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Abstract

Objectives: The purpose of this study was to validate the association between dental screenings and follow-up care to support the level of awareness of dental hygiene services available in the community by increasing access to care and determine patients' knowledge of dental insurance status. **Methods:** A first-time dental screening was conducted, and complimentary care was provided for those who followed through with dental hygiene care at the clinic. Survey questionnaires were administered to participants following screening and clinic care. **Results:** Ten participants of the 50 screened received care at the clinic. Less than half of those screened (41 %) had a dental visit over a year ago. Most participants were not aware of the low-cost dental services available. Twenty percent (20%) of participants did not know if they had dental insurance coverage. **Conclusions:** Dental screening participants are likely to schedule an appointment for dental services. Raising awareness of low-cost dental care services available in the community by offering screenings at local events may increase access to care.

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ABSTRACT

Objectives: The purpose of this study was to validate the association between dental screenings and follow-up care to support the level of awareness of dental hygiene services available in the community by increasing access to care and determine patients' knowledge of dental insurance status. **Methods:** A first-time dental screening was conducted, and complimentary care was provided for those who followed through with dental hygiene care at the clinic. Survey questionnaires were administered to participants following screening and clinic care. **Results:** Ten participants of the 50 screened received care at the clinic. Less than half of those screened (41 %) had a dental visit over a year ago. Most participants were not aware of the low-cost dental services available. Twenty percent (20%) of participants did not know if they had dental insurance coverage. **Conclusions:** Dental screening participants are likely to schedule an appointment for dental services. Raising awareness of low-cost dental care services available in the community by offering screenings at local events may increase access to care.

Keywords: dental screenings, oral health, dental hygiene care

INTRODUCTION

Over the past 50 years, the oral health of Americans has made substantial progress as a result of effective prevention and treatment methods.¹ This includes community water fluoridation and dental sealants, both evidence-based intervention methods to prevent tooth decay. According to the report "Healthy People 2020," oral health is essential to overall health, and access to dental services is vital to promoting and maintaining oral health.¹ Yet, disparities in access to care remain a continued public health challenge for persons of all age groups.^{2,3} Barriers that affect the ability for individuals to access and/or navigate the oral health care system may be related to low socioeconomic status; shortage of dentists; lack of training in evidence-based oral health guidelines; diminished interdisciplinary collaboration and continuity of care; low oral health literacy; perceptions of need for care; cost; fear of dental procedures; and misconceptions about preventive dental care.⁴

The purpose of this community health initiative was to validate the association between dental screenings and follow-up care to support increasing the level of awareness of dental hygiene services available. The activity consisted of two phases -- a dental screening and a post-screening dental hygiene care appointment. Findings demonstrated the importance of participating in community health fairs to provide oral health screenings in effort to educate the public and provide resource linkage and access to oral health care services.

METHODS

A first-time dental screening was conducted at a college wellness fair in April of 2018 for two-fold purposes: 1) to screen patients for oral health status and 2) to recruit patients for second year dental hygiene students' clinical care experience. Human subject research exempt status was granted (File # 2018-1000). The first-round survey included screening, informed consent, instructions, and a questionnaire. To assess receipt of an annual oral examination, participants were asked, "When was your most recent dental visit?" Response options included within the past year; last year; prior to 2017; or unknown/not indicated. Another survey question was, "Do you currently have dental insurance?" Response choices included yes, no, or not sure.

The second-round survey was conducted October 2018 - May 2019, following dental hygiene care. A post-treatment self-rated questionnaire asked: 1) Did you schedule the appointment as a result of the screening event you participated in?; 2) Did you receive relevant information related to your dental care?; 3) Would you return to the clinic for future dental hygiene care?; and 4) Were you pleased with your dental treatment received at our clinic? Completed post-treatment surveys were collected by a student research assistant and placed into a locked depository box located in the clinic. Responses were entered onto a Microsoft Excel spreadsheet to determine data patterns and facilitate reporting results.

