

STARTING A DENTAL PROGRAM FOR THE UNINSURED

A Volunteers in Health Care Guide



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FTCA Medical Malpractice Program

Editor's Note: *The FTCA Medical Malpractice Program was implemented in 2004 after the completion of this manual. The FTCA program offers malpractice coverage for clinical volunteers at free clinics that qualify for this coverage.*

HISTORY

The Free Clinics Federal Tort Claims Act Medical Malpractice Program stems from section 194 of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Section 194 alters the Public Health Service Act's provision on liability (42 USC 233) to protect health care practitioners from civil damages if they are volunteering clinical services at a free clinic. However, due to a clause requiring funding before activation, Section 194 did not go into effect until initial appropriations for this fund were made in February 2004 (HR 2673). Initial appropriations of \$4.85 million for FY2004 were intended to both activate the provision itself and provide "seed money," directed to the Health Resources and Services Administration (HRSA), to initiate this program. Once funding was appropriated, HRSA then promulgated regulations and developed an application process. The program began enrolling clinics and volunteers in September 2004.

HOW IT PROTECTS

The FTCA program designates licensed health care practitioners that provide a qualifying health service to an individual in a free clinic as employees of the US Public Health Service. Under this designation, clinical volunteers become protected against malpractice claims in the context of their volunteer service. These statutes provide broad protection with respect to claims for damages for personal injury, including death. Patients, though, may still bring suit, with all legal costs and awards becoming the responsibility of the federal government.

Clinicians are only covered by this provision, however, if the clinic where they volunteer meets eligibility criteria and applies for coverage on behalf of the volunteers.

ELIGIBILITY FOR PROTECTION

In order to qualify for protection under this act, the volunteer must be a licensed health care practitioner; must receive no payment for services; must undergo credentialing and privileging; and must volunteer at an organization that has been "deemed" eligible for coverage. Both medical and dental providers are covered under this program.

REMAINING QUESTIONS

Due to the early stage of implementation, it is difficult to determine how valuable this new program will be to clinical volunteers. Potential roadblocks for coverage include: a narrow focus of the location of volunteer activities (can a surgeon be covered for volunteering to provide free surgery to a free clinic patient?), the complexity of the application process; and the types of programs eligible for coverage (for instance, it is unclear if a referral network could be covered). The *Bureau of Primary Health Care* is currently reviewing these questions and is receptive to input from programs that wish to qualify under the FTCA program.

For further information and an application, please visit the *Bureau of Primary Health Care* website:
www.bphc.hrsa.gov

Introduction

Many communities are searching for ways to provide affordable dental care for their uninsured, low-income residents. Programs around the country ask dental professionals to volunteer their time in their own offices or at a dental clinic in order to help meet these unmet needs.

This manual is designed to answer many of the questions that arise as you begin the quest of developing a dental program. This manual is intended for people interested in opening a dental clinic, expanding services at an existing medical clinic, or setting up a referral network of participating dentists. It is meant to help you assess your community's and agency's current resources, identify existing barriers, and ultimately, create a strategic plan for your proposed project. Because communities vary widely in their needs, and every project is unique, you may have additional questions about starting a dental program. If you have questions or would like to be put in touch with other concerned individuals around the country who have started dental programs, please contact Volunteers in Health Care.

VIH

Volunteers in Health Care (VIH) was a national resource center for health care providers and programs serving the uninsured, with a special focus on programs using volunteer clinicians. VIH's mission was to promote and support organized, community-based health care initiatives with one-on-one technical assistance, consulting services, the creation of hands-on tools and the sharing of service models, experiences and information. Through its three program areas—volunteer supported medical services, oral health and pharmaceutical access—VIH maintained a body of expertise upon which community programs can draw. Funded by the Robert Wood Johnson Foundation, VIH ceased operations in May 2005.

ABOUT THE AUTHORS

Gayle Goldin, M.A. is Director of Community Partnerships at Volunteers in Health Care. She holds an M.A. in Public Policy from Tufts University. Ms. Goldin oversees Volunteers in Health Care's technical assistance services, including providing one-on-one consulting, facilitating meetings, creating manuals, implementing new technical assistance strategies, and reviewing grant applications. Prior to joining VIH, Ms. Goldin co-developed a health advocacy training program for immigrants, served as a grantwriter, and conducted research on foundation funding patterns.

Sarah Hanson, M.A.T. is a consultant to Volunteers in Health Care. She received her B.A. and M.A.T in History and Secondary Education from the University of Wisconsin - Eau Claire. She has participated in the development of the Ohio Department of Health's web-based Safety Net Dental Clinic Manual, served as program liaison for *Reach Out: Physicians Initiative to Expand Care to Underserved Americans* and managed a state-supported health care program for the uninsured in Wisconsin.

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How do you determine if a dental program is right for your organization?

If you are reading this manual, you have probably realized that the demand for dental health care services among the uninsured is extremely high. If you currently offer medical services, you may see patients who are in chronic pain due to poor oral health, but who have no options for dental care. As a group of concerned citizens, or as an agency, you might be interested in determining if developing a dental program to meet this need is the right step. First, you must ask yourself, does expanding or creating dental services fall within your agency's or group's mission, capacity, and financial standing? Then, you must consider the barriers to care. What are the issues in your community (aside from costs) that are preventing patients from seeking and receiving care? Are there barriers among the dental community to provide this care? And, finally, you must consider what resources are available in your community. Who will be able to help out with this project and what services already exist? The following section will discuss these major issues and help you determine if developing a dental program is your next step.

