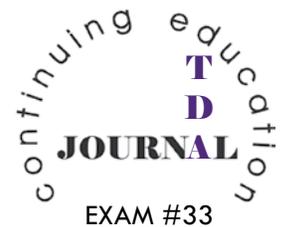


Tennessee Smiles: The UT Grassroots Oral Health Outreach Initiative

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Introduction

*“Knowing is not enough; we must apply.
Willing is not enough; we must do.”
—Goethe*

On July 22, 1946, the Principles to the Constitution of the World Health Organization (WHO) were accepted by the United Nations.¹ The principles stated the definition of health “as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”¹ This definition has resonated across all nations and for all peoples.¹ Three principles are highlighted relating to the responsibility of two integral partners for health, namely, the public and government.¹ The principle for the public reads: “Informed opinion and active cooperation on the part of the public are of the utmost importance in the improvement of the health of the people.”¹ The principle for the government reads: “Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.”¹ Finally, WHO’s principle for diversity reads: “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”^{1,2} These principles are the pillars by which all nations have agreed to address health disparities of their citizens.¹

WHO developed a six-point agenda as a blueprint to guide the construction of the principles.³ The six-point agenda consists of:³

1. “Promoting development;
2. Fostering health security;
3. Strengthening health systems;
4. Harnessing research, information and evidence;
5. Enhancing partnerships; and
6. Improving performances.”

WHO’s six-point agenda has set a standard by which health care

ABSTRACT

Access to and awareness of oral healthcare in the United States have been highlighted in the mass media and discussed among diverse populations. The current surge to provide access to oral healthcare for citizens springs from this quagmire of oral healthcare issues which affects global to local (grassroots) communities. Publications by the World Health Organization’s (WHO) Health for All and the United States’ Healthy People have set into motion an agenda by which institutions, healthcare professionals and governments can develop action plans to foster and nurture grassroots organizations to address these issues. An initiative has been undertaken by members of the faculty, student doctors and staff of the University of Tennessee Health Science Center, College of Dentistry (UTHSC CoD) and its partners. This cadre of volunteers has implemented grassroots efforts for the citizens of western Tennessee to date as the flagship of Tennessee Smiles: UT Grassroots Oral Health Outreach Initiative (Tennessee Smiles). By participation in health fairs, school programs and other cultural events, these volunteers have made a difference in the lives of thousands of Tennessee citizens who need exposure to information regarding their oral health care needs. The authors discuss the basis for the Tennessee Smiles organization, their successes and challenges. Future plans and the need for support of the organization are emphasized.

professionals can develop grassroots action plans and project development models to address health issues for populations locally and, ultimately, globally.³

Over the next thirty years WHO recognized that global health issues required international partnerships among all nations. Consequently, an international conference was convened in Alma-Ata, USSR.⁴ In 1978, the Declaration of Alma-Ata (Declaration) was sponsored by WHO and the United Nations Children’s Fund (UNICEF) and recognized by 134 nations.⁴ The preamble to the Declaration states:⁴

“The International Conference on Primary Health Care, meeting in Alma-Ata this twelfth day of September in the year Nineteen hundred and seventy-eight, expressing the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world,...”⁴

Subsequently, WHO sponsored several global international conference series,⁴⁻¹⁰ such as Alma-Ata (1978),⁴ Global Strategy for Health for All by the Year 2000 (1979),⁵ the Otta Charter for Health Promotion (1986),⁶ Sundsvall Conference (1986),^{6,7} Jakarta Conference and Declaration (1997),⁷ the Mexico Conference (2000),⁷ Bangkok Conference (2005),⁸ and the Kenya Conference (2009).⁹ These global conferences targeted health promotion, development and implementation as a platform for national agenda-setting for citizens to begin to address their health improvement tactics.⁴⁻¹⁰

Over the past forty years, the United States of America has developed avenues for addressing WHO’s six-point agenda and core principles and the Declaration as illustrated in **Figure 1**. For more detailed investigation of these tactics for national health agenda-setting for citizens’ health improvement, the authors refer to the reference section of this article.^{1-4,11-24}

