



# Dental Public Health Project/Activity Descriptive Report Form

Please provide a detailed description of your **successful dental public health project/activity** by fully completing this form. Expand the submission form as needed but within any limitations noted. Please return completed form to: [lcofano@astdd.org](mailto:lcofano@astdd.org)

**NOTE: Please use Arial 10 pt. font.**

<b>CONTACT PERSON PREPARING THE SUBMISSION AND TO ANSWER QUESTIONS</b>
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<b>PROVIDE CONTACT INFORMATION FOR ONE ADDITIONAL PERSON WHO COULD ANSWER QUESTIONS REGARDING THIS PROGRAM</b>
<p><b>Name:</b> Terri Chandler, RDH</p> <p><b>Title:</b> Founder/Executive Director</p> <p><b>Agency/Organization:</b> Future Smiles</p> <p><b>Address:</b> 3074 Arville Street Las Vegas, NV 89102</p> <p><b>Phone:</b> (702) 889-3763</p> <p><b>Email Address:</b> info@futuresmiles.net</p>

**SECTION I: ACTIVITY OVERVIEW**

**Title of the dental public health activity:**

**Future Smiles Mobile School Sealant Program**

**Public Health Functions\* and the 10 Essential Public Health Services to Promote Oral Health:**  
Check one or more categories related to the activity.

"X"	<b>Assessment</b>
X	1. Assess oral health status and implement an oral health surveillance system.
X	2. Analyze determinants of oral health and respond to health hazards in the community
	3. Assess public perceptions about oral health issues and educate/empower them to achieve and maintain optimal oral health
	<b>Policy Development</b>
	4. Mobilize community partners to leverage resources and advocate for/act on oral health issues
	5. Develop and implement policies and systematic plans that support state and community oral health efforts
	<b>Assurance</b>
X	6. Review, educate about and enforce laws and regulations that promote oral health and ensure safe oral health practices
X	7. Reduce barriers to care and assure utilization of personal and population-based oral health services
X	8. Assure an adequate and competent public and private oral health workforce
X	9. Evaluate effectiveness, accessibility and quality of personal and population-based oral health promotion activities and oral health services
X	10. Conduct and review research for new insights and innovative solutions to oral health problems

[\\*ASTDD Guidelines for State and Territorial Oral Health Programs that includes 10 Essential Public Health Services to Promote Oral Health](#)

**Healthy People 2030 Objectives:** Please list HP 2030 objectives related to the activity described in this submission. If there are any state-level objectives the activity addresses please include those as well.  
 OH-01 — Reduce the proportion of children and adolescents with lifetime tooth decay  
 OH-02 — Reduce the proportion of children and adolescents with active and untreated tooth decay  
 OH-08 — Increase use of the oral health care system  
 OH-09 — Increase the proportion of low-income youth who have a preventive dental visit  
 OH-10 — Increase the proportion of children and adolescents who have dental sealants on 1 or more molars

**Provide 3-5 Key Words (e.g. fluoride, sealants, access to care, coalitions, policy, Medicaid, etc.) These will assist those looking for information on this topic:**

Access to Care: Children Services, Access to Care: School-Based Oral Health, Prevention: Children Oral Health, Prevention: Sealant

**Executive Summary: Complete after Section II: Detailed Activity Description. Please limit to 300 words in one or two paragraphs.**

Provide a brief description of the dental public health activity. Include information on: (1) what is being done; (2) who is doing it and why; (3) associated costs; (4) outcomes achieved (5) lessons learned, both positive and negative.

Nevada is one of only five states where children are significantly less likely to receive preventive dental care when compared to the rest of the nation. This results in seven out of 10 children in Nevada having experienced tooth decay, which is significantly higher than the national average of five out of 10.

Future Smiles was established in 2009 as a 501(c)(3) to provide oral health education and preventive services to children at school-based locations. Children served by the program are typically from schools with greater than 50% free and reduced meal program enrollment (FRL), live well below the federal poverty guidelines (FPL), and are Medicaid/CHIP enrollees or underinsured/uninsured. All children in the Clark County School District (CCSD) are eligible for services.

Future Smiles is Nevada's largest school-based oral services provider. We operate two types of school-based delivery modes: (1) The Women's Philanthropy Dental Wellness Center (DWC), the first and only school-based dental restorative center in the state; (1) the Mobile School Sealant Program (SSP) provides services to approximately 50 schools per year. The mobile team sets up portable equipment to provide preventive services (screenings, sealants and fluoride varnish) to students with positive parental consent. The school receives oral health education materials and tooth brushing supplies for every student.

Our staff includes dentists, dental hygienists, dental assistants, and case managers, who provide much needed oral health education, preventive dental hygiene services, and restorative services, supported by our philanthropic funders, to the children and families we serve.

