

ORAL HEALTH AND PRIMARY CARE INTEGRATION FOR PEOPLE WITH HIV ASSESSING RISK AND PROVIDING ORAL HEALTH SUPPORT IN PRIMARY CARE SETTINGS

Mission Analytics Group, Inc. under contract with the Health Resources
and Services Administration HIV/AIDS Bureau (HRSA HAB)

MAY 23, 2019

Disclaimer

- ❑ Today's webinar is supported by Mission Analytics Group, Inc. as a part of a contract administered by the Division of Community HIV/AIDS Programs (DCHAP) of the HIV/AIDS Bureau (HAB). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by the Health Resources and Services Administration (HRSA), the Department of Health and Human Services (HHS) or the U.S. Government.

Through the Session, Recipients Can...

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- ❑ Describe components of the integration of primary care and oral health
- ❑ Learn about strategies and best practices in integrating oral health into primary care practice
- ❑ Connect with the project team for more information on technical assistance (TA) products and upcoming site visits

Presentation Outline

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- ❑ Importance of Oral Health Care for People with HIV
- ❑ Components of Integration
- ❑ Integration in Primary Care Settings
- ❑ Recipient Experiences:
 - ❑ Eastern Carolina University (ECU)
 - ❑ Grady Health
- ❑ Next Steps
- ❑ Q&A

Oral Health for People with HIV

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- ❑ Oral health is essential for overall health and quality of life
- ❑ Oral health care is especially important for people with HIV
 - ❑ Untreated oral disease may lead to infections, weight loss, malnutrition, and diseases (e.g., diabetes)
 - ❑ Oral diseases impact quality of life (e.g., psycho-social problems and limited career opportunities)
- ❑ Oral health is one of the top unmet needs for people with HIV who obtain services through the Ryan White HIV/AIDS Program

Project Goals

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- ❑ Promote the integration of oral health and primary care through the identification and dissemination of best practices
- ❑ Phase 1
 - ❑ Literature review
 - ❑ Site visits with nine RWHAP recipients
- ❑ Phase 2
 - ❑ Recipient webinar series
 - ❑ Oral Health and Primary Care Integration Toolkit
 - ❑ TA site visits with nine recipients/providers

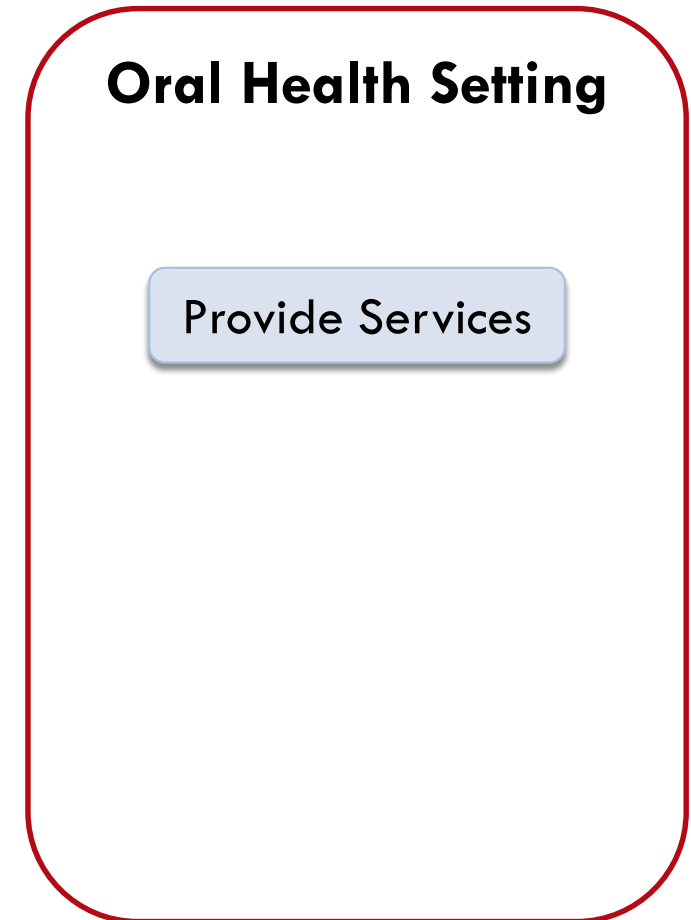
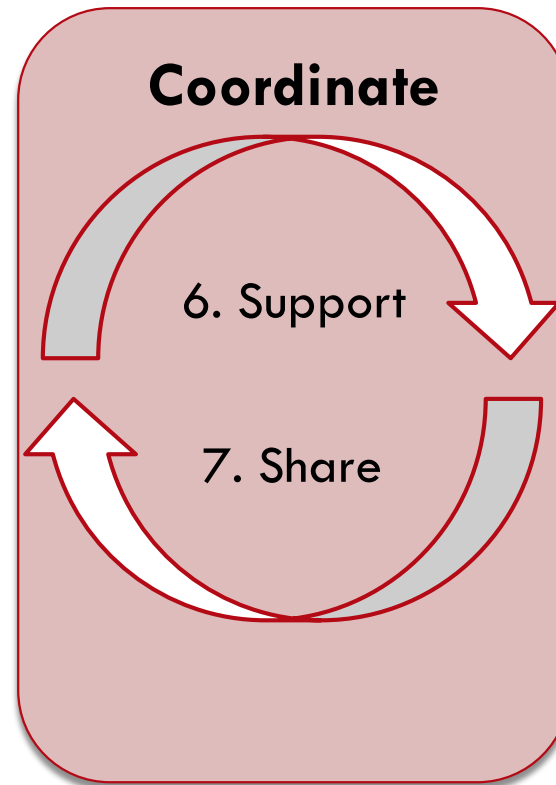
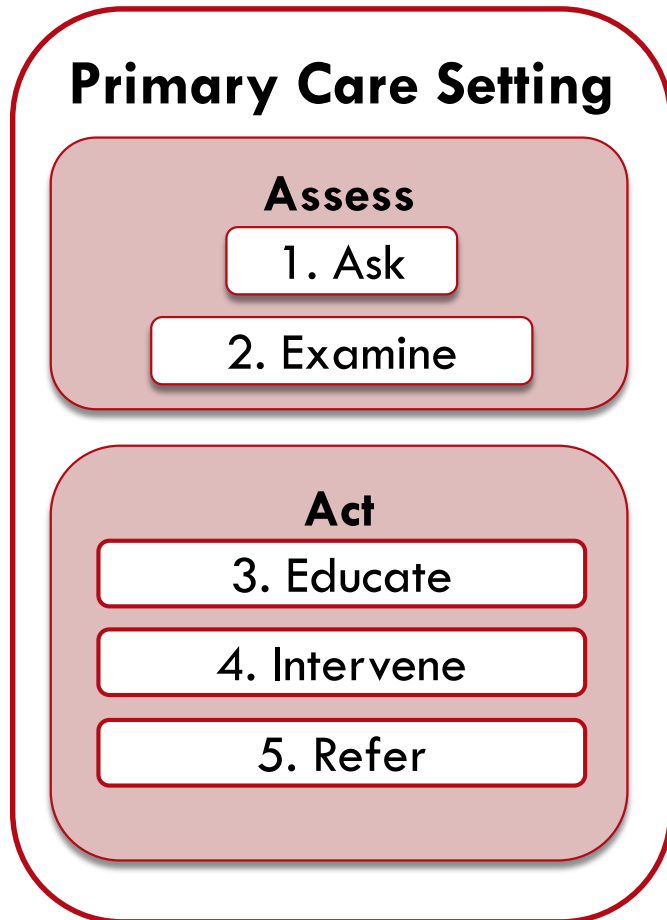
Meet the Team

