HRSA
Health Resources & Services Administration

Improving Access to Oral Health Care for Rural, Tribal and Underserved Communities Webinar

Hosted by HRSA IEA Region 10

January 12, 2023

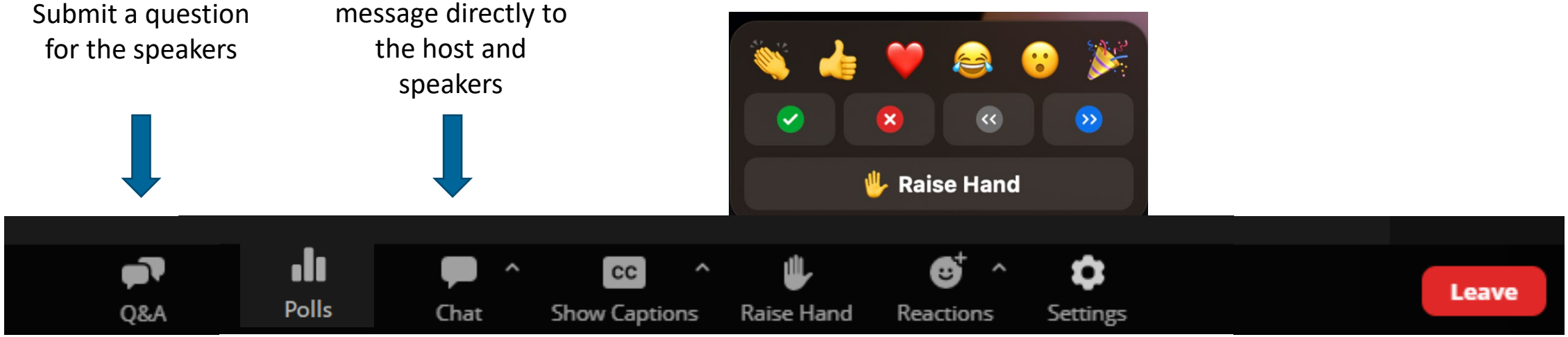
Cheryl Altice, MPH
Public Health Analyst
Office of Intergovernmental and External Affairs (IEA)

Vision: Healthy Communities, Healthy People

Housekeeping

Submit a question for the speakers

Submit a chat message directly to the host and speakers



Respond to poll questions

Activates Closed Captions

Do quick reactions to share your feedback or raise hand

Leave meeting

Agenda

I. Purpose and Objectives
II. HRSA Overview
III. HRSA Oral Health Resources
IV. Dental Therapy Model in Tribal Settings
V. Oregon Pilot Program 300
VI. Q&A
VII. Closing

Purpose and Objectives

Purpose and Objectives

Purpose:

To highlight oral health resources, including the dental therapy model and how it may be used to provide preventative services to rural, Tribal, and underserved populations, and provide information on HRSA oral health programs.

Objectives:

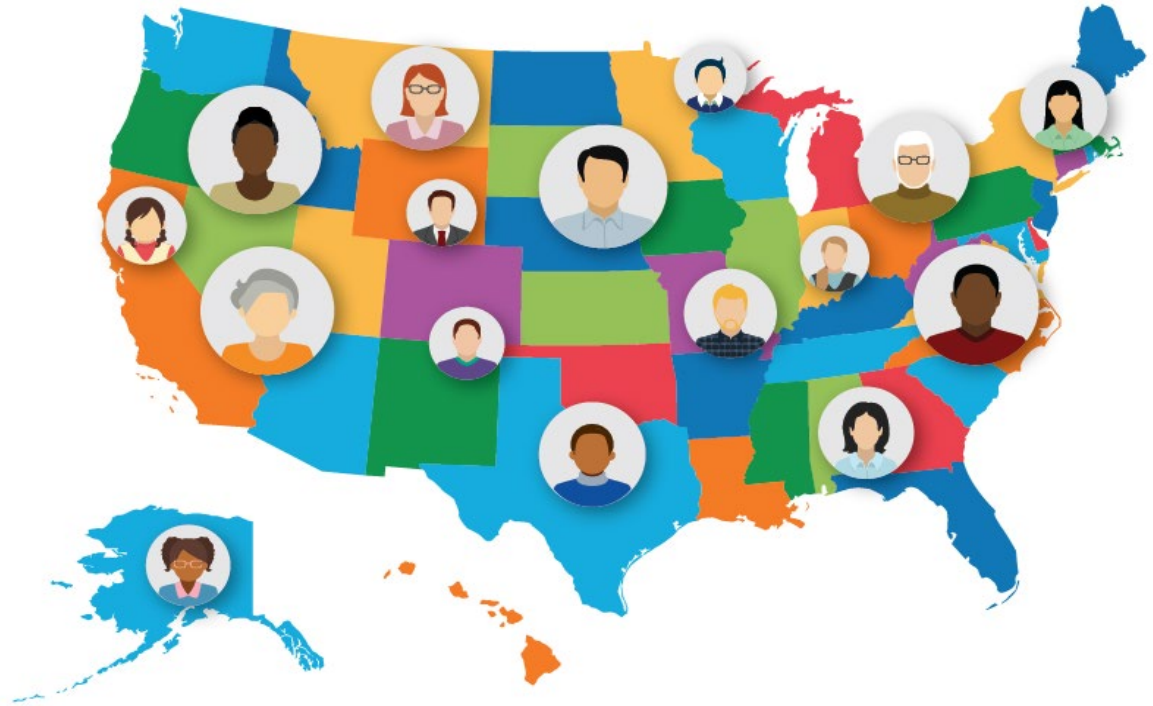
As a result of this webinar, participants will:

- Identify HHS/HRSA, Regional, State, and Local resources for oral health services
- Gain at least 1 practical tool or step to establishing or implementing a new oral health services

HRSA Overview

Health Resources and Services Administration (HRSA)

Mission: To improve health outcomes and achieve health equity through access to quality services, a skilled health workforce, and innovative, high-value programs



TENS OF MILLIONS of Americans receive quality, affordable health care, and other services through HRSA's 90-PLUS PROGRAMS and more than 3,000 GRANTEES

HRSA
Office of Intergovernmental and External Affairs

HRSA Program Areas

- Health Centers
- Maternal & Child Health
- Provider Relief
- Ryan White HIV/AIDS Program
- Telehealth
- Health Workforce
- National Health Service Corps
- Rural Health
- Organ Donation & Transplantation

More Program Areas

HRSA
Office of Intergovernmental and External Affairs

HRSA Priorities

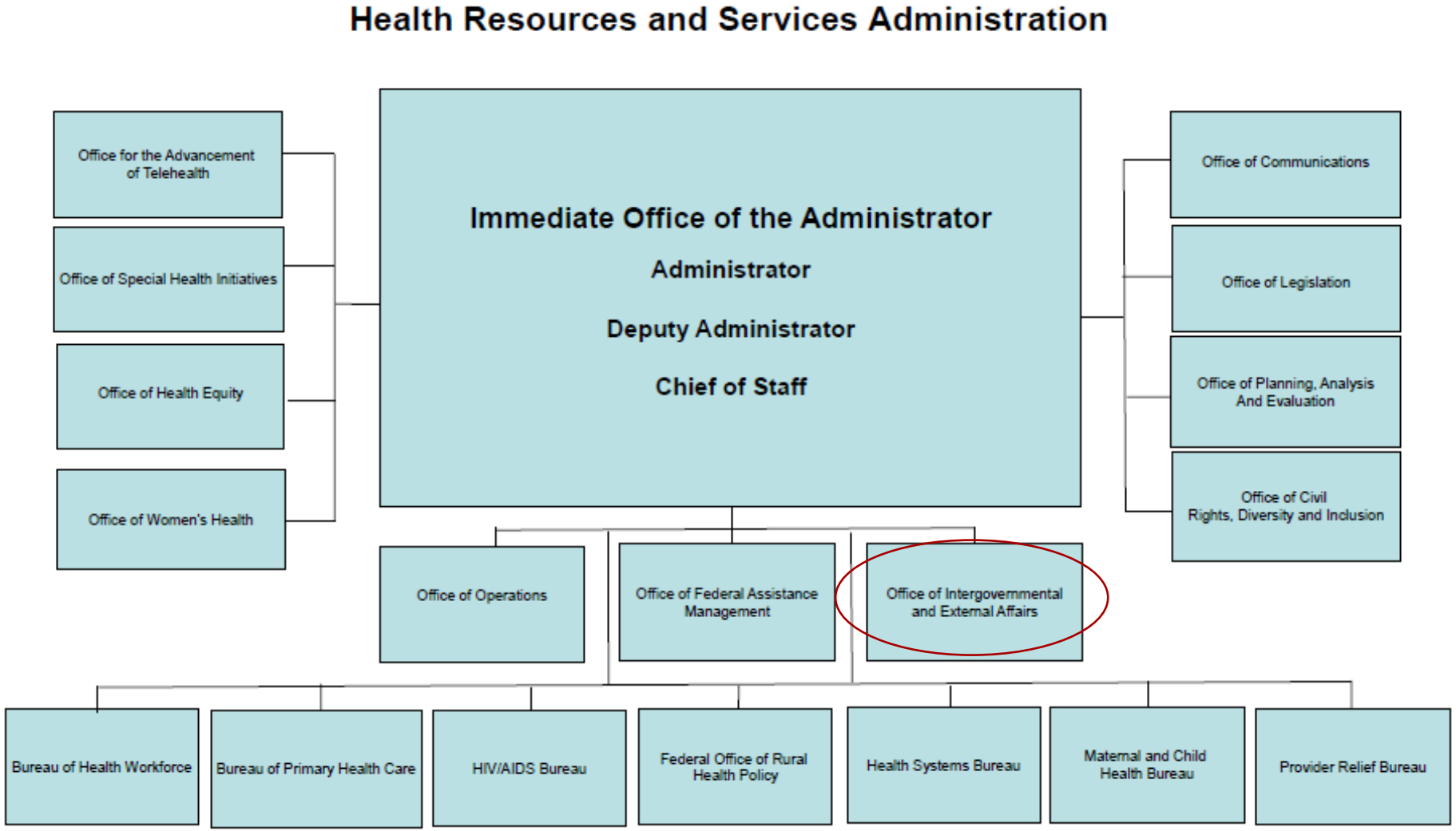
Carole Johnson,
HRSA Administrator

Behavioral Health

Health Workforce

Maternal Health

HRSA's Organizational Chart



Source: https://www.hrsa.gov/sites/default/files/hrsa/about/organization/hrsa-org-chart.pdf

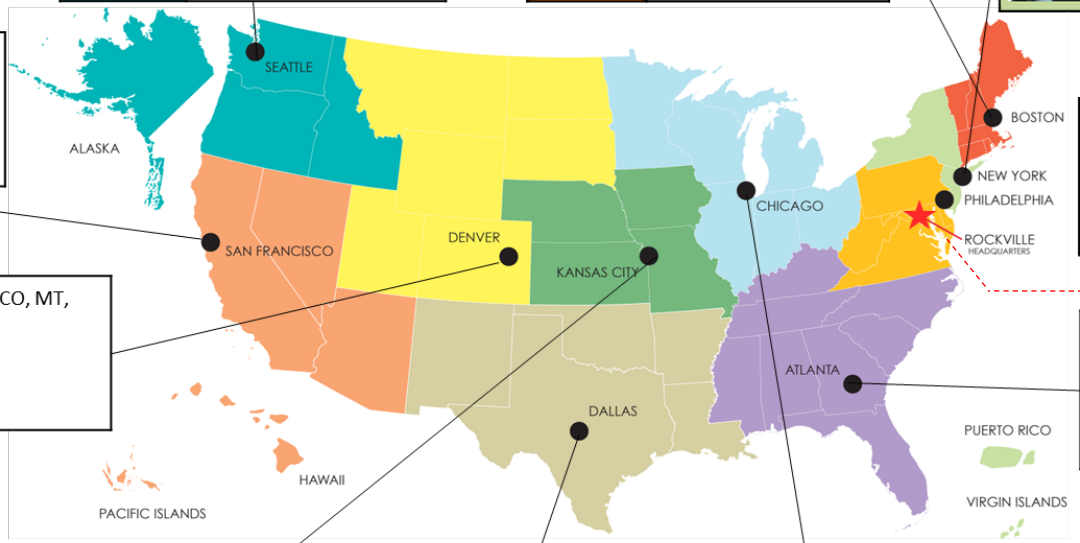
HRSA
Office of Intergovernmental and External Affairs

Mission

To provide on-the-ground outreach to increase the reach, impact, and awareness of HRSA programs

Leadership Team

Ten Regions - One HRSA



Region 10 (Seattle): AK, ID, OR, WA

Sharon Turner (RA)
Aphrodyi Antoine (DRA)

Region 1 (Boston): CT, ME, MA, NH, RI, VT

Jeff Beard (RA)
Chris Bersani (DRA)

Region 2 (New York): NJ, NY, USVI, PR (sub-office)

Cheryl Donald (RA)
Chandak Ghosh (DRA)

Region 9 (San Francisco): AZ, CA, HI, NV, USAPI

Valerie Gallo (Acting RA)
Valerie Gallo (DRA)

Region 3 (Philadelphia): DE, DC, MD, PA, VA, WV

Leah Suter (RA)
Rob McKenna (DRA)

Region 8 (Denver): CO, MT, ND, SD, UT, WY

Nick Zucconi (RA)
Alisha Acker (DRA)

Region 4 (Atlanta): AL, GA, FL, KY, MS, NC, SC, TN

Natalie Brevard Perry (RA)
Vacant (DRA)

Region 7 (Kansas City): IA, MO, NE, KS

Nancy Rios (RA)
Richard Overcast (DRA)

Region 6 (Dallas): AR, LA, NM, OK, TX

Robert McKenna (Acting RA)
Vacant (DRA)

Region 5 (Chicago): IL, IN, MI, MN, OH, WI

Sharyl Trail (RA)
Antonio Vargas (Acting DRA)

HRSA IEA Headquarters

Natasha Coulouris
Director

Pam Kania
Deputy Director

Sabrina Chapple
Director of Program Operations

Fay Ferguson
Director of Administrative Operations

Melissa Barrett
Director of Office of External Affairs

CAPT Carmen Clelland
Director of Office of Tribal Affairs

HRSA
Office of Intergovernmental and External Affairs

Core Functions

HRSA IEA serves as the principal Agency lead on intergovernmental and external affairs, regional operations, and tribal partnerships

