Boston's Dental Clinic Directory, a student health project

JOSEPH L. HOZID, Ed.D., ELLIOTT L. PACKMAN, D.M.D., MARC S. LEMCHEN, D.M.D., and JOSEPH L. PORAS, D.M.D.

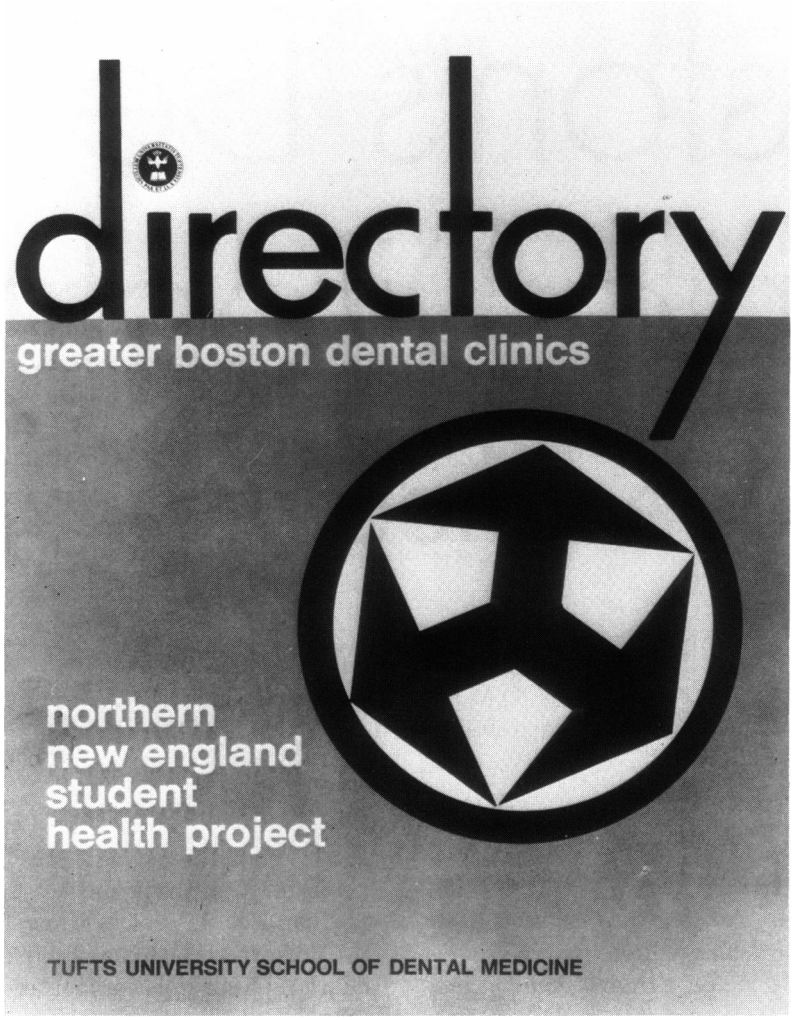
Dr. Hozid is an assistant professor in the department of social dentistry at Tufts University School of Dental Medicine. At the time of the study, Dr. Packman, Dr. Lemchen, and Dr. Poras were students at the school. Dr. Packman and Dr. Lemchen are currently serving in the Air Force, and Dr. Poras is in the Army.

This project was supported by the Northern New England Student Health Project with a grant (VRA RT (C–7–(C–4)–68)) from the Vocational Rehabilitation Administration. Tearsheet requests to Dr. Joseph L. Hozid, Department of Social Dentistry, Tufts University School of Dental Medicine, 136 Harrison Ave., Boston, Mass. 02111.

Students in the health professions are acutely aware that our health care system is not delivering all it might to all people. Spurred by a heightened social consciousness, some of these students are trying, through student health organizations, to break down barriers to the establishment and delivery of health services (*1*). Part of the impetus for organizing the Northern New England Student Health Project came from the desire of students to be meaningfully involved in such efforts. Using this organization, students from schools of dentistry, medicine, nursing, social work, and optometry throughout northern New England began to share their ideas and experiences with each other and with the residents of local communities. The primary goal was to increase health care benefits in the inner city; the overall philosophy was involvement (*2*).

