



Minnesota  
**Community  
Health Worker**  
Alliance

# Success with CHWs: Oral Health Road Map

**“The dental CHW is integrated into clinic operations. She works with every other provider daily. We need a fleet of CHWs.”**

Greater Minnesota  
health center

**“CHWs are a perfect bridge between parents and providers, and between medical and dental. Oral health and overall health go hand-in-hand, and CHWs are an ideal way to tie them together.”**

Twin Cities dental care  
provider

**“Yesterday a CHW helped with a client who was crying uncontrollably. The CHW helped calm her and found a dentist who could do the work that day.”**

Greater Minnesota  
health center

**“As a prevention model, CHWs would really change dentistry. This would be switching the model. What we have now is far too costly.”**

State dental policy maker



# Introduction

According to the [Minnesota Oral Health Plan](#) and the [American Dental Association](#), the state faces major oral health disparities. Impoverished children and adults, people of color, immigrants and refugees, and many elders lack access to high-quality, affordable and culturally-competent oral care and suffer frequent, serious dental problems.

Part of the solution to addressing these challenges and advancing health equity in Minnesota is integration of Community Health Workers (CHWs) into the oral health care system.

This report is a road map to better access and outcomes. It synthesizes findings from a nine-month project conducted by the [Minnesota Community Health Worker Alliance](#) to examine gaps in oral health services and identify opportunities to broaden adoption of the CHW role in order to improve oral health access, increase prevention education and achieve improved outcomes for populations facing disparities.

Project activities included:

- Completing a national literature review of research, best practices and knowledge gaps regarding CHWs in oral health care,
- Inventorying the role of CHWs in oral health care in Minnesota and developing case studies about successes,
- Conducting in-depth interviews with stakeholders in Greater Minnesota and state dental professionals about barriers and opportunities to integrating CHWs into oral health care,
- Holding a roundtable discussion to share findings and explore ways to integrate CHWs into team-based oral health care, and
- Identifying CHWs and stakeholder organizations interested in working together to address oral health needs.

As you review this proposed CHW road map toward greater oral health equity, we welcome your feedback and engagement as partners in developing new CHW strategies. Please share your comments and questions at [info@mnchwalliance.org](mailto:info@mnchwalliance.org).



*At the Minnesota Community Health Worker Alliance's Oral Health Panel and Roundtable on May 4, 2016, CHWs spoke about their roles and successes in improving the oral health of underserved communities.*

## For Our Children

Tooth decay is the nation's #1 childhood chronic disease, particularly among low-income children and children of color. Yet, it is preventable.

In Minnesota and across the U.S., untreated caries is costly for families and states. It leads to absences from school, missed work days for parents, serious health problems and expensive ER visits and surgeries.

Prevention focused on pregnant women and children ages 0 to 5 pays off immediately and sets a life-long course for better oral and overall health. CHWs can fill the gap in outreach, prevention and education, complementing the dental team's clinical and therapeutic focus.

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**“...We need to do more to eliminate dental health inequities among our children.”**

— MN State Health Commissioner Dr. Ed Ehlinger\*



## SUCCESS WITH CHWS: ORAL HEALTH ROAD MAP

Employ CHWs in providing culturally-appropriate education and preventive services to underserved communities in schools, daycare centers, senior facilities and other community and family settings.

Engage CHWs in boosting needed outreach and prevention, complementing dental treatment and in-office interactions.

Update the [Minnesota Oral Health Plan](#) to promote greater implementation of evidence-based CHW strategies for improved health equity and a larger, more diverse dental workforce.

# Recommendations for Action

Pilot new models for integrating CHWs, such as an oral health hub to supervise and deploy CHWs in multiple dental practices.



Transform the future of oral health by hosting an action-focused design lab for new practice models that build on the strengths of CHWs, dental therapists (DTs) and advanced DTs.

Prioritize oral health by health plans and alternative payment models and include CHWs as reimbursable members of the oral health team.



Introduce policymakers to the benefits of CHWs in oral health and build support for sustainable CHW integration strategies that address gaps in care and advance the Triple Aim.



Promote interprofessional dental education to increase awareness of the value of the CHW role and to build skills for team-based practice.





