

“Creating a Volunteer-Dental Van Project”

Kids In Need of Dentistry - “Miles for Smiles”

Field Report

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A report written by organizers of volunteer-based health care programs serving the uninsured.

DENTAL

“Creating a Dental Van Project” Kids In Need of Dentistry - “Miles for Smiles”

THE IDEA

In Colorado, access to oral health services continues to be one of the biggest gaps in the health care system for low-income populations. There is little data on the dental status of Coloradans, but the few reports available (primarily Medicaid data and one state oral health report) indicate that dental services are either unavailable or inaccessible for many low-income families. The primary barriers to accessing dental care are a family's inability to pay for services, difficulty with physically getting to the dentist's office, and a lack of providers serving low-income populations.

KIND: Kids In Need of Dentistry is a nonprofit, charitable organization established in 1912 to provide comprehensive, low-cost dental care as well as education and prevention activities through a system of clinics to Denver-area children from low-income families without dental insurance. Because of KIND's extensive experience in the field of providing dental care to underserved children, the Anthem Blue Cross and Blue Shield Foundation (formerly BlueCross BlueShield of Colorado Foundation) approached KIND in 1997 with the suggestion to develop a partnership to serve children up to age 18 whose families “fall through the cracks” - unable to afford private insurance or qualify for public assistance and who live in rural areas away from metro Denver. With help from a planning grant from the Foundation, the two organizations worked together to find an innovative way to bring oral health services directly to these populations at little cost. Initial research into the feasibility of starting a dental program for children involved a comparison between three delivery systems: portable dental services, mobile dental care, and clinical dental care.

The Decision To “Go Mobile”

KIND and Foundation staff spent extensive time traveling to rural areas in Colorado to meet with local dentists, nurses, hospitals, businesses, dental and hygiene schools, and other interested parties to determine availability of resources and discuss options for the program. After researching the various methods of service delivery, KIND staff determined that a mobile dental clinic would be the best way to ensure access to care for underserved children living in the rural counties of Colorado while encouraging dental professionals to volunteer according to their comfort level. The decision was made based on the fact that unlike a traditional fixed clinic, a mobile dental clinic would:

- bring dental services to children
- provide an experienced public health dentist to communities that had few or no providers serving low-income populations
- be used to service a larger geographic area, including smaller pockets of children that couldn't sustain a fixed clinic
- enable these communities to more accurately identify underserved populations to determine if a fixed clinic would be useful in the future
- allow communities to determine the best way to integrate the program into existing services and health care programs.

Field Report

Kids In Need of Dentistry (KIND) of Denver, CO operates Miles for Smiles, a dental van which offers care in 16 counties and the Southern Ute Nation. Miles for Smiles faces challenging terrain and extreme weather conditions as it travels throughout the area helping children. With a budget of over \$600,000, Miles for Smiles has a small paid staff and over 50 volunteers. This report was prepared by Nancy L. Schoyer, Executive Director of KIND.

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Determining The Service Area

Several factors influenced our choice of 16 counties and the Southern Ute Nation. The mountainous terrain of western Colorado creates significant patient accessibility issues. The mountain resort areas (the ski towns of Aspen, Telluride and Steamboat Springs as well as the resort communities of Glenwood Springs, Ouray and Pagosa Springs) typically have a high cost of living that makes dental care even less accessible to low-income, working families. One community, Grand Junction (Mesa County), was not included because another agency operates a fixed dental clinic accessible to the target populations. Most importantly, we needed to be assured of enough local financial support to cover the costs of a part-time, local program coordinator, as well as enough volunteer support to cover emergencies when the van was not in town.

It's an understatement to say that the landscape is challenging. The elevation goes up and down between 4,000 to 12,000 feet. Sometimes it's hard to find a flat surface on which to park the van. Some towns are literally at the “end of the road.” Some have only six blocks of paved streets. Towns are typically 30 to 60 miles apart but those miles (on two lane roads) may include many of the following conditions: an elevation climb or drop of 8,000 feet, rock slides, hairpin turns, herds of pronghorn sheep leaping across or standing in the road; coal trains; resort buses slowly carrying workers from their homes to their jobs; falling boulders; and suddenly changing weather conditions of snow, ice, tornadoes, thunderstorms, heat, and wind. To drive within one area can take four hours. The counties served just by the Durango area make up an area larger than the state of Maryland!

Start-Up Funding

Local communities were required to raise funds to cover the costs of a part-time local coordinator. They were also required to raise funds to cover patient fees for families unable to pay even KIND's discounted fees. Finally, local communities had to generate in-kind support in the form of donated office space, supplies, etc. to meet the program's local administrative needs.