The initial idea of the dental group in the student health project had been to create a diagnostic center for children in the inner city, to be staffed by dental students and supervised by a volunteer dentist from the community. By means of the center, the students believed, the dental needs of a significant segment of inner city residents, both the poor and the near poor, could be assessed, and their treatment could be supplied through the usual channels.

Lack of knowledge about health services, however, has been an effective barrier to securing adequate health care. Our inquiries during the initial planning revealed that use of the projected dental



diagnostic center by inner city residents was also likely to be seriously hampered because knowledge of the locations and the services of the existing dental health facilities was so limited. Extensive referrals would probably not be possible because residents of the inner city, as well as personnel of the social service agencies who would be referring clients to dental health facilities, had little, if any, knowledge of clinics which could provide other than emergency dental care. Telephone calls to several of these agencies revealed that their staffs did not know where an impoverished citizen could obtain even simple restorative care. Some of these agencies could suggest no resource for emergency care except the local hospital. Others knew of one or two clinics but had no idea whether they provided the requested care or who was eligible for such care.

Consultation with personnel of agencies such as the city's central social service agency, the United Community Services of Metropolitan Boston, and the city department of public welfare revealed that no directory of dental facilities existed; nor was one contemplated. That such an inventory had not even been thought of can be attributed in part to the low priority which the poor give to dental treatment, a priority that results in a crisis-oriented approach to oral health. Preventive care is uncommon in this group. The only dentist practicing in poverty areas is the oral surgeon; the only treatment is extraction, incision, drainage, antibiotics, or analgesics; the only dental office is the hospital or clinic providing emergency service (*3*).

Since collection and dissemination of information about existing services should precede the creation of any new facility, the students' original

plans for a diagnostic referral center gave way to plans for a catalog of dental clinical facilities for the Boston community because it seemed to be a useful and logical community project. The information, we believed, could be applied in efforts to increase use of existing facilities and in planning future health care.

The directory was prepared under the sponsorship of the Northern New England Student Health Project during late 1968 and early 1969. Lemchen, Packman, and Poras, then third-year dental students at the Tufts University School of Dental Medicine, Boston, with Hozid as preceptor, compiled the directory.

Preliminary Work on Directory

We decided that only nonprofit public and private services would be screened for inclusion in the directory. This decision was consistent with the American Dental Association's definition of "clinic." As stated in section 16 of the association's principles of ethics, "it is strongly recommended that the term clinic be limited to designate public or quasi-public institutions established on a not-for-profit basis for the purpose of providing dental health care" (*4*). The geographic boundaries for the directory were set as Boston and its immediate neighboring communities, Cambridge and Brookline. A more extensive project was not feasible with the time and money available.

After reviewing other health care directories and contacting officials of referral agencies which would be using the directory, we designed a questionnaire to elicit specific information from each clinic, including its name, telephone number, eligibility requirements, proximity to public transportation, clinic schedule, appointment system, emergency service, clinic services, fees, and size and kinds of staff. Emergency care was further defined in a guideline statement on the provision of emergency care (approved by the Council of Dental Health of the American Dental Association) as "those services necessary to control bleeding, relieve pain, eliminate acute infection and those other operative procedures which are required to prevent pulpal death and the imminent loss of teeth" (*5*).

Additional data pertaining to operation of the clinic, such as names of personnel, waiting room time, and maximum patient load, had also been sought through the questionnaires. Preliminary analysis of these data, however, revealed that they were subject to constant change and were not very reliable.

All appropriate sources within the defined geographic area were solicited for help in locating clinic facilities. The majority of the clinics were identified through our initial contacts with health professionals at central social service agencies such as the United Community Services of Metropolitan Boston, the Boston Department of Public Health and Hospitals, and similar agencies. Personnel whom we interviewed at the clinics themselves were a resource for locating other clinics.

After a pretest of the questionnaire at two clinics, an appointment was made at each of the 52 clinics in our survey for a structured interview with the director or his designate which lasted for 1 hour or more. We then compiled the data from the questionnaires on a series of master sheets which were returned to each clinic for verification by its director. In two instances, the data returned from the clinic directors did not correlate with the information previously received from the staff members who had been interviewed originally. Since the directors had been asked to review and corroborate the data, revisions were made based on their information. Any comparative analysis of the services offered and the services actually rendered would have required an assessment of the clients.

