ElderSmile
Multiple locations in Northern Manhattan, New York City

Program Overview

The ElderSmile program is designed to improve the oral health of older residents in northern Manhattan through outreach programs held at senior centers and other locations where seniors gather. Dental school faculty or staff deliver 20-minute health promotion presentations at the community locations while other staff and dental students provide support. Individuals are screened for three conditions: oral health and oral cancer, diabetes, and hypertension. Individuals requiring follow-up dental care are referred to their dentist or one of the Columbia University affiliated community-based dental treatment centers if they do not have a regular dentist. Transportation is arranged for dental and medical appointments for individuals requiring this assistance. The program services 51 sites in the Harlem and Washington Heights-Inwood communities for three to four hours at a time.

Program History and Development

ElderSmile was founded in 2004 and initially focused specifically on providing dental care to older adults in community settings. The founders of the program – faculty at the Columbia University College of Dental Medicine – also wanted to provide practical experience to students at the dental school interested in geriatric dentistry. In November 2010, screening for chronic medical conditions was added to the program, as many chronic conditions can lead to heart disease, stroke, eye problems, kidney disease, and nervous system disease. The program is intended to serve as a prototype for dental schools and others interested in reaching out to this underserved population.

Program Sustainability

- The ElderSmile program has received funding from: Sunstar Foundation, Stella and Charles Guttman Foundation, and other charitable organizations.
- The Fan Fox and Leslie R. Samuels Foundation provided initial grant funding for the dental program, as well as a grant to cover the costs (approximately $200,000) of expanding to include chronic disease screening, such as equipment and staff time.
- The ElderSmile program is staffed by faculty members, a part-time program coordinator, a dental assistant, and 12-15 dental student volunteers. Faculty members and the dental assistant devote approximately 10 percent of their time to the program.

Program Impact

- From August 2006 to October 2007, 447 older adults participated in oral health promotion presentations and completed a self-reported oral health survey. Of these 447 older adults, 308 were clinically examined by dentists. 78 percent of the 308 adults needed referral for treatment and 27 percent had no teeth.
- The ElderSmile program collects data on demographics, medical history, oral health status, diabetes status (HbA1c), blood pressure, and number of individuals served.
- In a study of 580 individuals in the program between November 2010 and June 2012, the program identified older adults with undiagnosed conditions who have or are at risk for diabetes (50%) or hypertension (62.3%), along with many previously diagnosed individuals who do not have the conditions under control (75 percent for hypertension and 38 percent for diabetes). It has also helped many older adults access necessary follow-up care.

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Program Features

Note: A checked box below indicates an existing program feature.

Age
- ☐ 0-17 (Children and Youth)
- ☐ 18-60 (Adult)
- ☒ 60+ (Older Adult)

Specific Populations
- ☐ Homeless individuals
- ☐ Individuals with intellectual and/or developmental disabilities
- ☐ Individuals with physical disabilities
- ☐ Individuals with specific or complex medical conditions
- ☐ Individuals with low income
- ☐ Individuals with no dental insurance
- ☐ Individuals with Medicaid
- ☐ Veterans
- ☐ Refugees/immigrants

Geography
- ☐ Rural
- ☒ Urban

Service Delivery Setting
- ☐ Hospital
- ☐ Dental school
- ☒ Community/safety net clinic
- ☐ Private dental office
- ☐ Long-term care facility
- ☒ Senior center/community center
- ☐ Private residence
- ☐ Fairgrounds/stadium/parking lot
- ☐ Church
- ☐ School
- ☐ Homeless shelter
- ☐ Public housing

Service Delivery Model
- ☐ Dental clinic model (e.g. permanent setting)
- ☒ Mobile-portable model
- ☐ Eligibility and enrollment model (e.g. referrals, care coordination)
- ☐ Virtual model (e.g. telehealth)
- ☐ Event-based model
- ☒ Outreach and education model

Staffing
- ☒ Dentist
- ☐ Dental hygienist
- ☐ Dental therapist
- ☒ Dental assistant
- ☒ Dental/dental hygiene students
- ☐ Nursing staff
- ☐ Community health workers
- ☐ Non-dental clinical staff
- ☒ Non-clinical staff

Payment for Care
- ☐ Medicaid
- ☒ No charge to client
- ☐ Sliding fee scale
- ☐ Out of pocket
- ☐ Commercial dental insurance

Program Funding
- ☒ Foundation/organization grant
- ☐ Public funding (e.g. local, state, federal)
- ☐ Private donations (e.g. individuals, businesses)

Dental and Oral Health Services
- ☐ Emergency services
- ☒ Basic services
  - ☒ Screenings
  - ☐ Cleanings
  - ☐ Fluoride varnish
  - ☐ Sealants
  - ☐ X-rays
- ☐ Comprehensive services
  - ☐ Fillings
  - ☐ Scaling/root planing
  - ☐ Extractions
  - ☐ Oral surgery
  - ☐ Root canals
  - ☐ Dentures, partials, relines, repairs
  - ☐ Crowns
  - ☐ Bridges
  - ☐ Orthodontics

Other Program Services
- ☒ Referrals to dental and oral health services
- ☒ Care coordination/care management
- ☒ Patient education
- ☐ Caregiver education
- ☒ Provider education
- ☐ Advocacy/coalition

Integration with Services
- ☒ Medical services
- ☐ Behavioral health services
- ☐ Vision services
- ☐ Pharmacy services
- ☒ Transportation services
- ☒ Translation services
- ☐ Nutrition services

This profile was prepared using publicly available information. Date of last update: March 2016