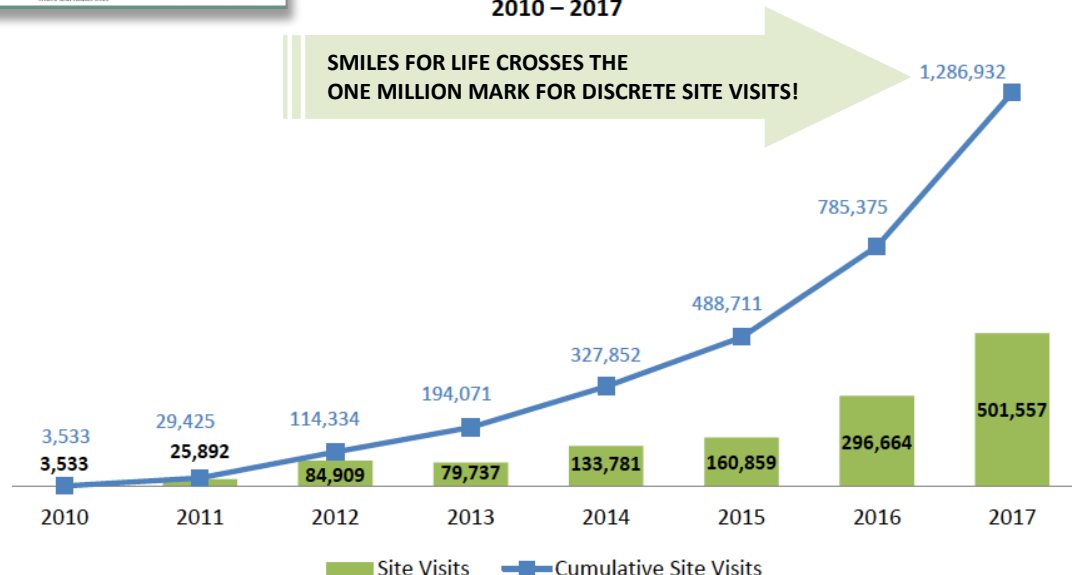
A recent study supports that SFL is positively influencing oral health practice across health professions, especially in areas of caries risk assessment and fluoride varnish application. SFL improves the frequency and quality with which direct care providers and educators participate in oral health activities and facilitates oral health integration in primary care.

Two new SFL resources modules are designed to support front line health workers (FLHWs) and global oral health. The US Department of Health and Human Services Indian Health Service, Division of Oral Health will be recommending the FLHW modules for oral health training for Community Health Representatives (CHRs).

### DISCRETE SITE VISITS

Smiles for Life (SFL) utilization has experienced year-over-year growth with **1,268,932 discrete site visits** (Exhibit 1).

**Exhibit 1. Discrete Site Visits<sup>2</sup>  
2010 – 2017**

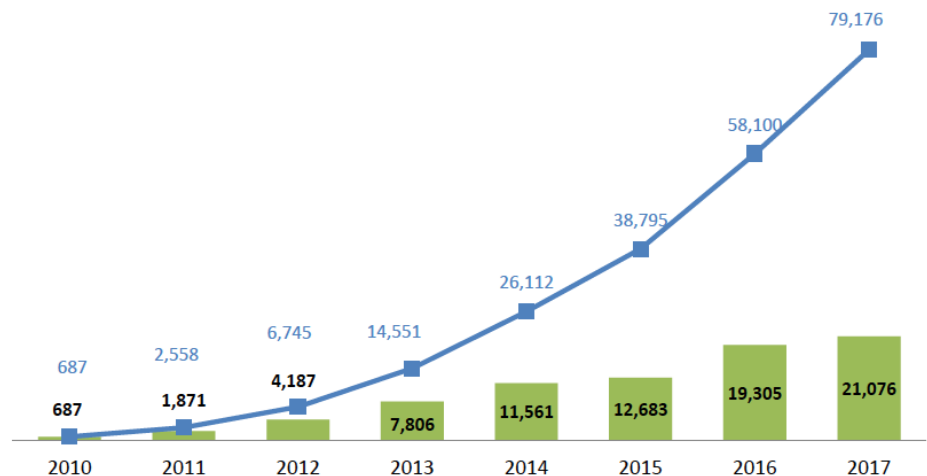


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### REGISTERED USERS

Since the launch of the site in June 2010, there have been **79,176 registered users**. In 2017 Smiles for Life had the largest number of new registered users in the website's history with 21,076 new registrants (Exhibit 2).

