

# **Innovative Partnerships for Dental Workforce Development**

Office of Health  
Policy and Planning  
Workshop  
April 30, 2008



# Choptank Community Health System, Inc.

- Opened in 1980 as Caroline Health Services with one medical office in Goldsboro
- Organizational change in 1998 to create CCHS; there were four medical offices with expansion to Dorchester County





# “Quality Health Care for All”

- Medical Services:
  - 7 Primary Care Offices
  - 7 School-Based Health Center Sites
  - Migrant Health Program
- Dental Services:
  - 2 Dental Offices
  - 3 County School-Based Dental Program
  - Hospital-Based Pediatric Dental Services
- Behavioral Health Services:
  - 1 Integrated Office Site
  - SBHC Program

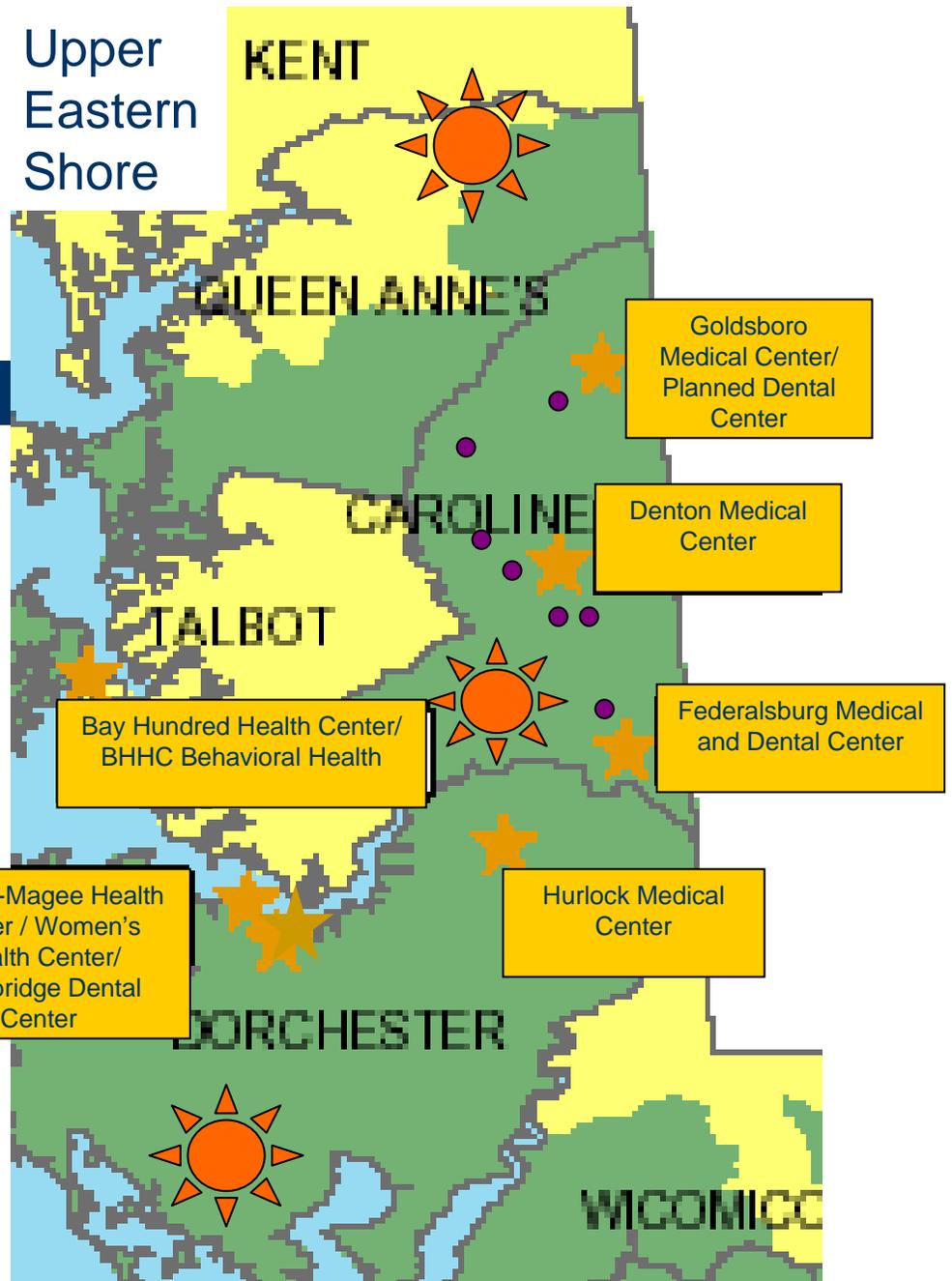
# CCHS Service Area

★ Medical and/or  
Dental Centers

☀ Migrant  
services

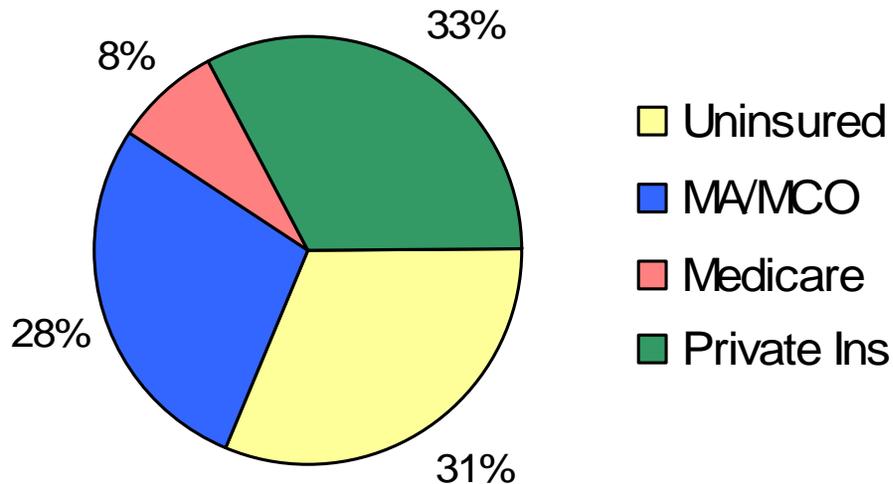
● SBHC sites

■ MUA



# Population Served

CCHS Patients by Insurance - All Sites/Programs



- 24,800 patients annually
- 63% below 200% of poverty
- 31% uninsured
- 37% minority
- 31% under 15 years of age

# Oral Health Program

- 2001 – Federalsburg Dental Center
- 2002 - SBDP
- 2005 – Hospital-Based Services
- 2006 - CROC

