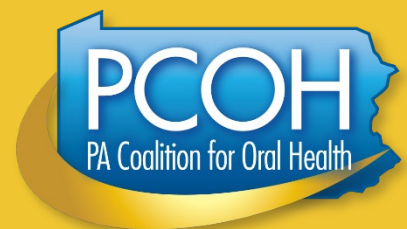


# Five years of tracking dental services provided through Pennsylvania free and charitable clinics: results and recommendations

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2018 - 2022

Pennsylvania Coalition for Oral Health  
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## About

Pennsylvania Coalition for Oral Health (PCOH) began tracking dental services provided at free and charitable clinics in 2018 with the goal of documenting the oral health needs in the commonwealth. At the time, there were 63 free clinics in operation across the state, with nearly 20 offering dental services. Today, there are 51 clinics, of which 21 offer dental services. Free and charitable clinics play a critical role in ensuring people can access dental care. This report shares data that clinics have provided over the past five years and includes context, key takeaways, and recommendations.

### What are free and charitable clinics?

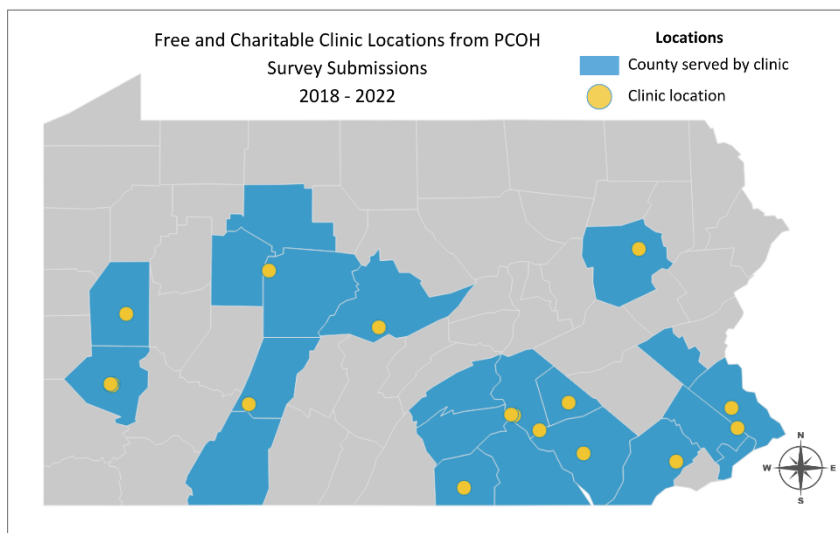
- A location providing medical and/or dental care for **little to no cost**. They may have a permanent brick-and-mortar location or exist as a mobile unit hosting pop-up, one-day, or weekend clinics.
- Clinics are primarily operated by volunteers, including retired and actively practicing dentists, hygienists, and students. They may have some paid employees.

Free clinics treat people with limited access to care and serve as a critical site for people who would go without health care. Often, this means people without insurance (uninsured), or people enrolled with Medicaid and Medicare (under-insured). Clinics can also be focused on serving specific groups, such as veterans, people in rural areas, people experiencing homelessness, or people with disabilities.

### Why does Pennsylvania need free and charitable clinics?

They are the only option many Pennsylvanians have for health and dental care. Nearly one third of adult Pennsylvanians do not have dental insurance (29% in 2020), and 1 in 3 (32%) adults have not seen a dentist in the past year.<sup>1</sup> Medicaid covers a limited number of dental services, and there is no dental coverage in traditional Medicare. Further, some employers who offer medical coverage to their employees do not offer a separate dental plan. In the Mid-Atlantic region (Pennsylvania, New Jersey,

Delaware, and Maryland), 72% of civilian employees had access to medical insurance, compared to 50% for dental insurance.<sup>2,3</sup> Free and charitable clinics fill a critical gap in care, especially for uninsured populations.



*Figure 1 Free clinic locations included in this report and the counties they serve. Multiple clinics exist in Pittsburgh and Harrisburg.*

## Data collection

Since 2018, PCOH has collected data through a 10 to 15-minute online survey distributed through the Free and Charitable Clinic Association of Pennsylvania (FCAP) and direct emails with organizations and clinic staff. Between 2018 and 2022, 29 unique organizations have submitted data, representing 21 of the 67 counties in the state.

