# Community-Based Dental Partnership Program
# Technical Assistance Assessment Report ~ November 2003

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## Acronyms Used in this Report

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| CBDPP | Community-Based Dental Partnership Program |
| CCPH | Community-Campus Partnerships for Health |
| HAB | HIV/AIDS Bureau |
| HRSA | Health Resources and Services Administration |
| PI | Principal investigator |

## Background & Purpose

The Community-Based Dental Partnership Program (CBDPP) of the Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) funds eligible dental schools, postdoctoral dental education programs, and dental hygiene programs to increase access to oral health care for unserved and underserved rural and urban HIV-positive populations (from project website). The goal of this program is to address unmet oral health care needs for unserved HIV positive populations, and to train new generations of dental providers who are prepared to manage the oral health care of people with HIV. Grant applicants were encouraged to develop creative multi-partner community-based collaborations that balance power and share resources among partners and develop innovative curriculum design, quality improvement programs, and program assessment methods that involve the partner programs' staff and patients in every facet of the project.

Community-Campus Partnerships for Health (CCPH), a national nonprofit organization that promotes health through partnerships between communities and higher educational institutions, is working with the Community-Based Dental Partnership Program to assess training and technical assistance needs and prepare educational resource materials. In order to enhance the support provided by the HAB to this program, CCPH contacted each of the grantees in order to assess the progress being made on the grant and the grantees' strengths and/or challenges that could be incorporated into future technical assistance and training activities. Based on the resources and time available, CCPH and HAB agreed that this assessment would be informal but deliberative, consisting of one-on-one conversations or group conference calls depending on the grantees' availability and desires.

## Process & Methods

This report is the result of telephone discussions between CCPH and the grantees. After working with the HAB staff to define the scope of this project, CCPH defined a list of topics that would provide structure for each conversation. Introductory emails were sent to each principal investigator (PI) to schedule a time to talk. PIs were offered the opportunity to schedule a group conference call in order to include their partners and/or have the partners speak to CCPH on a one-on-one basis. CCPH sent the list of discussion topics for review and feedback. These topics included:

1. Overview of grantee curriculum and community-based dental services.
2. Ways in which the HIV/AIDS Community-Based Dental Partnership program compliments or enhances the goals of the grantee institution.
3. Strategic issues and challenges faced by grantee institution, especially as they relate to the Community-Based Dental Partnership program.
4. Ways in which grantee institution is developing partnerships or collaborations as required by this grant, including capabilities and challenges in this area.
5. Ways in which grant partners are included in the design, implementation, assessment of the service delivery plan, and grant-related decision making.
6. Topics and details covered by any grant-related Memorandum of Agreement.
7. Ways in which grantee institution has changed or is changing curriculum design, quality improvement programs, and program assessment methods (including strengths, challenges, and partner involvement in each of these areas).
8. Grantee institution's strengths and challenges related to training of students and residents, including hands-on training, supervision by community-based dentists, and competencies in public health.
9. Grantee institution's strengths and challenges related to service-delivery, including referral services, outreach/education of patients, collaboration and coordination of services, program assessment, and confidentiality and information sharing.
10. Grantee preference for different types of technical assistance and training.

The conversations took place between April 2003 and September 2003. CCPH spoke with 25 individuals from of each of the twelve grantee sites, including principal investigators (PIs), co-PIs/institutional colleagues (i.e., actively involved in grant but not community-based) and community-based partners:

CCPH staff took notes during the conversations and used these notes to identify themes and issues to be included in this report to the HAB. The identities of individuals, organizations, and institutions have been omitted for the comfort and confidentiality of the grantees. This draft report is being sent as an email attachment to the PIs (as the main contact for their partnerships) for their review and feedback. We are encouraging them to share the report with project partners for their review and feedback also.

## Grantee Strengths and Capabilities

It is obvious from the conversations and the grantee descriptions that this group of grantees was selected based on a number of strengths and capabilities that will lend themselves to successful completion of the program's objectives. As a result, the characteristics listed below are not surprising; however, these strengths and capabilities should be identified and utilized to strengthen the program as a whole as it supports current grantees and plans for future grantees.