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- HRSA HAB Project Team
 - LCDR Tanya Grandison, Contracting Officer Representative
 - CAPT Mahyar Mofidi
 - LCDR Sayo Adunola
- Mission Analytics Group and expert consultants
 - Ellie Coombs
 - AJ Jones
 - Dr. David Reznik
 - Dr. Steve Abel
 - Carol Tobias
 - Jane Fox

Seven Components of Integration

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Seven Components of Integr

Check out our June 6th webinar on referrals for dental care

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Primary Care Setting

Assess

1. Ask

2. Examine

Act

3. Educate

4. Intervene

5. Refer

Coordinate

6. Support

7. Share

Oral Health Setting

Provide Services

Ask: Assess Risk for Oral Health Disease

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- ❑ What to ask about:
 - ❑ Oral health care utilization
 - ❑ Brushing habits
 - ❑ Diet
 - ❑ Health conditions, such as dry mouth and acid reflux
 - ❑ Smoking behavior
- ❑ Who does it and when:
 - ❑ Visits with a case manager
 - ❑ Visits with a primary care provider (PCP)
 - ❑ Intake

Ask

Examine

Educate

Intervene

Refer

Support

Share

Best Practice Ideas



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- Make question(s) routine
- Keep it simple! The most important question is to ask clients when they last saw a dentist
 - If you include relevant conditions (e.g. dry mouth or acid reflux), consider the appropriate staff person to ask
- Configure into the electronic health record (EHR):
 - Alerts to prompt staff
 - Fields to document findings to facilitate follow up

Ask

Examine

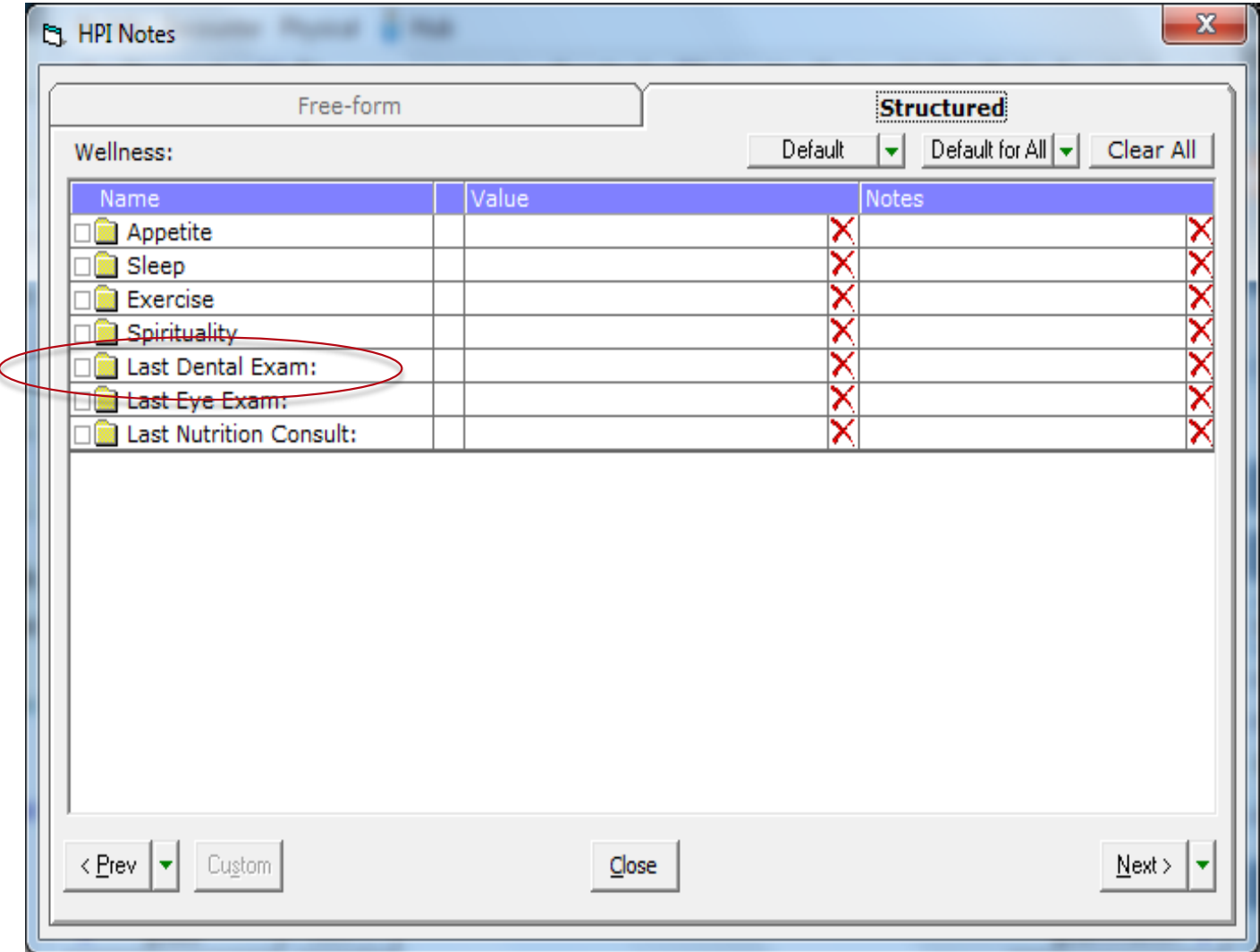
Educate

Intervene

Refer

Support

Share



Risk Screening Questions

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Safety Net Medical Home Initiative