Serve

Ambassador and Liaison

Engage

Strategic Collaboration and Consultation

Provide

Outreach and Education

Respond

Public Health Issues

HRSA
Office of Intergovernmental and External Affairs

Oral Health Resources

Poll 1

Facilitator

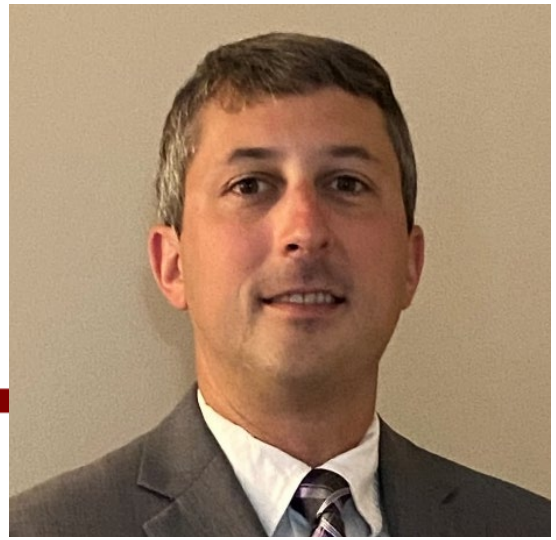
Susan M. Skillman, MS

Researcher and Senior Deputy Director, Center for Health Workforce Studies

University of Washington

HRSA
Office of Intergovernmental and External Affairs

Overview of HRSA Oral Health Resources



Adam Barefoot, DMD, MPH
Chief Dental Officer
HRSA Office of Special Initiatives

HRSA
Office of Intergovernmental and External Affairs

HRSA
Health Resources & Services Administration

Improving Access to Oral Health Care for Tribal and Underserved Communities

HRSA Region 10

January 12th, 2023

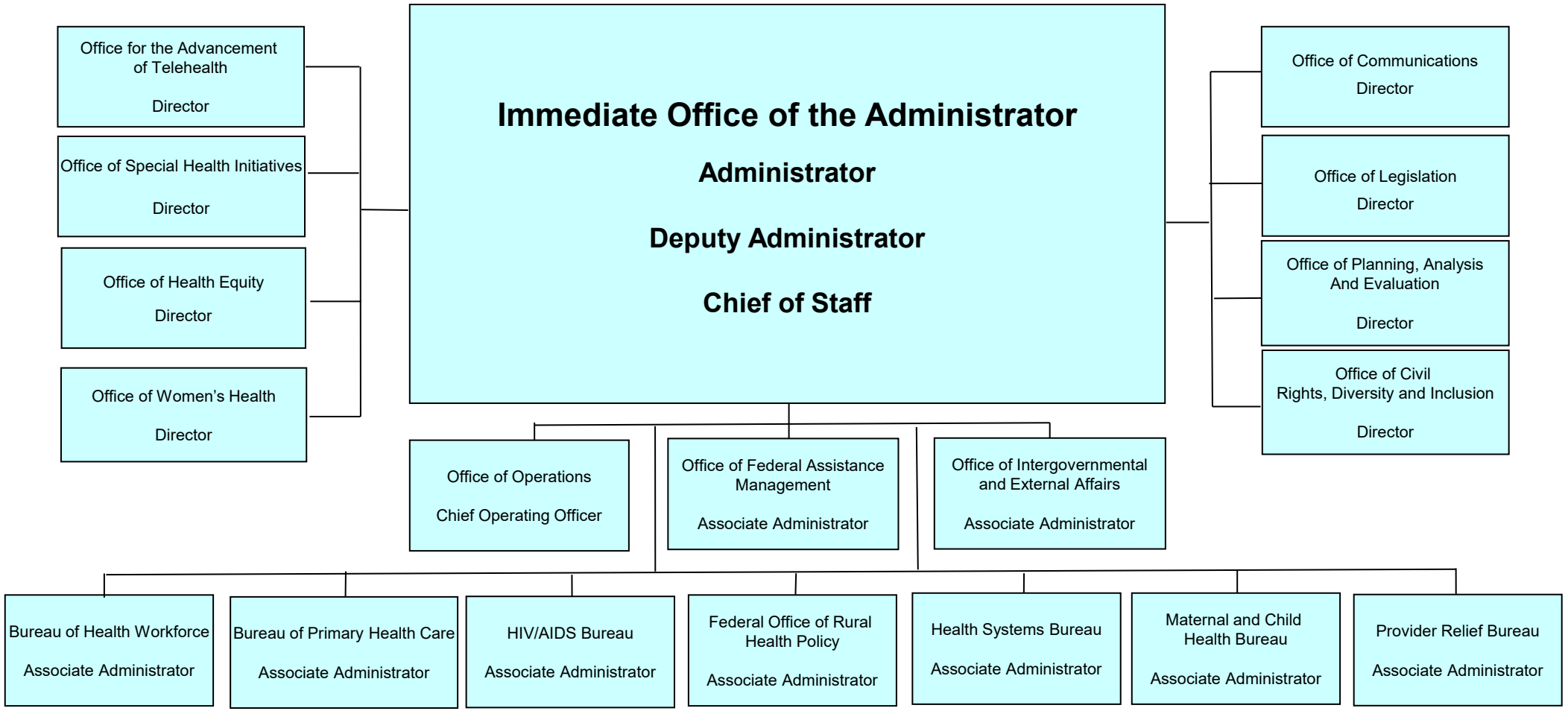
Adam Barefoot DMD, MPH
Chief Dental Officer
Office of Special Health Initiative

Vision: Healthy Communities, Healthy People

Objectives

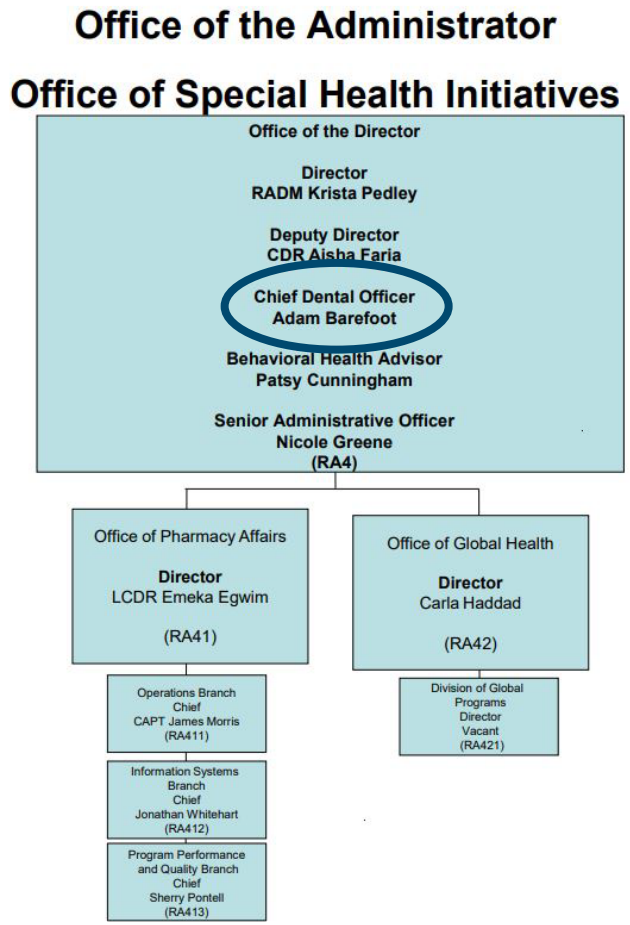
- Overview of HRSA agency organizational structure
- Description of organizational efforts across bureaus and offices to improve oral health
- Navigating HRSA Funding
- Relevant tools and resources to support oral health efforts in the community

Health Resources and Services Administration



Office of Special Health Initiatives

- OSHI established fall 2021
- Chief Dental Officer sits within Office of Director of OSHI
- CDO functions
  - Intra-agency and inter-agency coordination
  - Stakeholder engagement and partnership building
  - Strategic planning and innovative framework development
  - Technical assistance and guidance on funding opportunities
  - Cross agency collaboration to fill data gaps
  - Ambassador for health centers and other HRSA supported safety nets
  - Oral health promotion via effective communication and strategic messaging



Supporting Health Centers

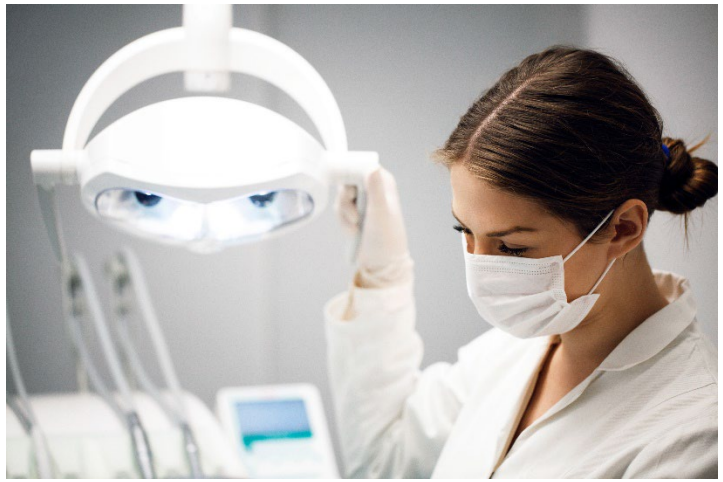
The Bureau of Primary Health Care (BPHC) helps directly fund Federally Qualified Health Centers (FQHCs) and look-a-likes via 330 federal grants

- HRSA funds nearly 1,400 health centers and approximately 100 Health Center Program look-alike organizations, collectively operating more than 14,000 service delivery sites in communities across the country. In 2021, health centers achieved a historic milestone of serving more than 30 million people. Health centers deliver primary health care to the nation's underserved individuals and families, including one in three people living in poverty and one in five rural residents.

Health Center Program: Impact and Growth | Bureau of Primary Health Care (hrsa.gov)

Supporting Health Centers

- HRSA's Health Center program increases access to quality primary health care services, including oral health, for medically underserved populations. Most grantees also provide dental services either on-site or by paid referral.
- In 2021 5,701,053 patients received dental services in health centers across the country
- 55.91% of child patients ages 6-9 receiving care in health centers in 2021, received dental sealants, one of the strongest evidenced based interventions to reduce dental decay.



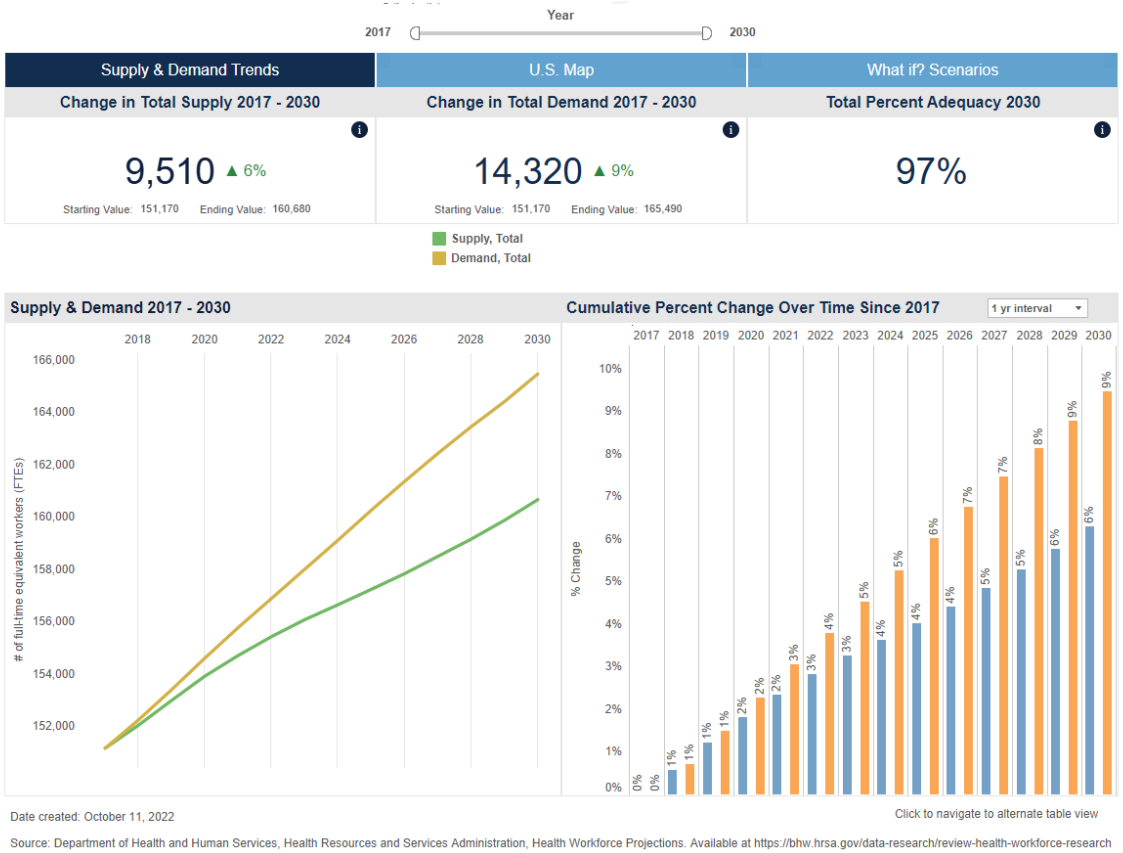
Supporting Health Centers

HRSA Bureau of Primary Care

- One time funding opportunities such as the 2019 Oral Health Infrastructure (OHI) supplemental funding which supported physical and organizational infrastructure investments to provide new or enhance existing high quality, integrated oral health services in health centers.
- Funding to Primary Care Associations (PCAs) to provide technical assistance to health centers and look-a-likes
- Awards grantees like National Network for Oral Health Access (NNOHA) to provide technical support, resources and share best practices for providing oral health services
- Helps establish, oversee and facilitate collection and analysis of Uniform Data System (UDS) measures data.

Supporting Oral Health Work Force

HRSA projects an estimate of a shortfall of more than 4800 dentists by 2030



The Bureau of Health Workforce (BHW) is working to counter this through:

- Identifying areas of need
- Helping provide training to providers and reduce the financial burden of that training
- Supporting State Oral Health Programs to build dental workforce capacity

HRSA
Office of Special Health Initiative

Supporting Oral Health Work Force

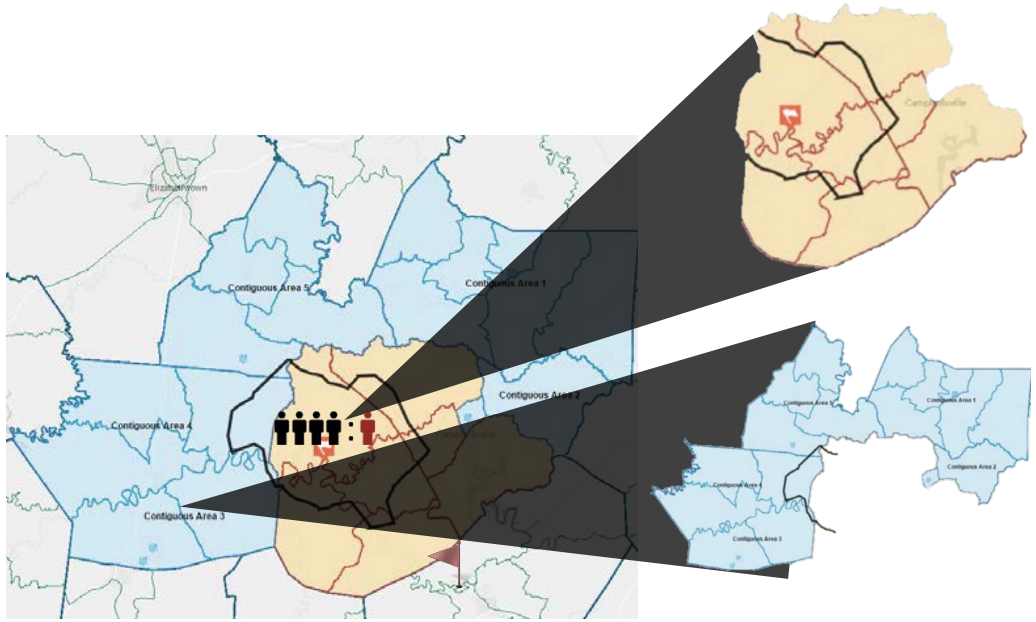
Helping identify areas, populations, or facilities experiencing a shortage of health care services.

Shortage Designation Areas

- Health Professional Shortage Areas (HPSAs)
- Maternity Care Target Areas (MCTAs)
- Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs)
- Exceptional Medically Underserved Population (Exceptional MUP)
- Governor's-Designated Secretary-Certified Shortage Areas for Rural Health Clinics

Designation Criteria Overview

While each type of designation has its own distinct rules, there are several cross-cutting factors that go into any designation application:



Rational Service Area (RSA)

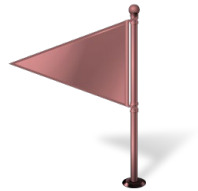
A state-identified geographic area within which most area residents are likely to seek and obtain their health care services.

Contiguous Area (CA)

All whole counties, multiple counties, or sub-counties that border the RSA under consideration for designation and intersect the travel polygon.

Population to Provider Ratio

The count of full-time equivalent providers that are seeing patients of the area or population group proposed for designation.



Nearest Source of Care (NSC)

The nearest accessible provider to the RSA, identified by determining the shortest travelable path.

Supporting Oral Health Work Force

Title VII, Section 748 of the Public Health Service Act

- Predoctoral Training in General, Pediatric and Public Health Dentistry and Dental Hygiene D85
- Postdoctoral Training in General, Pediatric, and Public Health Dentistry D88
- Dental Faculty Loan Repayment Program (DFLRP) D87
- Dental Clinician Educator Development Program K02
- Primary Care Dental Faculty Development Program U3K

Title III, Section 340g of the Public Health Service Act

- Grants to States to Support Oral Health Workforce Activities T12

ACTPCMD July 2022 Report

- The Advisory Committee of Training in Primary Care Medicine and Dentistry (ACTPCMD) is a Federal advisory committee under the auspices of HRSA.
- ACTPCMD provides advice and recommendations on policy and program development to the Secretary of the U.S. Department of Health and Human Services (Secretary) and is responsible for submitting an annual report to the Secretary and Congress concerning the activities authorized under sections 747 and 748 of the Public Health Service Act.
- Most recent report had several recommendations regarding Dental Therapy as a provider type.
- Currently 13 states and tribes have adopted laws allowing dental therapists to practice:
  - Alaska, Arizona, Colorado, Connecticut, Idaho, Michigan, Minnesota, Maine, New Mexico, Nevada, Oregon, Vermont, and Washington

Supporting dental therapy through title vii programs (hrsa.gov)

ACTPCMD July 2022 Report

- Recommendation 1: The ACTPCMD recommends that Congress update the authorizing legislation for the Public Health Service Act Section 748(a)(1) to explicitly include dental therapy programs and trainees.
- Recommendation 2 The ACTPCMD recommends that Congress increase the funded appropriation for Title VII, Section 748 by $6 million annually to be utilized for dental therapy training programs.
- Recommendation 3 The ACTPCMD recommends that faculty of dental therapy training programs be eligible for the Dental Faculty Loan Repayment Program (DFLRP) authorized under Title VII, Section 748, of the Public Health Service Act and that the DFLRP receive a funding increase of $1 million to be set aside for faculty of Dental Therapy programs
- Recommendation 4 The ACTPCMD recommends that the Secretary, HHS, include dental therapy as an eligible profession for scholarship and loan repayment through the National Health Service Corps (NHSC).
- Recommendation 5 The ACTPCMD recommends HRSA implement a longitudinal tracking mechanism for dental therapy trainees, faculty, and graduates, including data on trainee and faculty diversity, retention in the profession, educational debt load, graduate practice location, and populations served.