Exhibit 2. Registered Users<sup>3</sup>  
2010-2017

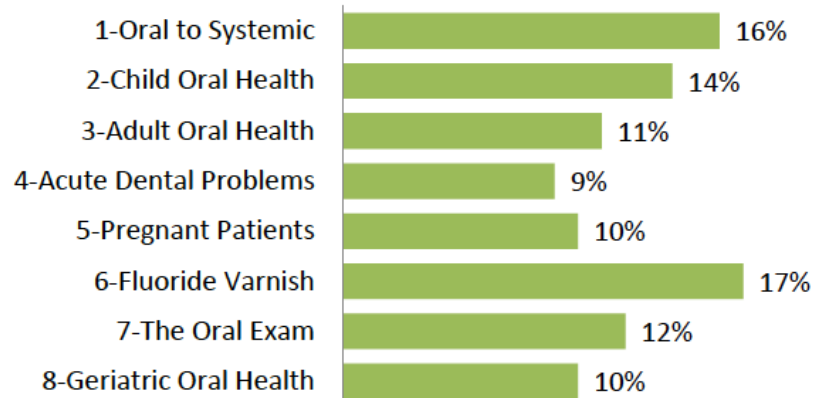


### COURSE COMPLETION FOR CE CREDIT

Smiles for Life users completed a total of **62,593 courses for CE credit** in 2017. Fluoride varnish was the most frequently completed course for CE credit (17%) (Exhibit 3).

Individual users do not have to register to use the site or take courses, so numbers likely represent only a portion of total users.

Exhibit 3. Course Completion for CE Credit 2017  
(percentages are out of the 62,593 courses completed for CE credit by 20,166 users)



### MODULE POWERPOINT DOWNLOAD

Course modules are also available to educators registered on the site. Educators use these modules in a variety of ways, often downloading slides and speaker notes for classroom presentations. There were 8,527 downloads in 2017; Module 1 (Oral to Systemic) represented 24% of the total downloads. Module 2 (Child Oral Health) represented 18%, and Module 6 (Fluoride Varnish) represented 14% of all downloads.

A complete report on 2017 Smiles for Life utilization can be found on the NIIOH website. ([www.niioh.org](http://www.niioh.org))

### **NIIOH PARTICIPATION IN PARTNER ACTIVITIES: CATALYZING RESEARCH, POLICY, AND EDUCATION**

The NIIOH continues to serve in an advisory capacity to many state and national organizations. The NIIOH also facilitates partnerships and collaborations, provides consultation to those seeking information on the integration of oral health into health profession education and practice including health profession organizations, educational institutions, oral health coalitions, care groups, community health centers, professional institutes, community health organizations and others. These stakeholders and others often seek NIIOH assistance in identifying opportunities and strategies for oral health integration within their scope of work. Below are selected highlights of this important work:

The Center for Health Workforce Studies (CHWS), funded by the Health Resources and Services Administration (HRSA) conducted a follow-up study reporting on barriers and facilitators to oral health integration in PA practice. Based on a survey of 2014 graduates, we learned that nearly 39% of those receiving oral health education had integrated it into practice. Among those providing oral health services over 80% received that education in their PA program. PAs receiving this education were 2.79 times more likely to integrate oral health into their clinical work. NIIOH worked with CHWS on this seminal project.

The Substance Abuse and Mental Health Services Administration (SAMHSA) within the Department of Health and Human Services produced a webinar on the important role behavioral health care providers can play as a partner in oral health integration. This webinar conversation between HRSA's Chief Dental Officer, Renee Joskow and NIIOH Executive Director, Anita Glick, attracted 1,000 registrants with over 700 attendees indicating strong interest in the potential to engage this new partner.

The Patient Centered Primary Care Collaborative (PCPCC) has released Shared Principle of Primary Care, designed to provide a vision for person-centered, team-based, community aligned care. For the first time, oral health was formally integrated into this work. NIIOH has participated as an executive member of the PCPCC since 2012.

The nccPA Health Foundation maintained its oral health research integration and community outreach grants. In 2017, 8 grants were funded. Past grant recipients shared outcomes via posters, presentations, and manuscripts.