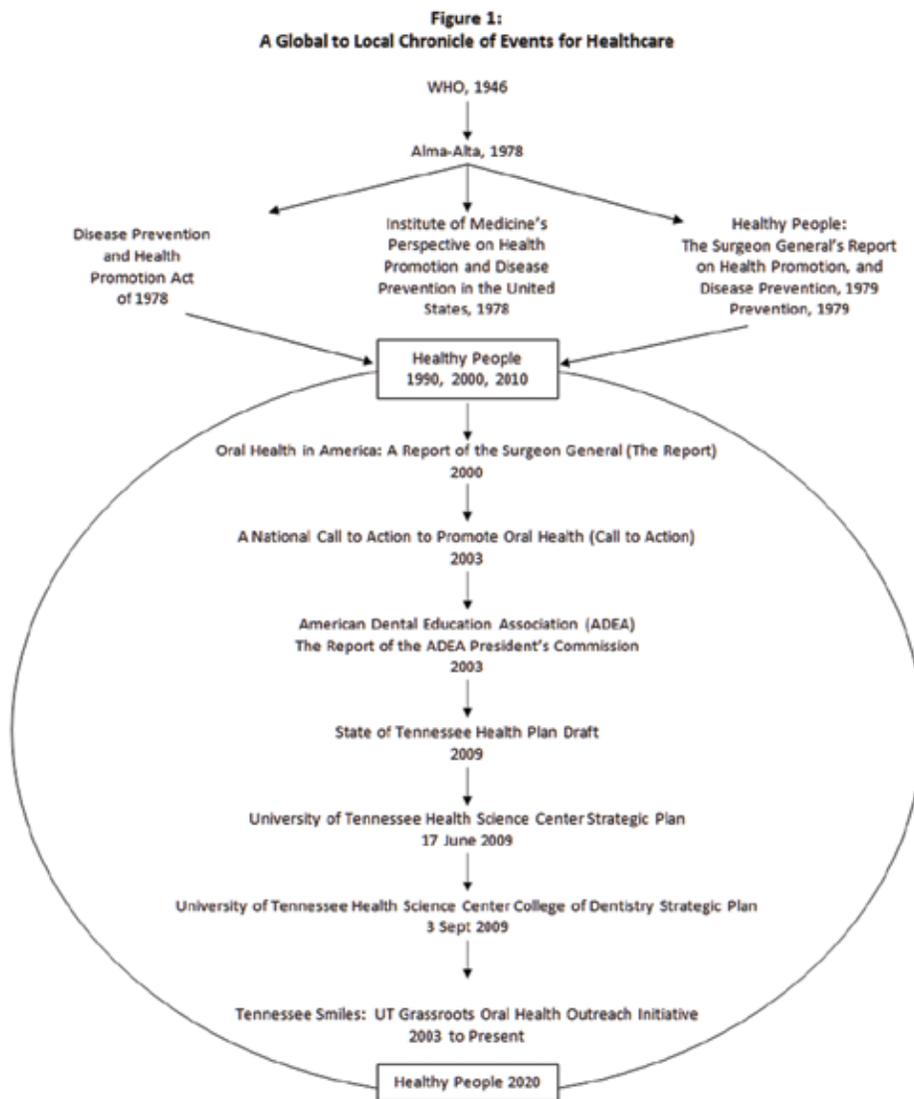
Currently, the Healthy People 2010 coordination of its efforts has been widely published and is available on its website.¹⁶ Healthy People 2010 documents Americans' health disparity status in the environment of social, economic and political arenas.^{16,25} The Healthy People 2010 document has two major goals: (1) increase years of healthy life and (2) eliminate health disparities.¹⁶ These goals have (1) 28 focus areas and (2) 467 supporting objectives.¹⁶ The authors have targeted their community engagement efforts on the focus areas of "Educational and Community Based Programs" (Chapter 7),²⁶ "Health Communication" (Chapter 1),²⁷ and "Oral Health" (Chapter 21).²⁸ *Education and Community Based Programs* involve the implementation of comprehensive plans "with multiple intervention strategies, such as educational, policy and environmental, within various settings, such as the community, health care facilities, schools (including colleges and universities), and worksites."²⁶ The National Cancer Institute (NCI) and the Centers for Disease Control and Prevention (CDC)²⁹ have defined *health communication* as: "The study and use of communication strategies to inform and influence individual and community decisions that enhance health"²⁹ with emphasis on improving quality of life. Obregón, et

al., included public in their definition: "We define public health communication as the strategic design, application and evaluation of communication interventions (i.e. social mobilization, interpersonal communication, mass or local media and advocacy) to achieve public health objectives."³⁰ Obregón, et. al., defined social mobilization as: "a broad-scale movement to engage people's participation in achieving a

access to related services."¹⁶ In 2000, *Oral Health in America: A Report of the Surgeon General* (The Report) was released to the mass media and the public.¹⁷ The Surgeon General stated: "Oral health is an essential and integral component of health throughout life. No one can be healthy unless he or she is free from the burden of oral and craniofacial diseases and conditions."¹⁷ A daily

status that should be evident to all citizens, as they strive to maintain optimal systemic health, is that their journey begins with the mouth. The mouth is one of the most strategic orifices in the digestive system of humans.¹⁷ The mouth, as the entry orifice of the digestive system, begins the journey of nutrients within the systemic pathways to the exit portal.³¹⁻³³ Therefore, oral health ranks primary . . . "in the provision of health care and the design in community programs."¹⁷ Currently, The Report states: "The National Oral Health Plan for promoting and improving oral health: increasing awareness

