

Mobile Dentistry; Rolling into Rural West Virginia

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Partners in Health and Funding Organizations

- Greater Kanawha Valley Foundation
- Claude Worthington Benedum Foundation
- Logan Healthcare Foundation, Inc.
- Community Foundation of Boone County
- United Way of Central West Virginia
- Sisters Health Foundation

Why Mobile Dentistry?

Social Determinants of Health (SDOH)

- Access to care; transportation
- Discrimination; fear/hesitation
- Language/Literacy Skills
- Finances; ability to pay

- In the United States 1 in 10 people live in poverty.
- In West Virginia 278,734 lived in poverty, a staggering 16% of the States population.
- WV ranks 6th highest among the 50 states according to data released from the Census Bureau's American Community Survey.

WV Dental Health Data from State Plan 2.0

Adults (age 18+)

- 12% completely edentulous (2012)
- 29% of adults used some form of tobacco (2011)
- 16% of adults could not access care when needed
- Adults aged 25-44 accounted for 56% of hospitalizations for dental problems
- Most common reasons for hospitalization was periapical abscess

Areas we serve

- Boone County
- Logan County
- Roane County
- McDowell County
- Clay County

Services We Provide

- Restoration
- Extractions; simple/surgical
- Prophylaxis; Debridement, Scaling and root planning
- Comprehensive Exams
- Digital Radiography
- Fabrication of Interim removable prosthesis (Flipper)
- Application of Topical Fluoride; SDF (Silver Diamine Fluoride)

Treatment Planning; Mobile vs. Private Setting

- Majority of patients seen as new patients on the mobile unit, have had little to no access to dental care for some years
- Emergent care takes priority; treating abscessed teeth, broken teeth causing pain, etc
- Managing emergent care cuts down on the need for recurring antibiotic treatment
- Treat areas of the mouth that are most concerning for dental infection or that may result in future dental emergency

Treatment Planning (cont'd)

- Restorations that are large with guarded prognosis are often next
- Hygiene is reinforced at every visit; patients often have poor oral hygiene and without improvement completing a treatment plan is often difficult
- Treatment planning has to be carefully thought out due to the limited of time in one area per month

Hygiene on the Road

- With lack of access to care often comes poor oral hygiene
- Patients are often uneducated on proper basic oral hygiene
- Patients do not have financial means to replace hygiene items

Hygiene on the Road (cont'd)

- Initial encounters typically consist of a debridement at minimum. In some cases calculus covers most surfaces, making a comprehensive exam near impossible.
- Upon completion of Prophylaxis it is necessary to reinforce positive habits and to encourage routine care

Maintaining a Recall System; Dental Home on the road

- Off-site scheduling
- Patients receive a card to remind them of their next visit similar to private practice one month prior to the appointment
- Patients receive a reminder call no sooner than the week prior to the appointment.
- No-show appointments are followed up with a telephone call or another form of communication in attempt to contact the patient to reschedule

Managing the COVID Crisis

During the shut-down:

- The mobile unit was converted to a medical unit to assist with disaster relief
- Medical Staff used the unit to provide COVID diagnostic tests, vaccinations and health education
- Dental staff remained in Charleston at the main clinic providing emergency dental care

Managing COVID crisis cont'd

Back on the road:

- Limited resources and difficulty obtaining PPE
- ADA Screening questionnaire
- Temperature check
- Initially utilized DHHR County map to determine travel into the county (Red=Reschedule)
- Rate of periapical abscesses increased in the absence of care
- Small portions our patient population were fearful of leaving their homes and declined care initially



- 33 y/m presented to Roane County for initial prophylaxis/new patient exam
- History of alcohol abuse
- Complete absence of dental care and chronic use of antibiotic therapy to treat dental infection



- Treatment plan consisted of full mouth extraction
- Patient suffered from severe dental anxiety due to chronic pain associated with his teeth
- Combination simple and surgical extractions were done in quadrants



- Healing took 10 weeks due to dense bone and exostosis
- Patient was fitted with maxillary and mandibular complete dentures
- Patient has returned for tissue check, oral cancer screening and minor denture adjustments

Questions?