<http://www.safetynetmedicalhome.org/sites/default/files/Guide-Oral-Health-Integration.pdf>

Risk Factor	Data Entry Template
Oral hygiene (adolescents and adults)	On average, how many days per week do you brush your teeth for at least two minutes, twice daily, using fluoride toothpaste and floss at least once daily? [0, 1, 2, 3, 4, 5, 6, 7]
Oral hygiene (children under age 12)	On average, how many days per week do you clean/brush your child's teeth, or supervise/monitor your child in brushing their teeth? [0, 1, 2, 3, 4, 5, 6, 7]
Diet (adolescents and adults)	On average, how many times daily do you consume starch or sugar (sugary snacks or sugary drinks) between meals? [\leq 1, 2-3, 4-5, \geq 6]
Diet (children under age 12)	On average, how many times daily does your child consume starch or sugar (sugary snacks or sugary drinks) between meals? [\leq 1, 2-3, 4-5, \geq 6]
Exposure to cariogenic bacteria (all)	Has anyone in the immediate family (including caregiver) had tooth decay or lost a tooth from decay, in the past year? [Y/N]
Dry mouth (adolescents and adults)	Do you commonly experience dry mouth (i.e., requiring swallowing water to eat crackers)? [Y/N]
Acid reflux (adolescents and adults)	Do you experience stomach acid in your throat after eating or when lying down on a daily or almost daily basis? [Y/N]
Screening assessment for symptoms of oral disease (adolescents and adults)	Do you experience tooth pain or bleeding gums when you eat or brush your teeth? [Y/N]
Screening assessment for symptoms of oral disease (children under age 12)	Does your child complain of tooth pain or have signs of bleeding gums when they eat or brush their teeth? [Y/N]

Poll

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- ❑ Who would be best suited to “ask” clients about their last dentist visit at your site?
 - ❑ Case managers / Social workers
 - ❑ Peer navigators
 - ❑ Primary care providers (PCPs)
 - ❑ We don't have time to “ask”
 - ❑ Other (please chat in!)

Examine: Identify Active Oral Health Disease

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- What to do and look for:
 - Examining teeth for signs of decay
 - Seeing if clients are wearing their dentures and, if not, understanding why
 - Inspecting soft tissues for thrush (candidiasis), warts (papillomas), and other lesions associated with uncontrolled HIV infection
 - Palpating the neck and lymph nodes
 - Swabbing the mouth to diagnose pharyngeal gonorrhea
- Many PCPs aim to conduct these oral exams at every or “most” visits

Ask

Examine

Educate

Intervene

Refer

Support

Share

Best Practice Ideas



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- ❑ Document findings in a structured format but avoid “too many clicks”
- ❑ Equip PCPs with lights and mirrors
- ❑ Promote training activities
 - ❑ Invite trainers to come on-site for a hands-on demonstration
 - ❑ Have dental residents accompany PCPs during appointments to point out oral health issues

Ask

Examine

Educate

Intervene

Refer

Support

Share

Online Resources

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- ❑ The TargetHIV website houses tools and resources for RWHAP providers, including:
 - ❑ Guide to Oral Health Care in Primary Care Settings
 - ❑ HRSA HAB's training materials from the Oral Health Care Initiative
- ❑ Smiles for Life is an important resource used to train PCPs on oral health care
- ❑ HIVdent is a repository for oral health and HIV information



