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The Interfaith Dental Program of Michigan

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The Interfaith Dental Refugee Program of Michigan

By The Rev. Dr. William J. Danaher Jr.
Rector, Christ Church Cranbrook

The inspiring story of how faith leaders and dental teams are working to assist resettled Afghan refugees regain their oral health, helping these new Americans get a better start in an unfamiliar land.



Children and adults — Teaming with volunteer dentists, specialists, and allied professionals, the Interfaith Refugee Dental Program is honored to restore smiles for refugees of all ages

After the fall of Kabul in August 2021, more than 120,000 refugees from Afghanistan were temporarily located to makeshift housing at American air bases. As in the past, the U.S. Department of State partnered with nonprofit organizations dedicated to refugee resettlement. These organizations, in turn, depend upon faith communities to step forward to provide volunteer assistance to welcome these new Americans and ease their transition into an entirely new culture and context.

My own congregation, Christ Church Cranbrook, has been working in refugee resettlement since 2017, when we welcomed a family fleeing the civil war in Syria. We are a dynamic and diverse congregation with several members who speak Arabic, and therefore we seemed uniquely equipped to do this work. We also developed a close working relationship with the Muslim Unity Center, a large and active Mosque located in our neighborhood.

In 2017, refugee resettlement was a politically and culturally sensitive issue, and we encountered significant opposition, misunderstanding, and fear. Together, our faith communities collected resources and sponsored forums on refugee resettlement, inviting skeptical politicians to meet with social service organizations so that they could learn more about the careful vetting processes behind refugee resettlement, the positive economic impact that refugees make in a local populace, and the ways that we

could better collaborate.

After the fall of Kabul, my congregation again stepped forward to sponsor four refugee families, totaling 24 individuals. However, as our resettlement team worked to find housing for these four families, we learned that, in addition to the normal language and cultural barriers to providing support, access to health care was incredibly challenging.

As in the past, the Michigan Department of Health and Human Services works to meet these needs. However, the sheer number and scale of the 1,300 Afghan refugees coming into Michigan in the space of a few months meant that there were many health needs that went unaddressed.

Initially, we teamed up with members from the Wayne State University Medical School's mobile health clinic team to conduct an informal needs survey. We discovered numerous cases of chronic diseases, including diabetes and hypertension, pregnancies, and war wounds. However, the largest catchment of responses concerned dental needs, with 40 out of 62 refugees surveyed complaining of tooth pain, bleeding, and oral swelling.

I then turned to my friend and colleague, Rouzana Hares, DDS, of the Muslim Unity Center to reactivate the collaboration we had developed in 2017. Dr. Hares is herself a former refugee, and I knew that she had experience working in refugee dental health. I believed that, together, we could find a way forward.

We organized a dental screening clinic to follow up on the informal survey, and we discovered that more than 50 people had significant health-compromising oral health issues. Many individuals needed multiple extractions, as these teeth were causing unchecked, severe infections. Dr. Hares prescribed antibiotics and ibuprofen, donated through a local pharmacy.

Refugees receive dental coverage through Medicaid and are eligible for



Program volunteers — Drs. Craig Hansen and Rouzana Hares coordinated a team of volunteer providers assessing needs of 50 refugee patients at a screening clinic this past fall.

treatment at FQHC dental clinics. However, due to long waiting lists, timely access to care was a concern.

We then turned to HUDA, a Free Health Clinic in metro Detroit. One of the dentists on the board of the HUDA clinic, Dr. Shakeel Niazi, offered to open his private practice to host a one-day clinic in February 2022. Dr. Niazi and Dr. Hares recruited a 20-person dental team. We provided volunteers, translators, transportation, and meals for the clients.

Our pop-up clinic treated 35 patients that day, focusing on those with the most acute cases. Two additional patients received critical care at the office of Dr. Craig Hansen, providing services that exceeded the coverage available through Medicaid.

Our outcomes surpassed those of an FQHC connected to the University of Detroit Mercy, which could only

see 20 patients for screening over two business days, compared to our initial screening of more than 50 patients in one day. Further, our volunteer dental providers were flexible in delivering services unavailable at the FQHC.

We held a second screening clinic on March 11, 2022, with 30 more patients triaged and categorized into those whose dental needs were urgent and those whose treatment could be delayed. Because of the nimbleness and expertise of our 23 dentist volunteers in the metro area, cases that the FQHC could not address were resolved. This included addressing unsuccessful past referrals by the FQHC for patients in need of specialty care inaccessible due to transportation and translation challenges.

Holli Seabury, executive director
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Patient imaging — The office of Dillingham and Hanson hosted last fall's screening clinic, capturing diagnostic images and performing patient assessment to allow assignment to appropriate volunteer providers.



Screening clinic — Dr. Rouzana Hares discusses patient needs with one of several volunteer team members at the screening clinic.

