

## EXECUTIVE STATEMENTS

**Request Statement:** Items the grant will fund supplies, equipment and salary related to providing dental hygiene services and education.

**Program Objectives:** {DENTAL CLINIC} aims to diminish barriers and meet immediate needs by partnering with {FOOD PANTRY} and {SOUP KITCHEN} to capture at-risk clients while providing greater access to oral hygiene services and education opportunities. By presenting dental treatment and education simultaneously, 550 uninsured adults will be able to fully understanding the importance of oral health during a course of preventive services.

## ABOUT {ORG}

**Background:** {DENTAL CLINIC} is operated by {ORG}, a non-profit organization that serves the hurting and hungry of {REGION} through a compassionate community of staff and volunteers. Our vision is to encourage all who enter our doors to find hope and experience positive life change. Founded in 1989 as a food pantry outreach of a local church, {ORG} became an independent, 501(c)3 organization in 2002 and has since grown into a multi-faceted organization serving over 125,000 people in crisis each year.

{DENTAL CLINIC} was established in April 2005 for the purpose of providing charitable emergency dental care (extractions and treatment of infection) to uninsured and low-income residents of {REGION}. In 2011, we added a medical component to the clinic offering general practice care in a weekly charitable medical clinic and the name was changed to {NAME}. In 2012, we added preventive cleanings. In 2013, restorative services were added including fillings, crowns, and assistance with dentures. In 2014, we added a part-time paid dentist, {DENTIST}, to our staff to expand the number of patients that could be seen. In 2015, we discontinued our medical clinics as the need diminished upon the implementation of the Affordable Care Act. Also in 2015, we added a part-time dental hygienist, {HYGIENIST}, to our staff to expand our hygiene services.

**Structure:** {ORG} is led by a full-time paid Executive Director, {ED}, under the leadership of an eleven-member governing board representing {REGION} business and industry. The clinic oversight is provided by a full-time Program Coordinator, {COORD}, who reports to the Director of Operations {OP}.

In addition to the Program Coordinator, four additional paid positions (registered dental assistant at 36 hours/week, registered dental hygienist at 24 hours/week, receptionist at 30 hours/week, and staff dentist at 24 hours/week) staff the daytime clinics on Mondays through Thursdays. Additional evening clinic sessions are scheduled two times throughout the month based on the availability of our nine volunteer dentists. Our volunteer support staff includes two receptionists, five registered dental hygienists, 16 registered dental assistants, and one equipment technician. We also have collaborative relationships with three oral surgeons and five restorative partners who see patients at no charge upon referral from our clinic.

## **ABOUT {DENTAL CLINIC}**

**Demographics Served:** {DENTAL CLINIC} serves the poor and working poor adults (under 150% of Federal poverty level) who are uninsured and unable to afford dental care based on their limited income. These individuals often have poor oral health literacy which contributes to poor access to oral health care because they often do not understand the importance of oral health care or their options for accessing such care. Demographics of patients seen at {DENTAL CLINIC} include: Caucasian 87%, Hispanic 10%, African American 2%, and Marshallese 1%. While 14% of patients are employed, 85% live below 100% of the Federal poverty level, 11% live between 101% and 200% of the Federal poverty level, and 4% live over 200% of the Federal poverty level.

Our non-discrimination policy is as follows: {ORG} is committed to providing equal employment opportunity to all employees and applicants for employment in accordance with all applicable federal, state and local fair employment laws. {ORG} is an Equal Employment Opportunity Employer. This organization does not discriminate against qualified applicants or employees, nor is any decision regarding hiring practices, job status or pay, based upon race, religion, age, national origin or ethnic background, sex, marital status, genetic predisposition, disability, veteran status, or other protected trait. These same non-discrimination policies are also applicable to both our volunteers and our clients.

As part of our commitment to equal employment opportunity, {ORG} is committed to providing reasonable accommodations to qualified individuals with disabilities unless the accommodations would impose an undue hardship. Specifically, {ORG} provides reasonable accommodations to ensure equal opportunity in the application process, to enable a qualified individual with a disability to perform the essential functions of a job, and to enable an employee with a disability to enjoy equal benefits and privileges of employment.

**Service Area:** We do not limit geographically as to the patients we treat. 75% of our patients come from {COUNTY}, 19% come from {COUNTY}, and 6% come from surrounding counties. All services are provided at our clinic in {CITY}.