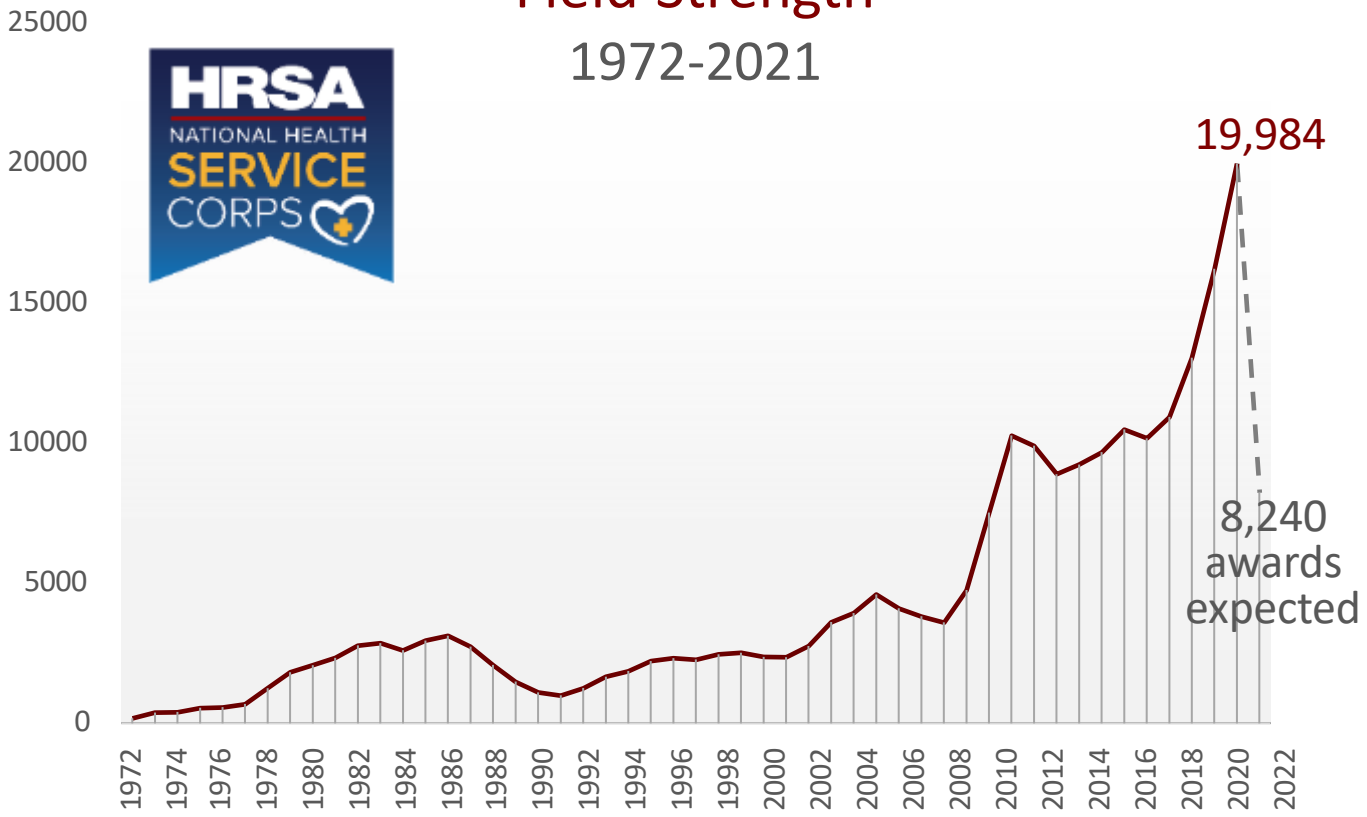
Supporting Oral Health Work Force

National Health Service Corps - The NHSC builds healthy communities by supporting qualified health care providers dedicated to working in areas of the United States with limited access to care.

- Almost 700 dental clinicians supported by NHSC in 2021
- About 1 in 3 NHSC clinicians serve in a rural community

National Health Service Corps

Field Strength
1972-2021



FY 2023 Projected Investments

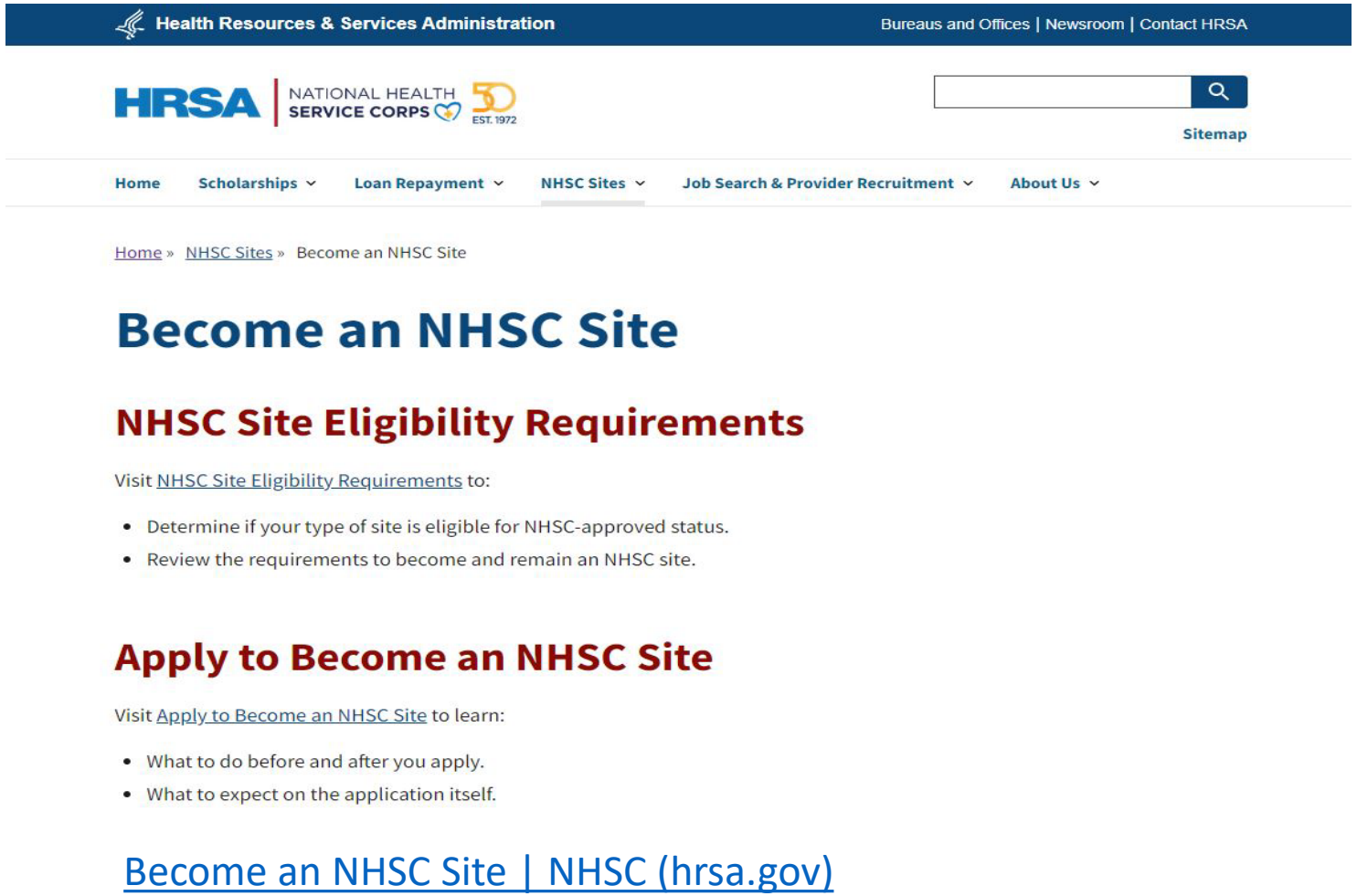
$413.9 M

Distribution

Impact

Office of Special Health Initiative

National Health Service Corps



[Become an NHSC Site | NHSC (hrsa.gov)]

HRSA Office of Special Health Initiative

Improving Access for People With HIV

The Ryan White HIV/AIDS Program provides care and services to more than 500,000 people every year, including dental programs to address unique health issues faced by people living with HIV/AIDS. In 2020 over 70,000 patients received oral health care services as a result of the program.

All Ryan White Programs have capacity to be used towards oral health services

- Part F: dental grants which include the Dental Reimbursement Program (DRP) and the Community-Based Dental Partnership Program (CBDPP)
  - Funding for oral health care services for people with HIV
  - Funding for education and training for oral health providers for HIV patient populations
  - Eligible entities for DRP and CBDPP include accredited dental/dental hygiene education programs as well as hospitals with dental residences

Addressing Maternal/Child Populations

Title V Program

Funds from this federal block grant help:

- Assure access to quality maternal and child health care services to mothers and children, especially those with low incomes or limited availability of care
- Reduce infant mortality
- Provide access to prenatal, delivery, and postnatal care to women, especially pregnant women who are low income and at-risk
- Increase regular screenings and follow-up diagnostic and treatment services for children who are low income
- Provide access to preventive and primary care services for children who are low income and rehabilitative services for children with special health needs
- Implement family-centered, community-based, systems of coordinated care for children with special health care needs
- Set up toll-free hotlines and assistance with applying for services to pregnant women with infants and children eligible for Medicaid

Addressing Maternal/Child Populations

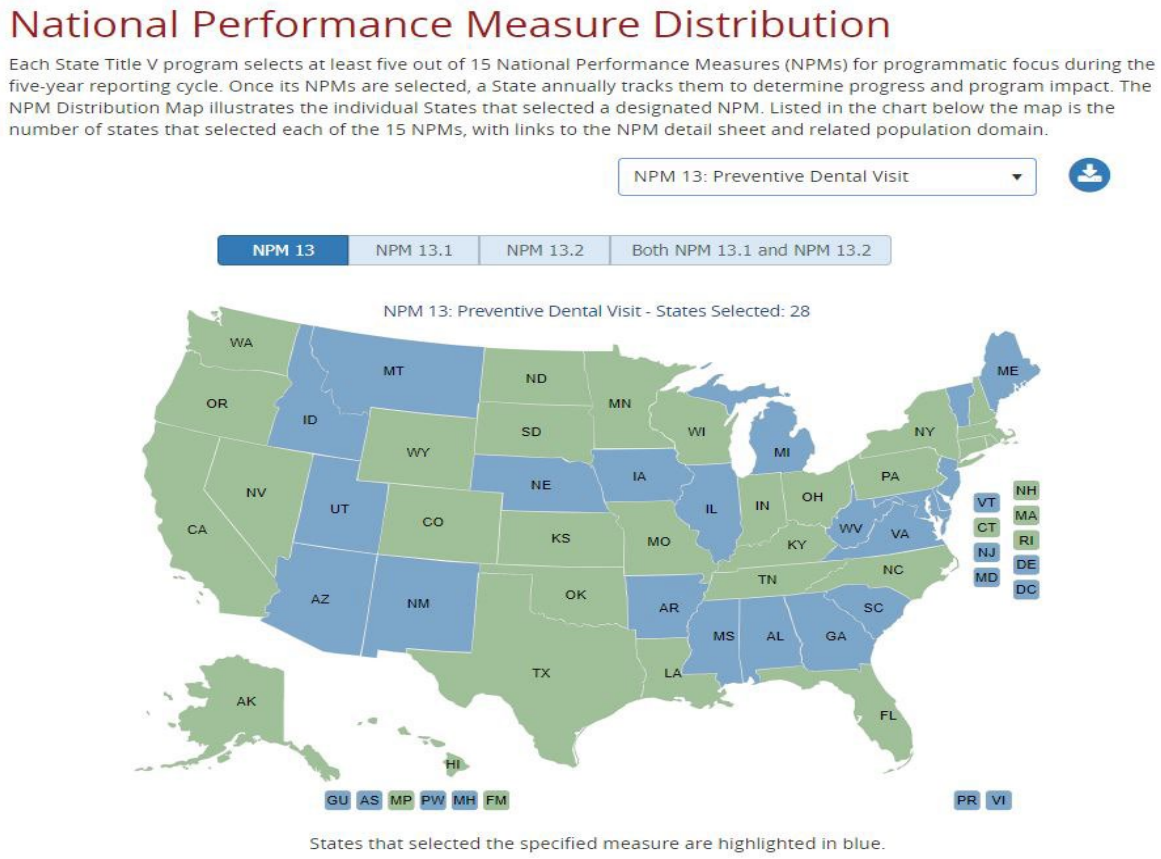
Title V National Performance Measures (NPMs)

NPM 13 – Preventive Dental Visit

- 13.1 Goal is to increase the number of pregnant women who have a dental visit during pregnancy
- 13.2 Goal is to increase the number of children, ages 1-17, who had a preventive dental visit in the past year

Addressing Maternal/Child Populations

[National Performance Measure Distribution (hrsa.gov)]



Addressing Maternal/Child Populations

Funding collaboratives and other oral health partnerships

National Maternal and Child Oral Health Resource Center (OHRC)

- Centers for Oral Health Systems Integration and Improvement (COHSII) – COHSII is a national partnership serving the public health community. The purpose is to expand access to integrated preventive oral health care for maternal and child health (MCH) population, particularly in safety net sites, by providing high-quality oral health technical assistance, training and resources.
- Networks for Oral Health Integration (NOHI) - NOHI's purpose within the MCH Safety Net is to improve access to and utilization of comprehensive, high-quality oral health care for pregnant women, infants, and children at high risk for oral disease.

