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“Creating a Volunteer-Dental Van Project”

Kids In Need of Dentistry - “Miles for Smiles”

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

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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.
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 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, tomatoes, 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 wheelchair 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
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