The objectives of 57 special comprehensive health projects with major
dental components now in operation for some three million children and
youth are explored. Some are administered by schools of medicine
and teaching hospitals, others by the state, county, and city health
departments. Several such projects, Region IV, comprising
six southern states, are described in detail, stressing the
involvement of teaching institutions and the private
professional sector to provide effective
community services.

CURRENT TRENDS IN DENTAL CARE DELIVERY SYSTEMS:
COMPREHENSIVE HEALTH SERVICES FOR CHILDREN
AND YOUTH

Charles F. Coker, D.D.S., F.A.P.H.A.

A major objective of the Children and Youth Projects is to provide com-
prehensive health services for children who would not otherwise receive care
because they are from low-income fami-
lies or for other reasons beyond their control.

Legislation on Grants

In authorizing grants for comprehen-
sive health services to children, the So-
cial Security Amendments of 1965
(P.L. 89-97) were specific in requiring
that dental care must be part of the
program. The 1967 amendments went
further and specified that a dental
demonstration must be included as part
of a single state plan of the Maternal
and Child Health and/or Crippled Chil-
dren's Programs. In addition, the 1967
legislation made possible special dental
projects for children. The above federal
program offers the opportunity for the
dental profession to help develop the
programs, so that the communities ob-
tain maximum benefit.

Since the purpose of these projects is
to increase the availability and to im-
prove the quality of health service care,
the federal funds must not be used to
reduce or replace state or local invest-
ment of funds for health services. The
federal participation is not to exceed
75 per cent of the total cost of the
project.

In the Children and Youth Projects,
emphasis is placed on early case-finding
of children who should receive continu-
ating health supervision and medical care.
Effective health care for children, dur-
ing the years before entering school,
will help to get them ready for school
and reduce the extent of the need for
school health services.

In the section of the law related to
Special Project Grants for Health of
School and Preschool Children, it is
stated: "No project shall be eligible for
a grant under this section unless it pro-
vides for the coordination of health care
and services provided under it with, and
utilization (to the extent feasible) of,
other State or local health, welfare and
education programs for such children."
Ongoing Office of Economic Opportunity programs, and other activities of official and voluntary agencies, must be considered in designing and operating the Children and Youth Projects. Twenty-two of the projects are in communities that have approval as model cities.

The projects must include screening, diagnosis, preventive services, treatment, correction of defects and aftercare, both medical and dental. All children in the project area are to be taken care of by the program, either through direct services or on appropriate referral through other sources that can provide equivalent services.

Standards are set and maintained regarding project personnel and facilities. With the enforcement of the standards, a high quality of health care has been available to the project patients. It is not uncommon in communities where projects are located that the quality of care to the total community has improved because of initial upgrading of the services provided to project patients. For instance, a project operating in a hospital provides a nutritionist or a social worker for counseling. The hospital may soon have the services available to all patients served by the hospital.

Another instance would be where facilities, such as an intensive care nursery unit or a dental clinic, were started by a project and soon the demand for the service required the extension of the service to the total hospital community. Continuity of services is emphasized. If continuing supervision is necessary, the patient is placed on recall. Preventive services are incorporated into the total program as a regular procedure.

As stated in the Policies and Procedures Manual for Comprehensive Health Services for Children and Youth, grants for these projects may be made (1) to the state health agency of any state; (2) with the consent of the state agency to the health agency of any political subdivision of the state; (3) to the state crippled children’s agency; (4) to any school of medicine with appropriate participation by a school of dentistry; (5) to any teaching hospital affiliated with a school of medicine.

Of the 57 projects now in operation, 25 are being administered by the state, county, and city health departments. The remaining 32 projects are administered by schools of medicine and teaching hospitals. The first projects were approved in 1966 and the most recent was approved in June, 1968, resulting in varying stages of development. Approximately three million children and youth live in low-income rural and urban areas served by 57 projects in 29 states and the Virgin Islands.

In reviewing the development of the projects, it is of interest to point out that many of the programs are the victims of the restraint on availability of federal funds. Some projects selected a small area initially, and geared up to expand the project area as the staff developed methods to deliver services and the demand increased. Other programs selected a large project area knowing that the demand was greater than they could cope with initially, but expecting, with increased staff, to develop the special techniques and procedures to enable them to eventually provide the needed services. Because of current limitations of federal and local funds, most projects are faced with excessive needs and demands and their development is seriously curtailed.