Interfaith Dental Program

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at Delta Dental Foundation, heard about our work and facilitated two pilot grants from the Delta Dental Foundation that we supplemented with private donations from Christ Church Cranbrook and the Muslim Unity Center to fund the program. Dr. Hares and I then created a steering committee, named the Interfaith Refugee Dental Program.

The committee, which I lead with Dr. Hares, Dr. Hanson, and Pastor Manisha Dostert of Christ Church Cranbrook, oversees the program's work, with Christ Church Cranbrook acting as the fiduciary to receive and administer funds.

Because Christ Church Cranbrook is the fiduciary, the Michigan Interfaith Refugee Dental Program has status as a nonprofit organization to recognize the services donated by volunteer providers. Providers are reimbursed for lab costs of up to \$125 for each crown, \$410 for each unit of a complete denture, and up to \$360 for each removable partial denture. Further reimbursement is given for team expenses up to an hourly rate of \$28 for dental assistants and \$39 per hour for dental hygienist time.

The population we serve is uninsured or requires services that Medicaid does not cover. Consequently, volunteer dentists deliver a level of dental care to our patients that would otherwise be unavailable. The aim is to restore oral health and to provide limited cosmetic dentistry to optimize the employability of our clients as they integrate into our communities.

The interfaith cooperation that motivates our work is deliberately diverse and inclusive: We welcome volunteers and dentists from all faiths and backgrounds. What ties us together is the mission to provide care for these new Americans and the motivation to share our different gifts.



In West Michigan — Dr. Tom Anderson, of Holland, appreciated providing care in his private practice for locally resettled refugees, giving him the opportunity to care for Rona, whose husband assisted our military in Afghanistan.

It is nearly impossible to estimate the immense benefits of restoring self-esteem and improving the employability of these new Americans. Being free of dental pain and being able to smile confidently are basic needs connected to human dignity.

Although the motivation for our work is humanitarian, we know that there are significant economic benefits when refugees resettle in an area. Like other new Americans, refugees often stabilize inner-city neighborhoods, as seen in Hamtramck, Mich. They also have high levels of productivity. A study conducted by Samaritas in southeast Michigan found that refugees contributed more taxes than the benefits they received during the first 20 years they settled in the United States, and their rate of entrepreneurship is 30% higher than the general population. Therefore, assisting refugees in the ways that we have is not only an exercise in health equity and the ethics of care, but it is fiscally wise — a better start that will lead to even better outcomes.

Many dentists who have stepped forward to help are motivated by the fact that the refugees leaving Afghanistan had to flee the country because they had helped serve and protect Americans during the occupation. These included our military personnel but also our diplomatic corps and NGOs. As a result, many of our dentists feel compelled to support those who took enormous risks to support us.

Thanks to the generosity of our volunteers, refugees received exceptional dental care at a fraction of the cost. For example, Dr. Hanson, Dr. Clay Dietz, Dr. Lauren Anderson and Dr. Timothy Schmakel treated five refugee patients, each requiring comprehensive treatment that included specialty care. Providing this care at the standard rate would have cost \$83,483. Thanks to their willingness to donate their time and talent, the costs were \$6,475.75.

West Michigan outreach

Of an estimated 1,300 Afghan refugees in Michigan, Bethany Christian

Services helped resettle 250 in West Michigan, and Samaritas has resettled 597 Afghan refugees throughout the state. Bethany is a Kent County Oral Health Coalition partner, and was aware of the efforts of the Interfaith Dental Program in southeast Michigan.

At their suggestion, in May KCOHC Chair Dr. Colette Smiley met with the Interfaith Dental Program and Delta Foundation to expand the program to West Michigan. She joined our steering committee and recruited local providers to serve on a West Michigan Coordinating Committee to assess and assign cases utilizing the administrative infrastructure of the Interfaith Dental Program.

Currently, 13 dental providers participate in West Michigan, where a Delta Dental Foundation grant supports this work, with additional funding from the West Michigan Dental Foundation.

Dr. Jake Miller, president of the West Michigan District Dental Society, is a volunteer provider. “It was an easy decision to offer my services to a refugee patient,” he says. “They have been completely displaced from all they know, to start over in a new country. My team and I were pleased to help. The logistics were easy, with transportation and an interpreter already arranged. The reimbursement for lab costs and staff time was a bonus. Caring for patients through the Michigan Interfaith Dental Program is a rewarding experience I urge colleagues to consider.”

Most of the need is in southeast Michigan. Five patients have completed their treatment, and 35 are currently receiving care through the Interfaith Refugee Dental Program. We are so grateful to the dentists and the dental staff who make our mission possible. ●

To find out more about the Interfaith Dental Refugee Program of Michigan and how you can contribute, email interfaithdental@christchurchcranbrook.org.