The Community Service Learning Centers
THE COMMUNITY SERVICE LEARNING CENTERS

North Carolina (NC) faces a healthcare crisis with 44th lowest number of dentists per capita in the nation. How big is the problem? Sixty percent of North Carolinians live in rural regions where there are only 3.08 dentists per 10,000 residents; three counties have none. Almost 40% of children in NC had primary tooth decay when they began kindergarten. Providing access to care is only part of the solution. Rural dental patients must also receive culturally competent care. To address the need for culturally competent oral health providers, East Carolina University School of Dental Medicine (ECU-SoDM) established Community Service Learning Centers (CSLCs) across the state. This model is unique. Community-based teaching clinics as extensions of a centralized dental school exist nowhere else in the world and could serve as the model for “dental schools of the future”.

The eight CSLCs are ECU-owned and operated, newly constructed, standardized, 7,700 square foot, 16-chair, state-of-the-art facilities where pre-doctoral students and post-doctoral residents refine skills, increase knowledge of communities and patients, and provide care to an underserved, mostly poor patient population.

Each center treats about 50 patients daily - thus far, 19,305 individuals. Most patients are from NC though residents of 25 states have been treated. Impact on Individuals, Communities, North Carolina and Dental Medicine The ECU-SoDM only admits residents of NC and focuses on the oral health workforce needs in traditionally underserved areas. The economic and social impact in these communities is significant as employees are locally hired and employed along with allied support services which are contracted to support the mission. Local community collaborations enhance the reputation of the University across NC and impress how regional transformation is possible. It successfully leverages legislative and healthcare dollars to educate students and residents while significantly improving access to care and providing an annual $1.5M economic stimulus to each needy community. Additionally, these sites offer opportunities for rural healthcare providers to gain continuing medical education via the technological connectivity to the Dental, Medical, Nursing and Allied Health colleges/schools at ECU. The impact is felt by students as well.

Each student completes three, eight-week required rotations in a clinical setting where they learn about practice management, working with a dental team, business principles, and community relations. On average each CLSC has 5 students on rotation. Because they live and work in the communities, students really get to know what opening a practice there would be like. Within 1 month of graduation of the first dental school class 10 students were working as dentists in eastern NC. Students are also required to do community service while on rotation. For example, during 2014-2015, the Director of Counseling and Student Development along with the Assistant Dean of Extramural Affairs initiated conversations regarding community needs with CSLC Advisory Boards members in Ahoskie (see Link#5) and Elizabeth City (the school’s two longest standing
Three projects were identified for Ahoskie: (1) oral health education for Pre-Natal education classes at Roanoke-Chowan Hospital, (2) oral health education for Vidant Women’s OB Health Clinic, and (3) oral health education for individuals seeking care at Roanoke-Chowan Community Health Center. The two projects have been coordinated and established. The third is in the planning phase. In Elizabeth City a relationship has been established with the Dean of Health Sciences at the College of Albemarle to provide an opportunity for dental students to deliver oral health education to students in health science programs (Early Childhood Education, LPN) and the larger student body.

**University Role**

ECU is the key component in addressing both the shortage of dentists and lack of care in underserved areas. Funding from the state legislature was essential in instituting the SoDM and its constituent CSLCs. Within the location of the CSLCs, no other clinics were in existence to provide oral health care to the primary patient population, except on an emergency basis. The CSLCs provide a state of the art “dental home” for this patient population.

Combining the shortage and maldistribution of dentists in rural and underserved areas, with NC’s continual and progressive population growth (now the 7th largest state), the acute problems in access to dental care and lack of oral health workforce in these 85 counties would continue to worsen without the institution of the ECU School of Dental Medicine and its constituent CSLCs.

**Barriers and Challenges**

There was considerable political opposition to a new dental school in the State. Dean Greg Chadwick convincingly proposed to the legislature, using demographic and population data, the acute need for a new and different dental school, specifically training primary care dentists who will graduate and assist in addressing the worsening workforce issues in rural and underserved areas. Before care provision in underserved areas the ECU-SoDM had to address a lack of community trust. The Assistant Dean for Extramural Dental Practices and Dean Chadwick travelled to the communities to address concerns and educate medical and dental providers, public health officials, political officials, educational and community leaders. These educational programs explained how the community based clinics will “grow the pie” with those not already using local providers (Medicaid, Low Income, and Health Choice patients), increasing oral health education and awareness and building trust. These same community leaders and health care providers in turn provided community land parcels on which to construct the Community Service Learning Centers in each community in a display of community desire to be “part of the solution” and be invested in it. Dentists practicing near the CSLC sites feared that the CSLCs might unnecessarily compete for patients in their locations. Extensive community education conceptual discussions with providers allayed these concerns.
The ECU “story” of innovation and education had to be communicated across the country at various educational venues, meetings, and conventions in order to convince other oral health professionals that this new foray into dental education would prove to be the educational model for the future in dental education.

Finally, the plan had to include both educational and economic sustainability. A delivery model that combines education of students and residents into a practice model results in successful educational and economic sustainability where low income, and indigent patients can be treated with care and compassion.