



MI-**DOOR** to Oral Health Care

# *Flint 2010*

**FINAL REPORT**

## Acknowledgements

State of Michigan – ***Governor Jennifer M. Granholm***

Michigan Department of Community Health – ***Director Janet Olszewski***

Public Health Administration – ***Chief Administrative Officer Jean C. Chabut***

Bureau of Family, Maternal, and Child Health – ***Director Alethia Carr***

Division of Family and Community Health – ***Director Brenda Fink***

With special acknowledgement and support in the development and implementation of the MI  
Door Oral Health Day

MI-Door Lead – Lynda Horsley

MI-Door Co-Lead- Jill Moore

Oral Health Staff – Susan Deming, Niveda Kallaru, Orlene Christie, Chris Farrell

Genesee District Dental Society

Hamilton Community Health Network- Burton Dental Clinic

The sponsors of the MI-Door Event

The volunteers of the MI-Door Event

*The State of Michigan and the Department of Community Health will provide equal employment opportunity for all persons regardless of race, religion, color, sex, height, weight, marital status, national origin, age, or disability.*

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### **MI-Door Introduction:**

The Michigan Day of Oral Health Outreach (MI-Door) began in November 2008, through the leadership of Governor Jennifer Granholm. Following the viewing of a Mission of Mercy™ video clip, Governor Granholm, enlisted the assistance of the Michigan Department of Community Health (MDCH) to hold a similar project in four to five areas of the state to address the many underserved adults who lack access to dental services. The target areas include Detroit, the thumb region, the Upper Peninsula, the southwestern region, and the northern Lower Peninsula.

The Goals for MI-Door were:

- Providing free access to dental care for uninsured adults while placing a high priority on patients suffering from dental infections or pain
- Raising public awareness of the increasing difficulty low-income adults and children face in accessing critical dental care
- Challenging Medicaid patients, policy-makers and dental professionals to work together to improve the oral health status of those who have been promised care by the state.

The first MI-Door event took place on May 16, 2009 at the University of Detroit Mercy Dental School in Detroit, Michigan, the final report can be viewed at [www.michigan.gov/oralhealth](http://www.michigan.gov/oralhealth). The second MI-Door event took place on May 22, 2010 at Hamilton Community Health Network - Burton Clinic in Flint, Michigan.

### **Oral Health Needs:**

On May 25, 2000, the first-ever Surgeon General's report on oral health was released. In addition to a lack of awareness of the importance of oral health among the public, the report found a significant disparity between racial and socioeconomic groups in regards to oral health and ensuring overall health issues. Based upon these findings, the Surgeon General called for action to promote access to oral health care for all Americans. Among its incontrovertible findings were that the burden of oral diseases and conditions is disproportionately borne by those with relatively low social standing at each stage of life. Poor nutrition, lack of preventive oral health care, violence leading to face trauma, tobacco, and alcohol use harm teeth and their supporting structures during various periods of the life course. In particular, such exposures may lead to dental caries (beginning in early childhood and continuing throughout the lifespan), periodontal diseases and tooth loss (especially in adults), and oral and pharyngeal cancers (predominantly disorders of the elderly)<sup>2</sup>. Current research links oral health disease to diabetes, stroke, heart disease, pre-term and low-birth weight babies; it can be said that good oral health is integral to good overall health.

Nationally, dental caries (tooth decay) is five times more common than childhood asthma and seven times more common than hay fever<sup>3</sup>. Dental decay is a disease in which acids produced by bacteria on the teeth lead to loss of minerals from the enamel and dentin, the hard

substances of the teeth. Unchecked dental caries can result in loss of tooth structure, inadequate tooth function, unsightly appearance, pain, infection, tooth loss and a loss in millions of hours of work due to dental diseases.

In Michigan, 40% of adults age 35-44 have lost at least one tooth due to caries, infection, or periodontal disease. Twenty percent of Michigan adults age 65-74 have lost all of their teeth, or are edentulous<sup>3</sup>. Due to Governor Granholm's Executive Order which took effect on July 1, 2009, many adult dental Medicaid benefits were cut in an effort to balance the state budget. Due to this cut and the current economic conditions of Michigan, especially the area of Flint, many local residents are suffering in pain due to oral disease.

### **MI-Door Planning-**

In efforts to relieve pain and suffering in Michigan, the Genesee District Dental Society teamed up with the Michigan Department of Community Health-Oral Health Program to plan the MI-Door event for the Flint area on May 22, 2010. MI-Door is a one-day donated dental day designed to provide emergent dental care needs to the underserved and uninsured population who experience multiple barriers when attempting to achieve oral health care to relieve pain. The first MI-Door event took place in Detroit on May 16, 2009, and due to an overwhelming amount of need and success of the day, MI-Door was re-created in the Flint area. The budget for the Flint event was \$17,031 and supplied over \$114,500 in dental treatment.

The initial planning period of MI-Door began in September 2009, when Dr. Steve Sulfaro of the Genesee District Dental Society contacted Jill Moore at the MDCH and expressed interest in bringing MI-Door to Flint. By November 2009, a full MI-Door committee had been developed and met monthly and often bi-monthly to work out all logistics of the event. The main committee members consisted of:

- MDCH- Lynda Horsley, BHA and Jill Moore, RDH, BSDH, MHA-E
- Genesee District Dental Society- Drs. Sulfaro, Werschky, Johnson, and Perez
- Mott Community College- Drs. Weiss and Polk
- Hamilton Dental Clinic- Dr. Parker and Jen Bradley
- Patterson Dental - Gerri Farkas
- Henry Schein Dental - Kevin Doherty

The hub location of this event took place at Hamilton Community Health Network-Burton Dental Clinic, located at: G-3375 S. Saginaw Street Flint, MI 48529. The hours of treatment were from 8:00 AM until 5:00 PM. The first patient got in line at 11:00 PM the night before. The Hamilton clinic was where patients first arrived and were triaged for emergent dental services. The Hamilton dental clinic houses 10 full dental operatories. Five (5) were used for treatment on that day and 5 (five) were used for triage. Dental Express is a full service mobile dental van which travels to provide services to homebound populations. Dental Express donated one van for the day which is fully handicapped accessible and has two (2) dental operatories on board. The van was located in the parking lot of Hamilton Clinic. The bulk of the treatment was provided by an additional seven private practice dental offices within the Flint area. Drs. Perez, Mortimer, Johnson, Cantwil, Grossi, Williamson, and Slezak all graciously opened their dental offices volunteering their professional services for the day, along with many of their dental office staff. Transportation was provided by Med Trans of Michigan to and from dental offices for those who required transportation. Within this group, there were general dentists, oral surgeons, and periodontists to ensure a vast majority of needs would be met. In addition to the above list of dental professionals, there were many other dental professionals who

also volunteered their time and services for this MI-Door event. Volunteers who wanted to participate in this day, but who were not located close enough to donate their own dental clinic, providing services within the above designated spaces. Some were at Hamilton Clinic, some on the mobile van, and others were located at various dental clinics that opened their offices. In addition, the program was serviced by Registered Dental Hygienists, Registered Dental Assistants, hygiene students from Mott Community College, dental assisting students from multiple schools, numerous general volunteers, and staff with the mobile dental lab. With the exception of the staff within Hamilton Dental Clinic, all services were donated on May 22, 2010.