(among the public, policymakers, and health providers) that the health of the mouth and other parts of the body are related, accelerating the growth of research and application of scientific evidence on intervention effectiveness, building an integrated infrastructure, removing barriers between services and people in need, and using public-private



specific development goal through self-reliant efforts, which often demands the participation of different social factors including community organizations, national, local and state governments, professional organizations and media."³⁰ "Oral Health's" goal is to "prevent and control oral and craniofacial disease, conditions, and injuries and improve

partnerships to reduce disparities.”³⁴

The Report illuminated the often forgotten aspect of oral health and oral health care in everyday lives of American citizens. The Report is a milestone for dentistry. It is noted as being: “The first time the Surgeon General of the United States identified oral health as integral to general health—landmark in the history of oral health.”¹⁷

In 2003, A National Call to Action to Promote Oral Health (Call to Action) was published as a result of the information and data collected from The Report’s wake-up call to take action for oral health in the U.S.¹⁸ The Call to Action charge was to bring together “public and private partnerships and individuals,” such as academia, at-large and grassroots community leaders, local and state government leaders and healthcare professionals “concerned with the health of their fellow Americans.”¹⁸ The personal invitation to these individuals to take action states: “. . . To expand plans, activities, and programs designed to promote oral health and prevent disease, especially to reduce the health disparities that affect members of racial and ethnic groups, poor people, many whom are geographically isolated, and others who are vulnerable because of special oral health care needs.”¹⁸

Grassroots projects based in oral health and healthcare issues are essential in educating citizens about the strong relationship between oral health and systemic health and how the relationships affect maintaining healthy mouths, healthy bodies and healthy minds.³² Several authors have provided alarming evidence for the general population, as well as specifically targeted populations to wake-up and take action for improving their oral health, thus improving their total health.^{17,31,33-39} To begin the wake-up call, The Call to Action has five action components, which are:¹⁸

1. “Change perceptions of oral health;
2. Overcome barriers by replicating effective programs and proven efforts;
3. Build the science base and accelerate science transfer;
4. Increase oral health workforce diversity, capacity and flexibility; and

5. Increase collaborations.”

The efforts presented in this article have grown, from trying to develop an initiative to service as many citizens as possible in the Memphis community, and eventually the state and region via partnerships. At the same time implementing the actions so noted utilizing the guiding principles of the Call to Action, which are:¹⁸

1. “Science based;
2. Culturally sensitive;
3. Integrated into overall health and well-being efforts; and
4. Routinely evaluated.”

The 2003 ADEA President’s Commission Report has seven major themes that “explore the roles and responsibilities of academic dental institutions in improving the oral health status of all Americans,”^{24,40} as it seeks to follow the guidelines of the Call to Action and The Report. Several major themes are of interest to Tennessee Smiles, namely, “Need and Demand: Identifying Barriers to Oral Health Care,” “Access to Oral Health Care: Guiding Principles for Academic Dental Institutions” and the combined themes of a diverse workforce. Additionally, the ADEA President’s Commission Report states that “The purpose of focusing academic dentistry as a common set of strategies is to improve the oral health of all Americans, especially the underserved.”²⁴

The purpose of this article is to illustrate the effects of global health initiatives on local and regional populations and to demonstrate the effectiveness of voluntary grassroots efforts in dissemination of health care information. We also wish to highlight the continuing work of a model grassroots project, *Tennessee Smiles: UT Grassroots Oral Health Outreach Initiative* (Tennessee Smiles), which strives to meet the oral healthcare information needs of the underserved population of Memphis, Tennessee and the surrounding area.

Mission Statements

The University of Tennessee (UT), the University of Tennessee Health Science Center (UTHSC) and the UTHSC College of Dentistry (UTHSC CoD) established their mission statements to address the health care of the citizens of Tennessee with far reaching efforts.⁴³ The mission

statements are presented to illustrate the journey from global to local grassroots healthcare interests, in responding to the wake-up call to take action.⁴¹

The University of Tennessee Mission Statement

“The mission of The University of Tennessee is to provide the people of Tennessee with access to quality higher education, economic development and enhanced quality-of-life opportunities.”⁴¹

UT Health Science Center Mission Statement

“The mission of the University of Tennessee Health Science Center is to bring the benefits of the health sciences to the achievement and maintenance of human health, with a focus on the citizens of Tennessee and the region, by pursuing an integrated program of education, research, clinical care, and public service.”⁴¹

In following the example of the larger institution, The College of Dentistry (CoD) Mission Statement is seen below:²⁰

UT Health Science Center College of Dentistry Mission Statement

“To improve human oral health through education, research, clinical care and public service.”²⁰

Tennessee Smiles has prepared a mission statement as a prelude to future community engagement efforts.