I. AGENCY OR GROUP CAPACITY

Starting a program or expanding an existing program to include new service elements is a step to be taken only after a detailed assessment of goals, resources, and capabilities of the individuals or organization involved. Although dedicated commitment to meeting a service need is critical for any successful endeavor, the exercise of "stepping back" for a longer view is likely to prove highly useful in reducing frustrations, mapping strategies, and avoiding pitfalls. Too often, groups or organizations will rush ahead, leading to one or more of the following:

- unrealistic expectations of what can be done, what resources it will take, and who will want to be involved
- squandering of resources and goodwill garnered for the project
- poor project image in the community, whether by clients, fellow organizations, or funders
- overtaxing of individual(s) responsible for moving the project forward

In these cases, promised projects may never get off the ground or may operate in such reduced circumstances as to doom effective provision of care. Future efforts may suffer because of past mistakes.

For these reasons we encourage you to consider the following questions before deciding whether to undertake a new project or start a new service organization:

- What is the specific need we are trying to address?
- Why do we as a group/organization want to take on this issue?
- Why is it that we think we are the group/organization that will be able to create a program to meet this need at this time in our community?
- If we are a group/organization currently providing services, how does this project fit with our current mission? Will we need to redirect resources from within our organization to this new project? What will be the impact on existing operations if we do this?
- If we are a group/organization that is part of a larger organization, where does this project fall in the parent organization's list of priorities? What resources has our parent organization committed to us for the project?
- Who within our group/organization will lead this project? If we do not have a leader from within our group/organization, have we identified someone else who has committed to leading the project?
- What are the resources (personnel, cash, and in-kind) we have available to dedicate to this project right now? What are the resources we still need?
- Who do we know in the community with both the resources and the interest in our project proposal?
- What is the amount of time it will take to get this project off the ground? Do our resources extend over that period?

Discussing these questions—and pushing for honest answers—should give a group or organization the opportunity to gauge its readiness to move forward. It should also help accustom its members to focusing on specific questions and seeking concrete answers as they begin the planning process.

How do you determine if a dental program is right for your organization?

II. ASSESSING ACCESS IN YOUR COMMUNITY

Once you have determined that providing dental services can be accomplished by your organization or group, you should consider who in your community already has access to dental care and who does not. The following sections discuss the various barriers that may prevent low-income, uninsured patients from seeking and receiving care.

COMMON BARRIERS TO SEEKING CARE

Income level is a major factor in whether or not individuals seek dental care. It not only determines what a person can pay out of pocket but also whether or not, on average, a person is likely to have dental insurance. Do you know your community's income demographics? In order to determine the income demographics of your community, review Census Bureau statistics, contact your local health department, or look at the websites listed in *Appendix I*.

Cultural and linguistic barriers can deter dental care. Populations unfamiliar with dental care may not seek it, especially when language differences are also a factor. The program staff should be prepared to help dental volunteers understand the current demographics of the patient population and assist with interpreter services. Do you have a sense of the racial/ethnic make-up of your community? Will your program need translated materials and/or interpreters for patients? Are there dentists in your community representative of minorities? Are there tensions in your community surrounding diversity? For further discussion of the impact of language and culture on health care, see *Overcoming Language Barriers, Part I & II: A Volunteers in Health Care Guide*.

Most dental care is delivered during daytime hours. The working poor often find it difficult or impossible to have **time off** to seek dental care. Programs that offer evening and/or Saturday hours facilitate care. Evening hours do work well for most volunteers if the program is on-site. Time becomes complicated, however, if patients are seen in a dentist's office. Will you need to construct your program around the target population's availability?

COMMON BARRIERS TO RECEIVING CARE

Medicaid benefits for children include dental care in all states. Adults on Medicaid also have some level of benefits depending on the state in which they live. For various reasons, however, there are not enough dental Medicaid providers in many communities. What do you know about your state's Medicaid/CHIP program? One mechanism for determining the lack of access to dental care for Medicaid recipients is to call a number of dentists on the list of Medicaid providers. Ask if they are currently accepting Medicaid patients, the length of time needed to book an appointment, and if they have any penalties for "no shows."

Existing **Public Health Clinics, Federally Qualified Health Centers, and other low cost programs** are easily outstripped by the demand for services. Demand is high, services are frequently limited, and, often times, the emphasis is on pediatrics. What do you know about existing services in your community? Will your program enhance what is already being done? Will you develop relationships with existing programs? Will you be perceived as competing with them?

Living in a **rural area** can compound the problems of access to dental care for the poor. An insufficient supply and/or maldistribution of dentists, lack of Medicaid enrolled providers, and lack of public transportation all exacerbate the problems of getting dental care for rural residents. Rural residents are further compromised by the **lack of fluoridated water** (a well-documented cavity fighter) in private wells and many community water systems. How will your program take these factors into account?

How do you determine if a dental program is right for your organization?

III. BARRIERS TO CREATING A DENTAL PROGRAM

If so many people are in need of affordable dental care in your community, why haven't more organizations attempted to provide these services? Sometimes, even the best intended programs cannot get off the ground because they either lack the support of the dental community or they do not have advocates in place to ensure the program's success. Dental projects may also fail due to a lack of funding, a lack of volunteer interest, or poor management. In order to help you develop the best dental program possible, the following section will outline some of the basic challenges a dental program may face and ways in which you can overcome these obstacles.