# Minnesota's CHW Model

Community Health Workers (CHWs) are trusted, knowledgeable frontline health personnel who bridge cultural and linguistic barriers, expand access to coverage and care, and improve health outcomes. They provide outreach, health education, care coordination and advocacy for underserved patients of all ages. As defined by the [Minnesota Community Health Worker Alliance](#):

*“Community Health Workers (CHWs) come from the communities they serve, building trust and vital relationships. This trusting relationship enables CHWs to be effective links between their own communities and systems of care. This crucial relationship significantly lowers health disparities in Minnesota because CHWs: provide access to services, improve the quality and cultural competence of care, create an effective system of chronic disease management, and increase the health knowledge and self-sufficiency of underserved populations.”*

## Pioneer in CHW Financing

While Minnesota is one of the few states to cover select CHW services through Medicaid (known as MHCP), progress is needed to close the funding gap in CHW sustainability and move from grant-supported programs to reformed payment approaches that fully cover CHW services. Current MHCP coverage under managed care plans and DHS fee-for-service programs permits dentists to order individual and group oral health patient education conducted by CHW certificate holders. For more information, see the [DHS Provider Manual](#).

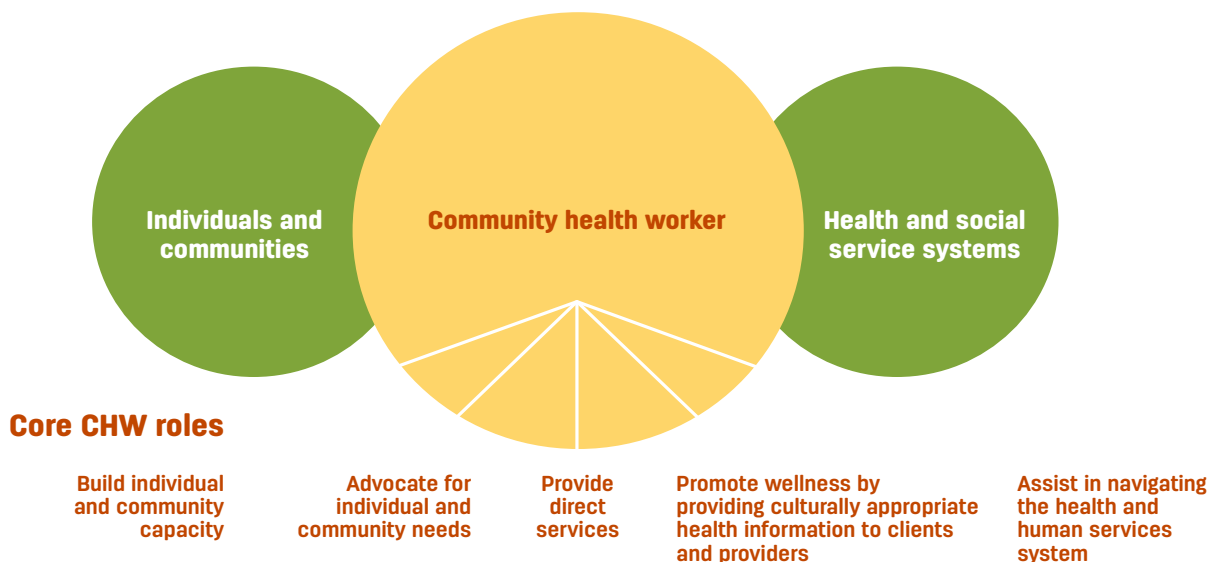
## Leader in CHW Education

Minnesota is the first state in the U.S. to provide standardized CHW training in higher education. The 14-credit model curriculum is offered as a CHW certificate program by seven post-secondary schools. It provides foundational training and an educational pathway that includes oral health as a key competency.

The curriculum includes a broad range of topics needed by CHWs to understand and promote oral health, such as:

- dental anatomy
- infection control
- oral hygiene instruction and care
- parent guide
- use of fluoride and dental caries prevention
- nutrition required for good oral health
- access to dental coverage for dental care and oral health
- identification of resources to promote optimal levels of oral health for patients, families and communities.

For more about CHWs in Minnesota, visit: <http://mnchwalliance.org/>.







