Abstract

Objectives
This project will provide leadership in oral health care delivery for patients with special health care needs. Aims: 1) address needs of vulnerable populations; 2) expand training in a rural location; and 3) develop population health management tools.

Methods
Collaboration centered around meeting the health needs of vulnerable population groups in eastern North Carolina.

Results
Collaborators are rural community and academic partners. Pediatric dentistry training is expanding to a rural site. Advanced Education in General Dentistry (AEGD) is developing an optional second year of training.

Conclusion
Implementation can support training for up to 3 residents per year.

Introduction

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Organizational Approach

ECU HRSA DBE: Organizational Chart

Methods

ECU DBE Post-doctoral Dentistry Training Logic Model:

- Objective: To develop training programs for post-doctoral residents to address gaps in population health and health care delivery for underserved adults and children with special healthcare needs in rural North Carolina.
- Aim 1: Address needs of vulnerable populations
- Aim 2: Expand training in a rural location
- Aim 3: Develop population health management tools

Implementation

Focus Area 1
- Improving Care Delivery for Special Needs Children and Adults
- Improve training for care of individuals with complex medical needs to include adults and children with Intellectual and Developmental Disabilities (IDD)
- Develop and improve care coordination using a team-based approach
- Enhance collaboration to provide oral health care to individuals with IDD

Focus Area 2
- Improving Rural Community Engagement to Advance Oral Health
- Expand opportunities for oral health care to rural underserved populations
- Develop and implement training programs for oral health care providers in rural communities

Focus Area 3
- Leadership in Population Health Management and Informatics
- Develop and implement leadership training programs for oral health care providers in rural communities
- Enhance collaboration among oral health care providers in rural communities

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