### **Volunteers and Donations:**

MI-Door is a donated dental day and would not be possible without the donated services, supplies, fiduciary support and equipment that are accepted to make the day a possibility. In addition to the donated services on the actual day, there were an additional 139 available vouchers given out for care to patients to be provided within the following month. Vouchers were donated by dentists who were either unable to directly provide care on that day due to prior obligations or wished to provide even more support for the project. One dentist donated two complete set of dentures to someone in need and another donated his services to treat one special needs patient within a hospital dentistry setting. Listed below is the current list of companies and organizations which provided support via donating supplies, funds, or other in-kind support to make MI-Door a possibility:

- A) Michigan Department of Community Health- Oral Health Program- Lead planning committee members, financial donations
- B) Genesee District Dental Society- MI-Door committee members, financial donations, volunteer breakfast and lunch at Hamilton Clinic
- C) Hamilton Community Health Network- Committee members, donation of facility, lab services
- D) Med Trans of Michigan- Discounted donation of patient transportation services from Hamilton Clinic to surrounding dental clinics
- E) Mott Community College- MI-Door committee members, educational oral health posters, and dental hygiene student volunteers
- F) Wal-Mart- All pharmaceutical needs, 400 bottled waters for patients, automatic blood pressure cuffs for blood pressure screenings
- G) Peak Performers- Breakfast and lunch for all volunteers at all locations with the exception of Hamilton Clinic
- H) Dental Express- Mobile dental unit
- I) Michigan Dental Association- Donation of gloves (40 boxes)
- J) Detroit District Dental Society- Donation of signs
- K) Patterson Dental- Dental supplies at wholesale cost
- L) Henry Schein Dental- Dental supplies at wholesale cost
- M) Genesys EMS Education- EMS services on site and students to assist with medical needs of patients
- N) Delta Dental- Donation of toothbrushes for all patients
- O) 3M- Donation of clinical supplies
- P) Crest-Donation of toothpaste for all patients
- Q) Kerr- Donation of amalgam
- R) Dentsply-Donation of clinical supplies

- S) Dentemax- Donation of clinical supplies
- T) Security- Donated by Jerry Sakowski family in community
- U) Accounting/Data services- Donated by Jason E. Moore, CPA
- V) Boy Scout Troops 219 and 238- Donation of tents, along with set up and take down of the tents.
- W) University of Michigan- Oral Cancer Screen kits

The total cost for MI-Door Flint was \$17,031 and the total amount of services delivered was over \$114,500. This event is a well planned event which is patient and volunteer centered. The patients receive excellent dental care for relief of one (or more) emergent dental needs. The patient will have a blood pressure screening, medical history taken, receive oral health education while in treatment and via brochures, donated water, toothbrush and toothpaste, all pharmaceutical needs of antibiotic and pain control, transportation to and from the dental clinic, and an introduction into accessing oral health care in hopes that patients will seek a dental home. Please note that no controlled substances are prescribed on this day. Volunteers receive breakfast and lunch and also a t-shirt. The t-shirts are color coded to assist with making the day run smoothly. Leads for the day wear bright yellow identified as “LEAD” and security is also in bright yellow and identified as “SECURITY” and all other volunteers wear blue. This helps to easily identify who is a patient and who is a volunteer and also for volunteers to locate the leads when needed.

**Target Population and Community Project:**

The population that this program targets are low-income adults who are uninsured, who present in need of emergent dental care, and who otherwise will continue living their lives in daily pain inflicted from dental disease and unable to access care. MI-Door is a community wide event and welcomes any and all volunteer support and/or donations to make the day a success. MI-Door demonstrates a community building project, and it also brings to light the drastic amount of dental disease that inflicts the Flint residents on a daily basis. Anecdotal stories from the first MI-Door shared the surprise of the “third world oral cavities that are right in our own backyard”. MI-Door emphasizes the need for healthcare reform to ensure that healthcare is not a privilege, but a right.

**Outreach:**

Outreach for this event was supported by the United Way, Salvation Army, Homeless Connect, Channel 12 and the Flint Journal.

**Prescreened Patients:**

To ensure that dental offices had patients set for treatment by 8:00 AM, 78 pre-screened patients were organized by Mott Community College (Dr. Sue Weiss). The patients records were delivered to offices prior to May 22, 2010 and patients were instructed to be at their assigned dental office no later than 8:00 AM. By the time that these patients went through their treatment, the patients in line at Hamilton began showing up to their offices for dental treatment.

**Speakers:**

The keynote speakers whom addressed the volunteers were Dr. Steve Sulfaro, Senator Deb Cherry, the Mayor of Burton, Mr. Charles Smiley, and Dr. Raymond Gist, the American

Dental Association President Elect. Governor Granholm visited the event from 9:00 AM – 10:00 AM and spent time thanking the volunteers and greeting the patients. Legislators received invitations from the Michigan Oral Health Coalition to attend MI-Door in efforts to educate the governing bodies on the drastic need for adult dental Medicaid benefits.

**Significance of Project:**

In the seven hours of treatment, over \$114,500 of donated dental services was delivered.

**Dental Services Provided**

- Dental services were limited to basic emergency services – extractions and fillings. Dental prophylaxis (dental cleaning) was available but not promoted to the public. Hamilton dental lab provided removable oral prosthesis repair (dentures and partials). Dentist volunteers were requested to only provide service for the emergent dental need of the patient rather than attempt to provide comprehensive care for each patient.
- Approximately 245 patients were provided services during MI-Door; approximately 50 vouchers for care were distributed by the Genesee District Dental Society members to receive dental treatment on a different day to be determined by appointment only. 167 vouchers were available. Everyone who was present on May 22<sup>nd</sup> received treatment or a voucher.
- Services provided on the May 22, 2010:
  - 84 Fillings
  - 255 Extractions
  - 16 Prophylaxis
  - 6 Core Build-ups
  - 9 Endodontic Treatments
  - 6 Denture Repairs
  - 500+ Radiographs
- 113 individuals received free prescriptions for antibiotics and Ibuprofen – donated and organized by Wal-Mart.
- The value of dental treatment delivered exceeded \$114,500 for the one-day event.

**Additional Services Provided:**

Prescriptions – Through a generous donation of Wal-Mart, prescriptions for antibiotics and simple pain medication (i.e. Ibuprofen) were faxed to Wal-Mart pharmacies. Four surrounding area Wal-Marts participated. Following are the locations and the number of patients who received prescriptions on May 22, 2010, during the event:

- Burton=35
- Fenton=1
- Grand Blanc=25
- Flint=52

The patients had the choice of picking up their prescription or having it delivered to Hamilton Dental Clinic.

- Oral Cancer screening kits were available if needed
- Transportation to and from dental clinics

- Bottled water and oral health education bags for each patient. The bags consisted of toothbrushes, toothpaste, floss, oral health education literature, and a local list of dental offices who accept Medicaid and/or provide dental services on a sliding fee scale.