# Building the Research Agenda

As part of this project the Minnesota Community Health Worker Alliance conducted a scan of the oral health research literature.

In the U.S., application of CHW strategies to oral health is relatively new and typically based in practice and community settings that focus on patient care, not research. One notable illustration is the Finger Lakes Community Health VIBRANT model (see below). It incorporates CHWs in a regional teledentistry program that effectively serves migrant farmworker families and other underserved populations.

Recent investments show promise for larger scale evaluation. Now underway with a three-year \$3.8 million Center for Medicare and Medicaid Innovation award is a [Columbia University study](#) that is engaging parents and CHWs to plan, test and monitor technology-assisted behavioral risk-reduction strategies to arrest progression of early childhood caries.

Development and implementation of a CHW research and evaluation agenda will advance knowledge and best practices on CHW integration in oral health.



***“For poor, vulnerable children with extensive tooth decay, timely completion of dental treatment plans is cause for celebration. Teledentistry, cutting edge dental products and highly skilled pediatric oral health providers play a supporting role to CHWs. They are the emerging oral healthcare innovation steering these successes in underserved communities.”***

**Jeffrey M. Karp,  
D.M.D., M.S.**

*Director, Pediatric Dentistry  
Residency Program*

*Director, UMP Pediatric  
Dental Clinic*

*University of Minnesota  
School of Dentistry*

## A VIBRANT Success

Ask [Finger Lakes Community Health](#) CEO Mary Zelazny about the source of success in meeting oral health needs of underserved children and she quickly responds: “CHWs – along with technology.”

Located in rural west central New York state, Finger Lakes Community Health employs 14 CHWs on care teams that served 25,000 patients, including 9,100 migrant workers, at 11 sites last year. Caseloads of the bilingual, bicultural CHWs include children in need of pediatric dental services who are referred by local schools and Head Start programs where nearly half of the preschoolers have dental caries.

CHWs coordinate care with families and address barriers related to literacy, language, transportation, insurance coverage, and lack of knowledge about oral health. Since 2011 more than 500 children have received dental treatment – a completion rate of 94%.

That high success rate has been achieved thanks to [Finger Lakes’ innovative VIBRANT model](#): *Videoconferencing, Intraocular cameras and teledentistry, Bilingual/ bicultural CHWs, Remote care using mobile dentistry, Access to pediatric dentists, New partnerships and Telepresence for consultation, distance learning and treatment planning.*

Initiated by Finger Lakes, Jeffrey Karp, DMD, MS (now with the University of Minnesota School of Dentistry) and several other leaders, the VIBRANT model recognizes the integral role of CHWs on the care team, as they build relationships, coordinate care, and conduct outreach and education.

According to Zelazny, the prescription for better oral health includes investing in CHW services, recognizing the essential connection between oral health and good overall health, and committing to meeting patient needs. She adds, “If you want to achieve the Triple Aim, you need to include CHWs – they really make a difference.”





# Oral Health Needs and CHW Strategies

## A Statewide Perspective

As part of this project, the Minnesota Community Health Worker Alliance conducted in-depth interviews with oral health practitioners in Greater Minnesota and dental professionals representing statewide organizations. These stakeholders described oral health disparities across the state, actual and potential roles for CHWs in delivering services and addressing unmet needs, and barriers and opportunities to integrating CHWs into oral health care teams.

## The Critical Need for Oral Health Care

Interviewees described disturbing oral health care trends in underserved populations across Minnesota. They reported that pain, abscesses and tooth decay are rampant, particularly among children and the elderly. They cited that caries is the most common childhood disease. Elders experience increasing oral health problems as they age and are at great risk from infections. At the same time, they become more dependent on help from others to brush and floss.

Crises lead to costly ER care, referrals to specialists and dental surgeries. In addition, other health issues can complicate care, such as uncontrolled diabetes and hypertension, chemical use or mental health issues.

## The Source of Disparities

Interviewees noted that most oral health problems are totally preventable. But lack of access, lack of education, behaviors and other factors are barriers.

- **Lack of Access**

For people in poverty, oral health care takes a low priority to meeting basic needs and dealing with burdensome social, legal or economic problems. Lack of transportation, insurance and childcare is a barrier. Individuals have difficulty getting time off from work for multiple visits. Care can be expensive and, interviewees reported that state insurance does not cover specialty care.