How Region IV Projects Work

Because of the short time of operation and great variation in the stages of development of the 57 Children and Youth Projects, it is impossible to compare the results or impact of the program at this early date. To give some idea of what is actually being done, however, I would like to report on the dental components of the projects in Region IV, with which I am most familiar.
Region IV is made up of six states—Tennessee, Georgia, South Carolina, Alabama, Mississippi and Florida. There are six Children and Youth Projects in the region. Four of the grantee agencies are schools of medicine, one is a state health department, and one is a local health department. The range of federal grants varies from 200 thousand dollars to just over 1.5 million dollars.

Project  Grantee agency and location of project
615 Medical College of Georgia, Augusta, Richmond County, Ga.
622 University of Alabama Medical Center, Birmingham, Ala.
626 Memphis Shelby County Health Department, Memphis Tenn.
636 Florida State Board of Health, Dade County, Fla.
637 Meharry Medical College, Nashville, Tenn.
638 University of Miami. Miami, Fla.

The role the dental schools play in the projects is based upon the need and the resources they can offer. The dental school at the Medical College of Georgia is new and is accepting students only in the School of Dental Hygiene at the present time. The state of Florida is in the process of developing a dental school in Gainesville, and it is not yet available to the projects in the Miami area. The University of Tennessee and the School of Dentistry at Meharry Medical College are not active in the projects at this time.

In the two projects where the dental schools are active, the staff of the dental school was increased by support of project funds. The increased staff extended supervision to students, interns, and residents, and they, in turn, provided treatment for project patients. Equipment has been purchased with project funds in order to equip new clinics and update existing clinics so that they can provide more services.

In Birmingham the project area covers all of Jefferson County. The dental school operation is only part of the dental program. The Children's Hospital provides dental care for all project patients receiving treatment through the hospital on a negotiated outpatient fee-per-visit basis. Payment in this manner is based upon reasonable cost of providing service on an average cost per visit. In addition, part of this large project is administered through the satellite clinics of the Jefferson County Health Department, where several clinics were equipped and staffed and supported with project funds. It is these clinics that reach out into the community to provide the treatment for patients who otherwise would not be able to get to the dental school or Children's Hospital for routine care. Three mobile dental trailers are utilized in the program to take the service to outlying areas.

All remaining projects have established fixed clinics, usually located in a central headquarters, but also utilizing satellite clinics. Staff has been employed to provide comprehensive services. All projects, except the Jefferson County Children and Youth, serve a more limited area. The areas vary from three housing projects in one, to a varying number of census tracts, to the whole county, as in the Jefferson County Children and Youth Project.

<table>
<thead>
<tr>
<th>Project No.</th>
<th>Area served</th>
<th>Age Limitation (years)</th>
<th>Population to be served</th>
</tr>
</thead>
<tbody>
<tr>
<td>615</td>
<td>3 housing projects</td>
<td>20</td>
<td>2,000</td>
</tr>
<tr>
<td>622</td>
<td>Jefferson County</td>
<td>20</td>
<td>72,500</td>
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<tr>
<td>626</td>
<td>4 census tracts</td>
<td>19</td>
<td>5,000</td>
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<td>636</td>
<td>56 census tracts</td>
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</tr>
<tr>
<td>637</td>
<td>9 census tracts</td>
<td>18</td>
<td>18,000</td>
</tr>
<tr>
<td>638</td>
<td>17 census tracts</td>
<td>16</td>
<td>12,000</td>
</tr>
</tbody>
</table>
The Dade County Health Department Project operates in cooperation with the Variety Children's Hospital. Satellite clinics are utilized, and a mobile clinic is to be purchased and donated to the Health Department by a local service organization. An agreement has been reached with certain private practitioners in the project area. They will provide services on an emergency basis when clinics or transportation are not available. These services will be provided on a fee-for-service basis.

In all of these projects, utilization of services is high because the project staff has designed the program to meet the needs of the communities. An effort has been made to take the services to the people. Where such an arrangement is not feasible, transportation may be provided for the patients in the form of a project bus or automobile. Some projects pay bus or taxi fare for the patients. Every effort is made to make the services available 24 hours a day, at the very least, on an emergency basis. In many projects, special medical and dental clinics are held evenings and Saturdays. Project personnel, indigenous to the area wherever possible, go into the neighborhoods to tell the people about the program and stimulate their interest in seeking the service that is available to them.

