Look Ma!
Cavities & No Dentist, Too!
Meeting the Oral Health Needs of Rural Communities

Jack Dillenberg, DDS, MPH
Dean, Arizona School of Dentistry & Oral Health
State of the Dental Workforce

- National Oral Health Status & Children’s Oral Health
  - IOM Dental Education at the Crossroads
  - ADA Future of Dentistry
State of the Dental Workforce

• National Health Policy Forum
  – Improving Oral Health: Promise and Prospects
  – ADEA President’s Commission
    • Improving the Oral Health Status of All Americans
      – Roles of Academic Dental Institutions
Surgeon General’s Report on Oral Health

- Oral diseases common and consequential
- Linked to overall health and well-being
- Profound disparities in oral health status

- Disparities
  - SES
  - Rural areas
  - Minorities

www.nidcr.nih.gov/sgr/sgr.htm
Societal Commitment

• “Economic market forces, societal pressures and professional self interest must not compromise the contract of the oral health provider with society.”

  – Report of the ADEA President’s Commission, March 2003
Societal Changes

• Public is increasingly well informed about their healthcare choices

• Patients want more active role in defining their healthcare needs

• Need for healthcare workers to respond to need for consumer participation and choice in healthcare

The Future of Primary Care, Editorial. Feb. 2003, 230-231
Societal Changes

- Emergence of older population
  - Need exists to coordinate chronic disease management and oral healthcare
  - Physicians, dentists, physician assistants and nurse practitioners must provide care in a collaborative manner
  - Need a more systematic approach to coordinating chronic disease care
After years of dating, Betty knew right away. She had finally met her perfect match.
Who to Engage in Making the Changes?

• Health care system executives
• Medical and dental school deans
• Legislators
• The public

The Future of Primary Care, Editorial. Feb. 2003, 230-231
Paradigm Shift

• A move from primary care…

• To comprehensive care…

• To interdisciplinary care
A New Perspective on Health

• Health
  – Harmonious integration of body, mind & spirit within a responsive community
  – Dx and Tx yes! But focus shifts to strengths and assets first, not just deficits
## A New Perspective

<table>
<thead>
<tr>
<th>Standard</th>
<th>New</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk</td>
<td>Resilience</td>
</tr>
<tr>
<td>Problems</td>
<td>Opportunities</td>
</tr>
<tr>
<td>Deficits &amp; needs</td>
<td>Strengths &amp; assets</td>
</tr>
<tr>
<td>Dx and Tx</td>
<td>Prevention &amp; wellness</td>
</tr>
<tr>
<td>Medicine &amp; Dentistry</td>
<td>Public health</td>
</tr>
<tr>
<td>Centralization</td>
<td>Decentralization</td>
</tr>
<tr>
<td>Drill down</td>
<td>Connect across</td>
</tr>
<tr>
<td>Fix it</td>
<td>Adapt to it</td>
</tr>
</tbody>
</table>

Health in a new key, St. Luke’s Health Initiatives, www.slhi.org
Resilient Communities

- **Diversity**
  - Of species, functions, response, opportunity & economic options

- **Redundancy**
  - Functions & institutions that diffuse disturbances & self-organize and adapt

- **Feedback Loops**
  - Allows us to monitor and adapt to change

Health in a new key, St. Luke’s Health Initiatives, www.slhi.org
Resiliency & Self-Reliance

• To build community resilience & self reliance
  – Be prepared for a long-term commitment
  – Build from the bottom up
  – Be a coach and ally/not an expert
  – Invest in organizing
  – Be an advocate
  – Start with strengths, assets
  – Build peer-to-peer networks
  – Don’t be a control junkie
Leadership is Required

• Leadership Style & Success
  – “Servant leaders”
    • Compassionate, humble, reverent, open, teachable, respectful, caring
  – They model authority through:
    • Service, humility, contribution
The Medical/Dental “Home”

- Not just a physical place
  - Accessible
  - Continuous and comprehensive
  - Family centered
  - Coordinated
  - Compassionate
  - Culturally effective

Oral Health as a Part of Overall Health

- Pregnancy
- Coronary heart disease
- Diabetes
- Pneumonia
- Self esteem
- Stroke

Oral Health Facts

- Dental disease is the most common unmet health need in U.S.
- General public more likely to lack dental insurance
- Access to dental care limited under Medicaid
- 52 million school hours lost annually to dental issues

www.nidcr.nih.gov/sgr/sgr.htm
Example: NC Medicaid Program

- Pediatricians & Family Practitioners provided the following:
  - Oral health education
  - Screenings
  - Fluoride varnish applications
  - Dental referrals

