



Dental Public Health Activity Descriptive Summary

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Local Health Department Clinical Operations

The Virginia Department of Health has provided dental clinical services on the local level in a varying number of communities since 1921. In 2011, the program provided preventive and restorative care primarily for preschool and school age children on a full or part time basis in 20 out of 35 local health districts. The program is not mandatory for local health departments, so it is subject to administration decisions and budget considerations. Each local health department administers its dental program with direct authority from the local health director and the Community Health Services branch of the health department.

Dental services are provided by local health department personnel in either fixed or mobile clinics. There are currently 32 full and part time dentists, four dental hygienists, and approximately 40 dental assistants employed in these programs. They serve low-income clients at no charge or on a sliding scale basis or accept Medicaid payment for their services. An emphasis is currently being placed on basing grant funded hygienists in local health departments to provide outreach and expanded preventive services such as through school based sealant programs.

Approximately 22,000 children, adolescents and adults received dental care in fiscal year 2010. Over 144,000 services were provided during approximately 37,000 visits to the clinics. The average cost to provide an individual patient visit was \$152 in FY 2010. The Dental Health Program in the Office of Family Health Services provides consultation, advice, technical assistance and quality assurance to the local dental programs. The dental clinic programs help build excellent partnerships with the communities by enhancing relationships with the schools, Head Start, social services and local dental societies through their services.

Lessons Learned:

Associating dental services with other local health department programs integrates oral health into the lives of a community's low-income population. Because the clinical care delivery model has become dated in some clinics as a result of inadequate physical space and minimal auxiliary support, efficiency could be gained with better design and staffing. School based "mobile" health department programs have had success with utilization as they benefit from convenience, but the physical facility can limit the practical provision of certain more complicated procedures. In recent years, revenue generation has become more critical for program survival.

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