



THE DENTAL SAFETY NET IN RHODE ISLAND

SPECIAL REPORT

May 2011

Table of Contents

- 1 The Importance of Oral Health
- 2 Survey Overview
- 3 Services Offered by Dental Safety Net Providers
- 4 Populations Served by Dental Safety Net Providers
- 5 Community Health Centers
- 5 Hospital-Based Dental Centers
- 6 Dental Safety Net Capacity
- 7 Referrals Made by Dental Safety Net Providers
- 8 Education and Training of Rhode Island's Dental Safety Net Workforce
- 9 Financing of Dental Safety Net Providers
- 10 School-Based Dental Programs
- 11 Community-Based Dental Programs
- 12 Challenges Facing Dental Safety Net Providers
- 12 Expansion Plans
- 13 Recommendations
- 14 Rhode Island Oral Health Resources
- 14 Rhode Island Oral Health Commission
- 15 References
- 15 Acknowledgments
- 16 Directory of Dental Safety Net Providers in Rhode Island

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The Importance of Oral Health

Oral health is a critical but overlooked component of overall health and well-being among children and adults. Dental caries (tooth decay) is the most common preventable chronic childhood disease. Dental disease restricts activities in school, work and home and can significantly diminish the quality of life for many children and adults, especially those who are low-income or uninsured. There is increasing evidence of associations between oral infections and other health problems, such as preterm or low birthweight babies, and heart disease, lung disease, diabetes and stroke among adults.^{1,2}

DENTALLY UNINSURED RHODE ISLANDERS

It is estimated that 20% of employer-sponsored and 70% of individually purchased insurance in the U.S. does not include dental coverage.³ More than a quarter (27%) of adults age 18–64 years in Rhode Island and more than half (56%) of adults ages 65 years and older do not have dental insurance.⁴ The economic recession has resulted in job losses and state budget constraints, which have meant more children and adults have lost medical and dental insurance. At the same time, the Medicaid program is experiencing budget pressures.

MEDICAID DENTAL BENEFITS

Comprehensive dental services are a covered benefit under Rhode Island Medical Assistance for both children and adults. The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit of Medicaid mandates that states provide comprehensive, preventive, restorative, and emergency dental services according to state-defined periodicity schedules for eligible children up to age 21. States are required to recruit dentists to provide dental services under EPSDT, to locate eligible families and inform them about EPSDT services and to ensure that providers perform the required services.⁵

Dental services are an optional benefit for adults in Medicaid. Rhode Island includes a limited scope of dental services as a benefit for adults (parents, childless adults and elders) covered by Medical Assistance.^{6,7} States that use a combination of strategies to attract more dentists to Medicaid, including paying higher fees, streamlining administrative requirements, and expanding the pool of providers who deliver oral health services have shown increases in access to oral health care.⁸

RITE SMILES

Children born on or after May 1, 2000 who are enrolled in RItE Care, RItE Share, or Medicaid fee-for-service are enrolled in the RItE Smiles managed care dental benefit program. As of December 31, 2010, there were 51,514 children enrolled in RItE Smiles.⁹ RItE Smiles has been credited with improving access to dental care for young children in Rhode Island. RItE Smiles offers higher reimbursement rates for participating providers, an improved network of providers willing to treat young children, and assists clients with transportation and interpreter services, if needed.^{10,11}

Children born before May 1, 2000, adults and elders with Medicaid coverage continue to receive their dental benefits under the fee-for-service Medicaid system, in which Medicaid directly pays dentists who choose to treat patients with Medicaid coverage.

THE ROLE OF THE DENTAL SAFETY NET IN ENSURING ACCESS TO ORAL HEALTH CARE

Dental safety net providers are public and private non-profit organizations that provide oral health care services to children, adults and older adults, particularly those who are uninsured, have Medicaid/RItE Care coverage and/or are otherwise disenfranchised.^{12,13} These dental providers ensure that tens of thousands of Rhode Islanders of all ages have access to oral health care, regardless of their insurance status or ability to pay. They are a critical component of the current and future health care delivery system in Rhode Island.

Although there have been impressive advances in both dental technology and in the scientific understanding of oral diseases, significant disparities remain in both the rates of dental disease and access to dental care among subgroups of the population, especially for children and adults who live below the federal poverty level.¹⁴

Approximately 17% of all children in Rhode Island live in families below the federal poverty threshold, which is \$18,530 for a family of three. One in ten adults (9.9%) ages 18 and older in Rhode Island live in poverty. There are children, adults and elders living in poverty in every city and town in Rhode Island.¹⁵

Dental services can be paid for by private/commercial dental insurance, public insurance, or directly out-of-pocket by the patient (for those with insurance that does not cover all services or those without dental insurance). Insurance is a strong predictor of access to dental care. In 2008, 89% of children in Rhode Island had private or public dental insurance that paid for routine dental care, compared with 73% of adults ages 18-64 and 44% of adults age 65 and older. Across all ages, people who had public insurance or no dental insurance are less likely to see a dentist than those with private insurance.¹⁶

However, insurance coverage does not ensure access to dental care for children or adults. Slightly more than half (52%) of children who were enrolled in RIte Care, RIte Share or Medicaid fee-for-service on June 30, 2010 received a dental service during State Fiscal Year (SFY) 2010, yet Rhode Island ranks sixth best in the U.S. for access to dental care for children enrolled in Medicaid.¹⁷ The rate of utilization for adults ages 19 and older was lower, with 39% of those enrolled on June 30, 2010

receiving a dental service in SFY 2010.¹⁸

The dental safety net attempts to bridge the gap for these vulnerable groups, both nationally and in Rhode Island. Although dental safety net programs are designed to serve the most vulnerable populations, their total capacity does not and cannot meet the needs of all who need dental care. Dentists and their teams in private practice who provide care to the underserved are essential to ensuring adequate oral health care for all Rhode Islanders.

Survey Overview

PURPOSE OF THE 2010-11 SURVEY

In 2006, Rhode Island KIDS COUNT conducted a survey of dental safety net providers and issued a special report entitled *The Dental Safety Net in Rhode Island*. Although the Rhode Island dental safety net has grown tremendously since then, unmet dental needs continue to be an issue for Rhode Island residents. The Rhode Island Department of Health, Rhode Island Health Center Association, and Rhode Island KIDS COUNT, as members of the Rhode Island Oral Health Commission, collaboratively planned and conducted an update survey between September 2010 – April 2011.

