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Community DentCare: Oral Health Care for the Underserved in Northern Manhattan

Allan J. Formicola, D.D.S.[1]

The Columbia University, School of Dental and Oral Surgery is located in two high-needs communities in northern Manhattan, Washington Heights/Inwood and Harlem. Recognizing the community's dire need for services, the Dental School reconsidered its mission to include community service as a major new responsibility and established the *Community DentCare* project to bring needed services into the community. *Community DentCare* was launched in 1995 to deal with anecdotal reports from school principals in Northern Manhattan that they had many children with toothaches in school and no place to send them for treatment. The Dental School conducted surveys and confirmed that there was a major problem of poor oral health in the school children with little to no access to care. The dental school at Columbia brought together a broad coalition to deal with the problem. This brief report on the past six-years' work provides a snapshot of *Community DentCare* and its accomplishments to date.

Community DentCare addresses two of the findings of the Surgeon General's Report:
(1) Oral health disparities exist due to low income and race
(2) Preventive measures are not available in minority communities.

Community DentCare serves two Northern Manhattan communities of approximately 315,000 people of low economic means. It stands in stark contrast to other sections of Manhattan such as midtown. The two communities are Washington Heights/Inwood, 67% of whose residents are Latino; and central Harlem, 70% of whose residents are African-American. Washington Heights' population continues to increase. It has the largest population of people from the Dominican Republic outside of the Dominican Republic and there is a high proportion of children residing in the community. Central Harlem, while predominately African-American, is seeing a growing influx of Latinos. Both communities are medical and dental manpower shortage areas.

A Household Survey conducted by the Harlem Prevention Center between 1992 and 1994 showed a lack of access to dental care to be the #1 health issue for residents. Median income in both communities is well below the poverty level. How do you set up and operate an oral health system to deal with these problems in an inner city? We have found that we could rally the community and the institution by establishing creative collaborations to deal with the problems.

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In order to understand community needs and culture, and to plan the program, we brought together a wide group of community leaders and faculty. Key to *Community DentCare's* success so far has been the partnerships that have developed. Partners include the Schools of Dentistry, Public Health and Medicine at Columbia, and the Harlem Hospital Medical Center, from the institutional side; the Alianza Dominicana, the Harlem Congregations for Community Improvement, and local church leaders, from the community side. The Children's Aid Society, the local School Districts and the local Community Boards also became involved in the planning and implementation of the *Community DentCare* project. Thus we brought, as recommended in the Surgeon General's Report, providers, communities and policymakers together to form the *Community DentCare* coalition. Figure 1 depicts the partnership.