DENTAL COMMUNITY

Gaining and maintaining the involvement of the dental community is crucial to a program's success. Dentists are the lynchpin of any dental program, yet dentists who do not often provide care to the uninsured might have misconceptions of the patient population or concerns about patient follow-up. Have you surveyed their experiences with this population or feelings about access for uninsured poor patients? Have you given them a "place at the table?" Because dentist participation is key to the success of any volunteer based dental program, it is important to involve dentists in every step of the way.

The **number of dentists** in a community impacts how willing dentists are to see uninsured, financially disadvantaged patients. Do you know how many dentists are in your area? How many are general dentists? Specialists? Is there a shortage in your area? To determine if your community is considered a dental shortage area (a federal government designation which may affect the amount of funding available for dental services), contact the Health Resources and Services Administration at <http://www.bhpr.hrsa.gov/shortage/index.htm> or contact your state dental society.

The **cost of maintaining a dental practice** is significant. It is not unreasonable to see 65% to 75% of charges stated as overhead. Equipment, supplies, and utilities make dentistry expensive. If you are creating a referral network, it is important to remember that having to defray the cost of expensive dental care may deter some dentists from offering free or reduced fee care. Determine the level of comfort of dentists in your community. If you must charge patients fees, try to negotiate a figure that your agency, the dentists, and patients will find acceptable.

In many communities there are not enough dental Medicaid providers for a variety of reasons, including: 1) Medicaid reimbursement rates usually fail to cover overhead. (Rates vary state to state. To determine your state's Medicaid reimbursement rate contact your state Medicaid office); and 2) "No shows" (patients failing to keep appointments) greatly affect a dentist's "bottom line." Because dentists may have negative experiences with Medicaid and misconceptions about the low-income patient population in general, it is important to understand how these concerns might affect their participation in the project. If you are trying to get more dentists to accept Medicaid, consider what factors are in your control (such as helping patients keep their appointments by assisting with day care and transportation). What do you know about your state's Medicaid/CHIP program? Can you offer solutions to the "no show" problem?

The extent of dental disease among the poor, uninsured, and immigrants without past access to dental care adds pressure to a dental access program as dentists may be resistant to providing care to patients with extensive problems. Patients who either have never seen a dentist or not seen one for a long time require extensive, complicated treatment. This is especially true in the homeless population where gross decay is frequently found. Dental volunteers may be willing to care for these patients, but may be concerned that a lack of follow-up care will negate their hard and expensive work. How will your program address extensive dental disease? How will your project ensure patients understand the necessary steps to maintain good oral health?

Hand in hand with extensive dental disease is a lack of understanding of proper oral hygiene. Dental volunteers often are surprised to see the extent of damage and the lack of proper oral hygiene. One clinic administrator told VIH how a dental hygiene volunteer was overcome with tears after a day volunteering at their clinic because she had never seen patients with such extensive dental needs and such little understanding of how to prevent decay. Patients arrive with seven or eight cavities needing to be filled and little understanding of the impact such decay has on their overall health. Patients need an educational experience to understand the correct way to brush, how to prevent baby bottle mouth, and how diet affects good oral health. Will your program contain preventive efforts or an educational component? If not, will you find other organizations in your community who can offer these services?

How do you determine if a dental program is right for your organization?

IV. IDENTIFYING COMMUNITY RESOURCES

Every community has information, resources, and people waiting to become involved in a project. By identifying these resources, you can understand where your program is likely to be supported and by whom. Additionally, identifying gaps in your community's resources will help you determine if it is the right time to move forward with your project and what skills you will need to seek out from other organizations to support your program.

Existing dental programs for the uninsured or underinsured

To determine what resources already exist in your community, begin with existing dental programs for the low-income uninsured. Keep in mind that these programs, whether free clinics, Federally Qualified Health Centers, hospital or health department clinics, are easily outstripped by the demand for services. Yet, these programs include staff and board members with a unique understanding of oral health in your community. Ask to speak with staff, the dental director, volunteers, and active board members in order to help you shape what services your program should offer. Consider the value of enhancing current services and developing relationships with already existing programs. Be aware, however, that due to scarce funding dollars, some existing programs may see you as "competition."

Social Services

Next, contact other social service providers in your community who work with the population you would like to serve. Ask about their range of services, if they believe oral health to be an issue for their clients, and how your organizations may benefit from one another. Once again, volunteers, staff, and board members of these organizations will have a keen understanding of the community you have targeted.

Academic Institutions

Aside from local dental programs and social service agencies, it is important to identify who else in the community may be a viable partner. Determine if there is a local dental school, dental hygienist, or dental assistant program. Meet with faculty and administrators to see if these will be likely sources of volunteers. Some dental schools already have dental clinics for the uninsured. In some instances, however, the space available far exceeds the school's capacity. Ask if they could be a potential source of after-hours clinic space, supplies, and/or funding.

Professional Associations

Dental societies and other dental health provider associations can also play an important role as a partner. Contact local societies and associations to determine their interest in assisting with the program or to see if they already sponsor a program. They may be able to recruit volunteers, gather donated equipment, or even fund a portion of your program.