The purpose of the 2010-11 Survey was to (1) obtain up-to-date dental service delivery information from the safety net providers; (2) share progress and achievements since the previous report; (3) evaluate persisting challenges and needs, and (4) assure a robust dental safety net in Rhode Island and identify opportunities and strategies to expand services, as needed.

SURVEY QUESTIONNAIRE

The questions in the 2010-11 Survey were similar to those used in the 2005-06 Survey (both survey instruments are available upon request). Most of the questions were the same, but a few survey questions were changed to more accurately assess the current circumstances of the safety net providers.

Both surveys consisted of eight sections, (1) Site Profile, (2) Staffing, (3) Capacity and Utilization, (4) Referrals, (5) Funding and Financing, (6) Future Needs, (7) School-Based Dental Programs, and (8) Community-Based Dental Programs.

SURVEY RESPONDENTS

In late December 2010, the Dental Safety Net Survey questionnaire was sent via email to the 13 dental safety net organizations in Rhode Island (nine community health centers, two hospitals, one community college, and one nursing home-based organization). Survey responses were collected between January and April 2011.

Some of the organizations have multiple dental service locations. Organizations provided information on individual fixed-site dental locations because of differences by site in staffing, capacity and service provision. In total, 20 dental centers from 12 organizations completed the Survey.

Dental Safety Net Sites that Responded to 2010-11 Survey

- Blackstone Valley Community Health Care (1 site)
- Community College of Rhode Island Dental Hygiene Clinic (1 site)
- Comprehensive Community Action Program (2 sites)
- East Bay Community Action Program (1 site)
- Providence Community Health Centers (2 sites)
- Samuels Sinclair Dental Center/Rhode Island Hospital (1 site)
- St. Joseph Health Services (3 sites)
- Thundermist Community Health Centers (3 sites)
- Tri-Town Community Action Agency (1 site)
- WellOne Primary Medical and Dental Care (3 sites)
- Wisdom Tooth Mobile Dental Program
- Wood River Health Services (1 site)

Seven safety net dental programs have opened since the 2005-06 Survey. There was one dental safety net provider who participated in the 2005-06 Survey, but did not participate in the 2010-11 Survey.

A complete directory of Rhode Island dental safety net providers, including contact information and hours, is provided at the end of this report.

Services Offered by Dental Safety Net Providers

All of the dental safety net providers that responded to the survey reported they offer preventive and diagnostic services, including exams and x-rays, and most also perform basic restorative care (fillings) and simple extractions.

The Dental Hygiene Clinic at the Community College of Rhode Island provides dental hygiene services only (cleanings, x-rays, fluoride and sealants). Patients needing restorative services are referred to dentists.

With the exception of the Samuels Sinclair Dental Center at Rhode Island Hospital and the St. Joseph Pediatric Dental Centers, the clinical case complexity among safety net providers is limited to procedures that do not require general anesthesia. St. Joseph Pediatric Dental Centers provide dental services under general anesthesia, as well as nitrous oxide and sedation services for children. The Samuels Sinclair Dental Center at Rhode Island Hospital provides general anesthesia for children and adults, as well as intravenous (IV) sedation for children.

Referrals within the dental safety net are common. Community health centers (and private dentists) refer patients with complex medical and dental needs to hospital-based dental programs for treatment and follow-up care.

All dental services are offered five weekdays at most

reporting sites, with a few exceptions. St. Joseph Pediatric Dental Associates in Johnston is open three days per week and Providence Community Health Centers (PCHC) – Crossroads (which specializes in providing dental care to adults who are homeless or at risk for homelessness) is open on Fridays only due to limited funding. Four dental centers offer Saturday hours at least once per month. Thirteen dental centers offer evening hours (after 5 p.m.) at least once per week and two locations are open until 8 p.m. four nights per week (Monday through Thursday). The number of hours of clinical care per week range from 8 to 64, with most reporting a minimum of 40 hours of patient care each week.

The average waiting time reported by dental safety net sites for patients requesting appointments varied greatly, from one day to 55 days for appointments with dentists or dental hygienists. Due to the reduced service hours at PCHC-Crossroads (down from three days to one day per week), patients must wait three months for an appointment. All dental centers reported same day appointments for dental emergencies; waiting time for same-day emergency appointments ranged from zero to four hours.

Dental services also are delivered by dental safety net providers in a variety of locations through mobile programs (Molar Express and Wisdom Tooth), school-based and community-based dental programs. Locations for these programs include elementary schools, Head Start/Early Head Start programs and nursing homes. Details on these programs can be found later in this report.



Populations Served by Dental Safety Net Providers

All dental safety net providers see patients without regard to income or place of residence. Some practices have age limitations and some require their dental patients have primary care providers in the medical practice, or be otherwise connected to the services provided by the larger organization. All safety net providers accept private insurance and Medicaid. Uninsured patients pay on a sliding-scale based on their income.