Addressing Maternal/Child Populations

Supporting data collection to help establish baseline health indicators as well as trends

- National Survey of Children's Health
- MCH resources utilized by states to support PRAMS (Pregnancy Risk Assessment Monitoring System) or other surveillance data sources
- Reviewing and consulting with other oral health organizations to establish standardized oral health indicators for MCH populations

Federal Office of Rural Health Policy

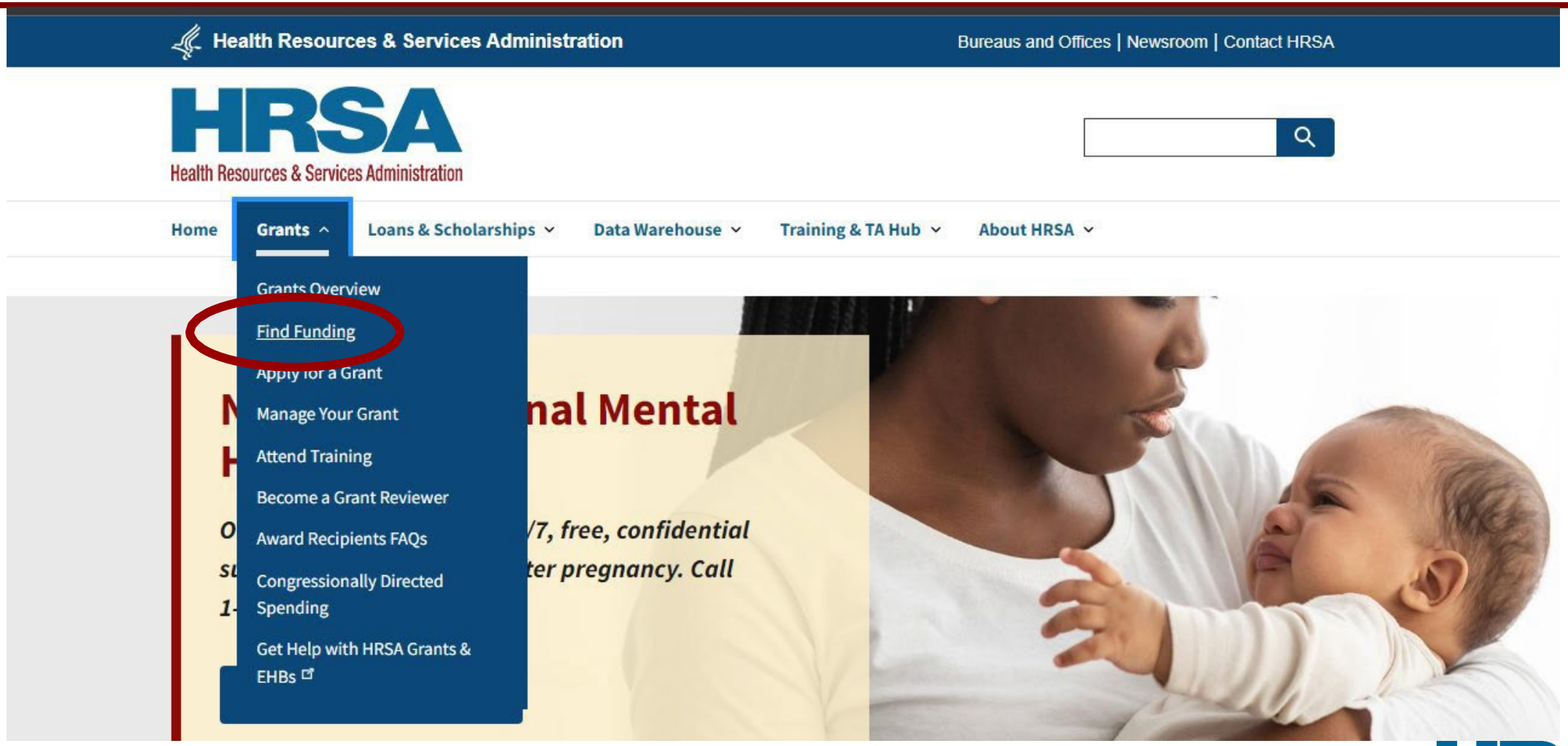
Rural Health Care Services Outreach program increases and improves health care services in underserved rural communities by supporting evidence-informed approaches tailored to the needs of the community or region. In FY 2021, FORHP awarded over **$12.7 million** to **61 grantees**, including 7 grantees with a focus in oral health care delivery. These programs seek to improve access to affordable oral health care services in rural areas.

Rural Oral Health Toolkit helps programs to identify and implement oral health services and provides examples of resources and best practices.

Rural Health Network Development Program supports rural integrated health care network, integrating systems of care administratively, clinically and financially.

- Two grantees are currently engaged in oral health projects.
- This program is currently seeking applications for FY 2023. Please visit this link: https://www.hrsa.gov/grants/find-funding/HRSA-23-036 to access the Notice of Funding Opportunity.

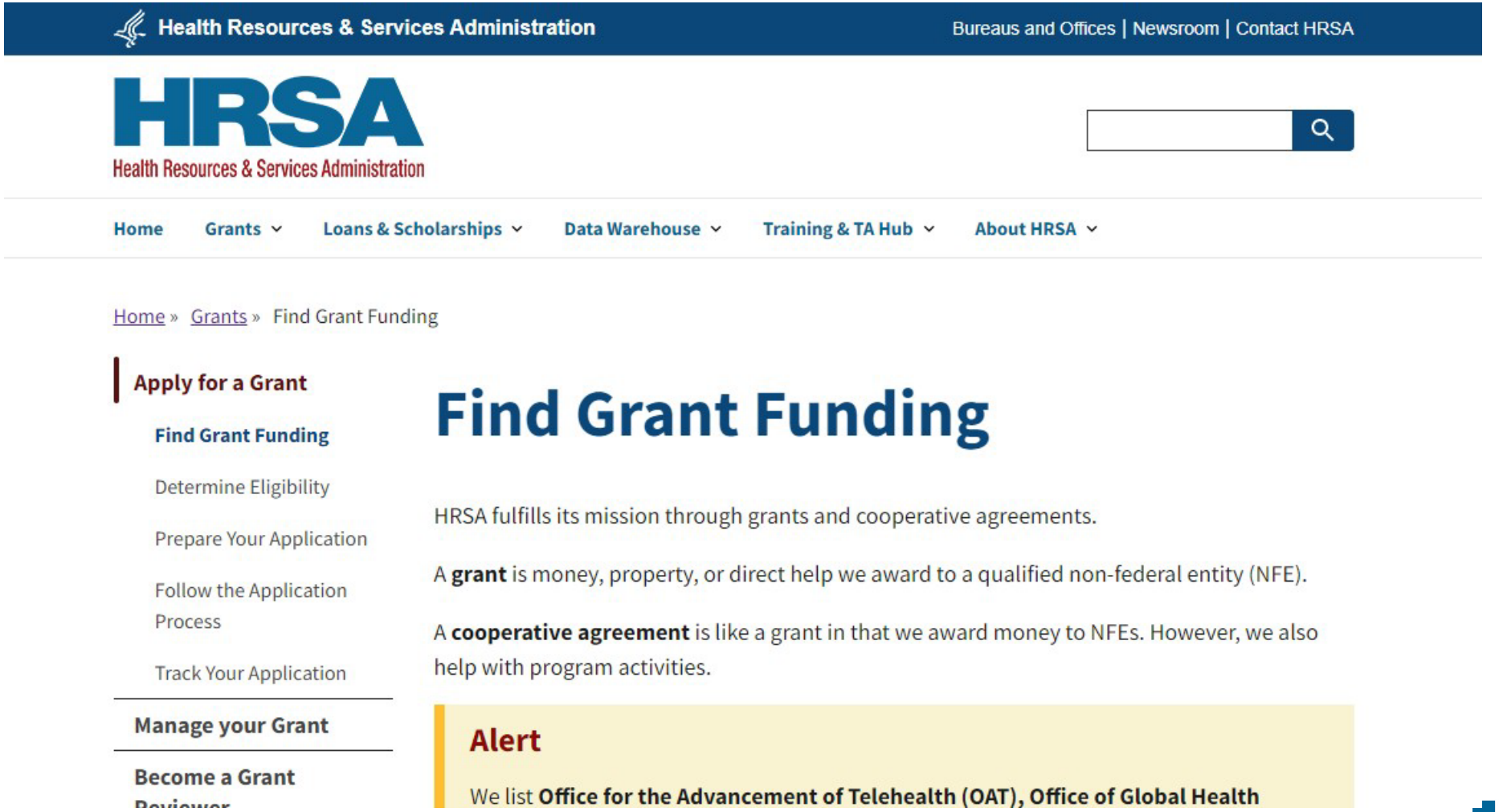
HRSA Funding Opportunities



https://www.hrsa.gov/grants/find-funding

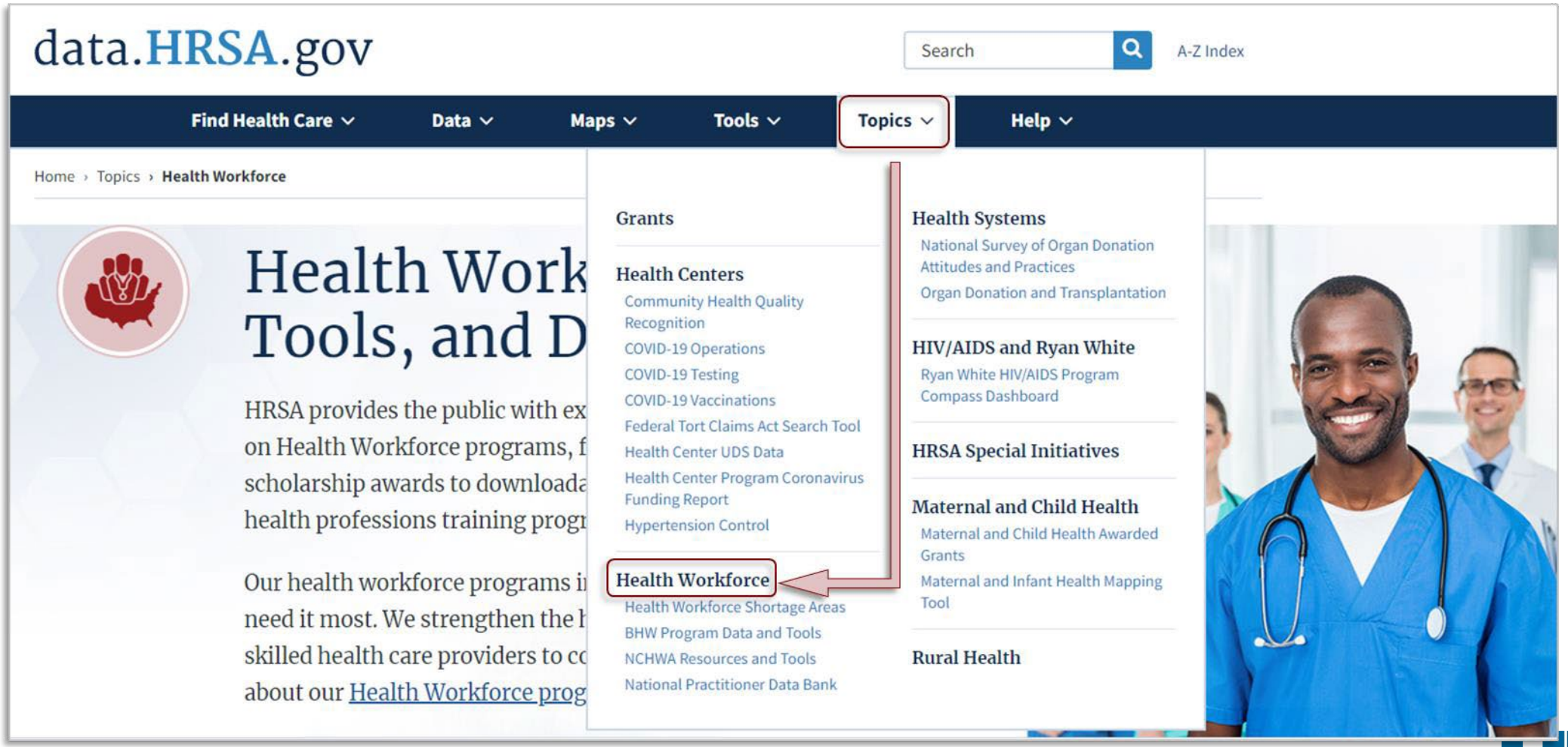
Office of Special Health Initiative

HRSA Funding Oppotunities

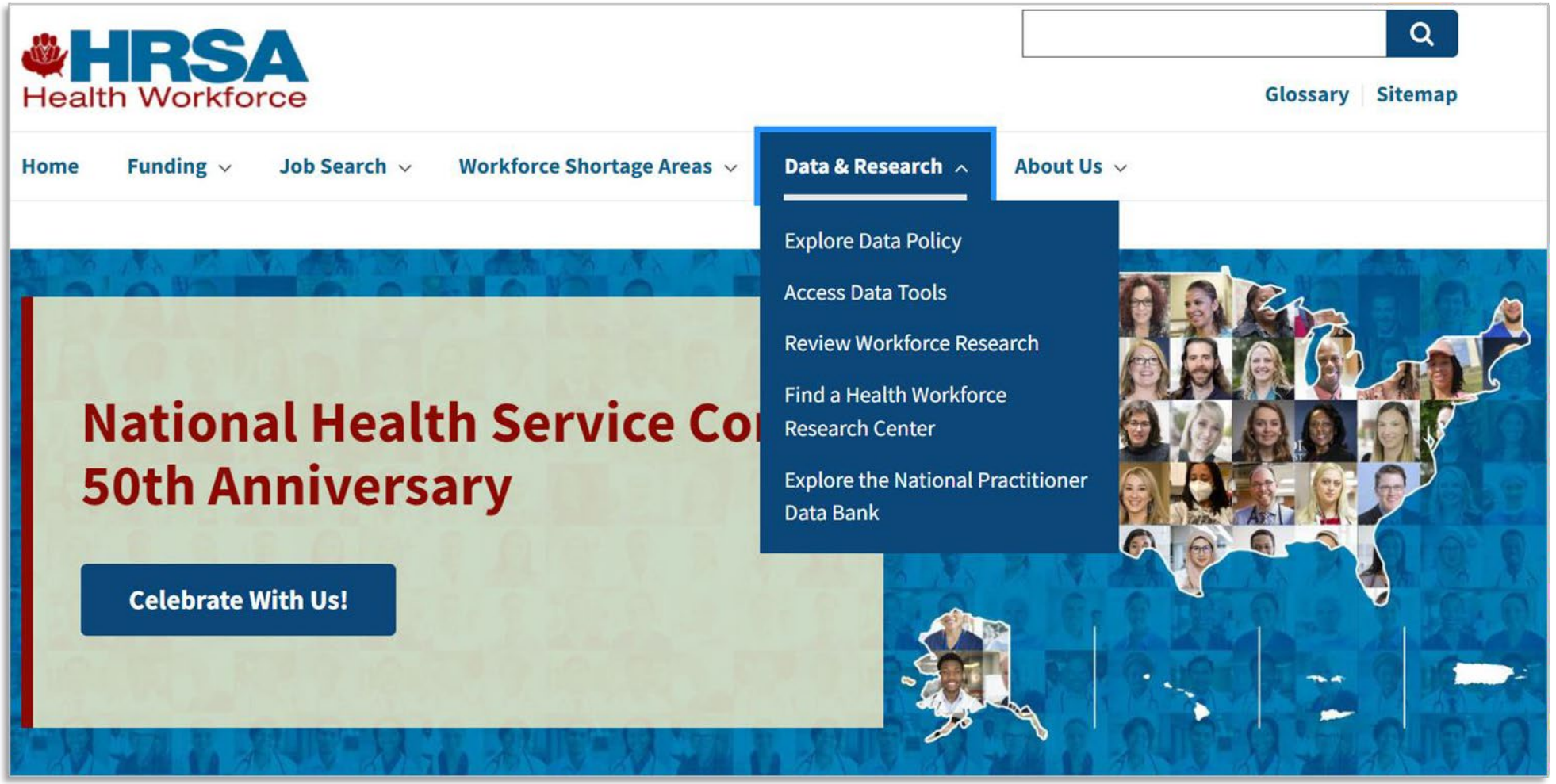


HRSA Funding Opportunities

Publicly Available Data



Publicly Available Data



Resources

- data.hrsa.gov Home Page
- Home | NNOHA
- Oral Health and Primary Care Integration | Bureau of Primary Health Care (hrsa.gov)
- Uniform Data System (UDS) Training and Technical Assistance | Bureau of Primary Health Care (hrsa.gov)
- Home | Bureau of Health Workforce (hrsa.gov)
- National Maternal and Child Oral Health Resource Center (mchoralhealth.org)
- Ryan White | Ryan White HIV/AIDS Program (hrsa.gov)
- Best Practices Compilation | TargetHIV
- Rural Health Information Hub
- Rural Health Research Gateway - publications and projects funded through the Federal Office of Rural Health Policy (FORHP)
- National Consortium of Telehealth Resource Centers | Home
- Home (3rnet.org)

Questions

Thank you

Adam Barefoot DMD, MPH
Chief Dental Officer
Office of Special Health Initiatives
Health Resources and Services Administration
abarefoot@hrsa.gov
404-502-2346

HRSA Office of Special Health Initiative

Connect with HRSA

Learn more about our agency at:

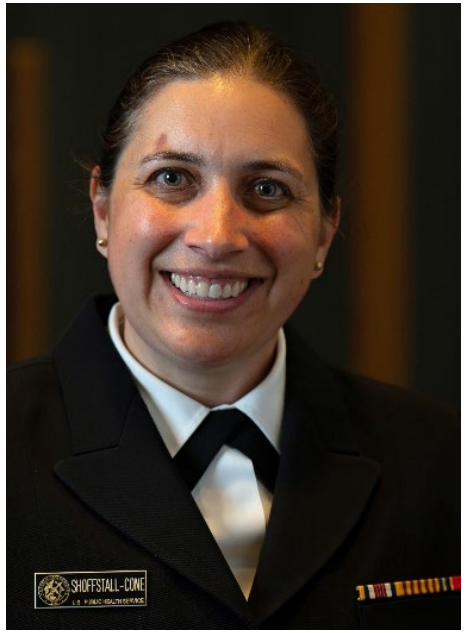
www.HRSA.gov

Sign up for the HRSA eNews

FOLLOW US:

Dental Therapy Models in Tribal Settings

Dental Therapy Model in Tribal Settings Speakers



CAPT Sarah A. Shoffstall-Cone, DDS, MPH
Director of Oral Health Promotion
Alaska Native Tribal Health Consortium

Miranda Davis, DDS, MPH
Dental Health Aide Program Director,
Tribal Community Health Provider Project
Prevention Consultant,
Northwest Tribal Dental Support Center
Northwest Portland Area Indian Health Board

Rachael Hogan, DDS, MPH
Dental Director
Swinomish Indian Tribal
Community Dental Clinic

HRSA
Office of Intergovernmental and External Affairs

The Alaska Dental Health Aide Program

Sarah Shoffstall-Cone, DDS, MPH
CAPT, US Public Health Service
Iḷisaġvik College Alaska Dental Therapy Educational Program
Alaska Native Tribal Health Consortium

ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM

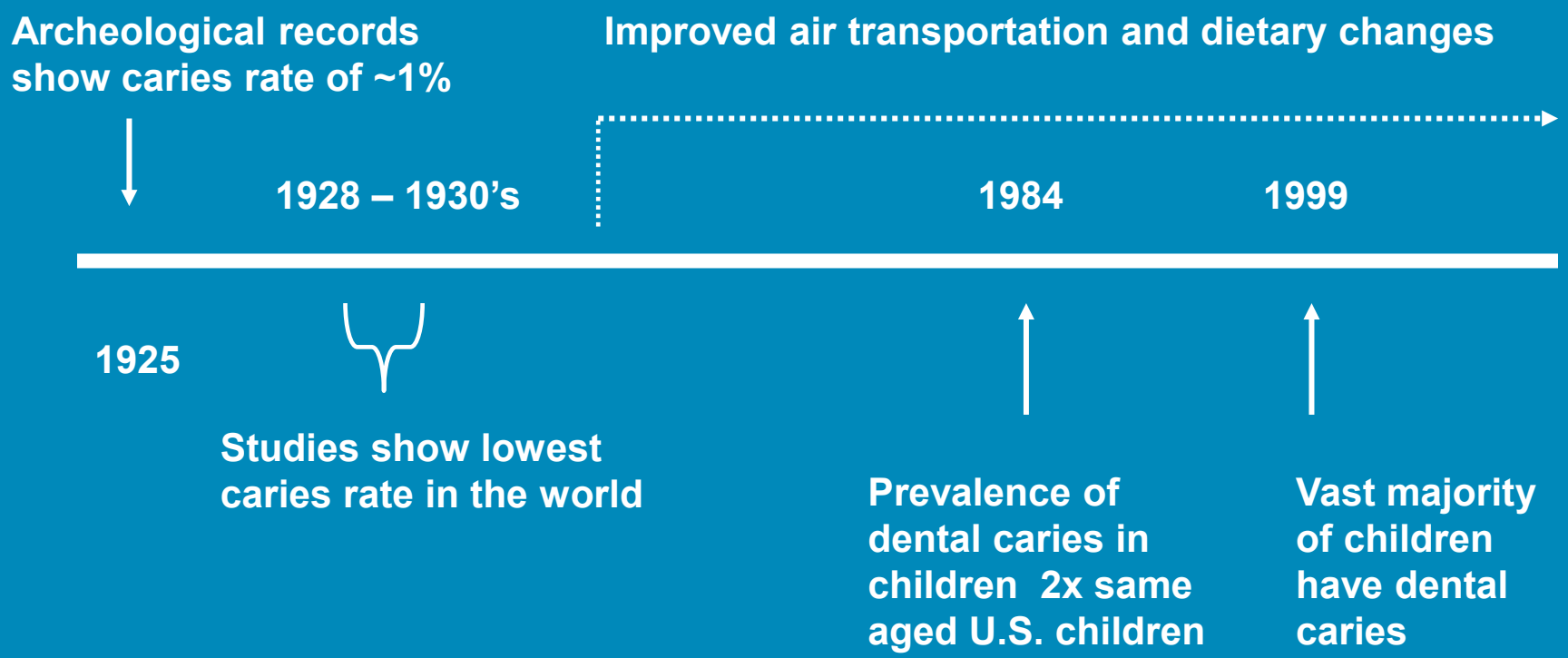
Dept. of Oral Health Promotion

Goals

- Increase the number of Alaska Native dental providers working in Alaska:
  - Educate dental health aides
  - Connect with high school and college students interested in the medical professions

- Support Alaska Tribal Health Organizations dental departments:
  - Host Annual Alaska Area Dental Meeting
  - Host calls for Alaska Dental Directors every other month
  - Offer courses such as Dental Challenges, DHAT Supervisor Trainings
  - Welcome new dental directors and provide education on the Alaska Area
  - Provide program reviews for THOs
  - Be a resource to answer questions for dental providers

History of Dental Caries in Alaska Native People



Price, WA. 1939. *Nutrition and Physical Degeneration*. 8th ed. Lemon Grove, CA.

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Community Health Aide Programs

1950s Chemotherapy Aides (Volunteers) Direct Observed Therapy for TB patients

1960s Formal Training/Federal Funding 1968 for community health aides

1976 Indian Health Care Improvement Act (IHCIA) (PL 94-437)

1992 IHCIA amended to add § 119 that provided for the Alaska Community Health Aide Program under authority of the 25 U.S.C. § 13 popularly known as the Snyder Act and require a Certification Board (PL 102-573)

1998 CHAPCB Standards and Procedures adopted and CHA/Ps formally certified

2002 Standards amended to address dental health aides (including therapists).

2005 First Dental Health Aides Certified

2008 Standards amended to address behavioral health aides/practitioners

2009 First Behavioral Health Aides Certified

First dental health aide therapist in the U.S.
L to R: Lillian McGilton, Bobby Curtis, Conan Murat, Stephanie Woods

Alaska CHAP Regulation

CHAP Certification Board

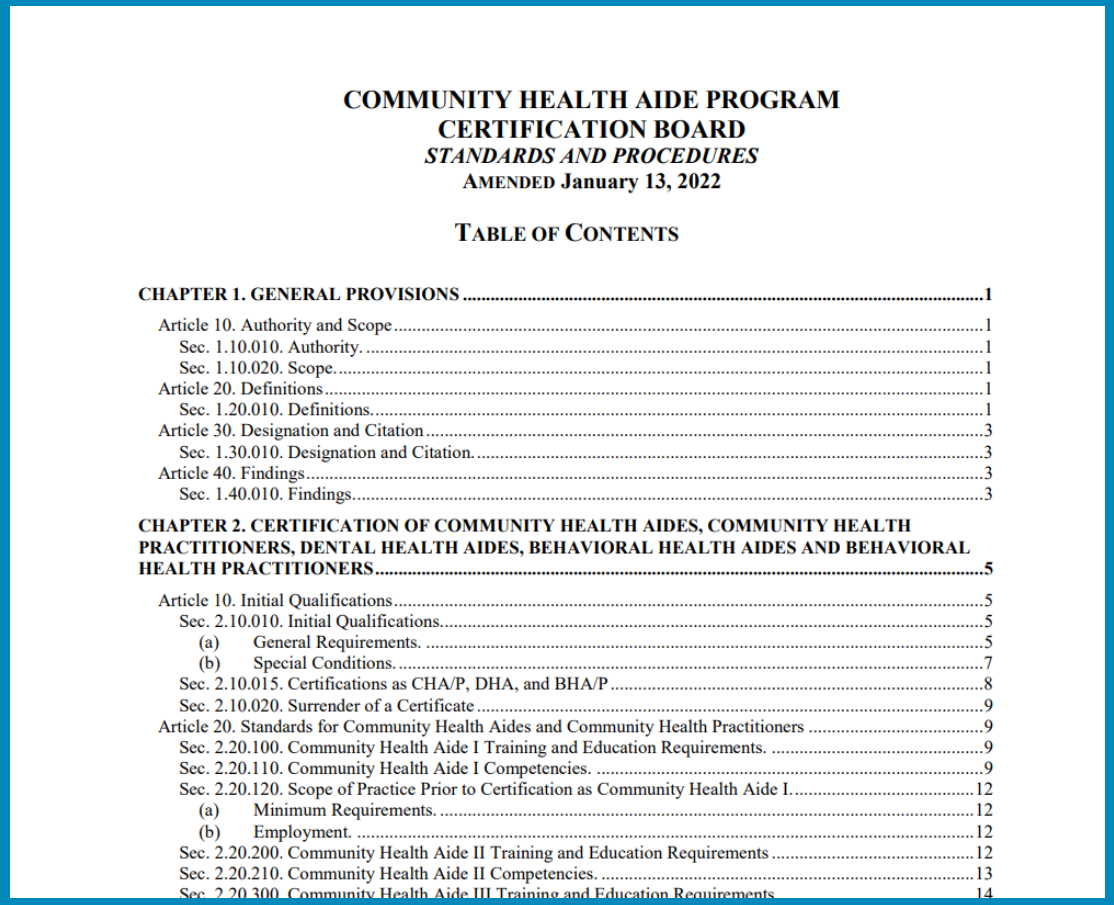
- Federal Authority
- 12 members

Standards and Procedures

- Individuals, Training Centers, Curricula

Certified Health Aides (Dec. 2022)

- 90 Behavioral Health Aides
- 355 Community Health Aides
- 47 Dental Health Aides
- 492 Total



COMMUNITY HEALTH AIDE PROGRAM
CERTIFICATION BOARD
STANDARDS AND PROCEDURES
AMENDED January 13, 2022

TABLE OF CONTENTS

CHAPTER 1. GENERAL PROVISIONS 1

Article 10. Authority and Scope 1
Sec. 1.10.010. Authority. 1
Sec. 1.10.020. Scope. 1
Article 20. Definitions 1
Sec. 1.20.010. Definitions. 1
Article 30. Designation and Citation 3
Sec. 1.30.010. Designation and Citation. 3
Article 40. Findings 3
Sec. 1.40.010. Findings 3

CHAPTER 2. CERTIFICATION OF COMMUNITY HEALTH AIDES, COMMUNITY HEALTH PRACTITIONERS, DENTAL HEALTH AIDES, BEHAVIORAL HEALTH AIDES AND BEHAVIORAL HEALTH PRACTITIONERS 5

Article 10. Initial Qualifications 5
Sec. 2.10.010. Initial Qualifications. 5
(a) General Requirements. 5
(b) Special Conditions. 7
Sec. 2.10.015. Certifications as CHA/P, DHA, and BHA/P 8
Sec. 2.10.020. Surrender of a Certificate 9
Article 20. Standards for Community Health Aides and Community Health Practitioners 9
Sec. 2.20.100. Community Health Aide I Training and Education Requirements. 9
Sec. 2.20.110. Community Health Aide I Competencies. 9
Sec. 2.20.120. Scope of Practice Prior to Certification as Community Health Aide I. 12
(a) Minimum Requirements. 12
(b) Employment. 12
Sec. 2.20.200. Community Health Aide II Training and Education Requirements 12
Sec. 2.20.210. Community Health Aide II Competencies. 13
Sec. 2.20.300. Community Health Aide III Training and Education Requirements 14

Types of Dental Health Aides

1. Primary Dental Health Aides (PDHA)
   - PDHA I
     - Nutritional Counseling, Fluoride Application, OHI
   - PDHAII
     - Prophylaxis, Sealants, ART, Radiology, and Dental Assisting
2. Expanded Function Dental Health Aides (EFDHA)
   - EFDHA I
     - Prophylaxis
     - Basic Restorative Function
   - EFDHA II
     - Advanced Restorative Function
3. Dental Health Aide Hygienist (DHAH)
4. Dental Health Aide Therapist/Practitioner

Front row: Abigail Crockett(NSHC), Jingkie Salamat (SSMH), Erika Asteriak (YKHC).
Back row: Precious Nichols (NSHC), Lean Balanza (SSMH), Kara Stevens (YKHC)

Iḷisaġvik College
Alaska Dental Therapy Educational Program

- August 6, 2020 - First CODA Accredited Dental Therapy Program in the U.S.
- Three academic years (7 semesters)
- 72 credit hours
- Associates in Applied Science
- 67 Graduates
  - 6 since CODA Accreditation

VISION: Alaska Native people receive culturally appropriate, excellent oral health care in the communities where they live.

ILISAĠVIK COLLEGE
Alaska's Only Tribal College

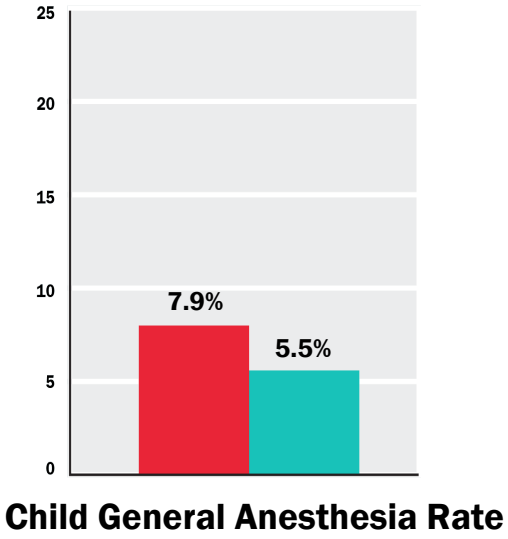
Western Education blended with Traditional Ways

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

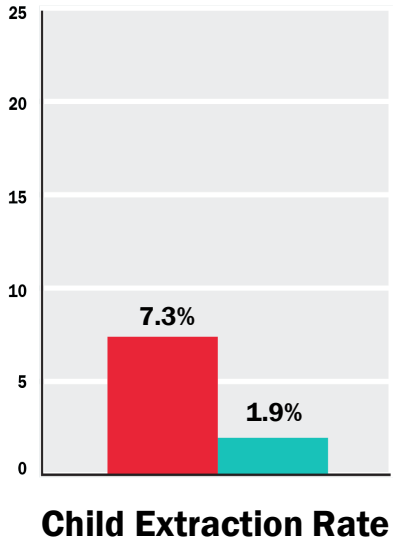
Community Prevention Engagement: Building Resilient Communities

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

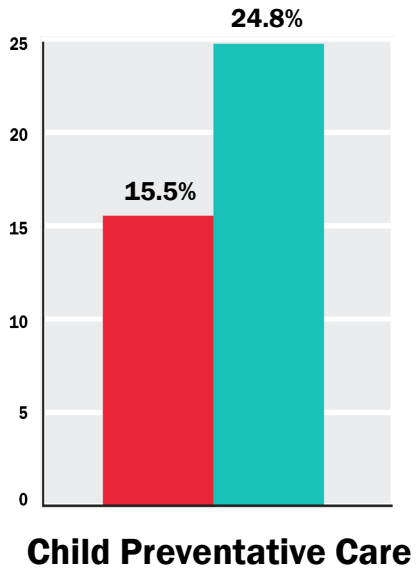
Dental Therapy is Working



Child General Anesthesia Rate



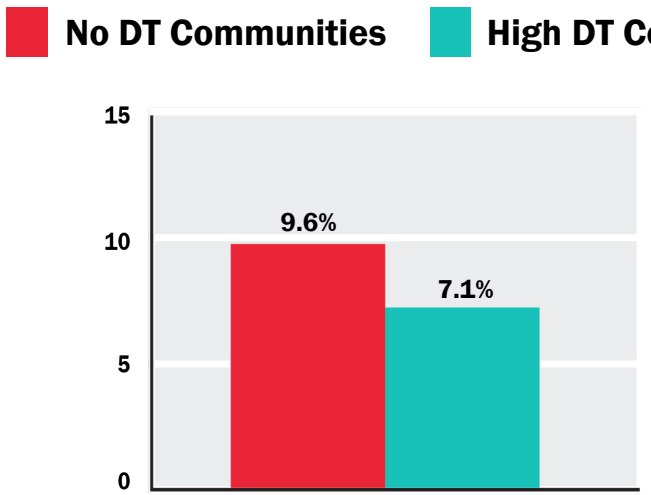
Child Extraction Rate



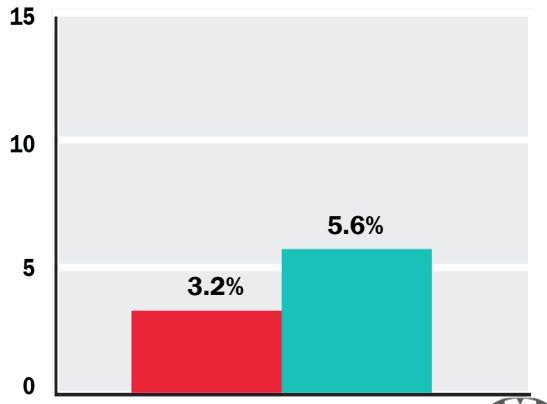
Child Preventative Care

Dental Therapists Linked to Improved Dental Outcomes for Alaska Native Communities
By Dr. Donald Chi, et al

Analysis of 10 years of Medicaid data:
More preventive care
Fewer dental extractions in children and adults



Adult Extraction Rate



Adult Preventative Care

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Source: Chi, D. L., Lenaker, D., Mancl, L., Dunbar, M., Babb, M. (2018). Dental therapists linked to improved dental outcomes for Alaska Native communities in the Yukon-Kuskokwim Delta. Journal of Public Health Dentistry, 78(2), 175-182.