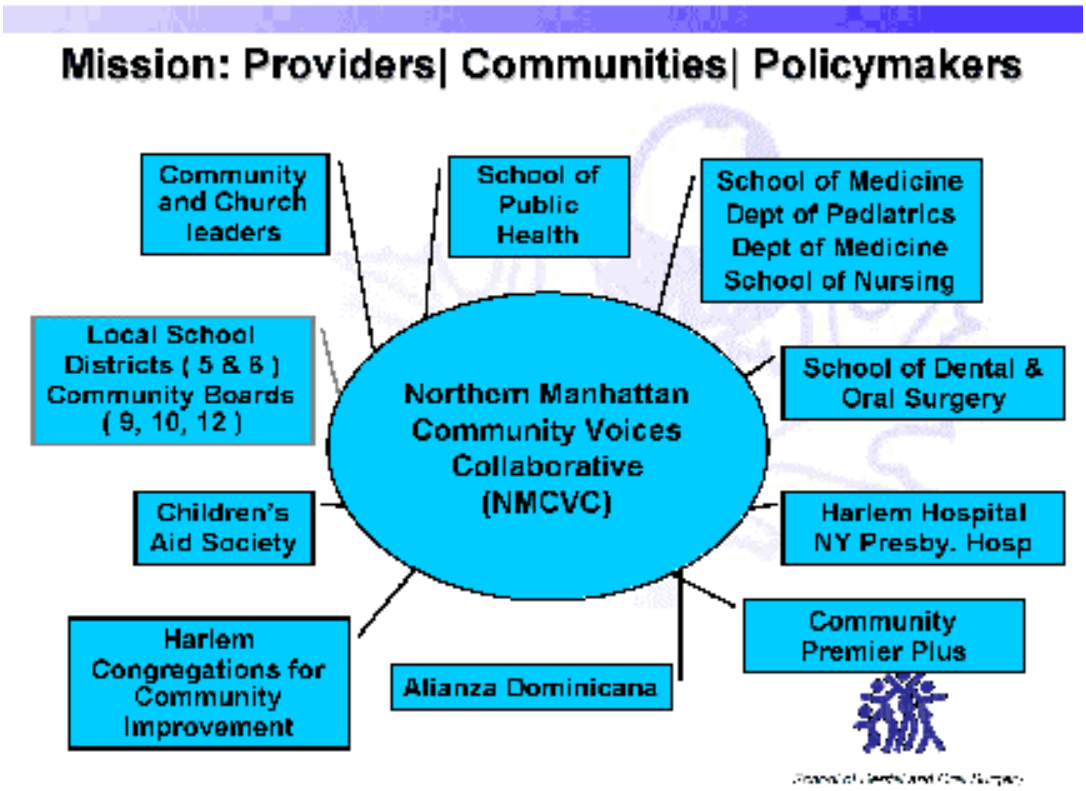

Figure 1

The key target population for the interventions planned so far is the 40,000 children living in the communities. The thrust of the plan is to provide preventive measures in the local public schools, linked to improved access to primary oral care in neighborhood offices or clinics, which would utilize the dental school clinics and the Harlem Hospital clinic as the tertiary backup. Prevention would occur in fixed facilities in the schools. A dental van, drawing upon five planned neighborhood based practices, with the assistance of local practitioners, would improve access. The institutions would provide leadership, education and evaluation. Figure 2 shows the plan.