The majority of the CBDPP grantees were eager to discuss the progress they had made in the first year of their grants. In addition, many of them seemed excited to "tell their story" to the CCPH staff—explaining history, trials and tribulations, and the relationships that exist within the community. Such descriptions are rich with information and should be encouraged as a way to balance the *clinical* focus of the dental profession with the *social/civic* role that dental providers, institutions, and students play as health professionals within their communities. In addition, the following characteristics seemed consistent across the majority of grantees:

*1. Partnerships built on past relationships*

Most of the PIs had the advantage of past relationships with the community-based clinics, community residents living with HIV/AIDS, and AIDS Service Organizations that then became formal partners in the

planning and implementation of the grant. PIs had either been involved with AIDS-service partners as part of the PI's role in the HIV/AIDS services community or the PI's institution had treated HIV+ patients within the school's dental clinic or out in the community and, as a result, knew who the other care providers were for these same patients. For several of the PIs who were already treating HIV+ patients (many receiving Ryan White Dental Reimbursement awards), the CBDPP grant expanded services for a population and community that the PIs were already connected to and the same holds true for the community-based partners. Several PIs and community-based partners stated in so many words, "We already knew each other…we see each other at consortium meetings…we've been making referrals to each other for years." For a few grantees, the CBDPP is an opportunity to explore a deeper collaboration that was always desired but never supported with concrete resources. Given the amount of time it takes to build trusting, personal relationships, this history of functional relationships is a key strength. Grantees could learn from each other regarding the ways that PIs balance their clinical/teaching roles with their roles as collaborators in their communities and the ways that all partners can come together to build consensus.

*2. Individual principal investigators provide leadership, commitment and passion*

Another key capability of the group of CDBPP grantees is the strong leadership exhibited by many of the PIs. It was obvious from talking to the PIs one-on-one and in combination with community partners, that many of the grant proposals hinged on the fact that the individual PI had the commitment and passion to meet the CDBPP objectives. Since most of the PIs are connected to, if not located within, a dental or medical school, the bureaucracy and culture of the institution has the potential to either support or constrain the PIs. However, many of the PIs described a personal history and commitment to serving individuals living with HIV/AIDS. Some PIs have been doing this work for twenty years and know the "ins & outs" of the HIV/AIDS service network whereas others had been treating HIV+ patients in the clinical setting only and had to seek out the expertise and assistance of their community partners with more experience in grant writing and administering multi-partner grants. Either way, the leadership exhibited by many of the PIs is a great asset to the CDBPP program. Within this group of individuals are trainers and resources that the HAB can draw from as it works to strengthen this and other community-based dental partnership programs. In addition, several of the PIs seem to possess the type of leadership that lends itself to a collaborative, consensus-building partnership vs. maintaining their status as individual silos of expertise; the collaborators are the true leaders.

*3. Honest attempts at "new ways" of doing business*

As part of the past relationships and leadership described above, many of the grantees have been making progress on their grant objectives by implementing new structures of decision-making, education and service-delivery encouraged by the original grant guidance. Several of the grantee partnerships have developed committees that review, recommend and decide on key program elements (a couple of sites are investigating ways to bring students and residents into the program planning process). Other sites have developed new ways of coordinating services so that all partners (dental clinic, medical case management, transportation services, etc) have knowledge of each patient appointment and can do their part to make sure that high quality, comprehensive services are delivered as part of this grant. Still other grantees are tackling the student education component in new ways, from producing a student primer on HIV/AIDS oral health issues to incorporating new patient contacts, role plays, and social/behavioral/cultural issues into pre-rotation preparation.

