

Rhode Island Dental Safety Net Report

DECEMBER 2017



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The Importance of Oral Health

Oral health is a critical but frequently overlooked component of overall health and well-being. Dental caries (tooth decay) is the most common preventable chronic childhood disease,¹ and periodontal (gum) disease is associated with diabetes, heart disease and stroke, respiratory disease, and adverse pregnancy outcomes.² Additionally, evidence of systemic diseases and conditions, poor nutritional status, tobacco exposure, microbial infections, immune disorders, and some cancers, can be assessed through oral exams.^{1,2} Despite the decline observed in prevalence and severity of dental caries and periodontal disease in recent years,^{3,4} not all the segments of the population have shown positive results. Vulnerable populations, especially groups of minority race or ethnicity, face persistent and systemic barriers to accessing oral health care.⁵ Numerous and complex social, cultural, economic, structural, and geographic barriers need to be addressed to provide oral health care to Rhode Island's underserved populations.

Dental Safety Net

Dental safety net providers are public and private organizations that provide oral healthcare services to children, adults, and older adults, particularly those who are uninsured, have Medicaid/RIte Care coverage, and/or are otherwise disenfranchised.⁶ These dental providers ensure that tens of thousands of Rhode Islanders of all ages have access to oral healthcare, regardless of their insurance status or ability to pay. They are a critical component of the current and future healthcare delivery system in Rhode Island.

History of the Rhode Island Dental Safety Net Report

In 2006, Rhode Island KIDS COUNT conducted a survey of dental safety-net providers and issued a special report *The Dental Safety Net in Rhode Island*. The Rhode Island Department of Health, Rhode Island Health Center Association, and Rhode Island KIDS COUNT, as members of the Rhode Island Oral Health Commission, collaboratively conducted updated surveys in late 2010, 2013, and 2016. The surveys were redesigned to obtain up-to-date information from providers, share progress and achievements, evaluate ongoing challenges and needs, and assure a robust dental safety net in Rhode Island with strategies to expand services as needed. The 2016 survey is focused on staffing, capacity, and utilization in school-based dental programs, community-based dental programs, and hospital settings.^{7, 8, 9}

Purpose of 2017 Update

The Affordable Care Act (ACA) expanded Medicaid coverage to all legally-present residents in the United States with household incomes up to 138% of the Federal Poverty Level (FPL) or \$28,180 for family of three.^{10,11} Thirty-one states and the District of Columbia implemented the Medicaid expansion. Rhode Island expanded its program in January 2014, which resulted in 93,000 (49%) more enrollments from 2013 to 2016 including both the already-eligible and newly eligible residents.¹⁰ Since adult dental coverage was already included as a Rhode Island Medicaid benefit, the expansion population also gained access to dental care.¹² The 2013 Dental Safety Net Report provided the baseline for the patient utilization and dental capacity of the safety-net partners. This report will evaluate the impact of healthcare reform on oral healthcare access and the capacity of the dental safety net providers to meet the demand.

Survey Overview

The Dental Safety Net Survey, distributed to providers in December 2016, consisted of three sections: site profile, staffing and capacity, and utilization. The questions asked for information pertaining to calendar year (CY) 2016, consistent with the previous surveys. The previous survey definitions of children (birth-age 18) and adults (18 and older) were adjusted to birth-age 20 for children and 21 and older for adults so data would mirror Medicaid age ranges.¹³ Rhode Island's eight community health centers, two hospital-based dental centers, the Dental Hygiene Clinic at the Community College of Rhode Island, and the Wisdom Tooth nursing home mobile dental program reported survey data. It was compiled by the Rhode Island Department of Health's Oral Health Program, in collaboration with the Dental Safety Net Workgroup of the Rhode Island Oral Health Commission, between May and June 2017.

Table 1: Patients* Served by Dental Safety-Net Providers in Rhode Island, 2016

Community Health Centers (Number of sites)	Children (age 1-20)		Adults (Older than 21)		Total Patients	Change Since 2013
	#	%	#	%		
Blackstone Valley Community Health care (BVCHC) (1)	2,507	37%	4,196	63%	6,703	+11%
Comprehensive Community Action Program (CCAP) (4) †	2,979	38%	4,843	62%	7,822	+2%
East Bay Community Action Program (EBCAP) (1) †	2,042	43%	2,688	57%	4,730	+46%
Providence Community Health Center (PCHC) (2)	7,705	87%	1,171	13%	8,876	+87%
Thundermist Health Center (THC) (4) †	6,259	37%	10,817	63%	17,076	-3%
Tri-County Community Action Agency (TCCAA)(1)	733	36%	1,299	64%	2,032	+25%
WellOne Primary Medical and Dental Care (WPMDC) (4)	1,633	24%	5,158	76%	6,791	+41%
Wood River Health Services (WRHS) (1)	737	33%	1,511	67%	2,248	-1%
SUBTOTAL 2016	24,595	44%	31,683	56%	56,278	
SUBTOTAL 2013	19,296		29,158			
CHANGE SINCE 2013		+27%		+9%		+16%