**SECTION II: DETAILED ACTIVITY DESCRIPTION**

Provide detailed narrative about the dental public health activity using the headings provided and answering the questions. Include specifics to help readers understand what you are doing and how it's being done. References and links to information may be included.

**\*\*Complete using Arial 10 pt.**

**Rationale and History of the Activity:**

1. What were the key issues that led to the initiation of this activity?

Untreated tooth decay is a significant pediatric public health problem, and as the most prevalent childhood disease, affect more than 25 percent of U.S. children aged two to five and half of those aged 12 to 15<sup>1</sup>. There are striking disparities in oral health based on income: 25 percent of economically disadvantaged children have never seen a dentist before starting kindergarten, poor children are twice as likely to suffer from tooth decay throughout their lives, and tooth decay remains more likely to be untreated<sup>2</sup> in poor children.

Historically, hospital emergency rooms are used by the uninsured as an avenue for dental pain. The number of emergency department visits in the U.S. for dental conditions increased from 1.1 million in 2000 to 2.1 million in 2010<sup>3</sup>. National average costs of dental preventive services are a fraction of the cost of restorative dental services. The average cost for common preventive services in the United States is \$181 for children and \$212 for adults. This generally includes a periodic examination by a general dentist, prophylaxis (cleaning), and single tooth sealant

1 National Health and Nutrition Examination Survey data (Dye BA, et al. NCHS data brief, no 191. Hyattsville, Md.; National Center for Health Statistics, 2015).

2 US Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General-- Executive Summary. Rockville, MD: US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, (2000).

3, Action for Dental Health: Bringing Disease Prevention into Communities: A Statement from the American Dental Association December (2013).

application<sup>4</sup>. The average total price for common restorative services is over 12 times more expensive than preventive services, and includes amalgam filling (\$146.61), resin-based composite filling (\$197.09), root canal on a molar (\$918.88), porcelain crown (\$1,026.30), extraction of an erupted tooth or root visible above the gum line (\$147.32)<sup>5</sup>.

According to the Centers for Disease Control and Prevention (CDC), applying dental sealants in schools for about seven million low-income children who do not have them could save up to \$300 million in dental treatment costs<sup>6</sup>. Approximately 485 cavities would be prevented for each 1,000 children and 1.59 disability-adjusted life-years<sup>7</sup>.

- Dental sealants prevent 80% of cavities in the back teeth, where 9 in 10 cavities occur
- Once applied, sealants protect against 80% of cavities for 2 years and continue to protect against 50% of cavities for up to 4 years.
- Dental sealants prevent 80% of cavities in the back teeth, where 9 in 10 cavities occur.
- About 60% of children ages 6-11 years do not get dental sealants.
- Children from low-income families are 20% less likely to get dental sealants than children from higher-income families.

Sealants can eliminate the need for expensive and invasive treatments like dental fillings or crowns. Best Practices include targeting school-based sealant programs to the areas of greatest need. Tracking the number of schools and children participating in sealant programs is crucial for program success. Public policies must be implemented that deliver school-based sealant programs in the most cost-effective manner. Schools need assistance in connecting to Medicaid and CHIP, local health department clinics, community health centers, and dental providers in the community to foster more use of sealants and reimbursement of services.

Future Smiles began its pilot program development, Southern Nevada Dental Hygiene Initiative (SNDHI), in the fall of 2009 through a partnership with Communities In Schools and the Clark County School District. The first School-based Health Center for Education and Prevention of Oral Disease (EPOD) location was established at Cunningham Elementary School's SBHC that included one dental operatory in the school. As the program matured, it continued to grow adding on more EPOD locations and accessing more schools through Future Smiles Mobile delivery system. By 2021, Future Smiles has provided more than 100,000 dental sealants and 150,000 smile bags with brushing supplies to children in the Clark County School District through our mobile delivery.

## 2. What rationale/evidence (may be anecdotal) did you use to support the implementation of this activity?

Access to oral health care for underserved populations is a serious problem for Nevadans. As reported in the 2008 Nevada State Health Division's (NSHD) Basic Screening Survey<sup>8</sup>, six out of ten (60%) Nevada children have experienced tooth decay by the third grade. Findings from the Nevada Head Start Oral Health Survey<sup>9</sup> in 2017, found that among children ages of 3-5, 50% have experienced tooth decay. Fifty percent of 3-5 year old children in Nevada with caries experience is above the HP 2020 desired outcome of 30% in the same age group<sup>10</sup>. Medicaid recipients in Nevada ages 1-20 in Nevada have a 41% utilization rate for all dental services, a 37% utilization rate for preventive care, and a 24% utilization rate for restorative care. Children from 1 - 21 years of age who are also Medicaid participants in Nevada have a 21% utilization rate for dental sealants<sup>11</sup>.

