



Providing Access to Dental Care:

ACH's New Mobile Dental Outreach Program

About the Author

Craig Rechkemmer, DDS, has served as a mobile outreach dentist for the past seven years. During this time, he has treated more than 7,000 children through 21,000 appointments, rendering services at a value of \$4.3 million dollars.

He earned his doctorate of dental surgery from the University of Missouri in 2002. He also is a graduate of the National Outdoor Leadership School (NOLS) where he received approximately three months of expedition leadership training in East Africa. In addition, he has five years of experience as a certified firefighter, including time driving and operating a variety of fire trucks.

Dr. Rechkemmer has received numerous awards for his tireless efforts in providing dental care to the underserved and is considered a leader in the field. His background and experience serve as a foundation to the future success of the ACH Dental Outreach Program.



One large step has moved Arkansas forward this year: the unveiling of a comprehensive mobile dental outreach program. This program will begin with three mobile units that will serve elementary schools with the highest percentage of children on the free- or reduced-lunch program in areas with a shortage of dentists who accept Medicaid.

A Monumental Problem

Access to dental care and the increasing number of cavities in children is a worldwide problem. The amount of decayed, missing or filled teeth in 12-year-old children was assessed by the World Health Organization in their World Oral Health Report 2003 (Fig. 2). The amount of decay does not necessarily correlate with a country's economic status. For example, the United States was found to have a higher incidence of cavities as compared to Austria and many east African countries. Many would presume that third world countries would have the highest level of dental cavities due to the lack of access to dental care. However, this is not necessarily the case, as the number of cavities per child is also related to access to sugary foods and drinks.

In the United States, there is an increasing number of children who are consuming an unbalanced high-calorie diet, which includes a higher intake of sugary drinks. This has led to an increased number of children with diabetes, obesity and other nutritional-related problems. Combining this with children who have poor oral hygiene habits has led to a significant increase in dental cavities.

The 2000 U.S. Surgeon General's report on oral health in America found that dental cavities are the single most common chronic childhood disease – five times more common than asthma and seven times more common than hay fever.¹ For the past decade, these findings have remained unchanged.

Serving the Underserved

Despite the many advancements in cavity prevention over the past few decades, dental cavities remain the number one chronic disease in children.¹ Advancements in fluoride application, sealants and fluoridated water supplies have been unable to compete with the increasing number of children eating an unbalanced diet, sipping sugary drinks and rarely visiting the dentist. This silent epidemic is well-known to dentists, but comes as a surprise to many when there are reports of children dying secondary to dental cavities² or thousands of people that camp overnight for a free day of dental care (Fig. 1).

There are an estimated 80,000 school-age children in Arkansas public schools who have untreated decay, most of whom are in pain. Many organizations have collaborated to address this issue and have made small steps to improve the number of dental visits for children with Medicaid or no dental insurance at all.

The state's first Ronald McDonald Care Mobile visits central Arkansas elementary schools with populations that lack access to dental care.

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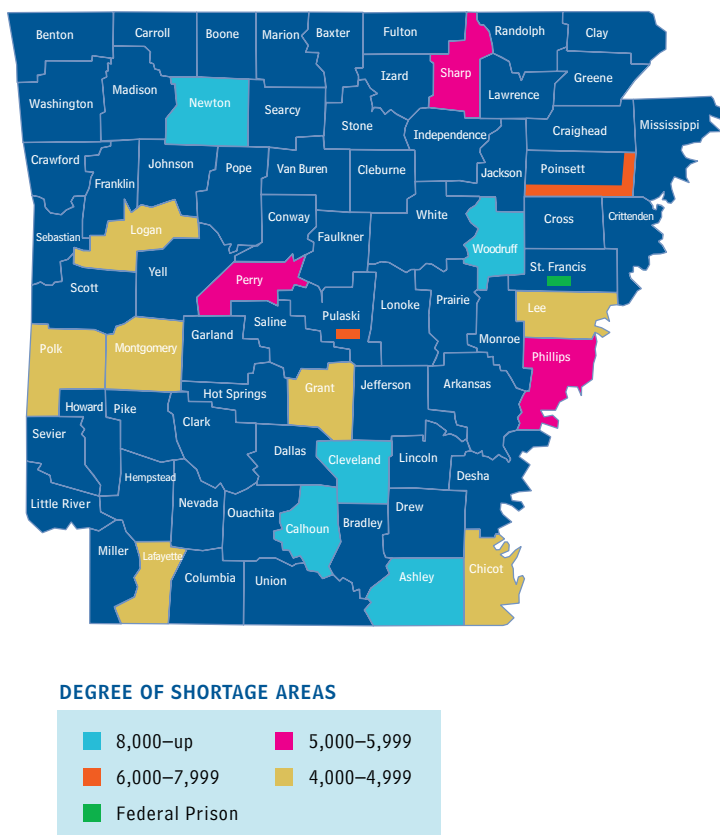