Program Champions

After speaking with a variety of staff, volunteers, and board members of your local social service agencies, health departments, hospitals, and dental programs, ask, "are there people in this community willing to advocate for the development and growth of a dental program?" Program champions are people who are well-connected in your community, have a keen interest in and/or understanding of oral health, and feel comfortable advocating for funding, services, or media attention for your program. They will energize staff and volunteers alike and will be able to maintain an infectious enthusiasm for your program. The most successful programs have at least two program champions: one who is the visionary of the program and one who handles the day-to-day details.

Financial Resources

If you are not familiar with the usual funders in your community (health department, private foundations, corporate foundations, etc.), ask other health care organizations where they get their funding and how much it costs to operate their programs. Consider the following: are local funders interested in oral health? Can you educate local funding sources to become interested in this issue? Do you currently have strong financial support from other community sources? Will they support your decision to provide dental services?

Patient Outreach

When you have determined who you would like to serve, either based on income, geographic location, language, or ethnic background, keep in mind that if you are not familiar with this population you may have difficulty gaining trust among potential clients. Outreach will become crucial. Ask, are there community groups in your area already set-up to do outreach? Are there active neighborhood associations, religious organizations, or medical clinics that have already tapped into the patient population? Are there organizations with bilingual staff or professional interpreters that could help your patients?

Services Offered By Dental Programs

Another important aspect of beginning a dental project is determining what services should be offered. The services offered will affect the range of equipment necessary to have on hand, the cost of running the program, the skills volunteers and staff should have, and may even determine the location and time of services.

EMERGENCY CARE

Emergency care includes services that can be accomplished in one treatment (i.e., tooth extraction or a simple filling) and will alleviate pain and swelling. Operatories in which dentists provide emergency care do not need to be as elaborate as those in projects offering restorative or comprehensive care. Although dentists are able to take care of a patient's immediate needs, they frequently encounter situations where a patient would benefit from continued treatment. Some programs are able to set up a referral system with local dentists or a nearby dental school clinic to take these patients; however, many localities have a scarcity of dentists and/or no dental school. In these situations, clinic volunteers sometimes accept patients into their own practices until treatments are completed.

PREVENTIVE CARE

Preventive care incorporates a variety of activities including:

Hygiene Services - The importance of involving dental hygiene services in a dental program should not be underestimated. Dental hygienists play an important part in helping patients, not only by cleaning teeth, but by screening for serious health problems such as HIV infection, oral cancers, eating disorders, substance abuse, and diabetes. Dental hygienists can be utilized as clinic managers/coordinators, as well as volunteers. Volunteer dentists appreciate clinic coordination that is designed/managed by someone familiar with the practice of dentistry. In addition to using practicing hygienists, programs can utilize students from dental hygiene schools by offering valuable training experience.

Sealants offer protection from decay to the back teeth of adults and children. Consisting of a plastic resin, sealants can be applied quickly and efficiently by dental professionals in dentists' offices or clinics. Because sealant programs take place over a short time span, can be conducted annually, and are best suited for children ages 5-15, many sealant programs are conducted in schools. Other locations might be community centers, health departments, churches, and shopping malls. Partners in a sealant campaign can be public health departments, private practicing dentists, hygienist assistants, schools of hygiene, and school districts. Programs located in non-traditional locations (schools, churches, etc.) use portable equipment that can be purchased or, in some instances, borrowed from

technical schools, other oral health initiatives, or local or state health departments. Sealant kits can often be obtained as donations from Oral Health America <http://www.oralhealthamerica.org> or purchased through local dental supply companies.

Dental Health Education/Instruction is important for all ages. Children can be informed on nutrition, brushing, flossing in combination with a sealant program, clinic services, or as part of a school health curriculum. Dental programs utilizing hygienists can be especially effective in educating adults. Toothpaste, brushes, and floss are often available at low or no cost to dental programs through samples obtained by dental professionals at their respective conventions, toothpaste and brush manufacturers, state and local dental professional organizations, and technical schools that offer dental hygiene programs.

Fluoridation of community water supplies is recognized as a safe, effective method to prevent tooth decay. Partners in a community water fluoride program may include dental societies, local dentists, local public health agencies, and schools. These partners collaborate to inform and persuade the public and local government about the benefits of fluoride. If fluoridated water is not available because of well water in rural areas or communities with a high consumption of bottled water, fluoride rinses, tablets, and gels offer some protection. School-based fluoride rinse programs can include a variety of partners such as public health nurses, local dentists, parents, dental hygienists, nurse practitioners, and school personnel. Funding can come from a variety of sources, including foundations and state or local health departments.

COMPREHENSIVE CARE

Includes examinations, X-rays, cleanings, fillings, extractions, endodontics (root canals), periodontics (gum care), crowns, bridges, and dentures. Programs capable of providing these services frequently have staff dentists, hygienists, or assistants (full or part-time), supplemented by volunteers. Operatories include a wide array of equipment and supplies and are more sophisticated than those used in emergency care. These programs work with patients until treatment plans are completed. In effect, patients have a "dental home." Any number of variations can be identified in programs offering comprehensive care - all or some services can be available at a clinic or through a referral network. Remaining services can be provided in private offices, often by dentist specialists.

Checklist

Although many successful dental programs got their start from the “just do it” energies of one person or a small group of individuals, Volunteers in Health Care recommends thinking through some issues in advance. Whether you are considering opening a dental clinic, expanding a medical clinic’s services to include dental care, or developing a referral network for dentists, the following checklist is designed to help you develop a plan for implementing your program.