Tooth decay can cause significant pain, loss of school days, infections, and even death. In addition, pain and medical complications can result in poor school performance and higher rates of absenteeism. The burden of untreated tooth decay extends well beyond childhood into adult life. Poor oral health correlates to: 1) tooth loss, 2) greater incidence of heart disease, 3) complication with diabetic controls, and 4) places other organ systems at risk. In adulthood, we

4 Action for Dental Health: Bringing Disease Prevention into Communities: A Statement from the American Dental Association December (2013).

5 Action for Dental Health: Bringing Disease Prevention into Communities: A Statement from the American Dental Association December (2013)

6 Centers for Disease Control and Prevention: <https://www.cdc.gov/vitalsigns/dental-sealants/index.html>

7 Health Affairs: School-Based Dental Sealant Programs Prevent Cavities And Are Cost-Effective Susan Griffin,\* Shilpa Naavaal, Christina Scherrer, Paul M. Griffin, Kate Harris and Sajal Chattopadhyay: December 2016

8 Nevada State Health Division - Oral Health Program: Fluoridation Plan. Division of Public and Behavioral Health Department of Health and Human Services. (2011). <https://oralhealthnevada.com/wp-content/uploads/2015/02/NevadaFluoridationPlan.pdf>

9 Nevada State Health Division - Oral Health Program: Fluoridation Plan. Division of Public and Behavioral Health Department of Health and Human Services. (2011). <https://oralhealthnevada.com/wp-content/uploads/2015/02/NevadaFluoridationPlan.pdf>

10 White, RDH, MPH, J. (Ed.). (2017). Nevada head start Oral Health Survey 2017 Division of Public and Behavioral Health, Department of Health and Human Services. [https://dpbh.nv.gov/uploadedFiles/dpbhnhv.gov/content/Programs/OH/Oral\\_Health\\_Program\\_Reports/2018-Dec-28-NV-HS-Report-FINAL.pdf](https://dpbh.nv.gov/uploadedFiles/dpbhnhv.gov/content/Programs/OH/Oral_Health_Program_Reports/2018-Dec-28-NV-HS-Report-FINAL.pdf)

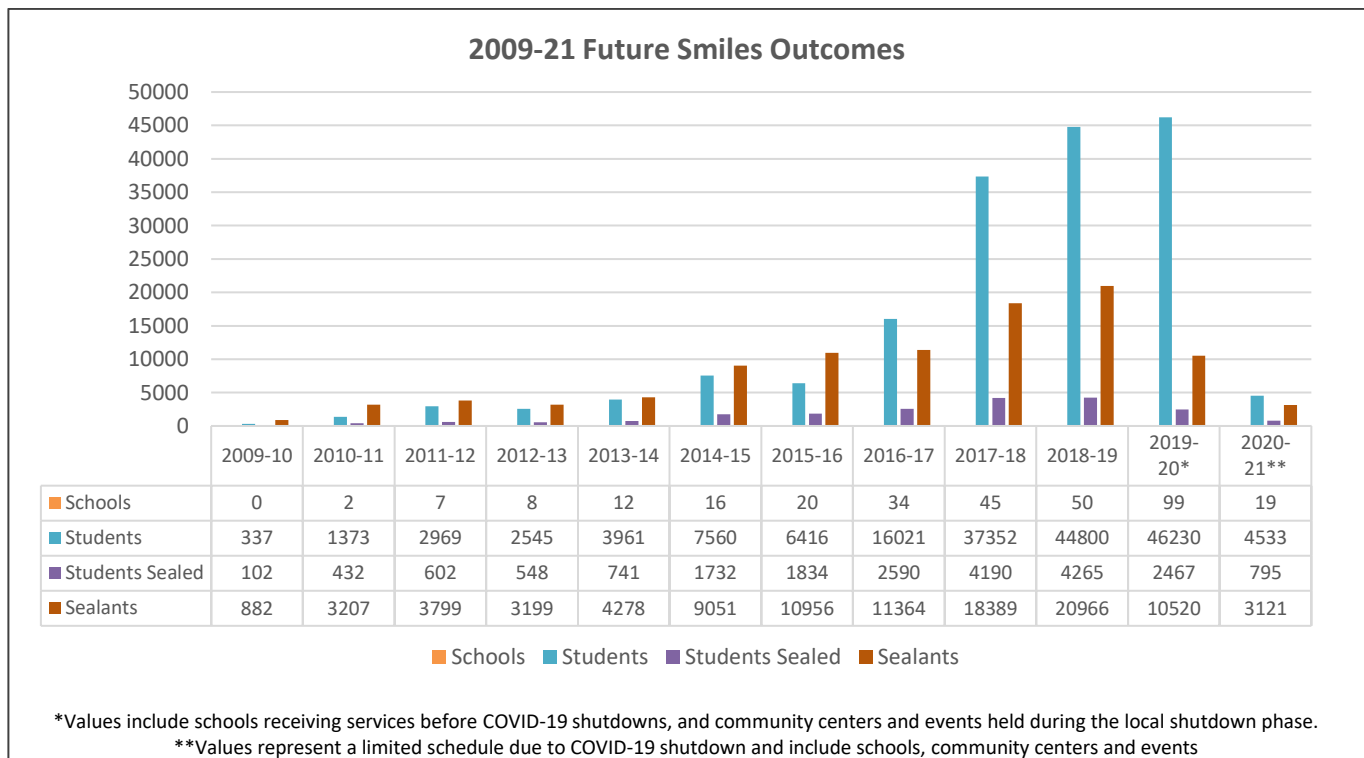
11 Ku, L., et al. (2013). Increased Use of Dental Services by Children Covered by Medicaid: 2000–2010. Centers for Medicare & Medicaid Services, Office of Information Products and Data Analytics.