### Changing submission numbers

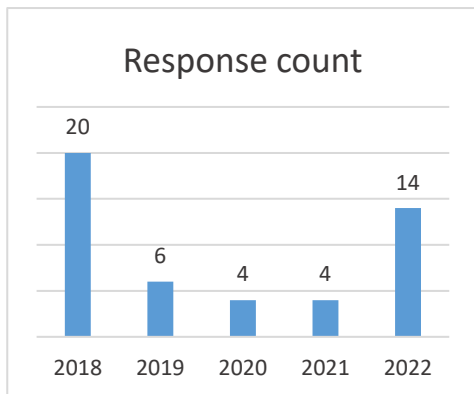


Figure 2

*The most submissions were received in 2018, largely due to single-day Sealant Saturday events.*

PCOH received varying numbers of submissions in the past five years. The greatest number of submissions were received in 2018, largely due to the nine submissions from “Sealant Saturdays”. These are one-day events typically organized by community colleges, sponsored by the state dental hygiene association, and are focused on providing preventive care to children through the application of a protective material to prevent cavities. Data for sealant events are only available for 2018. Some sealant events have continued, but the state has also seen expansion of the school sealant program through the Pennsylvania Department of Health Oral Health Program.<sup>4</sup> In 2019, survey responses declined, despite the addition of small stipends for participation (\$250). Fewer responses were received in 2020 and 2021, likely related

to the COVID-19 pandemic. Clinics were closed or had reduced hours due to staffing challenges, added operational costs, and low enrollment in dental hygiene programs which led to a shortage of student volunteers. In 2022, responses rebounded as clinics began to reopen, the stipend for participation increased (\$300), and PCOH increased outreach efforts.

### Free clinics have effectively provided quality dental care for thousands of patients.

Based on submitted data, free clinics have provided dental care to 31,982 people since 2018 and provided over 27 million dollars in dental services. The high values for all categories in 2022 indicate that the need for free clinics is unlikely to decrease in coming years (Table 1). Increasing numbers for free clinics in 2022 is directly related to the workforce shortages across the state, which have particularly affected Federally Qualified Health Centers (FQHCs).<sup>5</sup> When FQHCs have staffing shortages, this primarily

Nearly **32,000**  
people treated.

Over **\$27 million**  
provided in free  
dental services.

Completing  
**121,000** dental  
procedures

affects low-income, uninsured, and under-insured individuals, as FQHCs accept all forms of Medicaid and will often have a sliding-scale fee schedule for services that aren't covered by insurance. Workforce shortages at FQHCs, a general decrease in dental providers statewide, and low participation in Medicaid among private practice dentists, has driven people to receive care at free clinics.

Year	Number of submissions	Value of services provided	Total individuals served	Total procedures	Total volunteer hours*
2018	20	\$ 4,938,569	10,362	40,430	13,079
2019	6	\$ 5,534,507	7,725	32,292	N/A
2020	4	\$ 1,302,649	1,211	1,737	1,931
2021	4	\$ 4,762,265	3,315	7,793	1,384
2022	14	\$ 10,903,591	9,369	39,317	25,186
<b>Combined</b>	<b>48</b>	<b>\$27,439,121</b>	<b>31,982</b>	<b>121,569</b>	<b>41,580</b>

Table 1 Free and charitable clinic totals by year from 2018–2022. \*Excludes the Donated Dental Services program.

### Free clinics can be preferred locations for care.

Free clinics typically have strong community ties and can be less intimidating, as they are not affiliated with government institutions. Importantly, free clinics typically do not require patients to disclose as much personally identifiable information, and some do not require IDs – an obstacle for individuals who already struggle to access health services.<sup>6</sup> Free clinics can also address logistical barriers, by providing transportation and offering alternative hours on weekends and evenings.