In these projects there is an emphasis on training and on utilizing dental auxiliaries, even though the projects may not be associated with a dental school. One project rotates dental hygiene students through the clinic for field experience. In another project, dental assistants and dental laboratory technicians rotate through the clinic from a local vocational training school for practical experience.

Another special area of importance is the training of community aides. In almost every project, people from the project area, whenever possible, are trained to do a variety of jobs that include community organization, dental assisting, health education, laboratory aides, social work assistants, and clerical duties. Under the direct supervision of the professional staff, such personnel are trained to perform specific duties and work with patients and parents.

The Core Team Concept

One of the most exciting elements of the Comprehensive Children and Youth Projects is the collaborative approach to comprehensive health delivery. The dentist is a member of a Core Team made up of key personnel of other disciplines such as pediatricians, nurses, nutritionists, social workers, speech and hearing specialists, psychologists, occupational and physical therapists, and other health-related specialists. These co-workers collaborate in the screening and diagnoses of patients' health needs, and are available for consultation and referral as the dentist participates in the Comprehensive Health Program (see Figure 1).

The Core Team relationship is not universal to all projects. Where private practitioners are utilized to provide services the atmosphere of being a member of the team is difficult, if not impossible, to develop. In big projects, where large staffs are spread over a greater area, it is difficult to attain the administrative control necessary for Core Team collaboration. In decentralized projects there is a weakness in communication, so that reporting and feedback present a problem. By remaining administratively flexible and promoting staff meetings, as well as Core Team collaboration, the problems are being worked out jointly. Reporting is being standardized in computer form for recording and future evaluation.

Some of the professionals, as a result of their participation in a Children and Youth Project, have generated a tremendous enthusiasm. Many are in a position to channel their enthusiasm back into schools of medicine and dentistry,
as well as to the existing professional community. The dentist and physician, working with a team to provide health care, are learning a new professional satisfaction.

The range of dental services provided by the Children and Youth Programs vary, depending upon the manpower and resources available, as well as the capabilities of the dentist in the program. The hygienists and other dental auxiliaries are key people on the dental health screening and preventive team. Every project has at least one hygienist on the staff and one project has twelve. The hygienists are utilized to develop and provide educational experience for children and adults, as well as perform clinical duties and other related duties as required.

Where a dental school is associated with the Children and Youth Project, a

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**Figure 1**—Schematic diagram illustrating patient flow and control in a C&Y Comprehensive Health Program
full range of dental services is available to the patient. Where the project dental clinic is the main facility, the supporting specialties are sought on a consulting basis or, in some instances, are on the staff on a part-time basis. Every project, however, has attempted to stress excellence in standards of treatment and emphasize prevention and continuity of care.

Summary

From the brief description of the Children and Youth activities which has been presented, it is very apparent that a great amount of preplanning and involvement of community agencies and resources are necessary. Many readers, working in public health, may have participated in the development of a Comprehensive Care Project; others may have future opportunities to aid in the development of such programs. It is important that public health dentists are knowledgeable about the concepts of the comprehensive care approach, and that they are active in the development of the projects in their area. If the projects are to be successful, professionals in planning, in delivery of service, and in evaluation must be involved at the local level. In the past, the Children’s Bureau has not had the personnel to provide consultation for dental programs. However, this situation is changing, and in the future there will be someone at a regional level whom public health dentists at the state and local level may depend upon for information and assistance.

The result of the comprehensive care approach has been to increase the emphasis at the local level in several respects: (1) there is evidence of increased coordination and utilization of existing community resources; (2) there is an attempt to reach into the community to identify and provide services the people need at a time they can be utilized; (3) the team concept is being utilized to provide the highest quality of medical and dental care. Finally, but not least, teaching institutions and the private professional sector have developed an interest in involvement to provide community services.

For many years, the health professions have given lip service to “treating the whole patient.” The Children and Youth Comprehensive Health Care Projects are helping to make this approach a reality and provide the opportunity to evaluate its effectiveness. These projects are influencing the delivery of health services—including dental services—along with other new programs, such as those on Maternity and Infant Care, the Office of Economic Opportunity programs, including the Neighborhood Health Centers, Project Head Start, and Model Cities.

REFERENCES


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