In 1988, the University of Medicine and Dentistry of New Jersey-New Jersey Dental School (NJDS) initiated outreach programs based on needs assessment showing access to dental care as a problem for New Jersey’s underserved populations (i.e., the low-income elderly, migrant children, those physically and mentally challenged and those with HIV/AIDS), particularly in the southern part of the state. This prompted a collaboration among the dental school, the US Public Health Service – Region II, the NJ Department of Health and Senior Services, the UMDNJ-School of Osteopathic Medicine, and the NJ Dental Association to address the oral health care needs of the underserved. In 1994, the Atlantic County Government and the New Jersey Dental School entered into partnership to provide dental services to the under-served populations of Atlantic County and established the University John H. Cronin Dental Center in 1995. The dental school manages the dental center’s operation and Atlantic County Department of Health and Human Services provides clinic support staff and leases the facility on a non-cost basis to the dental school. This Center expanded from four to seven operatories in 1996 and was renovated in the year 2000 to include distance learning capabilities to addresses the need for an extramural teaching site for undergraduate dental students. This expansion established the dental center as the primary location for the New Jersey Dental School’s Community Oriented Education Program (CODE) Program. The Center is supported by clinic revenue and University of Medicine and Dentistry of New Jersey-New Jersey Dental School budget supports the Center. The Center provides comprehensive dental services to all citizens of Atlantic County including children, geriatrics, the medically compromised, and those who are HIV/AIDS positive, and offers an extramural teaching site for undergraduate dental students. In the year 2001 alone, more than 8,500 patient visits were provided. Approximately 15% of these patient visits were for children ages 0-9 and 23% were for children ages 10-19. The community benefits from student interaction on the local level and the student develops a sense of cultural competency in health care delivery.

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