KIND obtained start-up funding, including planning and implementation grants from the Anthem Blue Cross and Blue Shield Foundation, for the costs of purchasing the mobile clinic and staffing it for the first three years. Costs were estimated based on KIND's 88-year history of operating dental programs in the Denver area as well as on costs cited by the van's manufacturer and other suppliers.

KIND raised additional support from a variety of local and national foundations, corporations, and individuals. Most recently, the agency was awarded a \$371,000, four-year grant from The Robert Wood Johnson Foundation's Local Initiative Funding Partners Program to support Miles for Smiles. Current funders besides the Anthem Foundation and RWJF include the El Pomar Foundation (\$5,000), INVESCO Funds Group Ambassadors (\$2,000), and El Pomar Youth in Community Service/Bayfield High School (\$1,000). Our current annual operating budget is \$620,971.

Acquiring The Mobile Clinic

KIND purchased a 36-foot mobile clinic containing two operatories, which was custom built to KIND specifications. Given the unique nature of the clinic, which is fully self-contained (e.g. has own sterilization units instead of relying on sterilization at a home base), renting or buying a used van was not a viable option. The van also features a laboratory/support equipment center, a wheel chair accessible lift, a reception/desk station, a digital x-ray system, air conditioning, and heating. The vehicle and equipment were valued at approximately \$337,000. Approximately \$60,000 worth of the equipment was donated by dental supply companies. The mobile clinic is covered by an automobile insurance policy with an annual premium of approximately \$3,465.

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Governance

The Miles for Smiles program does not have its own 501(c)3 status but is governed as a program of KIND which is a 501(c)3 organization. KIND is ultimately responsible for the program’s administration. One member of the Board of Trustees is a volunteer dentist from a Miles for Smiles community.

KIND has partnership agreements with local “lead agencies” in each of the four regions served. “Lead agencies” include a non profit community agency which focuses on housing issues, Catholic Charities which focuses on case management for homeless families, Northwest Colorado Dental Coalition - a non profit focusing exclusively on the oral health needs of the northwest quadrant of the state, and Montrose Community Hospital. These local agencies are responsible for local coordinator costs and for the local Patient Assistance Fund. They also employ and supervise local coordinators. Each community also has a local advisory committee of dental and other health providers as well as other supporters. Several individuals have responsibility for making the project a reality.

The Miles for Smiles staff dentist not only treats patients, but also has assumed significant responsibility for care and maintenance of the clinic. KIND administrative staff based in Denver has fundraising responsibility for the program (except local costs), and the Miles for Smiles coordinator, employed by KIND, is responsible for coordinating the efforts of the paid van staff with those of the local coordinators.

Planning and Marketing

The Miles for Smiles has developed written objectives and a marketing plan.

OPERATIONS

Dental Services Offered/Mobile Clinic Schedule

The program provides comprehensive dental care, including the full range of preventive and restorative care. The program does not provide orthodontic care except in limited cases of medical necessity. When necessary, treatment in an operating room is available from volunteer dentists operating in partner hospitals with whom KIND has an agreement.

KIND’s Miles for Smiles coordinator works with local coordinators to set an itinerary for the van based on need, availability of appropriate waiting room space and electrical connections, and practical movement of the clinic. Movement of the clinic requires considerable setup and takedown time, since loose equipment must be stowed and electrical connections unhooked, etc., so staying in one site for an extended period of time (a couple of weeks or so), allows more efficient operation. Clinic days/hours of operation vary according to each site and the travel schedule, but in a full week at a site the clinic is typically open five days a week from 8:00 AM to 5:00 PM with an hour lunch break. Evening and weekend hours are scheduled when volunteer dentists are available to treat patients and when the clinic dental assistants are available to ensure smooth operations and answer questions regarding the facilities.

We have cancelled patient care only once in the last year and a half due to bad weather. Our patients’ families are used to driving long distances in all kinds of conditions to get to work. Our dental staff is typically housed within 10-15 minutes of the van. A local phone number is available for emergencies and other information. The county nurses, often our liaison with the families, strongly encourage the patients to keep appointments as the van is not in the area more than two times a year. The 4% no-show/cancellation rate is much lower for the van than we experience in Denver.

The wind and dust have proven to be the most challenging for us in terms of keeping the van clean and instruments sterile. Every time the door opens, dust blows and paper/supplies are scattered. Early morning and late afternoon appointments are good solutions to this problem.