CHECKLIST

QUESTIONS TO THINK ABOUT

ADVICE FROM EXPERTS

CREATE A STEERING COMMITTEE

- What kind of skills do you think you will need to get started?
- Who do you know who has those skills?
- Are there people who are board members of other organizations who might be able to help?
- How can you ensure that a person is committed to this project—and to the same ideals as you?

- It is important to develop a steering committee in order to have a group of dedicated people to share tasks, get community buy-in, and to participate in problem solving.
- The steering committee should be formed by the visionary of the dental program with the assistance of others. Find out who else in your community is doing similar work. Identify people who are committed, have the time and energy for this project, and have the right connections to make the program a reality.

NEEDS ASSESSMENT

- Who in your community needs help?
- How do you know who those people are?
- What is the income level of your target population?
- How do income and insurance status compare with the rest of the city in which you live?

- A needs assessment is helpful in determining target populations and eligibility requirements. It also will make it easier to make pitches for volunteers or funding if you have a clear understanding of the needs in your community.

RESOURCE ASSESSMENT

- How are the uninsured getting dental services now?
- What services are agencies providing?
- Are there gaps in the service (for instance, can people get emergency care but not preventive or restorative)?
- Do programs only exist for children? Are people who have Medicaid able to access a dentist?

- Conducting a resource assessment will help you determine what types of services your program should offer. It will also help you identify potential collaborators and referral sources.
- Call the hospital, social service agencies, dental society, and religious organizations. Ask about the services they currently provide and what they believe is the greatest unmet need.

CHECKLIST

QUESTIONS TO THINK ABOUT

ADVICE FROM EXPERTS

LAW AND INSURANCE

- How do you determine if your volunteers will need malpractice insurance?
- If you are operating as part of another organization, do you need to increase or expand your insurance or liability coverage?
- If you are a stand-alone program, what kind of insurance do you need to have to operate?

- By starting out with a good understanding of charitable immunity laws and the types of insurance available, you will be able to answer potential volunteers' questions and decrease risk. Fear of malpractice is one of the most common barriers if you are recruiting dentists to volunteer at a clinic, so it is best to be well informed.
- While there is a federal Volunteer Protection Act, you should check to see if your state has charitable immunity legislation that can help protect volunteers and what type of protection is offered (VIH has this information on hand). You should also find out about laws that affect non-profits in general. Then, ask a few of your committed volunteers about the company they use for malpractice insurance and contact that insurer. It is possible that your dental volunteers will already be covered.

BUILD COMMUNITY SUPPORT

- What other organizations in the community might benefit from your dental program?
- Who might perceive it as a threat?
- Which unlikely partners can be engaged in this project?
- Which agencies might help you with referrals, interpreters, and transportation?
- How can you get these organizations to support you?

- Keep in mind that while most people are happy to see a dental program develop, some organizations might perceive it as a threat. Figure out ways to engage these "competitors," including inviting them to board meetings and asking for their input.

DETERMINE SERVICES

- What services do you want your program to provide: Emergency? Preventive? Restorative? Comprehensive?
- What types of dental professionals will you need to provide that care: General dentists? Dental hygienists? Dental assistants? Specialists?
- If your services require it, is there a company willing to cover lab services?
- Will you need to establish a connection with physicians in order to refer patients discovered to have medical conditions needing diagnosis and treatment?

- It is important to have adequate provider coverage for the services you wish to provide. For example, extractions range from simple removals to very complicated surgeries. Be sure to communicate to your dental volunteers the range of services they will be expected to provide. You may need to recruit dental specialists (e.g. oral and maxillofacial surgeons, endodontists, and periodontists) to whom your general dentists can refer complicated cases. Work with your volunteers according to their practice preferences.
- Many medical conditions can be observed during a dental examination. Consider how and to whom you will refer patients who also need to see a physician. Cultivate relationships with the physician community.
- Begin your program with the services you know you can handle. It's easier to expand a program than reduce it.

CHECKLIST

QUESTIONS TO THINK ABOUT

ADVICE FROM EXPERTS

**DETERMINE
PATIENT
ELIGIBILITY**

- How will you define your target population?
- Who is "eligible"?
- How will eligibility be determined?
- Does your state's charitable immunity legislation affect who you can serve?
- What is your target goal for the number of patients to be served in the first year?

- It is particularly important to narrow your eligibility before opening your program to patients. Without eligibility guidelines, a program can be quickly overwhelmed. Keep in mind that eligibility requirements can always be altered after a few months of being open—it is much easier to ratchet up than scale down. It is also important to be realistic about what services the program can deliver.
- The steering committee should be in charge of these decisions, taking into account the needs of the population you want to serve

**MISSION
STATEMENT**

- What is the most important goal of the program?
- What is the guiding principle behind starting it?
- What type of impact would you like to have on the community?

- A mission statement helps guide the overall experience of the volunteers, staff, and patients of the program. It can help shape your decision-making process. It will also be useful as you articulate your vision to funders and volunteers.
- The steering committee should review mission statements of similar organizations. Keep the statement short, clear, and reflective of your long-term vision for the organization.

**BUDGET,
FUNDING, AND
BOOKKEEPING**

- How much money do you think you need to start your program?
- Who do you know in the community who can "champion" your cause?
- How can you "pitch" your program to potential donors?

