DELTA DENTAL®

Iowa Refugee Resettlement & Access to Oral Health Care

The Iowa Smiles Project

Background

In 2021, the Delta Dental of Iowa Foundation engaged key stakeholders in refugee resettlement and dental communities to address the influx of new refugees and their access to oral healthcare. Over 900 Afghans arrived in Iowa in late 2021 and early 2022 compared to 538 refugees from several countries in 2018 (Iowa Refugee Health Program Annual Report 2018 (IRHP)). The intent of this report is to raise awareness of refugees and share successes, challenges, and opportunities for dental practices across Iowa to provide culturally competent dental care to the newest Iowans.

In the IHRP 2018 report, dental problems were the health concern reported most frequently by clinicians in the ten Iowa clinics providing health screenings to newly arriving refugees. Three providers, Eastern Iowa Health Center (EIHC) in Cedar Rapids, Broadlawns Medical Center Dental Clinic (BMC) and Dental Connections (DC) in Des Moines, recently implemented targeted programs to accommodate refugees due to their serious dental needs and their unfamiliarity with the U.S. dental care system and share their experiences throughout this report.

Refugees in Iowa

History of resettlement in Iowa

Iowa has welcomed refugees since 1975 with the arrival of Tai Dam refugees who had fled Vietnam. Since then, refugees from Cambodia, Poland, Bosnia, Czechoslovakia, Hungary, Sudan, Burma, and many other countries have been resettled in Iowa. The Iowa Bureau of Refugee Services (BRS) initially provided resettlement services to new refugees but currently provides supportive programming only. Resettlement services in Iowa are currently provided by four non-governmental organizations (International Rescue Committee, Lutheran Services in Iowa, United States Committee for Refugees and Immigrants, and United States Conference of Catholic Bishops) who have contracts with the U.S. State Department to provide services through the United States Refugee Admissions Program. The BRS is a federally funded office of the Iowa Department of Health and Human Services (Iowa HHS) and is charged with supporting the resettlement and integration of refugees in Iowa. (Iowa Bureau of Refugee Services)

Due to the ongoing displacement of millions of refugees worldwide, refugee resettlement in Iowa continues. Although not as sudden and with overwhelming numbers as the refugees from Afghanistan, Iowa continues to receive arrivals from Ukraine, Democratic Republic of Congo, Burma, Eritrea, Cuba, and Haiti (Iowa BRS).

The initial refugee resettlement period generally lasts for 90 days, or three months, although most resettlement agencies provide additional support for up to 180 days, or six months and beyond. Recently, Iowa HHS expanded funding to community partners and resettlement agencies (RAs) beyond the initial 90-day period to ensure the refugees have the support that they need to be self-sufficient. (Iowa HHS Expands Support for Refugees; Announces RFP to provide wraparound supports, and other key initiatives May 2023).

Refugees Defined

Homeland Security has several categories for individuals legally entering the US. For purposes of this brief, we will use “refugees” collectively for these categories:

Refugee	Parolee	Immigrant
A refugee is a person who has been forced to flee their home country because of persecution or a well-founded fear of persecution or violence based on race, religion, nationality, membership in a particular social group, or political opinion.	A parolee is a person with an expedited entry into the U.S. due to urgent humanitarian reasons or significant public benefit who is granted entry for a temporary period as a “humanitarian parole.” Many people from Afghanistan and Ukraine fall into this category. It should be noted, unlike refugee status, a humanitarian parolee does not have a direct path to lawful permanent residence in the U.S.	Any person lawfully in the United States who is not a U.S. citizen or U.S. national who voluntarily chooses to leave their country.

Relocations Across the State

Refugees live and work across Iowa and can add positive societal and economic support by adding to the cultural diversity, economy, and workforce in their communities. Initially, refugees are resettled in Iowa’s most populated counties to be close to the necessary supports and services. Schools report languages of their students as Sioux City (8), Cedar Rapids (60), and Des Moines with over 100 languages from 88 countries of origin. After resettlement, refugees may relocate, or out-migrate, to be closer to jobs, friends, or family in other parts of the state or country.