### **Volunteers**

- Volunteers were needed to provide dental services, take radiographs, register patients, assist patients in navigating through the treatment process (Patient Advocates), set-up for the event, organize patient transportation and prescription pick-up.
- 150 volunteers participated. Including:
  - 30 Dentists
  - 37 Registered Dental Hygienists
  - 40 Dental Assistants/Registered Dental Assistants
  - 43 General Volunteers (RNs, students, patient advocates, etc.)

### **Project Budget** A complete budget can be found as Attachment D

- Cost of the May 22, 2010, MI-Door Event was \$17,031. **This cost does not** include the in-kind donations of the facilities, supplies, and equipment of the dental office locations; the volunteer time of committee members or the time of dental providers; and other volunteers on the day of the event.
- Monetary donations: \$17,031
- Over 1,150 hours of MDCH staff time and 200 hours of core committee members were spent in planning, implementing and evaluating the event.

### **Volunteer Survey:**

All volunteers received a survey via Survey Monkey on May 24, 2010. Results showed an overwhelming positive feedback from the MI-Door volunteers. One volunteer said that “Being able to be part of the whole experience. Even though I felt my role was small I know I helped to make a difference and that is what is important”. For key findings from the volunteer survey see Attachment H.

### **Patient Exit Survey:**

All patients received a patient exit survey at the completion of their dental treatment. One patient said "Thank you so much, this was on my mind as well as the pain. Didn't know what I was going to do other than deal with the pain as long as I had to. Thanks so much." For key findings from the patient exit survey results see Attachment I.

### **Brief Chronological Order of Events**

- September 2009 – first meeting of MDCH Oral Health Staff Jill Moore and Lynda Horsley with members of the Genesee District Dental Society (GDSS) on prospect of bringing MI-Door to Flint.
- October 2009 – Additional MI-Door Committee assembled with members from Mott Community College, Henry Schein, and Patterson Dental. Refer to MI-Door Committee members for a detailed list.
- November 2009-April 2010– Monthly meetings with the MI-Door Committee took place to determine logistics, seek donations, recruit volunteers, etc. Lynda Horsley, BHA, a contract SEMHA employee with the Oral Health Program identified as lead on the MI-

Door project and Jill Moore, RDH, BSDH, MHA-E, a contract SEMHA employee with the MDCH Oral Health Program identified as co-lead. Many hours went into the project beyond the planned committee meetings... organizing patient record packets, seeking donations, making contact with volunteers, ordering and organization of supplies, signs, volunteer food, speaker organization, and additional logistics of the day. This work was greatly divided among the core MI-Door committee members.

- May 5, 2010 – Orientation for MI-Door for all lead participants took place at the Flint Golf Club and was sponsored by the Genesee District Dental Society.
- May 21, 2010 – Set up for project at Hamilton Dental Clinic took place from 6:00-9:30 PM
- May 22, 2010 – The second MI-Door event took place at Hamilton Dental Clinic.
- May 24, 2010- Survey of the MI-Door event was distributed electronically via survey monkey to all volunteer participants, seeking feedback and anecdotal stories from the day.

### **Lessons Learned**

Many of the lessons learned from the first MI-Door event were incorporated when planning the second MI-Door event. These previous lessons learned assisted in making MI-Door Flint an extremely well ran event. Due to the fact that each MI-Door event was unique in its own way due to the availability of a facility, the MI-Door Flint event was much like planning an entirely new event. Any event of any major endeavor such as MI-Door can expect some glitches, but overall, the event was very smooth and organized. It is through these lessons learned, that each successful MI-Door event will be improved. The lessons learned for MI-Door Flint are as follows and include feedback from volunteers on the day of the event, from a post-event survey (Survey Monkey), the MDCH Oral Health managers of the project, and others associated with the event. Note: please see lessons learned from the first MI-Door on May 16, 2009, for additional lessons learned.

- Ensure that the emergency system will be on-site during the entire event. When an emergency did arise, the ambulance had already left.
- With this project where patients are transferred to dental offices it is best to have all radiographs and in chair triage done within the assigned office. Bringing all patients into Hamilton Clinic for digital radiographs drastically slowed the flow of the day.
- Promote the event a week prior to ensure the community is aware of the event. Due to Flint being a smaller city than Detroit, there was not the same turnout to show the desperate need of the patients. Due to the high turn out from MI-Door UDM, a lesson learned was to control promotion, yet it was under promoted for MI-Door Flint. This left many vouchers unused.
- Promote media coverage of the event post MI-Door. There was little coverage after the event which failed to meet our goal to bring awareness of the need.
- A list of equipment and supplies available at the Hamilton clinic prior to the event would be beneficial because dentists have different agents and instruments that they are comfortable using.

**Outcomes:**

- Legislators were on-site at the event and learned first hand how many people suffer daily due to the pain from poor oral health. Several mentioned that they had no idea that lack of oral health coverage affected so many people in such a significant way.
- Dentists went above and beyond the May 22, 2010, event. A few of the dentists agreed to see the patients for follow-up care and provide a dental home within their office.
- Brought together the dental community in the Flint area.

**Future MI-Door Events:**

Future MI-Door projects are being planned by the committee. The availability of resources to implement the next projects will determine whether projects continue. The discontinuation of Medicaid adult dental benefits July 1, 2009, has brought a more desperate need for dental services for the uninsured. While MI-Door events are not a sufficient health care delivery system for meeting the needs of the state's low-income population, it is an important way to make a difference in the lives of many individuals.

#### References

- <sup>1</sup> U.S. Department of Health and Human Services. (2000). *Oral health in America: A report of the surgeon general*. Retrieved from: <http://www.surgeongeneral.gov/library/oralhealth/>
- <sup>2</sup> Treadwell, H. & Northridge, M. (2007). Oral health is the measure of a just society. *Journal of Health Care for the Poor and Underserved*, 18, 12-20.
- <sup>3</sup> Michigan Department of Community Health (2006b). *Michigan Oral Health Plan*. Retrieved from: [http://www.michigan.gov/documents/oral\\_health\\_work\\_plan\\_final\\_color\\_140634\\_7.pdf](http://www.michigan.gov/documents/oral_health_work_plan_final_color_140634_7.pdf)

**Michigan Day of Oral Health OutReach**  
**MI-DOOR** to Oral Health Care  
May 22, 2010  
Agenda

6:30 - 7:00 a.m.	Patient Registration and light breakfast
7:00 - 7:10 a.m.	Welcome Dr. Steve Sulfaro
7:10 - 7:15 a.m.	Senator Deb Cherry
7:15 - 7:20 a.m.	Mayor of Burton Mayor Charles Smiley
7:20 - 7:25 a.m.	American Dental Association President Elect Dr. Raymond Gist
7:25 - 7:30 a.m.	General Housekeeping and Orientation Jill Moore, MDCH MI-Door Co-Lead
7:30 - 8:00 a.m.	Volunteer breakdown with individual leads
8:00 a.m.	Patient Treatment Begins
11:30 a.m.	Volunteer lunch
4:00 p.m.	Patient Treatment Ends at dental offices
5:00 p.m.	Patient treatment ends at Hamilton Dental Clinic
5:00 - 7:00 p.m.	Wrap up / tear down

### **MI Door Committee Members**

Core members = members that sat on the Flint MI-Door planning committee.