Ask

Examine

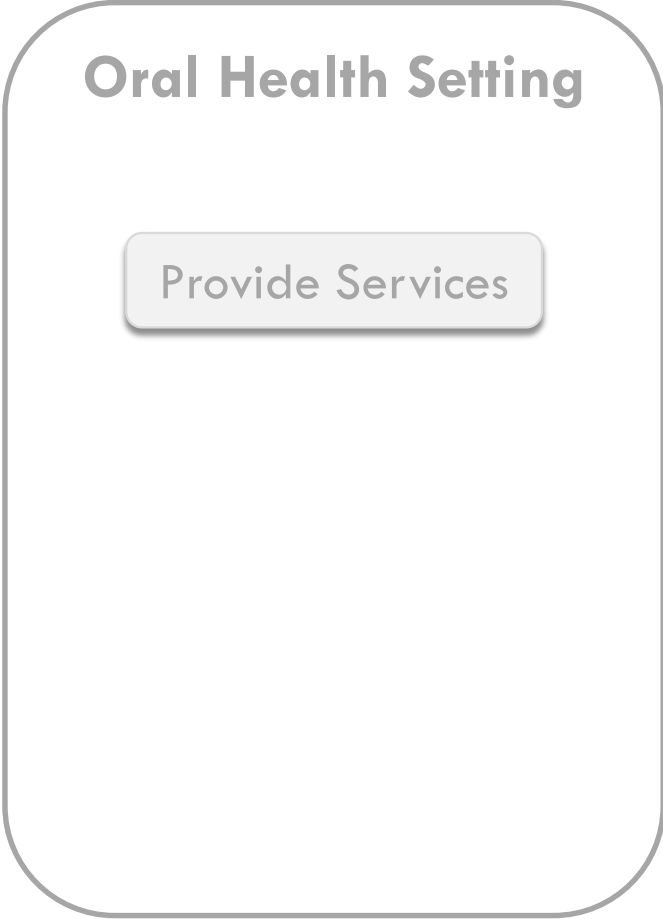
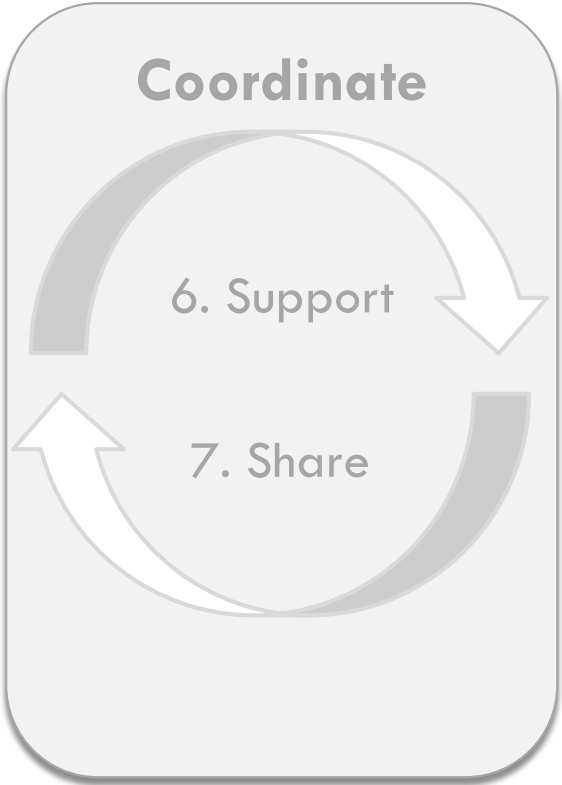
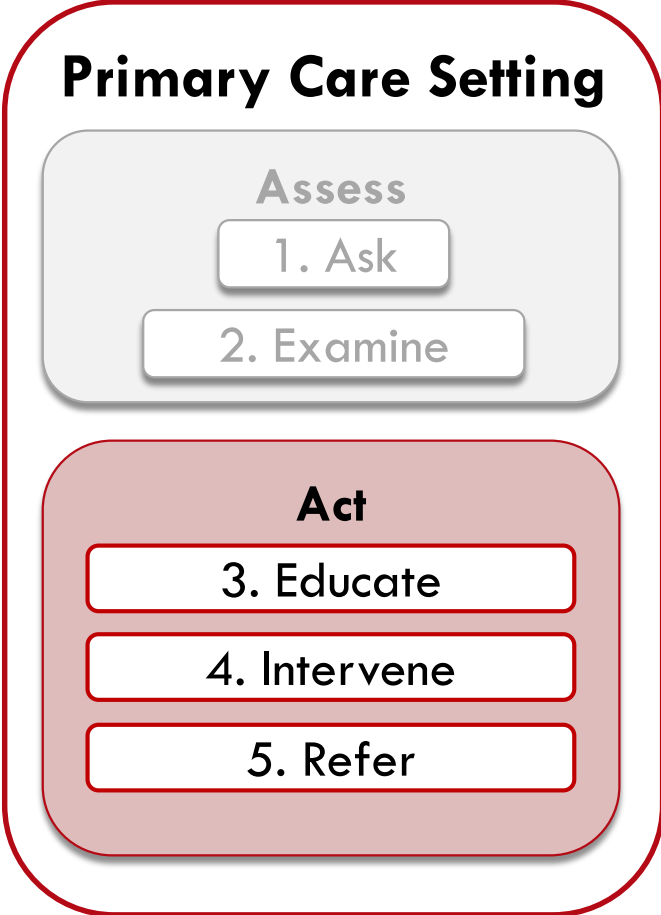
Educate

Intervene

Refer

Support

Share



Educate: Teach and Empower Clients about Good Oral Health

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- ❑ Importance and tips for brushing and flossing
- ❑ Importance of preventative dental care, scheduling and coverage
- ❑ Nutrition
- ❑ Client's perceived oral health barriers

Ask

Examine

Educate

Intervene

Refer

Support

Share

Best Practice Ideas



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- ❑ Don't reinvent the wheel; there are lots of client-centered resources already available
- ❑ Use multiple methods
 - ❑ Nutrition/smoking cessation visits
 - ❑ Posters, videos, brochures
 - ❑ EHR portals/newsletters
 - ❑ Chairside instruction
- ❑ Tailor education to your client population, e.g.:
 - ❑ Clients with dentures
 - ❑ Clients who use meth
- ❑ Distribute hygiene supplies

Ask

Examine

Educate

Intervene


Refer

Support

Share

Don't reinvent the wheel; there are lots of client-centered resources already available

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COMMUNITY HEALTH CENTER

The Importance of Good Oral Health for People Living with HIV/AIDS:

- Overall health depends on your oral health- untreated oral diseases may lead to infections, weight loss, and malnutrition.
- Some HIV medications can cause dry mouth, which leads to an increase in tooth decay and periodontal disease.
- Inadequate oral health care may compromise HIV treatment and compromise quality of life.
- For patients with complex medical needs, it may be necessary to visit the dentist more than two times per year.


What to Expect at Your New Patient Exam:

- Meet your new dentist
- Full Mouth set of X-rays & Oral health exam performed by your dentist
- Development of Treatment Plan- Your dentist will compile a list of all your dental needs based on priority and prices will be listed.
- All of your dental work will be completed at a later date. The New Patient Exam is only to meet your dentist and create the Treatment Plan.
- After your New Patient Exam, you can schedule a cleaning with a dental hygienist for a later date.

Spotlight: Periodontal Disease

The inflammation and infection of the gums and bones that support the teeth

It is especially important to control periodontal disease in people living with HIV.



Your HEALTH is our PASSION

Summary of Primary Care Clinical Interventions by the Safety Net Medical Home Initiative

Integrating Oral Health Care in HIV Primary Care Settings: A Guide to Oral Health Care for People With HIV

California Dental Association Fact Sheet

Missouri Department of Health and Senior Services

North Carolina Department of Health and Human Services

Oral Health Nursing Education and Practice

Smiles for Life

Patient FACTS www.aconline.org/patient_ed

Oral Health and You

What Is Oral Health?
Oral health is not only about keeping teeth clean. It also refers to the jaw, lips, gums, teeth, tongue, and glands that make saliva. Good oral health is important to your overall health. Many health problems, like diabetes, heart disease, and other conditions, are linked with oral health. It's important to talk to both your dentist and primary health care professional (physician, nurse practitioner, physician assistant) about oral health.

What Are Some Common Oral Health Problems?