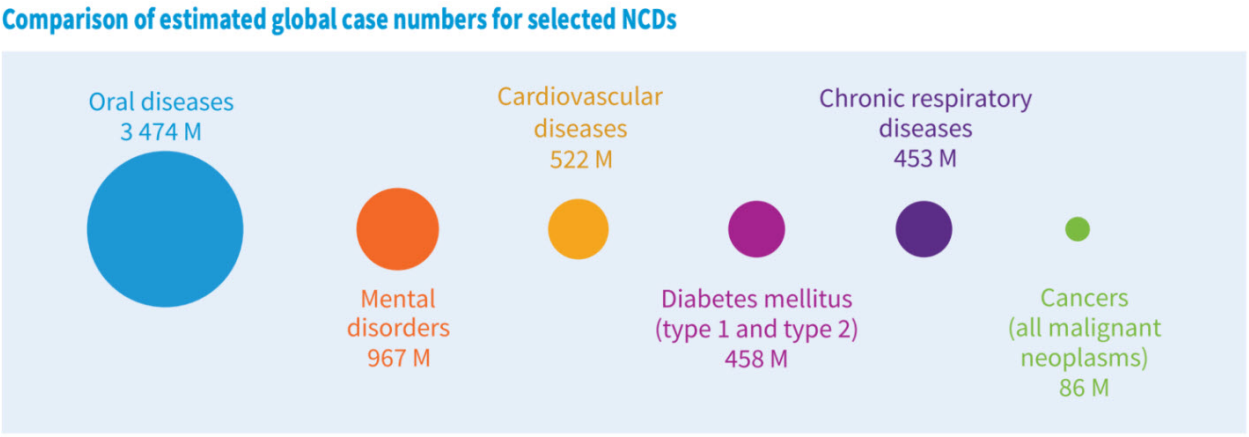
Health Concerns

Many refugee health problems are a result of the lack of medical care in their country of origin or substandard living conditions in refugee camps. Most health problems are identified during refugee processing before refugees are admitted to the United States. Refugees with communicable diseases may not be allowed to travel until they are no longer considered to be infectious. However, many refugees may arrive with untreated or chronic health concerns including dental needs.

Oral Disease Burden

Refugees often arrive with unresolved oral health issues. The dental needs of refugees can go unaddressed because dental screenings are not a required service under the U.S. State Department contracts with resettlement agencies. While all new refugees undergo a comprehensive medical screening, they are not required to have a dental evaluation. Many refugees who arrive are in pain or suffering from dental issues that have been neglected for years. Perceptions of oral health vary greatly among different refugee populations.

A 2019 report details worldwide data that states among the major oral diseases, untreated decay of permanent teeth is the most prevalent, then severe periodontal disease followed by untreated caries of deciduous teeth. "The combined estimated number of cases of oral diseases globally is about 1 billion higher than cases of all five main NCDs (mental disorders, cardiovascular disease, diabetes mellitus, chronic respiratory diseases and cancers) combined (see Fig. 2)" "Global oral health status report Towards universal health coverage for oral health by 2030 "



Note. Data are for all ages and both sexes from GBD 2019; oral diseases do not include lip and oral cavity cancer. A standard method has been applied to incorporate the latest UN population estimates.

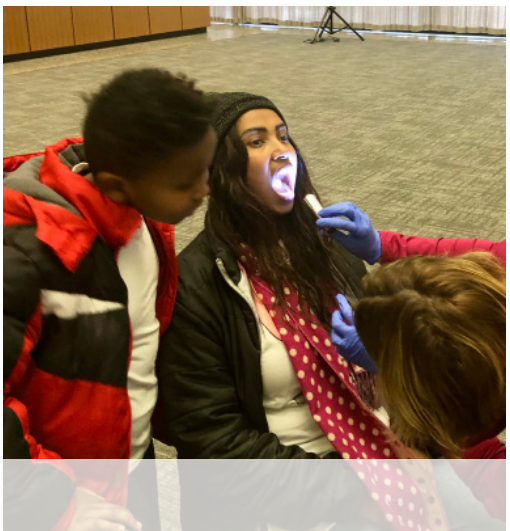
> *"The dental and cultural differences between the different refugee populations is very interesting and important to realize when we treat patients. Specifically, the refugees from Afghanistan vs. African refugees.....*
>
> *The people from Afghanistan are sent to the USA to be protected from political unrest and violence in their country... They often ask about "replacements" when teeth are extracted, and it is sometimes difficult to get them to prioritize the decay and disease first...*
>
> *The African refugees have typically waited a long time to get to the USA and many times have never been to the dentist. They are more prone to periodontal issues than decay as their diets don't consist of the sugars that many diets do."*
>
> **Jill O'Hara, CDA, RDA, EFDA, EIHC Dental Clinic Manager**

