Turma Do Bem:
Dentista do Bem

Fabio Bibancos
This case study is part of the CHMI case study series.

CENTER FOR HEALTH MARKET INNOVATIONS (CHMI)

CHMI identifies, analyzes and connects programs working to improve health and financial protection for the poor. CHMI works through a network of partner organizations in 16 countries where there are large numbers of private health care providers. CHMI is funded by the Bill & Melinda Gates Foundation and the Rockefeller Foundation.

ACCESS Health International

ACCESS Health International, Inc. has the founding conviction that all people, no matter where they live, have a right to access high quality, affordable healthcare. The organization identifies and documents models and policies for high-quality, affordable health care. It transfers knowledge of these solutions through publications, workshops and teaching material. ACCESS Health International also supports design and implementation of models for efficient health care delivery and financing.

For additional information, visit http://www.accessh.org.
Case Study - Turma Do Bem- Dentista do Bem

Fabio Bibancos
Executive Director
Rua Sousa Ramos, 311
Vila Mariana, São Paulo- SP
55-11-5084-7276

Introduction

This case study describes the services provided and current funding structure of the Dentista do Bem (DdB), a not-for-profit health initiative based out of São Paulo. The organization has become the largest chain of skilled volunteers in Brazil and has been replicated across Latin America and Portugal.

The organization selects very poor children and adolescents with very poor oral health from public schools. The children's social background is evaluated, as well as how close they are from getting a job. Patients are treated by an assigned volunteer dentist for free and until they are 18-year-old.

The following case intends to look at the structure and how the organization is able to coordinate its international activities from the headquarters in São Paulo.

Biography of the Founder

Dr. Bibancos completed his Masters and PhD in Public Health at the Universidade do Estado de São Paulo (UNESP- University of the State of São Paulo). He graduated from the same university with a dentist degree and specialization in Pediatrics and Orthodontics. Dr. Bibancos wrote four books about dental hygiene and related topics: “Um Sorriso Feliz para Seu Filho” (A Happy Smile for Your Child), “A Guerra dos Mutans” (War of the Mutans), “Boca!” (Mouth) and “Sorrisos do Brasil” (Brazil Smiles).

Fabio Bibancos was elected as Schwab Entrepreneur in 2006 and was an Ashoka fellow nominee in 2007.

Dentista do Bem

While touring in public schools after the launch of his first book in 2005, Dr. Bibancos realized that lower income families had extremely limited access to dental services. By the time children were taken to public dental clinics, they had already lost many teeth and had very poor oral health. Some children had lost their smiles and were not able to get access to reconstructive treatment.

Dr. Bibancos also realized the impact these conditions had on teenagers’ livelihoods and productivity. At first children were treated out of his own office pro-bono and as the demand increased, he invited colleagues to join.
In 2005 he founded Turma do Bem (TdB), an organization that aims to change society’s perception of oral health, by providing children access to dental care. It also shows dentists the social and environmental impacts of their activities. The organization runs the program Dentista do Bem, which coordinates the work of volunteer dentists. By 2011, the activities of the organization had been replicated through 9 countries in Latin America and Europe.

**Methodology**

The program targets low-income children and teenagers living in poor neighborhoods. Patients are selected from students in 5th to 8th grade schools in Brazil and given preference according to treatment urgency, income levels and how close they are to getting their first job.

Treatment takes place at the volunteer dentist’s office. All the treatment costs are absorbed by the dentist. Patients receive oral care, reconstruction, preventive and educative information until they reach 18 years of age.

**Demand for Services**

There is very high demand for dental care in Brazil. The organization estimates that there are more than 10 million teenagers studying in public schools and around 30% of that population have poor oral health. That segment is the main target beneficiary for DdB.

Many times families and children realize that they have dental problems, but there is hardly any access for treatment in public dental clinics. There are limited public resources available for specialized treatment. Many people arrive at public dental clinics when their case is too severe and the government does not provide them with extensive recovery treatment. Dentists in public services in Brazil tend to opt for extraction as opposed to restorations.

**Delivery of solution**

TdB and its Dentista do Bem program is now in every state of Brazil and in Argentina, Bolivia, Chile, Colombia, Ecuador, Mexico, Paraguay, Peru, Portugal and Venezuela. Dentists from anywhere in Brazil can sign up to join DdB. The organization selects regional coordinators that become responsible for coordinating the work of regional volunteers.

The coordinator and other dentists visit public schools, interview and examine children from 11 to 17 years of age on a monthly basis. All the information collected by the coordinators (including address, family members, income level, age, employment possibilities and procedures needed) are mailed to DdB headquarters in São Paulo.