Format and Publication

Of the original 52 clinics surveyed, 35 were selected for the directory. Those excluded either were not operating or were in the process of closing. The distribution of the 35 clinics by sponsorship was as follows:

Primary kind of administration	*Number*
City government	14
Teaching institutions	10
Hospitals	5
Veterans Administration or Federal agency	4
Boys club	1
Trade union	1

Following is the distribution of the 35 operating clinics by kinds of services offered:

Services	*Number*
Prophylaxis, restorations, and exodontia	24
Endodontics	14
Oral surgery	14
Prosthodontics	13
Orthodontics	9
24-hour emergency	9

The format of the directory was determined after a review of several health care directories and with attention to the recommendations of the social service personnel who would be using it. Each clinic listing was on a separate page, and space was left at the bottom of each page for notes. The plastic spiral binding facilitated handling while the user was on the telephone. The front inside cover contained a quick reference list for 24-hour emergency service. A cross-reference for specific treatment was included so that the directory user could easily locate all clinics providing the specific treatment in a given area of the city. Following is a sample entry for one clinic:

Eligibility requirements:	Must be a resident of South Boston between the ages of 4 and 21 years
Transportation:	Bus: Broadway
Clinic schedule:	Monday through Friday, 9:00–5:00 p.m.
Appointment system:	By appointment only
Emergency service:	During clinic hours listed above
Clinic services:	Comprehensive dental care
Fees:	Fees commensurate with services
Additional information:	At present there is a 5 to 6 month waiting period
Staff and facility:	4 part-time dentists 1 hygienist 1 assistant 2 postgraduate dentists 1 X-ray unit 2 dental units
Notes:	

The New England Mutual Life Insurance Company, Boston, printed the directory as a public service. Most of the 1,500 copies printed were distributed to organizations and agencies from a list compiled with the assistance of the United Comunity Services of Metropolitan Boston. The distribution included hospitals, schools, social welfare agencies, and government agencies.

Implications

The students who prepared the directory were afforded an unusual opportunity of seeing first hand the dental facilities offered to the underprivileged. All of us who participated in the project became increasingly aware of—and more important—increasingly interested in accepting our share of the responsibility for providing health care to this far too often neglected segment of our city's population.

Publication of a dental directory is, of course, no panacea. Even if people know that a low-cost or free facility exists, they may not use it. Thus, the cost of care is not the only deterrent to seeking treatment; the low value that some socioeconomic groups place on care is also a great deterrent. Nevertheless a directory can help by reaching those who are oriented to seeking public services.

The information in the directory will of course have to be updated if it is to continue to be a worthwhile adjunct to health care information in Boston. And so far, no agency, public or private, has accepted this responsibility.

This project, however, has created a new resource from which data can be collected on the delivery of oral health care in the area. With the Greater Boston Clinic Directory, dental manpower and efficiency, patients' attitudes, and community needs—to name a few of the elements in health care—can be more adequately evaluated. Another third-year dental student at the Tufts University School of Dental Medicine recently used the directory for drawing a sample to use in evaluating the dental services being provided the handicapped by outpatient clinics in Greater Boston (*6*). And more adequate evaluation may lead to provision of better care. The seeming passivity and neutrality of a directory are lessened when consequences of its publication are examined. Alerting people to the existence and location of facilities may result in an upgrading of the facilities themselves. Dissatisfaction with identified, but inadequate, services might well provide the political catalyst to insure more comprehensive care.

REFERENCES

(*1*) McGarvey, M. R., Mullan, F., and Sharfstein, S. S.: A study in medical action—the student health organizations. New Eng J Med 1: 74, July 11, 1968.

(*2*) Siegel, R. A.: The final report of the Northern New England Student Health Project, 1968. Vocational Rehabilitation Administration, Washington, D.C., 1969.

(*3*) Dummett, C. O.: How does dentistry face up to urban needs. J Mass Dent Soc 19: 23–28, winter 1970.

(*4*) Principles of ethics. J Amer Dent Assoc 80: 149, January 1970.

(*5*) Guideline statement on the provision of emergency dental care to the 4,200 VISTA volunteers. Adopted by Division of Dental Health, Public Health Service, and Office of Economic Opportunity. HSMHA, Public Health Service, Rockville, Md., 1967. Mimeographed.

(*6*) Clark, B. A.: Dental services provided for the aged, chronically ill, and handicapped by outpatient clinics in the Greater Boston area. Tufts Dent Outlook 40: 15, spring 1970.