*9,000 people utilized free clinics for dental care in 2022.*

## Results: Individuals served, costs, and wait lists

### Decreases in 2020 and 2021

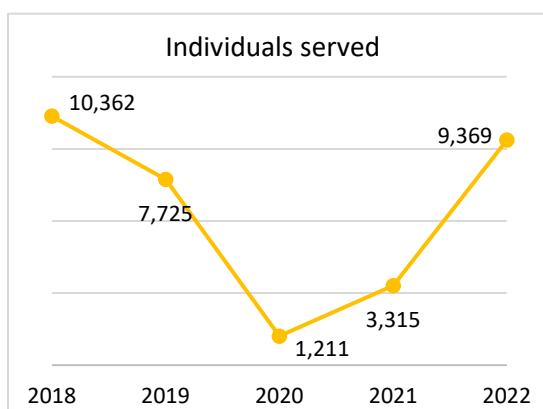


Figure 3 The total individuals served (patients) from 2018 to 2022.

There was a significant decrease in individuals served in 2020 and 2021. Of the four clinics which submitted data, 1,211 patients were seen in 2020, and 3,315 in 2021 (Figure 3). The COVID-19 pandemic began in the spring of 2020 and many clinics temporarily closed or had reduced hours. These factors contribute to both the low response rate in the survey, and the low numbers of individuals served relative to other years. In 2021, clinics began to re-open and there was a slight increase in individuals served, but workforce challenges such as staff burnout and early retirement meant positions were unfilled.<sup>5</sup> A detailed discussion of the effect of the COVID-19 pandemic on free clinics is beyond the scope of this report.

## Wait lists and wait times

Almost all free clinics, other than pop-up events, have a wait list. In 2020, nearly half of patients who visited a free clinic were placed on a wait list; between 2020 and 2022, a total of 1,372 patients remained on a wait list. For clinics with data on wait times, the number of days for an appointment lengthened from 22 days in 2020, to 31 in 2021, and 70 in 2022.

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*Wait lists at free clinics have increased almost 50 days from 2020 to 2022.*

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Unfortunately, these trends are reflected across the state. A PCOH workforce report from 2022 found the statewide average wait time across all dental sites, including private dental offices, to be 55 days.<sup>5</sup> Delayed dental care, especially for acute dental needs such as abscesses and gum disease, will lead to a need for more extensive care in the future, a greater likelihood of missed work and school, misuse of pain medication, and decreased quality of life as talking and eating become more challenging. Longer wait lists are also closely linked to emergency department use for dental conditions. In the past five years, more people have visited the emergency room for dental needs, with a recent Medicaid report reporting 2.2% of all avoidable emergency department visits being dental-related.<sup>7</sup>

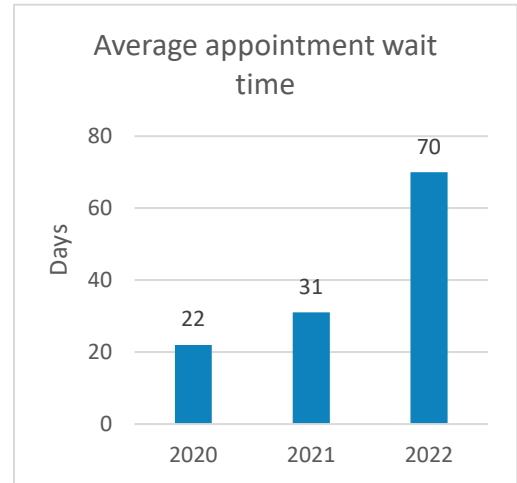


Figure 4 The average wait time for an appointment increased by 48 days from 2020 to 2022.

## Increase in the cost of services provided

Survey data suggest an increase in the cost of services provided per individual (Figure 5). The cost of services depends greatly on the type of treatment or services needed, and changes to overhead expenses, such as those from the COVID-19 pandemic. Preventive services such as sealants, fluoride varnish, and cleanings are much lower cost than restorative care, such as fillings and crowns, or surgery such as extractions (pulling teeth). The range of costs per individual also varies significantly across clinics, with the lowest being \$17 and highest being \$7,634. As 9 of 20 submissions in 2018 were from sealant events, and sealants are a low-cost procedure, it is not surprising that the average is lower for this year. Removing sealant events brings the average cost of services in 2018 to \$722, which is still less than 2020, 2021, and 2022. In these later years, it is possible that the treatment needs of patients became more extensive and thus more costly as the cost of equipment and supplies increased.