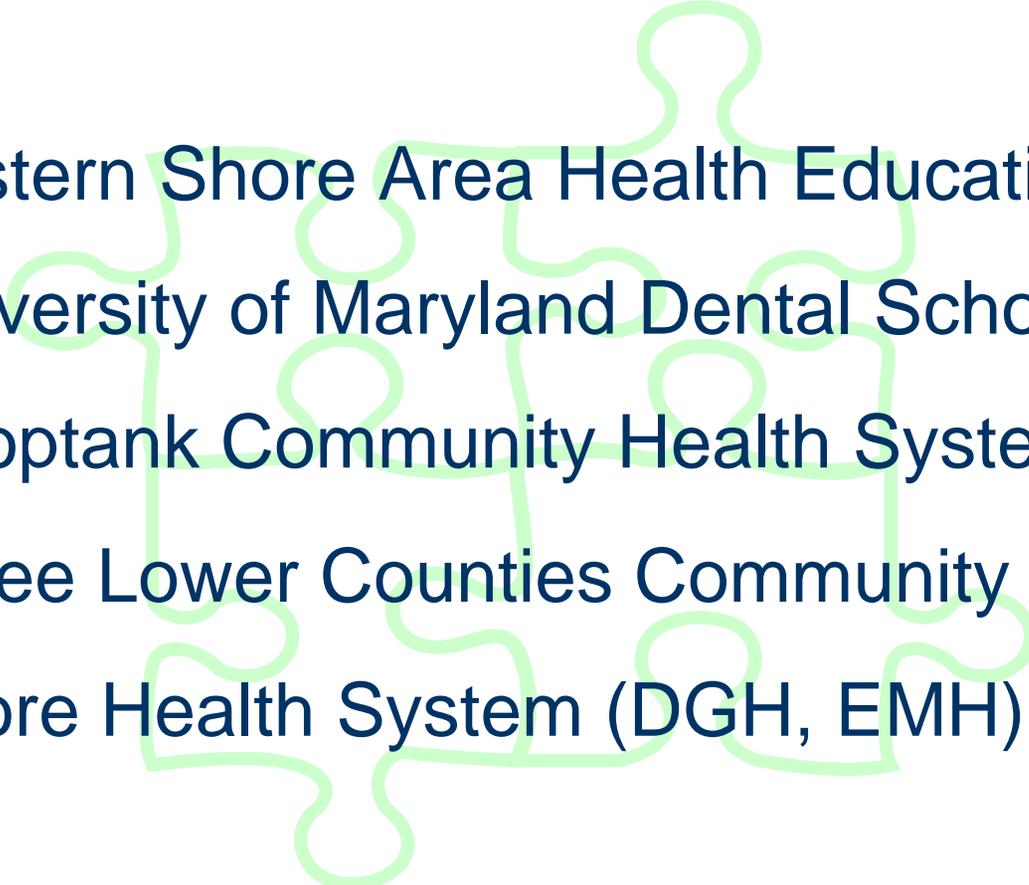


# CROC

- Children's
- Regional
- Oral health
- Consortium



# Collaboration: the Stakeholders



- Eastern Shore Area Health Education Center
- University of Maryland Dental School
- Choptank Community Health System
- Three Lower Counties Community Services
- Shore Health System (DGH, EMH)

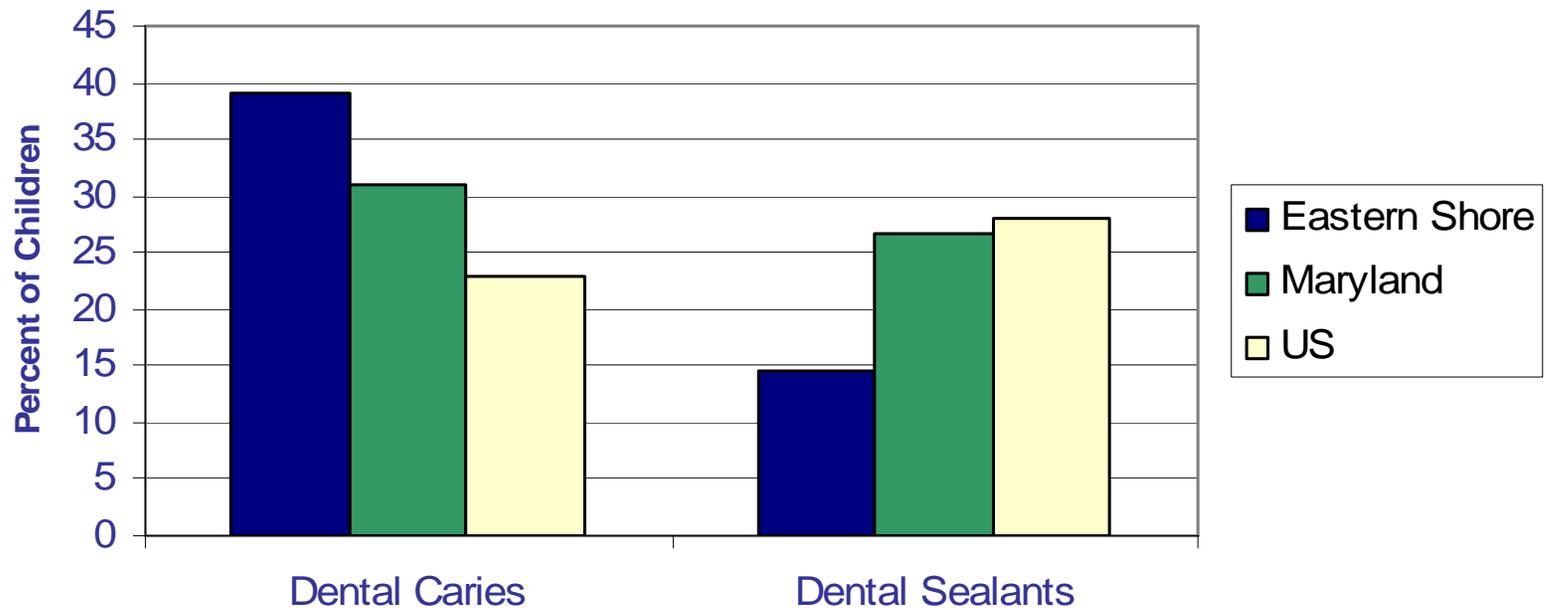
# How does a community raise a CROC?



