

Up Close: Sharon Nicholson Harrell, DDS

As the founding director of FirstHealth Dental Care Centers, Sharon Nicholson Harrell, DDS, is fulfilling a goal she set for herself in undergraduate school – to care for underserved populations. As an AHEC preceptor, she is encouraging future graduates to do the same.

FirstHealth is a regional dental office with three sites established to provide comprehensive dental care for low-income children up to age 18 – Southern Pines in Moore County, Troy in Montgomery County and Raeford in Hoke County. Because most local practitioners did not take children or Medicaid patients, the largest unmet need among low-income children in the three counties prior to 1997 was dental care, Harrell explained. “There were many kids with nowhere to go.” Local practitioners agreed that FirstHealth should take the lead, and the first site to open was Southern Pines, which opened its doors in October of 1998.

Harrell and her staff precept 2-3 dental students per year. The students do cleanings, fillings or restorative care, extractions, patient education or parent education, and preventive care. “The students get to rotate with several doctors,” she said. “This gives them a chance to experience different philosophies.” She limits the number she takes at a time in order to spend quality time with each. “Several have come back to the area – some to work with us, or to work in private practice and fill in here. It’s a win-win for both of us.”

Students run the gamut in range of abilities and comfort level with children, Harrell explained. “Many of those who come to us are not aware of the challenges that lower-income customers face. Two eye-openers for them are customers who don’t have phones, and lack of transportation. Customers have to come when others can take them.” These and other challenges drive home how important dental education is. She added that other staff members are just as critical in educating students as to what the real world is all about – from learning about practice scheduling from the receptionists to working chairside with assistants and hygienists.

“We have three goals for our students. One, to increase competency in pediatric dental procedures. Two, to increase speed. In dental school, students spend 3 hours with one patient. Here, we see one patient per hour – that’s a three-fold jump. The third goal is to increase knowledge of public health practice.”

A preceptor since 1992, Harrell has been involved with AHEC in a number of ways. Her first encounter was as a young provider taking dental education classes at Southern Regional AHEC in 1991. “I had just come from a residency in Maryland and was impressed by not having to go too far for quality continuing education,” she said. She served on the Southern Regional Board of Directors for a three-year term, then in 2001 chaired the executive director search committee which resulted in the selection of Deborah Teasley, PhD, as president and CEO of Southern Regional AHEC.

Harrell’s interest in dentistry started in 10th grade when she began wearing braces on



Sharon Nicholson Harrell, DDS, with intern Christina Powers and a patient.

her teeth. She found the instruments on the tray, the rubber bands and the entire process fascinating. With the unwavering encouragement and support of her parents, both factory laborers from Rockingham, she entered the University of North Carolina at Chapel Hill with a goal of eventually becoming an orthodontist. But in time she realized her true interest lay in public health and in providing a broader range of procedures to underserved populations. She switched to general dentistry while in dental school at UNC. Harrell also has an MPH degree from UNC and a certificate in Advanced General Dentistry from the University of Maryland.

The eldest of three sisters, each of whom are professional women, Harrell credits her parents as being her dominant early influence as well as the driving force behind the twin values of education and hard work. “When I was coming of age in the 70s, my father instilled a can-do attitude so that even without a role model in town, I could achieve my goal of becoming a dentist. He taught us that there had never before been so many opportunities open to young African American females – the sky was the limit.” Now a role model

continued on page 3, **Up Close...**

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Pipeline, Profession & Practice: Community-Based Dental Education

by Kevin C. Nies, MEd, Project Manager, RWJ Dental Pipeline Project

Editor's note: Dental students, along with many other health science students from NC colleges and universities, receive part of their community-based training under AHEC auspices. AHEC also assists with student housing, generally located in the same city as the clinical site.

In 2002, the University of North Carolina at Chapel Hill School of Dentistry (UNC SOD) became the recipient of a 5-year grant (\$1,349,000) as part of the Robert Wood Johnson Foundation's initiative, "Pipeline, Profession & Practice: Community-Based Dental Education." This initiative now involves 15 dental schools across the United States. The UNC SOD project is "UNC Dentistry in Service to Communities: Education, Service and Workforce Development," but is more commonly referred to as the RWJ Dental Pipeline Project. According to the 2003 N.C. Health Professions Data Book, North Carolina has only 4.1 dentists per 10,000 people versus the national average of 6.5 dentists per 10,000. The project seeks to combat the dental workforce shortage in North Carolina and to prepare UNC SOD for increased enrollment through changes on three levels: in clinical education at community sites in underserved settings, in the School's social science curriculum,

and in underrepresented minority and low-income (URM/LI) student recruitment.