see that poor oral health correlates with low self-esteem, low educational achievement, reduced high school graduation rates and can contribute to unemployment and underemployment.

According to the 2016-2017 Clark County School District Accountability Report<sup>12</sup>, the District is home to a high percentage of children living in poverty: 59% of the CCSD student population receives the Free and Reduced Meal Program (FRL), and 18% are limited English proficient (LEP). CCSD is now a minority-majority District, with a Hispanic student population of 46% and Caucasian students accounting for 25%. Demographics such as these are characteristic of high-need populations and are directly correlated with poor oral health and limited access to oral/dental health services.

3. What month and year did the activity begin and what milestones have occurred along the way? (May include a timeline.)

<b>2009</b>	<b>Program inception</b>
<b>2009</b>	Service to one school in Clark County
<b>2010</b>	Nevada Nonprofit and 501(c)(3)
<b>2016-2019</b>	88,000 at-risk youth served by oral health education and brushing supplies. Of those, 11,700 youth received dental sealants on 53,800 teeth. We provide services to approximately 50 schools in one county.
<b>2019</b>	The NWP Dental Wellness Center (DWC) opens as the first brick-and-mortar school-based dental restorative facility in the state.
<b>2019-2021</b>	The NWP Dental Wellness Center (DWC) has provided comprehensive exams, preventive and restorative services to more than 2,300 children.
<b>2009-2021</b>	The program has provided education and direct services to more than 150,000 Nevada children and adolescents.



<sup>12</sup> Accountability reports. Accountability Reports | Clark County School District. (n.d.). Retrieved March 8, 2022, from <https://ccsd.net/schools/accountability-reports/>

The sections below follow a logic model format. For more information on logic models go to: [W.K. Kellogg Foundation: Logic Model Development Guide](#)

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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1. What resources were needed to carry out the activity? (e.g., staffing, volunteers, funding, partnerships, collaborations with various organizations, etc.)

### Staff

Based on the size of the school and positive consents returned, the mobile SSP traditionally operates with a team of 2-4 dental hygienists and 1-2 dental assistants. For every 100 children expected, two dental hygienists and two dental assistants are scheduled and expected to complete all patients within four working days. Each dental hygienist sees 2-3 children an hour on average, including time needed to clean, sanitize and prep for the next patient. Staff hours and schedule are dependent on the bell schedule for each school. Approximately 14% of staff time at a school is allocated to the non-clinical services, such as setup of supplies and equipment, paperwork and electronic health record updates, accompanying children to/from class, and break down and removal of supplies and equipment.

### Supplies and Equipment

- Smile bags with brushing supplies
- Consents
- Flooring
- Provider chairs
- Patient chairs
- Portable lights
- Shoe covers
- Elastic caps
- Gloves
- Gowns
- Face Shields
- Masks
- I-PAKs
- Sealant Tray Covers
- Sealant Trays
- Microbrush
- Fuji Sealant material
- Fuji Sealant applicator
- Pulpdent Embrace Varnish
- Dri-Angles
- Cotton Tip Applicators
- Disposable Mouth Mirrors
- Explorer, multifunction
- Disposable Toothbrushes
- Headrest Covers
- Cotton Rolls
- Bibs
- Optim Wipes
- Optim Liquid

Up until 2020, Future Smiles utilized Embrace, a hydrophilic sealant material manufactured by Pulpdent, and the sealant application protocol established by Joseph P. O'Donnell, DMD, MS in his White Paper: A Moisture-Tolerant Resin-Bond Pit-and-Fissure Sealant: Research Results.<sup>13</sup> The program also follows all public health guidelines in the Association and State Territorial Dental Director's Basic Screening Survey.<sup>14</sup>

In response to the COVID-19 pandemic, Future Smiles moved quickly to limit aerosol-creating procedures. In late 2020, we began using Fuji Triage Glass Ionomer (GI) by GC America. Fuji Triage is a fluoride-releasing material shown to prevent fissure caries from developing in newly erupted molars. Fuji Triage will release fluoride into the enamel of the tooth creating a stronger, more acid-resistant enamel surface.