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Patient Eligibility Requirements

We never lack for patients. Families learn about the program through school nurses, public health nurses, newspapers, and neighbors. The target population and eligibility requirements are the same as for KIND's Denver-area programs. The agency has traditionally served children from low-income families without insurance or public assistance. The eligible population is children of families who are between 100% and 195% of the Federal Poverty Level. Families must provide two months' worth of paycheck stubs for all employed household members as well as the prior year's 1040 Federal Income Tax Form. Proof of residency is also required which can include: the return portion of a utility bill or a credit card statement. It is not unusual to have residents of the contiguous states of New Mexico, Utah, and Wyoming attempt to access Miles for Smiles services.

Patient Fees

Families are asked to pay \$10 plus 10% of the value of services provided (e.g. \$200 worth of services would cost \$10 for the appointment plus \$20 for the patient's share of the service value, for a total payment of \$30). Payment is encouraged at time of service, but may be billed and paid later. Local communities raise funds to cover patient fees for children whose families are unable to pay. No child is ever turned away due to inability to pay. Patient fees help support operating expenses.

While some technical assistance has been provided by KIND, each area has generated its own solution to the funding challenge. Lead agencies in collaboration with their local advisory groups raise funds to pay their coordinators, cover travel and office expenses, and for the Patient Assistance Fund (generally around \$35 - \$40,000 per year). Each community raises their monies differently. Depending upon the community, financial support comes from: the local United Way, county commissioners, dentists' private pay patients, Joe Cocker Children's Fund (Joe Cocker is a British rock star), a fund sponsored by the local banks, special events (annual motorcycle pledge ride, Rotary Club sponsored golf tournament), a community foundation, a medical foundation, and several local agencies.

Staffing

For administrative purposes, the area served by the van currently is divided into four regions. The program initially was staffed by a full-time dentist and assistant paid by KIND. KIND's dental administrator worked approximately half-time on program administration, and KIND's Executive Director was responsible for fundraising. The three regions (Montrose was added in the summer of 2000) initially participating in the program each hired a part-time local coordinator to process applications, schedule patients, raise local funds, etc. Local dentists were recruited to accept emergency cases and to assist with patient follow-up.

An additional dental assistant was hired a few months after the program began in order to assist primarily with administrative duties and to alleviate some of the paperwork burden on local coordinators. At about the same time, the KIND administrative office added an assistant director to assist with fundraising and financial management, in part due to the increased complexity created by the Miles for Smiles expansion. In addition, nearly one year after the program launch, the dental administrator duties in Denver and the Western Slope were split and a health care administrator with multi-clinic management experience was hired to manage the Miles for Smiles program exclusively.

KIND currently employs three dental professionals (one dentist and two assistants) and one administrator (not a dental professional) for the program. The four service regions each continue to employ a part-time local coordinator.

Clinic Computerization

The clinic has patient scheduling and record-keeping software, but it has not been utilized to date due to lack of training for the van staff.

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Specialized Dentistry/Medical Back-up

KIND has relationships with volunteer dentists in all fields. Volunteer specialists may travel from Denver to see patients on the van. No medical back-up is currently available, except for operating room arrangements for children requiring dental treatment under general anesthesia. No other back-up has been sought. Children with nursing caries (“baby bottle tooth decay”) often need to come to Denver for care since we have more resources in the metro area.

Prescriptions

No medication is provided to patients. KIND dentists write prescriptions when necessary, but families are responsible for filling these on their own.

Patient Education

The dental staff provide one-on-one dental education to children examined in the clinic. In addition, the program is launching an oral health education campaign focusing on schools in the service areas. The program will utilize volunteer hygienists, local coordinators, and other interested persons to provide classroom instruction on oral health concepts. The project is using age-appropriate materials developed by the State of Texas (the Tattletooth curriculum) and may supplement these with additional materials.

Policies and Procedures

Currently, Miles for Smiles uses the KIND Operations Manual. A program-specific manual is currently being developed.

RECRUITING VOLUNTEERS

Start-up

KIND made contact with the dental community in each of the four geographic areas prior to bringing in the mobile clinic. There are 127 dentists in the entire area served by Miles for Smiles. As we employ a full-time dentist to travel with the van, volunteer dentists were asked to do two things: (1) volunteer on the van when the clinic was in their area (to expand clinic hours and/or fill both dental chairs) and (2) provide emergency care for patients of record when the van was not in the area. What each of the volunteers will do is different, so total numbers don’t tell the whole story. Other things they could do are (a) act as a preceptor for a dental student, (b) serve on the local advisory committee, or (c) help with fundraising and marketing. There are very few specialists in Western Colorado (except in Mesa County). For example, there are only three endodontists and two pediatric dentists.