Disease Burden in Iowa (sampling)

Oral Disease Burden: WHO Oral Health Country Profile

Country	Afghanistan	Burma (Myanmar)	Democratic Republic of Congo	Eritrea	United States of America
Prevalence of untreated caries of deciduous teeth in children 1-9 years	45.8	36.2	39.5	40.4	42.6
Prevalence of untreated caries of permanent teeth in people 5+ years	36.6	22.8	30.2	35.6	24.3
Prevalence of severe peridontal disease in people 15+ years	9.4	8.9	20.8	20.3	15.7
Prevalence of edentulism in people 20+ years	6.4	3.1	4.9	1.8	10.2

https://www.who.int/team/noncommunicable-diseases/global-status-report-on-oral-health-2022



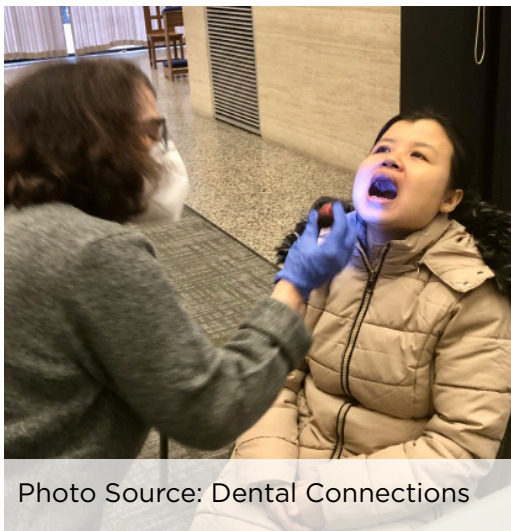


Photo Source: Dental Connections

Resettlement Agencies and Related Refugee Support Organizations

Resettlement Agencies (RAs) are non-governmental organizations, who have contracts with the U.S. State Department to coordinate a 90-day Reception and Placement (R&P) process by providing services and support to help them achieve and maintain economic self-sufficiency and family stability. Services include English language classes, housing assistance, job placement/training assistance, enrollment in public benefits, school registration, medical care coordination, and access to community resources focused on long-term integration. The individual refugee or family is assigned a case worker who may also assist in finding a dental provider.

Resettlement Agencies

- Lutheran Family Services (LFS: Council Bluffs)
- International Rescue Committee (IRC: Des Moines)
- Lutheran Services in Iowa (LSI: Des Moines and Sioux City)
- United States Committee for Refugees and Immigrants (USCRI: Des Moines)
- United States Conference of Catholic Bishops (USCCB: Cedar Rapids, Des Moines, Dubuque)
- Catherine McAuley Center (CMC/USCRI: Cedar Rapids)
- Mary Treglia Community House (USCCB: Sioux City)
- World Relief (Quad Cities)

Refugee Support Organizations

Iowa is home to dozens of Refugee Support Organizations which include affiliates of RAs, Ethnic-based Community Organizations (EBCO) and other grassroots, often volunteer led, community centered entities. ECBOs are organizations comprised primarily of refugees or former refugees who are established to serve refugees from specific ethnic groups or regions. These local community led agencies support refugees during and after the R&P process striving to meet any additional identified or ongoing needs and providing continued support.

A few resources to find local refugee support:

- International Organizations in in Iowa
- Refugee Alliance of Central Iowa (RACI: Des Moines)
- Des Moines Refugee Support
- EMBARC (Ethnic Minorities of Burma Advocacy and Resource Center)
- Congo Progress Resettlement Support

Iowa Dental Providers

Dental Safety Net Clinics

Although there is no formal way to track the dental providers who provide care to refugees, dental safety net clinics, Federally Qualified Health Centers (FQHCs) and University of Iowa College of Dentistry, are a critical access point for adults enrolled in Iowa Medicaid including refugees.

Private Practice Dental Providers

Private practice dentists who are Medicaid providers continue to treat majority of the population seeking care. Unfortunately, there are not enough providers seeing new adult Medicaid patients, which creates barriers to care for not only Medicaid adults, but specifically refugee populations with time constraints for eligibility for services.