Hospital-Based Dental Centers (Number of sites)	Children (age 1-20)		Adults (Older than 21)		Total Patients	Change Since 2013
	#	%	#	%		
Samuels Sinclair Dental Center (SSDC)(1)	3,793	7%	2,073	5%	5,866	-21%
St. Joseph Health Center-Pediatric & Family Dental Center (SJHC)(3)	26,509	48%	1,501	4%	28,010	+72%
SUBTOTAL 2016	30,302	89%	3,574	11%	33,876	
SUBTOTAL 2013	19,909	84%	3,743	16%	23,652	
CHANGE SINCE 2013		+52%		-5%		+43%

Other Dental Programs	Children (age 1-20)		Adults (>21)		All Patients	Change Since 2013
	#	%	#	%		
Community College Rhode Island (CCRI)(1)	52	4%	1,134	96%	1,186	-30%
Wisdom Tooth Mobile Dentistry (WTMD)	0	0%	2,248	100%	2,248	∞
SUBTOTAL 2016	52	2%	3,382	98%	3,434	
SUBTOTAL 2013	169	2%	6,687	98%	6856	
CHANGE SINCE 2013		-69%		-49%		-50%

TOTAL 2016	54,949	59%	38,639	41%	93,588	
TOTAL 2013	39,374	50%	39,588	50%	78,962	
CHANGE SINCE 2013		40%		-2%		19%

*Patients served are unduplicated counts. All numbers are self-reported by the providers; limitations may exist based on variability in reporting systems.

†Includes services through the Molar Express (school-based mobile dental program).

∞ No comparable data. In Dental Safety Net Report 2013, Wisdom Tooth Mobile Dentistry reported patient visits.

Patients Served by Dental Safety Net Providers, Rhode Island, 2016 Versus 2013

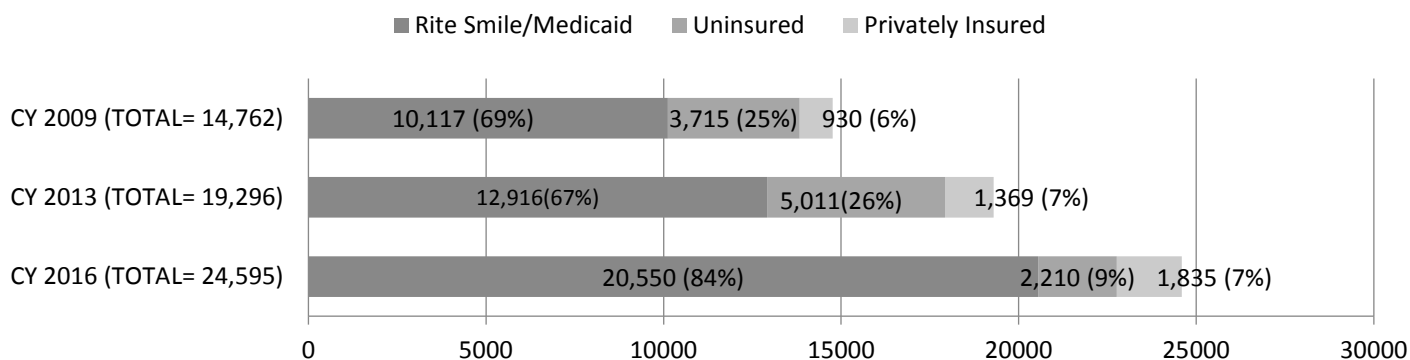
In 2016, the safety-net partners served 93,588 patients and provided 217,492 total visits. This is 14,626 (19%) more patients than what was reported in the 2013 survey. All partners provided care to children and adults except for the Wisdom Tooth mobile program which only serves the adult long-term care population. Nearly 54,949 (59 %) of the patients served by providers were children (age 1-20) and 38,639 (41%) were adults (age 21 and older). In 2016, there was a slight decline (-2%) in the number of adult patients from 2013; however, 15,575 (40%) more children accessed dental care.