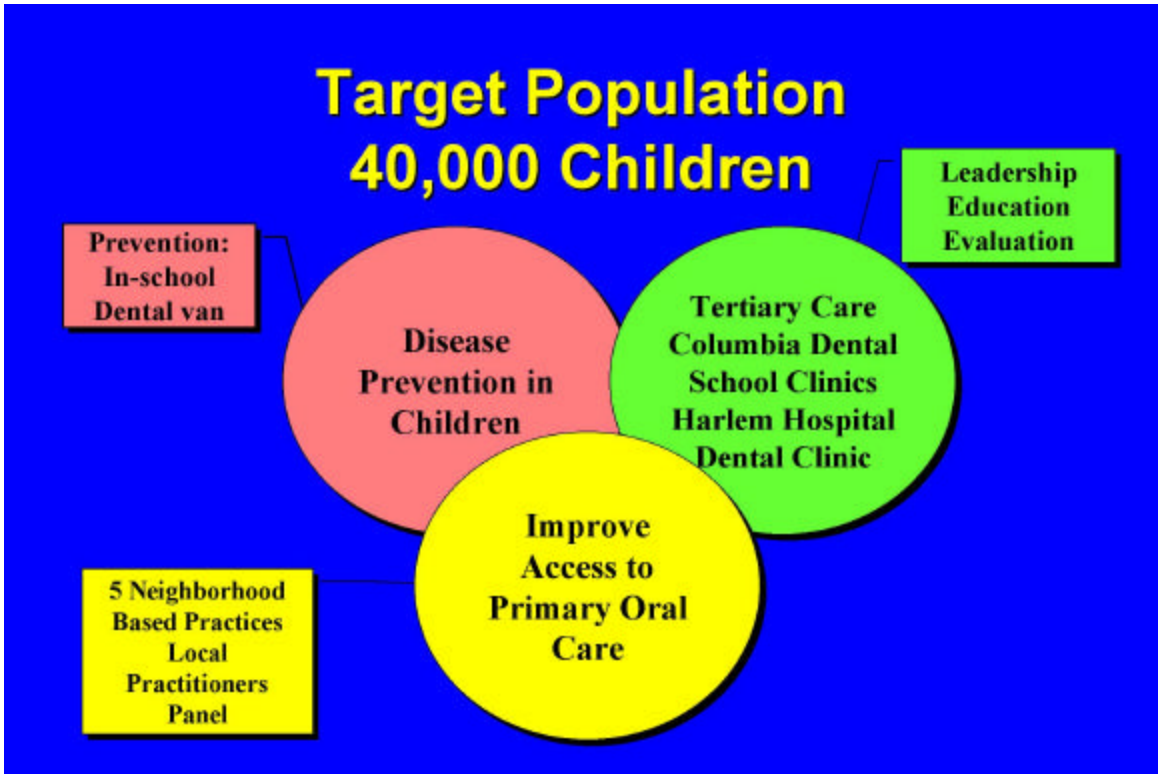

Figure 2

The goal is to make prevention measures available to all. So far we have been operating seven intermediate school-based prevention sites, two of which have the capacity to treat general dental problems as well. The prevention program includes: screening, education and referral for treatment. Scaling, prophylaxis and fluorides are also provided, and pit and fissure sealants are applied at all sites. Starting in the fall of 2000, a van program will reach Head Start and elementary school children. The van will help eligible residents to enroll in Medicaid and SCHIP insurance. It is important that eligible individuals be covered by insurance where possible, since the program also treats those without insurance and little to no ability to pay out-of-pocket for services. The van will provide the preventive services described above and also provide primary dental treatment.

To improve access to care for all residents and to be able to better serve the children referred from the schools, we have partnered with two Community Health Centers to operate their dental facilities. We also operate a dental office within one of the ambulatory off-site facilities of our university hospital. There are two more facilities in planning and one is getting ready for construction in the fall. One will run in conjunction with the Department of Pediatrics at Columbia, and the other geared to the elderly and their families will run with the Department of Medicine at Harlem Hospital. The sites are geographically placed to improve access throughout the areas of greatest need. A local practitioners committee has been formed with the assistance of the New York County Dental Society to bring assistance from organized dentistry.

To provide you with the scale of this operation here are a few facts. Currently, the dental school and Harlem Hospital dental clinics provide from their on-site clinics 105,000 clinic visits per year. By the beginning of 2002 we expect the off-site *Community DentCare* Network to provide an additional 50,000 patient visits. Is that enough? We are evaluating and monitoring results to help guide us beyond this point. Preliminary results from baseline disease data collected show that the children (12-17 year olds) living in the communities we serve have a higher caries rate than their respective national counterparts.

Importantly, the Network was needed to stimulate students into community caring. Four educational programs are integrated within the Network. Two postdoctoral programs have been important to developing the necessary manpower. One is a unique Minority Specialty Training Program which began in 1987 to train a sufficient cadre of minority specialists who would remain in the community, and the second is a Primary Care Advanced Education in General Dentistry Fellowship Program that utilizes the off-sites as the clinical setting. Dental school graduates are rotated to the sites as a special elective, and just recently a Dental Assistant Training Program was begun to enroll minority residents into the first step on the dental career ladder. These programs have provided willing and interested practitioners who wish to devote their energies to community caring. We now have 28 full time equivalents working in *Community DentCare*. The cost of setting up the network will be over $12 million spent over an eight to ten year period and the annual operating budget is now $1.5 million up from $50,000 six years ago. Capital funds are from a variety sources, including the University, the Hospitals, state and federal governments and foundations, including the Kellogg Foundation, which provided the first grant to launch the effort.

In conclusion, the development of the *Community DentCare* network has the mobilization of a large group of exceptional individuals from the institutions and the community. We have begun to publish our results so that others might learn from our experiences. We believe that if there is a will there is a way, and we urge all communities to get involved to help solve what in the Surgeon General's Report is a national problem –a large disparity in oral health due to race, ethnicity and poor income.

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