Research has found glass ionomer sealants have similar retention rates to resin-based sealants and are preferable to resin-based sealants when sealing partially erupted permanent molars.<sup>15</sup> Over time, GI sealants are designed to wear away but the fluoride protection to the chewing surface of the molars and the resistance to decay will remain. These sealants can be recharged with the routine use of fluoridated toothpastes and regular topical fluoride treatments.<sup>16</sup>

## Technology

Annual software subscriptions and technology costs are included in the Future Smiles operations budget. This includes communication systems, IT management, data management system, computers, scanners, onsite internet connections, and mobile Wi-Fi hotspots.

Our program provides indirect services, such as oral health education and smile bags with brushing supplies to every child at each school that opts into our program. Direct services are documented by staff in an electronic health record system from Dentrix that is managed using chart and student identification numbers.

## Funding

Our work is possible through generous public/private partnerships that provide philanthropic, in-kind, equipment, supplies and other contributions to Future Smiles. We bill Medicaid and private insurances that we contract with to provide services.

## Partnerships

- **The Clark County School District (CCSD):** provides facility space and access to schools to coordinate services.
- **School administrators, teachers, nurses and others:** Work closely with Future Smiles to organize mobile services, to provide access to students, to provide dental services, provide space for oral health presentations and to complete vendor and facility use permits. School nurses and teachers work to connect urgent cases directly by case managing students, contacting families, and connecting children directly to a Future Smiles provider.
- **Communities in Schools (CIS):** Site Coordinators at many Title 1 schools are crucial in helping distribute and collect consent forms.
- **Community Partners:** Other community locations have opened their locations to Future Smiles and these community sites include Boys and Girls Clubs, YMCA, Family Resources Centers, NV HAND Community Housing, HOPE Community Health Center and other community resources. During the COVID-19 pandemic, it became increasingly necessary to find alternative community locations beyond public and charter schools.

<sup>13</sup> O'Donnell JP. White Paper: A Moisture-Tolerant Resin-Bond Pit-and-Fissure Sealant: Research Results. Inside Dentistry July/August 2008; 50-51.

<sup>14</sup> Association of State and Territorial Dental Directors. (2015, June). *Basic Screening Surveys- An Approach to Monitoring Community Oral Health Head Start and School Children*. ASTDD where oral health lives. Retrieved from <http://www.astdd.org/basic-screening-survey-tool/#children>

<sup>15</sup> Antonson, S. A., Antonson, D. E., Brener, S., Crutchfield, J., Larumbe, J., Michaud, C., ... & Evans, D. (2012). Twenty-four month clinical evaluation of fissure sealants on partially erupted permanent first molars: glass ionomer versus resin-based sealant. *The Journal of the American Dental Association*, 143(2), 115-122.

<sup>16</sup> GC America. (2018). Fuji Triage Dental Sealants Parent Info.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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2. Please provide a detailed description the key aspects of the activity, including the following aspects: administration, operations, and services.

### Administration

Future Smiles has administrative processes in place when planning and providing services to a school. Primarily our pool of available schools consists of Title 1 elementary, middle and high schools. Management staff works with approximately 50 schools to schedule the services during the school year. Scheduling for the next school year starts in the last quarter of the current school year. We provide schools a vendor letter and ask for inclusion in their budget for the upcoming school year. Future Smiles planning tends to focus on elementary schools due to the higher frequency of signed vendor agreements and high positive consent return rate.

Each school has the opportunity to receive oral health education and smile bags for the entire school body. Future Smiles works with each school to coordinate an oral health presentation, smile bag and consent form distribution. Consent form packets are handed out at the same time as the oral health presentation(s), giving parents/guardians several weeks to fill out and return the form before the Future Smiles dental hygiene team returns to provide services. If a school has CIS staff, we enlist support from the CIS Site Coordinator to distribute smile bags and consent forms, collect complete consent forms, and coordinate receiving consent for services from the most vulnerable children.

Each school receives a custom School Report Infographic (SRI) generated by Future Smiles administration that is sent approximately one month after services conclude. School administration receive the SRI that includes information on indirect and direct services provided at the school, health outcomes, and the value of services.