The overall increase in utilization can be attributed to Medicaid reform as well as to the availability of additional professionals and dental offices to better meet the needs of patients. There are many facets to Medicaid reform that led to increased utilization, including increased coverage for children whose family's income level is up to 261% of the FPL and eligibility for adults age 19-64 who do not have disabilities.¹⁴ This effort provides coverage for low-income adults as well as boosting enrollment of children because coverage to their parents is available through extended eligibility criteria. While on the one hand this explains the increase in utilization of dental services by children, little impact has been observed with dental utilization by adults. The Health Policy Institute of the American Dental Association (ADA) studied the impact of the ACA on dental care use and observed similar findings.¹⁵ According to their study, the unexplainable behavior may be the result of a premature assessment of the ACA's impact. An additional study from ADA mentioned confusion of members about their benefits, which could be the reason for low utilization despite high enrollment after ACA reform.¹⁶

Community Health Centers

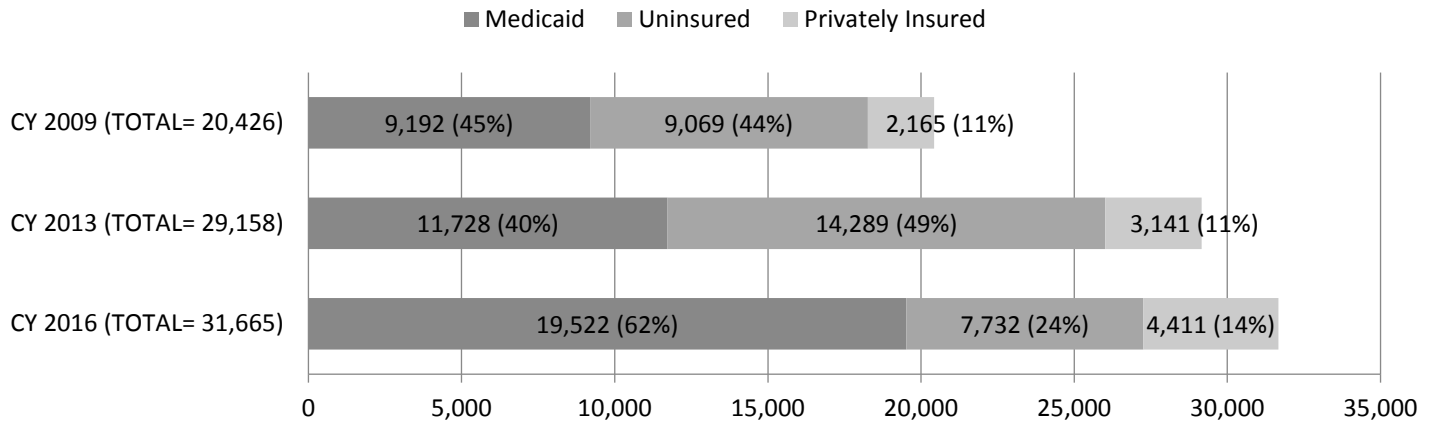
The eight Federally Qualified Health Center (FQHC) partners provided dental care to 56,278 patients during the year 2016 (Table 1). All FQHCs treated both children and adults. Similar to previous years, more adults (56%) were seen as compared to children (44%) with the exception of Providence Community Health Center, which focuses on serving children and pregnant women. Dental programs at the FQHCs provided dental treatment to 16% more patients in 2016 than was reported in 2013. All but two FQHCs reported an increase in the number of patients. Wood River Health Services reported a 1% decrease in the number of patients in 2016 as compared to 2013. Thundermist Health Center also showed a deviation from the trend with a 3% decrease in number of patients. However, an increase in the number of patients is expected in 2017 due to a recent expansion and hiring of new dental providers at Thundermist Health Center.

Figure 1: Pediatric Dental Patients Served by Federally Qualified Health Centers, By Insurance Type, Rhode Island, 2016, 2013, and 2009



In 2016, FQHCs reported providing dental care to 5,000 more children than in 2013. Most children treated at FQHCs were covered by Medicaid/RiteSmiles or were uninsured. Compared to 2013, more children with Medicaid/Rite Smiles (84%) coverage were seen at community health centers in 2016. Compared to 2013, fewer children who obtained care were uninsured (9%) in 2016 (Figure1). In 2016, the percentage of children with private insurance coverage remained unchanged, when compared to 2013 (Figure 1).

Figure 2: Adult Patients Served by Federally Qualified Health Centers, By Insurance Type, Rhode Island, 2016, 2013, and 2009

