

# Dental Education as a Resource for Patients and Communities

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# reaching upstream

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seeking out the patients who can't come to us

social determinants of health

increasing student awareness about communities in need and practice opportunities

there are opportunities for educational and practice outreach to these areas

- screening and service events
- extramural rotations to underserved areas
- loan repayment for service
- increased and focused recruitment efforts

barriers to dental education are barriers to patient care



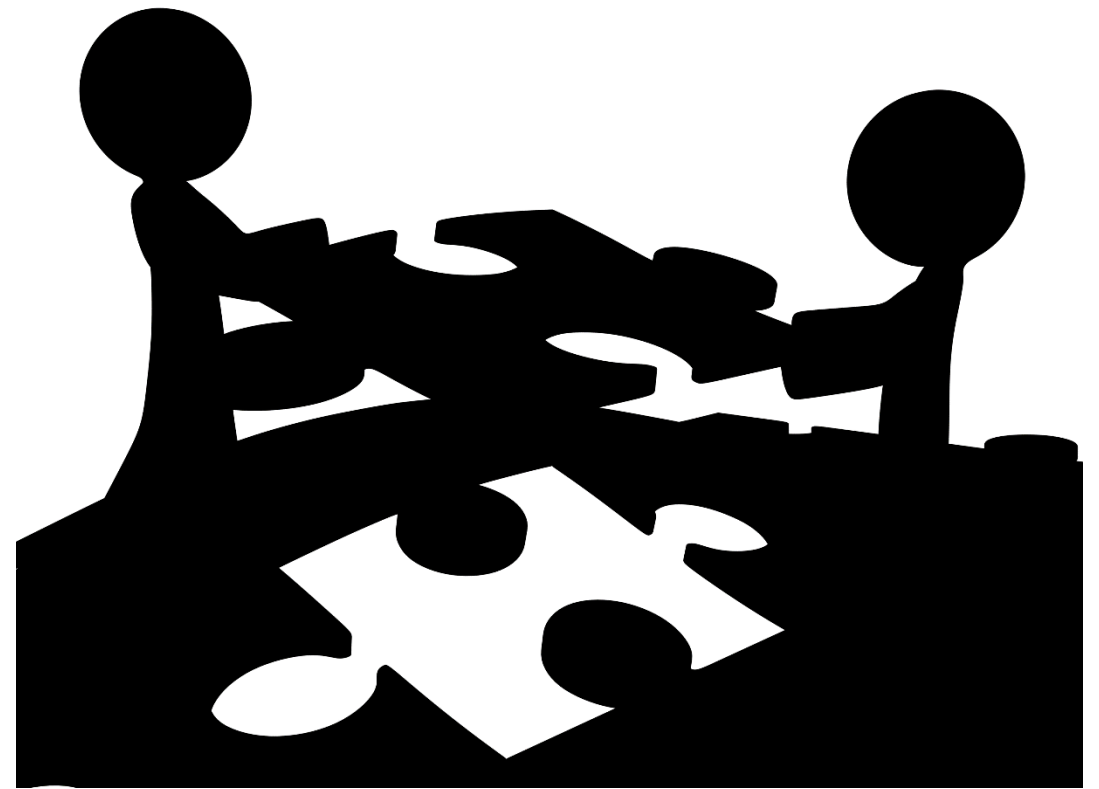
# a shortage of dental hygienists

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prevention of oral disease and inflammation is critical to maintain oral and systemic health

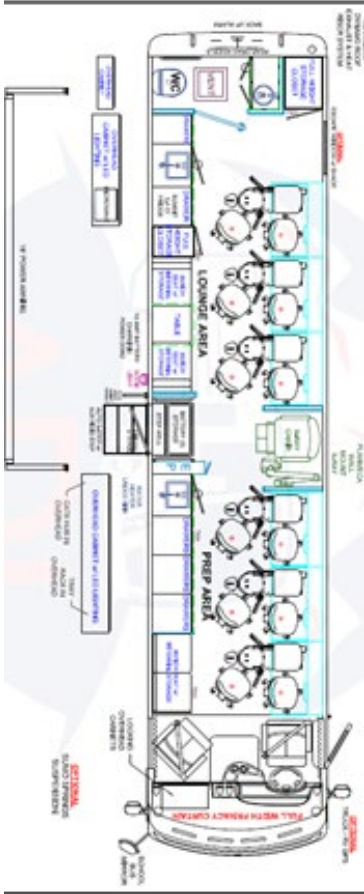
many counties in California have limited access to dental providers including dental hygienists, but more dire in some areas, largely rural, 10 counties have less than 25 and 1 does not have any dental hygienists

are we overlooking potential student populations in communities we fail to serve



# what more can we do?

## *Remote Dental Hygiene Education*



a grant from the Delta Dental Community Foundation Award provided a planning grant to develop the program and purchase of initial instrumentation

COVID demonstrated to us that this could be done

careful review of our curriculum and requirements to be sure they could be met

shopped the idea around with dental societies and various community health providers to see if they thought there was a need and to see if their membership, providers would be interested in serving as faculty and community health centers could serve as the clinical education sites

presented the program to the Dental Hygiene Board - they approved the model

received CODA approval to increase our class size and to launch the new model

program to launch January 2024 in Sacramento as proof of concept

drafting the mobile classroom, simulation lab completed – dual purpose

seeking funding to support the build out

# planting seeds


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creating opportunities for capable people cannot or do not wish to leave their communities, to seek dental education

costs of education could be reduced if students are not required to move and incur those additional moving and living expenses

utilization of community health centers as a clinical educational site can potentially increase capacity for patient care but more importantly develops future providers who are already committed to the community in some way and more likely to remain there to serve the community increasing capacity long term

developing local leaders, local students are more likely aware of the barriers to care in their communities making for more patient and community centered care than traditional extramural rotations resulting in providers who can effectively negotiate challenges and opportunities in their communities

RDH  RDHAP – creating increased access to those who are most vulnerable  
water and nutrients needed - pre-requisites, community partners, faculty, clinics, dollars



# dental education an undervalued part of the safety net

an estimated 80% of the procedures provided at our school are paid by Medicaid

many others who don't qualify for Medicaid but have limited resources for dental care, such as older adults and families, can access care at greatly reduced rates

cost of dental education is high, for institutions as well as students

the availability of greater resources as a result of formal recognition of dental schools as part of the safety nets for States – not just for State supported schools – but for private institutions doing that work as well, would help reduce costs and help better leverage schools as a resource

- help keep costs low for those seeking care at reduced prices
- could prevent the need to reduce or eliminate access to patients with Medicaid, even State schools opt out
- maintain access to specialty care which might not otherwise be available to patients/communities
- provide additional financial resources for the school to address expenses and so reduce the need to raise tuition which can hinder would be applicants
- provide for more opportunities to extend services outside the school walls which can be costly for the school and potentially students, adding to the cost of dental education and reluctance to do such work



# Pacific Center for Equity IN ORAL HEALTH CARE



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Thank you