Lynda Horsley  
Jill Moore  
Dr. Steve Sulfaro  
Dr. Zelton Johnson  
Dr. Jay Werschky  
Dr. Luis Perez  
Dr. Denise Polk  
Dr. Sue Weiss  
Dr. Miriam Parker  
Jen Bradley  
Kevin Doherty  
Gerri Farkas



MI-DOOR to Oral Health Care

# Thank-You to all MI-Door Supporters & Volunteers!

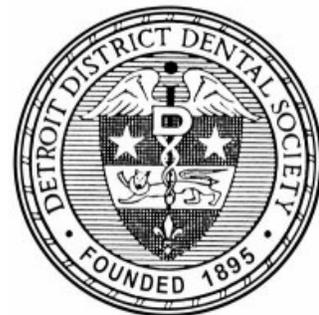
Michigan Department of Community Health



Linda Raveane  
(586) 484-1000



Troop 219



Troop 238



# THANK-YOU!



## MI-Door Budget

<b>Monetary Donations</b>	<b>\$17,031</b>
• GDDS	\$ 7,589
• MDCH	\$ 5,442
• MCHC Grant	\$ 4,000
<b>Expenditures</b>	<b>\$17,031</b>
• Hamilton Clinic	\$10,000
• Chair rental (for patients)	\$ 86
• Patterson Dental (clinical supplies)	\$ 1,483
• Med Trans of MI (gas for transportation)	\$ 180
• Henry Schein (clinical supplies)	\$ 1,136
• Jay's Septic Tank	\$ 420
• Security expenses (two-way radio)	\$ 192
• Signage (signs, easels)	\$ 952
• Volunteer t-shirts (utilized for organization of staff (i.e. leads, patient advocates, dental service providers)	\$ 1,563
• Miscellaneous supplies	\$ 365
• Food for volunteers	\$ 504
• MCHC Grant Preparation	\$ 150
<b>MDCH Oral Health Staff Hours</b>	
○ Approximately 1,150 hours	



MI-DOOR to Oral Health Care

**SATURDAY, MAY 22**

Hamilton Community Health Network

Featured Speakers to Present at 7:00 am

Mayor of Burton

Treatment Begins at 8:00 am

**Volunteers Needed:**

- ◆ Dentists
- ◆ Dental Hygienists
- ◆ Dental Assistants
- ◆ Community Volunteers

Volunteers are needed for triage, directing patient flow, registration, etc.

**For More Information or to Volunteer:**

Lynda Horsley • (517) 241-5716 •  
HorsleyL@michigan.gov

**Focus of the Event:**

- ◆ Provide free access to dental care for adults for immediate, urgent care for treatment of dental infections or pain (extractions and fillings only). Only low income adults will be seen on a first-come, first-served basis.
- ◆ Raise public awareness of the increasing difficulty low-income adults and children face in accessing critical dental care
- ◆ Challenging Medicaid patients, policy makers, and dental professionals to work together to improve oral health of those who are underinsured or uninsured

*Sponsors: Michigan Department of Community Health, Genesee District Dental Services, Hamilton Community Health Network, Mott Community College*

\*The Governor's Oral Health Initiative is a series of oral health access events that will be geographically dispersed across Michigan.



**MI-DOOR** to Oral Health Care

This event will provide free dental care and education to ADULTS who have an immediate dental need. This event is made possible by dental professionals who are volunteering their time and services.

**SATURDAY, MAY 22**

Where: 3375 S. Saginaw Street  
Hamilton Community Health Network – Burton Clinic

Treatment Begins at 8:00 am -3 pm

**Emergency Services Provided:**

Filling

Extraction

Minor Denture Repair

Services will be provided on a **FIRST COME FIRST SERVE** basis and also based on need.

**There is NO guarantee of treatment.**

*Sponsors: Michigan Department of Community Health, Genesee District Dental Services, Hamilton Community Health Network, Mott Community College*

*\*The Governor's Oral Health Initiative is a series of oral health access events that will be geographically dispersed across Michigan.*



Patient Number: \_\_\_\_\_

# CHECK SHEET

(check each one after fulfilling the requirements)

- \_\_\_\_\_ Medical History Form (completed and signed)
- \_\_\_\_\_ Blood Pressure taken and recorded
- \_\_\_\_\_ HIPPA Form (completed, signed, and copy given to patient)
- \_\_\_\_\_ Dental Treatment Consent Form (completed and signed)
- \_\_\_\_\_ Radiograph(s) taken
- \_\_\_\_\_ Dental procedure completed
- Prescription(s) given
  - \_\_\_\_\_ Antibiotics
  - \_\_\_\_\_ Pain Medication
- \_\_\_\_\_ Pharmacy pick-up (if needed)
- \_\_\_\_\_ Oral hygiene instruction
- \_\_\_\_\_ Oral adjuncts given (toothbrush, paste, floss etc.)
- \_\_\_\_\_ Drop off data entry sheet
- \_\_\_\_\_ Check-out (turn in this packet)



## Emergency Examination

### Limited exam for emergency Treatment

The dental care you will be receiving today is limited to give you relief from pain, bleeding, swelling, infection or injury until you can receive more complete treatment.

The emergency treatment may be limited. You may need more treatment that may not be done during this program. A dentist will look at your teeth and mouth today to let you know what can be done for your pain. Treatment will be provided with your consent. Treatment will be performed by a licensed dentist or licensed hygienist.

You can return to the dentist (provider) if you have any problems with what is done today. That dentist and/or dental office will not promise future emergency care for other problems.

\_\_\_\_\_  
Signature of patient or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of patient/guardian

### PHOTO RELEASE

I hereby give MI-DOOR permission to use my likeness in photography for publications, promotional purposes, website, media press releases and coverage and any other such purpose on behalf of MI-DOOR. I understand that I will not receive compensation for the use of my likeness in any form.

\_\_\_\_\_  
Signature of patient or guardian

\_\_\_\_\_  
Date

MI-DOOR HIPAA Form

Individual Rights under HIPAA:

1. An individual has the right to protection of his/her health information.
2. An individual has the right to inspect or have access to his/her health information
3. An individual has the right to request an amendment to his/her record
4. An individual has the right to request a restriction on how his/her information may be used or disclosed
5. An individual has the right to request that information be shared with him or her in a particular way
6. An individual has the right to an accounting of disclosures
7. An individual has the right to a Notice of Privacy Practices from a covered entity.
8. An individual has the right to file a complaint

I read and understand my rights under the HIPAA regulations. I understand that this is a volunteer day and that the medical staff treating me are volunteers.

Signature of patient: \_\_\_\_\_ Date: \_\_\_\_\_

Questions and Complaints:

If you are concerned that we may have violated your patient rights, you may submit a written complaint to the U.S. Department of Health and Human Services.

Consumers can find out more information about filing a complaint at <http://www.hhs.gov/ocr/hipaa> or by calling (866) 627-7748.

-----  
(patient copy)

MI-DOOR HIPAA Form

Individual Rights under HIPAA:

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2. An individual has the right to inspect or have access to his/her health information
3. An individual has the right to request an amendment to his/her record
4. An individual has the right to request a restriction on how his/her information may be used or disclosed
5. An individual has the right to request that information be shared with him or her in a particular way
6. An individual has the right to an accounting of disclosures
7. An individual has the right to a Notice of Privacy Practices from a covered entity.
8. An individual has the right to file a complaint

I read and understand my rights under the HIPAA regulations. I understand that this is a volunteer day and that the medical staff treating me are volunteers.