The data is input in their electronic database by DdB professionals and patients are selected electronically taking into consideration their age, severity of oral conditions, income and how close their first employment they are. Once the data is input and patients selected, the system connects the patient to the closest dentist.
Social workers from the HQ contact the family, through telephone or by mail and inform them which doctor will be available to treat them. Patients go to their visits at appointed times and social workers follow up with calls in case of missed visits and at the end of the treatment.

These procedures are the same for the activities of DdB internationally. Every patient is managed from the HQ in São Paulo. Social Workers who speak Spanish contact the families and doctors and carry on the follow up interviews.

**Employees**

DdB is the largest network of professional volunteers, including all international dentists in its database. In addition to the dentists, the organization has employed communication staff, social workers and managers at the headquarters.

The organization management employs a series of annual workshops and refreshment courses for volunteer dentists. Every December, dentists are invited to visit the headquarters in São Paulo, where they receive courses in management, technical refreshers, innovation and culture. The doctors also receive a recognition award for the amount of patients they have treated and their performance. The event is organized by the Headquarters and hosted by Fabio Bibancos and receives press coverage. The main goal is to motivate the work of the doctors and allow them to feel recognized for their efforts. See ANNEX 1

**Quality Policy**

All treatments are managed by the headquarters. The performance of the doctors and the satisfaction of patients are recorded as the treatment evolves. If the doctor is unable to meet an appointment or if the patient is dissatisfied, another match is found. In case of malpractice, the dentist is immediately disconnected from the network.

Dr. Fabio Bibancos has developed a manual of good procedures and all volunteer doctors receive training at the annual meeting on the same. The organization reviews its development and performance monthly and has its strategic goals reassessed if needed.

**Technology**

The organization is studying the implementation of mobile technology (smartphones and/or handheld equipment) to input data collected at schools. Once implemented, the information and selection of patients would be streamlined and more efficient. Once the information is input in the system, the treatment would start faster.

**Financing**

DdB receives funding from a series of institutional donors. All the capital donated from these partners pay for the employees of the Headquarters and the doctors’ yearly training and awards. The funding is also used for campaigns.

The main sponsors of the organization are JPMorgan, Trident, Vale and EDP.
All assets of the organization, including computers and other electronic goods for operation of headquarters were bought.

DdB is developing consumer products like toothbrushes, toothpaste and other dental products for high-end consumption to finance their operations.

DdB benefits from Dr. Fabio Bibanco’s network of patients. His private patients sponsor and support specific campaigns.

**Scalability**

The organization has replicated and scaled its operations to many cities and countries since its inception. The model is quite simple: look for committed doctors that would take in pro-bono patients from poor local schools.

The biggest challenge DdB has to scale its model is the centralized management. All operations are managed from São Paulo, including international patients. Any further expansion would put further pressure on the HQ operations and require the hiring of more employees. That will also negatively impact the organization’s budget.

**Additional Program**

Dr. Fabio Bibancos started in 2009 a school called Pensamentoem Saúde, which selects teenagers treated by DdB to become dentist assistants. Escola Pensamentoem Saúde prepares and trains young adults professionally.
## ANNEX 1

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Category</th>
<th>Description</th>
<th>How many numbers per Unit</th>
<th>Unit</th>
<th>Qualification</th>
<th>Location</th>
<th>Hiring/contracting</th>
<th>Task(s) performed</th>
<th>Supervision/Quality assurance</th>
<th>Training</th>
<th>Salaries</th>
<th>Incentives</th>
<th>Retention</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Manager</td>
<td>1</td>
<td>San Paolo</td>
<td>Permanent roll. CLI.</td>
<td>Management, supervision, and fundraising</td>
<td>President - weekly meeting</td>
<td>No</td>
<td>USD 3000 - 5000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Dentist for good project</td>
<td>7</td>
<td>Psychiatrist, Dentist, Social worker.</td>
<td>SP</td>
<td>Permanent roll. CLI.</td>
<td>Management, strategic planning and follow the treatments and relation between volunteers and beneficiaries</td>
<td>Manager - weekly meeting</td>
<td>No</td>
<td>USD 2000 - 2500</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Communication</td>
<td>5</td>
<td>Journalist, producer, designer and social communicator.</td>
<td>SP</td>
<td>Permanent roll. CLI.</td>
<td>Management, reports, website, social networks, press and media.</td>
<td>Manager - weekly meeting</td>
<td>No</td>
<td>USD 2000 - 2500</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Assistente do Bem project</td>
<td>2</td>
<td>Social communicator and pedagogy</td>
<td>SP</td>
<td>Permanent roll. CLI.</td>
<td>Management, reports, follow the progress of the students, tutors and their relations.</td>
<td>Manager - weekly meeting</td>
<td>No</td>
<td>USD 2000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>