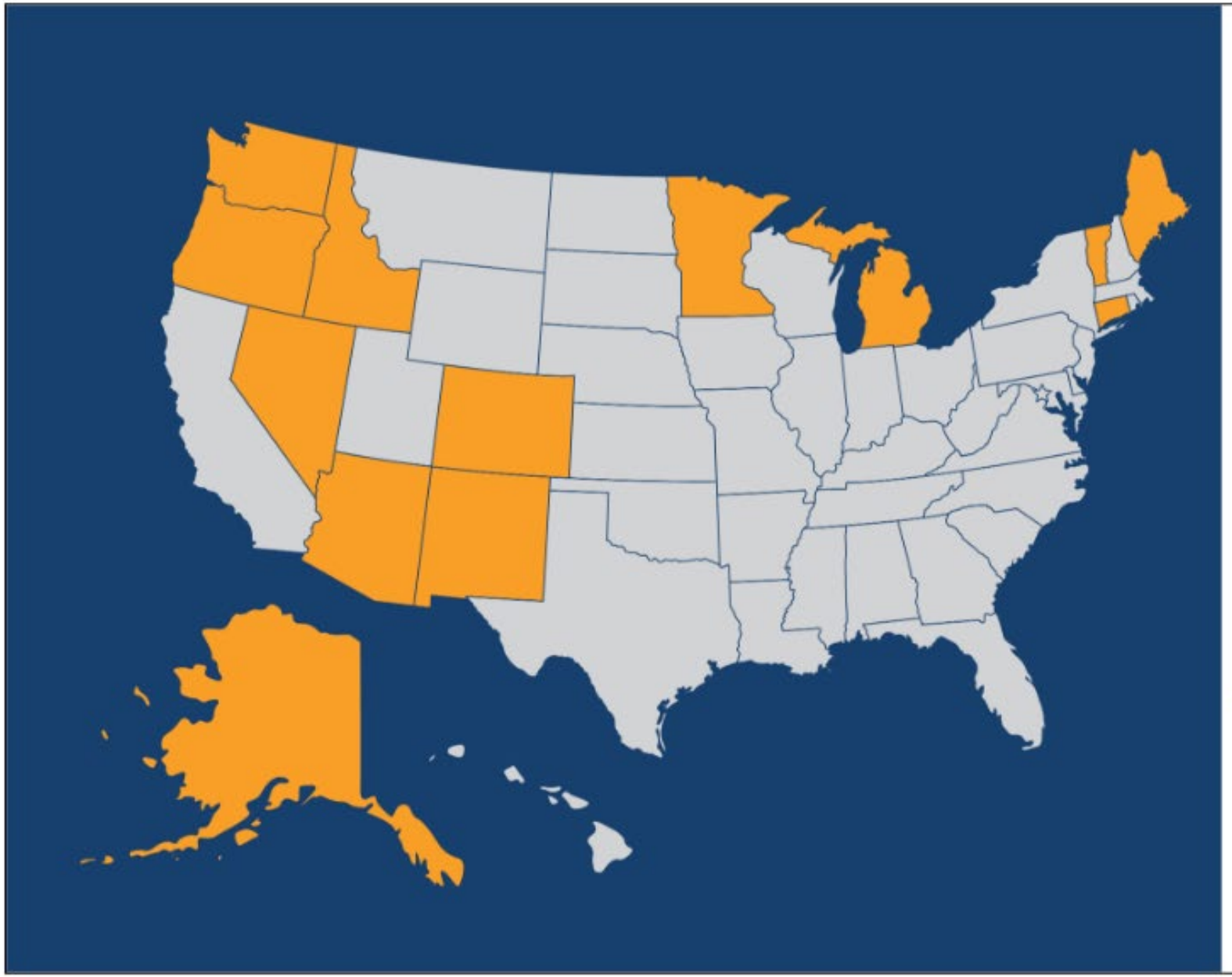
Native Dental Therapy Initiative

Miranda Davis, DDS, MPH
Director,
Dental Health Aide Program
Tribal Community Health Provider Program
www.tchpp.org

NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

NPAIHB NDTI notable events:
- Dental Therapy for Tribes in WA, OR, ID -

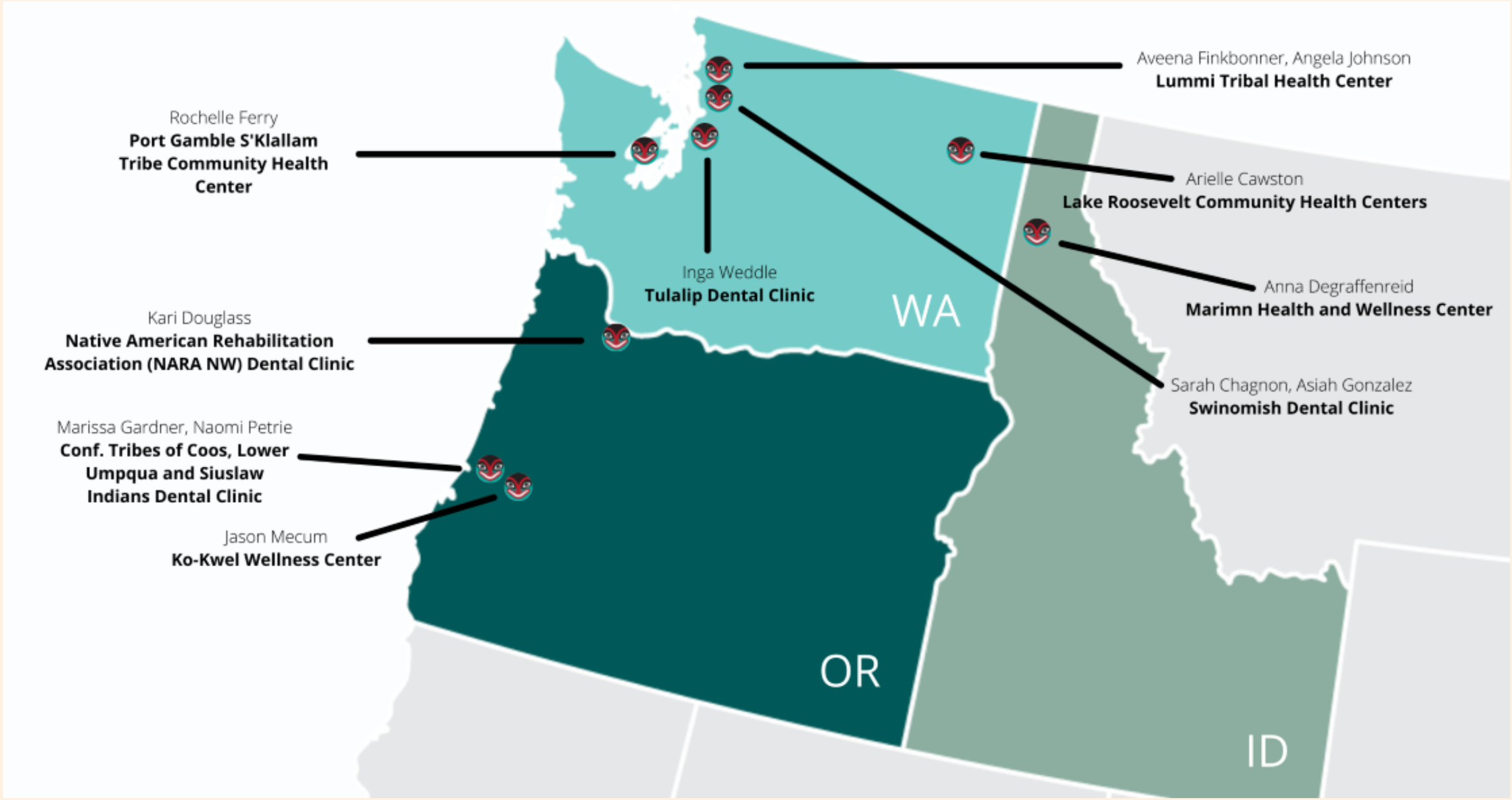
- 2015: NDTI begins: supports Tribes implementing DT in WA, OR, ID
- 2016: first DHAT outside AK hired by Swinomish Tribe
- 2016: OR Dental Pilot Project #100: Tribal Dental Therapists begins
- 2017: WA law approves DTs (Tribal clinics)
- 2019: ID law approves DTs: (Tribal clinics)
- 2021: OR law approves DTs (statewide)
- 2022: dəxʷx̌ayəbus DT education program gains CODA accreditation



States
that have
authorized
dental therapy
in some or all
settings

National
Partnership *for*
Dental Therapy

Dental Therapists in the Portland Area (WA, OR, ID)



NPAIHB
Indian Leadership for Indian Health

For more information contact:
Miranda Davis, DDS, MPH
Director, Native Dental Therapy Initiative
Northwest Portland Area Indian Health Board
mdavis@npaihb.org

OREGON TRIBES DENTAL HEALTH AIDE THERAPIST PILOT PROJECT

Kari Douglass, Chickasaw Nation (NARA) | Alexandria Jones, Coquille | Naomi Petrie, CTCLUSI | Jason Mecum, Coquille | Marissa Gardner, CTCLUSI

I became a dental therapist in order to pursue a profession that intertwined my tribal heritage with providing healthcare services. Dental therapy provides that unique opportunity that teaches people how to provide culturally competent dental care in their unique tribal communities.

NAOMI PETRIE, CTCLUSI

ABOUT THE PILOT

Project #100, the Oregon Tribes Dental Health Aide Therapist Pilot Project, is sponsored by the Northwest Portland Area Indian Health Board in partnership with the Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians (CTCLUSI), the Coquille Indian Tribe, and the Native American Rehabilitation Association (NARA). The pilot educates and employs dental therapists to serve American Indian/Alaska Native patients, increasing access to care in those communities. The project was approved by the Oregon Health Authority in February 2016, and has recently been extended to operate through May 2022.

Five dental therapists graduated from the Alaska Dental Therapy Education Program, from 2017 to 2019. Two dental therapists are working at the CTCLUSI dental clinic, one at NARA, and two are working outside of the pilot until the new Coquille dental clinic opens in 2021.

The pilot operates under substantial monitoring and oversight by the Oregon Health Authority (OHA). Every quarter the project submits extensive data from our evaluation and monitoring plan that measures access outcomes, patient satisfaction, costs, and patient safety and quality of care. Chart reviews are completed weekly by the supervising dentist, monthly by an external evaluator, and yearly by qualified members of OHA's Pilot Project #100 Advisory Committee.

PILOT PROJECT #100 FINDINGS: SPOTLIGHT ON CONFEDERATED TRIBES OF COOS, LOWER UMPQUA AND SIUSLAW INDIANS DENTAL CLINIC

All data compiled from quarterly reports submitted by Mekinak Consulting to the Oregon Health Authority in accordance with Pilot Project #100 Evaluation and Monitoring Plan.

Shorter Wait Times

Dentist average wait time went from 10 to under 8 weeks in first 3 years. Dental therapist wait times have averaged 1.5 weeks throughout. Dentist wait time is expected to improve now that both dental therapists have completed preceptorship, and **clinic has expanded from 3 to 7 chairs.**

High Quality Care

99% of chart reviews rated acceptable by supervising dentist and external evaluating dentist. There have been no adverse events reported, and **patients are either very confident (86%) or confident (14%) in the dental therapy services.**

More Care Delivered

Since dental therapists joined the clinic, **productivity has increased 70%**, a clinic expansion was completed, and a community outreach program to serve tribal members outside of the clinic was developed (on hold during COVID).

Good Jobs Created

Two members of the Tribe completed the CODA-accredited Alaska Dental Therapy Education Program. They now have full-time, professional wage jobs serving their Tribe, and are building a culturally relevant dental care workforce in Coos Bay.

Population Served

The clinic serves the tribal populations for the CTCLUSI and Coquille Indian Tribe as well as members of other Tribes that live in the greater Coos Bay area. **Eighty percent of patient care is billed to Medicaid or Indian Health Service Contract Purchases of Care.**

**For more information contact:
Miranda Davis, DDS, MPH
Director, Native Dental Therapy Initiative
Northwest Portland Area Indian Health Board
mdavis@npaihb.org**

Quality Assurance: licensing/certification

- **AK:** CHAP Certification Board provides oversight and federal certification for DHATs in Alaska (DHAT = DT) ("HA" = Health Aide)
- **WA:** Requires License/Certification that meets or exceeds CHAP standards
  - DTs in WA are currently licensed by Tribal Licensing Boards
- **OR:** DTs licensed by OR Board of Dentistry
- **ID:** DTs licensed by Board of Dentistry

- In 2020 Indian Health Service released Circular 20-06 outlining **national expansion of Alaska CHAP Program for Tribal/IHS program**

Dental Therapists always work under the supervision of a Supervising Dentist

Practice Agreement:

- A written agreement between the Dental Therapist and the Supervising Dentist (SD)
- Also called "Standing Orders" or "Practice Plan"
- Details the specific procedures the dental therapist may perform
- *and* the specific level of supervision that is approved for each procedure

Levels of Supervision:

Close/Direct supervision:
SD diagnoses the condition to be treated, authorizes the procedure to be performed, and checks the completed procedure

Indirect supervision:
SD remains on premises

General supervision:
SD available for consultation (can be phone or internet)

Oregon Board of Dentistry
Dental Therapist
Verification of Collaborative Agreement

I, (print your name)_____, a licensed Dentist pursuant to ORS 679.020 or exempt from licensure pursuant to ORS 679.025, license number _____, have entered into a Collaborative Agreement with (print your name)_____, an Oregon licensed Dental Therapist, license number DT_____. The Collaborative Agreement sets forth the agreed-upon practice limitations of the Dental Therapist's practice and adheres to all the requirements set forth by the Legislature and the Oregon Board of Dentistry.

Please describe the circumstances under which the prior knowledge and consent of the dentist is required to allow the dental therapist to provide a certain service or perform a certain procedure within the scope of dental therapy:

_____
_____
_____
_____

Please define the practice settings in which the dental therapist may provide care:

_____
_____
_____

Please describe any limitation on the care the dental therapist may provide:

_____
_____
_____

Please define patient age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency, (attach a copy of the guidelines):

_____
_____
_____
_____
_____

Please describe procedures for creating and maintaining dental records for patients treated by the dental therapist:

_____
_____
_____
_____
_____

Please describe guidelines for the management of medical emergencies in each of the practice settings in which the dental therapist provides care. Please provide specific protocols for each of the more probable (approximately 8-13) medical emergencies. This written protocol should comprehensively and concisely review what is currently taught in medical emergency lectures. Your medical emergency protocol should be in your own words, and should not be copied or attached from other literature, books, websites etc. (attach copy of guidelines):

_____
_____
_____
_____
_____

Please provide a quality assurance plan for monitoring care provided by the dental therapist, including chart review, patient care review and referral follow-up, (attach copy of plan):

_____
_____
_____
_____
_____

Please describe protocols for the dispensation and administration of local anesthetic, non-narcotic analgesic's, and anti-inflammatories or antibiotics; including the dispensation of oral or topical administration of non-narcotic analgesics, anti-inflammatories and antibiotics:

_____
_____
_____
_____
_____
_____

Please describe the criteria for the provision of care to patients with specific medical conditions or complex medical histories, including any requirements for consultation with the dentist prior to the provision of care:

_____
_____
_____
_____
_____
_____
_____
_____

Please describe protocols for when a patient requires treatment outside the dental therapist's scope of practice, including for referral of the patient for evaluation and treatment by the dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390 or other licensed health care provider, (attach protocols):

_____
_____
_____
_____
_____
_____

Please briefly summarize the following treatment parameters for when the dental therapist consults with a dentist, if the dental therapist intends to administer local anesthesia and perform an irreversible surgical procedure under general supervision on a patient who has a severe systemic disease. Severe systemic disease is defined as ASA III:

_____
_____
_____
_____
_____

General Supervision: requires that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.

