



Dental Public Health Project/Activity Descriptive Report Form

Please provide a detailed description of your **successful dental public health project/activity** by fully completing this form. Expand the submission form as needed but within any limitations noted. Please return completed form to: lcofano@astdd.org

NOTE: Please use Arial 10 pt. font.

CONTACT PERSON PREPARING THE SUBMISSION AND TO ANSWER QUESTIONS

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PROVIDE CONTACT INFORMATION FOR ONE ADDITIONAL PERSON WHO COULD ANSWER QUESTIONS REGARDING THIS PROGRAM

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SECTION I: ACTIVITY OVERVIEW

Title of the dental public health activity:

**Dental Education in the Care of Persons with Disabilities (DECOD) Program
University of Washington School of Dentistry**

Public Health Functions* and the 10 Essential Public Health Services to Promote Oral Health:
Check one or more categories related to the activity.

"X"	Assessment
	1. Assess oral health status and implement an oral health surveillance system.
	2. Analyze determinants of oral health and respond to health hazards in the community
	3. Assess public perceptions about oral health issues and educate/empower them to achieve and maintain optimal oral health
	Policy Development
	4. Mobilize community partners to leverage resources and advocate for/act on oral health issues
	5. Develop and implement policies and systematic plans that support state and community oral health efforts
	Assurance
	6. Review, educate about and enforce laws and regulations that promote oral health and ensure safe oral health practices
X	7. Reduce barriers to care and assure utilization of personal and population-based oral health services
X	8. Assure an adequate and competent public and private oral health workforce
	9. Evaluate effectiveness, accessibility and quality of personal and population-based oral health promotion activities and oral health services
	10. Conduct and review research for new insights and innovative solutions to oral health problems

*[ASTDD Guidelines for State and Territorial Oral Health Programs that includes 10 Essential Public Health Services to Promote Oral Health](#)

Healthy People 2030 Objectives: Please list HP 2030 objectives related to the activity described in this submission. If there are any state-level objectives the activity addresses please include those as well.

- OH-3 Reduce the proportion of adults with untreated dental decay
- OH-7 Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year

The DECOD program also responds to the National Call to Action to Promote Oral Health, Action 4: Increase Oral Health Workforce Diversity, Capacity, and Flexibility.

Provide 3-5 Key Words (e.g. fluoride, sealants, access to care, coalitions, policy, Medicaid, etc.) These will assist those looking for information on this topic:

Developmental disability, special care dentistry, dental education, access to care: adults and older adults services, access to care: individuals with special health care needs, prevention: adults and older adults oral health, prevention: individual with special health care needs

Executive Summary: Complete after Section II: Detailed Activity Description. Please limit to 300 words in one or two paragraphs.

Provide a brief description of the dental public health activity. Include information on: (1) what is being done; (2) who is doing it and why; (3) associated costs; (4) outcomes achieved (5) lessons learned, both positive and negative.

The University of Washington (UW) School of Dentistry created the Dental Education in the Care of Persons with Disabilities (DECOD) Program in 1974 with the aim of increasing access to dental care for people with disabilities via provider training initiatives. With a \$1,126,223 budget and legislative support from the state of Washington, DECOD provides 4000-6000 visits per year to adults with developmental and acquired disabilities. Training initiatives include those at the pre-doctoral level, as well as fellowship and residency training programs. Since its founding in 1974, the DECOD program at the University of Washington School of Dentistry has flourished and gained national and international recognition. Significant lessons learned include the significance of a strong team dynamic in special care dentistry and incorporation of cultural humility into provider education on disability.

SECTION II: DETAILED ACTIVITY DESCRIPTION

Provide detailed narrative about the dental public health activity using the headings provided and answering the questions. Include specifics to help readers understand what you are doing and how it's being done. References and links to information may be included.