RESULTS

A total of 50 participants ages 25-73 were screened and completed the first-round survey (n=50). Participants indicated they had a dental visit "a year ago" in 2017 (40%); did not have any dental visits (22%); last dental visit was prior to 2017 (20%) and had a dental visit in 2018 (16%). When asked about dental insurance coverage, 65% reported having insurance; 20% unsure; 12% uninsured, and 2% did not indicate insurance status. Participants were unaware of low-cost services provided by the dental hygiene clinic situated at the local college.

Ten participants followed through with the second phase, by receiving dental hygiene services at the clinic, and completing the second-round survey (n=10). Ninety percent were pleased with the treatment received and would return for future services. One participant was not pleased with the service and indicated the time commitment for the appointment length was the reason. Respondents rated the low cost of services as: excellent (50%), good (10%), fair (10%), and not applicable (30%). All ten participants who received services by a dental hygiene student responded "yes" to the survey question, Was the dental hygiene student courteous and professional? Location of services provided was rated as: excellent (80%), and good (20%). When asked, Would you recommend our services to your friends and family?, 90% answered "yes" while 10% answered "no." Sixty percent stated they received "excellent" oral health information relevant to their dental care, and 40% reported receiving "good" information.

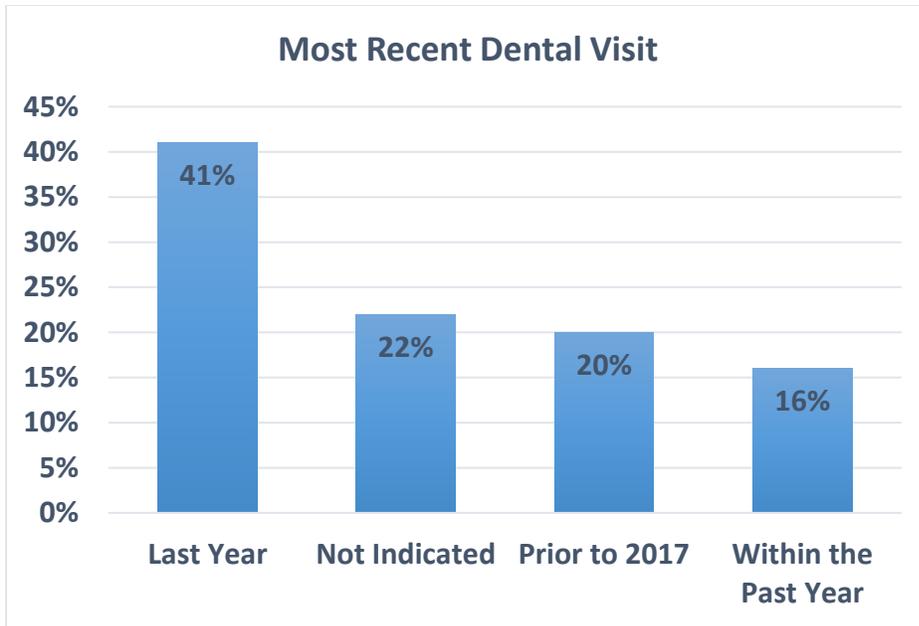


Figure 1. Most recent dental visit

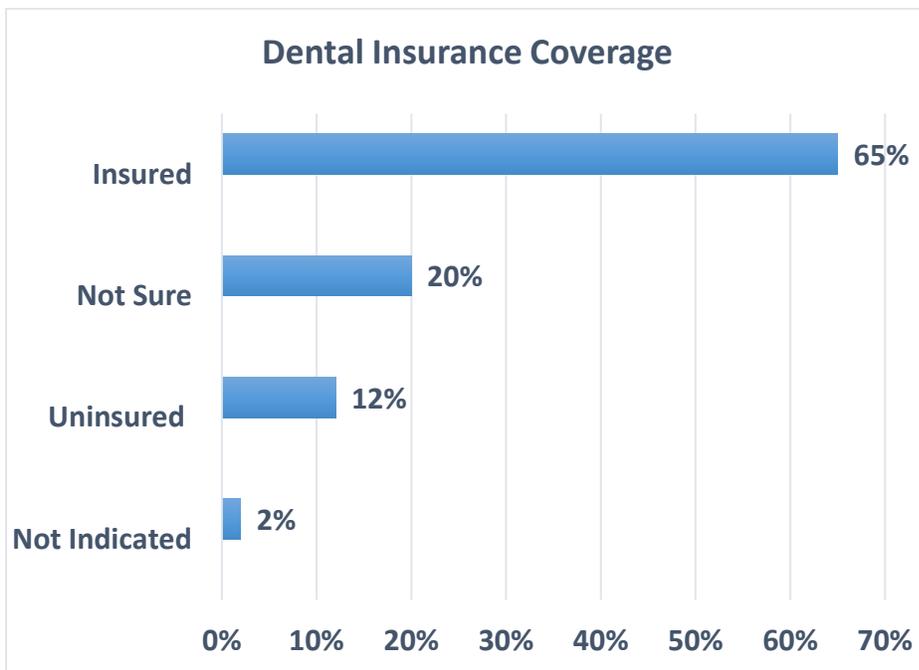


Figure 2. Dental Insurance coverage

DISCUSSION

Results of this initiative supports the importance of offering dental screenings at local public events to increase awareness of dental hygiene facilities available to the community and its low-cost services to the public. Although no previous studies were found related to this initiative, research indicates there are continuous disparities impacting access to dental care in this country.^{5,6} The Center for Disease Control and Prevention’s Division of Oral Health and the U.S. Department of Health and Human Services both advocate to eliminate oral disparities using strategies, goals, and partnerships.^{7, 8} This first-time dental screening event was a partnership

with a local event. It was noted that by providing participants with linkage to care, they were more likely follow through with the second phase, impacting their oral health and providing preventive services they may not have accessed otherwise.