Indirect Supervision: requires that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.

Direct Supervision: requires that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.

The below listed duties may be performed under **general supervision**, unless otherwise indicated.

If **all** duties listed below are allowed under **general supervision**, please initial here:_____

***If a duty listed below is **not** allowed, or allowed under a different level of supervision, please indicate that by checking the appropriate box.

Specific Supervision Levels	GS	IS	DS	Not Allowed
Identification of conditions requiring evaluation, diagnosis or treatment by a dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390				
Comprehensive charting of the oral cavity				
Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis				
Exposing and evaluation of radiographic images				
Dental prophylaxis, including subgingival scaling and polishing procedures				
Application of topical preventative or prophylactic agents, including fluoride varnishes and pit and fissure sealants				
Administering local anesthetic				
Pulp vitality testing				
Application of desensitizing medication or resin				
Fabrication of athletic mouth guards				
Changing of periodontal dressings				
Simple extractions of erupted primary anterior teeth and coronal remnants of any primary teeth				
Emergency palliative treatment of dental pain				
Preparation and placement of direct restoration in primary and permanent teeth				

Fabrication and placement of single-tooth temporary crowns				
Preparation and placement of preformed crowns on primary teeth				
Indirect pulp capping in permanent teeth				
Indirect pulp capping on primary teeth				
Suture removal				
Minor adjustments and repairs of removable prosthetic devices				
Atraumatic restorative therapy and interim restorative therapy				
Oral examination, evaluation and diagnosis of conditions within the supervising dentist' s authorization				
Removal of space maintainers				
The dispensation and oral or topical administration of: o Non-narcotic analgesics o Anti-inflammatories o Antibiotics				

The below listed duties may be performed under **indirect supervision**, unless otherwise indicated.

If **all** duties listed below are allowed under **indirect supervision**, please initial here:_____

In accordance with OAR 818-038-0020 (3) Please indicate whether review with the supervising dentist is to be completed before the procedure, after the procedure, or both.

***If a duty listed below is **not** allowed, or allowed under a different level of supervision, please indicate that by checking the appropriate box.

Specific Supervision Levels	Review Before	Review After	IS	DS	Not Allowed
Placement of temporary restorations **Additional comments:**					
Fabrication of soft occlusal guards **Additional comments:**					
Tissue reconditioning and soft relines **Additional comments:**					

Tooth reimplantation and stabilization **Additional comments:**					
Recementing of permanent crowns **Additional comments:**					
Pulpotomies on primary teeth **Additional comments:**					
Simple extractions of: ○ Erupted posterior primary teeth; and **Additional comments:**					
Simple extractions of: ○ Permanent teeth that have horizontal movement of greater than two millimeters or vertical movement and that have at least 50 percent periodontal bone loss **Additional comments:**					
Brush biopsies **Additional comments:**					
Direct pulp capping on permanent teeth **Additional comments:**					

Dentist:

I understand that this agreement will remain in effect with the Oregon Board of Dentistry (OBD) until I submit a written change. If any changes are made to this agreement, a new verification and copy of the agreement must be submitted to the OBD as soon as reasonably possible (this means in less than 14 days of the change). Failure to do so may result in Board action.

I understand that I may supervise and enter into collaborative agreements with up to three dental therapists at one time.

I attest that a copy of the Collaborative Agreement, signed by both parties, is attached to this verification. I understand that failure to provide a copy of the agreement with the verification will result in the verification form being rejected and returned.

Dentist's Signature: _____ Date: _____

Address: _____

_____

Cell phone #_____ Email: _____

Dental Therapist:

I understand that this agreement will remain in effect with the Oregon Board of Dentistry (OBD) until I submit a written change. I understand that I shall submit annually a signed copy of the collaborative agreement to the Oregon Board of Dentistry. If any changes are made to this agreement, a new verification and copy of the agreement must be submitted to the OBD as soon as reasonably possible (this means in less than 14 days of the change). Failure to do so may result in Board action.

I understand that I may enter into collaborative agreements with more than one dentist if each collaborative agreement includes the same supervision requirements and scope of practice.

I attest that a copy of my liability insurance is attached to this verification.

I attest that at least 51 percent of my dental therapy practice will be to patients who represent underserved populations, as defined by the Oregon Health Authority by rule, or patients located in dental care health professional shortage areas, as determined by the authority.

I attest that a copy of the Collaborative Agreement, signed by both parties, is attached to this verification. I understand that failure to provide a copy of the agreement with the verification will result in the verification form being rejected and returned.

Dental Therapist's Signature:_____ Date: _____

Address: _____

_____

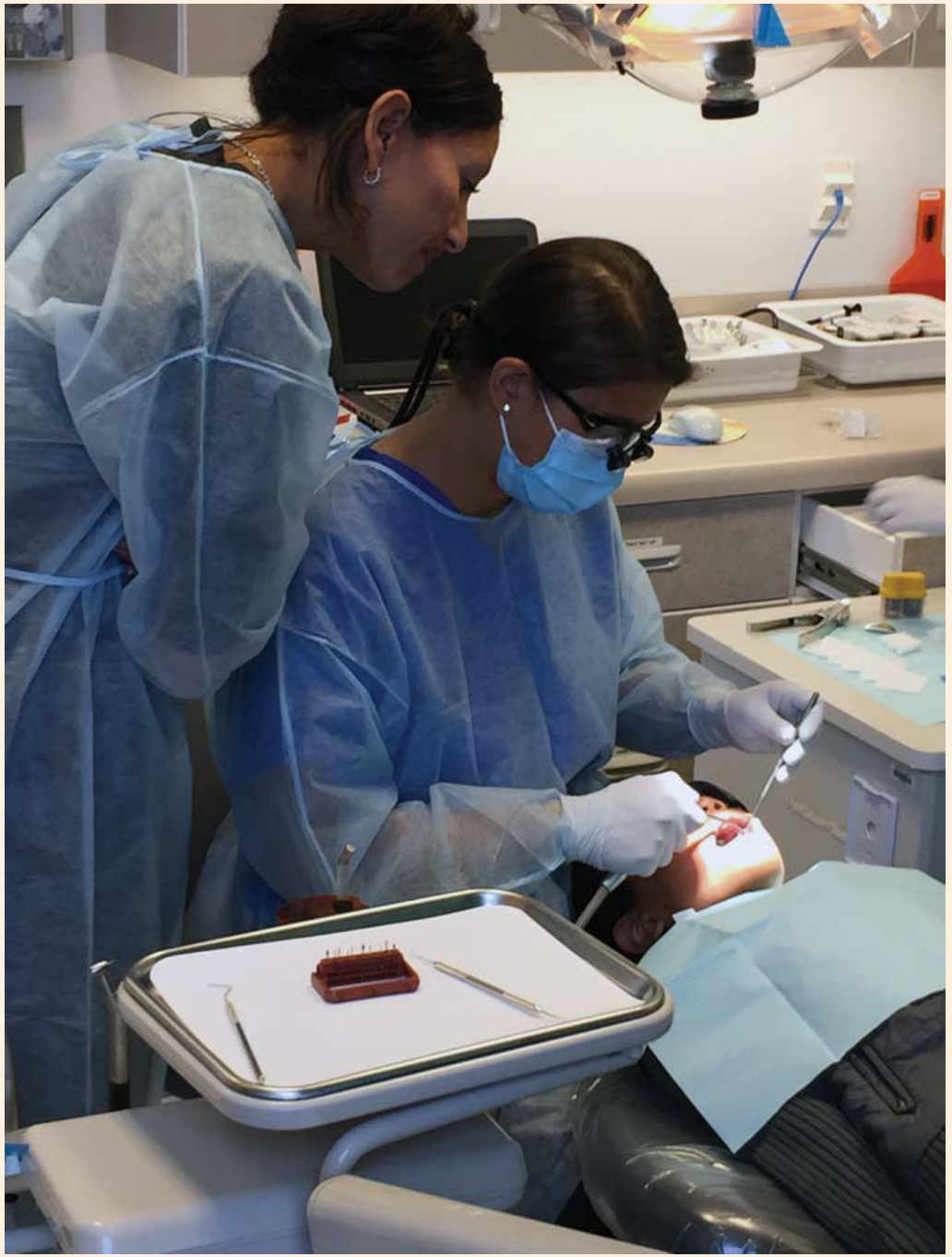
Cell phone #_____ Email _____

STOP – Did you remember to attach your….

1. **Patient age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency?**
2. **Medical emergency guidelines?**
3. **Quality assurance plan?**
4. **Protocols for when a patient requires treatment outside the dental therapist's scope of practice?**

DHAs in Dental Clinics

- Increase revenue/encounters
- Improve efficiency
- Reduce patient wait times
- Community-based care
- Providers work at top of scope
- Effective care:
  - Early
  - Frequent
  - Prevention-focused
  - Person-centered



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Providers from the Community

- Provide culturally relevant and trauma-informed care
- More likely to remain long-term
- Builds trust

Learn more about dental therapy!

Dental Therapy – Online e-learning course

- Free
- For everyone
- Self-paced
- 3 CDE credits (ADA CERP)

https://dentaltherapy-ohlh.talentlms.com

NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Thank you

Miranda Davis, DDS, MPH
DHA Project Director
mdavis@npaihb.org
www.tchpp.org

NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Dental Therapy at

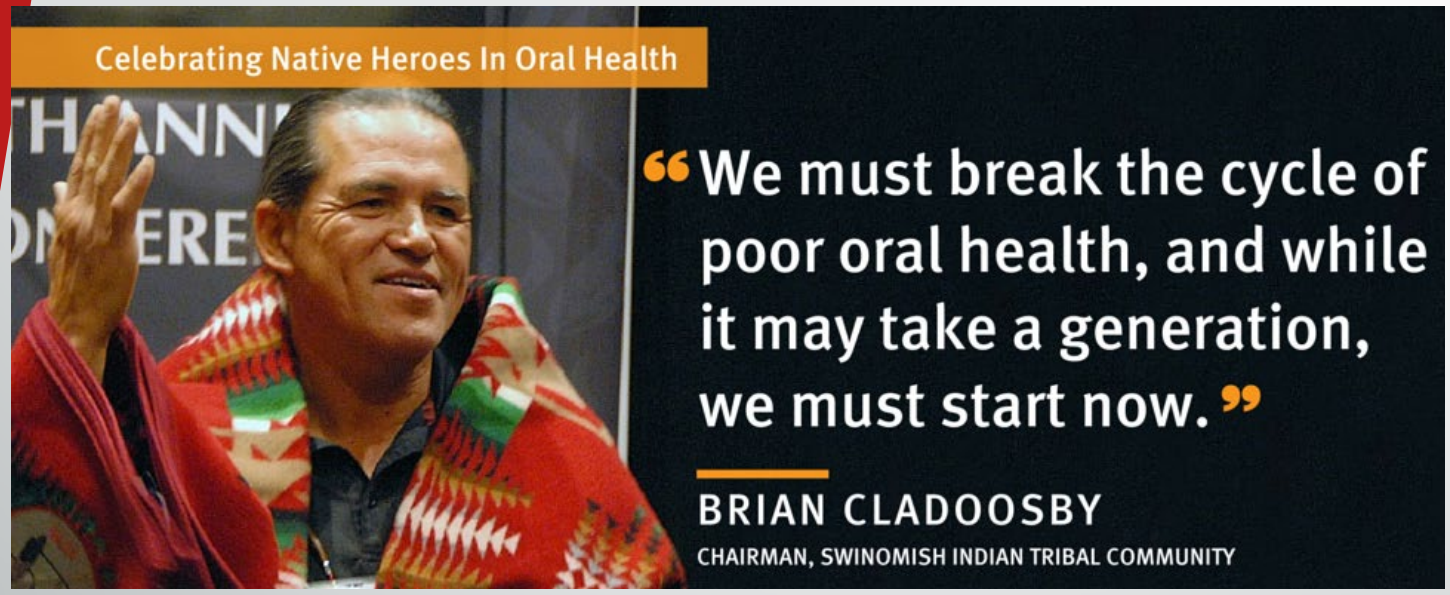
SWINOMISH DENTAL

Main Office: 360.466.3163
Facsimile: 360.466.5309

Swinomish Indian Tribal Community

A Federally Recognized Indian Tribe Organized Pursuant to 25 U.S.C. § 476
* 11404 Moorage Way * La Conner, Washington 98257 *

History



Swinomish Dental clinic hired first AK Dental Therapist in Lower 48 - Daniel Kennedy in 2016

← Old I.H.S. Provided Dental Trailer (1975-1997)

← After Swinomish Exercised Self- Governance in 1997, new dental clinic built in 1998.

← Newly expanded & current Dental Clinic with 14 dental suites (2019)

Present Day Success

- Providers work at the top of their scope of practice
  - Dentists are doing at least 50% more crown, bridge, and partials and have started implant program
- Lowered wait times
- Increase in access to care
- Completing treatment plans
- Great community feedback

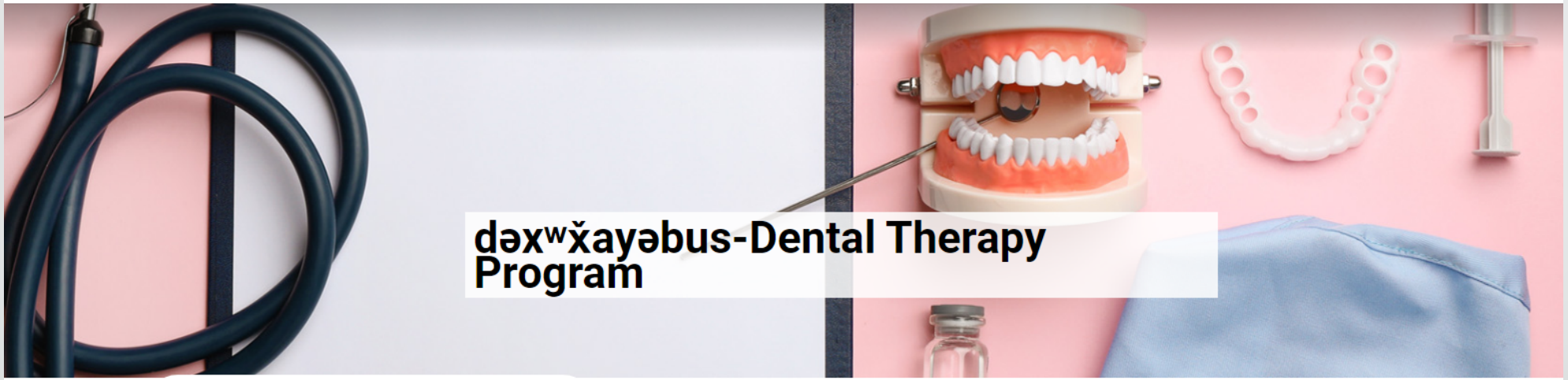
Dental Therapists in the Community

- Daycare/Preschool weekly visits
- Community events: Canoe Journey, Swinomish Days, Community Dinners, etc.
- Elder outreach
- Adapting to Coronavirus; Dental Therapists Provide Outdoor Dental Care

SVC | Skagit Valley College

Students | Staff | Request Information | Apply Now

ABOUT | ACADEMICS | ADMISSIONS | STUDENT RESOURCES | CAMPUS LIFE | COMMUNITY



dəxʷx̌ayəbus-Dental Therapy Program

Academics | Areas of Study | Health Sciences | Dental Therapy

- Dental Therapy
- Program Admissions
- Frequently Asked Questions

Want more info?
Go here on our website!

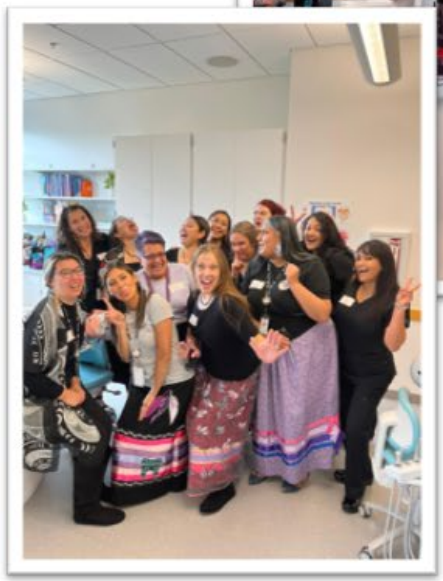
Associate of Applied Sciences in Dental Therapy

THANK YOU for visiting dəxʷx̌ayəbus Dental Therapy Program. We will begin the recruitment process for the 2nd cohort starting around November 15, 2022. The Dental Therapy Program-specific application will be available starting in early January 2023. We look forward to meeting you soon!