Current volunteers include (some volunteers, particularly non-dental volunteers, are missing from this list):

General dentists (currently practicing)*	37
General dentists (retired)	1
Dentists (specialists)*	12
Dental assistants	2
Dental hygienists	6
Other support	5

*all accept referrals to their private practices



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We typically refer children needing hospitalization and/or oral surgery, to the doctor’s office. We have brought in specialists to examine children on the van, but the treatment itself, if done by a specialist, usually occurs in another setting. Generally, volunteers are recruited from each of the areas visited. We have recently been successful in encouraging Denver area dentists to bring their staffs to the van to volunteer for a day or so. The resort towns nearby afford vacation opportunities.

Who Recruits Volunteers?

Initial recruitment was done by the Executive Director in conjunction with the local advisory committee in each area. KIND’s standard volunteer application form is used, but volunteers are scheduled by the local coordinators. Volunteer retention results from a combination of efforts from the main office and local individuals.

Recruitment Strategies

Recruitment actually began before the program started. Local dentists with whom KIND had a relationship hosted a dinner to which all dentists in the area were invited. Questions about KIND and about expectations for volunteering were answered. The most effective form of recruiting continues to be one dentist asking another!

Because of the nature of our appointments, there was not a lot for hygienists to do either on the van or in emergencies; however, they have recently been recruited to implement our school curriculum and Miles for Smiles has been endorsed by the Colorado Dental Hygienists Association.

Even though relatively few patients live in resort towns such as Aspen, Telluride, and Steamboat Springs, we have scheduled open houses for the van in these areas. Local dentists have the opportunity to tour the facility and to meet our staff dentist. Some media coverage is arranged so that interest can be publicly recognized. Making the experience as easy and appropriate as possible for each doctor is the best way to ensure potential volunteers agree to work at least once. Also, we encourage volunteers to speak with others in their area and/or in Denver to share their experiences. Feedback is encouraged.

Barriers To Recruitment

Our chief barrier to recruitment of volunteers is geographic. The areas served by the van are vast with varied terrain. Most of the dentists live and practice in the resort areas (e.g. Aspen) while the patients live in outlying communities, some 1-1.5 hours away. There is reluctance to travel to volunteer on the van. Moreover, there is some reluctance to work on children from another county or town due to completion for resources, differing economies, and/or a reluctance to working together. Frequently, it seems that there are problems with the dentists’ own emergency coverage, let alone that of patients for whom they are volunteering.

Other challenges include the fact that interactions with local dentists need to be “in person.” Conference calls and e-mails have not proved to be effective in recruiting and maintaining interest. The program is highly labor intensive. Lodging and travel expenses are significant. Moreover, the dentists often do not know each other, so it’s challenging to get them to share the emergency load together.

Volunteer Agreements

We do not have a formal agreement with volunteer providers, however, our Volunteer Data Form collects preferences for type of work, age of child, etc. as well as licensure and insurance information.

Scheduling Volunteers

Volunteers for the van are scheduled by the local coordinator in conjunction with our paid dentist. The emergency call list is organized locally. In some cases, doctors are on a rotating list and in others they sign up for a set period of time. We have had relatively few emergencies for patients of record, so recruitment for

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emergency coverage is becoming easier. As the volunteer dentist is licensed in the State of Colorado, he or she needs no supervision. Each doctor is free to complete whatever work he or she deems necessary or appropriate. The patient is, however, a patient of KIND, so the legal obligation to provide ongoing care lies with KIND rather than with the volunteer.

Licensure/Malpractice Insurance for Volunteers

Dentists are required to show proof of malpractice insurance as well as current licensure. Credentialing is required by local hospitals (for cases in which children need to be treated in the operating room). (It is important to note here that there is only one pediatric dentist on the entire Western Slope of Colorado who routinely sees children in the operating room). The van driver needs a current Colorado driver's license. The vehicle undergoes no state safety inspections. (The dental equipment is under warranty).

Equipment And Supplies

The van equipment is state of the art, and one reason why dentists volunteer. If special supplies are required, volunteers usually bring their own.

Dental Ancillary Volunteers

Dentists are most likely to bring an assistant with them. In fact, we encourage this as we feel that their time will be more productive. Anyone who is not compensated is considered a volunteer.

