

6. Health Workforce Innovations

Models of workforce innovation related to medical-dental integration that we identified in this environmental scan include:

- 1) Use of community health workers (CHWs) in medical or co-located dental settings
- 2) Employing dental hygienists or assistants in nontraditional settings, such as primary care medical clinics, WIC clinics, or mobile health units

Community Health Workers

CHWs are skilled community members that aim to improve the health of their communities through a variety of strategies such as providing preventive health education, direct services, and health care navigation.^{68,69} One of the defining characteristics that distinguishes CHWs within the health care workforce is that these individuals are members of the same underserved communities that they serve. As a result, CHWs are often viewed as the link between the health care system and individuals affected by poverty, racism, immigration issues, language barriers, and related adverse health outcomes.

Although CHW programs have widely been used in the United States since the sixties, more recently they have been identified as a way to connect with hard-to-reach, marginalized populations in order to ameliorate racial/ethnic disparities in health care.⁷⁰ CHWs have direct opportunities to promote patients' oral health by providing culturally appropriate health information, care coordination, and advocacy for clients and providers.^{71,72}

In 2006, the American Dental Association (ADA) developed the Community Dental Health Coordinator (CDHC) program as a strategy to integrate CHWs into the oral health system to address oral health disparities.⁷³ This program trains CDHCs in community-based outreach, oral health education and promotion, navigation, case management, and the provision of clinical preventive services under the supervision of a dentist. The CDHC curriculum takes about one year to complete through one of the 17 affiliated educational institutions. The curriculum also could be integrated into dental hygiene and dental assistant programs. This model can be adapted to clinics, private practices, social services agencies, and community settings. Aside from the ADA's CDHC program, CHWs have also been integrated into the oral health system through a variety of different models given that CHW training and certification standards vary by state.

Within integrated care teams, CHWs commonly work across three areas:

- 1) Health promotion—including patient education and community outreach
- 2) Care coordination—including referrals and emergency department (ED) diversion
- 3) Provision of preventive services—including topical fluoride varnish

Table 12 outlines seven programs, identified through published reports and publicly available information, which incorporate CHWs in the integrated care team.

Table 12. Programs That Incorporate Community Health Workers (CHWs)

Program	State	CHW role	Brief description
Benton County Health Services	OR	Health navigation	Care coordination through multidisciplinary team in the primary care setting
Blackstone Valley Community Health Care	RI	Care coordination	Care coordination through the use of EHRs and home visits for missed appointments and ED use for dental services
Hennepin County Medical Center	MN	Care coordination, health promotion	Care coordination for emergency department diversion program; targeted community-based oral health education to vulnerable populations
Maryland Mountain Health Alliance	MD	Care coordination	Care coordination for emergency department diversion program
NYU Lutheran Family Health Services	NY	Health navigation	Health navigation in the dental setting and referrals to co-located primary care
Wayne Memorial Community Health Centers	PA	Preventive services, health promotion, health navigation	Community-based oral health and disease prevention education using motivational interviewing techniques; preventive services provided using portable equipment at affiliated primary care sites
Yakima Valley Farm Workers Clinic	OR, WA	Care coordination	Care coordination through structured referrals using EHRs and co-location of services

Health promotion and service provision

Wayne Memorial Community Health Centers employs a public health dental hygiene practitioner who is also a qualified community dental health coordinator (CHDC).⁴⁶ In Pennsylvania, public health dental hygiene practitioners are permitted to perform dental hygiene services in public health settings (e.g., schools, nursing facilities, FQHCs) without prior authorization by a dentist. This public health hygienist/CHDC treats adults and children in medical settings at primary care sites affiliated with the FQHC.

The **Hennepin County Medical Center’s** emergency department diversion program is implemented by an integrated care team comprised of a social worker, a registered nurse clinical coordinator, and a CHW. Within this team, the CHW educates patients on the importance of dental and medical preventive services.^{74,20}

Health promotion strategies to integrate oral health and primary care health also include community outreach. In addition to the use of CHWs in the ED diversion programs, the **Hennepin County Medical Center** also employs community outreach workers who provide targeted oral health education to vulnerable populations in the community setting. Similarly, the CDHC in the **Wayne Memorial County Health Centers** conducts community outreach to raise awareness of oral health.