Provider shortages also complicate access to oral health care services. Clinics have long waiting lists. More than half of rural dentists are nearing

retirement, and not enough replacements are in the pipeline. In addition, according to the interviewees, most rural providers do not accept public programs, and reimbursement to dental providers is low.

- **Lack of Education**

Across generations, the importance of oral health prevention and care is little understood. Individuals interviewed said that recommendations such as brushing "two minutes twice a day" are not common. Many people do not understand the connection between sugar and dental problems and diabetes.

Some do not understand or use the dental benefits they have, and interviewees noted that patients "bounce around" between different agencies and services.

For new immigrants and refugees, language and cultural differences can be another barrier. Sometimes communication is poor with diverse populations, and culturally-appropriate messages are needed to communicate the importance of prevention and oral health care. Furthermore, undocumented individuals may be reluctant to seek services.

For non-English speakers the amazing array of toothpastes, toothbrushes, floss and other dental products can be overwhelming.

- **Behavioral Factors, Social Determinants**

For many individuals experiencing oral health care disparities, other factors play a role. Interviewees noted that patients may suffer high anxiety and fear of sedation and pain. Behavioral health needs and past traumas or phobias may also be barriers.

Immigrants and refugees adopt sugar-laden American diets that contribute to tooth decay or drink bottled water (reflecting safety concerns originating in their home countries) rather than protective, fluoridated tap water.

For low-income populations, basic survival leaves little time for learning about or practicing prevention. Lack of stable and affordable housing, access to healthy foods and support systems were identified by interviewees as major barriers in rural areas.



## SUCCESS WITH CHWS: ORAL HEALTH ROAD MAP

### CHWs: Contributing to Oral Health Care Solutions

Statewide oral health organizations are aware that CHWs are active in Minnesota and are eager to increase their engagement in oral health integrated teams. Many interviewees noted that CHWs have growing opportunities to support education, prevention, care coordination, community ties, and cultural and system navigation.

- **Building Trust**

Interviewees described the vital role of CHWs in bridging gaps. CHWs listen to and reassure clients. They understand what clients face in everyday life, and they can speak to clients in their first language, framing oral health in the appropriate cultural context. CHWs can be especially helpful in calming clients and alleviating fear during procedures.

- **Coordinating Care**

CHWs help clients understand treatment plans, the number of appointments and the cost, including what is paid by insurance or out-of-pocket. They can also assist with enrolling clients in appropriate health plans. CHWs can explain why a specialist is needed and get signed release forms so providers can share health information. To facilitate completion of appointments and increased access to additional services, CHWs can coordinate referrals, arrange transportation and link clients with other community supports.

- **Teaching Prevention**

One-to-one in the clinic and out in the community, CHWs can offer essential education about the importance of oral health care for seniors, adults and children. Interviewees described how CHWs can explain dental benefits and teach self-advocacy in culturally appropriate ways. They can carry the prevention message to child-care centers, home day-care settings, preschools, Head Start classes, schools, assisted living and long-term care facilities.

### Integrating CHWs into Oral Health Care Teams

Interviewees described how dental CHWs can work in a team model with dental assistants, dental hygienists and dental therapists (DTs) and advanced DTs. Training of providers and staff can enhance success, increase understanding of the workflow, and promote an organizational culture that supports the CHW role. A CHW can bring a special perspective to the team: focusing on the lived experience of underserved populations.

The interviewees also raised questions about how oral health organizations can bill for CHW services. They summed up by saying that the level of integration success would correlate with the level of confidence that providers and staff have in the CHW.

### Impact of CHWs

For Minnesota oral health providers who have already integrated CHWs into their teams, the impact has been dramatic. For example, before engaging CHWs as case managers, one provider reported completion of only 20 percent of pediatric referrals to specialists. Now 100% are completed within six months and children are cavity free. CHWs help clients understand the process and expectations, so missed appointments and gaps in the provider's schedule are reduced.







# Multiple Benefits of CHWs

As part of this project, the Minnesota Community Health Worker Alliance sought to learn from CHWs who are already leading the way in the oral health field. On pages 8, 9 and 10 are profiles of CHWs who are integral members of medical and dental care teams, improving the lives of children, parents, adults and the elderly every day.