****Complete using Arial 10 pt.**

Rationale and History of the Activity:

1. What were the key issues that led to the initiation of this activity?

Access to oral health care for individuals with developmental disabilities, and certain acquired disabilities, is limited in Washington State, as well as nationally. Financial barriers, along with difficulty finding a provider willing and able to treat, are frequently cited concerns for these populations. The majority of adults with developmental disabilities rely on Medicaid for dental coverage in Washington State.

Locating a Medicaid provider can be challenging, as participation in Medicaid is optional in dentistry and has poor reimbursement rates, especially for adult coverage. Additionally, while pediatric dentists are trained in the care of children with special health care needs, dental schools historically lacked significant training in the care of adults with special health care needs. Dentists and other dental professionals often graduate feeling uncomfortable in their skills and knowledge to care for these populations.

While many individuals with developmental and acquired disabilities can receive care in any dental setting, a sizeable portion of this population has history of difficulty finding a dentist, difficulty tolerating dental care, involuntary body or mouth movement, or experience other barriers within the dental office (e.g. stigma, limited space for a wheelchair, sensory barriers). The UW School of Dentistry saw the need to enhance provider training in this area and in 1974 created the UW DECOD Program to provide this training and improve access to care. Today, the DECOD Program provides clinical services to thousands of adults with developmental and acquired disability each year and trains a wide variety of learners in the care of these populations.

2. What rationale/evidence (may be anecdotal) did you use to support the implementation of this activity?

It is the philosophy of the DECOD Program to provide truly ongoing and comprehensive care to its patients. Often adults with developmental disabilities are referred to care in a hospital setting, under general anesthesia. Unfortunately, care under general anesthesia does not offer the same access to comprehensive care that a clinical setting can offer. General anesthesia is the most expensive means of providing dental treatment and is not without inherent risks. Periodontal disease, specifically chronic periodontitis, is the most frequent oral health problem this population faces, requiring multiple visits per year. General anesthesia is often not appropriate for preventive care or periodontal care requiring frequent recalls, such as the management of periodontitis. Additionally, general anesthesia programs often maintain long waiting lists. Maintaining outpatient visits improves patient care efficiency by allowing monitoring, early diagnosis of dental problems, and timely treatment of oral disease. This allows for close

monitoring of the patient’s oral condition over time. To increase access to care in the outpatient clinical setting, DECOD employs a wide variety of facilitation techniques, individually tailored to each patient.

3. What month and year did the activity begin and what milestones have occurred along the way? (May include a timeline.)

The DECOD Program began in 1974-1975 with a Board of Directors and named the first Program Director in 1975. There have been distinct phases of the DECOD Program, each with a different primary focus for the program. These phases have been the result of program growth, building upon previous stages, program needs for expansion of education at the pre-doctoral level, and the visions of the various DECOD Program Directors over time. The phases include:

1. Initial material development and research. (1970s-1980s)
2. Clinical fellowship training with national and international scope. (1980s-1990s)
3. Long distance training through the use of videotapes and modules. (mid 1990s)
4. Clinical training for undergraduate dental and dental hygiene students. (2000s)
5. Clinical training for undergraduate dental and dental hygiene students, re-establishing clinical fellowship training, a general practice residency 2nd year track with emphasis in special care dentistry, and re-establishing research in special care dentistry. (2010s-2020s)

In its early years, the DECOD program developed a didactic curriculum through the use of self-directed modules of written materials for continuing education purposes. In addition, the program emphasis was on research to advance the understanding of appropriate interventions for special patient care. As the program grew so did its scope and a fellowship program began to train practicing dentists both in the U.S and abroad.