Tennessee Smiles Mission Statement

“To increase awareness of oral health issues through education, research and community service for citizens of Tennessee, with special emphasis for underserved populations.”⁴²

The University of Tennessee Health Science Center (UTHSC) College of Dentistry (CoD) has set forth in its mission statement and strategic planning documents²⁰ based on the parent institution’s guidelines,⁴¹ to seek avenues for addressing the Health for All Strategy and Healthy People 2010 through (1) Call to Action’s five action components¹⁸ and its four guiding principles¹ and (2) the ADEA President’s Commission Report.²²⁻²⁴ The philosophy of the CoD within the same document states, “In accord with its mission and

in the pursuit of excellence, the College of Dentistry values and emphasizes ... community service through involvement and leadership in community health-related programs. The College will join in community efforts to educate the public and promote oral health.”²⁰ UTHSC CoD, as one of the academic dental institutions in the State, understands its responsibilities as a local, State, regional and national oral healthcare institution.²⁴ All academic dental institutions are viewed as (1) “centers of discovery” from exploration of questions to generation of facts and knowledge occurring in basic, applied and translational research efforts and (2) “providers of care” through education to future oral healthcare professionals; direct oral therapeutic care to patients; laboratory and clinical research; and public service to the citizens in their communities. These are so identified in the above missions statements.

Tennessee Smiles

The Tennessee Smiles’ concept originated from faculty, staff and student doctors’ involvement with Leadership Memphis’ Class of 2002 health project, “Memphis Smiles.”²⁴⁴ The 2002 health project involved making a difference in the North Memphis community. The primary goal of the project was to provide oral health education awareness, focusing on an area of the city that would impact the greatest number of children in need of dental services and oral health care information.⁴⁴ Several faculty members at UTHSC CoD have participated in community engagement activities in the Memphis area for many years. This cadre within the College of Dentistry wanted an image to represent the CoD’s community engagement efforts. With this concept in mind, in 2003, the founding members of Tennessee Smiles contacted Dr. Elvis Kee, professor at the Memphis College of Arts. His students presented several designs, and the winning image by Shannon Wolf was selected as illustrated in **Figure 2**.

This paper discusses the background, accomplishments and goals of Tennessee Smiles, as the initial attempt was to serve citizens of Tennessee with educational and community-based programs,

health communication and oral health information while providing opportunities for community engagement efforts for UTHSC CoD’s student doctors, faculty, staff and friends. In partnership with the Department of Dental Hygiene and Tennessee Technological Centers of Memphis Dental Assisting Programs, the partners have worked in constant pursuit of social responsibility and the public good.^{36,45-48}

The Tennessee Smiles program seeks to facilitate its mission statement and its philosophy by providing a model for community service that encompasses (1) public oral health awareness and education, (2) dissemination of dental health care literature that will improve individuals’ quality of life, and (3) research efforts.⁴⁹⁻⁵⁰ Currently, the members are completing research efforts related to determining the readability level of informational literature they

Figure 2



disseminate to citizens (limited reach media). Tennessee Smiles will follow three focus areas of Healthy People 2010, which are: Educational and Community Based Programs (faith-based, school-based, business-based partnerships and collaboration), Health Communication and Oral Health. The supporting objectives are:

- To promote oral health care and oral health literacy in the community;
- To promote oral and systemic health interconnectedness and awareness;
- To educate the public about early prevention and intervention for oral disease;
- To provide outreach engagement opportunities for student doctors and faculty to demonstrate social responsibility;
- To recruit oral health care professionals to serve as role models

to increase the matriculation of qualified diverse and multicultural students into the field of dentistry; and

- To develop a research data base of community participatory efforts.