Signature of patient: \_\_\_\_\_ Date: \_\_\_\_\_

Questions and Complaints:

If you are concerned that we may have violated your patient rights, you may submit a written complaint to the U.S. Department of Health and Human Services.

Consumers can find out more information about filing a complaint at <http://www.hhs.gov/ocr/hipaa> or by calling (866) 627-7748.

MI **DOOR** Medical History Form

Name \_\_\_\_\_ Home Phone (\_\_\_\_) - \_\_\_\_ - \_\_\_\_  
 Last First Middle  
 Address \_\_\_\_\_ Cell Phone (\_\_\_\_) - \_\_\_\_ - \_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F Closest relative \_\_\_\_\_ Phone (\_\_\_\_) - \_\_\_\_ - \_\_\_\_  
 Month day yr

1. What is the reason for your visit \_\_\_\_\_
2. Have you ever had any problems following dental treatment? ..... Yes No
3. Have you ever had a bad or unusual reaction to local anesthesia? ..... Yes No
4. Do you have difficulty opening your mouth or swallowing? ..... Yes No

**Have you now, or in the past, ever had any of the following conditions?**

1. **Breathing** or Respiratory problems ..... Yes .No
2. **Heart** or Circulation problems
 

High Blood Pressure..... Yes No	Stroke ..... Yes . No
Heart Attack (MI)..... Yes No	Cardiac Bypass Surgery..... Yes . No
Chest Pain..... Yes No	Artificial Heart Valve..... Yes ..No
Swollen Ankles..... Yes No	Infection of the Heart..... Yes . No
Heart Defect at Birth..... Yes No	
3. **Kidney** disease ..... Yes . No
4. **Diabetes** ..... Yes No
5. **Infectious disease**

TB..... Yes No	Hepatitis B..... Yes No
HIV/AIDS..... Yes No	Hepatitis C..... Yes No
VENEREAL DISEASE..... Yes No	
6. Have you ever had any history of **cancer** chemotherapy or radiation ..... Yes No
7. Do you have any history of **Allergic Reaction** or Intolerance to any medications or other substances?
 

Penicillin..... Yes No	
Latex..... Yes No	Other substances or medications..... Yes No
8. List of current **medications**: \_\_\_\_\_
9. Have you ever taken Bisphosphonates? ..... Yes No
10. Have you ever used **tobacco** products? ..... Yes No
11. Do you consume **alcoholic** beverages? ..... Yes No
12. Do you use or have you ever used **recreational drugs or street drugs** including IV drugs? ..... Yes No  
 Please note: The use of **Cocaine** before or after dental treatment, can negatively interact with dental drugs.

**Women Only:**

Are you pregnant? \_\_\_\_\_ First Trimester \_\_\_\_\_ Second Trimester \_\_\_\_\_ Third Trimester \_\_\_\_\_

**I certify that to the best of my knowledge the above information is complete and accurate.**

\_\_\_\_\_  
 Signature of patient or guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature and title of reviewer: please sign and print last name and title

**Form to be filled out by MI Door Volunteer**

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **BP:** \_\_\_\_\_

**Blood Sugar:** \_\_\_\_\_ **Cholesterol:** \_\_\_\_\_

**Current Medications:** \_\_\_\_\_

**Alert from Medical History:** \_\_\_\_\_

**Family history:**

**Heart disease**.....Yes No

**Diabetes**.....Yes No

**Hypertension**.....Yes No

**Cancer**.....Yes No

**High Cholesterol**.....Yes No

**Patient's chief dental complaint:** \_\_\_\_\_

**Radiographs:** (Tape x-ray below)

**PA** \_\_\_\_\_  
teeth numbers

**Panorex taken Y / N**  
circle

**BW** \_\_\_\_\_  
area requested

**MI-DOOR Treatment Plan and Record of Treatment Provided****Patient name:** \_\_\_\_\_**Name of Dentist planning treatment:** \_\_\_\_\_  
Signature and printed name

<b>Tooth # and surface</b>	<b>Diagnosis</b>	<b>Planned Treatment</b>	<b>Treatment Completed</b> Please include name and signature of provider

**SPECIAL COMMENTS/NOTES:****PRESCRIPTIONS:** Please circleAmoxicillin  
500mg  
30tabsClindamycin  
150mg  
80 tabsIbuprofen  
800mg  
25 tabs**Other Prescriptions:**

MI-DOOR Dental Treatment Consent Form

Patient's Name:

\_\_\_\_\_

Please read and initial the items checked below and read and sign at the bottom of the form

**1. X-RAYS** (Initials \_\_\_\_\_)

**2. DRUGS AND MEDICATIONS**

I understand that medications given to me may cause allergic reactions. (redness, swelling of tissues, pain, itching, vomiting, shock and/or other problems)

(Initials \_\_\_\_\_)

**3. CHANGES IN YOUR DENTAL TREATMENT**

I understand while receiving care my treatment may need to change because of new findings. I give my permission to the Dentist to make any/all changes necessary.

(Initials \_\_\_\_\_)

**4. REMOVAL OF TEETH**

I give permission to the Dentist to remove the teeth as needed. I understand removing teeth does not always remove all of the disease present. It may be necessary to have further treatment. I understand when having teeth removed I may have pain, swelling, spread of disease, dry socket, loss of feeling in my teeth, lips, tongue and surrounding

tissue, numbness that can last for any length of time, or broken jaw. I understand I may need further treatment by a dentist or even hospitalization if complications do occur.

(Initials \_\_\_\_\_)

**5. ROOT CANAL TREATMENT**

I realize there is no guarantee that root canal treatment will save my tooth, and that complications can occur from the root canal. I understand that additional treatment may be necessary following root canal.

(Initials \_\_\_\_\_)

**6. FILLINGS**

I understand that I must be careful when chewing on my fillings. I understand that I may have sensitivity after receiving my filling. (Initials \_\_\_\_\_)

**7. PRESCRIPTION DRUGS**

I understand that the only prescriptions given out today will be antibiotics and over the counter pain medication.

(Initials \_\_\_\_\_)

I agree to follow the recommendations of the doctor/dentist while I am under his/her care. I understand that any lack of cooperation could result in poor outcomes.

By signing this form I agree that I have read and understood the above consent form and agree to the treatment recommended to me.

I have had the opportunity to ask questions and have had them answered.

Signature of Patient \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian if patient is a minor \_\_\_\_\_ Date \_\_\_\_\_



## Home Care Information

- **Fillings:** fillings are tooth colored or silver colored
  1. The feeling in your mouth will not be the same for 2 to 3 hours
  2. Do not chew your lip, tongue or cheek during this time. You can damage your lip, tongue or cheek without feeling the pain.
  3. Do not eat food until the feeling comes back. You can drink cool drinks but do not drink hot drinks. Hot drinks could burn your mouth and you would not feel the pain.
  