- In 2004, a 1 year HRSA Rural Health Planning Grant was used to set the table
- Eastern Shore Oral Health Action Network (ESOHAN) assembled
- In 2005, a 3 year HRSA Rural Health Outreach Grant funded

# Oral Health Status

Oral Health of School-Aged Children, 2006

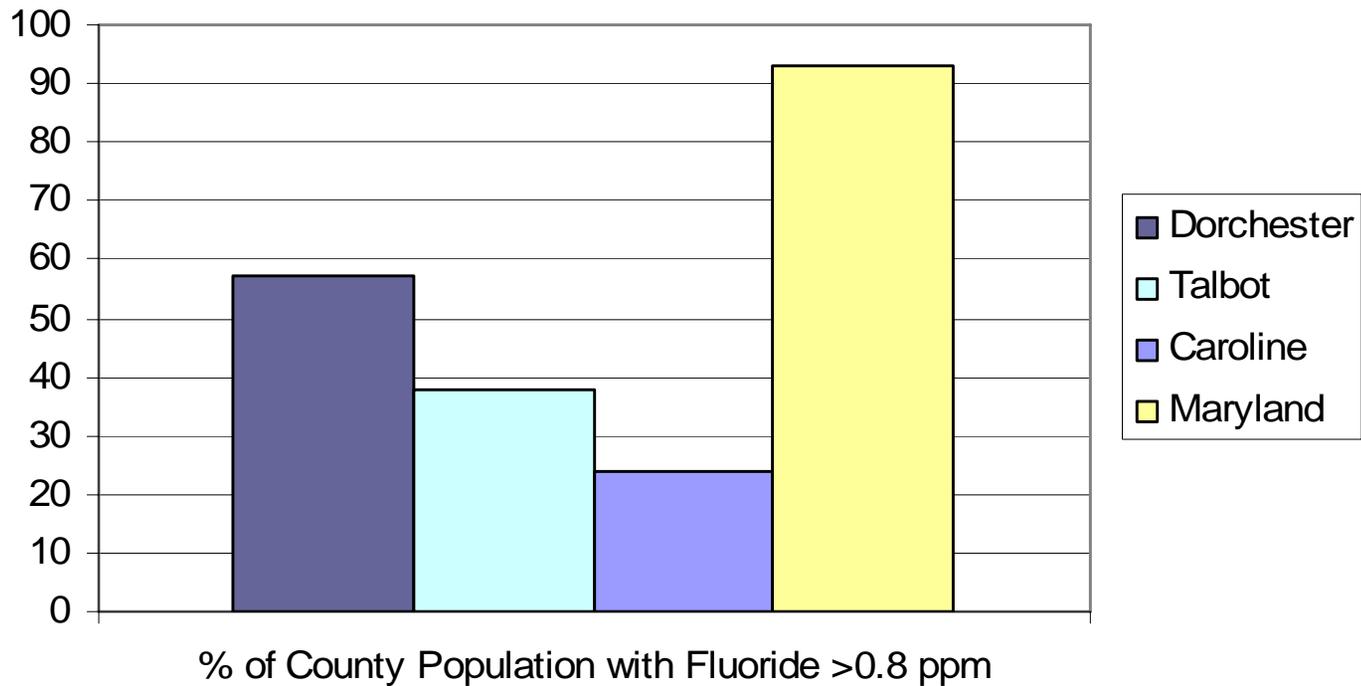


# Oral Health Status



Mouth of a two year old child

# Water Fluoridation\*



*\*Determined by the difference between Public Water Systems with Fluoride >0.8ppm and total population for each county*