- Create two sub-groups of the steering committee. The first group should include people who have either raised money before for organizations or who are not afraid to ask people for donations or money. Having people who also have corporate, hospital, or grant funding connections in this group would be an added benefit. The other group should include people who are used to creating and managing budgets, such as executive directors of other organizations, CFOs, accountants, or local business owners.

continued

<p>SPACE</p>	<ul style="list-style-type: none"> ■ If your program will be "free-standing", how will you determine if a space is adequate? ■ What tone do you want to set for the space, such as operatories, waiting rooms, and offices? ■ Is there designated space for office equipment—like a copier, fax, phones, files, desks, etc.? 	<ul style="list-style-type: none"> □ If you are looking for space, consider how many people you'd like to serve and how much space you need for operatories, waiting rooms, and offices. If you have space, think about how you will use this space and how to use it efficiently. Ask a team of dental professionals to review the space and determine the best use of the area. To maintain a high level of efficiency, consider allocating two operatories per dentist. Keep in mind that operatories must have running water. □ The ideal space is easily accessible by public transportation, has adequate patient parking spaces, and/or is located within walking distance to the community you hope to serve. There needs to be adequate space for operatories, consult space, office space, and an inviting reception/waiting area.
<p>GETTING 501c3 STATUS</p>	<ul style="list-style-type: none"> ■ Is it better to be an independent 501c3 or to operate under the umbrella of another non-profit entity? 	<ul style="list-style-type: none"> □ Having your own status as a 501c3 can mean greater financial freedom and less paperwork than explaining why another organization is your financial conduit. On the other hand, filing for 501c3 status can be a long and tedious process. □ Contact a lawyer who specializes in working with non-profits and/or an accountant who can provide you with a detailed explanation of how to make this determination.
<p>POLICIES & PROCEDURES</p>	<ul style="list-style-type: none"> ■ How will you conduct the business of running a dental program? ■ How will you arrange for dental follow-up and medical referrals? 	<ul style="list-style-type: none"> □ Consider policies that every organization needs (especially if you will be using paid staff) such as hiring practices, vacation time, benefits, and staff responsibilities. Volunteers will also take comfort in knowing that administrative policies and procedures are in place that will cover their activities. Also, make sure to have clinical policies and procedures in place so that all volunteers will know how to refer patients.
<p>STAFFING</p>	<ul style="list-style-type: none"> ■ How many people does the program need to operate? ■ How many people can the program afford to pay as staff or will staff need to be all volunteers? ■ Which positions are the most important to keep the program running? ■ How many people are necessary to organize the schedule, keep supplies in order, follow up with patients, and recruit volunteers? 	<ul style="list-style-type: none"> □ While the many tasks necessary to run a dental program may seem to require a large staff, a new program is usually able to manage with only a couple of employees. Decide how your resources would be best used before hiring staff. □ There are many pluses to hiring dental professionals to direct/manage/coordinate a program. A staff dentist provides continuity and reassurance to volunteers. Dental hygienists can be program managers/coordinators and also provide hygiene services. Dental assistants can help with office functions, assist volunteers, and, when bilingual, act as interpreters.

<p>OPERATIONAL NUTS AND BOLTS</p>	<ul style="list-style-type: none"> ■ What dental supplies do you need? ■ What equipment do you need? What furniture do you need? ■ What office supplies do you need? ■ Are there any regulations (i.e., OSHA) that affect your program; for example, storing medications, keeping patient records, maintaining equipment, etc? 	<ul style="list-style-type: none"> □ Ask volunteers to help you determine what supplies will be necessary to operate your program and how often supplies should be refilled. Also ask how to store the supplies and how expensive the supplies will be. Find out what vendors your volunteers use, then approach those same companies for discounts or donations. Ask dental practices, dental societies, and dental supply and equipment representatives to put out the word that you are looking for equipment and office supplies. Find out if your local newspaper has a “wish list” column for non-profit organizations. □ Be sure to find out what legal obligations the dental program may have, particularly if you are dispensing medications.
<p>CREDENTIALING & QUALITY ASSURANCE</p>	<ul style="list-style-type: none"> ■ How will you assure your patients receive quality care? ■ How will you ensure that each volunteer’s skills are being used correctly? 	<ul style="list-style-type: none"> □ Credentialing, or the process of checking a health professional’s licensure and educational background, is crucial, particularly as malpractice and charitable immunity legislation require this verification. Dental hygienists and assistants should have verification of their status, too. Ask local dental societies and health departments to assist. □ Maintaining quality care for your patients benefits them, the reputation of the program, and your volunteers. Create a small committee to periodically review charts for consistency at the clinic.
<p>SLIDING SCALES & CO-PAYS</p>	<ul style="list-style-type: none"> ■ Will services be offered free of charge or will there be a co-pay? ■ How do you determine the co-pay? ■ Should the co-pay be a sliding scale or a flat fee? ■ If it is a referral network, who keeps the co-pay, the dentist or the administrative program? 	<ul style="list-style-type: none"> □ Determining a sliding scale or flat fee can be particularly difficult for programs. Some programs believe that if a patient does not make a financial investment in his care, he will not follow-up with ongoing dental care. Some programs also feel that a co-pay empowers patients to not feel as if they are receiving charity. Other programs realize that because of the high cost of dental care, charging a fee for services is a budgetary necessity. Yet, some programs feel that charging a fee will deter patients who cannot afford even a \$5 co-pay and that is not a risk they want to take. □ Keep in mind that providing dental services can be very expensive and having to offset the cost of supplies might deter some dentists from participating in a referral network. Be sure to explain your program’s philosophy about patient payment responsibilities.