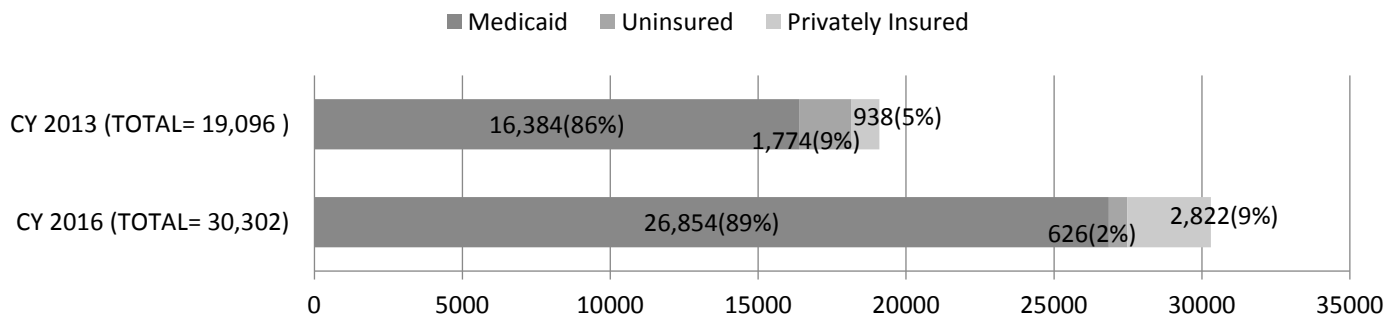


More than 31,000 adult patients were treated at dental centers in 2016 – and increase of 2,500 adults compared to 2013. More than half of the adults (62%) had Medicaid as their insurance, and 25% of adults were uninsured. In comparison to previous years (2013 and 2009), a 20% increase has been observed in the number of Medicaid-insured adults, while there was a 25% decrease in uninsured adults. In 2016, community health centers also observed a higher number of adults with private insurance than in 2013 (Figure2).

Hospital-Based Dental Centers

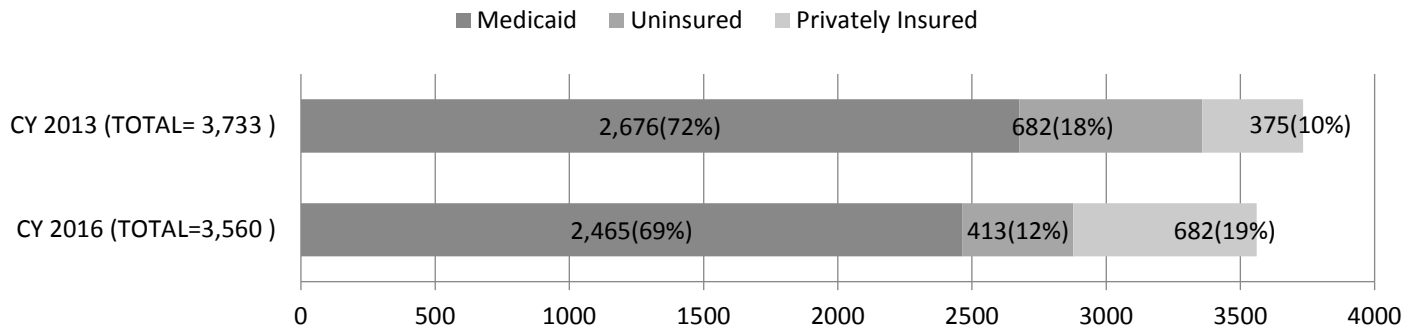
Two hospital-based dental centers, Samuels Sinclair Dental Center (SSDC) and St. Joseph Health Center (SJHC), are part of the safety net. During 2016, hospital-based dental centers served 33,876 patients, a 43% increase from the 23,652 dental patients treated in 2013. Similar to previous years, hospital-based dental centers served more children (89%) age 1-20 compared to adults (11%) age 21 and older. During 2016, SJHC reported a significant increase of 11,000 dental patients; however, SSDC treated 1,500 fewer patients compared to 2013.

Figure 3: Pediatric Dental Patients Served by Hospital-Based Dental Centers, By Insurance Type, Rhode Island, 2016 and 2013



Hospital-based dental centers served 10,000 more pediatric patients in 2016 compared to 2013. Most of the dental patients treated at hospital-based dental centers had Medicaid (89%) coverage followed by patients with private insurance (9%). In 2016, of the total number of pediatric patients, only 2% were uninsured as compared to 9% uninsured in 2013. (FIGURE 3)

Figure 4: Adult Dental Patients Served by Hospital-Based Dental Centers, By Insurance Type, Rhode Island, 2016 and 2013



Compared to 2013, the hospital-based dental centers served approximately 169 fewer adults in 2016. Among adults treated at the hospital-based dental centers, 69% were enrolled in Medicaid, and 19% were privately insured. Though fewer adult patients received care at the hospital-based dental centers, an impact of Medicaid expansion can be observed as the number of uninsured adult patients decreased from 18% in 2013 to 12% in 2016. Despite the reduction in the number of uninsured patients, decreased utilization was observed in 2016 at hospital-based dental clinics. This discrepancy could be the result of confusion about dental coverage, but it is more likely that newly enrolled members may be more aware and use their coverage while the reenrolled may be less informed about the new policy. Also, due to a limited number of general dentists and dental residents and a limited capacity to treat high volumes of adult patients, SJHC could accommodate only a small number of new patients in 2016. This challenge accounts for the decrease in adult patients served at SJHC and may be a contributing factor in the 5% reduction in total adult utilization in 2016 for hospital-based dental centers.