Patients* Served by Dental Safety Net Providers in Rhode Island, CY 2009

COMMUNITY HEALTH CENTERS (Number of Sites)	CHILDREN (0-18 YEARS)		ADULTS (≥19 YEARS)		ALL	CHANGE SINCE 2005-06	
	#	%	#	%			
Blackstone Valley Community Health Care (1)	1,679	34%	3,233	66%	4,912		
Comprehensive Community Action Program (2)	640	15%	3,593	85%	4,233		
East Bay Community Action Program (1)	2,011	50%	2,006	50%	4,017		
Providence Community Health Centers (2)	2,400	78%	696	22%	3,096		
Thundermist Community Health Centers (3)	2,389	29%	5,767	71%	8,156		
Tri-Town Community Action Agency Community Health Center (1)	<i>No data available for CY 2009 - Opened in 2010</i>						
WellOne Primary Medical and Dental Care (3)	1,069	25%	3,235	75%	4,304		
Wood River Health Services (1)	580	23%	1,896	77%	2,476		
<i>Subtotal</i>	<i>10,768</i>	<i>35%</i>	<i>20,426</i>	<i>65%</i>	<i>31,194</i>		<i>+ 51%</i>
<hr/>							
HOSPITAL-BASED DENTAL CENTERS	CHILDREN (0-18 YEARS)		ADULTS (≥19 YEARS)		ALL	CHANGE SINCE 2005-06	
	#	%	#	%			
Samuels Sinclair Dental Center/ Rhode Island Hospital (1)	3,804 [†]	67%	1,912	33%	5,716		
St. Joseph Health Services (3)	13,248	100%	22	<1%	13,270		
<i>Subtotal</i>	<i>17,052</i>	<i>90%</i>	<i>1,934</i>	<i>10%</i>	<i>18,986</i>		<i>+ 106%[^]</i>
<hr/>							
OTHER DENTAL PROGRAMS	CHILDREN (0-18 YEARS)		ADULTS (≥19 YEARS)		ALL	CHANGE SINCE 2005-06	
	#	%	#	%			
Community College of Rhode Island (1)	0	0%	1,700	100%	1,700		
Wisdom Tooth	0	0%	900	100%	900		
School-Based and Community-Based Programs ‡	12,797	100%	<i>Data not available</i>		12,797		
<i>Subtotal</i>	<i>12,797</i>	<i>83%</i>	<i>2,600</i>	<i>17%</i>	<i>15,397</i>		<i>+ 22%</i>
<hr/>							
2010-11 TOTAL	40,617	62%	24,960	38%	65,577	+ 54%	

* Patients served are unduplicated counts.

† Children age <1 years were not included.

‡ Five community health centers and St. Joseph Health Services provided school-based and community-based programs (including the Molar Express) in CY 2009. See pages 10 and 11 for more details.

[^] Although St. Joseph Health Services collected only patient visits (and not unduplicated patients served) for the 2005-06 Survey, an approximate number of unduplicated patients served was derived based on the reported 22,000 patient visits and average of four visits per patient.

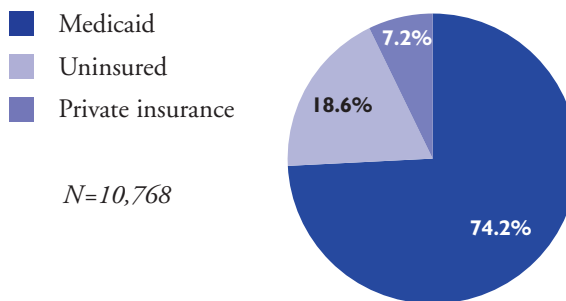
Community Health Centers

In CY 2009, 31,194 patients (10,768 children and 20,426 adults) were treated at the fixed sites of the seven community health centers responding to the survey. About one-third (35%) of patients served by community health centers were children ages 0–18 years and two-thirds (65%) were adults ages 19 years and older. The percentage distribution among children and adults varies by site. Most community health centers saw more adult patients than children in CY 2009, with the exception of Providence Community Health Centers, which focuses on serving children and pregnant women only.

Children under age six comprised between 3% and 7% of patients at community health centers in CY 2009, with the exception of Providence Community Health Centers, at which 40% of patients were under age six. Patients ages 65 years and older comprised between 3% and 17% of patients served by community health centers in CY 2009.

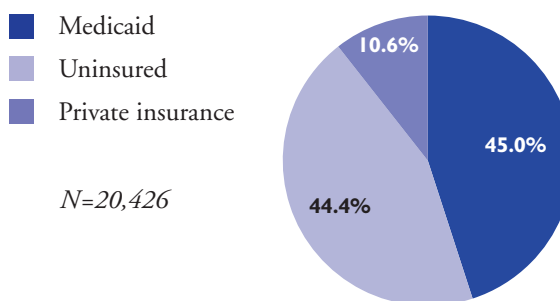
Dental centers at community health center sites treated 51% more patients in CY 2009 than in the reporting years presented in the 2005-06 Survey.

CHILDREN SERVED BY CHCs BY INSURANCE TYPE, CY 2009



◆ Most children served by the seven community health centers in CY 2009 were covered by Medicaid/RItE Smiles or were uninsured.

ADULTS SERVED BY CHCs BY INSURANCE TYPE, CY 2009



◆ Among adults treated by the community health centers in CY 2009, 45% had Medicaid, 44% were uninsured and 10% had private insurance coverage.

Hospital-Based Dental Centers

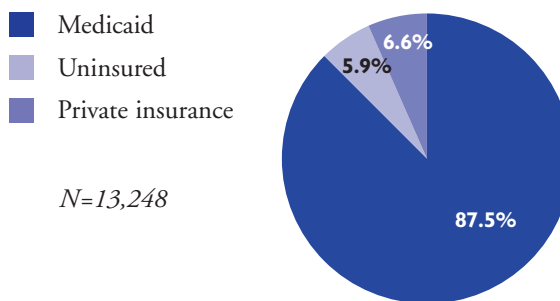
SAMUELS SINCLAIR DENTAL CENTER/RIH

Among the 5,716 patients treated at the Samuels Sinclair Dental Center at Rhode Island Hospital in CY 2009, two-thirds (67%) were children under age 18 and one-third (33%) were adults ages 19 or older. Of all patients, 14% were children under age six, and 2% were elderly adults age 65 years and older. Data on insurance status was not available for patients treated at this site.

ST. JOSEPH HEALTH SERVICES

The St. Joseph Health Services Pediatric Dental Centers treated 13,248 children ages 18 and under in CY 2009. Depending on their locations (Pediatric Dental Associates in Johnston, Fatima Health Center in Pawtucket or the Pediatric Dental Center in Providence), between 45% and 80% of patients served were preschool-age children younger than 6 years old.

CHILDREN SERVED BY ST. JOSEPH HEALTH SERVICES BY INSURANCE TYPE, CY 2009



◆ Most children served by St. Joseph Health Services in CY 2009 were covered by Medicaid.

Dental Safety Net Capacity

Quality oral health care is provided by a team including dentists, dental hygienists and dental assistants. An adequate workforce and sufficient treatment space are critical to ensuring access to care.

In early 2011, nearly 157 full-time equivalent (FTE) staff were employed by Rhode Island dental safety net providers. This total is nearly double the dental safety net clinicians reported in 2005-06, which included approximately 83 FTEs.

The total number of fixed-site dental operatories in Rhode Island safety net settings increased from 87 to 121, a 36% increase. A dental operatory is the room in which oral health services are provided, including the dental chair and equipment. Two safety net providers (PCHC-Crossroads and Wood River) reported having unutilized or underutilized operatories, which can be associated with staff vacancies and/or insufficient equipment or funding.