Volunteer Recognition

Volunteer efforts are recognized in a number of ways: (1) regular newspaper articles and letters to the editor, (2) plaques and certificates, (3) recognition dinners and volunteer awards in areas with large numbers of volunteers, (4) nominations for existing awards programs (e.g. state dental association awards) where appropriate, and (5) meals, cards, phone calls, etc. from the agency's Executive Director. The best way to recognize a contribution continues to be one-on-one!

LOOKING BACK

We offer the following suggestions:

- Don't take on too much too quickly. Each area has unique characteristics that make it different. Phasing in the program might make more sense.
- When choosing local partners, make sure the commitment is clearly understood.
- Continue to stay in touch with the dentists. Given local politics, it is mandatory to keep the focus on volunteering to help the kids (wherever they may live!).
- Rural areas require on-site, in-person communication. As was mentioned earlier, we added a full-time administrator, one half of whose time is spent “on the road.” The Executive Director visits each area at least twice a year for marketing, fundraising, and volunteer support purposes.

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Volunteers in Health Care

A program of the Robert Wood Johnson Foundation

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THE IDEA

Northwest Medical Teams International was established in 1979 when a volunteer team of medical professionals from the Pacific Northwest traveled to Thailand to care for refugees from Cambodia. Out of that effort grew an organization which now: 1) responds to international and domestic disasters through teams of volunteers, 2) collects, ships, and distributes medicine, supplies and food world-wide, and 3) operates a fleet of mobile dental clinics which brings dental care to children and adults in 23 counties in Oregon and Washington. We have a spiritual base, and serve anyone in need regardless of race, religion, creed, or nationality. Our Mobile Dental Project was conceived in 1989 to serve migrant farm workers and migrant Head Start programs in rural, northwest Oregon after the NWMTI founder and the board of directors (representing medicine, law, business, banking, and the community) decided that the organization should devote a percentage of its efforts and resources to domestic needs.

Our first partners were social service agencies which supported our target population. We began the program with 8 volunteers and our first patients were migrant Hispanic, Head Start children. During our first four years, clinics were sporadic and averaged 8 to 10 per month. Dental screenings would be performed on 200-300 children, then treatment clinics would be scheduled for 8-10 children per day. The first mobile clinic worked primarily in two counties adjacent to the City of Portland. It consisted of a medium size truck and a portable dental operator. We have grown considerably so that currently (fall 2000) we operate seven mobile units in 23 Counties within the states of Oregon and Washington. From July 1999 through June 2000, we provided treatment for 10,330 patients.

Start-Up Funding

Our first unit was a donated truck and dental operator. Our expenses were low because we utilized only one paid employee and donated supplies. One year after start-up we replaced our truck version with a 34 foot custom built van. The upgrade of equipment was prompted by a desire for better chair, delivery, and sterilization systems. In addition, two chairs made the dentist more productive by allowing him/her to move from chair to chair as each patient was prepared by the dental assistant or hygienist. We utilized funding received through grants from local foundations.

Operating funds were obtained from general and restricted donations from our local donor base of approximately 30,000 donors. Now, our operating and capital budget for the FY2001 period is \$1,900,000! This budget is designed to support seven mobile units and place two additional units in service in the first half of 2001. Our funding sources today are many and varied: major donors and corporations which prefer to fund local and domestic projects, direct mail appeals, private donors and grant requests to local foundations. We also receive some fees paid by partner agencies.

Field Report

Since 1989, Northwest Medical Teams International, Inc. of Portland, OR has operated a dental van program in Oregon and Washington. With a budget of \$1.9 million and seven vans, NWMTI sees low income, uninsured children and adults living throughout the area. The majority of care is delivered by volunteer dental professionals and local agencies assist NWMTI with program operations. This report was prepared by Dick Roland, Director of Mobile Health Care.

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To Rent or Purchase?

All of our mobile units were new at the time of purchase. They are fully equipped and prepared for the volunteer dentist. Each cost approximately \$275,000. We insure them in two components, vehicle/installed equipment and contents (much like a home is insured).

Our decision to purchase new vehicles and equipment is based on three issues:

1. We want the dentist to have a wonderful, fulfilling time when volunteering their valuable services.
2. The clients we serve today are generally more knowledgeable about what a dentist's office should be.
3. We are very aware of the professional liability issues that could bring harm to our program.

Project Governance

Northwest Medical Teams International is a 501(c)3 non-profit organization. All of our domestic and international projects are included in this designation. The Mobile Health Care program is operated very much like a small business unit or division, having total operating and fundraising responsibility. The Director of Mobile Health Care reports to the president and to the board of directors.