- A **Cavity** is a hole in your tooth caused by bacteria from plaque buildup. Eating sugary foods and drinks can make plaque worse. When plaque is not cleaned off the teeth, cavities can form.
- **Gingivitis** happens when plaque stays on your teeth for too long. Gingivitis can cause gums to be swollen and tender and bleed more easily. It can also cause bad breath. This is the beginning stage of gum disease.
- **Gum Disease (Periodontitis)** occurs when tartar builds up and contributes to infections deep in your gums. It can lead to loss of tissue, bone, and teeth and can increase your risk for other serious problems, like diabetes, heart attack, or stroke.
- **Dry Mouth** can be caused by medicines for high blood pressure, depression, or other health problems.

What Are the Warning Signs of Poor Oral Health?

- Red, swollen, tender, or bleeding gums
- Bad breath that won't go away
- Loose teeth
- Sensitive or sore teeth
- Receding gums (gums that pull away from the teeth)
- Dry mouth
- Long-lasting mouth sores

How Are Oral Health Problems Diagnosed?
Most oral health problems are diagnosed after your mouth, teeth, gums, and tongue are examined. Your dentist may also use X-rays to help diagnose oral health problems.

How Are Oral Health Problems Treated?

- **Cavities** can be treated by filling or covering the holes in teeth. If a cavity or tooth decay is more serious, nerves in the tooth or the entire tooth may need to be removed.
- **Gingivitis** can be treated by a professional cleaning at your dentist's office. Good oral hygiene will keep plaque and tartar from building up again.
- **Gum disease** is treated by removing tartar and bacteria from your teeth and gums. If gum disease is more serious, you may need prescription antibiotic medicines or dental surgery.



OHNEP ORAL HEALTH NURSING EDUCATION AND PRACTICE

In partnership with **ACP** American College of Physicians

National **Interprofessional Initiative** on Oral Health

Intervene: Incorporate Oral Health into Primary Care Treatment

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- ❑ Prescribing antibiotics for swelling and/or fever related to dental problems
- ❑ Prescribing chlorhexidine rinse for recurrent denture-related problems or gum inflammation
- ❑ Managing dry mouth (applying oral lubricants, frequent sips of water, sugar-free gum, hard candies, and changing prescriptions)
- ❑ Applying fluoride varnish



Best Practice Idea

Be proactive: Use your risk assessment data, don't just rely on client complaints

Ask

Examine

Educate

Intervene

Refer

Support

Share

Tune in on June 6!

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Join us on June 6 at 2:00 ET for the second part of this webinar series, **Connecting Clients to Oral Health Services**



East Carolina University

Grace Wilkins, RN, FNP
East Carolina University
Adult Specialty Care
Greenville, NC

ECU's Clients

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Demographics		Count	Percent
Gender	Male	1,020	64%
	Female	563	36%
	Transgender	3	<1%
Race/Ethnicity	White	322	20%
	Black	1,255	79%
	Hispanic	59	4%
Insurance Status	Private	328	21%
	Medicare	409	26%
	Medicaid, CHIP or other public plan	513	32%
	Uninsured	571	36%

Oral Health Care Delivery

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- ❑ In 2016, established a partnership with ECU School of Dental Medicine
- ❑ PCPs at Adult Specialty Care can initiate referrals for eligible clients
- ❑ ~25% of clients were connected to services between 2016 and mid-2018

Oral Health Care Starts in PCP Visits!

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- ❑ Oral exams are a standard part of visits
- ❑ Important to engage clients, explain importance of oral health and educate
 - ❑ Stress that oral health is more than just emergency care
- ❑ Formalizing and building a process into Epic made referrals easy

Referral Process is Built into Epic

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Initiation

- PCP identifies oral health risk or active disease and types “.dent” phrase into Epic

Eligibility

- Eligibility specialist confirms client eligibility

Funding


- Billing specialist checks cost/available funding

Coordination

- Dental patient navigator sets up appointment, provides supports and communicates with oral health team

Referral Process is Built into Epic

Referral Initiation	
1. Referring Provider:	<u>D. LEBRON</u>
2. Urgency of Request	<input checked="" type="checkbox"/> Routine Request <input type="checkbox"/> Emergency
3. Insurance:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Type <u>N/A</u>
4. County of Residence:	<u>BEAUFORT</u>
Eligibility	
<input checked="" type="checkbox"/> Yes	Expiration Date: <u>3/31/2019</u>
<input type="checkbox"/> No	Date of Denial letter: _____
1. Reason for Eligibility Denial:	_____
2. Date Submitted for RW funding clearance:	<u>9/21/2018</u>
3. Signature:	<u>STACEY HARGROVE</u> <small>Digitally signed by STACEY HARGROVE Date: 2018.09.21 14:48:20 -0400</small>
RW Funding Clearance	
1. Pre-approved for RW funded dental assistance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Approval Date:	<u>09/24/2018</u>
3. Start Date:	<u>04/01/2018</u> Termination Date: <u>09/30/2019</u>
4. Signature:	<u>Aundrea Williams</u> <small>Digitally signed by Aundrea Williams Date: 2018.09.24 13:33:19 -0400</small> Date <u>09/24/2018</u>
5. Date submitted to Medical Care Coordination:	<u>09/24/2018</u>
6. Denied:	<input type="checkbox"/> Has meet annual cap for RW funded dental services <input type="checkbox"/> Other: _____
Medical Care Coordination	
1. Patient Notification of RW funded dental assistance:	Date <u>09/25/2018</u> <input checked="" type="checkbox"/> Letter <input checked="" type="checkbox"/> Phone call :
2. Dental approval letter completed:	Date <u>09/25/2018</u>
3. Dental clinic notified of referral:	Date <u>09/25/2018</u> Person <u>Amanda Joyner</u>
	<input checked="" type="checkbox"/> ECU School of Dental Medicine <input type="checkbox"/> Other: _____
4. Referral Package Sent:	Date <u>09/25/2018</u>

A grayscale photograph of a large, multi-story hospital building with a grid of windows. The building has a prominent entrance at the bottom center. The text is overlaid on the right side of the image.

Grady Infectious Disease Program Medical/Dental Integration Model

**David A Reznik, DDS
Chief, Dental Medicine
Grady Health System - Atlanta**

341 Ponce de Leon Ave, Atlanta, GA 30308

Grady's Legacy of Care

- The Ponce Clinic is one of the largest, most comprehensive programs in the U.S. for people with HIV disease
- Almost 2/3 of patients have advanced, symptomatic HIV disease

Grady treats 1 out of 4 persons living with AIDS in Georgia.

Who are our patients?