CLINICAL STAFFING AND OPERATORIES, FIXED SITES, 2011

PROVIDER	CLINICAL STAFFING (FTES WHEN FULLY STAFFED)					DENTAL OPERATORIES/CHAIRS		
	DENTIST (D) / RESIDENT (R)	DENTAL HYGIENIST	DENTAL ASSISTANT	TOTAL FTE	CHANGE SINCE 2005-06	NUMBER	CHANGE SINCE 2005-06	
Blackstone Valley Community Health Care	5.20 [†]	2.00	5.00	12.20	+6.20	12	+7	
CCAP-Cranston	2.50	2.50	5.00	10.00	+10.00	5	+5	
CCAP-Warwick	1.00	0.75	3.00	4.75	+4.75	3	+3	
East Bay Community Action Program	1.50	1.00	3.50	6.00	-3.60	4	0	
Providence CHC-Crossroads	0.20	0.20	0.20	0.60	-1.80	3 [^]	0	
Providence CHC-Dental Clinic	2.40	1.75	3.00	7.15	+3.15	5	0	
Thundermist-Wakefield	1.43	2.00	3.30 [†]	6.73	+0.20	5	0	
Thundermist-West Warwick	2.25	1.60	4.00	7.85	+2.75	4	+1	
Thundermist-Woonsocket	3.50	2.00	7.00	12.50	+6.20	8	+3	
Tri-Town	1.00	0.80	2.00	3.80	+3.80	3	+3	
WellOne-Foster	1.10	0.80	2.80 [†]	4.70	+4.70	5	+5	
WellOne-North Kingstown	1.00	0.30	2.00	3.30	+0.90	3	0	
WellOne-Pascoag	2.40	1.40	6.60 [†]	10.40	+2.20	9	+2	
Wood River	1.80 [†]	1.68	1.78	5.26	-0.44	5 [^]	-1	
Samuels Sinclair Dental Center/RIH	14.40 D 2.00 R	4.11	8.04 [†]	28.55	+17.55	11	0	
SJHS*	Johnston	8.98 D [†] 8.00 R	4.90	11.25	33.13	+17.63	3	+3
	Pawtucket						3	0
	Providence						12	+3
Community College of Rhode Island	0.00	7.00 FTE instructors 54 students	1.00	8.00	0.00	18	0	
TOTAL 2010-11	60.66	27.79[§]	68.47[§]	156.92[§]	+74.22	121	+34	
CHANGE SINCE 2005-06	+ 140%	+ 26%	+ 94%	+ 90%		+ 36%		

[^] Un(der) utilized operatories/chairs were reported at this location.

[†] Vacancies were reported at this location.

* St. Joseph Health Services (SJHS) staff rotate among sites, so their staffing totals were combined.

[§] The total number of FTE staff employed by the dental safety net does not include the 54 dental hygiene students or the 8.0 FTE staff (7.0 dental hygienists and 1.0 dental assistants) at the CCRI Dental Hygiene Clinic.

STAFF VACANCIES

Staff vacancies have a negative impact on the ability of safety net sites to provide dental services to their patients. Seven respondents reported having at least one staff vacancy. Across the Rhode Island dental safety net, there were vacancies for 4.15 FTE dentists and 3.9 FTE dental assistants, for a total of 8.05 FTE vacancies.

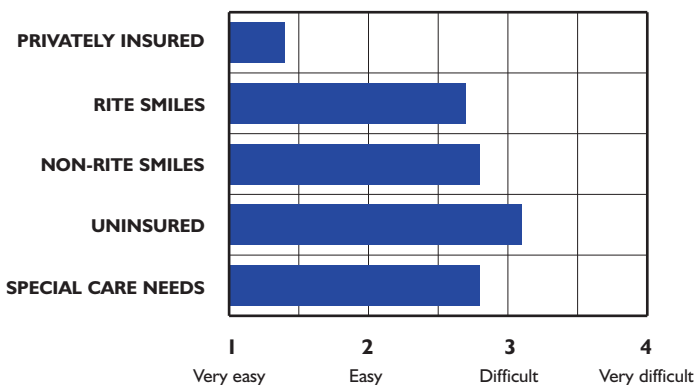
Dental safety net providers indicated a variety of incentives and strategies that could help with the recruitment and retention of clinical staff. Higher/more competitive

salary levels were the top item reported (by 11 organizations), followed by tuition reimbursement, in-state training programs and expanded loan repayment opportunities (noted by eight, seven and six organizations, respectively). Referral bonuses and a more qualified applicant pool (four providers) and better/more competitive benefits (three) also were identified as possible workforce solutions for dental safety net providers in Rhode Island.

Referrals Made by Dental Safety Net Providers

All dental safety net sites reported referring patients to other dental providers when necessary. Respondents were asked to rate the level of difficulty of referrals for children and adults, by insurance type, age and special care needs.

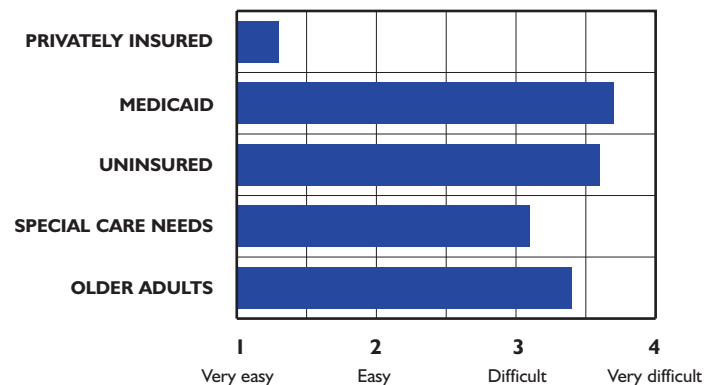
AVERAGE DIFFICULTY REFERRING CHILDREN FOR SPECIALTY DENTAL SERVICES, 2011*



* Average difficulty scores in finding referrals for complex restorative, endodontic, oral surgery, orthodontic, periodontic and prosthodontic treatments.