Specialty care/referrals

When a Dental Wellness Plan (DWP) member, not just a refugee, requires care beyond the ability of a general dental or safety net practice, they are commonly referred to University of Iowa or Creighton dental colleges. Due to the travel distance, specialty care referrals often result in increased loss of work, transportation issues, and delay in pain relieving treatment due to appointment availability which may be several months away. It is especially challenging for resettlement agencies, often with limited staff capacity, to transport new refugees to these locations due to the time and distance.

Safety nets have reported “clinic hopping” when a patient shows up in another clinic seeking resolution of the specialty referral so it is important for the refugee and the resettlement agencies to know that if one practice cannot provide the specialty care likely no other area dental clinic can either.

> **International Rescue Committee**
>
> *In the coming year, we will be engaging much more with the dental care coordinator to ensure all arrivals have access to care and will be working to also increase the education we provide. It takes many hands to welcome new neighbors, and we cannot be experts in all things, that is why it is so crucial to have partners like Community Care Coordination so that our newest neighbors can receive quality care and connections.*
>
> **Sara Zejnic, Ressetlement Manager**

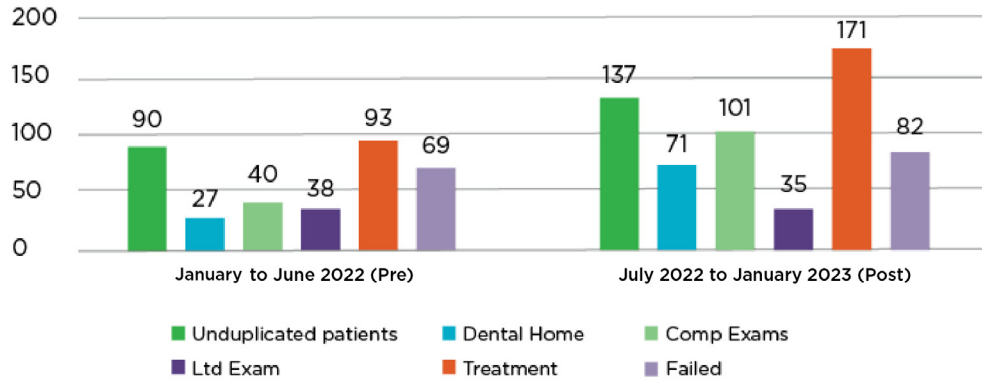
Iowa Smiles Project

Delta Dental of Iowa Foundation funded Community Care Coordinator programs

In the summer of 2022, the Delta Dental of Iowa Foundation funded central Iowa dental safety net partners to enhance community care coordination and access to comprehensive dental care for the newest Iowans. The RA referral lists had well over 400 refugees. Broadlawns Medical Center Dental Clinic (BMC) and Dental Connections (DC) received funding support to pilot a community care coordinator (CCC) project to improve the dental referral process and meet the specific needs of the refugee population and provide culturally appropriate oral health education. BMC focused on coordinating care between the RA and the three dental safety net clinics and set aside specific "Refugee Days" dedicated to comprehensive exams for refugee families. DC focused on refugee oral health education as well as care coordination and had exam appointments available at their satellite clinic.

The CCCs collaborated to standardize the dental referral process and worked extensively with the RAs and individual refugees to schedule dental exams at dedicated refugee appointment times. For each comprehensive exam, an estimate of 45 minutes was spent scheduling, with at times dozens of emails and phone calls. Additional time was spent to confirm the appointment. Most Afghan refugees were outside the 90-day RA caseworker assistance which led to the BMC working directly with the refugee usually with online interpreters. DC who primarily worked with RA caseworkers had a lower failure rate.