Care coordination

In **Benton County Health Services**, CHWs are integrated within the multidisciplinary care team to conduct health navigation covering a wide range of areas including clinical, insurance, interpretation/translation, community and policy, school, and dental.⁷⁵ Similarly, the CDHC in **Wayne Memorial Community Health Centers** provides health navigation to the dental clinic for primary care patients without a preexisting medical home.⁷⁶

CHWs' role in health navigation also helps foster trust and rapport with the patient. In **NYU Lutheran Family Health Services**, the patient care treatment coordinator facilitates the patient's orientation to the clinic, which enables assistance with other health and social service needs unrelated to dental care.⁴⁶

In **Yakima Valley Farm Workers Clinic**, a dental outreach coordinator in the care team serves as the intermediary between primary care clinics and the patient by arranging dental referrals and follow-ups. The dental referral process is facilitated through the co-location of medical and dental services as well as the use of EHRs. Structured referrals to dental and social services play a vital role in breaking down barriers that prevent underserved populations from receiving prevention and treatment services they need.⁷²

CHWs in **Hennepin County Medical Center** reroute non-emergent dental cases from the emergency room to dental offices for care and essential social services through structured referral services.^{74,77}

Embedded Dental Hygienist in Primary Care Settings

Several programs have recently embedded dental hygienists in primary care settings. These embedded hygienists provide screenings and offer preventive dental services, including fluoride varnish. These hygienists also facilitate referrals to a dentist as needed.

- **Salina Family Healthcare Center (KS)**—embedded hygienist provides services to all pediatric patients at every primary care visit.
- **Salud Family Health Center (CO)**—embedded hygienist applies fluoride varnish to pediatric patients during primary care appointments.
- **United Community & Family Services (CT)**—dental hygienist provides services during periodic well-child visits in the pediatric primary care clinic.⁴⁶

State Chronic Disease and Oral Health Programs

Chronic disease programs from a few states provided some possible innovative workforce initiatives. Idaho and Wisconsin noted that they are using CHWs to improve the public's ability to address their own health.

In **Wisconsin**, working with guidance from the chronic disease and oral health programs, CHWs use the Community HUB and Pathways model of care coordination, which focuses on reducing modifiable risk factors for high-risk individuals and populations. This initiative serves as a conduit for the Oral Health Program to interact with community health workers who would normally be less accessible as partners.

Similarly, because **Idaho's** Oral Health Program resides in the Bureau of Community and Oral Health, oral health has become a training component for CHWs within the state's community health program model.

State Oral Health Plans

Two states include either objectives or activities that specifically relate to case management:

- Missouri includes a goal to “support and enhance access to preventive health services and appropriate emergency dental care” that includes the promotion of case management to successfully complete dental treatment and then encourage returns for ongoing preventive maintenance.
- With an objective to promote the health care home concept, Minnesota includes a strategy to increase training opportunities in oral health for non-dental professionals, including health plan case managers, in order to develop patient-centered skills.

Although not directly related to case management per se, Maryland has a goal to “improve collaboration between oral health and other health and human services providers so that patients understand how to navigate the oral health care system and establish a dental home.”

Conclusions

As the topic of workforce relates to this environmental scan, medical-dental integration can be facilitated by including additional members of the health care team to address issues related to oral health. Examples include the use of case managers or the integration of dental hygienists and CHWs in primary care and oral health integration activities. In FQHCs, efforts of the core dental team are enhanced through the integrated care team consisting of primary care clinicians, patient advocates and access workers, community specialty dentists, and CHWs.⁴⁶

Future development surrounding the use of CHWs as part of integrated care teams should respect the historical origins of this profession, which evolved to serve the needs of local communities.⁶⁹ Establishing national credentialing and training requirements for CHWs could create an economic burden, which would result in the loss of a substantial volunteer base that has direct ties to underserved communities.⁷⁸

Challenges

- There are no formal guidelines or curriculum that standardize CHW training across US programs.⁷⁹
- Scope of practice for health care workers, including dental hygienists and assistants, varies by state.
- Integrating nontraditional health-related workers in integrated activities requires sustainable funding mechanisms.

Recommendations

- 1) Develop standardized CHW training specific to oral health and primary care integration, while respecting the origins of this workforce and economic constraints.
- 2) *Develop primary care quality improvement measures to strengthen the evidence base for CHW effectiveness.*
- 3) *Efforts to integrate CHWs in primary care and oral health integration teams could be strengthened through patient-centered sustainable policies that include CHWs as reimbursable members of the oral health team.*
- 4) *Facilitate care coordination through co-location of services and structured referrals using EHRs.*