In the mid-1990s, a grant allowed for the development of the distance learning program through use of videotapes to reach a greater number of dental professionals. The 36-hour videotape series was sent to every dental school in the U.S., Puerto Rico, and Canada in 2000 without charge. The DECOD program’s primary focus then changed to training of undergraduate dental students and dental hygiene students in care of persons with disabilities. The program continues to train undergraduate dental and dental hygiene students and expanded post-graduate training offerings. Currently, the DECOD Program has three main objectives:

- 1. Training:** To train dental professionals including dental, dental hygiene and dental assisting students and practicing oral health professionals to care for persons with disabilities,
- 2. Service:** To provide a community service to persons with disabilities having difficulty receiving adequate dental care, and
- 3. Research:** To conduct research and scholarly activity in this field and promote the development of special are dentistry as a profession.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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1. What resources were needed to carry out the activity? (e.g., staffing, volunteers, funding, partnerships, collaborations with various organizations, etc.)

Funding: Grant and State Support

Funding for the DECOD Program was originally provided by the Robert Wood Johnson Foundation in 1974, as start-up funding for several such programs at dental schools in the U.S. However, there were no subsequent “national” funding sources of this scope from private or governmental sources to continue these programs. Additional grant funding supported development of the DECOD training videos.

Currently, the DECOD Program relies on legislative support from the State of Washington. Funding approved by the legislature is administered through a contract between the DECOD Program and the WA

Health Care Authority. The annual budget approved by the legislature was previously \$790,000. An additional \$250,000 allocation was approved by the Washington state legislature in 2019, along with a \$250,000 federal match. These funds are administered via a contract with the Washington Health Care Authority. It is through the generous support of the State of Washington that the DECOD program remains a viable enterprise.

Staffing and Volunteers

Program needs have changed as the program grew. Initially, a Board of Directors planned the direction of the program. In 1975 the DECOD Program named the first Program Director, Dr. Doris Stiefel, who served for almost 20 years. Currently the DECOD Program has two full-time faculty members, one part-time faculty member, one full-time dental hygienist, one part-time dental hygienist, three full-time dental assistants, and one full-time patient care coordinator. The DECOD Program receives support from the UWSOD Department of Oral Medicine. Additionally, a variety of learners, including dental students, residents, dental hygiene students, and fellows provide patient care supervised by DECOD faculty and staff.

Volunteer affiliate faculty members are also involved in teaching within the DECOD Program, including faculty dentists and dental hygienists. The University of Washington, School of Dentistry also makes volunteer opportunities available to pre-dental students wishing to learn more about the care of patients with disabilities and works with pipeline programs, such as the [Summer Health Professions Education Program \(SHPEP\)](#).

Partnerships

The DECOD program has developed effective partnerships with facilities and entities seeking dental services for their clients with disabilities and training for their dental and dental hygiene students. These partnerships include Providence Mt St Vincent, Seattle Central College, Pima Medical Institute, Lake Washington Institute of Technology, Pierce College, and Shoreline Community College. DECOD Program participated in a variety of extramural clinical activities outside of the UW School of Dentistry main campus over the years.

Past outreach activities included delivery of care at Keiro Northwest Rehabilitation and Care Center, Heritage House Assisted Living, Seattle Medical Rehabilitation Center, and a home visiting service through the use of portable dental equipment. DECOD previously traveled outside of the Seattle metropolitan area, including Bremerton and Snohomish, WA as well as in remote areas of the state (Walla Walla, Clarkston, Centralia and Mt. Vernon, WA). DECOD also collaborated with Northwest Medical Teams, Int. using mobile dentistry vans to deliver off-site care. Currently DECOD provides care for older adults residing at Providence Mt St Vincent in the skilled nursing facility.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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2. Please provide a detailed description the key aspects of the activity, including the following aspects: administration, operations, and services.

Clinical Care

The DECOD Program oversees an eight-chair dental clinic within the UW School of Dentistry. This clinic operates full time, year-round and provides comprehensive dental care for adults with developmental (90%) and acquired (10%) disabilities. All developmental disabilities are covered and qualifying acquired disabilities are negotiated with the Washington Health Care Authority, and include traumatic brain injury, multiple sclerosis, spinal cord injury, stroke, ALS and Parkinson's.