4. *Institutional support and culture that facilitates community-based work*

Since the majority of the CBDPP grants are located in academic institutions (dental schools), the issue of institutional support comes up as both a strength and a challenge (see below). Several of the PIs are located at schools whose mission overlaps with that of the CBDPP. PIs located in this type of supportive environment had fewer conflicts in their ability to meet the goals or the grant and still meet their teaching/clinical responsibilities because these goals and responsibilities overlap. Those are the grantee

sites that were also able to work collaboratively across disciplines (e.g., medical, public health, education, strategic planning) in order to fully meet their grants objectives. These were also the grantees who had less trouble changing the curriculum/course timing to support the HIV/AIDS-related community-based experiences for the students and were more motivated to include students or residents in the grant's planning/implementation process (e.g., including students on committees or as part of establishing the pilot rotations). The institutions whose culture and mission directly supports the CBDPP objectives are ones that can be used as models of change within dental education.

## Grantee Challenges

Although most if not all of the grantees have certain strengths and capabilities that have helped them make progress on this grant, there are a number of challenges that were identified through the conversations. Some challenges, such as budget cuts and personnel changes are not under the control of the grantees and require creative solutions to still meet the CBDPP objectives. Other challenges, such as minimal partnership development, are a result of a variety of other challenges that must be dealt with one-by-one (lack of relationship-building time, minimal value placed on collaborative decision-making, etc). The challenges listed below include problems and trials identified by the grantees in addition to issues and the perceptions of the CCPH staff that came out of the telephone conversations.

*1. Environmental factors*

The majority of grantees identified one or more challenges that are grouped here as *environmental factors*, or those external influences that affect the ability of the grantees to carry out the objectives of the CBDPP.

- **Budget cuts –** In addition to federal budget challenges, many of the grantees' states are facing serious financial crises that have a trickle-down effect on the publicly-funded institutions. Grantees have to find ways to work around hiring freezes and have to maneuver the CBDPP activities through an increasingly stressful environment.
- **Local politics –** Some grantees must maneuver around local politics, whether it's the politics of local government or the politics among AIDS service organizations; both types present challenges to the ability of the grantees to bring people together and implement change in service-delivery systems.
- **Institutional change –** Several of the PIs have been faced with key personnel changes within their institutions (e.g., original PIs/authors of grant proposals have left and/or key departments/partners have had staff turnover). In addition, some of the grantee institutions are in the middle of massive curricular changes and/or participation in other initiatives which adds another level of complexity to meeting the CBDPP objectives.
- **Continued stigma and prejudice --** Several grantees discussed the fact that their objectives include training both students and community-based practitioners in HIV oral health care. Unfortunately, the continued stigma and prejudice that still surrounds HIV/AIDS disease presents a key obstacle that grantees are working to overcome.

*2. Limited time and unlimited bureaucracy*

- **Most frequent complaint is "not enough time" –** As expected, the most frequent challenge cited by most of the grantees was "not enough time". The CBDPP work plans are ambitious and most of the individuals working on the grantees (PIs and partners) have several other commitments as well. Add to that situation the environmental factors listed above and the required "partnership" process and *time* (or lack thereof) is viewed as a major problem. That said, many grantees seemed pleased that the HAB built planning time into the first year and have used that time effectively.

- **Institutional and governmental processes –** Aside from unexpected institutional changes described previously, grantees have also found challenges in the bureaucratic processes that are part of large academic institutions and/or public agencies such as county government. Logistics such as equipping a new clinic, changing a course schedule and hiring new staff often have multiple steps, mountains of paperwork, and time schedules that are less than ideal. Several grantees indicated that these bureaucratic processes presented numerous obstacles to be overcome in order to make progress on their CBDPP work plan.

*3. HRSA grant processes*

Although none of the grantees expressed dissatisfaction with the HAB office or current reporting requirements, several of the PIs expressed anxiety when recalling the initial grant proposal process and when anticipating the Year 2 continuation proposal process. As one PI stated, 'Many of us are clinicians, not administrators…we don't know how to do this!' Fortunately, several of the PIs have partnered with HIV/AIDS training and service providers who have extensive experience in pulling together Ryan White related grant applications.