- 71% Male, 28% Female, <1% Transgender
- 84% Black/African American, 9% White, 5% Latino
- 14% ≤ 24 , 35% 25-44, 51% ≥ 45 years of age
- 32% < FPL, 60% < 2X FPL
- 42% uninsured, 26% Medicaid, 21% Medicare
- 64% Stage 3 (AIDS)

CY2017 Data

Medical Services

Primary Care Clinics	Specialty Services
Adult Clinic	Cancer Care (Hematology/Oncology) including chemotherapy
Women, Family and Youth Clinic	Hepatitis Treatment
Mental Health, Substance Use and Wellness Center	Pulmonary
<u>Oral Health Center</u>	Neurology
Nurse Adherence Education	Ophthalmology
Evening Hours/Walk-In services	Palliative Care
	Coming soon: Dermatology

Critical Additional Services (Care Completion)

Financial Counseling	Laboratory
Health Education and Peer counseling	Pharmacy including Mail-Order/Specialty Options
Patient Navigation	Radiology
Rapid Entry	Nutritionist
Chaplaincy	Physical Therapy
Translation Services	Medical Transportation
Babysitting	On-site Community Services (Legal Aid, Project Open Hand, The Living Room)

OHC Patient Demographics compared to the IDP

IDP ~ 6,250	OHC ~ 2,000
28% Female	25% Female
71% Male	75% Male
84% Black/African American	81% Black/African American
9% White	13% White
5% Latino/Hispanic	6% Latino/Hispanic

OHC Patient Demographics compared to the IDP

Age	IDP	OHC
24 and younger	14%	3%
25-44	35%	28%
45 and over	51%	69%

Severe Periodontitis is More Common in People with HIV

particularly older males

- The study assessed prevalence and severity of periodontitis in **258 HIV-infected patients** and 539 historical controls with the Dutch Periodontal Screening Index (DPSI).
- Severe periodontitis (DPSI 4) was more prevalent in HIV-infected patients than in controls (**66% vs. 36%**, $p = 0.002$).
- HIV-infection, increasing age and male sex were significant risk factors for severe periodontitis.
- **CONCLUSIONS:** Prevalence and severity of periodontitis are higher in people with HIV compared to controls, particularly in older males. Awareness of the increased prevalence of periodontitis associated with HIV-infection among patients and health-care professionals could significantly improve oral health and quality of life of HIV-infected patients.
 - [J Infect.](#) 2019 Mar;78(3):171-177.

Poor Oral and Mental Health Are Related in People With HIV

- HIV Is Independently Linked to Poorer Mental Health
 - The longer people in a British study had been living with diagnosed HIV, the more likely they were to have **depression** and anxiety.
 - ASTRA (+) and AURAH (-) International AIDS Conference in Amsterdam (AIDS 2018).
- Poor Oral and Mental Health Are Related in people with HIV
 - **Depressed participants**, compared with those without depression, **had worse oral-health indicators**, both in terms of their DFMT index score and average number of missing teeth.
 - **The depressed individuals also had lower health-related quality-of-life** scores in almost all the domains investigated in the SF-36, such as bodily pain, general health, vitality and social functioning
 - **Oral health and health-related quality of life in HIV patients.** [BMC Oral Health](#). 2018 Aug 29;18(1):151.
- **People with HIV who have depression, the study authors concluded, deserve particularly close attention to their health-related quality of life and their oral health**

Electronic Medical (EMR)/Dental Records (EDR)

- EMR – The Infectious Disease Program DENTAL SNAPSHOT
 - Patient Care Coordination Note
 - Chronic pain medication for lumbar stenosis
 - Demographics
 - Problem list
 - Allergies
 - Medications
 - Preferred Pharmacy
 - Relevant labs
 - CD4, Viral Load, Hg A1c, Platelet count, ANC, Hg, HCT,

Select an encounter: No encounter selected

Close patient record

Xbialdocious, Fuzzy* Age Sex DOB MRN Allergies Pt Type PCP LOC MyChart
 5 yrs. M 1/1/06 70450825 Penicillins, Nuts, Cats, N* TEST PA1* MILLER, JAMI* CAMBRIDGE On

Clinical Review

Patient Snapshot

Problem List

Chronic

- DM (diabetes mellitus)
bhn
- Down's syndrome
Adjustment disorder with depressed mood
ENROLLED - COPD PROG (NOT DX, FOR PROB LIST ONLY)
ANTICOAGULANT LONG-TERM USE
ANTERIOR CHAMBER IMPLANTATION CYSTS
GENETIC SUSCEPTIBILITY TO HEMACHROMOTOSIS
GENETIC SUSCEPTIBILITY TO HEMACHROMOTOSIS
Family planning, emergency contraceptive counseling and prescription
Rheumatoid arthritis
Paronychia or onychia of finger
- Down's syndrome
UNSPECIFIED BACKACHE - lower back
ENROLLED - ANTICOAGULATION SVC (NOT DX, FOR PROB LIST ONLY)
GENETIC SUSCEPTIBILITY TO HEMACHROMOTOSIS

Health Maintenance

Late Due Soon Hold

HEARING SCREENING (4 YEARS)	Completed
(HEDIS) HEPATITIS B (0-18 YEARS)	Completed
(HEDIS) DIPHTHERIA-TETANUS- PERTUSSIS	Completed
(HEDIS) POLIOMYELITIS	Completed
(HEDIS) MEASLES,MUMPS,RUBELLA (1-5 YEARS)	Completed
(HEDIS) VARICELLA (1-18 YRS)	Completed

Allergies/Contraindications

- PENICILLINS (PENICILLINS) Hives
- NUTS (TREE NUTS)
- CATS (CATS)
- NSAIDS Anaphylactoid reaction
- AMOXICIL-CLARITHROMY-
LANSOPRAZ
- SULFADIAZINE Hives