The project aims to continue to increase the average time that senior dental students spend providing patient care in community dental care settings through Dentistry in Service to Communities (DISC) rotations. Students can go to over 130 publicly-owned underserved domestic and international sites in diverse communities including prisons, nursing homes, psychiatric hospitals, veterans hospitals, institutions for persons with mental retardation, and various community health centers. These sites provide a venue for clinical dental experiences in settings where students can observe and learn about different patient groups and varied practice patterns.

Prior to the project's inception, the average senior dental student spent 40 days in community settings, while the average senior in the Class of 2004 spent an additional eight days in community rotations due to the promotion of capstone or additional rotations beyond the required 40 days by the DISC program director, Dr. Eugene Sandler. The NC AHEC Program continues to provide a strong base across the entire state upon which to continue to build the community-

based experiences necessary for future dental health professional training. This infrastructure supports dental student rotations in numerous community settings in areas such as student housing, travel support, and library access.

In the realm of curriculum change, great strides have been made in the time and emphasis devoted to cultural competency and communication skills development. The primary goal of these and other curriculum changes by Dr. Ronald Strauss, RWJ Dental Pipeline Project Principal Investigator, and Dr. Margot Stein was to better prepare students to spend increasing time in diverse clinical community settings in their last two years of dental school. In the area of URM/LI student recruitment and retention, numerous collaborative activities to increase the presence of disadvantaged dental students, with a focus on African-American and especially Latino/Hispanic students, have been undertaken.

Sharon Nicholson Harrell, DDS, is an AHEC preceptor who also serves on the advisory committee for the Robert Wood Johnson Foundation. See related story, page 2.

continued from page 2, **Up Close...**

herself, Harrell takes that responsibility to heart. "It's very important to be role models for kids today so that they can see others doing what they aspire to do.

"I like the opportunity to expose students to

real-world dentistry and I like teaching. The preceptor role allows me to connect with students. It challenges me, keeps me very current. What keeps me motivated is being able to see the progression of students who are more prepared when they enter the real

world. We enjoy playing a role in making future graduates feel comfortable in taking care of pediatric patients. By being exposed to underserved populations, we hope they will be more likely to accept them in their own offices."

continued from page 1, **CORxE Connection...**

The program, which has been in the planning stages for three years, now has enough funding to start operating in the Wilson area. It will be managed by Carolina Family Health Centers and operate in Wilson Community Health Center, 303 East Green Street in Wilson.

The project was spearheaded by Dr. Lindsey de Guehery, a Wilson pulmonologist and member of the Area L AHEC Board of Trustees. Recognizing a strong need in the community for access to low-cost medications because patients were relying on samples, de Guerhery approached Area L AHEC for assistance. He spearheaded the project with the help of several health care leaders in the area.

CORxE Connection is a collaborative effort between Carolina Family Health Centers, Area L AHEC, Wilson Medical Center, Wilson County Department of Social Services, and the Wilson County Health Department. This program has been awarded grants through The Duke Endowment Health Care Division and Kate B. Reynolds Charitable Trust. The funding will be released during a three-year period and added to \$75,000 already promised by several local agencies.

The program became operational on November 1, 2004, with the recruitment of the pharmacist in charge and two patient assistance coordinators. On January 1, 2005, another pharmacist was added to the team.

When a CORxE Connection patient arrives for an appointment, he or she will be greeted by two pharmacists (both PharmDs) and two patient assistance coordinators. The pharmacist collects all background information including medical history and medication information. The pharmacist will also provide education on medications and disease states. The patient assistance coordinators collect all financial information and complete applications to drug companies. If the patient qualifies, he or she will receive a 90-day supply of medication in 4-6 weeks.

Most of the medications will be received from drug companies through patient assistance programs, but other help for medications will be received through applying to discount programs.

Patient enrollment has begun, with nearly 50 patients seen for medication management and access. Before being enrolled in CORxE Connection, more than half of the patients seen cited drug samples as their main source for prescription drugs, which is an inexpensive but unpredictable source of drugs. All patients have benefited in some fashion in savings on their drug costs; the program has already saved patients over \$1,000 in medications ordered from drug companies.

Several local organizations and units of government have pledged to support the program financially during the next 3-5 years. Pledges have been promised by the



Pharmacists Holly Gentry and Laura Williford Owens help the uninsured and underinsured find affordable, low-cost medications through CORxE Connection.

City of Wilson, Wilson County Department of Social Services, area churches, Wilson Medical Center, and the towns of Black Creek, Lucama, Stantonsburg, and Sims. Pledges have also been made by the NC AHEC Program Office and NC Office of Rural Health. Combined, the pledges total \$75,000.

For questions, please contact Laura Williford Owens, PharmD, RPh at 303 East Green Street, Wilson, NC 27893, 252-243-9800 x 237, or by email Lwilliford@cfhc.biz.

Laura Williford Owens has taught some CE programs and is a preceptor for Area L AHEC. While a pharmacy student, she also completed some rotations in Area L AHEC.

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