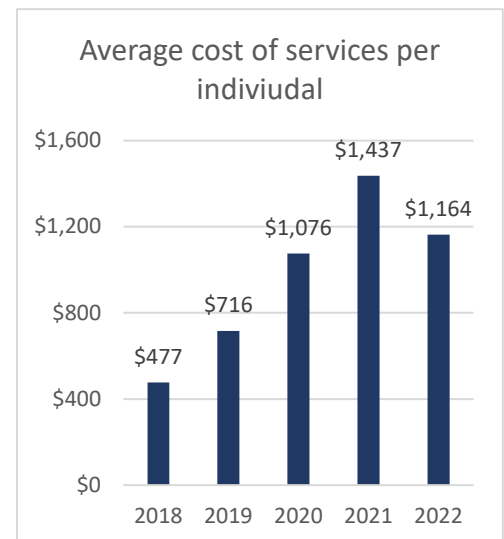


Figure 5 The cost of services spent by free clinics for each individual has steadily increased.

## Services provided

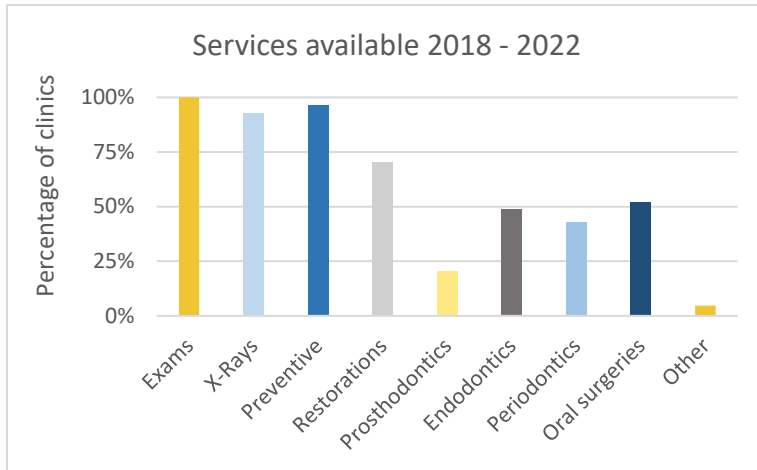


Figure 6 Variation in dental services offered at each clinic. The fewest number of clinics provide prosthodontics (specialized care for the replacement of natural teeth with bridges, implants, and dentures).

As demonstrated in Figure 6, most free clinics offer diagnostic and preventive services. More than half of clinics offer basic restorative services like fillings, but less than half offer more extensive and expensive services like root canals, crowns, dentures, and gum disease therapy. Other services that some clinics offer include A1C testing for diagnosis of prediabetes and diabetes.

**There remains a critical gap in care for uninsured patients to receive specialized treatment, specifically for prosthodontics (dentures) and periodontitis (gum disease).**

## Demographics and insurance status

When available, PCOH asked clinics to report demographic data, including age of patients, gender, race, ethnicity, and income. Very few clinics collect all of this information. This could be due to patient privacy reasons, limited availability of information technology systems for data collection, and a preference to avoid extensive questionnaires about demographics, as this can create a barrier for patients. For clinics that did share data, key demographic trends are reported below:

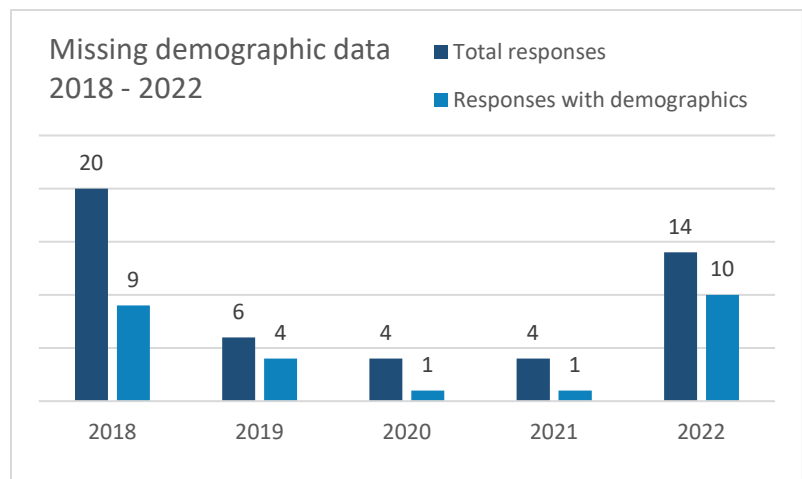


Figure 7 A comparison of the availability of responses with demographic data.

