



Dental Public Health State Activity Submission Form

ASTDD’s goal in collecting information about successful state Dental Public Health activities (e.g., practice, program, service, event, or policy) is to share this information with other states, territories, and stakeholders who may be interested in implementing similar activities. We thank you for your time and willingness to share your experiences.

Please complete the form below and return to Lori Cofano, ASTDD Best Practices Project Coordinator, at lcofano@astdd.org

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STATE DENTAL PUBLIC HEALTH ACTIVITY (e.g., practice, program, service, event, or policy) Minimum=300 Maximum=500	
Activity title:	Dental Education in the Care of Persons with Disabilities (DECOD) Program University of Washington School of Dentistry
State/Territory:	Washington
Summary overview, which may include the following: <ul style="list-style-type: none"> • Objectives • Rationale • Personnel • Key partners • Costs & sustainability 	
<p>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.</p>	

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Lessons learned (Successes and **Challenges**):

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).

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 be taken into account for patient scheduling, with some patients being assigned to see staff and faculty, and other patients assigned with students.

TO BE COMPLETED BY ASTDD	
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