When more residents in a community lack oral health services than those who are regularly served, there is a silent epidemic. Oral health professionals invest in treatment for patients who cannot afford preventive care in order to improve access to care.

In Alabama, 65 of 67 counties suffer from unmet oral health needs. The numbers of practicing health providers are dwindling as the population that cannot afford health care is growing. Add to this the rural communities confronting long travel distances to dental offices for routine or emergency oral health services, and preventive oral health is non-existent.

Those circumstances tell the story behind the index from Alabama’s Office of Primary Care and Rural Health on the paucity of dental health services. The bleak and unmet needs render the state an oral health crisis zone. According to this 2011 data, more than 260 additional dentists are needed to bridge gaps. Time, resources and distance are also contributors to this issue.

Consider Alabama a microcosmic glimpse of a national problem. In a 2007 report, the U.S. Surgeon General identified “special care” communities inhabited by individuals who suffer high rates of dental disease, disproportionate among those with low incomes or from rural, urban and frontier communities. Lack of access to dental care not only leads to tooth loss and other dental diseases, it is a major cause of preventable diseases with impact beyond oral health, as the mouth is considered the gateway to the entire body.

Meet Monique Trice, a third-year student at the University of Louisville School of Dentistry. Upon graduation, Trice vows to return home to Enterprise, Alabama, to bridge gaps and eradicate the “dental desert” in her community. She will bring with her a deeper understanding of the hurdles of access that her community confronts. Trice, 24, says she already has envisioned her own dental studio. Enterprise, a community of 27,000, 80 miles south of Montgomery, is predominantly white and blue collar. Many residents rely on Medicaid, which often does not cover the full range of oral health services.

2.  www.ada.org/policy_advocacy/federal_legislative_regulatory_resources/Pages/ADEAPolicyStatementonHealthCareReform.aspx
Trice’s path between Enterprise and Louisville has been paved with training, exposure and opportunity, all fortified from the jumpstart provided by the Summer Medical and Dental Education Program (SMDEP) in 2008. SMDEP is a free six-week academic enrichment program sponsored by the Robert Wood Johnson Foundation. Offering free tuition, housing and meals at 12 university sites, SMDEP equips college freshman and sophomores from underrepresented populations to pursue careers in medicine or dentistry. Since 1989, more than 20,000 alumni have completed SMDEP.

Increasing evidence shows the success that SMDEP has generated by creating opportunities for students like Trice, who are often more committed to practice in underserved communities. For them, it is returning home.

Paired with mentors, Trice and her 79 classmates at the University of Louisville SMDEP site were exposed to courses that integrated health sciences and problem solving to address unmet needs of underserved communities.

“The program taught me how to implement both clinical and educational experiences in the medical and dental field,” shares Trice.

She and many of her cohorts recognize lack of oral health care and access as a “silent epidemic.” In July 2011, the Institute of Medicine and the National Research Council issued a report calling for expansion of basic oral health care to underserved populations and increased recruitment to bring more low-income, rural and underrepresented persons into the education and practice of dental care.

“From the classroom to the clinic, I’d like to see more educators in dentistry,” says Trice. “Not enough patients are educated on the importance of oral health and dismiss the purpose of regular checkups and cleanings. Some patients will skip a filling or have the tooth pulled rather than seek to save it. This is due to a lack of education.”

Kim D’Abreu, senior vice president for Access, Diversity, and Inclusion in the Policy Center at the American Dental Education Association, is the former deputy director of a program designed to train a new corps of oral health professionals and create university curriculum with focus on community oral health. The Pipeline Profession and Practice: Community-Based Dental Education Program of the Robert Wood Johnson Foundation put special emphasis on diversity of the profession to reach underserved populations. D’Abreu notes that increasing evidence shows exponential benefits for communities and academic institutions that have created opportunities for students like Trice.

“We have reached a tipping point in dental education with regard to importance of community-based education experiences for dental students,” says D’Abreu. “Across the country, dental schools are providing meaningful exposure via two to 12 rotations in underserved and rural settings. Schools have introduced new courses in the behavioral sciences. They have added cultural competency content throughout the curriculum to better prepare students to provide care in communities of need.”

The new pre-doctoral accreditation has also underscored service learning as a critical component of dental education. The new Predoctoral Accreditation Standards go into effect July 2013 and require community-based experiences that underscore the importance of interaction and treatment of diverse population – particularly toward engendering a life-long appreciation for the value of community service.

Several universities have implemented the community-based approach to deliver care to the underserved populations that D’Abreu references. The University of Alabama at Birmingham (UAB) School of Dentistry offers students opportunities to practice at different community-based clinics throughout Alabama.

The rotation clinics serve diverse populations, with many patients traveling from Florida and Georgia for affordable, quality care. UAB also sponsors HealthSmart, a health and wellness education facility focused on preventive services for Birmingham residents. Since 2003, HealthSmart has served more than 60,000 low-income patients who would otherwise confront unmet needs.

Michelle Robinson, DMD, MA, associate professor of clinical and community services and associate dean for health information and business systems at the University of Alabama at Birmingham School of Dentistry, extols the value of community-based services to patients and students.

“At UAB, we have a commitment to philanthropy and giving back,” says Robinson. “We not only view ‘giving back’ through community-based rotations but also instill in the students a philanthropy mindset. We encourage their donation of time and talents to a number of worthy causes in our region. This is particularly enacted by our third- and fourth-year students preparing to enter the practice field.”

Community-based practice opportunities for students like those offered at UAB and through the Robert Wood Johnson Foundation’s Summer Medical and Dental Education Program are making quality care possible for everyone. For students like Trice, who will complete dental school in 2015, the benefit is reciprocal for community, patient and provider.

SMDEP accepts applications for the summer fellowship annually November 1 thru March 1.