- ❖ **Most patients at free clinics are over the age of 18.** There are more uninsured adults in Pennsylvania than children, largely due to the Medicaid dental coverage for PA families and efforts to enroll children and adolescents in the Pennsylvania Department of Human Services Children's Health Insurance Plan (CHIP).
- ❖ **Nearly all patients are low-income.** Some free clinics will require patients to be below a certain federal poverty level, most commonly 200%, or \$27,180 for a household of 1 or \$55,500 for a

household of four (2022). The threshold for those covered by PA Medicaid under Medicaid expansion from the Affordable Care Act (ACA) is 138%. Free clinics can help fill this gap.

- ❖ **Clinics see a disproportionately high number of Hispanic and Latino patients.** Of 25 submissions from 2018 - 2022, 56% of patients were Hispanic or Latino. This is notable, as Hispanics and Latinos make up 8% of the total population in the counties of the reporting clinics.

### Support for free clinics can be one method to address oral health disparities for Hispanic and Latino populations.

Hispanics and Latinos have the highest uninsured healthcare rate (12.3%) of any racial and ethnic group in Pennsylvania and are 2.6 times more likely than Whites to be uninsured.<sup>8</sup> Obstacles such as language (e.g., differing levels of English and Spanish proficiency), cultural differences, health status, immigration policies, xenophobia, and racism, may all contribute to a high uninsured rate and limited access to health and dental care.<sup>9</sup> Hispanics and Latinos in PA are a diverse population, and it is important for the oral health system to understand how free clinics have become effective settings for care. Possible reasons include:

- ❖ **Location:** Free clinics are often located in familiar, community spaces such as churches, high schools, or community centers.
- ❖ **Culture:** Free clinics may have providers who are closely connected to the community and may have a higher degree of cultural awareness.
- ❖ **Language:** Free clinics may have providers who speak Spanish or are better prepared to provide a translator or use phone and video remote interpreting services.
- ❖ **Community:** Free clinics can leverage community voices and community-based resources to be more responsive to social and health needs, which is especially important for serving Hispanic and Latino populations.<sup>9</sup>

### Insurance

Of the 17,700 patients for which insurance status was reported, 98% do not have dental insurance. The percentage of uninsured people treated at free clinics has been relatively consistent since 2018, remaining between 95.3 – 100% (Table 2). Despite the availability of dental insurance for purchase on the state marketplace (Pennie), Medicaid expansion through the ACA, and continuous coverage of Medicaid during the COVID-19 pandemic (2020–2022), there are approximately 3 million Pennsylvania adults without dental insurance.<sup>1</sup> Free clinics have continued to prioritize uninsured populations, and without these clinics, thousands of people would not have any option for quality dental care.

Year	Number of clinics reporting	Percentage of uninsured individuals
2018	6	98.7
2019	4	97.1
2020	3	95.3
2021	3	100.0
2022	9	99.3

*Table 2 Almost all individuals at free clinics do not have dental insurance. This is to be expected, as most free clinics require patients to be uninsured. Other requirements connected to income and employment status may also exist.*

### Free clinics prioritize uninsured populations.

## Clinic types

There are a variety of free and charitable clinic settings, and PCOH has grouped these into four types: “Donated Dental Services” for the Donated Dental Services (DDS) program, “permanent,” for locations open consistently each month, “Pop-up” for single or weekend day events, and Sealant Saturdays for single-day sealant programs. Highlights from these programs are featured below.

### Type 1: Charitable services through a network of volunteer dentists: Donated Dental Services (DDS)

Data from 2019 to 2022 includes numbers from the DDS program, a PA-based branch of the Dental Lifeline Network. DDS provides free, comprehensive dental treatment to individuals who are over 65 years of age, need medically necessary care, or have disabilities. Veterans are also supported through the DDS program. Instead of operating a clinic, the DDS program matches one patient with a volunteer dentist, who collaborates with specialists and medical teams to create and complete a treatment plan. DDS is funded by the Pennsylvania Dental Association and the Department of Health through a special legislative line item in the state budget.