Through participation in local health fairs, Tennessee Smiles members have recognized the varied socioeconomic strata of the Memphis population. Boyd (1993) categorized the socioeconomic levels as: (1) “members of families and middle class individuals who practice good oral hygiene, have positive attitudes toward dental care, seek care on a regular basis and usually have a long-standing relationship with the same caregiver”; (2) “families and individuals on social programs, who are not well-educated and are also regular patients”; (3) “families and individuals who are not on social programs, who are not well-educated and not regular patients”; and (4) “families and individuals who are well-educated and who have the ability to pay for services, or supported by social programs but attend only in emergency situations.”⁵¹ These socioeconomic tiers cover a broad spectrum of the Mid-South community who receive oral healthcare services from the same dental healthcare professional, such as the College of Dentistry and/or private practitioners. A large segment of the Memphis population

is dentally and medically underserved and economically disadvantaged, which entails lack of access, preventive and interventionist dental healthcare and oral healthcare information. This segment of the populace may involve several of the aforementioned socioeconomic tiers. According to Petersen (2003), intervention means “any health action – any promotive, preventive, curative or rehabilitative activity where the primary intent is to improve health.”³² In order to successfully impact an economically and medically underserved population, two factors must be taken into consideration. First, the program must be culturally sensitive to the target population. Second, the program must be centered geographically and socially to the underserved population.⁵² Tennessee Smiles’ grassroots engagement efforts have accomplished both.

By providing dental screenings and limited reach dental information (pamphlets and informational sheets)⁵³ at health fairs, dental health professionals may gain an understanding of individuals' needs by a person-to-person interaction versus understanding group needs. The limited reach dental information is for patient education on a three-tier format: primary, secondary and tertiary level prevention health promotion targeted at individual needs.⁵³ Primary dental health prevention and intervention information consists of educating the citizens to learn how to avoid dental health problems, such as caries and gingivitis.⁵³ Secondary dental health prevention information consists of (1) "attempting to reverse the early symptoms of disease, (2) where illness risks are identified, and (3) the detection and treatment of a health problem is identified for follow-up care by a healthcare professional, such as, high blood pressure or gingivitis."⁵³ Tertiary dental health prevention information consists of (1) "attempting to slow the progress of a disease which already exists—such as after a heart attack, (2) action to prevent recurrence of a stroke or coronary heart disease,⁵³ or (3) slow the process of rampant decay due to excessive consumption of sugary and/or acidic beverages, juices and candies."²⁸ As the Tennessee Smiles program matures, other forms of individual dental health prevention educational material will be pursued, such as, (1) prescriptive (nutrition for a healthy mouth), (2) contractual (intent statement to decrease the frequency of use of acidic and sugary beverages), and (3) evaluative (progress weekly dietary charting for sugary consumption and oral home care maintenance to avoid caries development)⁵³ health literature. Tennessee Smiles' participation in secondary education, colleges, faith-based and proprietary and not-for-profit community engagement efforts provides the knowledge and values noted in the ADEA's report under the rubric of Need and the wake-up Call to Action guideposts of changing the perception of oral healthcare.^{18,22,24}

Methods

The members of Tennessee Smiles have observed citizens' perceptions

toward oral screenings and a cursory examination as a relaxed and non-intimidating method to identify potential dental problems, including oral cancer. A dental screening examination at a health fair has provided many fearful individuals a first glimpse of the extent and seriousness of their needs. In this relaxed environment, many of the citizens screened were comfortable receiving information about dental disease and treatment. Many citizens have reported: "I did not know that I could ask a dentist such in-depth questions."

Patients seeking oral screenings are first asked to read and sign a consent form authorizing the Tennessee Smiles team members to perform the screening. (This form and other UT College of Dentistry related forms are printed on orange paper to allow identification with The University of Tennessee.) The patient is then seated while the examiner completes proper infection control procedures prior to beginning the screening. These procedures include the donning of cover gown, face mask, eye protection and examination gloves, followed by sanitation of the hands after de-gloving. Depending upon the circumstances of the particular environment, light is provided by flashlight, dental chair light or headband light. A soft tissue exam is first done to check for swellings, nodules, obvious pathologic lesions and other possible pathological conditions that may not be visible in a general visual inspection. The patient is also questioned regarding any awareness of his/her problems, hygiene habits and frequency of dental office visits. Examination of the dentition, utilizing tongue blades and in some instances, disposable dental mirrors, is done as the final part of the procedure. The patient is then given the results of the examination and allowed to ask questions regarding the findings. They are informed of their general dental needs and the availability of the clinics within the College of Dentistry, not-for-profit and/or faith-based clinics, or are advised to seek private dental practitioners of their choosing. An oral health care packet, usually consisting of a toothbrush, toothpaste and floss (when available) with limited reach oral healthcare information is also given to the citizens.