- ◆ Among children, safety net providers reported difficulty in referring children who had Medicaid (including those with RItE Smiles as well as those with Medicaid fee-for-service coverage [referred to as non-RItE Smiles coverage in the chart above]), uninsured children and children with special needs for a variety of specialty services.
- ◆ Among different specialty care needs for children, referrals for periodontal and prosthodontic treatments were reported as the most difficult, and referrals for oral surgery, endodontic and orthodontic treatments were rated as difficult as well.
- ◆ St. Joseph's Pediatric Dental Centers reported receiving referrals of more than 1,500 children (including infants and toddlers) from community health centers and private practices in CY 2009.

AVERAGE DIFFICULTY REFERRING ADULTS FOR SPECIALTY DENTAL SERVICES, 2011*



* Average difficulty scores in finding referrals for complex restorative, endodontic, oral surgery, orthodontic, periodontic and prosthodontic treatments.

- ◆ For all types of specialty services and types of insurance coverage (with the exception of private insurance), adults were more difficult to refer than children.
- ◆ Among adults, specialty referral difficulties were highest for those with Medicaid coverage, those who were uninsured and for older adults.
- ◆ Adults with Medicaid coverage were rated as slightly more difficult to refer than adults with no coverage at all.
- ◆ Among adults with Medicaid coverage, referrals were nearly equally difficult for all types of specialty care, with all being rated as "difficult" or "very difficult."

Education and Training of Rhode Island's Dental Safety Net Workforce

DENTAL RESIDENCY PROGRAMS

Dental residents are fully trained, licensed dentists who have graduated from dental school and are enrolled in a postdoctoral training program. There are two hospital-based dental residency programs in Rhode Island - St. Joseph Pediatric Dental Centers and the Samuels Sinclair Dental Center at Rhode Island Hospital. These residency programs provide opportunities not only to increase the capacity of these dental safety net sites to treat more patients, but also to recruit and train dentists who may choose to remain in Rhode Island to practice in dental safety net and/or private practice locations.

St. Joseph Pediatric Dental Centers are the training sites for eight pediatric dental residents through its two-year Advanced Education in Pediatric Dentistry (AEPD) program. The Samuels Sinclair Dental Center at Rhode Island Hospital trains two dental residents annually in its one-year General Practice Residency (GPR) program.

Both dental residency programs report that they face unique recruitment and retention challenges. Beyond the skilled dental professionals needed to provide direct patient services, the hospital-based residency programs must recruit and retain highly qualified, knowledgeable practitioners with an interest in teaching to serve as faculty and assure compliance with the Commission on Dental Accreditation standards for advanced dental education programs.

STUDENTS

Dental safety net providers in Rhode Island commonly have student dental professionals working in their dental centers, which fulfills student requirements to practice in a clinical setting. Five community health centers and both hospital-based dental centers reported having dental students, dental hygiene students and/or dental assisting students working at their sites.

The Community College of Rhode Island (CCRI) operates training programs for both dental hygiene and dental assisting. In 2010-11, CCRI students were placed as externs in four community health centers, both of the hospital-based dental centers, mobile and volunteer dental programs, the Rhode Island Training School and the Eleanor Slater Hospital.



There is no dental school in Rhode Island. This means that there is no local training opportunity for aspiring dentists in our state, nor are there opportunities for Rhode Islanders to access services for a reduced fee at a dental school clinic, as in Massachusetts and Connecticut. St. Joseph Health Services (17 dental student per year) and Blackstone Valley Community Health Care (10 dental students per year) have established relationships with dental schools in other states to provide clinical experience for dental students, to allow them to practice in safety net/public health dentistry and to introduce students to Rhode Island in hopes that they might choose to practice here. In doing so, safety net providers must ensure adequate clinical oversight, expose the students to a variety of clinical experiences and sometimes provide or arrange for housing for the students for short- and long-term placements.

LOAN REPAYMENT PROGRAM PARTICIPATION

As of March 2011, seven Rhode Island dentists were receiving federal student loan repayment. Four survey respondents (Blackstone Valley Community Health Care, Thundermist Dental Clinic of West Warwick, WellOne Primary Medical and Dental Care of Foster, and St. Joseph Pediatric Dental Center) reported having dentists in this program; however, responses do not indicate if all seven recipients were at those four sites. Four other sites, who reported in the 2005-06 Survey that they had staff participating in federal and/or state loan repayment programs, did not have dental staff in the program in the 2010-11 Survey.

Financing of Dental Safety Net Providers

Dental safety net providers serve patients who have no insurance, patients who have public insurance, and patients who have commercial dental insurance.

Because they serve a high volume of patients enrolled in Medical Assistance (both RIte Care and Medicaid Fee-For-Service) and uninsured patients, dental safety net providers are reimbursed by Rhode Island’s Medical Assistance program at higher rates than are paid to private dentists. Private dentists and safety net providers also receive higher reimbursement rates for treatment provided to children enrolled in RIte Smiles.

Federally Qualified Health Centers (FQHCs) are paid a federally mandated “encounter rate” for dental services. Although each community health center is paid its own cost-based reimbursement rate, all FQHCs are paid per dental visit, regardless of the type or number of procedures performed.

Hospital-based dental centers in Rhode Island receive “enhanced fee-for-service rates” which were increased in July 2003 in response to one of the recommendations of the *Special Senate Commission on Oral Health*. While these

rates were increased from what they were previously, they still remain below the reimbursement rates paid by commercial insurers for the same procedures.

Safety net dental center budgets are typically derived from a combination of patient fees and reimbursements; federal, state, local and foundation grants; and parent organization support. The Dental Hygiene Clinic at CCRI is completely supported through state funds.

ANNUAL BUDGET	DENTAL SAFETY NET SITES	
	2006 SURVEY RESPONDENTS	2011 SURVEY RESPONDENTS
< \$250,000	3	2
\$250,000 – \$499,999	3	3
\$500,000 – \$949,999	5	5
\$1,000,000 – \$1,999,999	2	6
\$2,000,000 – \$2,999,999	0	1
	<i>n=13</i>	<i>n=17</i>

- ◆ Ten safety net dental centers in Rhode Island reported an operating budget of under \$1 million per year in CY 2009 and seven reported budgets more than \$1 million.
- ◆ Among the nine sites participating in both surveys, seven sites reported an increase in their total operating budget.