Dental Safety Net Capacity

Clinical Staffing

Without more providers and coordinated care, comprehensive health reform falls short in solving the problem of access to oral healthcare. To ensure primary and preventive oral health access to Rhode Islanders, maintaining a capable and efficient workforce is essential for the dental safety net partners.

In 2016, dental safety-net partners improved access to care for Rhode Islanders through its 211 full-time-equivalent (FTE) providers (Table 2). An increase of 19% in the FTE providers has been observed in 2016 as compared to 2013. During 2016, 58 FTE dentists, 47 FTE dental hygienists and 107 FTE dental assistants served the dental safety net patients. Most of the staffing increase is among dental assistants (23 FTEs) and dental hygienists (12 FTEs) while full-time equivalent dentists decreased by 1% in 2016 when compared to 2013.

Table 2: Clinical Staffing (Full-Time Equivalents), Rhode Island, 2016 and 2013

COMMUNITY HEALTH CENTERS (Number of Sites)	2016			Total FTE (2016)	CHANGE SINCE 2013
	DENTIST	DENTAL HYGIENIST	DENTAL ASSISTANT		
Blackstone Valley Community Health care (BVCHC) (1)	5.00	2.00	7.00	14.00	+1.00
Comprehensive Community Action Program (CCAP)(4)	4.20	3.60	9.00	16.80	+1.50
East Bay Community Action Program (EBCAP)(1)	2.30	1.30	4.50	8.10	+4.10
Providence Community Health Center (PCHC)(2)	6.70	7.00	18.00	31.70	+20.30
Thundermist Health Center (THC)(4)	10.96	10.70	25.27	46.93	+7.62
Tri-County Community Action Agency (TCCAA)(1)	1.49	1.68	2.39	5.38	+1.28
WellOne Primary Medical and Dental Care (WPMDC)(4)	7.10	4.80	14.70	26.60	+6.10
Wood River Health Services (WRHS)(1)	1.68	2.18	2.70	6.55	+0.45
Subtotal 2016	39.43	33.26	83.56	156.25	
Subtotal 2013	30.33	22.51	60.87	113.71	
Change since 2013	9.10	10.75	22.69		+42.54
Percentage change	30.0%	47.8%	37.3%		(+37.4%)

HOSPITAL BASED DENTAL CENTERS	DENTIST	DENTAL HYGIENIST	DENTAL ASSISTANT	Total FTE (2016)	CHANGE SINCE 2013
Samuels Sinclair Dental Center (SSDC)(1)	6.00	4.70	9.90	20.60	+3.80
St. Joseph Health Center-Pediatric & Family Dental Center (SJHC)(3)	10.20	7.80	12.20	30.20	-11.70
Subtotal 2016	16.20	12.50	22.10	50.80	
Subtotal 2013	27.20	10.40	21.10	58.70	
Change since 2013	-11.00	2.10	1.00		-7.9
Percentage change	-40.4%	20.2%	4.7%		(-13.5%)

Other Dental Programs	DENTIST	DENTAL HYGIENIST	DENTAL ASSISTANT	Total FTE (2016)	CHANGE SINCE 2013
Community College Rhode Island (CCRI)(1)	1.00	8.00	3.00	12.00	+4.00
Wisdom Tooth Mobile Dentistry (WTMD)	2.00	1.00	1.50	4.50	-0.50
Subtotal 2016	3.00	9.00	4.50	16.50	
Subtotal 2013	1.00	9.00	3.00	13.00	
Change since 2013	2.00	0.00	1.50		+3.50
Percentage change	200%	0%	50%		(+26.9%)

Total 2016	57.63 [^]	46.76 [^]	107.16 [^]	211.55 [^]	
Total 2013	58.53	34.91	83.97	177.41	
Change since 2013	-0.9	11.85	23.19		+34.14
Percentage change	-1.5%	33.50%	27.60%		(+19.2%)

[^]The total number of FTE staff employed by the dental safety net does not include the students or staff at the CCRI Dental Hygiene Clinic or dental students from affiliated dental schools who complete externships at dental safety net sites.

From 2013 to 2016, community health centers recruited 42 full-time-equivalent providers to their dental team, a 37% increase from 2013. Nearly all community health centers showed an increase in their dental professional

workforce. The most significant change occurred at the Providence Community Health Center, with an increase of 20 FTE providers. The largest change in 2016 was a 47% increase in dental hygienists as compared to 2013, followed by dental assistants (37%) and dentists (30%).