**Denita Ngwu**, Senior CHW,  
Hennepin County Medical Center, Minneapolis

## Reducing ER Visits

Dental pain is a major reason for visits to the state’s busiest emergency room at [Hennepin County Medical Center](#) (HCMC). Fortunately, CHW Denita Ngwu is there, helping patients to access care and find a dental home.

Denita has 17 years of health care experience, a CHW certificate from [St. Catherine University](#), deep understanding of the populations she serves, and in-depth knowledge of dental and community resources.

“I am dedicated to helping patients get the most from their health care and to removing barriers in navigating the healthcare system,” explains Denita.

When patients are triaged to her, she helps them quickly find dental care at HCMC or another dental clinic. But that’s not all. She breaks down road blocks, such as transportation, language and insurance. She follows up with her patients to confirm they received services and obtain regular dental care.

Denita also helps patients understand the importance of prevention – dental and medical. Working side-by-side with the ER social

worker and RN clinical coordinator, she connects individuals with primary care services and assists with basic needs, such as food or clothing.

Denita’s team members appreciate her special know-how and the time she invests as they assist people in crisis. Patients are very grateful, too, for her respectful and responsive assistance.

Through Denita’s CHW role, HCMC is achieving success on multiple levels: Patients are getting their immediate dental needs resolved and they’re finding a dental home.

“We have some very promising initial results,” says Kristen Godfrey Walters, HCMC community care coordination manager. A pre-post claims analysis of Hennepin Health patients showed an increase in use of dental services and a reduction in ER claims and costs for patients who interacted with a CHW.







## SUCCESS WITH CHWS: ORAL HEALTH ROAD MAP



**Laura Peterson**, Bilingual Dental CHW, Portico Healthnet, St. Paul

### Connecting Families to Affordable Dental Care

As she coordinates dental care and advocates for individuals who lack oral

health coverage, Laura Peterson stays client-centered. She's a CHW in [Portico Healthnet's](#) Dental Care Access Program, which has connected more than 1000 low-income Twin Cities area residents with affordable dental care since September 2015.

Laura is bilingual and has experience with individuals with mental health needs and physical disabilities. She helps clients of all ages who need dental check-ups or immediate treatment for dental caries, abscesses and other painful conditions. She connects patients to dental clinics, finds insured or no/low-cost services, and arranges for interpreters and transportation. Plus, she follows up to ensure clients' oral health needs have been met.

Every day Laura encounters barriers to care, such as lack of transportation and too few dentists taking new clients or accepting certain types of insurance or Medicaid payments. As needed, she addresses food shortages, energy assistance and gaps in medical coverage.

Clients value their trusting relationship with Laura and her help in navigating the complicated care and payment systems.

Supervisor Celia Hernandez-Payan praises Laura's commitment: "Improved dental health has a great impact on clients' lives. They are empowered knowing that Laura is their advocate and an ongoing resource. She provides tools they need to approach dental care with confidence."



**LaTanya Black**, Senior CHW, Ready Set Smile, Minneapolis

### Meeting Needs of Underserved Children

CHW LaTanya Black is passionate about helping children and parents via the growing outreach and education services of [Ready Set Smile](#), a Minneapolis program that brings the preventive dental clinic to schools and community organizations. Ready Set Smile has served over 2000 low-resource children at three K-8 schools over the last three years.

CHWs on the Ready Set Smile dental teams provide oral health instruction in schools and grass-roots community settings. Relating well with families, CHWs build trust and grow programs. "We make a difference every day in the war against the most common childhood disease that is 100% preventable," says LaTanya.

She brings rich experience to her work, including a background in home care, assisted living and hospice, plus skills as a former small business owner.

After LaTanya earned her CHW certificate from [Summit Academy OIC](#), she used her leadership abilities and competency-based education right away to extend Ready Set Smile's reach. She established a unique partnership with her alma mater, giving Summit CHW students opportunities to intern at Ready Set Smile.

Under LaTanya's supervision, Summit interns help teach children how to brush their teeth, ways to adopt regular oral hygiene habits and the benefits of healthy nutrition. As part of their lessons, youngsters receive their own floss, tooth brush and tooth paste—basics that many neighborhood children lack.