Dental care provided at the DECOD Clinic includes diagnostic services, dental hygiene services, restorative care, endodontic treatment, removable prosthodontic care, and oral surgery procedures. The DECOD Program also provides care to older adults, including vulnerable elderly, living in nursing home settings. Specialty services are available via multiple UW School of Dentistry programs. The DECOD Program provides training to UW School of Dentistry faculty from specialty services, including providers from Pediatric Dentistry, Oral and Maxillofacial Surgery, Endodontics and Oral Medicine.

Education and Training

The DECOD program offers several instruction formats to a variety of learners.

Pre-Doctoral Education and Training

The pre-doctoral curriculum includes education in the care of patients with disabilities in all four years:

- **1st year:**
 - Lecture and clinical rotation. Students participate in a clinical rotation in either the DECOD Clinic or an Extramural Clinic in Geriatrics during their first quarter of dental school, as part of the Early Clinical Immersion course. They receive an introductory lecture on the care of patients with disabilities and the care of diverse populations.
 - Workshop/didactics. Students participate in a workshop on ableism and complete assignments on disability identity and disability models (medical model, social model, biopsychosocial model) as part of the Foundations of Dental Medicine Series. Students receive other content on diversity, equity and inclusion.
- **2nd year:**
 - Case-based Workshop/Didactics: As the Foundations of Dental Medicines series continues, students participate in a case-based workshop on the care of patients with developmental disabilities, review didactic materials, and complete assignments related to the care of patients with disabilities and mental health conditions. Instruction in this area includes the care of patients with autism, cerebral palsy, Down syndrome, intellectual disability, traumatic brain injury, consent and autonomy, behavioral facilitation techniques, medical immobilization, and communication for patients with communication disorders. They also receive other content on diversity, equity and inclusion.
- **3rd year:**
 - Case Simulations. Students participate in a series of case simulations in the Transitions to Clinics course. These case simulations help prepare students for entry into the DECOD Clinic and include topics such as working with caregivers and guardians, obtaining consent, obtaining a disability-focused dental history, case presentation, the WHO ICF biopsychosocial model of disability, treatment planning and person-centered interviewing. Clinical Activities. Students rotate through DECOD Clinic, complete a case portfolio, learn how to perform new patient assessments and perform simple clinical procedures.
- **4th year:**
 - Clinical Activities: Students rotate through the DECOD Clinic to provide clinical care. They also provide teledentistry services and coordinate care for patients. Prior to graduation, students complete a competency assessment in the care of patients with special needs. Optional Clinical Activities: There are also two 4th year selective course where students can either provide additional care in the DECOD Clinic or participate as a Peer Mentor for 3rd year students in the care of patients with disabilities.

Post-Doctoral Training

DECOD offers post-doctoral training via the following programs:

- **2nd Year General Practice Residency:** DECOD collaborates with the UW Department of Oral Surgery General Practice Residency Program to offer a 12-month training program for a second-year post-graduate resident with emphasis in Special Care Dentistry. Residents receive 12-months of clinical training with DECOD, primarily in the DECOD Clinic. They also have experiences with operating room dentistry, geriatric dentistry and in the care of medically complex inpatients at the University of Washington Medical Center. Our residents participate in the Leadership in Education in Neurodevelopmental Disabilities (LEND) fellowship at the University of Washington.
- **DECOD Fellowship:** Since its founding in 1974, the DECOD program at the University of Washington School of Dentistry has flourished and gained national and international recognition *via the Fellowship training program*. Currently, the DECOD Fellowship is a 4-week clinical fellowship along with directed self-study to prepare practicing dentists, dental hygienists and dental assistants to provide advanced care for patients with developmental and acquired disabilities. Rotations in geriatric dentistry are available.

- **DECOD Rotations:** The DECOD Program offers rotations in the DECOD Clinic for residents and graduate students of other programs within the UW School of Dentistry.
- **Faculty Training:** DECOD offers training to other faculty throughout the UW School of Dentistry in the care of patients with disabilities, including capacity and competency for informed consent, the Americans with Disabilities Act, and cultural humility and ableism.