School-Based Dental Programs

School-based dental programs are programs conducted within the school utilizing portable dental equipment or existing facilities. They may serve as a dental home for some children and/or can refer children to a fixed-site dental center. In CY 2009, four dental safety net providers (Comprehensive Community Action Program, East Bay Community Action Program, Thundermist Health Centers and St. Joseph's Health Services) reported providing school-based dental services in a total of 90 elementary schools, 20 middle schools, three high schools and the school at Bradley Hospital.

A total of 11,797 students were served by these four dental programs in CY 2009, a 24% increase from approximately 9,500 students reported served in the 2005-06 Survey. Most of the children treated through these school-based programs were covered through Medicaid or were uninsured.

WellOne and Wood River reported conducting dental screenings for children in 25 schools in CY 2009, essentially acting as the "school dentist" in compliance with requirements from the Rhode Island Departments of Education and Health, identifying children who need follow-up care and working with school nurses to make referrals as necessary.

Dental Services Provided by School-Based Dental Programs

	ORAL SCREENING/ EXAM- INATION	CLEAN- ING	FLUORIDE APPLICA- TION	SEALANT APPLICA- TION	BASIC RESTORATIVE	SIMPLE EXTRACTION	X-RAY	HYGIENE COUNSELING/ EDUCATION	CLASSROOM EDUCATION
CCAP	✓	✓	✓	✓	✓	✓	✓	✓	✓
EBCAP	✓	✓	✓	✓	✓	✓	✓		✓
SJHS-Pawtucket	✓	✓	✓	✓					✓
SJHS-Providence	✓	✓	✓	✓					✓
Thundermist-Wakefield	✓	✓	✓	✓				✓	
Thundermist-West Warwick	✓	✓	✓	✓	✓	✓	✓	✓	
Thundermist-Woonsocket	✓	✓	✓	✓	✓	✓	✓	✓	
WellOne	✓								
Wood River	✓								

THE MOLAR EXPRESS - MOBILE DENTAL PROGRAM

The Molar Express is Rhode Island's Ronald McDonald Care Mobile which provides comprehensive dental services to children, youth and young adults in local communities at no out of pocket cost to families. The Molar Express is operated in collaboration with three Rhode Island health and human services agencies: Comprehensive Community Action Program (CCAP), East Bay Community Action Program (EBCAP) and Thundermist Health Centers.

The Molar Express increases access to dental care for youth and young adults ages two to 21 in 21 cities and towns throughout Rhode Island, and providing dental services at nearly 100 sites. Since it first opened its door in October 2006, the Molar Express has served 7,700 children. More than one-third (38%) of these children were uninsured. The Molar Express has two full dental operatories and provides dental exams and diagnostic and



restorative treatment. Patients are primarily enrolled through Title I elementary and middle schools (schools with large concentrations of low-income students, as defined by enrollment in free- and reduced-lunch programs), and the Molar Express staff provide dental treatment throughout the school day. Other schools and community-based sites are identified and engaged as appropriate to increase access to services.

Community-Based Dental Programs

Dental safety net centers reported providing dental services in a variety of community settings in CY 2009. Four providers – Comprehensive Community Action Program (CCAP), East Bay Community Action Program (EBCAP), Thundermist Health Centers, and WellOne – reported providing dental services to young children in Head Start or Early Head Start programs. East Bay Community Action Program and Thundermist

Community Health Center in Woonsocket reported providing dental services in Boys and Girls Clubs. Thundermist Community Health Center also provided dental services at a public housing development in Woonsocket.

EBCAP and WellOne also provide dental services to nursing home residents. WellOne plans to expand their nursing home dental services in 2011.

Dental Services Provided by Community-Based Dental Programs

	ORAL SCREENING/ EXAMINATION	CLEANING	FLUORIDE APPLICA- TION	SEALANT APPLICA- TION	BASIC RESTORATIVE	SIMPLE EXTRACTION	X-RAY	HYGIENE COUNSELING/ EDUCATION
CCAP	✓	✓	✓	✓	✓	✓	✓	✓
EBCAP	✓	✓	✓		✓	✓	✓	
Thundermist-Wakefield	✓	✓	✓	✓	✓			✓
Thundermist-West Warwick	✓	✓	✓	✓	✓	✓	✓	✓
Thundermist-Woonsocket	✓	✓	✓	✓	✓	✓	✓	✓
WellOne-North Kingstown	✓	✓	✓			✓	✓	✓
WellOne-Pascoag	✓							
Wisdom Tooth	✓	✓	✓		✓	✓	✓	✓

WISDOM TOOTH - MOBILE DENTAL PROGRAM

The Wisdom Tooth is a mobile dental program operated by CareLink Inc. that provides dental services to residents of nursing homes. Diagnostic, preventive and palliative services (including evaluations, cleanings, x-rays, restorations/fillings, simple extractions and denture fitting and repairs) are provided in the nursing home in which patients reside, using mobile dental equipment.

The Wisdom Tooth program served 900 adults over age 65 at 30 nursing homes during CY 2009. The program employs three dentists, one dental hygienist and two dental assistants. Medicare does not cover routine dental care or most dental procedures such as cleanings, fillings, tooth extractions or dentures. While some Wisdom Tooth patients have third-party insurance that offer a dental rider and some pay for their services directly out-of-pocket, more than three-quarters (78%) of all nursing home residents served by the Wisdom Tooth program in CY 2009 had Medicaid coverage.



Challenges Facing Dental Safety Net Providers

Most dental safety net organizations in Rhode Island reported they were unable to meet all of their patients' oral health needs because they faced a variety of barriers similar to those reported in the previous survey. (Survey respondents were able to report more than one barrier.)

The top barriers, reported by six organizations were: the lack of dental specialists willing to accept referrals for dental safety net patients (reported by community health centers only, not hospital-based dental centers), inadequate reimbursement rates provided by Medical Assistance, limited type/scope of dental services and insufficient funding. Five organizations also reported that they do not have sufficient space. Insufficient commercial reimbursement and insufficient staff were cited by four organizations.

Additional barriers cited included limited hours of operation, limited language capacity among staff, insufficient equipment, poor patient attendance rates, the large uninsured population that the safety net serves, and the limited number of general dentists in private practice willing to treat underserved populations.