An oral screening examination allows

the opportunity for numerous individuals to be made aware of potentially serious oral conditions and understand the right to health.² The Healthy People 2010 report noted that regular dental visits provide an opportunity for the early diagnosis, prevention and treatment of oral and craniofacial diseases and conditions for persons of all ages.^{16,28} A common belief is that once all the permanent teeth are lost, there is no longer a reason to return to the dental office. This inaccuracy decreases the likelihood of early detection of oral cancer and illustrates one of the health disparities associated with race/ethnicity and socioeconomic status.^{54,55} Regular routine oral examinations by primary care providers would be the best way to address these issues,⁵⁶ but a free oral screening examination may be the only opportunity that some patients, especially citizens in lower socioeconomic groups, may seek to learn their oral health status.^{51,54-56}

The Tennessee Smiles program has taken just such a step by partnering with projects which have the potential to draw large groups within the target population. To fulfill this objective, the Sisterhood Showcase, an annual cultural event held in Memphis, Tennessee, is just one of the projects in which Tennessee Smiles participates. The Holiday Issue of *Grace Magazine*, 2009 in Review Record of "Looking Back: Wrapping up the 2009 Sisterhood" highlighted the recorded attendees at 36,500.⁵⁷ During the 2008 and 2009 Sisterhood Showcase events, 538 and 643 individuals, respectively, were screened over a two-day period in the month of June. During this event, dental literature, toothbrushes, toothpaste and dental floss were provided to the attendees. For the citizens who chose not to avail themselves of a dental oral screening, the same dental care packet was provided. The Sisterhood Showcase Summit took our message of oral healthcare awareness to more than 1,000 attendees. This event and others could not be accomplished without the partnership of the following organizations: (1) UTHSC CoD student doctors and faculty; (2) Dental Hygiene Department students and faculty; (3) Tennessee Technological Centers at Memphis Division of Dental Assisting faculty and students; (4) members of the American

Table 1 - Tennessee Smiles Annual Outreach Engagement Efforts

Year	Number of Citizens Screened	Oral Healthcare Screening †	Dissemination of Limited Reach Media ‡	Total Events
2000	321	3	9	12
2001	501	7	5	12
2002	838	9	9	18
2003	869	13	3	16
2004	855	11	5	16
2005	786	11	8	19
2006	1223	15	4	19
2007	1213	21	19	40
2008	1286	18	2	20
Total	7603	108	64	172

† Oral Screening events include dissemination of limited reach dental and healthcare literature and dental healthcare products.

‡ Dissemination of limited reach dental and healthcare literature and dental healthcare products which did not include oral screening.

Student Dental Association (ASDA), American Association of Women Dentists (AAWD), and Student National Dental Association (SNDA); and (5) their friends and family members. Furthermore, during numerous events, the Associate Dean of Admissions and Student Affairs is available to discuss requirements for matriculation into the CoD. Additionally, we serve as a resource of information for citizens who seek matriculation into other disciplines at UTHSC. The collaboration of all these individuals is the backbone of the success of the Tennessee Smiles program—a team effort of individuals dedicated to a common cause: serving the public⁵⁸ for a “healthy community.”⁵⁹ According to Guidry et. al., (2004), a healthy community is defined as “one that embraces the belief that health is more than merely an absence of disease; a healthy community includes elements that enable people to maintain a high quality of life and productivity.”⁶⁰

Results

Collaborative efforts with various faith-based organizations, secondary schools, colleges, businesses and city/county health programs have resulted in more than 500 additional individuals being reached by the Tennessee Smiles program in 2008. Over 7,000 individuals have had oral screenings by faculty

and student doctors of the UTHSC CoD and its partners since 2000, when documentation began, and more recently under the umbrella of the Tennessee Smiles program since its inception in 2003. The cascading outreach effect of these citizens sharing oral health information is difficult to calculate. However, as a result of Tennessee Smiles, thousands of citizens have been given the opportunity to address their families and their own individual oral health issues with greater knowledge, confidence and increased value. **Table 1** gives an indication of the activities of Tennessee Smiles from 2000 through 2008.

To further illustrate the broad scope of the Tennessee Smiles program, data from 160 of the 172 Tennessee Smiles events conducted from 2000 to 2008 were entered into a database. Twelve events were conducted for which there was no data. For many events, information about the venue in which the event occurred or the type of community sponsor and the event location was available. Also available in many cases was information about whether faculty, College of Dentistry student doctors, staff, family members and friends participated at the event. Another important point regarding these collaborations is that not all events included oral screening examinations but were intended solely to provide

information and literature to individuals concerning their oral health concerns.

Table 2 lists the venues and/or sponsors of the events for which data were available. The percentages add up to more than 100 percent because frequently an event had multiple sponsors or the event was a health fair held in a particular setting, such as a school or a church.

