

## **i. Abstract**

### Enhancing Community-Based Dental Education for Care of Infants, Toddlers, and Preschool-Aged Children

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Over 22% of children in the state of Michigan live in poverty. The healthcare needs of these children are partially served through safety net health care clinics, some of which provide oral healthcare services to vulnerable and underserved populations. Community-based dental education (CBDE) pairs dental student trainees with community-based clinics to both enhance the dental education of students and improve the health of vulnerable and underserved groups. The University of Michigan has been a leader in CBDE and currently sends fourth-year dental students to community sites throughout the State of Michigan for 9 weeks.

Unfortunately, although the needs are great, dental students rotating to these sites see few very young children. Of approximately 22,000 patient visits in 2015/2016, only approximately 300 were children less than age 5 years. Many of these sites would like to provide dental students with clinical training with very young children but have limited background, training, and support to do so. By intensively preparing and supporting partner FQHC sites to provide dental homes for children age 0-5 years, and by increasing dental student rotations from 9 weeks to 12 weeks, we can allow for all dental students to rotate to partner FQHC sites providing enhanced care to children age 0-5 years, enhancing clinical pediatric predoctoral dental training and improving the oral health of vulnerable, underserved, and rural children age 0-5 years. Additionally, we propose to integrate population health, social determinants of health, cultural competency, and health literacy into a defined, formal course to prepare dental students for this enhanced 12-week CBDE experience, and propose a robust evaluation of the clinical and educational program outcomes.

By enhancing predoctoral pediatric dentistry training through community-based dental education, it is intended that dental student provided diagnostic, preventive, and therapeutic care of children age 0-5 will increase by 400%. It is also intended that greater than 90% of all graduating dental students will feel comfortable and well prepared to provide care for children age 0-5 years, that greater than 90% of graduating students entering primary care intend to treat children age 0-5 years in practice, and greater than 50% of graduating students entering primary care intend to treat vulnerable, underserved, or rural children age 0-5 years in practice.