The Skagit Valley College (SVC), in partnership with Swinomish Indian Tribal Community (SITC), developed the first ***Dental Therapy*** (DT***) Education Program*** in the State of Washington to address the on-going oral health workforce disparities among underrepresented minorities specifically, the American Indian/Alaska Native (AI/AN) communities. The name of the DT program is ***dəxʷx̌ayəbus***, which

COMING UP
COMING UP
TRIBE'S PROGRAM FIGHTS DENTAL DECAY, DISTRESS
TRIBE'S PROGRAM FIGHTS DENTAL DECAY, DISTRESS

Skagit Valley Herald
Addressing a need
College, Swinomish tribe team up to offer dental therapy
Obstruction now a major focus in Trump documents investigation



EXIT
alley College

Fall 2022

Curriculum Map

Associate in Applied Science Degree (AAS)
3 Years / 9 Quarters

Year 1							
Quarter 1 Fall 2022	15	Quarter 2 Winter 2023	17	Quarter 3 Spring 2023	15	Quarter 4 Summer 2023	17
DT 101: Fund of Dental Therapy I	4	HMATH 100: Math for Health Professionals	5	DT 113: Dental Therapy Lab III	5	DT 114: Dental Therapy Lab IV	7
CSS 103: First Qtr. Experience	2	ENGL& 101: English Composition	5	DT 132: Oral Health Ed II	2	DT 133: Oral Health Ed III	2
DT 111: Dental Therapy Lab I	2	DT 102: Fund of Dental Therapy II	1	DT 142: Anatomy, Physiology, Head & Neck and Pathology	3	DT 135: Diagnosis & Treatment Planning	3
DT131: Dental Therapy Lab I	2	DT 112: Dental Therapy Lab II	1	DT 144: Cariology/Minimally Invasive Dentistry	3	DT 143: Preclinical Operative	5
CMST& 210: Interpersonal Communication;D	5	BIOL& 170: Human Biology	5	DT 156: Hygiene & Periodontology	3		

Year 2							
Quarter 5 Fall 2023	16	Quarter 6 Winter 2024	15	Quarter 7 Spring 2024	16	Quarter 8 Summer 2024	17
DT 200: Intro to Clinical Care	4	DT 201: Advanced DT Concepts I	2	DT 202: Advanced DT Concepts II	2	DT 203: Advanced DT Concepts III	2
DT 210: DT Skill Consolidation	3	DT 211: DT Clinic I	4	DT 212: DT Clinic II	6	DT 213: DT Clinic III	6
DT 221: Prof DT Practice I	3	DT 222: Prof DT Practice II	2	DT 223: Prof DT Practice III	2	DT 224: Prof DT Practice IV	3
DT 261: Pharm & Med/Dent Emergency	4	DT 231: Community Oral Health Programs I	2	DT 232: Community Oral Health Programs II	2	DT 242: Community Rotations II	4
DT 265: Local Anesthesia	2	DT 235: Advanced Diagnosis & Tx Planning	3	DT 241: Community Rotations I	4	DT 280: Digital Health Communications	2
		DT 240: Oral Health Ed IV	2				

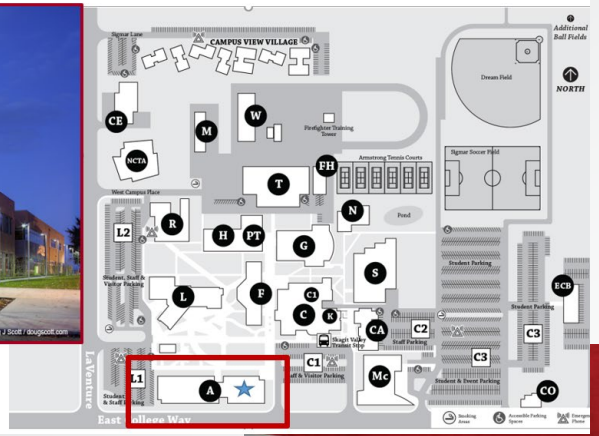
Year 3	
Quarter 9 - Fall 2024	14
DT 295: Preceptorship	14

V10.18.21

Table 2-2 A.1 Dental Therapist (DT) Scope of Practice
Based on dental therapy skills and functions specified by the regional certification/licensure boards.

Assessing oral health conditions within DT scope of practice and training
Comprehensive charting of the oral cavity
Extra-oral and intra-oral photographs
Oral health instruction and disease prevention education
Nutritional and tobacco counseling
Dental radiographs
Medical history review
Caries and periodontal risk assessments
Consultation with supervising dentist and other healthcare providers
Diagnosis and treatment planning within scope of practice and training
Dental prophylaxis including below-the-gum scaling and/or polishing procedures
Dispensing and administering non-narcotic pain relief, anti-inflammatory, and antibiotic medications prescribed by a licensed healthcare provider
Applying fluoride and other topical disease prevention agents
Pulp vitality testing
Applying desensitizing medication or resin
Fabricating mouth guards
Changing periodontal dressings
Administering local anesthetic
Emergency palliative treatment of dental pain for dental therapy
Preparation and placement of direct restoration in primary and permanent teeth
Fabrication and placement of single-tooth temporary crowns
Preparation and placement of preformed crowns
Indirect and direct pulp capping on permanent teeth
Indirect pulp capping on primary teeth
Pulpotomy on primary teeth
Simple extraction of erupted teeth under limited conditions
Suture removal
Minor adjustments and repairs on removable prostheses, including tissue conditioning and reline, and removal of space maintainers

Skagit Valley College – Mt. Vernon campus

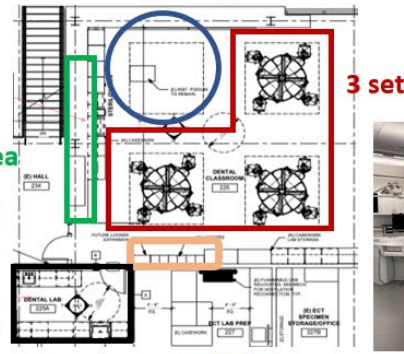


Laura Angst Hall: houses Allied Health Programs to include Nursing and dəxʷx̌ayəbus - Dental Therapy (Rm. 225)

Year 1

dəxʷx̌ayəbus-DT Simulation Classroom @ Skagit Valley College, Mount Vernon Campus Angst 225

Instructor's pod



3 sets of student pods

Sterilization Area

Laboratory

Lockers

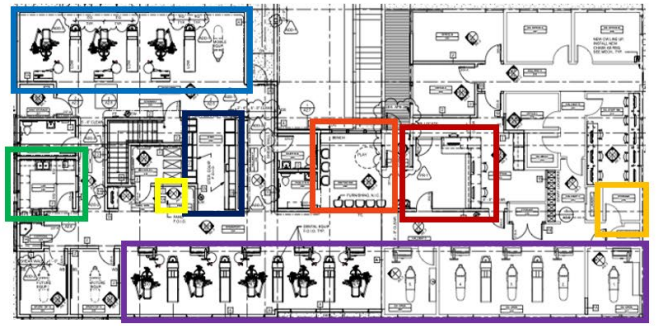
Year 2

Education Program Operatories

Laboratory

SWINOMISH DENTAL

MAIN LEVEL



Front Desk

Main Waiting Area

Emergency Room

Pano

Main Clinical Ops

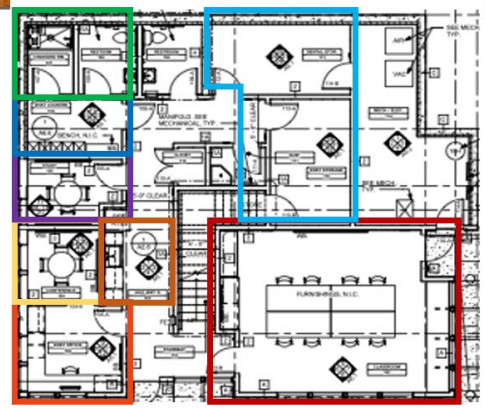
Sterilization

(L-R: Clean, Dirty areas)

Lockers & Shower

SWINOMISH DENTAL

LOWER LEVEL

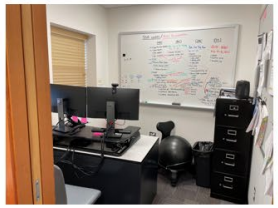


Storage areas

Study room

Galley Kitchen

Director’s off-campus office



Classroom

Admin office space

tigʷicid - thank you

Contact Information:

Rachael Hogan, DDS

Director, dəxʷx̌ayəbus-Dental Therapy Program
2405 East College Way | Mount Vernon, WA 98273
360.416.7652 | Rachael.Hogan@skagit.edu

Director, Swinomish Indian Tribal Community Dental
17395 Reservation Rd| La Conner, WA 98257
360.466.3900 | rhogan@Swinomish.nsn.us

Overview of Oregon Pilot Project 300

Amy E. Coplen, RDH, MS
Director, School of Dental Hygiene Studies
Pacific University

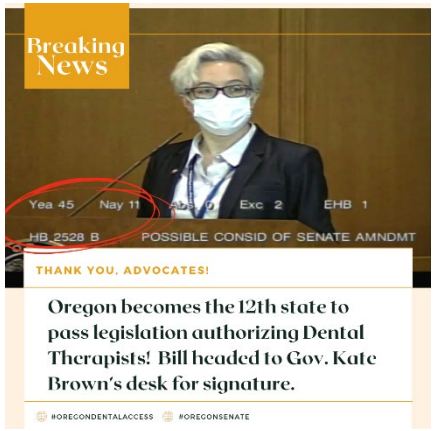
HRSA
Office of Intergovernmental and External Affairs

Improving Access to Oral Health Care for Tribal and Underserved Communities

January 12, 2023

Amy Coplen

Our History



July 2018

Pilot Project #300 was submitted to the Oregon Health Authority

February 2020

First Cohort of 10 students began training in Pilot Project #300

June 2021

HB 2528 Signed into law allowing Licensing of Dental Therapists in Oregon

August 2021

Second Cohort of 11 students began training in Pilot Project #300

November 2022

First Dental Therapy License in Oregon Issued

Curriculum

Dental Therapy I

- 45 Hours Didactic online
- Under Direct Supervision
  - 64 clinical hours with patients
  - 64 clinical hours with manikins

Dental Therapy II

- 45 Hours Didactic online
- Under Direct Supervision
  - 64 clinical hours with patients
  - 64 clinical hours with manikins

Dental Therapy III

- Preceptorship – 172 clinical hours under direct and indirect supervision
- Final Competency Exam

Partners & Practice Settings

Pacific University Oregon

Virginia Garcia Memorial HEALTH CENTER

Advantage Dental From DentaQuest

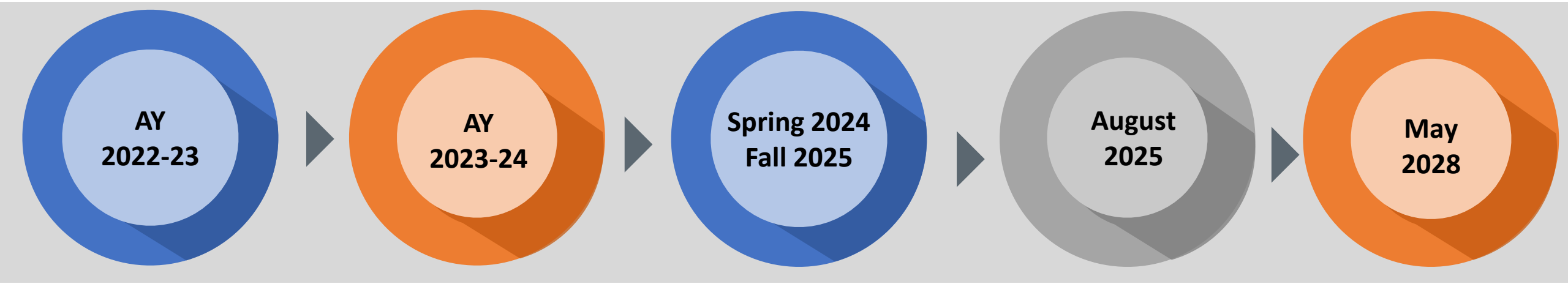
Capitol Dental

Willamette Dental Group

Next Steps

- Apply lessons Learned from Pilot Project #300 to the development of a CODA approved Entry-Level Dental Therapy Program
  - BSDH granted after two years
  - MSDT granted after three years
  - Final year includes 4 – 8 week rotations in public health/rural clinics
- ~ 2000 hours of clinical care provided during the program

Approval Process/Timeline



Preliminary approval process at Pacific University

Full proposal approval process at Pacific University

CODA Site visit to grant initial accreditation

Admit first class of dental therapy students

Graduate First Class

Questions

HRSA Funding Opportunities*

Program	Application Deadline
Rural Communities Opioid Response Program – Overdose Response (HRSA-23-038)	1/19/2023
Rural Residency Planning and Development (RRPD) Program (HRSA-23-037)	1/27/2023
Rural Health Innovation and Transformation Technical Assistance (HRSA-23-047)	2/7/2023
Nursing Anesthetist Traineeship (NAT) Program (HRSA-23-002)	2/10/2023
Ryan White HIV/AIDS Program Part C Capacity Development Program (HRSA-23-052)	2/17/2023
Rural Quality Improvement Technical Assistance Cooperative Agreement (HRSA-23-042)	2/17/2023
Dental Faculty Loan Repayment Program (DFLRP) (HRSA-23-091)	3/4/2023
Rural Communities Opioid Response Program-Neonatal Abstinence Syndrome (HRSA-23-094)	3/8/2023

For more information, visit https://www.hrsa.gov/grants/fundingopportunities

*This list is not comprehensive list.

HRSA
Office of Intergovernmental and External Affairs

Grant Programs: Expected in 2023*

BEHAVIORAL HEALTH, SUD AND PRIMARY CARE

- Integrated Substance Use Disorder Treatment Program
- Rural Communities Opioid Response Program-Rural Tribal Support
- Rural Communities Opioid Response Program-Child and Adolescent Support
- Rural Health Clinic Behavioral Health Program
- Pediatric Mental Health Care Access (PMHCA)
- Primary Care Training and Enhancement: Integrating Behavioral Health and Primary Care Residency (IBPR) Program
- Vulnerable Rural Hospitals Assistance Program

NURSING

- Advanced Nursing Education-Nurse Practitioner Residency and Fellowship (ANE-NPRF) Program
- Advanced Nursing Education Workforce (ANEW)
- Nursing Workforce Advancing Health Equity - Technical Assistance Center
- Nurse Education, Practice, Quality and Retention-Pathway to Registered Nurse Program (NEPQR-PRNP)
- Nurse Faculty Loan Program (NFLP)

MATERNAL HEALTH

- Addressing Implicit Bias through Training for Maternal Health Providers
- Rural Maternity Obstetrics and Management Strategies Program
- Screening and Treatment for Maternal Depression and Related Behavioral Disorders

ORAL HEALTH

- Ryan White HIV/AIDS Program Part F Dental Reimbursement Program

PIPELINE

- Health Careers Opportunity Program (HCOP)

PUBLIC HEALTH

- Community Health Worker Training Program - Technical Assistance Center
- National Organizations of State and Local Officials: Public Health Capacity

*Programs listed are forecasted on Grants.gov as of December 16, 2022.
This list is not comprehensive for Fiscal Year 2023.

HRSA
Office of Intergovernmental and External Affairs

Poll 2

When Should You Contact HRSA IEA?

- When you want to know more about HRSA programs or initiatives
- When you need contextual information about the state, local, tribal, and regional landscape that may impact your stakeholders
- When you are looking for technical assistance, resources, funding opportunities, or new partners
- When you want to share new promising or best practices with us
- **Simply connect!**

Evaluation Survey:

https://forms.office.com/g/tgAKp79ubg

HRSA
Office of Intergovernmental and External Affairs

Contact

Cheryl Altice, MPH
Public Health Analyst
Office of Intergovernmental and External Affairs
Region X Seattle Regional Office
Health Resources and Services Administration (HRSA)
Email: caltice@hrsa.gov or RegionX@hrsa.gov
Web: https://www.hrsa.gov/about/organization/offices/hrsa-iea

Connect with HRSA

Learn more about our agency at:

www.HRSA.gov

Sign up for the HRSA eNews

FOLLOW US:

HRSA
Office of Intergovernmental and External Affairs