**Program Plan:** {DENTAL CLINIC}'s dental hygienist will provide patients with professional prophylaxis, periodontal scaling and root planing, periodontal maintenance, supportive restorative services, application of fluoride, and sealants. Each visit will also include tobacco cessation and nutrition counseling, oral health education, and applicable assessments. Patients will be contacted by our licensed social worker following completion of their treatment plan to conduct a follow-up survey.

Oral health education sessions will be offered once per quarter at {ORG} in {CITY}. Participants will be recruited from current {DENTAL CLINIC} patients and clients in the {FOOD PANTRY} and {SOUP KITCHEN}. Each education session will consist of viewing multiple sessions from the ADA's Toothflix 2.0 DVD series, reviewing written material, demonstration of correct oral health practices using dental anatomy models, and open discussion with dental professionals. Topics will include personal wellness theory and practice, etiology and prevention of dental caries and periodontal disease, and oral health promotion through disease awareness, skill in daily oral home care and nutrition.

Oral health education session participants will complete the Oral Health Knowledge & Attitudes Inventory (OHKAI), a self-completed (unless assistance is needed to complete) written and multiple-choice quantitative survey instrument, to measure participants' oral health beliefs, knowledge and

behaviors. This tool will be administered both prior, immediately following, and six months after the oral health education session to measure sustained knowledge and behavior change leading to prevention of oral diseases.

KEY ACTIVITIES	TIMEFRAME	RESPONSIBLE PARTY
Oral hygiene services and in-clinic education provided to 20 patients/month	January 2017-December 2017	{DENTAL CLINIC} Registered Dental Hygienist
Follow-up surveys conducted	January 2017-December 2017	{ORG} Social Workers
Marketing of oral health education opportunities	January 2017, April 2017, July 2017, September 2017	{ORG} Development Team, {DENTAL CLINIC} Program Coordinator
Oral health education session provided to 25 individuals/session	February 2017, May 2017, August 2017, October 2017	{DENTAL CLINIC} Registered Dental Hygienist, Registered Dental Assistant, Program Coordinator (Staff Dentist as needed/available)
Completion of OHKAI	February 2017-December 2017	{DENTAL CLINIC} Program Coordinator, Health Education Session Participants

**Desired Outcomes:** Our primary goal is to expand access to hygiene services that are most effective in preventing serious dental disease. We anticipate expanding the number of patients who receive hygiene services at {DENTAL CLINIC} by 50%.

We are always focused on providing quality dental clinic experience for our patients and complete follow-up telephone surveys utilizing our licensed social worker. We project 80% of patients surveyed will experience relief from oral pain after appointment, 75% will report improved overall health after completion of treatment, and 90% will express satisfaction with overall quality of the clinic experience.

Additionally, we aim to couple education opportunities with health promotion to ultimately result in patients realizing and acting upon their need for preventive care, both through self-care at home and through regular visits to their dentist. We plan to provide one oral health education session per quarter in 2017 to 300 at-risk adults at our {ORG} Rogers location. We project that 75% of education session participants will gain improved oral health knowledge and attitudes with 50% will demonstrate increase in compliance with oral health behavior recommendations.

**Support:** {DENTAL CLINIC} partners with and completes patient referrals to {PARTNER}, {PARTNER}, {PARTNER}, {PARTNER}, and {PARTNER}. The dental clinic has the support of 45 volunteers including dentists, hygienists, dental assistants and receptionists, as well as oral surgeons and restorative partners whom patients are referred when needs arise.

## PROGRAM BUDGET

	<b>DDAR Foundation Request</b>	<b>Outside Funding</b>	<b>Total</b>
<b>Wages/Salary</b>			
Program Coordinator (36 hours @ \$40,495/year)	\$0	\$40,995	<b>\$40,995</b>
Dentist (24 hours @ \$103,235/year)	\$0	\$103,235	<b>\$103,235</b>
Registered Dental Hygienist (24 hours @ \$35/hour)	\$10,000	\$34,856	<b>\$44,856</b>
Registered Dental Assistant (36 hours @ \$15.50/hour)	\$0	\$29,306.16	<b>\$29,306.16</b>
Receptionist (30 hours @ \$12.50/hour)	\$0	\$20,025	<b>\$20,025</b>
Allocated Salaries for housekeeping/maintenance/administration	\$0	\$30,948.65	<b>\$30,948.65</b>
<b>Fringe Benefits</b>			
Payroll Taxes- (FICA @ 7.65%, SUTA @ 2.4% of first \$12,000)	\$0	\$21,780.99	<b>\$21,780.99</b>
Workmen's Compensation Insurance (0.85%)	\$0	\$1,997.05	<b>\$1,997.05</b>
Health Insurance (\$597.20/participant)	\$0	\$19,349.28	<b>\$19,349.28</b>
Misc. Fringe Benefits	\$0	\$2600	<b>\$2600</b>
<b>Equipment</b>			
One (1) Dental Hygiene Operatory Unit	\$9000	\$4,591.39	<b>\$13,591.39</b>
One (1) Intra Oral Camera with Software	\$1000	\$4146.88	<b>\$5146.88</b>
<b>Project Supplies</b>			
Toothflix 2.0 Complete/Reception Bonus Pack- X830B	\$493.85	\$0	<b>\$493.85</b>
TV/Monitor Education Cart	\$0	\$374.41	<b>\$374.41</b>
TV, DVD Player and Cabling	\$0	\$372.97	<b>\$372.97</b>
Posters	\$47.98	\$0	<b>\$47.98</b>
Diseased Teeth and Gums Anatomy Model (2)	\$142	\$0	<b>\$142</b>
Dental Disease Model (2)	\$530	\$0	<b>\$530</b>
Lower Twin-Root Molar (Cavity) Model (4)	\$426	\$0	<b>\$426</b>