As noted above, almost 80 percent of the Tennessee Smiles events occurred at events specifically labeled as health fairs. Conversely, slightly more than 20 percent of the events did not occur at a “health fair” event, which indicates the pro-active nature of the Tennessee Smiles program and its efforts to expand its services and outreach into diverse settings. Almost 20 percent of Tennessee Smiles events occurred in a school setting. Notably, 40 percent of events occurred at churches or faith-based organizations, which emphasizes the importance of religious organizations in meeting the oral health needs of underserved populations.

University of Tennessee College of Dentistry Tennessee Smiles faculty members participated at 88.1 percent of events. In the few cases where faculty were not participants, CoD student doctors or staff provided information only, or the CoD provided informational pamphlets to event representatives, but did not actually participate in the event.

Table 2 - Venues and/or Sponsors/Locations of Tennessee Smile Events, 2000-2008

Venue/Sponsor/Location	Percentages
Health Fairs	78.1%
Other Events*	8.8%
Schools	19.4%
Higher Education Institutions	8.1%
Churches or religiously affiliated organizations	40.0%
School or Community based organizations	23.8%
Other Community Centers	7.5%

* Other events include major cultural events (not specifically centered on healthcare issues) such as the Sisterhood Showcase.

Over one-half of the events included student doctor participants, and over one-third of the events included members of student doctor organizations. Frequently, these were members of the College of Dentistry chapter of the Student National Dental Association.

The model provided by the Tennessee Smiles program is also providing an avenue for community service for dental student doctors, inspiring them to continue to be aware of the needs of the community and to be actively involved in meeting those needs after graduation. The members of the Memphis Chapters of AAWD, ASDA and SNDA are to be commended and recognized for their participatory community engagement efforts. The SNDA received honors for “Chapter of the Year” at the SNDA/ National Dental Association Annual Convention for four consecutive years from 2000-2003. These student organizations are seeking to fulfill the 1990 edition of the ADA Code of Ethics which states [that] “dentists have an obligation to use their skills, knowledge, and experience for the improvement of the dental health of the public and are thus encouraged to assume leadership roles in their communities.”³⁶

Tennessee Smiles is also an opportunity for the faculty and staff of the UTHSC CoD to engage in community service. Many of them have seen the potential of this program and are heavily committed to community service and deserving of recognition for their efforts. Another potentially valuable area for

Tennessee Smiles lies in the area of research and writing applications for grants. The data which could be gathered through projects of the program may contain the answer to many questions regarding public health. Presently, two studies by members of the Tennessee Smiles team have been completed regarding: (1) cultural competence of student doctors and faculty and (2) the readability levels of the oral health literature provided at health fairs. More studies are planned as the program continues to evolve.

Discussion

Studies and articles have noted the connection between disparities in health and lack of access to oral health care.⁶¹⁻⁶⁴ In order to address these issues successfully, there must be targeted grassroots efforts to provide appropriate information regarding existing conditions and the availability of treatment options.⁶⁵ A model of collaborative activity is needed to exhibit the means of dissemination of information to those who have fallen between the cracks of the conventional healthcare model.⁶¹ The collaboration must be among healthcare professionals, community partners and citizens who are dedicated to addressing health disparities.^{61,66} Harper (2003) stated, “Grassroots efforts that mobilize coalitions around a specific cause and target specific populations can achieve far greater results than any one entity acting alone.”⁶¹

The members of Tennessee Smiles

through outreach engagement efforts have implemented activities to change perceptions of oral health by focusing on the theme: Change the Public Perception of dentistry as noted in Action 1 of the Call to Actions:¹⁸

- Encourage oral health literacy;
- Be more selective in providing limited reach media that is culturally and linguistically understandable from dental organizations;
- Encourage knowledge-building by citizens to understand the worth of routine oral health care by a dental health professional team; and
- Encourage citizens to increase their awareness of the interconnectedness of oral health and systemic health.

The second and third themes¹⁸ “change policymakers’ perception and change health providers’ perceptions”⁶⁷ respectively, will be considered in the Tennessee Smiles’ oral health plan⁶⁸⁻⁶⁹ and in interpreting the final release version of Healthy People 2020.⁷⁰⁻⁷¹

Action 2 reads “Overcome Barriers by Replicating Effective Programs and Proven Efforts.” The ADEA’s theme “improve oral healthcare access” by training future dental health clinicians to become culturally competent and to “give back” to the community as student doctors by engaging in community-based and CoD sponsored efforts¹⁸ with later transference into their private practices is demonstrated by Tennessee Smiles.