- Partnership supported by dental, pediatric, family practice societies
Healthcare Providers: A Role in Dentistry

- Anticipatory guidance/counseling
- Risk assessment
- Manage simple dental trauma
- Maternal oral health counseling
Healthcare Providers: A Role in Dentistry

- Fluoride varnish application
- Dental referral/collaboration
- Monitor oral-systemic health interactions
Barriers

• Oral health absent from radar screen of non-dental faculty, residents, staff

• Providers busy – oral health not a priority

• Confusion about provider role as related to dentistry
Decreased Dental Insurance

"Before I forget, Detrick, here's the dental plan."
Confidence Builds Effective Leaders
• It is not what we have that will make us a great nation; it is the way in which we use it.
  – Theodore Roosevelt
  – Dakota Territory, July 4, 1886
The Future is Total Healthcare!

• An Aging Population
  – Chronic diseases
  – Living longer with teeth
  – Poly-medicines

• Technology
  – Internet
  – Genetics
The Future is What We Make It!

“Cosmetic dentistry changed my life.”
Future of Dentistry

• Need for more comprehensive care in special and medically complex patients

• Treating patients with/without teeth – not just teeth!

• Integration, integration, integration....
Utilize Technology

Professor Furtak discovers a new way to capture student attention during class
The Future of Our Profession

• Whom We Select
Arizona School of Dentistry & Oral Health

Our Purpose:

– To educate caring, technologically adept dentists who become community and educational leaders, serving those in need
Arizona School of Dentistry & Oral Health

- Needs Focused
  - Educating competent, compassionate dentists for underserved communities

- Service Education
  - Coordinating student partnerships with communities of need

- Leadership Training
  - Educating dentists to become community health leaders
Community-Based Educational Model

- ASDOH is an educational model that relies on an exceptional cadre of motivated, experienced, learning guides (mentors) for our students.
Community-Based Educational Model

We expect that our graduates will be:

– Community leaders
– Managers of public, not-for-profit and private sector oral health organizations
– Culturally-competent
– Community-responsive
– Able to serve as a resource in their community for dental public health issues
Community-Based Educational Model

- Students will learn from, and be encouraged to become caring, community-minded health care providers.
Special Care Clinic

- Meeting the needs of Arizona’s most fragile population
Dentistry in the Community

• Examples of ASDOH Student Involvement
  – Hurricane Katrina
  – Lost Boys of Sudan
  – Give Kids A Smile
  – South Africa Medical & Dental Mission
  – Guadalupe Project
  – Habitat for Humanity
  – Interdisciplinary Projects
  • Working with other health care programs within ATSU to promote oral health as a component of overall systemic health
4th Year External Rotations

– Goals:
  • To make a difference in the oral health of those we serve
  • To change the face of dental education, and in the process, improve access to oral health care across the nation

– Students are provided with the following:
  • Exposure to a variety of community and public health based clinical environments
  • An opportunity to be taught and mentored by excellent clinicians
  • A deeper understanding of the unique oral health challenges faced by many communities
4th Year External Rotations

– Community-Based Clinical Rotations
  • Examples of the 60+ sites:
    – Arctic Slope, Alaska Native Association
    – Penobscot, Maine CHC
    – Phoenix Indian Medical Center
    – High Plains, Colorado CHC
    – Family Health Centers of Southwest Florida
    – Hopi Healthcare Clinic
    – Redwoods Rural Health Center
Certificate in Core Concepts of Public Health

- Online coursework begun 2\textsuperscript{nd} year
  - Biostatistics
  - Epidemiology
  - Health Policy & Administration
  - Health Behavior & Health Education
  - Environmental Health Sciences
Hometown Project

• Hometown aids aspiring dental students by linking with a CHC:
  – Locating a CHC needing volunteers
  – Gaining ASDOH application endorsement
  – Understanding the CHC working environment
  – Learning from a CHC mentor
  – Assistance in seeking employment pathways in a CHC
  – Identifying loan assistance and repayment programs
**What Can YOU Do For Your Colleagues?**

- **Encourage change** within traditional healthcare education to reflect innovations in technology and pedagogy

- **Form partnerships** with local community-service organizations to provide treatment for their clients

- **Collaborate** with community professionals to become proactive in serving health care needs of underserved populations
What Can YOU Do For Your Colleagues?

- **Collaborate** with healthcare programs within your community to integrate oral health into their curriculum

- **Promote** leadership skills among students – our future leaders!

- **Promote** life-long community involvement

- **Initiate relationships** with dental schools to encourage full integration of every dental team member into the dental practice
Thanks for your attention & your great work!