Continuing Education

Educational Materials have been developed and include:

1. Fact Sheets were developed on a variety of conditions, including ADHD, anxiety, asthma, autism, cerebral palsy, cleft lip and palate, congenital cardiac disorders, depression, diabetes, Down syndrome, epilepsy, hearing impairment, HIV, intellectual disability and traumatic brain injury. There are separate fact sheets for medical providers and parents or caregivers in addition to adult dental care, pediatric dental care, and medical care related to each of these conditions. The fact sheets are available online and are in the process of being updated.
2. The DECOD Video Lecture Series was created to enable oral health care providers to learn about dental care for persons with disabilities from a large faculty of experts, and to participate in this learning experience in the comfort of their own office or home. Each video presentation includes a lecture outline and study questions to guide your learning. This video series needs updating to meet the technology needs of today’s learners, thus it is not currently available.
3. Self-Directed Modules were designed for the dental professional who would like to treat patients with special needs or gain more knowledge in this field. This series was offered either as a self-directed course of study or to be completed in preparation for on-site clinical fellowship. Continuing Dental Education was previously available via a correspondence course and by completing a multiple-choice examination. These modules are not currently available and are planned to be updated.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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3. What outputs or direct products resulted from program activities? (e.g., number of clients served, number of services units delivered, products developed, accomplishments, etc.)

Since its founding in 1974, the DECOD program at the University of Washington School of Dentistry has flourished and gained national and international recognition.

Clinical Services

The DECOD program provides 4,000-6,000 patient visits per year.

Education and Training: Pre-doctoral

Yearly, the DECOD Program provides didactic training to over 120 first- and second-year dental students and clinical training to over 140 third- and fourth-year dental students. In 2018-2021, the DECOD program has had approximately 5-10 selective students per year.

Education and Training: Post-doctoral

Since 1979, DECOD’s Fellowship Program has trained over 800 dentists and dental hygienists in the care adults with special health care needs, including regional, national, and international fellows. Recent fellows have been dental school faculty from across the United States as well as providers in community health centers and other settings. Since the inception of the GPR 2nd year Special Care Dentistry track in 2015-2016, the DECOD Program has admitted four full-time residents into the program and has worked with other General Practice Residents on a part-time basis.

Education and Training: Continuing Education

DECOD’s Continuing Education (CE) Program has offered self-study and video modules in special care dentistry to over 2,000 dentists and dental hygienists. DECOD maintains a robust catalog of educational materials including 60 Fact Sheets; 12 Self-Study Modules; 30 Video; and didactic materials for fellows,

residents and pre-doctoral students.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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4. What outcomes did the program achieve? (e.g., health statuses, knowledge, behavior, care delivery system, impact on target population, etc.) Please include the following aspects:
- How outcomes are measured
 - How often they are/were measured
 - Data sources used
 - Whether intended to be short-term (attainable within 1-3 years), intermediate (achievable within 4-6 years), or long-term (impact achieved in 7-10 years)

Knowledge/skills in special care dentistry

The most intensive training program DECOD offers is the full time, year-long Special Care Dentistry track for the general practice residency optional second year program (PGY2). Such training at the residency or specialty level is essential to develop the next workforce of providers willing and prepared to care for those with more advanced needs. DECOD used the International Association of Disability and Oral Health (IADH) Post-Doctoral Curriculum to develop and assess the program.

Residents enrolled in the program completed self-assessments at the beginning and end of the program, as well as two mid-term assessments. Faculty evaluated residents at these assessments based on observation, with the exception of the pre-assessment. Faculty evaluations were consistent with student evaluations, typically rating the resident the same or in some cases slightly higher than the residents' own self-evaluation. The outcomes for resident self-evaluations are detailed below, in various domains of special care dentistry based on IADH pre-doctoral curriculum domains. Multiple objectives were assessed under each domain, and each item was scored on a 5-point scale with 1 = not at all able to meet the object and 5 = highly skilled at meeting the objective.