In 2016, hospital-based dental centers had fewer FTE dental personnel as compared to 2013. In this time, while the dental hygienist FTE increased by 20% and the dental assistant FTE expanded by 5%, the dentist FTE decreased by 40%. Part of the decrease in the number of dentist FTEs may be attributed to changes in how the dentist/dental resident FTEs were calculated. Dentist faculty devote most of their time to teaching and administration while dental residents must complete didactic coursework and rotations not related to the provision of dental care. In 2016, SJHC reported only that portion of time dental faculty and dental residents spent providing direct patient care, as it is a more accurate measure of access to care.

Dental Operatories and Chairs

A dental operator is a room in which oral health services are provided, including the dental chair and equipment. There was a 21% increase in the number of dental operatories in Rhode Island’s community health centers and hospital-based dental centers within the past three years (Table 3). From 2013 to 2016, five community health centers added new dental operatories. Among the hospital-based dental centers, SSDC reported two additional dental operatories. Due to consolidation of dental services in Providence and Pawtucket, the SJHC reported a slight reduction in the number of operatories in 2016 compared to 2013.

Table 3. Number of Dental Operatories/Chairs, Fixed Sites, Rhode Island, 2016 and 2013

Safety Net Provider (Number of Sites)	Dental Operatories/Chairs		
	2016	2013	Change Since 2013
Blackstone Valley Community Health care (BVCHC) (1)	12	12	0
Comprehensive Community Action Program (CCAP) (4)	8	8	0
East Bay Community Action Program (EBCAP) (1)	6	4	+2
Providence Community Health Center (PCHC) (2)	21	8	+13
Thundermist Health Center (THC) (4)	35	27	+8
Tri-County Community Action Agency (TCCAA) (1)	4	3	+1
WellOne Primary Medical and Dental Care (WPMDC) (4)	23	17	+6
Wood River Health Services (WRHS) (1)	5	5	0
Samuels Sinclair Dental Center (SSDC) (1)	14	12	+2
St. Joseph Health Center-Pediatric & Family Dental Center (SJHC) (3)	21	24	-3
Community College Rhode Island (CCRI) (1)	18	18	0
Total	167	138	
Change since 2013			+29
Percentage of change Since 2013			+21%

The Dental Hygiene Clinic at the Community College of Rhode Island (CCRI)

The CCRI Dental Hygiene Clinic is located on the Lincoln Campus and is a learning environment for dental hygiene students. It operates during the academic year (September-May). During 2016, the clinic's 45 students, along with the eight FTE supervising dental hygienists and three dental assistants, provided dental hygiene and preventive services (dental and radiographic examinations, cleanings, and sealants) to 1,186 patients. The majority of patients were adults (96%), and about 4 % were children (Table 1).

Wisdom Tooth – Mobile Dental Program

Wisdom Tooth is a mobile dentistry program operated by CareLink, A Rhode Island management services organization, that provides services to residents of nursing homes, assisted living programs, and patients in the Program of All Inclusive Care for the Elderly (PACE) locations. (PACE cares for adults age 55 and older who have chronic health needs and live at home.) Wisdom Tooth also serves additional patients at different locations through a partnership with WellOne. Wisdom Tooth provides diagnostic, preventive, and palliative services (including cleanings, x-rays, restorations/fillings, simple extractions, and denture fitting and repairs) where the patient lives using mobile dental equipment.

Wisdom Tooth employs 11 full- and part-time providers and staff, and serves 48 nursing homes and two assisted living programs. In 2016, more than 2,000 patients were seen by the program (Table 1). Most had Medicaid coverage (83%), 13% had private insurance coverage, and 4% were uninsured. The Wisdom Tooth program provided care to 157 individuals in the PACE program at two PACE locations.

Ronald McDonald Care Mobile (RMCM): The Molar Express – Mobile Dental Program

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

The ME increases access to dental care for youth and young adults age 2-21 in 21 cities and towns throughout Rhode Island and provides dental services at nearly 100 sites. In 2017, the ME served 1,794 children. Nearly one quarter (24%) of these children were uninsured. More children received restorative care (90%) as compared to preventive care (sealants - 4.6%, fluoride varnish - 9.9%). The ME has two full dental operatories with 1.5 FTE dentists and two FTE dental assistants. It provides dental exams, diagnostic, and restorative treatment. In 2016, 92 schools participated in the program, and children were primarily enrolled through Title I elementary and middle schools. (Title I schools have large concentrations of low-income students, as defined by enrollment in free- and reduced-lunch programs.) During a school visit, the ME staff provide dental treatment throughout the school day, with extended after-school hours, to increase access to services.