continued

<p>RECRUIT VOLUNTEERS</p>	<ul style="list-style-type: none"> ■ How many dental volunteers do you need to "open the doors?" ■ How many non-dental volunteers? 	<ul style="list-style-type: none"> □ While there are many strategies for recruiting dental volunteers, the most effective is peer-to-peer recruitment. If you are not already working with your local dental society, dental hygienists, or dental assistants association, find out if these groups will send a letter to their mailing list or post information in their newsletter.
<p>PR/PATIENT OUTREACH</p>	<ul style="list-style-type: none"> ■ How can we reach our target population? ■ How can we involve the media? ■ Who do we know who can help us accomplish this goal? ■ How can we manage the flow of patients? 	<ul style="list-style-type: none"> □ To increase the visibility of your program, send flyers to social service agencies and religious institutions. Post signs in local grocery stores, send PSAs to local radio stations, and, if the dental society is not involved in your project, let them know about your services. □ Remember that if your target population includes non-English speakers, send flyers to ESL classes and other agencies serving this population. Also, if your patients speak a language other than English, your answering machine should include outgoing messages in both languages and the person answering your phone should be able to speak both English and the second language. Applications, consent forms, and flyers should be multi-lingual and written at a low reading level.

List of Dental Field Reports

VIH has available dental field reports, written by practitioners in the field, which outline the “how to’s” critical to starting or expanding dental programs for the uninsured. Each report includes a brief description of the organization writing it, as well as a contact person for further information. If you would like to receive a copy of any of these, please contact VIH at 1-877-844-8442 or log onto our website, www.volunteersinhealthcare.org.

CASE STUDY: STARTING A DENTAL PROJECT USING THE CLINIC MODEL

- **Harambee Dental Center**, Madison, WI
by Marla Schaefer, RDH, Clinic Coordinator
- **Interfaith Dental Clinic**, Nashville, TN
by Rhonda Switzer-Nadasdi, DMD, Executive Director
- **M. Sulzbacher Dental Center**, Jacksonville, FL
by Cynthia Skigen, DMD, Director

USING A PUBLIC-PRIVATE PARTNERSHIP TO CREATE/EXPAND A VOLUNTEER DENTAL PROJECT

- **McHenry County Cooperative Dental Clinic**, Woodstock, IL
by Joseph Hagenbruch, DMD, President of the Board of the McHenry County Cooperative Dental Clinic
- **Northern Virginia Dental Clinic, Inc.**, Falls Church, VA
by Thomas Wilson, Executive Director and Bruce Wyman, DMD, Chairman of the Board of Trustees
- **Share Our Selves**, Costa Mesa, CA
by Karen Harrington, Director of Development

PLANNING SPACE, EQUIPMENT, SUPPLY & UTILITY NEEDS FOR A VOLUNTEER DENTAL PROJECT

- **Inner City Health Center**, Denver, CO
by Shawna O'Connor, Development Director
- **Los Angeles Free Clinic**, Los Angeles, CA
by Priscilla Sanchez, Dental Clinic Coordinator
- **St. Elizabeth of Hungary Clinic**, Tucson, AZ
by Sister Barbara Anne Stowasser, Executive Director

CREATING A VOLUNTEER DENTAL VAN PROJECT

- **Kids in Need of Dentistry, Denver, CO**
by Nancy L. Schoyer, Executive Director
- **Northwest Medical Teams International, Inc, Portland, OR**
by Dick Roland, Director of Mobile Health Care

ADDITIONAL RESOURCES

DENTAL PROGRAM RESOURCE MATERIALS

- **Filling the Gap: Strategies for Improving Oral Health Issue Brief #10**
Grantmakers in Health
http://www.gih.org/info-url2678/info-url_list.htm?attrib_id=3324
- **From the American Dental Association's (ADA) Council on Access, Prevention and Interprofessional Relations (CAPIR):**
 - Obtaining Funding for Dental Access Programs: An Overview (2001, 55 pages)
 - Dental Access Program Marketing: How to Build Public Image and Participation (2001, 54 pages)
 - Manual on Dental Care Access Programs (2000, 108 pages)

These ADA resources can link program managers to useful information and facilitate administrative responsibilities. All three documents are available for a nominal charge (\$10 for ADA members and \$15 for non-members, plus tax where applicable) by calling CAPIR at (312) 440-2673 or by e-mailing jasekj@ada.org.

- **Safety Net Dental Clinic Manual**
Ohio Department of Health, Indian Health Service and The Association of State and Territorial Dental Directors
<http://www.dentalclinicmanual.com/>
- **Sealant Program Guide**
Healthy Smiles for Wisconsin, Seal a Smile Initiative. This site contains a downloadable planning guide and portfolio including A-Z information on planning and implementing a sealant program . <http://healthysmilesforwi.org> <http://www.healthysmilesforwi.org/>

DATA SOURCES

- **Fedstats (US Federal Interagency Council on Statistical Policy)**
Offers a full range of statistics and information produced by 70 agencies for public use
<http://www.fedstats.gov>
- **Centers for Disease Control**
Cooperative Agreements to Strengthen State Oral Disease Programs, March 2003
<http://www.cdc.gov/OralHealth/pressreleases/co-op.htm> or
http://www.cdc.gov/OralHealth/state_reports/cooperative_agreements/index.htm

