

Round 1
(2002 - 2007)

Round 2
(2008 - 2010)

Boston University

Howard University

Meharry Medical College

Temple University

University of North Carolina
at Chapel Hill

University of California
at San Francisco

University of Connecticut
Health Center

University of Illinois
at Chicago

University at Washington

West Virginia University

Loma Linda University

University of California
at Los Angeles

University of the Pacific

University of Southern California

The Ohio State University

A.T. Still University
of Health Sciences

Creighton University

Texas A&M
Health Science Center

Medical College of Georgia
Research Institute, Inc.

The University of Maryland
Baltimore

University of Florida

University of Medicine
and Dentistry of New Jersey

Virginia Commonwealth
University



Pipeline Professions & Practice: Community-Based Dental Education

Tooth decay (caries) is the most common childhood disease – more prevalent than asthma, diabetes and hay fever – and one of the easiest to prevent. Yet, one in four children entering kindergarten has untreated dental caries and millions of low-income families have difficulty getting needed care. Untreated dental disease can lead to poor nutrition, lower performance in school, serious infections, and in extreme cases, death, as in the tragic case of 12-year-old Deamonte Driver, a Maryland boy who died as the result of an untreated tooth infection in February 2007.

- Uninsured children are half as likely as insured children to receive dental care.
- Only about one third of poor children enrolled in Medicaid receive dental services each year.
- Almost 50% of low-income seniors have no teeth.
- Only 35% of low-income seniors are seen by a dentist annually.

CONTACT

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Community-Based Dental Education**

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There are many barriers to receiving dental care. Some families do not understand the importance of dental care and the connection to more serious health conditions. Others cannot find a dentist or simply cannot afford dental care. Only about 25% of dentists participate in the federal Medicaid program because of low fees, and most of these dentists only take a few Medicaid patients. Finally, the public and the voluntary dental safety net system has limited capacity and treats less than 10% of the 85 million low-income Americans.

Dental Schools Blazing New Ground

In 2000, the U.S. Surgeon General issued a report describing disparities in oral health in low-income and other vulnerable populations. Later reports by the Institute of Medicine and the Sullivan Commission discussed the unequal treatment minorities receive in the health care system and problems created by the lack of diversity in the health care workforce.

Based on these data and reports, the Robert Wood Johnson Foundation (RWJF) launched a \$19 million program in 2002, "Pipeline, Profession & Practice: Community-Based Dental Education" (Dental Pipeline). This is the Foundation's largest philanthropic investment in oral health in the past two decades. RWJF funded 11 dental schools with 5 year grants of up to \$1.5 million to address the problems cited in the surgeon general report. The California Endowment joined this effort and contributed another \$6.3 million, allowing all five California dental schools to participate in the Pipeline program.

Now the second round of Dental Pipeline, a \$4 million program, builds upon the initial investment to change the education and training of dental students. Increasing minority and low income student enrollment in dental schools and exposing all dental students to significant community-based practice are two approaches that will help decrease disparities in oral health health care access. Eight dental schools are funded with 27 month grants of \$200,000.

According to program estimates, if all dental schools implemented a Dental Pipeline program, the dental safety net system could treat at least one million more patients per year.

Twenty-three of the nation's 56 dental schools have or are participating in both rounds of this innovative program that is aimed at:

- Placing more dental students and residents in community clinics, providing care to underserved, patients; and
- Increasing the number of underrepresented minority and low income students enrolled in dental schools.

Improving Care to Underserved Areas

In the Dental Pipeline program, dental students and residents have treated thousands of low-income patients each year through partnerships with 237 community-based clinics.

- Senior dental students and general dentistry residents are assigned to community clinics for several weeks at a time and gain experience and confidence treating underserved patients in a real delivery system.
- In just five years, the number of days students and residents spent in community clinics increased from an average of 15 to 50 days.
- Some students and residents return to work in the clinics after graduation, either as paid staff members or as volunteers. In several Pipeline schools, 10% of the graduating class obtained positions in community clinics.

Increasing the Number of Minority Dentists

Historically, dental schools have had little diversity in their student bodies. Indeed, of the 4,600 graduates from U.S. dental schools, only 12% are Hispanics, African Americans, or American Indians. Fewer than 8% of the nation's dentists are underrepresented minorities. The Dental Pipeline program has made a major contribution to increasing dental student diversity:

- As of fall 2006, overall first year enrollment by underrepresented minorities in participating schools, (not including Meharry and Howard), doubled.
- The schools of dentistry at Meharry Medical College and Howard University, both historically black schools, increased their enrollment of Hispanic students by more than double.
- In four Pipeline schools underrepresented minority students constituted 20% or more of the entering freshman class.