

## Communities of Practice Questionnaire

1. Name of your organization Geris Smiles Mobile Dental Hygiene Practice
2. What is the structure/type of your organization? Please select from the following.
- County Health Department    FQHC    Non-profit
- Other (please describe) For Profit – Handles day to day clinical operations and Non-Profit handles grants for non-insured individuals.

3. Please briefly describe the history/background of the program.

In 2015, GeriSmiles Mobile Dental Hygiene Practice was started to provide direct services to underserved populations; providing screenings, cleanings, fluoride and sealants at schools, health fairs, homeless shelters, and domestic violence support centers. Today GeriSmiles operates in five counties, changing one life at a time through dental services and dental health education.

4. Which population is being served by the program?

Insured and uninsured patients:

- Schools - age 0-25
- Health Fairs – all ages Homeless Shelters – all ages
- Domestic Violence Shelters – all ages

5. What type of service delivery model is/are used in the program? Please select all that applies.

- Dental clinic model (e.g. permanent setting)    Mobile- portable model
- Virtual model (e.g. telehealth/teledentistry)    Event-based model
- Outreach and education model

6. What type of dental and oral health services are provided? Please select all that applies.

- Screenings     Cleanings     Fluoride varnish     Sealants     X-rays     Fillings
- Referrals to dental and oral health services     Care coordination/case management
- Patient education     Other (please describe) \_\_\_\_\_

7. What type of integration service is/are provided? Please select all that applies.

- Medical services     Behavioral health services     Vision services     Hearing services
- Transportation services     Translation services     Nutrition services     None

8. Who are the staff that supports the program? How many staff are involved in the program? What are their roles?

Staff	Number of Staff	Role
Dentist	2	Exams, fillings and simple extractions at health clinics only, CRA at schools
Dental Hygienist	8	Assessments / Screenings, cleanings, fluoride and sealants, ITRs
Dental Assistant	4	Assist Hygienist and office work
Non-dental clinical staff	4	Office work (billing)
Community health workers	0	
Other	0	

9. What is the source of funding?

- Foundation/organization grant
- Public funding (e.g. local, state, federal)
- Private donations (e.g. individuals, businesses)
- Other (please describe) Primary source of funds through insurance: Denti-Cal

10. How is the program evaluated?

We are evaluated by the teachers and staff of organizations that we serve, by the quality of service provided to their students or clients.

11. Are there any reports?

Yes, one form of reporting that we calculate are they type of services each child received versus the number of children referred for dental decay.

12. Are there any barriers/challenges to your program?

Yes, our greatest hinderance is the fact that only 60% of the patients that we serve have Medi-Cal insurance, and 40% do not have any insurance. Since we do not leave any child behind that does not have insurance, we consistently lose money due to the inability to bill for the uninsured patients. Also, we are in dire need of grants to cover the difference.

13. What are the lessons learned and/or are there any plans for improvement?

Yes, we have learned that each day brings new challenges, but we are able to overcome them through a positive attitude and the knowledge that we are making a difference in our community.

If you are interested in learning more about this program, please contact COHTAC at [oralhealthsupport@ucsf.edu](mailto:oralhealthsupport@ucsf.edu).