### Operations

Our delivery model is particularly popular with school administrators and families because we travel to school(s), breaking down transportation barriers and lost school time. Our prevention team of dental hygienists and dental assistants who transport portable dental units on wheeled carts into the school setting. The SSP team travels from school to school for one to two weeks at a time. Each child is seen by the SSP once in a school year, but can continue to be seen by Future Smiles if the DWC becomes their established dental home.

### Services

Any child at a school during our visit is welcome to participate in our program. The student body participates in an oral health education presentation and each child receives a smile bag with brushing supplies. Children who return a positive consent form receive direct services- a screening, dental sealants, fluoride varnish, and a referral to a dentist for comprehensive care.

Future Smiles uses the [ASTDD Basic Screening Survey](#) guidelines to determine treatment need for each child served and classifies early and urgent children as requiring case management. Case managers conduct follow-up calls where they navigate the child to the DWC, another dental home, or a dental specialist to complete treatment.

### Parent Letter

A simple two-page report available in English and Spanish that is sent home that gives a summary of their child's service. This letter is scanned and saved in the EHR for each child. This is given to the child seen by the mobile program at the conclusion of their services. The child is instructed to give the letter to their parent(s)/guardian(s) and includes:

- Services received
- Suggestions for better oral health habits (brush better, brush longer)
- Oral health status (none, early or urgent needs)
- Possible decay/possible abscess
- Where sealants were placed
- Information on how to make an appointment at the DWC
- List of community partners



The parent letter disseminates important information that a parent/guardian needs to know about needs specific to their child. This letter provides a summary of services, highlights dental issues or concerns that may need early or immediate care, serves as a call to action – visit our website, call us for an appointment, or contact a community partner to establish a dental home.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	<b>OUTCOMES</b>
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3. What outcomes did the program achieve? (e.g., health statuses, knowledge, behavior, care delivery system, impact on target population, etc.) Please include the following aspects:
- How outcomes are measured
  - How often they are/were measured
  - Data sources used
  - Whether intended to be short-term (attainable within 1-3 years), intermediate (achievable within 4-6 years), or long-term (impact achieved in 7-10 years)

**Post-Event Sealants**

The mobile SSP is supported by evidence-based intervention based on moderate evidence with positive findings on one or more outcomes. Future Smiles uses the percentage of children with one or more sealant present before SSP services are rendered to calculate a baseline sealant measure. We follow up with a post-event calculation for children with one or more sealant present after SSP services are rendered.

School Year	<i>% with one or more sealant(s) prior to SSP services</i>	<i>% with one or more sealant(s) after SSP services</i>
<b>2016-2017</b>	34%	82%
<b>2017-2018</b>	44%	82%
<b>2018-2019</b>	49%	81%
<b>2019-2020</b>	32%	74%*
<b>2020-2021</b>	40%	72%*

\*Decreases in post-event sealant values are due to COVID-19 related closures and reduction of direct services

**Retention**

Sealants are placed on newly erupted molars and premolars as the program targets children from elementary school through high school. In SY 2017-2018 and 2018-2019, approximately 10% of children who received a dental sealant were evaluated for sealant retention with an outcome of 85% and 87% retained sealants, respectively. At the sealant re-evaluation all lost and partially retained sealants were repaired or reapplied to enhance sealant function and tooth protection. Note: data collection and analysis on Fuji Triage Dental Sealants retention is pending and not included in this summary.

**Third-Party Evaluation**

Future Smiles participated in data analysis of oral health programs funded by Delta Dental Community Care Foundation through our relationship with Delta Dental, one of the largest insurers in the country. Information on operations, indirect and direct services, and budget is provided to complete a thorough analysis of program efficiency.

The Impact Genome Scorecard® for Future Smiles reveals an efficiency rating of 100% and a per-child cost of \$447. See Appendix A and Appendix B for more information. To learn more about the Impact Genome Project <https://impactgenome.org/>.

**Budgetary Information:**

NOTE: Charts and tables may be used to provide clarity.

1. What is the annual budget for this activity?

<b>FY 2019-20</b>	<b>\$1,240,675</b>
<b>FY 2020-21</b>	<b>\$1,050,520</b>

2. What are the costs associated with the activity? (Including staffing, materials, equipment, etc.)

This includes costs for professional salaries, supplies and equipment, operations, data collection, management, insurance, marketing, program promotion and other tasks therein are contained in line items in the Future Smiles annual budget and operating costs.

<b>Annual Budget Category</b>	<b>FY 2019-20</b>	<b>FY 2020-21</b>
<b>Accounting</b>	\$14,250	\$14,085
<b>Equipment &amp; Supplies</b>	\$37,989	\$31,954
<b>Insurance</b>	\$15,053	\$18,893
<b>Marketing</b>	\$35,631	\$25,390
<b>Operations</b>	\$208,478	\$174,417
<b>Professionals/Consultants</b>	\$62,954	\$44,405
<b>Salaries/Benefits</b>	\$792,134	\$699,565
<b>Travel Meetings</b>	\$20,438	\$4,227
<b>In-Kind Rent/Utilities</b>	\$53,748	\$37,584
<b>TOTAL</b>	<b>\$1,240,675</b>	<b>\$1,050,520</b>

3. How is the activity funded?

This activity is funded through Medicaid revenue, school vendor agreements, and grant funding allocated to the school sealant program.