Access to Dental Care in Arkansas

The Arkansas Department of Oral Health reported in 2007 that 61 percent of Arkansas children have evidence of current or past cavities.³ In other words, a significant number of elementary school children already had a tooth filling or an extraction; 31 percent of them had active untreated dental decay.³ That amounts to about 80,000 school-age children in Arkansas public schools who have untreated decay.

Another significant problem in Arkansas is the shortage of dentists throughout the state (Fig. 1). The 2007 *Natural Wonders* report found that approximately 60 percent of Arkansas' practicing dentists are located in just eight of its 75 counties. For example, Pulaski County has more than twice the number of dentists compared to the six adjacent counties combined.⁴

Fig. 1



To complicate the problem further, Arkansas ranks second to last in the nation for the number of dentists per capita. Of the approximately 1,100 dentists in Arkansas, less than one third accept Medicaid, despite the fact that Arkansas has one of the highest reimbursement rates in the nation. Arkansas Medicaid reimburses at 95 percent of the Delta Dental Premier Plan reimbursement rate, which many dentists accept.

The number of dentists who accept Medicaid is not the only indicator of access to dental care. Another indicator is the number of Medicaid dental visits provided per year. The year Medicaid reimbursement rates increased, there was a respective increase in Medicaid



A child at Angie Grant Elementary in Benton chats with Dr. Rechkemmer after an appointment in the Ronald McDonald Care Mobile.

dental visits. Unfortunately, the following year saw a 4.7 percent decrease in visits (Fig. 2) – perhaps due to retiring dentists.

Establishing a dental residency program as well as a dental school would clearly increase the number of dentists in the state. However, the fastest and most economical way to increase the number of dentists in the state is to accept all regional board results for new graduate licensure. Currently, new graduates can only take one regional board to receive licensure in the state. This regional exam is only offered in five states – Tennessee, Kentucky, West Virginia, Virginia and South Carolina, limiting the number of dentists who are eligible to apply for licensure. Accepting the results of all regional board exams would certainly increase the state's chance of recruiting more dentists.