STRATEGIES TO MINIMIZE MISSED APPOINTMENTS

For all dental practices, an empty chair is a lost opportunity to provide care, and results in inefficient use of facilities that already have a limited capacity. Therefore, safety net practices attempt to minimize missed appointments, or “no-shows.” The dental safety net providers responding to this survey reported “no-show” rates for dental appointments ranging from 6% to 35%, consistent with the results from the 2005-06 Survey. The Dental Hygiene Clinic at CCRI reported the lowest “no-show” rate (6%). In this survey, “no-show” rates included patients with no insurance, those with Medicaid and those with private insurance. High rates of “no-show” appointments among patients with Medicaid coverage is cited by many dentists as a deterrent to serving this population.¹⁹

Dental safety net providers reported using a variety of strategies to minimize missed appointments both before and after the scheduled appointment that were similar to those noted in the 2005-06 Survey. Nearly all providers make appointment reminder phone calls, send letters to patients and overbook appointments with the dental staff.

After appointments are missed, many providers follow up with phone calls and letters. At three safety net locations, patients are offered social services interventions, in which an organization's social worker contacts the family and offers assistance with overcoming barriers to accessing care. One provider reported assessing a “no-show fee” (which can be charged to those without insurance or with private insurance). Federal regulations prohibit charging patients with Medical Assistance a “no-show” fee. If the strategies fail to result in kept appointments, eight respondents (representing 15 locations) enforce temporary or permanent bans or ask patients to remain in the waiting room to be seen for treatment if and when someone else breaks their appointment (commonly referred to as “sit and wait”).

Expansion Plans

About half of the responding dental safety net locations are planning to expand over the next five years. Expansion plans include adding chairs, hiring additional staff, additional attendings and additional faculty, adding limited oral surgery services, looking for new space or taking over space currently used by a community health center medical practice (which will itself be moving to a larger space).

HEALTH REFORM

The *Affordable Care Act* (ACA, commonly referred to as health reform) presents Rhode Island with many opportunities and challenges to improve access to health care, including oral health services. Tens of thousands Rhode Islanders (mostly childless adults with family incomes less than 133% of the federal poverty level) will become eligible for Medicaid starting in 2014. Many of these previously uninsured patients will have received oral health services through the dental safety net, but some will be new to the system. This will place demands on existing sites to provide services to more patients, some of whom may have untreated dental disease and other health problems that have developed due to their lack of access to affordable dental and medical care. The ACA also will provide substantial new funding to community health centers for construction, capital investments and service expansions.²⁰ It is important to ensure dental benefits are preserved and expanded for populations covered by Medicaid.

Recommendations

Dental safety net providers are the community health centers, hospital dental clinics and school- and community-based programs that provide comprehensive, ongoing dental care – serving as the dental home for thousands of children, adults and the elderly in Rhode Island. Along with private dentists and specialists, these dental safety net providers are a critical part of the dental care service delivery system, especially for low-income and uninsured Rhode Islanders. These safety net providers deliver a growing proportion of dental services in the state and will continue to expand to serve even more Rhode Island residents. The following recommendations ensure the dental safety net in Rhode Island will remain strong and grow to meet the changing needs of the children, adults and elderly who seek its services:

For dental safety net providers:

- ◆ Continue to serve children, adults and older adults with public and private insurance and those without insurance at fixed-site locations, and through mobile, school-based and community-based dental programs.
- ◆ Systematically collect and share utilization, staffing, and financing data in order to measure success, improve programs, identify areas for improvement and inform policy change.
- ◆ Develop long-term sustainability plans by identifying data-driven critical success factors (cost per patient visit, revenue per patient visit, efficiency, productivity, patient flow, appointment system, quality of care, patient satisfaction and other measures).
- ◆ Consider employing best practice strategies to minimize no-show rates including consistently applying strong no-show policies; using scheduling software and technology; designating and training staff that are responsible for scheduling; minimizing double-booking and overbooking; and scheduling appointments within 30 days in advance in order to eliminate limited appointment availability and waiting lists.²¹
- ◆ Continually evaluate unmet community oral health needs and how the safety net can best respond.
- ◆ Continue to build capacity in specialty dental services by hiring directly and/or contracting with private dental specialists to serve safety net populations.
- ◆ Pursue additional funding to further expand dental services for uninsured patients and those with Medicaid coverage in underserved communities through fixed-site locations and mobile, school-based and community-based programs.
- ◆ Identify opportunities for workforce recruitment and retention to ensure appropriate staffing for dental programs.

For state agencies, public officials, foundations and charities and oral health advocates in Rhode Island:

- ◆ Continue to strengthen the infrastructure of dental safety net providers by investing in capital needs for the maintenance and expansion of existing sites and establishing new dental centers in underserved communities.
- ◆ Build on the success of RItE Smiles by increasing the age range of children who can qualify and/or expanding it to cover adults, to continue to increase the pool of providers serving patients with Medicaid.
- ◆ Ensure adequate reimbursement rates to support the increasing diversity of services provided in clinical and non-clinical settings.
- ◆ Identify and implement workforce recruitment and retention strategies to ensure there is an adequate supply of high quality dentists, dental hygienists and dental assistants working in dental safety net locations.
- ◆ Identify solutions for the shortage of oral surgeons who will accept patients with Medicaid and/or those with no insurance, as well as ways to improve access to other specialty care for safety net patients.
- ◆ Improve health promotion and disease prevention efforts, implement public education strategies on the need for early and regular oral health care and conduct outreach to inform Rhode Islanders about oral health resources that are available.
- ◆ Ensure that dental benefits for children, parents, childless adults and older adults are available through Medicaid and the Health Insurance Exchange (starting in 2014) at an affordable cost, in order to ensure that all Rhode Islanders have coverage for oral health services.

Rhode Island Oral Health Resources

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Rhode Island Oral Health Commission

The Rhode Island Oral Health Commission has been the foundation of many efforts to improve oral health in Rhode Island over the past decade. The members of the Commission represent private practitioners; safety net providers; organizations that serve children, adults and elders; educational institutions; state agencies; insurers; foundations; and many other oral health advocates.