PGY2 – GPR 2 nd Year Special Care Dentistry Track – Resident Self Assessments at beginning and end of program, 2015-2019	Pre-Eval	Post-Eval
Professional, legal and ethical context of special care dentistry	2.4	4.5
Impairment, disability and oral health	2.5	4.7
Medical sciences related to special care dentistry	2.5	4.2
Psychology related to special care dentistry	2.5	4.1
Dental public health and oral health promotion	2	4.4
Oral healthcare planning and teamwork	2.7	4.7
Clinical special care dentistry	2.1	4.7
Research and governance	2.6	4.3

Pre-doctoral students receive multiple assessments throughout their education, culminating in a competency assessment in the care of patients with special needs during their fourth year. This assessment is required for graduation from UW School of Dentistry. These assessments help faculty identify domains where students tend to struggle and help focus curricular improvements.

Patients with Special Needs Competency Assessment Pass Rates, by School Year	1 st Attempt Pass Rate	2 nd Attempt Pass Rate	3 rd Attempt Pass Rate
2018-2019	90%	98%	100%
2017-2018	83%	98%	100%
2016-2017	68%	100%	100%
2015-2016	80%	97%	100%

Care Delivery System

One of DECOD's missions is to be a resource for patients with disabilities in Washington. Patients of this program come from across the state, with 49.5% coming from outside Seattle/King County for dental

care. Anecdotally, patients and their representatives often report staff long commutes, often 2-4 hours long, to reach the DECOD Program.

While some adults with developmental disabilities continue to need dental care in a hospital operating room setting under general anesthesia, the majority of this population can tolerate care in a clinical setting with the right combination of facilitation techniques. Approximately 80% of new patients who previously had dental care delivered under general anesthesia were ultimately able to be treated in a clinical setting once assessed by the DECOD Program. Additionally, less than 5% of our patient population must be referred for general anesthesia care. This is critically important as access to dental care in a clinical setting improves the ability for appropriate management and prevention of chronic dental and periodontal disease. This also helps ease the burden for those who must receive routine dental services under general anesthesia, who often face years-long waiting lists for such care.

Provider Behavior

Two unpublished projects through the DECOD Program were intended to assess provider behavior regarding the care of patients with disabilities across the state. While these studies were not limited to Washington State, the majority of the study participants lived and practiced in the state for both studies.

The first, a quantitative study, evaluated how often dentists treat children and adults with various disabilities. The study found that most general dentists had treated adults with developmental disabilities in their practices, although the frequency at which they saw this population was low.

The second study, a qualitative research study, examined why general dentists chose to treat or not treat adults with developmental disabilities in their practices. The original focus of this study was on recent graduates of the DECOD Program and expanded to include practicing general dentists. Preliminary results of this study show that general dentists are typically not making decisions to exclude adults with developmental disabilities from their practices, but that they may be making decisions that unintentionally influence whether or not they provide care for this population. For example, a significant majority of adults with developmental disabilities rely on Medicaid funding for dental care, and many providers do not participate in the Medicaid program. Further qualitative research is ongoing.

Budgetary Information:

NOTE: Charts and tables may be used to provide clarity.

1. What is the annual budget for this activity?

The FY2021 Budget is \$1,126,223.

2. What are the costs associated with the activity? (Including staffing, materials, equipment, etc.)

Salaries and Wages	\$703,473
Retirement and Benefits	\$229,396
Supplies and Materials	\$39,476
Other Operating Expenses	\$72,971
Overhead Expense	\$290,832

3. How is the activity funded?

Currently, the DECOD Program relies on legislative support from the State of Washington. Funding approved by the legislature is administered through a contract between the DECOD Program and the WA Department of Social and Health Services (DSHS). The annual budget approved by the legislature was previously approximately \$790,000. An additional \$250,000 allocation was approved by the Washington state legislature in 2019, along with a \$250,000 federal match. These funds are administered via a contract with the Washington Health Care Authority. It is through the generous support of the State of Washington that the DECOD program remains a viable enterprise. Additionally, services are billed to the Washington State Medicaid system. This includes reimbursement for adult dental care.

