Dental Public Health Activity
Descriptive Summary

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Dental Public Health – School of Dentistry Training Partnership

The Alabama Department of Public Health and the University of Alabama at Birmingham School of Dentistry (UABSOD) have developed an ongoing partnership that assists the state dental program in meeting annual objectives, while also providing an excellent training and experience opportunity for pediatric dental residents and dental students in a county health department (CHD) dental clinic.

The partnership was created to support the state oral health program’s need for additional dental support, to assist the state program in periodically collecting oral health data using the Basic Screening Survey methodology (BSS), to support a CHD dental program experiencing staffing and financial issues, and to support a multidisciplinary training approach for dental students and pediatric dental residents.

Through an annual contractual agreement with the dental school, the state program provides funding to support a percentage of faculty supervision, travel, fringe, and indirect costs for student/resident rotations in CHDs one day per week. The CHD provides supplies, support staff, and as needed, supervision by part-time staff dentists. Other program costs are supported by the dental school. Reimbursement through Medicaid and SCHIP is retained by the CHD to support ongoing operating expenses.

The students and residents provide preventive and comprehensive dental services to a high risk population of Medicaid, SCHIP, and uninsured children through the Tuscaloosa County Health Department. The students and residents also provide free dental screenings, education, and fluoride varnish applications for WIC clients, who are waiting for nutritional services. Other children participating in well-child clinics also are offered the free preventive services. Children identified as needing follow up care are referred to the on-site dental clinic for services. Children with extensive needs may be referred to one of the larger dental clinics in Birmingham.

The partnership also utilizes pediatric dental residents, who are Alabama licensed dentists, to assist state oral health staff in conducting the statewide BSS. The survey is scheduled every five years. Additionally, students, residents and faculty assist the state program with educational programs, fluoridation promotion, development of oral health education material, grant writing, and other needs. The state program and dental school currently are collaborating to develop and implement a school-based sealant project during the 2012-13 school year.

Lessons Learned:

Most lessons learned through the partnership have been very positive. Paid claims indicate that many additional children are receiving services through this CHD dental program and are now in an established dental home. Financial reports indicate that the revenue generated significantly exceeds the program costs. The CHD rotations have enabled a financially-burdened CHD dental program to begin covering and exceeding costs.

The partnership has provided a beneficial training experience for the students and residents. Based on evaluations and exit interviews from the residents and students, the dental school will provide funding to increase the rotations to two days per week during the next fiscal year.

Another positive experience for the students and residents involves the opportunity to develop a tightly integrated multidisciplinary approach for providing oral health care. This level of healthcare integration has demonstrated a better understanding of interdisciplinary benefits and the positive
impact it has for healthcare providers and for patients. By reducing the number of visits required to complete dental treatment and integrating preventive dental services into other child health programs, barriers for accessing healthcare can be reduced.

Support from the local dental community has been very good. General and pediatric dentists have been supportive and offered assistance as needed. Most Alabama dentists support training opportunities for the state dental school, particularly those that target underserved children and their families.

Training, calibrating, and scheduling the BSS with dental school residents and other volunteers does increase coordination time and logistical issues. However, the money saved through the collaboration is well worth the additional time and effort.

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