In 2011, the Commission released its **Rhode Island Oral Health Plan, 2011-2016**, which lays out a blueprint for its work in the following areas:

- ◆ Improving Access to Oral Healthcare
- ◆ Implementing Evidence-Based Oral Healthcare
- ◆ Preventing Oral Disease, Promoting Oral Health
- ◆ Maintaining the Dental Safety Net
- ◆ Sustaining the Oral Health Workforce
- ◆ Informing Oral Health Policy Decisions

For more information, call the Lt. Governor's office at (401) 222-2371 or www.oralhealth.ri.gov (which is scheduled to be launched in June 2011).

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Design: Greenwood Associates



Dental Safety Net Providers in Rhode Island

COMMUNITY HEALTH CENTERS	LOCATION/HOURS	PHONE
Blackstone Valley Community Health Care	210 Main Street, Pawtucket, RI 02860 8:00 am – 5:30 pm (Monday – Friday) 8:00 am – 12:00 pm (Selected Saturdays)	(401) 729-5239
Block Island Health Services*	6 Payne Road, Box 919, Block Island, RI 02807 9:00 am – 3:00 pm (Monday – Friday)	(401) 466-2974
Comprehensive Community Action Program	1090 Cranston Street, Cranston, RI 02920 Family Health Services 8:00 am – 8:00 pm (Monday, Tuesday, Thursday) 8:00 am – 5:00 pm (Wednesday and Friday)	(401) 943-1981
Comprehensive Community Action Program	226 Buttonwoods Avenue, Warwick, RI 02886 Everett C. Wilcox Center 9:00 am – 5:00 pm (Monday, Thursday, Friday) 8:00 am – 8:00 pm (Tuesday and Wednesday)	(401) 467-9610
East Bay Community Action Program	19 Broadway, Newport, RI 02840 8:00 am – 5:00 pm (Monday, Tuesday, Thursday, Friday) 8:00 am – 7:00 pm (Wednesday)	(401) 845-0564
Providence Community Health Center	557 Broad Street, Providence, RI 02907-1403 8:00 am – 5:00 pm (Monday, Wednesday, Friday) 8:00 am – 7:00 pm (Tuesday and Thursday)	(401) 444-0430
Providence Community Health Center/ Crossroads Rhode Island	160 Broad Street, Providence RI, 02903 8:30 am – 4:30 pm (Friday)	(401) 861-2403
Thundermist Health Center of South County	1 River Street, Wakefield, RI 02879 8:00 am – 8:00 pm (Monday, Tuesday, Wednesday) 8:00 am – 6:30 pm (Thursday) 8:00 am – 4:00 pm (Friday) 8:00 am – 1:00 pm (1st Saturday) / 8:00 am – 4:00 pm (4th Saturday)	(401) 783-0523
Thundermist Health Center of West Warwick	1219 Main Street, West Warwick, RI 02893 8:00 am – 8:00 pm (Monday, Tuesday, Wednesday, Thursday) 8:30 am – 5:00 pm (Friday and Saturday)	(401) 615-2800
Thundermist Health Center of Woonsocket	191 Social St # 9, Woonsocket, RI 02895 8:00 am – 8:00 pm (Monday, Tuesday, Wednesday, Thursday) 8:30 am – 5:00 pm (Friday) 8:00 am – 4:00 pm (Saturday)	(401) 767-4161
Tri-Town Community Action Agency Community Health Center	1126 Hartford Avenue, Johnston, RI 02919 8:30 am – 5:00 pm (Monday, Wednesday, Friday) 11:30 am – 8:00 pm (Tuesday and Thursday)	(401) 351-2750

* Did not participate in the 2010-11 Dental Safety Net Survey

Dental Safety Net Providers in Rhode Island *(continued)*

COMMUNITY HEALTH CENTERS	LOCATION/HOURS	PHONE
WellOne Primary Medical and Dental Care	142A Danielson Pike, Foster, RI 02825-1475 8:30 am – 5:00 pm (Monday, Friday) 9:30 am – 6:00 pm (Tuesday, Wednesday, Thursday)	(401) 647-3702
WellOne Primary Medical and Dental Care <i>(formerly Northwest Health Center)</i>	36 Bridge Way, Pascoag, RI 02859 8:30 am – 5:00 pm (Monday, Wednesday, Friday) 8:30 am – 6:00 pm (Tuesday and Thursday)	(401) 567-0800
WellOne Primary Medical and Dental Care <i>(formerly Bayside Family Healthcare)</i>	308 Callahan Road, North Kingstown, RI 02852 9:30 am – 6:00 pm (Monday – Friday)	(401) 295-9706
Wood River Health Services	823 Main Street, Hope Valley, RI 02832 8:00 am – 5:00 pm (Monday – Friday)	(401) 539-2461
HOSPITAL DENTAL CLINICS		
Samuels Sinclair Dental Center / Rhode Island Hospital	593 Eddy Street, Providence, RI 02903 8:00 am – 6:00 pm (Monday) 8:00 am – 8:00 pm (Tuesday and Wednesday) 8:00 am – 4:30 pm (Thursday and Friday)	(401) 444-5284
St. Joseph Health Services - Pediatric Dental Associates	1524 Atwood Avenue, Johnston, RI 02919 8:00 am – 4:30 pm (Monday, Tuesday, Thursday)	(401) 272-1660
St. Joseph Health Services - Pediatric Dental Clinic	40 Broad Street, Pawtucket, RI 02860 Fatima Health Center Pediatric Dental Center 8:00 am – 4:30 pm (Monday – Friday)	(401) 723-2891
St. Joseph Health Services - Pediatric Dental Center	21 Peace St # 2, Providence, RI 02907 8:00 am – 4:30 pm (Monday – Friday)	(401) 456-4461
DENTAL HYGIENE CLINIC		
Community College of Rhode Island (CCRI)	1762 Louisquisset Pike, Lincoln, RI 02865 8:00 am – 5:00 pm (Spring: Monday, Wednesday, Friday) 8:00 am – 8:00 pm (Spring: Tuesday and Thursday) 8:00 am – 5:00 pm (Fall: Monday, Wednesday, Friday)	(401) 333-7250
MOBILE DENTAL PROGRAMS		
Molar Express	Locations vary 8:30 am – 5:00 pm (Monday – Friday)	1-866-MOLARXP (1-866-665-2797)
Wisdom Tooth (CareLink)	Locations vary 225 Chapman Street, Providence, RI 02905 9:00 am – 4:00 pm (Monday – Thursday)	(401) 490-7610



For additional copies, please contact:

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