**Medicaid Revenue**

Future Smiles serves both Medicaid enrolled children and uninsured/underinsured children. When possible we do bill Medicaid for the scheduled rate, however, many of our program recipients are not insured. When serving an uninsured child our services are provided at no cost to the family and is supported by our donors and grant awards. The ability for Future Smiles to continue to provide school-based dental hygiene services is contingent on a diverse stream of funding.

<b>Medicaid Reimbursement Amount</b>	<b>Service</b>
<b>\$14.34</b>	<i>oral health screening/assessment</i>
<b>\$23.57</b>	<i>protective dental sealant (per tooth)</i>
<b>\$53.30</b>	<i>fluoride varnish application</i>

### School Vendor Agreements

<b>School Year</b>	<b># of schools that included Future Smiles in budget</b>	<b>% of schools that included Future Smiles in budget</b>
<b>2018-2019</b>	17	34%
<b>2019-2020</b>	17	34%
<b>2020-2021</b>	3*	100%*
*Due to school closures, value represents only three schools that signed a vendor agreement and had Future Smiles services at the end of the 2020-2021 school year		

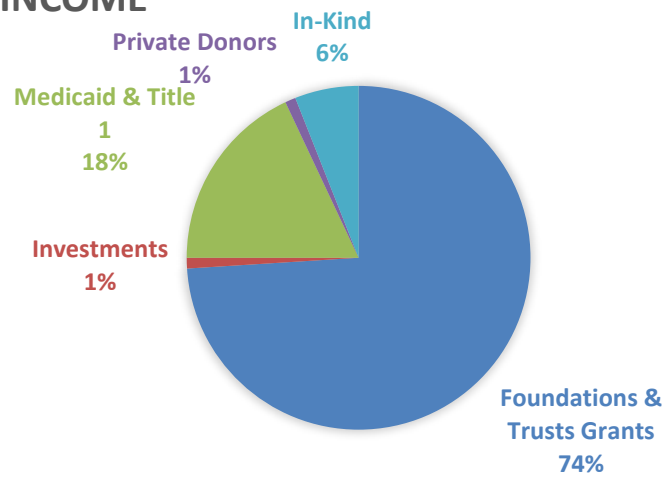
### Grant Funding

The SSP activity is funded through various budget portions, including restricted and unrestricted revenue from Foundations, Trust Grants, and private donations.

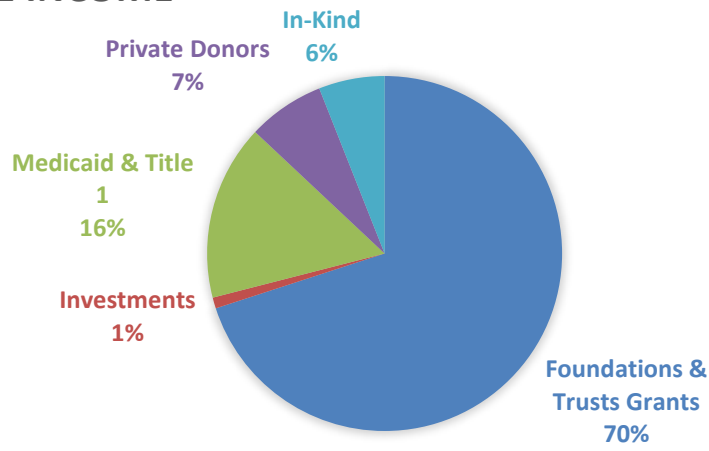
The chart describes the funding source and its allocation in our program in recent years.

<b>Source</b>	<b>FY 2019-20</b>	<b>FY 2020-21</b>
<b>Foundations and Trust Grants</b>	74%	70%
<b>Investments</b>	1%	1%
<b>Medicaid and Title 1</b>	18%	16%
<b>Private Donations</b>	1%	7%
<b>In-kind</b>	6%	4%