Conclusion

Rhode Island made great progress to increase oral health access. The number of patients served by Rhode Island dental safety net providers increased significantly from 78,962 patients in 2013 to 93,588 patients in 2016. This represents an increase of 19%. The increase in patient access is consistent with an increase in clinic capacity. Although the number of Rhode Island safety net providers remained the same between 2013 and 2016, their capacity to serve patients increased considerably. For example, the number of dental chairs increased by 21% and the total number of dentists and dental staff increased by 19%.

Even though access to dental care improved with increased utilization, there was a marked disparity between children and adults. The number of children with dental visits increased by 40% from 39,374 in 2013 to 54,949 in 2016; however, the number of adults with dental visits decreased by 2% from 39,588 in 2013 to 38,639 in 2016. While increased access to dental care among children is a noteworthy accomplishment, it is important to recognize that between 2013 and 2016, fewer adults were able to access dental care. Efforts must be made to improve access for adults, including additional outreach to educate adults about their Medicaid coverage and the benefits of periodic dental visits.

There was a marked increase in the number of Medicaid patients served by dental safety net providers (at FQHC and hospital-based dental centers), from 43,704 patients in 2013 to 69,391 patients in 2016, a 59% increase. Further, there was a concomitant decrease in the number of patients who were uninsured. These results are most likely the result of a marked increase in the number of Rhode Islanders gaining Medicaid coverage through the ACA. The number of Rhode Islanders with Medicaid or CHIP coverage increased by 61%, from 190,800 in 2013 to 307,000 in 2017. Additionally, the percentage of people without insurance decreased from 9% in 2013 to 5% in 2015.¹⁷ Cost is one of the most important barriers to utilization of healthcare. Medicaid reforms under ACA have had a significant impact in providing access to dental care by removing financial and other barriers, especially for the underserved population of Rhode Island. Medicaid expansion must be supported and maintained to ensure continued accessibility to preventive and comprehensive dental care for all Rhode Islanders, especially the most vulnerable.

Despite financial and economic challenges, dental safety net organizations in Rhode Island increased efforts to address the unmet needs of the underserved population. As Medicaid enrollments will likely grow in future years and more people will become aware of their benefits, future challenges include the development of adequate capacity with a sufficient dental healthcare workforce to meet increasing demand.

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Dental Safety Net Providers (as of April 2017)

Community Health Centers

Blackstone Valley Community Health Care

210 Main St., Pawtucket, RI 02860

[401-729-5239](tel:401-729-5239)

- 8 a.m. – 5 p.m. (Monday – Friday)
- Two Saturdays per month: 8 a.m.-Noon (Sept. – May)

**Dental appointments reserved for Blackstone Valley medical patients*

Comprehensive Community Action Program

Family Health Services

1090 Cranston St., Cranston, RI 02920

[401-942-4867](tel:401-942-4867)

- 8 a.m. – 5 p.m. (Monday and Friday)
- 8 a.m. – 8 p.m. (Tuesday - Thursday)

Comprehensive Community Action Program

Everett C. Wilcox Center

226 Buttonwoods Ave., Warwick, RI 02886

[401-732-9090](tel:401-732-9090)

- 8 a.m. – 5 p.m. (Monday and Friday)
- 8 a.m. – 8 p.m. (Tuesday - Thursday)

East Bay Community Action Program

19 Broadway, Newport, RI 02840

[401-845-0564](tel:401-845-0564)

- 8 a.m. – 5 p.m. (Monday – Friday)

Providence Community Health Center

335R Prairie Ave., Providence, RI 02905

[401-444-0430](tel:401-444-0430)

- 8 a.m. – 7 p.m. (Monday – Thursday)
- 8 a.m. – 5 p.m. (Friday)
- 8 a.m. – 2 p.m. (Saturday)

**Dental services reserved for children up to age 19 and pregnant women only.*

Providence Community Health Center/Crossroads RI

160 Broad St., Providence, RI 02903

[401-861-2403](tel:401-861-2403)

- 8:30 a.m. – 4:30 p.m. (Tuesday and Friday)

**Dental services reserved for homeless patients only.*

Thundermist Health Center of South County

1 River St., Wakefield, RI 02879

[401-783-0523](tel:401-783-0523)

- 8 a.m. – 8 p.m. (Monday – Thursday)
- 8 a.m. – 5 p.m. (Friday)
- 8 a.m. – 1 p.m. (First Saturday of each month)
- 8 a.m. – 4 p.m. (Fourth Saturday of each month)

Thundermist Health Center of West Warwick

1219 Main St., West Warwick, RI 02893

[401-615-2800](tel:401-615-2800)

- 8 a.m. – 8 p.m. (Monday – Thursday)
- 8 a.m. – 5 p.m. (Friday and Saturday)