- **Extractions:** taking teeth out
  1. Keep biting on the gauze in your mouth for one hour following the extraction.
  2. **DO NOT SMOKE** for two days. The area where the tooth came out may not heal if you smoke.
  3. Do not eat until your tongue, lip and cheek feels normal to you. Today eat only soft, cold food. It is ok to drink cold liquids today. **DO NOT** use a **STRAW** to drink
  4. Do not rinse your mouth or spit today. Rinse your mouth tomorrow with warm water, put a little bit of salt in the water.
  5. We have given you more gauze to use if the bleeding starts again, bite on the gauze for one hour.
  
- **Other treatment needed:**

## Data Entry Form

\_\_\_\_\_ # of Fillings

\_\_\_\_\_ # of Extractions

Prophylaxis (circle one)    yes    no

\_\_\_\_\_ # of teeth treated with endodontics

Any additional care: \_\_\_\_\_

\_\_\_\_\_

---

## Prescription Form

Name: \_\_\_\_\_

First

Middle

Last

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

city

state

zip code

Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

All patients have a right to privacy and all staff including volunteers must respect this right and comply with Michigan Department of Community Health and the federal law, which insures this right.

- Any information that can identify a patient is considered “Protected Health Information” (PHI) Divulging this information either written or oral is a violation.
- Volunteers will receive minimum information necessary to do the job.
- Conversations with patients should not include questions about their diagnosis, insurance coverage, or anything else that deals with their health information.
- Do not listen to any conversations between patients and medical staff.
- Never discuss anything about a patient unless it is in the performance of your assignment and then only to the proper person and in a manner and location, which insures that the conversation will not be overheard.
- Never discuss anything about a patient outside of the host facility. This includes knowledge of admittance, and emergency treatment. This also pertains to family members, neighbors, friends, church members, etc. who are patients and who you might see while volunteering.

I hereby agree that I will not discuss, reveal, copy or in any other manner disclose any PHI that I may see or hear while volunteering for MI-Door. I understand failure to comply with any of the statements aforementioned in this document is my responsibility and not that of Michigan Department of Community Health. Failure to comply would mean legal action.

Name (please print clearly) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# Triage Form

Number: \_\_\_\_\_

Name: \_\_\_\_\_

Services needed: Based on oral screening and patient symptoms

- Extractions:      Tooth # \_\_\_\_\_
- Fillings:            Tooth # \_\_\_\_\_
- Prophy
- Other:                Denture Repairs      Endo Rx.    Medical

Comments: \_\_\_\_\_

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# Routing Form

Name: \_\_\_\_\_

Clinic: Circle one

A - Hamilton

D - Johnson

G - Williamson

B - Perez

E - Cantwil

H - Grossi

C - Mortimer

F - Slezak

I - Mobile Van

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

## 1. Default Section

1. Please check the category of MI Door Oral Health Event volunteer that best describes you.

- Periodontist
- Oral Surgeon
- Endodontist
- General Dentist
- Dental Assistant or RDA
- Dental Hygienist
- Dental Student
- Dental Hygiene Student
- Hygienist/Assistant/RDA/DDS serving in a non-clinical capacity
- Non-Dental Volunteer

2. Do you feel as though patients who received care, truly were in need?

Yes

No

Other (please specify)

3. Would you volunteer for an annual MI Door adult dental event in Flint?

Yes

No

In no, please explain

4. What other regions would you volunteer for MI Door events?

- Upper Peninsula
- Northern Lower Peninsula
- Thumb Area
- Southeastern Michigan
- Southwestern Michigan
- Mid-Michigan

5. Rate your satisfaction with the following:

	Very Satisfied	Satisfied	Not Satisfied	N/A
Ease of volunteer registration	jñ	jñ	jñ	jñ
Leadership of organizing staff	jñ	jñ	jñ	jñ
Equipment and instruments	jñ	jñ	jñ	jñ
Event setting (clinic)	jñ	jñ	jñ	jñ
Infection control	jñ	jñ	jñ	jñ
Flow of day/organization of day	jñ	jñ	jñ	jñ
Lunch	jñ	jñ	jñ	jñ
Speakers	jñ	jñ	jñ	jñ
Transportation	jñ	jñ	jñ	jñ

Other (please specify) or Comments

6. In your opinion, what were the highlights of the day?

7. In your opinion, what improvements should be made for future events?

8. Do you have an anecdotal story to tell about the event? Is there a patient story that needs to be told?

9. Please provide any additional comments regarding the MI Door Oral Health event.



## MI-Door Volunteer Survey Key Findings

**Findings are based on 23 volunteer respondents**

- All volunteer respondents to the survey found that the patients who received care were truly in need.
- 95.5% of the volunteers would volunteer for an annual MI-Door adult dental event in Flint.
- Mid-Michigan (82.4%) and Southeastern Michigan (70.6%) were the two regions of the state where majority volunteers would volunteer for MI-Door events.
- Overall majority of volunteers were very satisfied with ease of volunteer registration, leadership of organizing staff, equipment and instruments, event setting, infection control, flow of day/organization of day, lunch, speakers, and transportation.



## Volunteer Survey Results

Table 1:

Volunteer Description	N	%
General Dentist	8	36.4
Non-Dental Volunteer	8	36.4
Hygienist/Assistant/RDA/DDS serving in a non-clinical capacity	3	13.6
Dental Assistant or RDA	2	9.1
Dental Hygienist	1	4.5
Dental Hygiene Student	1	4.5
Periodontist	0	0
Oral Surgeon	0	0
Endodontist	0	0
Dental Student	0	0

N= number of respondents

Table 2:

	N	%
Yes	23	100
No	0	0

N= number of respondents

Table 3:

	N	%
Yes	21	95.5
No	1	4.5

N= number of respondents

If No, Please explain
Possibly, depends on format and support
It depends on if I can get staff to volunteer their time as well

Table 4:

Region	N	%
Mid-Michigan	14	82.4
Southeastern Michigan	12	70.6
Southwestern Michigan	6	35.3
Thumb Area	5	39.4
Northern Lower Peninsula	4	23.5
Upper Peninsula	3	17.6

N= number of respondents

Patients may select more than one, so percentages may add up to more than 100%

Table 5:

	Very Satisfied	Satisfied	Not Satisfied	N/A
	N	N	N	N
East of volunteer registration	20	1	0	2

Leadership of organizing staff	21	2	0	0
Equipment and instruments	11	6	0	6
Event setting (clinic)	14	7	0	2
Infection control	11	4	1	7
Flow of day/organization of day	14	8	0	1
Lunch	16	4	0	3
Speakers	7	12	0	4
Transportation	14	4	0	5
Other (please specify) or Comments	0	0	0	0

N= number of respondents

<b>Other (please specify) or Comments</b>
I believe we should have had a representative from Hamilton say a few words
The mobile van was not set up well to provide extractions, amalgam and composite fillings.
I was very surprised at how organized and well put together this event was.