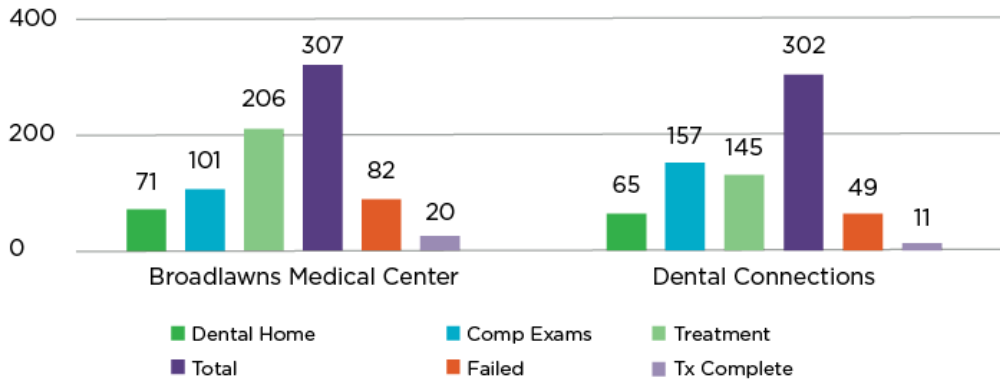
Broadlawns Refugee Appointments



Limited exams included treatment of urgent need. Before the CCC pilot project 30% of all patients seen established BMC as a dental home compared to 52% during the CCC pilot project (Jan to July), 66% more refugees had dental care. CCC improved provider capacity and refugee access to dental care.

Iowa Smiles Project Refugee Appointments

(July 2022-January 2023)



For grant purposes, a dental home was defined as a comprehensive exam plus at least one treatment visit. **Dental needs were extensive. Many refugees required more than ten treatment appointments to complete their dental needs.** Although the number of appointments for BMC and DC were similar, the failure rate was substantially lower for DC who worked directly with the RA.

Dental Connections, Des Moines

The biggest take away is refugees need to be scheduled quickly while under the resettlement umbrella. Once they are on their own, no-show rates go up. It is also easier to have one or two contact people at each agency, so lines do not get crossed.

Courtney Wolterman, RDH, Director of Community Programs

Over 250 refugees from various countries received dental care during the initial grant period. The refugees who established dental homes with BMC and DC continue to receive care. The pilot project helped increase the dental safety clinic capacity to accept the refugees for comprehensive care. It was found that extensive, hands-on, culturally competent care coordination was necessary when scheduling refugee appointments.

Barriers to Dental Care

Many barriers to care (transportation, childcare, insurance coverage/financial limitations, limited access, and availability of dental providers) are shared among refugee groups and other underserved populations.

Navigating the US healthcare system may be the most troublesome for refugees who may be accustomed to only accessing care when in pain or unfamiliar with the concept of "scheduling appointments." Additionally, limited English proficiency, diet, religious observations, cultural practices, low oral health literacy, housing and work transitions create different obstacles unique to any refugee population. RA and safety net clinics have partnered to address social determinants of health and related barriers to accessing dental care.

Transportation

Reliable transportation plays a key role in accessing dental care and ensuring timely arrival to appointments.

- Many refugees own cars and may be able to drive or arrange transportation with case workers or community volunteers. In some cultures, women may not be in a vehicle with a man who is not her spouse.
- In limited circumstances, transportation to the dentist is a Medicaid benefit arranged through the MCO.
- Select dental/healthcare facility or RAs may provide transportation.
- RAs teach refugees to ride public transportation within their community using bus systems with discounted fees.
- Des Moines Area Regional Transportation (DART) assisted in breaking barriers to transportation by providing half fare for refugees.
- Cedar Rapids Transit gave free transportation for Medicaid recipients.
- The Iowa Bureau of Refugee Services provides transportation assistance to dental appointements for refugees who have resided in the USA for less than five years. For the form, please see appendix B.

Broadlawns Dental Clinic, Des Moines

"One example is that spouses from Afghanistan who were BMC patients were scheduled for comprehensive exams...

The BMC staff provided the four family members with radiographs and comprehensive exams and the children had preventive services: a successful productive visit... The two children needed referral to a pediatric dentist and the adults needed endodontic treatment and other extensive dental care. When their community volunteer saw the number of appointments just to get treatment started, he expressed doubt and concern over reliably transporting the family to all the future appointments."

Mary Kelly, MS RDH, Contract Community Care Coordinator

Payment for dental care

Dental insurance is an unfamiliar concept to most refugees who on arrival are qualified for Medicaid and generally covered by Iowa's Dental Wellness Plan (DWP). Currently there are two Managed Care providers: Delta Dental of Iowa and MCNA.

Once refugees are employed full time, if their income is sufficient, then they may receive private dental insurance as an employer benefit. Explanation of insurance and Medicaid is covered during the RA community orientation.

Childcare

Childcare is often a dilemma when a parent has a dental appointment. This concern is heightened for families with few established relationships to assist with childcare during an appointment.