*4. Curriculum change /rotation scheduling/student interest*

Negotiating schedules within academic institutions and working within institutional structures to change curriculum content were other challenges mentioned by grantees. Although not all of the grantees are tackling curricular issues as part of their CBDPP grants, the ones who are have had to overcome typical obstacles of scheduling conflicts, supervisory staffing issues and rotation design. A particular challenge for a couple of grantees is the need to stimulate student and resident enthusiasm in serving the HIV/AIDS population in a community-based setting. This challenge relates back to the institutional culture, to the expectations of the students/residents, and to the continued stigma connected to the HIV/AIDS community.

*5. Partnership development*

The process of the partnership development and the extent to which all partners were involved in grant-related planning and decision-making was a major part of the discussions with the grantees. Through their describing their strengths, accomplishments, and challenges, the grantees were able to explain what factors were impacting their partnerships' development. For example, building on past relationships and having a committed PI helped to support several grantee partnerships. On the flip side, lack of institutional support, lack of staff time, and statewide budget issues all impact the ability of the partnering organizations to come together to implement this grant. Other challenges include:

- **Challenges of bringing partners together –** For many grantees, it seems at times to be physically impossible to coordinate the schedules for individual representatives to come together for in-person meetings. Although some partners have been able to plan regular committee and partnership meetings, others have had to rely on email and teleconferences. Still others have had a difficult time connecting due to what seems to be a lack of interest on the part of some partners and/or a lack of attention being paid to partnership "processes" (open communication, clear roles, etc)
- **Exclusion of students/residents in planning process –** Although several of the grantees have students and residents as key service providers and recipients of new training, there are only a couple of these grantees that seem to include students and residents as "internal partners" in the CBDPP partnership process. This exclusion of students/residents from the partnership planning/implementation process might be aggravating the other challenges such as lack of interest by students and lack of capacity in the community by (future) private practice clinicians to serve the target population.
- **Variation in criteria/definition for the concept or term "partner" / "partnership" –** Across all of the grantees there is wide variation of what constitutes a "partnership". For some grantees, the partnership consists of all organizations/individuals who play some role in the CBDPP and

these partners are brought together to provide input and make decisions on the implementation of the CBDPP grant. In a couple of the other situations, the PI feels the pressure to make sure the grant is implemented and does so by checking-in as needed with key partner organizations. For a few other grantees, the term "partner" has almost the same meaning as "trainee" where the partnering organizations have agreed to receive needed HIV/AIDS oral health training and the PI is responsible for providing that training. In the latter of these examples, it is unclear as to whether the grant is being implemented through a "partnership" model as encouraged by the original CBDPP. However, except for cases where other problems have arisen, the "partner as trainee" models are providing valuable services through this grant.

**Recommendations for Technical Assistance and Training**

The recommendations listed below include direct requests made by grantees during the telephone conversations and suggestions from the CCPH staff, with a focus on those activities that would be most feasible and useful given the limited resources of funding and time.

*1. Distribute grantee information and products across all CBDPP sites and via CBDPP website*
Grantees asked for this…some grantees are producing products that other grantees could use.

- Provide updated grantee profiles (so that they can each see what the others are doing…easier to read if provided in standard format vs. narrative abstract)
- Upload products such as training outlines, curriculum guides and HIV oral health primers

*2. Provide opportunities and forums for sharing across sites*

- Implement and maintain CBDPP email listserve
- Conduct virtual meetings including teleconferences, web-based chat rooms and bulletin board services (see topics below)
- Host in-person meetings (About half of the PIs attend ADEA and fewer attend Ryan White…although some of the partners attend Ryan White meetings. Other meeting recommended is the public health dentistry meeting)

*3. Provide training and educational resources on these priority topics*

- Developing sustainable partnerships
- Enhancing and expanding multidisciplinary health professions education
- HRSA grant application and reporting procedures
- Serving the oral health needs of specific populations affected by HIV/AIDS such as homeless community, Latino/Latina, African American, working poor/military, incarcerated populations, and intravenous drug users.
- Clinical, funding and other strategic issues that might impact oral health/HIV/AIDS service-delivery and health professions education
- "How to" primers on "How do you…change curriculum, schedule rotations, coordinate with partner clinics, etc?"