This program, as with others, functions and blossoms best in the hands of someone with a knowledge of and passion for the desired outcome - specifically the elimination of pain and suffering, especially in children who are living at the poverty level. Social support programs will fail unless led by a person who either has or can develop a passion for helping the needy populations we serve. We find that if an agency or church leadership feels that our program would benefit their target population and it appoints a staff person to facilitate the clinic, that staff person must also believe in the project or it will wither and die at that location. Our experience in simply appointing the nearest or least busy warm body did not and does not work!

Agency Partners

Local partners are crucial to the success of the program. They generally approach NWTMI with a request to consider them for a clinic site. In return they will provide a site to park and set up, organize the site's patient load, control eligibility determination, retain patient records, and make medical referrals. We ask that they are able to provide economic screening, a full 10-15 patient load, and accommodate record retention. All of our partner agencies are *asked* to provide a site fee of \$600 per visit. We have found that federally or state funded agencies will budget our expense and can pay. Privately funded non-profit agency partners are usually asked for \$300 per visit with the balance coming from NWTMI. Schools generally cannot pay at all and are completely subsidized. The most common way for agency partners to raise funds for our program is to ask their local Rotary Club, Kiwanis, church, local small businesses or foundations to sponsor a clinic once or twice a year.

Business Plan

Northwest Medical Teams International produces an annual business and fundraising plan which is approved by our board for action.

OPERATIONS

Services Offered

Northwest Medical Teams International provides a fully equipped platform upon which a properly licensed dentist may provide any dental service that they would normally provide in their dental practice.

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Therefore, in some regions we offer a wide range of dental services including:

oral examination	endodontics
oral surgery (extraction)	crowns
Restorative	some removable prosthetics
Periodontics	

Prevention and education activities are available through properly licensed dental hygienists. We take care to match a specific volunteer dentist with the appropriate patient group, such as children or adults, heavy extractions or prosthetics.

Scheduling Clinics, Days and Hours

Each mobile unit is based within its practice area. We begin our scheduling with the premise that each mobile clinic will operate a minimum of four days per week for 50 weeks per year. Our basic clinic day consists of 5-6 hours of dentistry plus clean-up and travel time. The great majority of our clinic sites are a maximum of 11/2 hours away from the home base. Occasionally, we provide clinics further away and the manager and dentist are authorized to stay overnight near the site.

First, we establish a date when a volunteer will be willing to serve. Then we approach an agency partner to organize a clinic patient load for that day. If a specific agency cannot comply on that day, we approach agency partner #2 and so on. Currently, scheduling is generally completed 60-90 days in advance.

The climate in Western Washington and Oregon is suitable for year-round operation. Eastern Washington and Oregon, however, experience very cold weather so the vans used in those areas have been specially outfitted with four wheel drive and propane heating. Although our programs are new in the eastern areas, we believe there will be few interruptions.

Program Development and Eligibility Determination

All of our programs are developed utilizing demographic data collected and published about every two years by the Oregon Health Division. This data includes information on those living below the 200% FPL, migrant farm workers, and homeless populations. All of our clinic visits are coordinated by social service agencies or public schools who are responsible for economic and dental need screening. For example, students who receive free or reduced price lunches under the Federal Title I programs are selected by the school administration to be admitted to our volunteer program. The eligibility requirements are consistent within all of our regions; however, the local agency partner is in control of who may participate under these requirements.

Staffing

When we first began the dental program our staffing consisted of one paid clinic manager/operator and five or six volunteer dentists. Now, our current staff consists of eleven salaried positions which support seven mobile clinics in two States and approximately 350 volunteer dental professionals.

Each mobile unit has a salaried manager. Usually, this person is a lay staff member responsible for the operation, maintenance and scheduling of clinics for volunteer dentists and in some situations, volunteer recruitment. In one area which is rural, we have found that it works best to pay a dentist to manage all facets of the program including the provision of dental treatment. In addition, our headquarters staff includes program management and development as well as fundraising responsibility. Staffing must be sufficient to coordinate and manage our corporate standards and program image in remote rural program regions which can be 50 to 200 miles from our headquarters. This model requires regular travel to remote program areas in order to have contact with the local manager, as well as key local community leaders to insure local support of our mission.

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Record Keeping

We interface with the patient only through a social service agency or public school and make the partnering agency responsible for retaining the patient records. In the beginning of our program we did not have a computer record of available volunteers. However, now we use "Raisers Edge" software to track volunteer information.