Language

English language proficiency, speaking and understanding, varies among refugees from no English capabilities to fluency in speaking, reading, and writing and comprehending English. A language barrier is a common factor for a refugee in not seeking care, out of fear of being misunderstood or humiliated. (Canada Journal of Public Health 2019).

Interpretation Services

As required by the Affordable Care Act (ACA), dental providers have a responsibility to provide competent interpreter services at no cost to the patient. Also, all providers who receive federal funds from HHS for the provision of Medicaid/CHIP services are obligated to make language services available to those with Limited English Proficiency (LEP) under Title VI of the Civil Rights Act and Section 504 of the Rehab Act of 1973.

"A qualified interpreter is an individual who is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any specialized vocabulary required by the circumstances." (US Health and Human Services)

There are in-person, phone, or video options available.

In-person interpretation is considered best practice although it is more costly and difficult to arrange through outside interpretation agencies. An in-person interpreter may also be employed by the dental organization. One dental clinic hires an interpreter when co-scheduling multiple patients who speak the same language with the interpreter moving from patient to patient. Clinics report having in-person interpreters as extremely helpful in communicating treatment plans.

While it may be convenient to use family members and friends as interpreters, this tendency is not considered best practice as it may bring a personal bias to the dental information or cause the patient to withhold personal information.

Telephonic interpretation is the most utilized as it is convenient and easy to use. The dental clinic may have the interpreter stay on the phone during the procedure.

Virtual live video is becoming increasingly popular as they have the advantage of viewing what the dental provider is trying to explain and seeing the refugee's non-verbal clues.

Select interpretation options used in Iowa:

1. Transperfect, a interpretation phone service, is available at no cost to Delta Dental of Iowa network dental providers.
2. CyraCom is available at a reduced fee through ADA with phone and video options.
3. AMN Healthcare Language Services offers video services and sets up your clinic with video equipment with a monthly subscription.

Tips for enhanced communication through interpreters:

- Speak directly to your patient and make eye contact while you speak even while the interpreter is speaking- watch for patient's non-verbal cues.
- Explain one idea/part of the procedure at a time.
- It may seem that both the interpreter and refugee are saying much more than what you said. The interpreter may be addressing the linguistic and cultural concerns about dental care.
- Be patient as the interpreter needs to think in two languages. A clear message enhances treatment acceptance and informed consent.
- In some cultures, a husband may speak for his wife.

The ADA has additional guidance "Usings an interpreter in your dental office"

Broadlawns Dental Clinic, Des Moines

"From this project, we saw two specific practices that improved as a result of our work. One was the ability for Broadlawns Primary Care providers to refer patients directly to the Dental Clinic for evaluation and treatment...

With this refugee population, we saw a huge influx of patients all at once... After we implemented the project, we noticed a more streamlined approach for referrals to happen, and we were able to accommodate patients in a more timely manner.

Secondly, we saw an improvement in the collaboration between Broadlawns Dental Clinic and Dental Connections with the assignment of patients to a clinic. Prior to this project...patients would walk into whatever clinic where they could be seen the soonest. This made it difficult to monitor insurance frequencies and maintain continuity of care.

Juliane Winters, DDS

Administrative Issues

- The most concerning issue to the dental clinics and perhaps the refugees is when the 90-day R&P period is over and there is no longer a caseworker to help schedule or assist with transport to appointments.
- Inconsistent birthdates or names between Medicaid, Government IDs and insurance cards are burdensome and the refugee must communicate directly with Iowa HHS to have any errors corrected.

(Administrative Issues, cont.)

- Multiple surnames among family members and incorrect order of a person's proper name make it difficult to enter the person's name accurately in the computer chart or look up insurance benefits.
- Newly arrived refugees are often in temporary housing or use the RA address until permanent living arrangements are found which results in out-of-date contact information (housing, phone numbers, etc).
- Dental safety net clinics noted that making each exam appointment (including checking insurance eligibility and medical history) averaged 45 minutes plus time to confirm the appointment. Multiple emails and phone calls were needed between the dental clinic, caseworkers, and refugees.

Oral Health Literacy and Patient Education

Oral health literacy is a pathway to improving one's oral health and patient education. Building a refugee's knowledge can improve their ability to make good oral health decisions.