According to Ready Set Smile Executive Director Lisa Lindstrom, CHWs are integral to the dental team, serving as navigators, educators and outreach workers. They have been instrumental to achieving better outcomes—decreased dental caries and increased application of fluoride varnish and sealants.



# SUCCESS WITH CHWS: ORAL HEALTH ROAD MAP

**Lou Yang**, Senior Health Educator & CHW,  
Community Dental Care, Maplewood



## Bridging Culture for Better Oral Health

Whether she is teaching a preschooler and dad how to brush, encouraging a pregnant mom to get regular dental care for herself and her children, preparing an immigrant family for a major dental procedure or assisting an elder without dental coverage to obtain dentures, Lou Yang is committed to making a difference for every patient.

Lou works at [Community Dental Care](#), which serves a large multi-ethnic population at four nonprofit dental clinics in the Twin Cities and Rochester. She brings a passion for connecting people to the resources they need, plus deep expertise in one-to-one, family and group education, working in the clinic and at community sites.

Also a dental assistant, Lou was among the first graduates of Minnesota's nationally-recognized CHW certificate program at [Minneapolis Community and Technical College](#), and she just celebrated her tenth anniversary as a CHW.

Fluent in Hmong and English, Lou breaks down language and cultural barriers for refugees and immigrants who often have low health literacy and little awareness of the value of preventive care.

Her specialty is advanced cases involving hospital

operating room services, rampant caries, and patients who have difficulty or resistance to following treatment and care plans. She uses her coaching skills and cultural understanding to help families assess risk, set goals and find solutions.

Active in community outreach, Lou also assists with school-based screenings through the [Program to Improve Community Oral Health](#) (PICOH). She has appeared on Hmong TV to promote prevention and better oral health.

There's strong buy-in for the CHW role at Community Dental, which has years of evidence showing that CHWs improve patient outcomes. "Integrating CHW services takes time, team-work and attention to sustainability," notes Program Manager Ann Copeland. As part of the multidisciplinary team of dental professionals, Lou uses her understanding of each patient's culture and perspective to communicate treatment, care and prevention plans.





# Merging CHW Strategies

Now is the time to integrate CHW strategies for more equitable and optimal oral health outcomes in Minnesota. We have:

- Growing scientific evidence of connections between oral health and birth outcomes, diabetes, heart disease and depression. CHWs are well-equipped to support integrated care and patient understanding of the importance of oral health to overall health.
- Greater awareness of oral health inequities and of the negative impact of dental caries on sleep, nutrition, concentration, social interactions, school and work performance. CHWs can break down cultural barriers that prevent underserved populations from receiving the prevention and treatment services they need.
- Increasing recognition of the importance of outreach, education and prevention—key functions that CHWs can provide while busy dental clinicians focus on check-ups and essential treatment.

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**“We posit that place-based comprehensive caries prevention delivered by CHWs could reduce untreated caries by 80%.”**

— Richard Niederman, DMD, NYU College of Dentistry  
(*“Bring Care to People Rather Than People to Care,”*  
*AJPH, Sept 2015, p1733*)

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- Twin demographic trends that will further challenge Minnesota’s oral health system—ever more culturally and racially diverse populations coupled with an age wave of older adults. Working with patients of all ages, CHWs address gaps related to language, literacy, culture, trust, income, geography and other key factors.

Recent state and national reports make clear that removing barriers to better oral health access and

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**“At some point in the future we will look back to the integration of CHWs as the tipping point for addressing Minnesota’s oral health inequities.”**

— Nancy Franke Wilson, Executive Director,  
Minnesota Oral Health Coalition

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outcomes requires coordinated strategies. This road map offers guidance for integrating the emerging yet integral CHW profession into the broader solution through:

- **Practice.** New hybrid practice models will blend the complementary strengths of CHWs and dental clinicians, including dental therapists (DTs) and advanced DTs, with new technologies and best practices for effectiveness and efficiency in the office and beyond.
- **Prevention.** Effective prevention efforts fueled by CHW strategies will lower costs, reduce suffering and improve access for underserved populations.
- **Policy.** By shaping forward-looking, patient-centered, sustainable policies that reinforce the reform landscape, all Minnesotans will benefit from a brighter oral health care future.
- **Partnership.** Working together, multiple stakeholders—providers, policymakers, payers, public health professionals, educators, researchers, funders and, of course, CHW leaders—will accelerate the benefits of CHWs in oral health care.

