



## Dental Public Health Activities Descriptive Summaries

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### Community Partnered Mobile Dental Services

The Utah Department of Health, Division of Health Care Financing, has administered the Community Partnered Mobile Dental Clinic to deliver dental services to rural and Indian reservation residents since 1977. Communities served by the clinic typically have high poverty rates, are too small to support dentists in private practice and are located in frontier regions. The clinic has operated for three years on a small State primary care grant and has obtained Federal grant funding. A partnership supports the mobile dental clinic. The Utah Department of Health, Division of Health Care Financing's Family Dental Plan (FDP) administers the mobile dental clinic's daily functions. The Community Health Centers coordinate administration, planning and oversight in various sites as the mobile clinic relocates. Other partners, including dental hygiene schools, Health Occupation Students of America (HOSA) and Area Health Education Centers (AHEC), also collaborate on outreach efforts. The mobile clinic has three operatories and utilizing portable equipment can be set up at a host community site, such as a school, church, fire station, medical clinic or tribal building. The clinic moves to approximately 16 locations per year. Clinic staff includes a dentist, an expanded duty assistant, a lab technician, a front office person, and an administrative staff person at the Department of Health. The equipment for the mobile clinic, obtained through military surplus, costs less than \$15,000 but value exceeds \$125,000. Annual salary costs total \$175,000. Patients qualify if they do not have a dentist of record who will work with them, are eligible for Medicaid/CHIP, or have an income of less than 200% of poverty and are uninsured. Dental services delivered at the clinic include preventive, restorative and minor oral surgery dental treatment to children and adults. The clinic provides over 2,300 encounters per year. Recent comparison of treatment needs showed that the communities receiving regular mobile clinic visits have experienced a 75% decrease in the need for relief-of -pain services, a 31% reduction in the need for extractions and an 81% reduction in the need for pulpotomies on deciduous teeth.

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