Ancillary Service Referral

Our active volunteer dentists have developed a comprehensive, free specialty referral system primarily for extensive (three root) root canal work, prosthetics and orthodontia. These referrals are for the most part made colleague to colleague. Medical referral is made by the partnering agency as part of their responsibility to the patient. Dental aftercare is provided by the attending volunteer dentist who is contacted by our clinic managers who wear 24 hour pagers which receive patient calls.

Policies and Procedures

NWMTI has developed "corporate" policies and procedures which include: a Vision Statement, Basic Strategies, Strategic Alternatives, Operating Procedures, Partner Responsibilities, Mobile Clinic Responsibilities, Fundraising by Mobile Clinic Managers, Donor Logo and Signage Restrictions, and Mobile Unit Maintenance and Repair Policy.

Licensing Requirements for the Mobile Van

Our mobile clinics are 37 feet long and do not require a special driver's license to operate. In the metropolitan areas of Portland and Seattle, our vehicles must pass an annual Department of Environmental Quality testing procedure. No other governmental testing or inspections are required.

Equipment and Supplies

We have made a practice of equipping and supplying our mobile clinics with top-of-the-line components, selected with the help of our dental consultant. This has drastically reduced the number of special requests by individual dentists. We provide equipment that is used for specialized procedures by a small number of volunteers, such as nitrous oxide, Air Abrasion, The Wand, articulators, etc. Our seven vans are not identical. They range from 34'-37' and contain two or three operatories. One of them has two operatories and a medical exam room.

Patient Fees

All of our programs provide appropriate dental services without regard for the patient's ability to pay.

Cultural Issues

Patients needing help with language translation are connected to services provided by social service agencies. We have produced our health history, consent and instructional documents in Spanish, Russian, Cambodian, Chinese, and Vietnamese.

Medications

Attending dentists prescribe medications if indicated. The patient is responsible for obtaining the prescription. Normally, we do not provide medication; however, we *do* have one local trial program in which we will provide a voucher entitling the patient to free medication at local chain pharmacies.

Education

Dental education and prevention information is given with the help of the Oregon State Hygiene Association. We periodically schedule clinics at schools for educational purposes where we distribute tooth brushes and brochures. Any child coming to our clinics and not owning a toothbrush is given one by the dental team and

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instructed on how to use it properly. At some locations we use posters and videos produced in Spanish in order to give instruction in good oral health practices to our non-English speaking patients.

RECRUITING VOLUNTEERS

Volunteer Personnel

The number of volunteer dentists required is determined by the number of days per week, month, or year we wish to operate clinics. Our program target of 4 days per week for 50 weeks per year or 200 days per year for each operating mobile unit, requires approximately 35-40 dentists volunteering an average of 5-6 times per year. Most active dentists, assistants, and hygienists will volunteer an average of nearly one day per month. Some of our retired dentists volunteer an average of about two days per month. This model works well in metropolitan areas like greater Portland and Seattle metro areas where approximately 80% of the state's dentists practice. Dentists located in rural areas *do* volunteer - usually in small towns where we hold clinics 4-6 times per year. We utilize dental specialists primarily in their offices as referrals from volunteer general practitioners who are working on the mobile unit. These referrals are generally arranged colleague to colleague.

Volunteers	Start-up #	Current #
General dentists (currently practicing)	5	220
General dentists (retired)	2	30
Dentists (specialists)	0	0*
Dental assistants	2	140
Dental hygienists	0	100
Other support	0	0

* Some of our volunteer dentists have created a referral system among their colleagues for special services provided by endodontists, oral surgeons and orthodontists, in their offices, which we do not record at this time.

Volunteer Location

Every effort is made to recruit dental volunteers from areas not more than one hour's drive from the clinic site. When it is appropriate to schedule clinics at sites more than 1 1/2 hours away from our mobile units normal area, we schedule two or three days in a row and both the clinic manager and dental staff will stay overnight at local hotels. We will pay for over-night stays upon request, but most of our volunteers pay their own expenses as a donation to the program. In situations requiring over-night stays we often call upon a volunteer retired dentist to travel with the van. We also believe that it is important to recruit culturally competent volunteer dental professionals.

Recruitment Strategies

Recruiting for our existing programs is done primarily by word of mouth from colleague to colleague. In new and rural areas recruitment must be done by the mobile unit manager who is assisted, sometimes, by headquarters personnel utilizing video and other prepared documents which illustrate our mission and its results. Many of our volunteer dental professionals serve because they support our faith-based mission. Volunteer record keeping and retention issues are the responsibility of the area mobile program coordinator - a full time staff position which supports two to four mobile units.

