Involving Students in Public Health Initiatives

Allied Directors Meeting
Philadelphia, PA
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Erie, Pennsylvania

Objectives

• Describe access to care issues in Erie, PA
• Discuss alliances between Fortis Institute Dental Hygiene Program and Public Health Agencies
• Identify difficulties and positive outcomes of our alliances
Background

• City of Erie has a poverty rate of 22%
• Refugee population has increased 800% since 2006
• PA Access insurances reduced dental coverage for adults

Alliances

• North West PA Area Health Education Center
• Erie County Diabetes Association
• Community Health Net
• Greater Erie Community Action Center
• Advisory Council for Refugee Health
• Multicultural Community Resource Center
Diabetes Education Classes

• Since 2010:
  – We have participated in courses for newly diagnosed or referred diabetics
    Present dental education, discuss diabetes/perio link
    Inform of our preventive care clinic services
  – Have treated 21 people in the clinic who came because of the class

Community Health Net

• 3-4 referrals a month
• Clients have already been screened and diagnosed:
  – Periodontal treatment needed
• Those referred have limited financial resources, little or no insurance coverage

CHN

Positives
• Students have many experiences treating periodontal disease
• Oral health education is provided
• People without insurance coverage can receive treatment

Negatives
• High appointment failure
• Poor completion rate
• Some cases too difficult for students due to medical conditions and/or severity of periodontal disease
GECAC

- Greater Erie Community Action Committee
- Head Start
- We provide required school screening exams
  - See 55-75 children a year
  - Dental exam, prophy, fluoride varnish, x-rays if needed
  - Refer for restorative treatment

Erie County Multicultural Community Resource Center

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* #'s from Pennsylvania Refugee Resettlement Program

Refugee Arrivals in Erie, PA

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Bhutanese Population
Since 2005 over 46,000 Bhutanese refugees have arrived in the United States
Majority spent over 20 years in camps

Refugee Camps
- No electricity
- High #s of population on anti-depressants
- Betel nut use common
Student Interactions

- November 2012
  - 10 students, 58 senior Bhutanese participants
  - Dental health education
  - Dental screening exams
  - Assembled, demonstrated and distributed power brushes to those who participated in the screenings

Methods

- Interpreters at the MCRC had three weeks prior to class to help participants complete medical history forms.
- Simple PowerPoint with mostly pictures
- Students spoke in short sentences, then waited for the interpreter to translate
- Screenings and small group lessons followed presentation

Challenges

- Translator did not have much dental knowledge, struggled with descriptor words
- Q and A session difficult
- Screenings performed in small medical rooms with minimal equipment and lighting
Positives

- The participants were so patient and grateful — Power brushes a big hit!
- The students working in small groups teaching homecare, overcoming language barriers with hands-on education
- The caseworkers had a starting point for dental treatment needs

Results

- 22 from first group came to the clinic for treatment
- 12 of those actually completed initial treatment
- 6 of those 12 are in recall system

Barriers to Continuing Care

- Availability of translators
- Transportation to our clinic
- Clinic operating hours
- Severity of periodontal disease
- Medical conditions (High BP)
- Medical/Dental IQ of participants
Student Interactions: MCRC

- December, 2012 and March, 2014
- Preschool dental health lessons
- Dental screenings (2014)
  - 16 Children seen, age range 3-5
  - Suspicious area(s) seen in 4 children (25%)

Preschoolers

Student Interactions: MCRC

- October, 2013
- Dental education and screenings
- 2 interpreters, including one signing for the deaf population
- Mixed age group – young adults through seniors – total of 38 participants, 17 screened
Clinic Clients (1/2011 – 3/2014)

Plans - MCRC

- Schedule quarterly education classes with screenings
- Open up classes to other refugees
- Work with MCRC and refugee advisory board to tackle issues with transportation and clinic hours.
- Develop a better tracking system with CHN to ensure participants are receiving necessary follow-up treatment.
Plans - CHN

- Work with CHN to track and share patients
- Implement experiential learning for students with a rotation to a CHN site.
- Encourage more diabetes class participants to seek dental care
- Increase student involvement with the diabetes education classes

Questions?