Table 6:

<b>Highlights of the day</b>
Just seeing people in need get help.
Nearly all of the patients were very appreciative and patient throughout the day. It was great to see so many area offices come together to provide care for the community.
Opportunity to take care of the truly needy.
Quick processing of patients. It was such a smooth process from beginning to end.
Hearing the appreciation of the patients.
I enjoyed helping the very cooperative and appreciative patients that I treated. The dental assistants that I worked with were all very helpful and they made my job much easier working in a clinic that I had never been to before.
Being able to be a part of the whole experience. Even though I felt my role was small I know I helped to make a difference and that is what is important.
Helping people in need.
The governor's visit. She thanked all the volunteers and then spoke to everyone waiting in line for services.
Seeing that in a small way we are helping to meet some needs of these disadvantaged people.
Thought it was amazing the governor stayed so long. Registration went so much better.
Smoothness of program operations especially in light of it being a first attempt as well as an event functioning at multiple locations
We were able to help many individuals with great need.
Being able to help so many people in need. Having a manageable amount of patients that were able to be seen in one day. Seeing so many people being so grateful for help.
Being able to serve.
When a convicted drug dealer told me God Bless You for helping me.

Providing needed treatment and seeing how very thankful and appreciative the patients were.
Providing free dental services to the people in need.
Seeing all the people who needed dental treatment.

Table 7:

Opinions on improvements for future events
I worked in the triage area. It was fine being outside, but it threatened rain several times. A small pop up canopy would have been great to avoid rain and prolonged sun exposure. Also, after a while we figured out that we needed to have 5 chairs there facing away from the crowd. 2 for patients that were being seen by the 2 docs, and 2 chairs to hold gloves, mirrors and flashlight, etc. The middle chair held the forms and wristbands. We also found a trash to keep in the middle. Other things that would be helpful would be walkie talkies for the docs to talk with docs inside, and more disposable mirrors (we found some in the clinic, but I think we drained their supply) Media coverage, if possible. After the event, I looked for coverage from the local paper or news station, there was none that I found.
Only minor on-site changes.
I would recommend promoting the event about a week out. Most patients commented they had just heard about the event the day before.
More patients should be pre-screened the day before, so all professionals could start working immediately.
The mobile van was not set up properly to do what I thought I would be doing. There was only one sink that was working in the van.
Better advertising. I felt there could have been more patients had this event been advertised for more than one day. I know we still made a difference but I feel like what was the point if you're not going to make the community aware of it.
Too bad about the lab canceling. Mobile dentistry people could possibly bring their denture van.
Need to cut off time for much earlier. Do not process people through registration, have them wait hours then give them voucher.
Possibly cost coverage but that is somewhat unclear at this point.
I was very satisfied with the way the day went. We were kept busy, and some had to wait for some time before we could get to them, but they did not seem to mind.
Triage tent. Triage could be done by experienced hygienists to free up more dentists for treatment. Disposable mouth mirrors for triage area. Send patients to offices promptly at 8:00 to maximize patient care time. Use senior hygiene students in the clinic at Mott Community College to do prophylaxis.
More publicity.
Regular Volunteers get waivers for X-Ray equipment registration fees, and State Licensing Fees.
Event has to be tailored to local community. Thought our day was great for us.
Care should be taken not to send the patients without any treatment even after waiting for a very long time. Patient cut off number should be announced before the day ends (depending on the flow/rate of treatment taking place) thereby avoiding the waiting period of the patient.
It would be nice to have all volunteers in one facility...

Table 8:

Anecdotal story
There was a 20 year old woman with two twin sons at the event. She said she was on Medicaid, but did not know anything about Healthy Kids Dental for her or her children.
One of the patients that was called up by the governor saw that I had taken his photo with the governor and said his sister had a picture of herself with Governor Granholm hangin on the wall and he wanted one to hang beside it. So he gave me his address to mail the photo. (which I will do!) This happened right after a woman asked not to be in any pictures with the governor!
Not specifically but the extractions and restorations that I provided were definitely needed services and all the patients that I saw were very grateful. I felt good about what I did for these people.
Do not allow anyone who is visibly intoxicated to go through triage. The one client that the police were called on should never have gone through as he was so drunk.
People in line seemed happy this was offered. One man got in line at 10:30 the night before.
There was a story with each one of the patients and to tell them all would be impossible. I think overall the appreciation they had for what we were able to do was overwhelming.
I can't count the number of times I was told, "God bless all of you people for coming here to help us today, we have no-one to help us." One woman told me she just wanted to be able to smile again without being embarrassed and she was so happy to be there because she might be able to smile after she saw the dentist today. Another woman said she has been in so much pain she was hoping that she would be able to finally sleep tonight after seeing the dentist. One homeless man brought another man that was deaf, he stayed by him to help him through the entire registration process.
Thankfulness of patients in general.
The patients all had the same story of poor choices that they made that put them into this situation. They will get no long term benefit from this one day even as most of them had multiple unaddressed issues.

Table 9:

Comments regarding the MI-Door event
It was a great day. Interesting how well a group of mostly strangers can get to work together so efficiently.
Great day for me personally! I would recommend adding some other resources to the event like local DHS staff or smoking cessation programs.
It was scary when we thought an ambulance might be needed and it had left!
I thought the Hamilton Clinic was a very nice spot for the event. It would have been nice to have a list of equipment and supplies available prior to the event, because bonding systems and technique sensitive and many dentists have different extraction forceps that they are comfortable using. There was a lot of work to do in organizing this event and overall I would say very good job!!
Jill and Lynda were phenomenal.
Very well organized. Had a lot of fun doing it.
I very much enjoyed participating and already look forward to such similar events!
The only negative comments I heard were when the vouchers were given to those that had waited hours already. May be good to have 1-2 more Triage dentists. Registration had lag times.

<p>Excellent job done by all involved, esp. the dentists giving their time, offering their facilities, at no small expense to themselves. Great job by Hamilton Comm Dental, their staff and leadership. Great job by all the volunteers without whose assistance this event would not have run as it did. Excellent by the leadership at GDDS and the Mich health dept, all of whom never gave up on their goal.</p>
<p>It was very rewarding day, I felt satisfied at the end of the day that I was able to help so many people in need.</p>
<p>With the number of people (patients) attending that smoked it might be a good place to have information for them to help quit.</p>
<p>Great initiative. Glad to help!</p>
<p>Charitable care is a patch, but not a solution. I assume that most of these patients receive other forms of state assistance. They should be REQUIRED to seek preventative care in order to continue to receive state assistance. The Medicaid program in the state is badly broken and MI-Door is not a solution. Hard choices and possibly unpopular ones need to be made to ensure that those most deserving of help receive it. Personal accountability is not emphasized in this program or any other state program and our state is near bankrupt because of it. I feel good about being able to help, but I feel worse knowing how many unsolved problems left my office that day.</p>
<p>Lets keep the program going to as many areas as possible.</p>
<p>Well organized.</p>



# Patient Exit Survey

## Personal Information:

How old are you?

- 16-20
- 21-40
- 41-64
- 65+

What county do you live in?

- Genesee County
- Other: \_\_\_\_\_

What is your race and Ethnicity?

- American Indian, Alaskan Native
- Asian, Pacific Islander
- Black, Non-Hispanic
- Hispanic
- Multi-racial
- White, Non-Hispanic
- Other/Unknown

## Dental Information:

Your dental needs (check all that apply)

- I tried to get dental care in the last year but could not afford it
- I was told today that I need more care

When was your last dental care visit?

