



**Dr. Stephen Stone treats a patient at one of the Elder Dental Program clinics.**

# The Neponset Valley Community Health Coalition: An Elder Dental Program

**STEPHEN STONE, DMD, MS  
MARK STONE, DMD, MScD  
ELIZABETH PERRY, BS**

*Dr. Stephen Stone is a periodontist with a practice in Norwood, Dr. Mark Stone is a pediatric dentist with a practice in Norwood, and Ms. Perry is program manager of the Elder Dental Program.*

*Editor's Note: The following is an example of how a local dental group can set up a program to improve access to care for the elderly.*

The Neponset Valley Community Health Coalition was established in 1997 to advocate and provide access to care for the underserved residents of the 22 towns served by Caritas Norwood Hospital. Members of the Coalition were drawn from government agencies, health care and social service agencies, private companies and citizens, and individual health care providers, including dentists. The target population to be served included the elderly. Generally, seniors are underserved for oral health care due to several reasons: lack of money (many live on a fixed income), dental insurance, and/or mobility; fear; and embarrassment about the conditions of their mouths. Some elders stop seeking dental treatment when their provider retires.

In fall 1999, the Coalition invited dentists in the community to meet to discuss the oral health needs of this underserved population and how those needs could be addressed. These initial discussions led to the formation of a dental committee, which was originally composed of Stephen Stone, DMD, MS, and Mark Stone, DMD, MScD, as well as representatives from the local elder services agency HESSCO, Caritas Norwood Hospital, and the Norwood and Walpole Departments of Public Health. The first senior dental clinic was held in Walpole in April 2002.

The senior dental clinic, which provided general dental examinations and oral cancer screenings, was made possible through donations from the Norwood and Walpole Departments of Public Health, and the Walpole Chamber of Commerce. In addition to dental practitioners, treatment was provided by volunteers from the Mount Ida College Dental Hygiene Program, Massasoit Community College Dental Assisting Program, Tufts University School of Dental Medicine Department of Oral Pathology, and Oral Cancer Consortium. In 2003, the Drs. Stone successfully spoke at several dental meetings to solicit other doctors to join the program.

That first clinic opened the eyes of all participants as to how great the need was to provide oral health care to underserved seniors in the area. The program has since been expanded to include twice-yearly dental clinics, which are held in the spring and fall. It was decided to hold the clinics at these times of the year because seniors will not typically venture out in inclement weather, and also because the students who would be assisting had to have enough education to be of help.

In the beginning, as with most programs of this nature, it was a challenge getting the word out that the dental clinic existed and was accepting patients. In order to promote the elder program, the committee worked with the local Council on Aging, Visiting Nurses Association, town nurses, and elder services companies to spread the word to seniors in the region. Additionally, the committee sent out press releases to local newspapers and cable television stations to help promote awareness of these clinics.

Working with HESSCO, the committee was able to get funding from the Oral Health Foundation for a planning grant and helped determine the best method for providing treatment through this program. The group investigated the feasibility of a number of scenarios, including setting up temporary treatment clinics in local Council of Aging offices or using a mobile treatment van. Ultimately, the group determined that the most cost-effective, convenient, and simple method was to have volunteer dentists treat the senior patients right in their own offices. This worked well for the dentists, because they did not have to close their offices to travel to off-site clinic locations and were able to determine the number of patients they saw, as well as for the senior patients, because they felt more confident and comfortable about receiving care in a professional dental setting.

Once the model was developed, the committee partnered with the Norfolk Adult Day Health Center of Norwood, which enabled the hiring of a program manager to oversee the program. The program manager screens patients as to need and eligibility, and works with vol-



**Dr. Michael A. Kahn, Tufts oral pathologist, performs an oral cancer screening on a patient at a clinic in Wrentham.**

unteer dentists and their staffs to schedule patients for treatment in the dentists' offices. Fees are determined on a sliding scale, based on the patient's income. Each patient is informed ahead of time as to how much the appointment will cost and that payment is expected at the time of treatment.

The program manager screens each patient for eligibility and then sets an initial appointment with a participating dentist in the patient's local area. The program includes general dentists and specialists, so a number of treatment services are available, including prophylaxis, restorations, endodontic therapy, and extractions. Minor repairs to dental appliances can be accommodated, but anything requiring major work is sent out to a lab, which increases the cost. A patient requiring new dentures, partials, or crowns is referred to the dental school clinics in Boston.

As the concept of the clinics developed over the past few years, it was decided to expand treatment beyond dental examinations and oral cancer screenings to include oral hygiene instruction, nutritional advice, and denture cleaning and evaluation. To date, 12 screening clinics have produced the following statistics:

- 199 active participants of 373 total seniors in the program
- 20.2 percent of the patients presented with acute discomfort

- 31.9 percent had untreated decay
- 46.6 percent had progressive periodontitis
- 8.3 percent presented with lesions requiring biopsy
- 55 percent had no dentist of record
- 82.6 percent had no dental insurance
- Average annual income of patients was \$12,180 (one-third had income under the federal poverty level of \$10,212)
- Average age of patients was 75
- 253 of the participants were women, and 120 were men
- 49 dentists currently participate in the program

The success of the Elder Dental Program can be attributed to a number of factors, not the least of which is the number of dentists who volunteer their services. The support of a dedicated program manager overseeing the program helps ensure that the elders and elder care providers are aware of the program, and that there are options for elders to get much-needed oral care. The program manager oversees the screening process—to assure that the patients who are helped are truly in need—and also manages the flow of patients so that no one dentist is overwhelmed with an unmanageable patient load.

The need for additional access to care is evident. With the involvement of community advocates as well as professional volunteers, programs like the Elder Dental Program can become invaluable resources for those who need help. ■



**Dr. Mark Stone (right) performs an oral health screening on an elderly patient.**