- **U.S. Dept. of Health and Human Services
Health Resources and Services Administration**
 - State Profiles
<http://www.hrsa.gov/profiles.htm>
 - HPSA designations (including "dental"). This site can refine a search down to the county level which then includes census tracts <http://bphc.hrsa.gov/bphc/database.htm>

GOVERNMENT RELATED DENTAL SITES

- **Association of State and Territorial Dental Directors**
<http://astdd.org>
- **Centers for Disease Control and Prevention**
National Center for Chronic Disease Prevention and Health Promotion
Oral Health Resources
<http://www.cdc.gov/OralHealth/index.htm>
- **National Conference of State Legislatures**
<http://www.ncsl.org/programs/health/oralhea.htm>
- **National Institute of Dental and Craniofacial Research**
<http://www.nidcr.nih.gov/>
- **National Oral Health Clearinghouse**
<http://www.nohic.nidcr.nih.gov/>
- **National Maternal and Child Health Oral Health Resource Center**
<http://www.mchoralhealth.org/>

DENTAL RELATED PROFESSIONAL ORGANIZATIONS

- **Academy of General Dentistry**
<http://www.agd.org/about/index.html>
- **American Academy of Pediatric Dentistry**
<http://aap.org>
- **American Dental Association**
(contains a comprehensive list of links to dental associations, organizations, schools)
<http://ada.org>
- **American Dental Education Association**
(formerly the American Association of Dental Schools)
<http://www.adea.org/>

- **American Dental Hygienists Association**

<http://adha.org>

- **The American Dietetic Association**

<http://www.eatright.org/Public/>

GENERAL INTEREST

- **Oral Health America**

An independent, non-profit national charity that works to educate the public, improve access to services, and support research and dental education)

<http://www.oralhealthamerica.org>

- **The Children's Dental Health Project**

<http://www.cdhp.org/>

- **The Virtual Dental Center**

<http://www.martindalecenter.com/Dental.html>

SUGGESTED READINGS

- **A Medicaid Population's Use of Physicians' Offices for Dental Problems**

Cohen et al. Am J Public Health.2003; 93: 1297-1301.

<http://www.ajph.org/>

- **Centers for Disease Control**

Surveillance for Use of Preventive Health-Care Services by Older Adults, 1995-1997

<http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/ss4808a4.htm>

- **Dental Care Utilization: How Saturated is the Patient Market?**, Brown, L. J. and Lazar, V.

The Journal of the American Dental Association., 1999 April; 130: 573-580.

- **Keep America Smiling: 2003 Oral Health Report Card**

<http://www.oralhealthamerica.org/Report%20Card.htm>

- **"Oral Health: Dental Disease Is A Chronic Problem Among Low-Income Populations,"**

Government Accounting Office April, 2000. GAO Report # HEHS-00-72 The first copy of each GAO Report is free to order by phone call (202) 512-6000

- **"Pediatric Dental Care in CHIP and Medicaid: Paying for What Kids Need Getting Value for State Payments,"** Colmers, John; Fox, Daniel M.; Praeger, Sandy, and Rawson, Raymond D. Milbank Memorial Fund, (212) 355-8400
- **The Growing Challenge of Providing Oral Health Care Services to All Americans,** Health Affairs Sept/Oct 2002
http://www.healthaffairs.org/1130_abstract_c.php?ID=/usr/local/apache/sites/healthaffairs.org/htdocs/Library/v21n5/s11.pdf
- **U.S. Department of Health and Human Services "Oral Health in America: A Report of the Surgeon General"** Rockville MD <http://www.surgeongeneral.gov/library/oralhealth/>

SUGGESTED READINGS REGARDING THE PROVISION OF DENTAL CARE

- **A Community Collaboration: The Dental Emergency Assistance Program**, Watson, M. L.; Trompeter, K. M.; Lang, P. L.; Allen, D.; Misfud, J., and McGowan, J. M. *The Journal of the American Dental Association*, 1996 August; 127: 1240-1246.
- **Addressing Oral Health Needs: A How to Guide**, revised and expanded 2002
http://www.communitycatalyst.org/acrobat/Dental_How_To_Guide.pdf
- **Children's Oral Health: State Initiatives and Opportunities to Address the Silent Epidemic**,
<http://www.astho.org/pubs/childrenoral.pdf>
- **Community Roots for Oral Health: Guidelines for Successful Coalitions**
<http://www.doh.wa.gov/cfh/OralHealth/manuals/Roots/Roots.html>
- **Improving Oral Health Care in Rural Areas**, McCunniff, Michael D., *The Rural Clinician Quarterly* (The Clinician Newsletter of the National Rural Health Association), Spring 2000: Volume 10, No.2.
- **Oral Health U.S., 2002** <http://drc.nidcr.nih.gov/report.htm>
- **The Great Dental Giveaway, an editorial.** *The Journal of the American Dental Association*, 1999 February; 130: 154-156.
- **U.S. Department of Health and Human Services. National Call to Action to Promote Oral Health.** Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute of Dental and Craniofacial Research. NIH Publication No. 03-5303, Spring 2003 <http://www.nidcr.nih.gov/sgr/nationalcalltoaction.htm>
- **Volunteering Your Services**, Skifas, P.M. *The Journal of the American Dental Association*, 1999 February; 130: 278-280.



Volunteers in Health Care

A national resource on caring for the uninsured
sponsored by Robert Wood Johnson Foundation