This community health initiative had several limitations. Dental screening participants were offered a complimentary dental hygiene exam and cleaning as an incentive to schedule an appointment at the clinic for the second phase of the study. The study's second phase was conducted at the dental hygiene clinic in an education institution, where the length of time to receive care requires several appointments approximately 3 hours in length, which may have resulted in reporting bias. The community-based participant sample was noteworthy in number for the dental screening; however, the second phase of participants was relatively low, limiting the post-treatment survey results.

Previously attended health events intended to recruit patients and provide information about the institution's clinical services, and where no screenings were provided, rarely resulted in appointments scheduled. Providing a dental screening presented positive results in patient recruitment and increasing access to care by providing free dental screenings along with incentives for a first-time complimentary service if participants followed through with their appointment at the institution's clinic. This activity may be a model for other dental and dental hygiene educational programs to promote and attend community events by providing screenings and linkage to care, fulfilling students' needs for patient recruitment and care experiences.

PUBLIC HEALTH IMPLICATIONS

Oral health is an essential component of overall health. Despite continuous efforts to promote public health awareness of the relationship between oral and systemic diseases, regular dental care is essential.⁹ More than 49 million Americans live in places that are dentally underserved.⁴ The American Dental Association and American Dental Hygienists' Association recommend bi-annual preventative dental care. This initiative demonstrated when participants receive screenings, they are likely to schedule appointments for services at school dental facilities. Findings also revealed that screened participants visited the local dental hygiene school for services when made aware of this low-cost resource. This initiative also supports raising awareness of the available dental care resources and can aid in increasing access to care for those without dental insurance. Future considerations to investigate should include healthcare navigation for dental insurance perceptions and how partnerships with dental schools can increase access to care. The dental profession has the responsibility to promote oral health for all people, and dental hygiene programs are an integral part of the access to care solution.

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