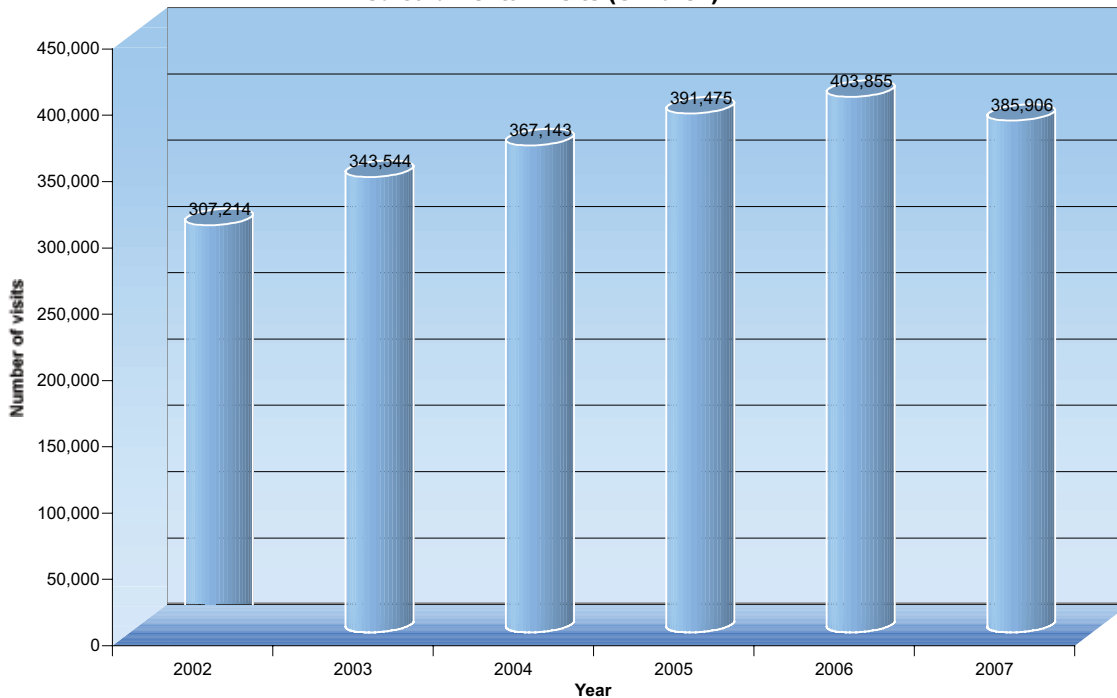
Mobile Dental Clinics

There are many challenges involved with providing dental care for children who are living in poverty, especially in more rural areas. For the dental provider, some of the challenges include a high number of broken appointments, the inability to pay and non-compliance with oral hygiene instructions. For the patient's family, some of their challenges include lack of reliable transportation, the inability to get time off from work for their child's dental appointment and the inability to pay for dental treatment. The Arkansas Children's Hospital (ACH) Dental Outreach program addresses these challenges.

This program is designed to bring a fully-equipped dental clinic to elementary schools identified with the highest need, effectively removing the challenge of patient transportation and broken appointments. ACH also has been successful in identifying and recruiting qualified dentists to provide comprehensive treatment on these mobile dental clinics.

The primary goal of the Dental Outreach Program is to complete each child's restorative treatment plan with a strong emphasis on prevention education. An initial appointment will allow ACH staff to clean each child's

Medicaid Dental Visits (Children)



teeth and identify cavities and other oral health issues. During the mobile unit's two-week stay at each school, on-site follow-up appointments are scheduled to restore all problems. Most typical appointments occur during school hours. Complicated procedures or children with dental emergencies are scheduled after school. Typically, there are only a few patients of record that have incomplete treatment plans due to missed school, field trips or testing. These children are scheduled for after-school appointments at another treatment site or in the ACH Dental Clinic. This approach provides a comprehensive dental health service to ensure that those children with the greatest need are not lost in a system of screenings and referrals.

During the summer months, the mobile clinics will treat children enrolled in summer schools and other programs that operate during this time, such as Head Start. The mobile dental clinic will return to each school site on a regular annual schedule. An added challenge is enrolling children with completed treatment plans in a traditional dental practice, otherwise known as a dental home. Enrolling these children into a dental home will provide access to regular six-month check-ups, while the mobile dental clinic can continue to provide care to children who are most likely to have never seen a dentist.

This program is designed to treat 40 to 50 children at each school. These children will be screened and prioritized by the school's nurse as having the most urgent oral health needs and limited resources for accessing traditional sources of dental care. The intent is not to treat children who are active patients of a dental practice or children with private dental insurance. Those children, in theory, have better access to dental care.

It is also important to note that this program will not serve as an emergency walk-in clinic. Designing a program in that manner would create long lines of families waiting overnight for an appointment for their child,

similar to the scenes at the Arkansas Mission of Mercy, which provides two days of free dental care. This in turn would also create a high burn-out rate for the dentists involved with the program.

Funding

This program is provided at no cost to the families and is the result of the collaboration and support of many organizations. Two of the mobile dental clinics will be Ronald McDonald Care Mobiles® and will be funded through a grant from the Ronald McDonald House Char-

ities® (RMHC) Global. With help from Fidel Samour, ACH project coordinator analyst, RMHC of Arkansas and RMHC of Arkoma applied for the mobile dental clinics grants. Additional funding for these two clinics comes from the respective RMHC chapters, Delta Dental of Arkansas, Tyson® Foods and Arkansas Children's Hospital and its foundation. The third mobile dental clinic is a non-RMHC sponsored vehicle and will primarily display ACH graphics and its respective sponsors' logos.

Summary

Each mobile dental clinic is projected to restore all of the cavities of about 1,000 children a year at a value of \$700,000. Three mobile dental clinics operating simultaneously will provide approximately \$2.1 million a year in dental care to underserved children, at no cost to their families.

This program will lead the field with a centralized electronic dental records system that can be utilized in real time at the ACH Dental Clinic and any of the mobile dental clinic locations.

Most importantly, this program will make a difference in thousands of children's overall health, education and self-esteem. ■

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