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**“CHWs are a GPS system for our communities, patients and families.”**

— 2016 CHW Leadership Program Participant



# SUCCESS WITH CHWS: ORAL HEALTH ROAD MAP

## Resources for Action

[American Dental Association Health Policy Institute](#)

[American Public Health Association CHW Section](#)

[Center for Health Care Strategies, Inc.](#)

[Children’s Dental Health Project](#)

[Delta Dental of Minnesota Foundation](#)

[End Cavities](#)

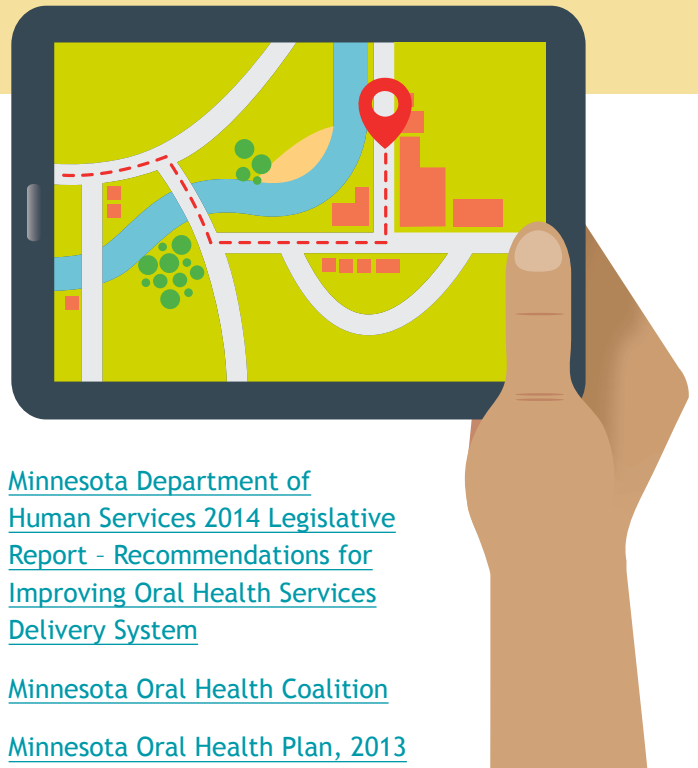
[Institute of Medicine Report Brief April 2011 -  
Advancing Oral Health in America](#)

[Minnesota Board of Dentistry](#)

[Minnesota Community Health Worker Alliance](#)

[Minnesota Department of Health Emerging Health  
Professions Unit](#)

[Minnesota Department of Health Oral Health Program](#)



[Minnesota Department of  
Human Services 2014 Legislative  
Report - Recommendations for  
Improving Oral Health Services  
Delivery System](#)

[Minnesota Oral Health Coalition](#)

[Minnesota Oral Health Plan, 2013](#)

[National Children’s Oral Health Foundation](#)

[National Governor’s Association 2015 Report -  
Health Investments That Pay Off: Strategies to  
Improve Oral Health](#)

[Pew Charitable Trusts Dental Campaign](#)



The Minnesota Community Health Worker Alliance is a nonprofit partnership that serves as a statewide leader, catalyst, convener, expert and resource on achieving health equity and the Triple Aim (better care, better population health and lower costs) through culturally appropriate, holistic CHW strategies focused on underserved populations.

The vision of the Alliance is *equitable and optimal health outcomes for all communities*. The mission is to *build community and systems capacity for better health through the integration of community health worker strategies*.

Learn more or sign up for the Alliance newsletter at [mnchwalliance.org/](http://mnchwalliance.org/).

### Acknowledgements

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We also thank the CHW programs and oral health experts we interviewed for their valuable input.



Delta Dental of Minnesota Foundation

\*State Health Commissioner Dr. Ed Ehlinger, 4/21/2016, commenting on results of the Minnesota Department of Health Third Grade Basic Screening Survey, which identified disparities in rates of tooth decay and dental sealants among children from low-income families.