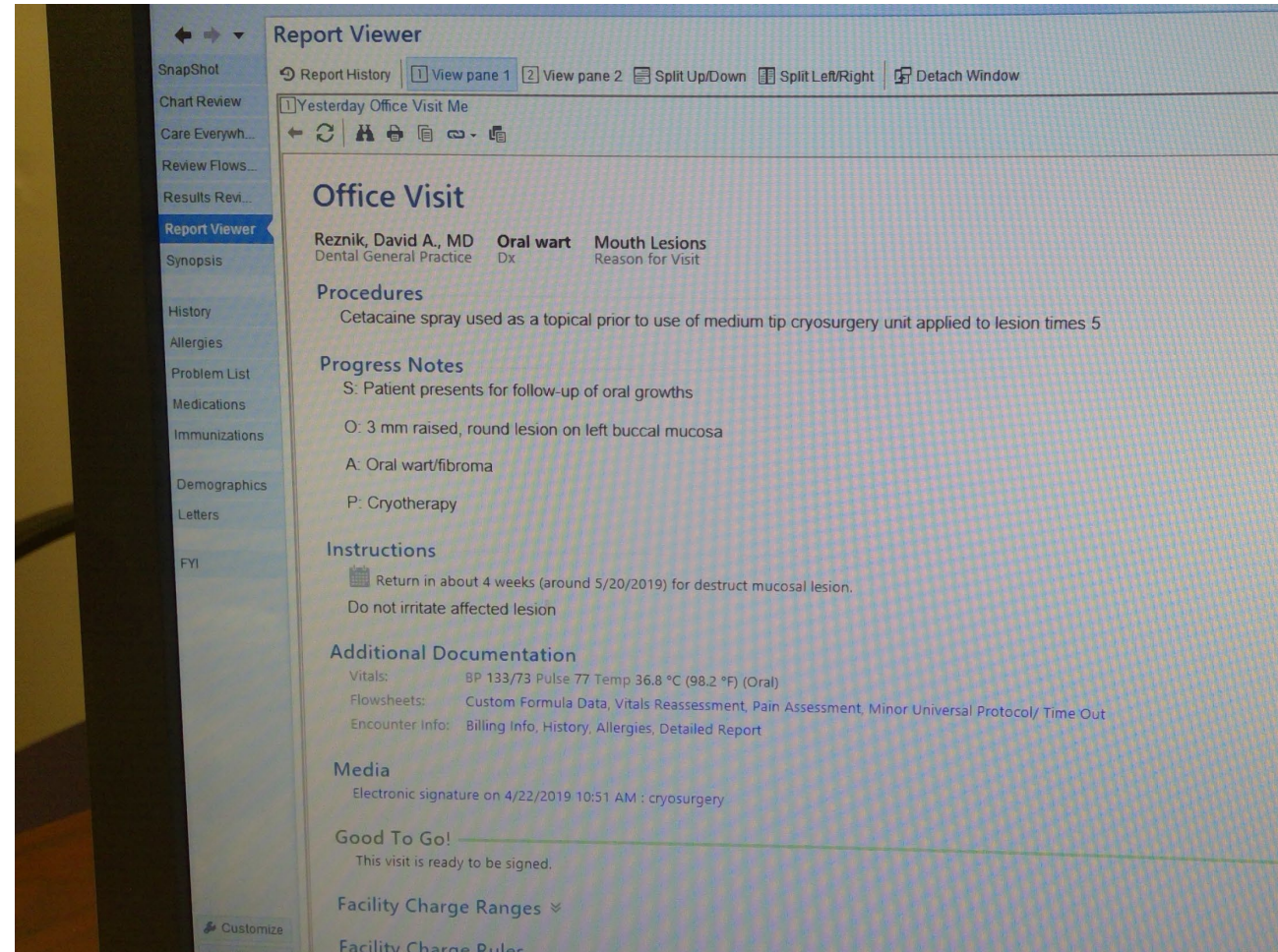
Medications

Long-Term

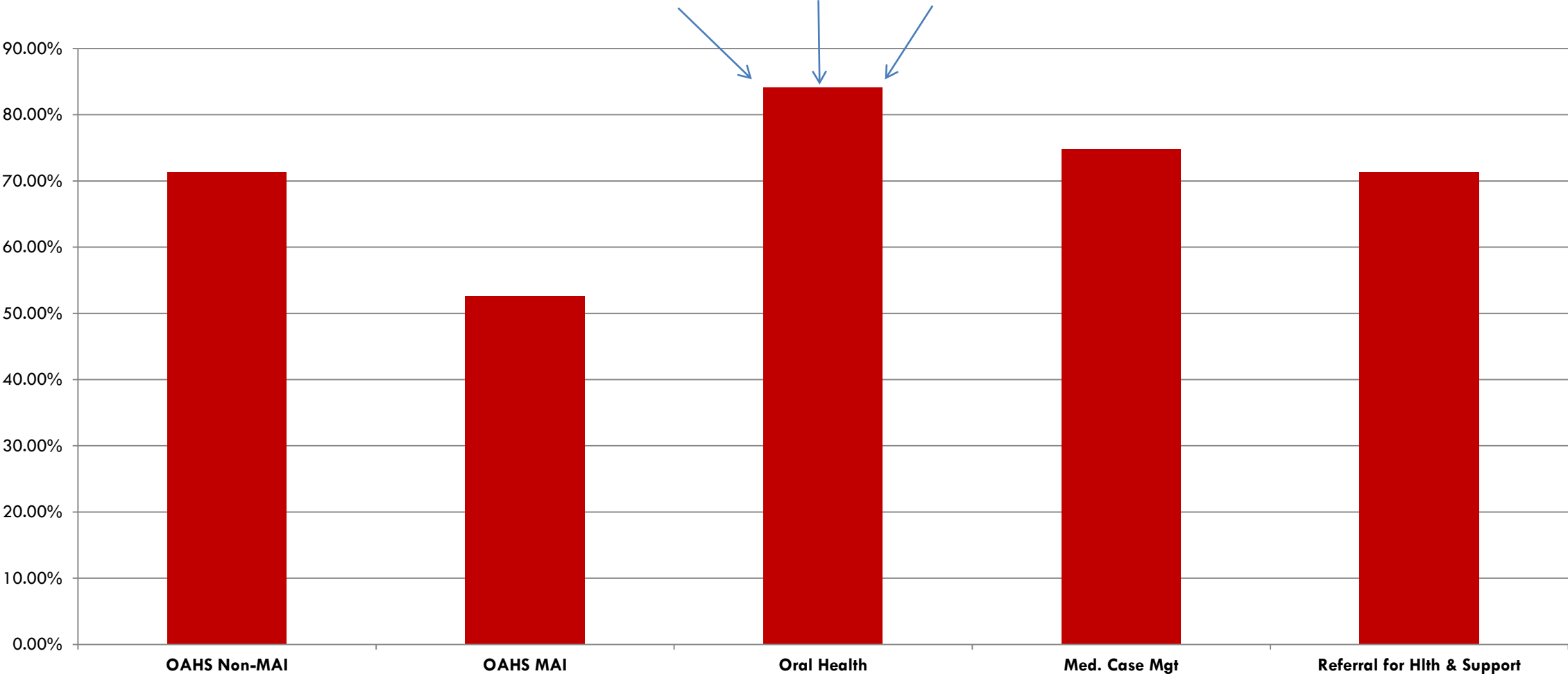
Insulin NPH & Regular Human (HUMULIN 50/50) 100 unit/mL (50-50) Subcutaneous Suspension	None Entered
Insulin NPH & Regular Human (HUMULIN 50/50) 100 unit/mL (50-50) Subcutaneous Suspension	test
Insulin NPH & Regular Human (HUMULIN 50/50) 100 unit/mL (50-50) Subcutaneous Suspension	1 ml
Insulin Glargine (LANTUS) 100 unit/mL Subcutaneous Solution	1 vial
Fluocinolone 0.025 % Topical Cream	15 tubes
Clonazepam (KLONOPIN) 0.125 mg Oral Tablet, Rapid Dissolve	testing refreshable
Cetirizine (ZYRTEC) 1 mg/mL Oral Solution	testing
Acetaminophen (CHILDREN'S TYLENOL MELTAWAYS) 80 mg Oral Tablet, Rapid Dissolve	prn for pain
Bupropion HCl 300 mg Oral Tablet Sustained Release 24 hr	testing DO NOT FILL
Bupropion HCl XL 300 mg Oral Tablet Sustained Release 24 hr	TESTING DO NOT FILL - XL Designation
Lisinopril 40 mg Oral Tablet	Take 1 tablet daily
Lorazepam 0.5 mg Oral Tablet	testing only do not fill
Fluoxetine (PROZAC) 10 mg Oral Capsule	1 capsule daily; do not stop without consulting clinician