Field Report: Northwest Medical Teams International, Inc.

Barriers and Solutions to Recruitment

- **Barrier:** Volunteers might not be comfortable in the mobile situation, seeing patients they do not know and will probably not see again. **Solution:** We have found that not all dentists work well with indigent, transient patients and we honor that decision. Often this becomes apparent after a trial volunteer clinic.
- **Barrier:** Volunteers might not be comfortable giving up a family day to serve. **Solution:** We schedule most of our clinics from 8:00am or 9:00am to 2:00pm, so that the volunteers feel that they can be free for other family activities in the afternoon of the clinic day.
- **Barrier:** Volunteers might not have professional liability insurance coverage outside their professional office. **Solution:** The States of Oregon and Washington and some municipalities make professional liability insurance available to those who volunteer for a non-profit agency.
- **Barrier:** Volunteers might not be comfortable with available clients, i.e. children or homeless adults, other cultures, etc. **Solution:** We make every effort to match the dentists preferences to the available clients in order to make the volunteer experience meaningful and fulfilling.

Provider Agreements

We have a small number of agreements in place with social service agencies who solicit grant funding to offset our costs of providing a set number of clinics during a period. These “provider contracts” are with cities and counties which treat us like any other vendor of services. Generally, they require evidence of liability insurance, an agreement to provide the specified service, and identification of the responsible parties in case any further discussion is required. Often these contracts are then used to support requests for funding from the agencies other sources i.e. annual budget, foundations, etc. In order to facilitate our volunteer based model, these agreements do not contain set dates for the agreed number of clinics. The actual clinic dates are negotiated based on the availability of a volunteer dentist.

Scheduling Volunteers

All of our volunteers are scheduled by a combination of the local clinic manager and the program coordinator for the region. The volunteer dental staff is supervised by the clinic manager with input and assistance from our dental program professional consultant. “No show” patients are relatively common among the populations we serve. We accommodate for no-shows in a number of locations by over-booking. Our volunteers would rather work a little longer than quit early for lack of patients. If a large no-show problem persists at a particular site, we may review the viability of the site.

Licensing Requirements for Volunteers

All of our volunteers must hold appropriate dentistry licenses in the state in which they are practicing. Our volunteer dentists are allowed to practice dentistry to the extent of their state licensed qualifications. Licenses must be current and we must have a copy in our files. We regularly check with the state licensing agency to become aware of any disciplinary actions taken and we must have evidence of professional liability insurance in our files. If a dentist does not have professional liability insurance coverage, we have the following options:

- In Oregon, state funding is available to provide commercial insurance to retired, licensed dentists who volunteer for a non-profit agency.
- Washington also has the ability to provide insurance to any dentist who volunteers for a non-profit agency.
- In addition we have some private funding available to assist our volunteers in obtaining the required insurance coverage.

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Support Staff

We have several ways to provide dental assistant support (we are fortunate to have, as volunteers, the past and current presidents of the Oregon State Hygiene Association. They are instrumental in obtaining volunteer hygienists for our clinics):

- Our clinic managers are trained to assist.
- A volunteer dentist recruits a volunteer assistant from his/her staff.
- We recruit a volunteer assistant from our resource list. This is particularly important to our retired volunteer dentists.
- Lastly, if necessary, we will hire a temporary assistant from a specific area on a day to day basis.

Volunteer Recognition

We recognize the impact our volunteers make in our monthly publications, videos, and other documents. Since we are a faith-based, non-profit organization, existing totally on private donations, our volunteers generally do not feel comfortable being recognized with dinners or gifts; however, we recognize volunteer service when they begin volunteering by giving them a NWMTI T-shirt. After five years of service a volunteer is recognized with a presidential citation. As a side note, we have found that dental volunteers generally do not like to be made into public personalities, and rarely consent to be interviewed by the media.

LOOKING BACK

- Be sure that your supporting organization has a clear picture of your program concept.
- Be sure you can and have clearly identified your target populations.
- Be sure that you can interface with the professional dental community in a way that is complementary and not confrontational or threatening.
- We believe that it is best to work through existing social service agencies for eligibility screening and dental need. This relieves your organization and your volunteers from being responsible for scheduling and after care services.
- Be sure that you concentrate on providing the volunteer with a meaningful and satisfying volunteer opportunity.

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Volunteers in Health Care

A program of the Robert Wood Johnson Foundation