Patient Oral Health Care Items Bag & Sample Bundle (2000)	\$4917.40	\$0	<b>\$4917.40</b>
Plush Character Pack (1)	\$144.99	\$0	<b>\$144.99</b>
Tooth Shaped Brushing Timers (1200)	\$419.99	\$0	<b>\$419.99</b>
Healthy Snack Education Kit (6)	\$239.94	\$0	<b>\$239.94</b>
Pathological Gingivitis Model (2)	\$499.98	\$0	<b>\$499.98</b>
CB-10 Restoration Model (2)	\$798	\$0	<b>\$798</b>
2-Tone Disclosing Tablets (2500)	\$319.90	\$0	<b>\$319.90</b>
HurriView II Two-Tone Swabs (720)	\$389.90	\$0	<b>\$389.90</b>
Oversized Brushing & Flossing Model (6)	\$630	\$0	<b>\$630</b>
Consumable dental supplies, restorative supplies and anesthetic	\$0	\$14,400	<b>\$14,400</b>
<b>Incentives/Gifts</b>			
Token gifts/cards for Volunteer Recognition	<b>\$0</b>	\$2000	<b>\$2000</b>
<b>Other (be specific)</b>			
Denture Assistance	<b>\$0</b>	\$45,000	<b>\$45,000</b>
Training	<b>\$0</b>	\$1000	<b>\$1000</b>
Prorated utilities, building maintenance and general property/liability insurance	<b>\$0</b>	\$6084	<b>\$6084</b>
Equipment maintenance	<b>\$0</b>	\$6000	<b>\$6000</b>
Licenses/dues	<b>\$0</b>	\$1820	<b>\$1820</b>
Marketing	<b>\$0</b>	\$2750	<b>\$2750</b>
General Program Expense	<b>\$0</b>	\$1800	<b>\$1800</b>
<b>TOTAL</b>	<b>\$30,000</b>	<b>\$395,432.78</b>	<b>\$425,432.71</b>

## PAST FUNDING

No funding has been received from {FOUNDATION}.

## **EVALUATION**

Utilizing our practice management software, we will track patient visits to tabulate statistical information on {DENTAL CLINIC} patients including the number of patients (various demographics such as age, gender, ethnicity, county of residence, monthly income), the number of patients who receive oral hygiene and education services, the number of specific hygiene services provided, and the number of oral health education session participants.

Our licensed social worker will call 20% of patients upon completion of their treatment plan to insure that treatment goals were met and/or exceeded. We will also monitor clinic quality and dentist/hygienist performance through these surveys, as well as insure that the patient and his/her family has access to all of the other services provided by {ORG}.

Oral health education session participants will complete the OHKAI, a self-completed (unless assistance is needed to complete) written and multiple-choice quantitative survey instrument, to measure participants' oral health beliefs, knowledge and behaviors. This tool will be administered both prior, immediately following, and 6 months after the oral health learning session to measure sustained knowledge and behavior change leading to prevention of oral diseases.

## **RECOGNITION**

As a recipient of a grant from {FOUNDATION}, we will publicize that by the following methods:

- Press release including pictures of hygiene services being performed and the oral health education services
- Postings on social media including Facebook and Instagram
- Article and picture included in our monthly e-newsletter which is distributed to over 3000 persons via email
- Listing on our website as a major sponsor of the {DENTAL CLINIC}
- Mention of sponsorship in all public speaking opportunities to discuss the clinic