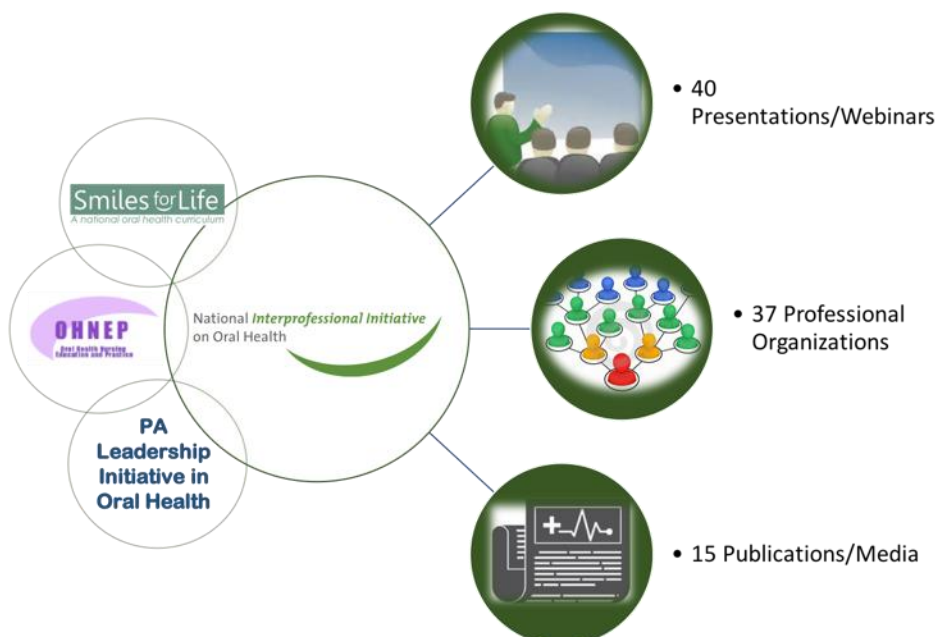
### 2017: SELECT PUBLICATIONS

#### NIIOH AND PARTNERS AUTHORED >15 PUBLICATIONS IN 2017 SELECTED PEER REVIEWED PUBLICATION AND COVER HIGHLIGHTS



- Clark M, Quinonez R, Bowser J, Silk H (2017). Curriculum influence on interdisciplinary oral health education and practice. *Journal Public Health Dentistry*. 2017 Jun; 77(3):272-282. doi: 10.1111/jphd.12215.
- Haber, J., Hartnett, E., Allen, K., Crowe, R., Adams, J., Bella, A., ... Vasilyeva, A. (2017). The Impact of Oral-Systemic Health on Advancing Interprofessional Education Outcomes. *Journal of Dental Education*, 81(2), 140–148. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/28148604>
- Langelier M, Surdu S, Gao J, Glicken A. Determinants of oral health assessment and screening in physician assistant clinical practice. Oral Health Workforce Research Center, December 2016.
- Glicken A, Clark M. Smiles for Life: Influence of a free online interprofessional oral health curriculum on PA education and practice. *Journal of the American Academy of Physician Assistants*: December 2017 - Volume 30 - Issue 12 - p 1–2 doi: 10.1097/01.JAA.0000526981.95771.2f

### NIIOH Outreach Results



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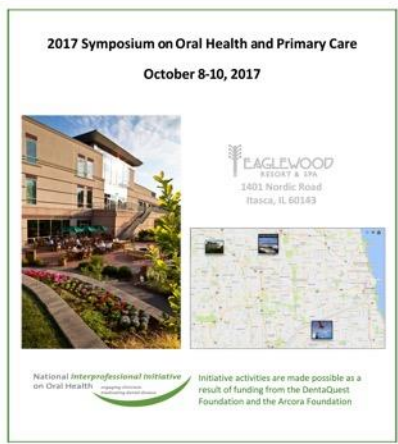
### PRESENTATIONS

NIIOH AND PARTNERS PRESENTED AT >25 REGIONAL AND NATIONAL MEETINGS

AAPA	AACN	AANP	ACNM	ADEA	AIHC
APHA	AAIOHI	AAMC	ASTDD	CSWE	GSA
NAP	NACHC	NAPNAP	NCBH	NCHW	NOHC
NOHIIN	NONPF	OH2020	OHA	PAEA	PCPCC
TX-AOHMIT					

### CLOSING COMMENTS TAKEN FROM THE NIIOH SYMPOSIUM INTERVIEW OF DR. CASWELL EVANS JR AND DR. DUSHANKA KLEINMAN

#### “The Historical Context – A Frame for Future Planning”.



**INTERVIEWER:** 'So what is your best prognosis for how long this is going to take? Should we pace ourselves?'

**DR. KLEINMAN:** 'Nobody should pace themselves, (laugh) we should do relay races so that someone can rest in between. But we've got to move fast...I think the work that is being done right now in the Medicare area is really critical...yeah, we're going to be around for another 20 years, maybe not us, but someone...'

**DR. EVANS:** 'Keep in mind that the systems we are trying to address and change were developed over generations that have created the challenges we have today...I think it's unrealistic that we can turn that around

immediately, like Dushanka, tomorrow is too late for me. In reality, it is going to take the time it is going to take but I think you have to be ready for the long haul. I don't see anyway of getting around that.'

**INTERVIEWER:** So I hear you saying we need to be "impatiently tenacious" and that's our call to action.

National **Interprofessional Initiative**  
on Oral Health *engaging clinicians  
eradicating dental disease*

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