Action 4 reads “Increase Oral Health Workforce Diversity, Capacity and Flexibility.” The ADEA theme of meet

the patient needs by recruiting students in middle and high school to pursue a dental career for a future workforce of potential dental professionals is recognized and nurtured in an attempt to begin to address “change the racial and ethnic composition of the workforce to meet patient and community needs.”^{18,72-75}

The ADEA President’s Commission Report themes of Improving Access Through a Diverse Workforce and Removing Barriers to a More Diverse Workforce may be implemented in order for the “identification and development of students who are likely to pursue careers in the dental health professions.”²⁴ Efforts will be made to develop a database of students from middle school to college who are strategically located in the education pipeline for guidance and mentoring as future matriculants into dental school.^{22,24,76} The Tennessee Smiles program seeks “Access to Oral Health Care: Guiding Principles for Academic Dental Institutions” by involving its members in social purpose and public good in outreach engagement efforts in the community.²⁴

Tennessee Smiles members will follow the prescribed format of Call to Action in developing an oral health plan by focusing on a need for action plans to cover planning and evaluation, coordination, implementation and accountability of its activities. A formal oral health plan,^{68-69,77-84} as a logical framework for Tennessee Smiles members given its limited resources, will help in setting realistic plans for guidelines and budgetary planning. The oral health plan will help in collaborating with community partners and multidisciplinary healthcare professionals to seek funding sources to remain sustainable for the future.¹⁸

The ADEA President’s Commission Report presented five “Recommendations for Improving the Oral Health Status of All Americans including the Role and Responsibilities of Academic Dental Institution.”²⁴ Recommendation 2 reads: “To improve the effectiveness of the oral healthcare delivery system,” which seeks to fulfill the goals of Healthy People 2010.²⁴ Subcategory 2.5 reads: “Promote the adoption of the Healthy People 2010 Oral Health Objectives in the communities of which the academic dental institution is a part.”²⁴ Tennessee

Smiles’ small cadre of members is seeking to become an integral participant in the community.²⁴

Conclusion

Through the work of Tennessee Smiles, dental information for a small segment of the served and underserved population is beginning to be addressed. However, Tennessee Smiles is still evolving. The need for more healthcare professionals to become involved is enormous. As with any such effort, the need for additional funding to obtain essential materials for citizens served by the program is ever present. With time, increased involvement of faculty, student doctors and increased funding, Tennessee Smiles has the potential to become a model for other grassroots oral health organizations. The future agenda of Tennessee Smiles needs a firm foundation based upon careful planning to ensure its continuity and effectiveness beyond the scope of the founding members. The next step for Tennessee Smiles is to develop its oral health plan, an evolving document that presents strengths, opportunities and limitations.

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This article is dedicated to the memory of Dr. Wisdom F. Coleman, D.D.S., M.P.A, who passed away on 29 July 2010. His faithful service to Tennessee Smiles, his dedication to students at The University of Tennessee Health Science Center College of Dentistry and his commitment to the health of the citizens of the world will be greatly missed by all of us who had the good fortune of working with him.

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Questions for Continuing Education Article - CE Exam #33

1. In what year was the Principles to the Constitution of WHO accepted by the United Nations:
 - a. 1900
 - b. 1965
 - c. 1999
 - d. 1946
2. Healthy People 2010 documents Americans' health disparity status in which arenas:
 - a. Social
 - b. Economic
 - c. Political
 - d. All the above
3. The Healthy People 2010 document has two major goals:
 - a. Increase years of healthy life
 - b. Eliminate health disparities
 - c. Decrease use of LSD
 - d. Answers a. and b.
4. Who defined public health communication as the strategic design, application, and evaluation of communication interventions:
 - a. Obregón et al.
 - b. Olecranon et al.
 - c. The Surgeon General
 - d. The Secretary of the United Nations
5. Tennessee Smiles strives to meet the oral healthcare information needs of the underserved population of:
 - a. Memphis, Tennessee and surrounding area
 - b. Nashville, Tennessee and surrounding area
 - c. Knoxville, Tennessee and surrounding area
 - d. Chattanooga, Tennessee and surrounding area

Publication date: Fall 2011. Expiration date: Fall 2014.

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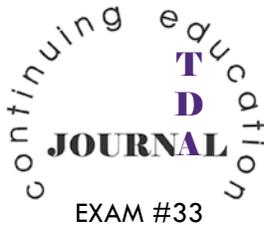
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- | | | | | |
|----|---|---|---|---|
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| 2. | a | b | c | d |
| 3. | a | b | c | d |
| 4. | a | b | c | d |
| 5. | a | b | c | d |

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Your comprehension of material	<input type="checkbox"/> Excellent	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Appropriateness of the material	<input type="checkbox"/> Excellent	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Was the material adequately in-depth?	<input type="checkbox"/> Yes		<input type="checkbox"/> No

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