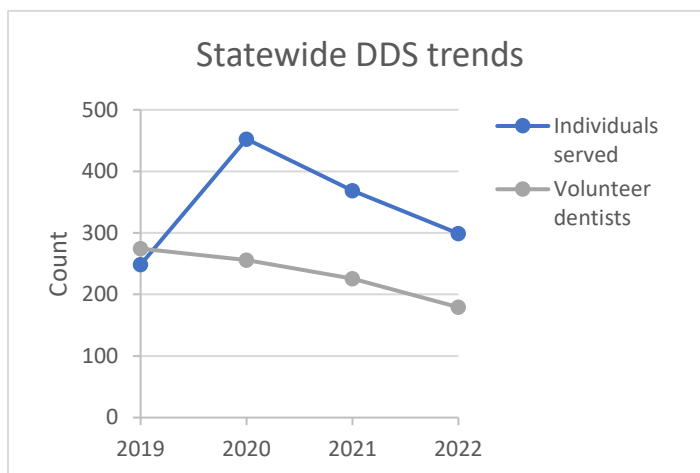


Figure 8 There has been a decline in the number of individuals served through the DDS program. This is likely a product of the decrease in volunteer dentists.

Since the pandemic, DDS has also experienced increased wait lists, and the time to complete treatment has grown from 6 to 12 months. As DDS reports shared, staff shortages across the dental profession caused volunteers to fall behind and they could not take more patients. This decrease is illustrated in Figure 8 as the number of individuals served decreased from 450 in 2020 to 300 in 2022. Financial impacts to dental laboratories meant many could not donate services, which further delayed care. At the time of writing, six counties are not able to accept applications from new individuals due to a shortage of volunteers.

### Type 2: Individual, “permanent” clinics

Outside of the DDS Program, there are 29 submissions from clinics with permanent locations. The operating hours of permanent locations vary, with some open 3 days a month, to some open every day. Here, we highlight three clinics which submitted data for at least 4 of the 5 years: Community Volunteers in Medicine (CVIM) West Chester, Volunteers in Medicine (VIM) Wilkes-Barre, and Hope Within Ministries. Permanent clinics can create a dental home for patients, and in many cases work with the medical side of the clinic to provide comprehensive care. Staff and volunteers at permanent clinics are also better equipped to make referrals, as they are familiar with local providers.



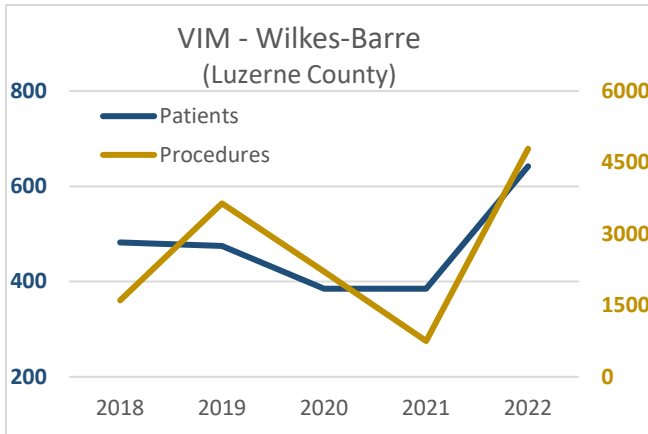


Figure 9 VIM has increased their capacity for procedures and individuals served since 2018.

### CVIM – West Chester (Chester County)

Saw an average of 2,800 individuals annually over 4 years and provided 65,044 dental procedures.

### Hope Within Ministries (Dauphin, Lancaster, and Lebanon Counties)

Has doubled the number of individuals served since 2022 and worked with volunteer Public Health Dental Hygiene Practitioners (PHDHPs).

### Type 3: Pop-up clinics

There are many different organizations in PA that operate single-day, or weekend dental clinics. Most pop-up clinics are walk-in only, and space is limited. Depending on the clinic, people will arrive as early as midnight the night prior. While services at pop-up clinics provide relief to many, they are not enough. Most people must choose one procedure, meaning only one tooth can be treated. Often, patients will request extractions for teeth that could be restored, but the lack of access to affordable care means the most cost-effective option for pain relief is to have their teeth pulled. Each pop-up clinic is unique in their approach to follow-up care, and some will work with nearby free clinics or FQHCs to provide continued care. Mission of Mercy MD/PA has a slightly different pop-up model, as they rotate through two locations in Harrisburg and Gettysburg.