Many refugees have never seen a dentist. Some may believe that visiting a dentist is only for pain or they may be unaware of the preventive aspect of dental care. Research found low oral health literacy increases missed appointments and contributes to poor oral hygiene compliance.

Begin with a basic message "Visiting the dentist can improve more than just your teeth and a failure to make regular appointments could result in serious health problems" prepared in multi-lingual printed materials. Continue with an explanation of the US dental system of making appointments and staying with one dental clinic.

The WHO and FDI endorses a Basic Package of Oral Care (BPOC) for refugees as "a good start to provide basic essential services to each member of this population, especially women and children. The BPOC focuses mainly on pain relief and emergency treatment, stabilizing the disease, and providing fluoridated toothpaste." (Promoting Oral Health for Refugees: An Advocacy Guide, FDI)

Consider that refugees may never have had a toothbrush or toothpaste or used an alternative to a toothbrush, such as a chewing stick.

Patient Education

Keep messages simple with plain language and pictures reflecting the culture and country of origin. Simple messages are essential due to the potential of a low literacy level not only in English but their native language.

- Demonstrating toothbrushing first on a model then in a patient's mouth can be helpful to those who have never used a toothbrush. Discuss toothpaste types, importance of fluoride, and the flavor choices available to suit every palate!
- The American diet and refined sugars can be quite appealing, so it is important to educate on these new unfamiliar foods and their impact on oral health.

Primary Health Care, Des Moines

"One of the most predominant lessons I've learned is how different dentistry is in other parts of the world.

I frequently see patients who have had extensive treatment completed in the past, but the philosophy of care often differs from what we would recommend in the United States. Many patients have explained dentistry tends to be less prevention focused and more "fix it when it hurts" in their home countries.

Educating patients on the importance of preventive care... through an interpreter can be challenging, but also rewarding. I think one area to invest in would be educating refugee populations about oral health and prevention in their native languages. If more educational materials could be translated... to provide those materials to patients rather than just verbally educating through an interpreter."

Taylor Postler, DDS, Dental Director

Refugee-specific Provider Education

Trauma-informed care

Most refugees show resiliency throughout their journey to the U.S. However, the adverse or traumatic experiences that made the refugees leave or flee their home country may lead to negative effects while seeking dental care. Dental providers need to recognize and understand that although the refugee may feel safe after entering the U.S., their past experiences, the unfamiliarity of their new environment, apprehension of dental care, and past trauma may cause missed appointments, poor eating, increased anxiety, and nervousness. It is critical for dental providers to consider Events, Experiences and Effects and if patients show signs of anxiety, to offer a calm understanding environment, validate concerns, explain the procedure before and as you are performing them and give the patient control explaining that they can pause the procedure at any time.

Cultural humility

Cultural humility can be described as listening to and learning from our refugee patients' needs and cultural preferences. Through this process we can learn about ourselves and the perspectives that influence the care we provide or recommend. Then, through a trusting relationship, we can provide equitable care that works towards optimal health outcomes.

Summary

Access to dental care is a concern for many Iowans and even more so for refugees. Beyond the financial concerns and provider limitations, refugees face barriers from their cultural influences which includes language, oral health literacy and the dental care system in their country of origin. Best practices shared by dental providers are helpful in efficiently and effectively treating refugees and may encourage the reluctant dental provider to accept the newest Iowans into their practice.

- Initiate dental care within the 90-day R&P resettlement period. RA caseworkers have most of the needed information for the Dental Referral Form and can assist with transportation.
- Have a primary contact with the RA and other referring organizations to lessen confusion and avoid duplication of services.
- Share the **Dental Refugee Referral Form** with any referring organization before scheduling appointment.
- Explain the **Dental Scheduling Protocol** to the RA contact and refugee patients. Both benefit from learning about the US dental practice's expectations.
- Obtain the medical history from the primary care provider prior to the appointment. The dentist may view any medical concerns and saves time with the interpreter only asking refugees about health changes since their last medical assessment.
- Have new patient registration information completed before the patient arrives. Interpreters can make a three-way call to assist in completing the forms prior to the dental appointment.
- Confirm appointments when patients should be on their way. This ensures timely arrival, wakes up the person who worked second shift or allows the dental practice to fill in the appointment time with a "sit & wait."

