

Rural Oral Health ECHO Case Recommendations

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Case Overview: In 2020, Sarah Sherman wrote a 105-page needs assessment, "Oral Health Access for Maine's Veterans." The only issue in the report that remains unresolved is helping Maine's Native American (Wabanaki) Communities, which have large veteran populations, find oral health care professionals to staff their dental clinics. The Wabanaki Dental Clinics are all located in very rural areas of Maine, and many lack dentists and hygienists. Native American patients/veterans are traveling long distances from other communities to seek dental care.

Due to the cost of gas and distance to drive, seeking care is cost prohibitive, and Maine's harsh winter weather can make driving conditions dangerous at times. Additionally, one clinic declined support from the Maine Veterans' Dental Network in 2021, indicating that they could not accept it because they are funded by the Indian Health Service (IHS). For other clinics, issues such as lack of staff, low reimbursement rates, and overhead costs are barriers to care. Wabanaki veterans could receive dental care at one of the participating Maine Veterans' Dental Network sites if a referral program were created.

Ask of the Group:

- What are strategies for attracting new dentists to rural areas in Maine?
- How do I get the state to incentivize attracting new dental providers to rural areas by increasing loan forgiveness programs? Are there other programs that could be coupled with the current one?
- If a working solution evolves out of this process, how do I present the idea to the Wabanaki Communities in a way that is both informative and respectful to their existing programs?

Recommendations

- Leverage the network of stakeholders that exists through dental schools and privatepractice clinicians.
 - Consider requiring dental or dental hygiene students to provide treatment and services in rural areas in order to obtain licensure.

Recommendations, continued

- Note that while dental students at every year of study can provide services, the challenge is getting funding for students' transportation.
- Leverage existing networks and recruit from the public health service corps.
- Public health clinics struggle because they are not well run. Accountability is needed from health departments.
- Dental therapists would be ideal in rural settings, but you would need to figure out rules governing dental therapy.
 - Maine just got its second dental therapist.
- Building a community and environment that attract professionals and families to rural areas is another element of recruitment and retention. Can the families find affordable housing, childcare, and other resources to sustain their work and life in rural areas?
- Work on stabilizing dental school costs.
 - In addition to providing incentives and loan forgiveness, we need universities to have caps on tuition. The dollar amount for people to get their degree is too high, and it is a big ask to have newly graduated dentists serve in rural areas for lower pay.
 - An ongoing challenge to address is that universities and dental schools that are state-supported lack appropriate funding due to states' decreases in funding.
- Improve reimbursement rates for dental providers in rural areas.
 - There is a need for general policy improvement around Medicaid expansion and improved/higher reimbursement for services covered under public insurance programs.
 - Provide stimulus or expand and increase loan forgiveness for newly graduated providers to practice in rural areas.
 - Example: Loan repayment programs in collaboration with Delta Dental.
 - Consider offering free or discounted education for Native Americans to attend dental/dental hygiene/dental assisting school - recruit from the community and have them return to the same community to improve health equity.
- Look at the current workforce in the state and identify dental providers who are retiring or slowing down their offices in preparation for retirement. These providers could practice part-time or on a volunteer basis in rural areas they may enjoy the slower pace of the rural dental setting.



Recommendations, continued

- Have people from Native American communities at the table to build trust, increase their understanding, and educate the population on the importance of oral health for overall health.
 - While working with tribal communities and tribal veterans, practice cultural acknowledgment and respect.
- Create more visible job opportunities within rural areas (ex. https://www.usajobs.gov).
 - Make sure job postings are robust in describing the opportunity, salary/rate, and all monetary and non-monetary benefits to attract providers.
- Tribal casinos in Connecticut use tax revenue to offset certain medical expenses. Consider a similar program in Maine (check if dental services are included).
 - Ask the state legislature to match the funding mentioned above.
- Sublease tribal clinics if you are unable to sublease an IHS clinic. The structure of the clinic would determine if it is an IHS clinic.
- Identify champions: State dental society members can lead the search for people and providers who have demonstrated support for the community.
 - It is more likely that private entities would be supportive.
 - Bill Piskorowski of UCLA is working with several large dental support organizations that are willing to offset costs for veteran programs when the services are provided by students or community members.
- The most underutilized workforce is the 7,000 students who are enrolled in the 71 dental schools nationwide. When students are exposed to an area that offers great mentorship and career growth opportunities, they are willing to work in various locations.
 - Bill Piskorowski's program rotates 128 students in 12-week periods in Michigan communities, serving 30,000 patients annually. He has a similar program at UCLA that serves 10,000 patients each year.
- Suggested resources:
 - CareQuest & AIDPH: Veteran Oral Health White Paper
 - CareQuest & AIDPH: Veteran Dental Care Stimulates the Economy and Improves
 Overall Health
 - CareQuest & AIDPH: Improving the Oral Health of Rural Veterans Visual Report
 - AIDPH Veteran Colloquium
 - AIDPH Veteran Oral Health Data Dashboard
 - NRHA Rural Veterans Health Initiative