Thundermist Health Center of Woonsocket

25 John A. Cummins Way, Woonsocket RI 02895

[401-767-4161](tel:401-767-4161)

- 8 a.m. – 8 p.m. (Monday – Thursday)
- 8 a.m. – 5 p.m. (Friday)
- 8 a.m. – 4 p.m. (Saturday)

Thundermist Health Center of Providence

557 Broad St., Providence, RI 02907

[401-235-6838](tel:401-235-6838)

- 8:30 a.m. – 5 p.m. (Wednesday only)

Tri-County Community Action Agency

1126 Hartford Ave., Johnston, RI 02919

[401-519-1940](tel:401-519-1940)

- 8 a.m. – 8 p.m. (Monday, Tuesday, Thursday)
- 8:30 a.m. – 8 p.m. (Wednesday)
- 8:30 a.m. – 5 p.m. (Friday)

**Priority given to patients from Johnston, North Providence, and Smithfield*

WellOne Primary Medical and Dental Care

142A Danielson Pike, Foster, RI 02825

[401-647-3702](tel:401-647-3702)

- 8:30 a.m. – 5:30 p.m. (Monday - Thursday)
- 8:30 a.m. – 5 p.m. (Friday)

WellOne Primary Medical and Dental Care

15 Sayles Ave., Pascoag, RI 02859

[401-567-0800](tel:401-567-0800)

- 8 a.m. – 5 p.m. (Monday – Wednesday and Friday)
- 8 a.m. – 6 p.m. (Thursday)

WellOne Primary Medical and Dental Care

308 Callahan Rd., North Kingstown, RI 02852

[401-295-9706](tel:401-295-9706)

- 8 a.m. – 5 p.m. (Monday, Wednesday, Friday)
- 8:30 a.m. – 5 p.m. (Tuesday)
- 8 a.m. – 5:30 p.m. (Thursday)

WellOne Primary Medical and Dental Care

35 Village Plaza Way, North Scituate, RI 02857

[401-647-6262](tel:401-647-6262)

- 8:30 a.m. – 5 p.m. (Monday and Wednesday- Friday)
- 9:30 a.m. – 6 p.m. (Tuesday)

Wood River Health Services

823 Main St., Hope Valley, RI 02832

[401-539-2461](tel:401-539-2461)

- 8 a.m. – 5 p.m. (Monday – Friday)

Hospital-Based Dental Clinics

Samuels Sinclair Dental Center/Rhode Island Hospital

(Adults with special needs; all children)

593 Eddy St., Providence, RI 02903

[401-444-5284](tel:401-444-5284)

- 8 a.m. – 4:30 p.m. (Monday – Friday), closed Noon – 1 p.m.

St. Joseph Health Center – Pediatric and Family Dental Center

(All children, parents of current pediatric patients, adults with special healthcare needs)

21 Peace St., 2nd Floor, Providence, RI 02907

[401-456-4461](tel:401-456-4461)

- 8 a.m. – 4:30 p.m. (Monday – Friday)

St. Joseph Health Center - Pediatric and Family Dental Center

(All children, parents of current pediatric patients, adults with special healthcare needs)

249 Roosevelt Ave., Pawtucket, RI 02860

[401-723-2891](tel:401-723-2891)

- 8 a.m. – 4:30 p.m. (Monday – Friday)
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Dental Hygiene Clinic

Community College of Rhode Island (CCRI)

(Dental cleanings only; patients must call to see if their needs align with criteria for student learning curriculum)

1762 Louisquisset Pike, Lincoln, RI 02865

[401-333-7250](tel:401-333-7250)

Spring semester

- 7:30 a.m. – 5:30 p.m. (Monday, Wednesday, and Friday)
- 7:30 a.m. – 8:30 p.m. (Tuesday and Thursday)

Fall Semester

- 7:30 a.m. – 5:30 p.m. (Monday, Wednesday, and Friday)
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Mobile Dental Programs

Molar Express

(Children and young adults, age 2 – 21)

Call 866-MOLARXP ([866-665-2797](tel:866-665-2797)) to see if the Molar Express services your area.

Wisdom Tooth

(Nursing homes)

CareLink

1 Virginia Ave., Providence, RI 02905

[401-490-7610](tel:401-490-7610)

- 9 a.m. – 4 p.m. (Monday – Thursday)
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Donated Dental Services (DDS) Program

(For disabled, elderly, or medically compromised patients who complete an application, meet eligibility criteria, and cannot afford needed dental services)

*DDS applications are available online at <http://www.dentallifeline.org/rhode-island> or by calling [866-572-9390](tel:866-572-9390).

*The DDS Program is not for dental emergencies or urgent care.