

Community Health Workers and Oral Health: Creating an Integrated Curriculum in Kansas

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Introduction

Many states are integrating community health workers and other community-based workforce into their health care system. Community Health Workers (CHWs) are trusted members of the community that facilitate care coordination with health and health-related providers, enhance access to community-based services, address social needs and provide health education. CHWs can play an integral role in facilitating care and advancing health equity for historically marginalized populations.

Community health workers provide an opportunity for states to expand access to oral health education and care for consumers. CHWs are shown to increase [knowledge of oral health best practices](#), and [activities like brushing and flossing](#) among patients. These services are especially needed in [dental care professional shortage areas](#). CHWs, however, require training to be able to coordinate dental care and educate patients about oral health. Kansas is a model for expanding CHW education to include oral health.



This brief is a part of a series on CHWs and oral health. To learn more, [read NASHP's case study on Minnesota's efforts to improve oral health care access across the lifespan.](#)



Community Health Workers in Kansas

In Kansas, CHWs [primarily serve](#) low-income individuals, rural populations, individuals with behavioral health needs, women and children, many of whom are uninsured. As shown in the [2021 Kansas CHW Workforce Assessment](#), CHWs largely provide education and connect people with social supports and programs and enroll individuals in health insurance. Of the 133 CHWs who responded to the survey, most respondents were female, white, non-Hispanic and between 45-59 years old. Nearly 15 percent of respondents are certified clinicians including nurses and social workers. Managed care organizations (MCOs) and federally qualified health centers (FQHCs) are the largest employers of CHWs in Kansas.



The State of Oral Health in Kansas

- Currently, Kansas offers a [limited dental benefit](#) in its Medicaid program for adults.
- The recently enacted [FY 2023 state budget](#) includes \$3.5 million for preventative and restorative dental services for individuals enrolled in KanCare, the state's Medicaid program. The benefit will begin later this year.
- In 2019, 17 percent of children ages 1-2 years and 43 percent of children ages 2-5 years enrolled in Medicaid [received a preventative dental care visit](#).
- In 2018, [over 30 percent](#) of adults ages 16-19 did not visit the dentist in the last year.
- [Half of pregnant women](#) had their teeth cleaned during pregnancy in 2019.
- [Thirty-five percent of Kansans](#) do not have access to fluoridated water.

The [Kansas Community Health Worker Coalition organizes the CHW training](#). This Coalition developed core competencies for training based on C3, the [CHW Core Consensus Project](#). Additionally, CHWs use a training [curriculum](#) created by the Mid-America Regional Council that integrates classroom and services learning for CHWs. [CHW education](#) in Kansas includes 100 hours of training, 60 hours of services learning, and an evaluation process. CHWs are trained in the following areas:

- Self-awareness
- Service coordination and system navigation
- Educating to promote healthy behavior change
- Advocacy
- Individual and community capacity building
- Effective communication strategies
- Cultural responsiveness
- Documentation and reporting
- Professionalism and conduct
- Use of public health/community health concepts and approaches
- Individual assessment, and
- Community assessment, including identifying barriers and resources

Incorporating Oral Health


In partnership with [Oral Health Kansas](#), the [Kansas Community Health Worker Coalition](#) integrated oral health information in each core competency of the CHW training curriculum. Some states' or other organizations' curricula include a separate oral health module, but stakeholders in Kansas preferred a cross-cutting approach, where oral health is included across the modules. Members of Oral Health Kansas attended Coalition meetings to suggest areas where oral health information could be integrated. Examples include ensuring oral health clinics are identified as a part of community resource assessments, including oral health in health assessments, and providing clients education and tools to improve their oral health.

Table 1: Examples of Curriculum Changes to Integrate Oral Health

CHW Learning Objective	Oral Health References
Promoting Healthy Eating & Active Living	<ul style="list-style-type: none"> • Role of sugar in tooth decay • Acid attacks on teeth • Reduction of sugary meals, snacks, and beverages
Incarceration in the U.S.	<ul style="list-style-type: none"> • Oral health of incarcerated and formerly incarcerated populations • Access to dental services
Service Learning	<ul style="list-style-type: none"> • Include oral health resources as part of education materials • Speak to vendors about how they integrate oral health into services

Reimbursement and Certification of CHWs in Kansas

States can implement a [variety of models](#) for CHW reimbursement and certification. Kansas does not currently reimburse for CHW services through its Medicaid program, however, MCOs are required to coordinate care for their members and can partner with CHWs to do so.



To learn more about how states reimburse, finance, partner and credential CHWs, visit [NASHP's map of CHW models](#).

Some states have certification and training requirements for CHWs. For example, in neighboring Missouri, CHWs must complete a program with a certified curriculum provider, or be eligible for a legacy option to apply for certification through the [Missouri Credentialing Board](#). Kansas also has a partnership with the Missouri Department of Health and Senior Services and they promote education sessions to Missouri CHWs as well.

In Kansas, the CHW Coalition's executive team worked with state policymakers to create recommendations for CHW certification. These recommendations include:

- Pursue **non-state agency certification**, recognizing CHWs who completed a Kansas Department of Health and Environment (KDHE)-endorsed training program.
- Develop and **maintain a registry** of CHWs who completed the KDHE-endorsed CHW training program.
- Registry maintained with input from a **KCHWC advisory body** (min. 51% CHW participation).
- **Explore a CHW Continuing Education Unit (CEU) process** to maintain active status on the registry.
- **Recognize Missouri credential** – a CHW with a Missouri credential can be added to the Kansas registry. Explore recognition of certifications for other neighboring states.
- Include process to **recognize past work experience** (versus training) as a pathway to inclusion on registry.

Kansas CHW Coalition leadership emphasized the importance of ensuring that CHWs come from the communities they serve. One strategy to promote more inclusive hiring practices is educating employers about the advantages of hiring individuals with lived experience and knowledge of the community's resources, and to create job descriptions that value experience over education.

Conclusion

CHWs are a critical part of the health and oral health care workforce. CHWs have the potential to reach historically marginalized communities that face barriers in accessing health insurance and oral health care. By integrating oral health across the CHW curriculum, Kansas provides an innovative example for other states looking to incorporate CHWs into their oral health workforce.

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