Appendix A

A. Dental Refugee Referral Form

Dental Refugee Referral Form

To schedule most efficiently please include the required information below for each

Referring Agency	
Last Name, First Name as on ID Card & Insurance	
Date of Birth	
Gender	
Address	
Cellphone number	
Best phone number to confirm appointment	
Guarantor	
Dental Insurance Carrier/Medicaid #	
Physician/Primary Care Provider Info	
Pharmacy Info	
Birth Country	
Preferred Language	
Previous Dental Clinic (if any)	

We try to keep families at one dental clinic, please list family members birthdate & name

Birthdate	Name
Birthdate	Name
Birthdate	Name
Birthdate	Name
Other info:	

Appendix B

B. Referral to BRS Services

IOWA HHS

Iowa Department of Health and Human Services

Referral to BRS Services

Please select services you are referring to:

☐ The **IRWP** (Iowa Refugee Wellness Program) is available to medically needy refugees who have resided in the USA less than 5 years. Please complete and email to BRSrefugee@dhs.state.ia.us along with medical record or ROI (Report on Incapacity).

☐ CDL (Commercial Driver's License) program available to refugees who have resided in the USA less than 5 years.

☐ Social Services **Transportation Support** is available for employment related services, medical appointments, and training/ classes available at the Bureau. Please complete attached "employment ride initial request" form.

*Medical appointments and training/ classes, please complete the information below:

Referring Agency/Worker Contact Information	
Name:	Date of Request:
Phone:	Email:

Client Information (please complete all data below)	
Name:	
Country of origin:	Language:
At least one of: Alien number: State ID: Date of Birth:	Address:
Phone:	Interpretation services needed?
English proficiency level:	Date of arrival to the USA:

☐ Medical appointment location: Appointment time:

☐ BRS training/ class:

470-5726 (10/22)

Appendix C

C. Dental Scheduling Protocol

Dental practices, public and private, are mostly working at capacity to meet the dental needs of Iowans resulting in hard-to-find dental appointments. When educating refugees, it is important to emphasize that the US healthcare system is set up to provide continuous care at one facility. To meet the goal of establishing a dental home, one dental clinic for comprehensive, preventive and when necessary, emergency dental care, we ask that you keep the following in mind:

1. **When scheduling appointments, the more information that you have the better!**
    a. Complete the Dental Referral Form.
    b. Have client's dental insurance card when making the appointment. Each clinic verifies insurance, and we need exact spelling of first and last names and date of birth.
    c. Share family members' appointment dates and times. We may be able to coordinate times to assist in transportation and avoid two visits at separate times in one day.
    d. Share alternate contact information, who to confirm the appointment with, and preferred language.

2. **Do not "appointment hop or shop."**
    a. Double check if clients have been previously at another clinic.
        i. It is inefficient, affects payment and may duplicate services to schedule a patient who had an exam or treatment at another clinic.
        ii. If your client (or family member) were previously at another dental clinic:
            1. Let the new dental office know which clinic and why a change is necessary.
            2. Request x-rays and treatment records to be sent to new dental clinic.
    b. Referral to a specialist or a dental school is because the dentist cannot provide the needed treatment at the regular dental office and another dentist will give the same referral.
    c. Dental Emergencies
        i. Seek emergency treatment at your established dentist/dental home. In cases of pain, the soonest appointment is ideal, but this interferes with the goal of finding one place for ongoing continuous dental care, may lead to duplication of services and interfere with insurance payments.
        ii. Call the dental clinic as soon as an emergency arises. The clinic will screen via the phone conversation to assess the need and schedule accordingly.
        iii. Each safety dental clinic has "sit and wait" time for emergencies, although it is not a guarantee of treatment. Have the client arrive by 8:00 a.m. and check in with the dental front office staff. The "sit and wait" time may be a few hours.

Appendix C Continued

3. **Keep families together. Ideally, we want all family members at one dental clinic.**
    a. Helps establish rapport and cultural competence with a family.
    b. Lessens confusion on dental clinic location.

4. **Arrive early!**
The patient check-in process takes longer with interpreter services, which is especially true for the first visit when completing medical histories and registration paperwork.

5. **Late arrivals may not be seen, and the next appointment could be weeks or months away. Broken/failed/No Show appointments affect not only the patient who did not show, but a person who could have used that appointment time, and the unproductivity of the dental providers and clinic.**
    a. The next appointment could be weeks or months away.
    b. Excessive failures may result in patient dismissal from the dental clinic.