#### PA Pop-up Clinics:

Mission of Mercy MD/PA
Mission of Mercy MOM-n-PA
Mission of Mercy Pittsburgh, A Call to Care
Remote Area Medical (RAM) and various community host groups
Give Kids a Smile

### Type 4: Sealant Saturdays

As mentioned on page 2, these single-day events are primarily focused on prevention and most commonly treat children. They typically involve oral health education and placement of dental sealants.

#### Multiple models of free and charitable services

Each type of free and charitable clinic has a different capacity for services and cost limitations. DDS provides the most comprehensive care to patients and as a result the cost of services per individual is much higher (Figure 10).

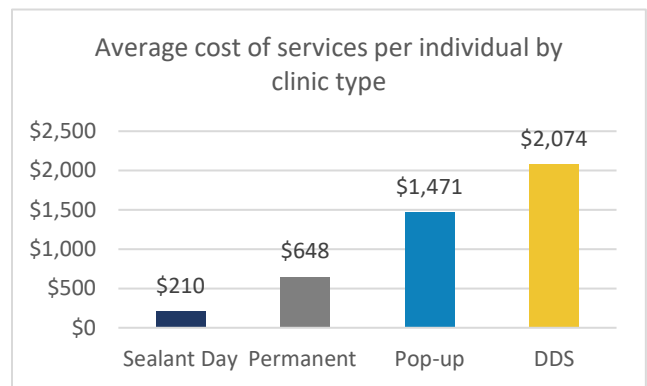


Figure 10 Difference in average cost of services by clinic type.

## Next steps

It is evident that free clinics provide a critical role in the PA oral health care system and are essential for the dental health of uninsured and under-insured populations. While free and charitable clinics all have in common the provision of *free* services, there is significant variation in the types of services and structure. It is important to support free and charitable clinics as a critical part of the dental safety net.

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*Information collected from free clinics has helped to identify specific areas of success and models to replicate.*

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### Recommendations

**Include free clinics in emergency response plans and emergency funds.** Additional costs during the pandemic such as personal protective equipment (PPE), additional time needed with patients, and more infection control equipment were more challenging for free clinics to absorb. Free clinics do not have the ability to raise costs, and in many instances, did not have a clear pathway for emergency funds.

**To sustain and expand clinic success, develop sustainable and predictable funding pathways for free clinics.** Several other states have made free clinic funding permanent through state legislatures and public health departments.<sup>10</sup>

**Increase capacity for virtual appointments (teledentistry) at free clinics and advocate for affordable teledentistry platforms.** Teledentistry can shorten wait times and increase patient access to care.<sup>11</sup>

**Increase opportunities for language and cultural humility training for providers** as the Hispanic and Latino population continues to grow in Pennsylvania.<sup>9</sup>

**Increase clinic capacity for collecting detailed demographic data** to improve programming and connection with community-based organizations.

**Advocate for dental to be an essential health benefit** and covered by private health insurance plans.

**Increase dental services covered by Medicaid and Medicare.** There is a shortage of dental providers in the state accepting Medicaid, in part due to the limited services covered by adult Medicaid. Many individuals enrolled in Medicaid and Medicare must seek free care when their insurance is not accepted by local providers or does not cover the services needed.

**Consider standardizing clinical quality measures and data collection on patient-level characteristics across the state** to help secure funding, form partnerships with other health systems, and attract new licensed providers.<sup>12</sup>

**Prioritize community-centered initiatives for improving access to oral health care** to support providers and volunteers.

**End the stigma associated with dental disease** by addressing the shortcomings in our oral health system, especially **the high costs for treatment.**

## Acknowledgements:

PCOH would like to thank the Pennsylvania Department of Health and the Free Clinic Association of Pennsylvania for their assistance in collecting and compiling these data, as well as to the individual clinic staff and volunteers who took time to collect and share the data with the coalition.

## Statement of funding:

Partial funding for this work is provided by the Pennsylvania Department of Health through Centers for Disease and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) under the Preventive Health and Health Services Block Grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by CDC, HHS, or the U.S. Government.

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