- Never
- More than 2 years
- Within the past 2 years
- Within the past year
- Within the past 6 months
- Within the past month

Would you have used the hospital emergency room for your dental pain if you had not come to MI-DOOR?

- Yes
- No

Have you ever gone to the emergency room for dental pain?

- Yes
- No

## Event Information

How far did you travel to get to MI-DOOR?

- 0-10 miles
- Between 10 and 50 miles
- More than 50 miles

How did you get here today?

- Drove
- Walked
- Train
- Bus
- Bike
- Group Van (Church, United Way, Other)
- Other: \_\_\_\_\_

Did the volunteers give you the time you needed to get all your questions answered?

- Yes
- No

## Additional Comments

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*Thank you for your participation!*



## MI-Door Patient Exit Survey Key Findings

The 2010 Flint MI-Door committee decided to do a post survey of the patients. Questions were asked regarding:

- Demographics
- Dental Needs
- Emergency Room Utilization

### DEMOGRAPHICS

The U.S. Census Bureau reports in 2000 for Genesee County with a total population of 436,141. Whites represent 77% of the population and Black or African Americans represent 21% of the population.<sup>1</sup>

- MI-Door Flint was aimed towards the Genesee County only advertising in these areas. A total of 14% of the patients were from a county other than Genesee.
- Majority of the patients (63%) traveled between 0-10 miles to get to Hamilton Community Health Network – Burton Clinic. The two most used modes of transportation to get the Burton clinic were driving themselves (59%), and riding in a group van (13%).
- The majority of the patients were between the ages of 41-64 (54%) and 21-40 (41%).
- Among the patients who were present on May 22, 2010, 50% were white Non-Hispanic and 42% were Black, Non-Hispanic.

### DENTAL NEEDS

With the elimination of all but emergency services for adults on Medicaid in 2009 strained this already weakened community dental health system.

- 59% of the patients had their last dental visit more than 2 years ago. 2% of this response group had never had a dental visit. 11% had a dental visit in the recommended past 6 months.
- All patients who attended the MI-Door event indicated at least one of the following: that they were told today that they need more care (31%) or that they tried to get dental care in the last year but could not afford it (83%). (Patients were able to select more than one, so percentages may add up to more than 100%)

### EMERGENCY ROOM UTILIZATION

The health care impact also can be traced through increased spending for avoidable services. These services include emergency room visits due to untreated disease, operating room procedures for dental conditions that were not treated at an earlier stage, or hospital inpatient stays when dental infections expand into systemic infections that require IVs (intravenous solutions) and antibiotics.

- 30% of the patients who attended MI-Door in Flint had been to an emergency room for dental pain.
- If it wasn't for MI-Door 52% of the patients indicated that they would have used the hospital emergency room for their dental pain.

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<sup>1</sup> U.S. Census Bureau, Census 2000 Redistricting Data (Public Law 94-171) Summary File, Matrices PL1 and PL2.



## Patient Exit Survey Results

Table 1: Age proportion of MI-Door patients

Age	N	%
16-20	2	2
21-40	52	41
41-64	69	54
65+	5	4
N/A	0	0

N= number of respondents

Table 2: County demographics of MI-Door patients

County	N	%
Genesee County	110	86
Other	18	14

N= number of respondents

Table 3: Race and ethnicity of MI-Door patients

Race/Ethnicity	N	%
White, Non-Hispanic	63	50
Black, Non-Hispanic	53	42
Hispanic	5	4
Other/Unknown	2	2
American Indian, Alaskan Native	1	1
Multi-Racial	1	1
Asian, Pacific Islander	0	0

N= number of respondents

Table 4: MI-Door patient dental needs (check all that apply)

Dental Needs	N	%
I tried to get dental care in the last year but could not afford it	106	83
I was told today that I need more care	40	31

N= number of respondents

Patients may select more than one, so percentages may add up to more than 100%

Table 5: Proportion of patients who would have used the hospital emergency room for dental pain had they not come to MI-Door

	N	%
Yes	66	52
No	62	48
N/A	0	0

N= number of respondents

Table 6: Patients last dental care visit

Time Length	N	%
More than 2 years	72	59
Within the past 2 years	18	14
Within the past year	17	13
Within the past 6 months	8	6
Within the past month	7	5
Never	2	2
N/A	1	1

N= number of respondents

Table 7: Proportion of patients who have ever gone to the emergency room for dental pain.

	N	%
No	88	69
Yes	38	30
N/A	2	2

N= number of respondents

Table 8: Travel distance to get to MI-Door for the patient

Distance	N	%
0-10 Miles	81	63
Between 10-50 Miles	44	34
N/A	3	2
More than 50 Miles	0	0

N= number of respondents

Table 9: Proportion of transportation methods for the MI-Door Patients

Transportation to MI-Door	N	%
Drove	75	59
Other	23	18
Group Van	17	13
Bus	9	7
Walked	3	2
Bike	1	1
Train	0	0

N= number of respondents

### Additional Comments from Patients

I am just very grateful for this service provided today  
I'm looking for a dentist that can make a good dental plan for me with no income.  
Thank you so much!!!  
Thank you for coming here and doing this. For your time. I appreciate it very much  
This was awesome! They should do this more often.  
Reinstate Medicaid!  
Dr. Polk, Great Doctor!  
Very Grateful  
Thank you!  
I think that you guys have really helped the community today. Keep up the good work. Peace!  
I feel blessed, Thank you!  
Great job  
Thank you for this opportunity  
Very good care, attentive caring staff!  
Helpful-Smile  
Great Job! Very Happy!  
The dentist and assistant were really nice and made me feel really comfortable. Thanks!  
They did a good job  
Thank you so much!!  
Dr. Parker is the greatest. Thank you for fixing my dentures.  
Thank you very much for the professional service.  
The dentist and assistant were excellent. I've never received care like that. Didn't make me feel belittled. Thank you so much!  
All volunteers very nice.  
Thank you all for doing this.  
I was made to feel comfortable and welcome. I am very impressed.  
Thank you so much! I was cold, wet from the rain, but got much needed dental work done. Advertise better please. I found out on 6am news the day of the event.  
A great service badly needed that helped me. Thank you so much  
Your staff was very pleasant. Will be back  
Thank you very much, this service is much appreciated. Thank you ALL very much!  
Thank you!!  
Thank you so much, this was on my mind and the pain. Didn't know what I was going to do other than deal with pain as long as I had to. Thanks so much.  
Thank you for all your help and services  
Thank you very much!  
Thank you very much, keep up the good work. God Bless  
I was very impressed with everything and everyone  
Thanks a lot for your services and your help in fixing my teeth.  
Everyone was very helpful and professional. Thank you for your help and care  
Good help and the doctor did a very good job and the nurses were very polite and good with us.  
Thank you. Have a blessed day.  
I would like to thank all who volunteered and supported us and me especially. Thank you and god bless you all.  
I though the nurse and the doctor were both great and professional.  
Outstanding staff and dentist work  
Awesome Job. Thank you.  
Thanks everyone for taking the time to help me out. I am very grateful!  
Thanks  
I would love to have a nice smile, don't smile at all - please help me-  
Having dental pain where some fillings came out. Dentures need to be refined and need partials.  
This was very nice  
They did really good job  
Thank you all for doing this.