# Workforce Disparities

- Dental provider shortages
- Non-participating providers
- Lack of specialty care
- Dental hygienist shortages

# Provider Shortages



- By 2014, the number of retiring dentists will exceed the number of graduating and entering practice
- There is a maldistribution of dentists serving low-income populations, particularly in rural areas

# Non-Participating Providers

- There are no private dentists in Dorchester or Caroline Counties accepting MA patients
- Over half of the children under 15 years of age in these counties are eligible for MA
- The ratio of primary dental providers to HealthChoice enrollees is approximately 1:2723, over six times the state ratio

# Lack of Specialty Care

- Very limited office-based pediatric specialty care on Eastern Shore
- No services were available on the Eastern Shore for children who require oral rehabilitation under general anesthesia prior to CCHS's hospital-based pediatric dental program

# Dental Hygienists

- There are three training programs for dental hygienists in Maryland, however, none are located on the Eastern Shore
- Not only is there a shortage of hygienists on the Eastern Shore, less than ten percent of the dental hygienists work with the target population

# How do we develop a Dental Workforce in rural, underserved areas?

- Dental student exposure to public service
- Dental residency training with a mission – encouraging work where dentists are needed most
- Postdoctoral training in underserved community sites
- “Grow your own” training programs that recruit and train local people to be health care professionals in their communities

# Innovative Partnerships

- University of Maryland Dental School and Arizona School of Dentistry and Oral Health – 4<sup>th</sup> year students
- Lutheran Medical Center Department of Dental Medicine - Advanced Education in General Dentistry Residency
- UMDS Pediatric Dental Fellowship Program
- UMDS Dental Hygiene Program

# So how are we doing?

## Improving Services

- Since 2003, three pediatric dental fellows have rotated through CCHS
- Established hospital-based program in 2005

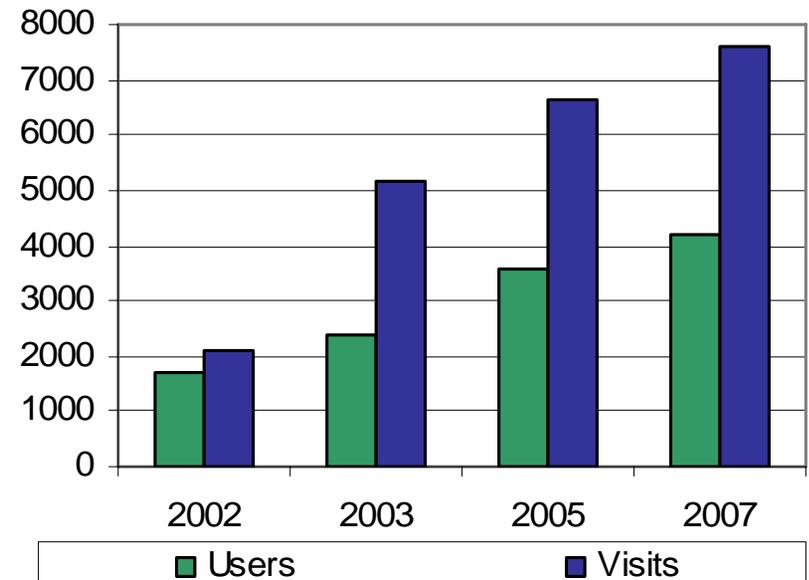


# So how are we doing?

## Improving Capacity

- Increased workforce
- Increased access
- Recruitment of providers

**CCHS Dental Office Patients**



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