4. What is the plan for sustainability?

The DECOD Program was initiated in 1974 and has been ongoing for more than 45 years. The University of Washington School of Dentistry strongly supports this program. The University of Washington is committed to educating dental practitioners who have the commitment, competence and compassion to meet the needs of all people with disabilities and/or other special health care needs. The DECOD Program receives strong support from the UW School of Dentistry Dean and the UWSOD Department of Oral Medicine Chair.

Maintaining financial stability of special care dentistry programs can be challenging. Special care dentistry requires more resources (for example, more dental assistants than traditionally used in a dental school setting) and reimbursement is generally low as the majority of patients are Medicaid recipients. Additionally, more high-producing advanced procedures are often not possible in this population due to patient tolerance and other patient care factors.

The DECOD Program's viability is incumbent on Washington state offering the optional Adult Medicaid dental reimbursement program, as well as additional state support. State support for DECOD by legislators continues to grow as the program is touted as a model for other states and dental schools. Strong advocacy groups exist in Washington State and they have been instrumental in carrying the message for patient care and training for those with special needs to those in State government. The groups range from organized dentistry, oral health coalitions, advocates for persons with intellectual disability and others. This state has been remarkably clear that care for the most vulnerable is of the highest priority and the DECOD Program is an essential component of that commitment.

Being housed within a university setting, DECOD is able to have students and fellows provide treatment under faculty supervision to minimize costs. The post-graduate fellow trainees pay tuition to support the operations of the fellowship program. DECOD has several affiliate faculty members that volunteer their time serving DECOD as well. The General Practice Resident salary is funded by Graduate Medical Education funds. The DECOD Program is seeking grant funding to expand the fellowship program into rural areas.

Lessons Learned and/or Plans for Addressing Challenges:

1. What important lessons were learned that would be useful for others looking to implement a similar activity? Was there anything you would do differently?

Any special care dentistry team must be responsive to emerging needs of patients as they arise. A focus on the special care dentistry team dynamics with effective communication is critical in providing safe and appropriate care. Resources and training on safety communication, hand-offs, responding to challenging interactions with patients, families, and caregivers and de-escalation have been helpful. Cultural humility training in the domain of disability and ableism is also helpful to promote respectful interactions with patients and their representatives, as well as culturally appropriate documentation (e.g. avoiding ableist language in the medical record).

2. What challenges did the activity encounter and how were those addressed?

DECOD sees a high proportion of patients whose disabilities affect their ability to receive dental care. The treatment of this population and education of others to treat this population is rewarding and at times challenging. Matching the level of the learner to the patient and the procedure is critical. Having a variety of different types of learners in the clinic, at the pre-doctoral and post-doctoral level, has allowed us flexibility in assigning patients to the appropriate skill level of the provider. Routine assessments at each visit of the needs of the patient and identifying the recommended level of learner allow us to maintain effective and safe care with such a diverse patient population. Some patients need more consistency with providers while others enjoy seeing a variety of learners in the clinic setting. This is also taken into account for patient scheduling, with some patients being assigned to see staff and faculty, and other patients assigned with students.

Available Information Resources:

Share any models, tools, and/or guidelines developed by the program specifically for this activity that may be useful to others seeking additional information. Hyperlink resources if possible.

DECOD Clinic Website: <https://dental.washington.edu/decod/>

DECOD Program Website: <https://dental.washington.edu/dept-oral-med/academics/decod-program/>

General Practice Residency Information: <https://dental.washington.edu/dept-oms/gpr/structure/#DECOD>

Fact Sheets: <https://dental.washington.edu/dept-oral-med/special-needs/patients-with-special-needs/>

TO BE COMPLETED BY ASTDD	
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