EMR/EDR communication

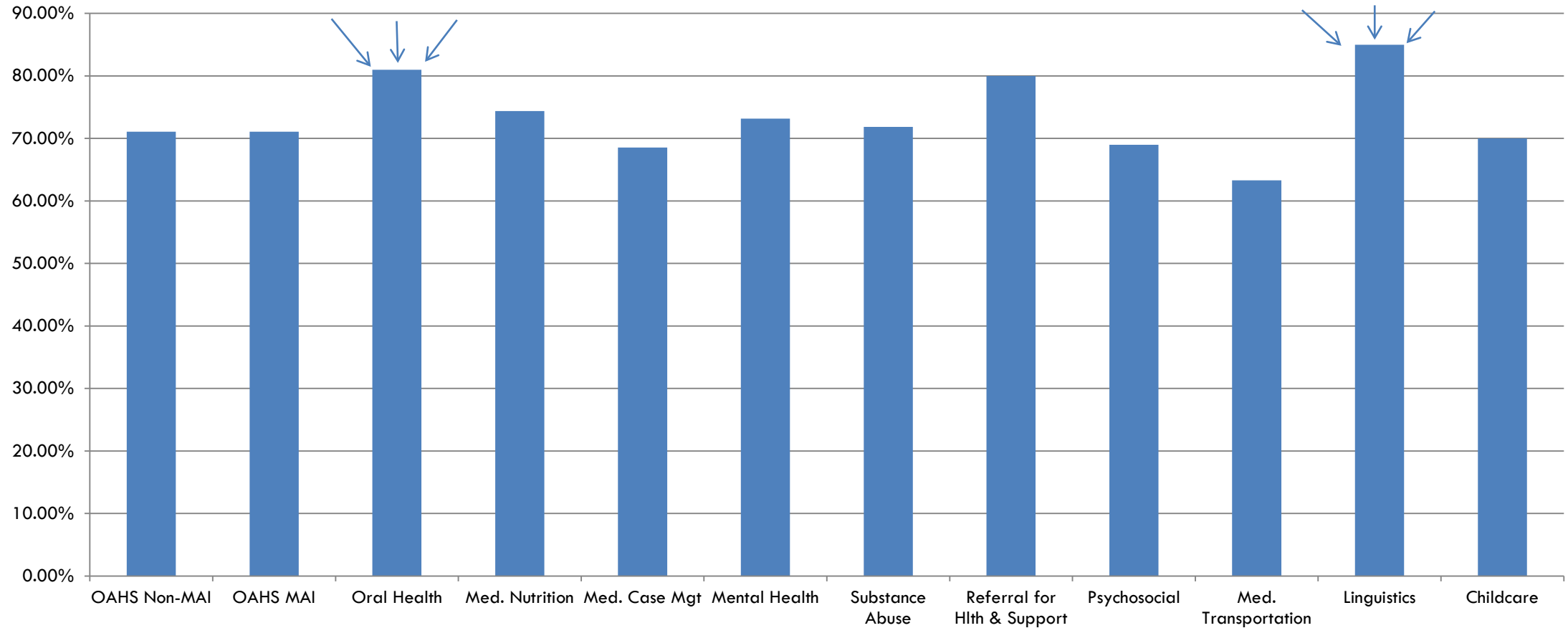
- All prescriptions written are written in Epic
- Procedure notes are in Epic
- Visits – future appointments are in Epic
- Notes in Dentrix Enterprise and transcribed into Epic
- Scheduling of patients only occurs in Dentrix
- The dental team has access to all pertinent information



HAB Core Measure: HIV Viral Load Suppression



HAB Core Measure: Retention in HIV Medical Care



Questions?
dreznik@gmh.edu




Stay Tuned for the Integration Toolkit

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HEALTH RESOURCES AND SERVICES ADMINISTRATION
HIV/AIDS BUREAU

INTEGRATION OF ORAL HEALTH AND PRIMARY CARE TECHNICAL ASSISTANCE TOOLKIT



Next Steps: We Need Your Help!

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- ❑ Nine TA site visits this spring to fall
- ❑ We will work with providers to identify needs and opportunities and develop an action plan for implementation
- ❑ If you're a HRSA RWHAP Part C/D recipient interested in receiving technical assistance for your oral health program, please contact LCDR Tanya Grandison: TGrandison@hrsa.gov

Questions/Answers and Comments