## 2019-20 INCOME



## 2020-21 INCOME

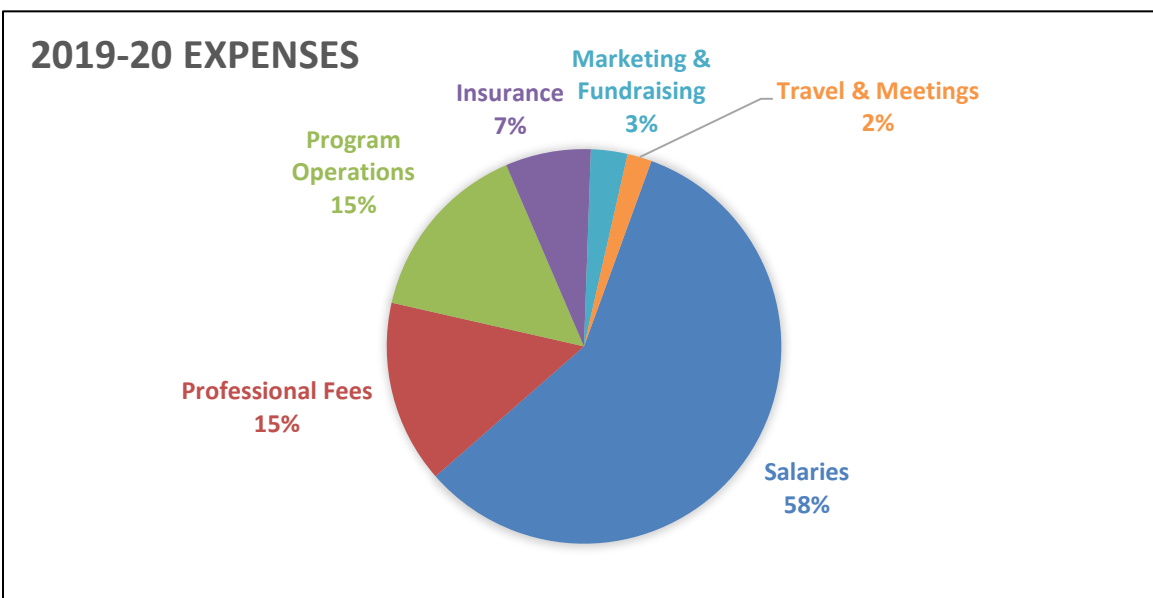


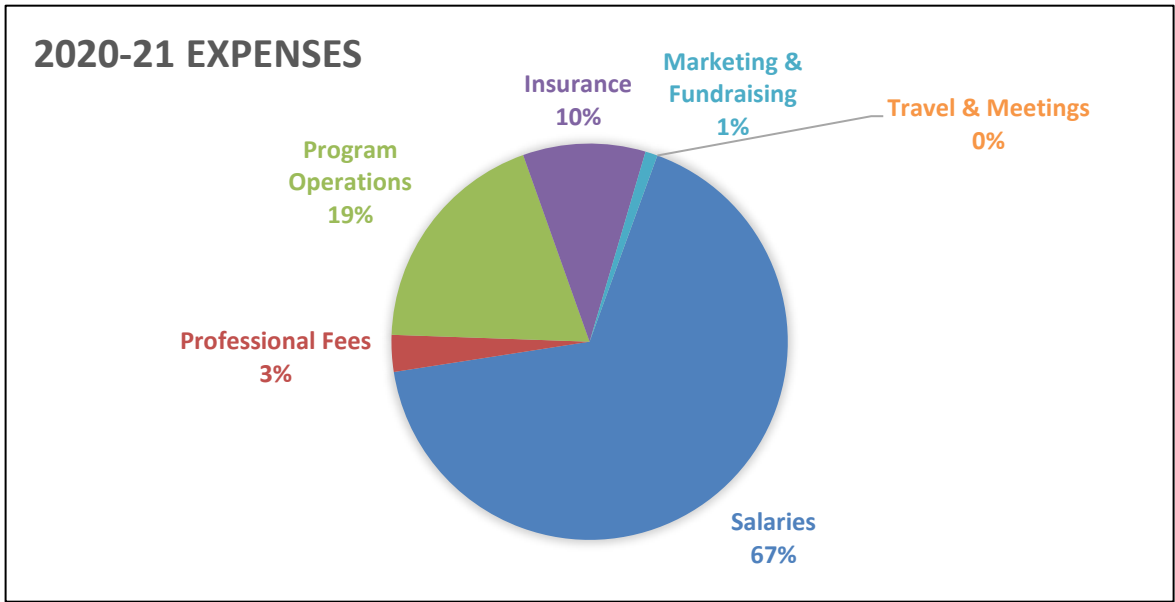
4. What is the plan for sustainability?

The Future Smiles program has a strong partnership with the Clark County School District in the provision of oral health services. The Future Smiles administrative building and the DWC are stationed at two different schools. The sponsoring school provides space, utilities, consumables, water, and restroom facilities at no cost to the program. The Mobile SSP is provided a classroom or other appropriate space, and utilities, consumables, water, and restroom facilities during the duration of their visit to a particular school. These in-kind donations account for 6% of our income as described in the section above.

Predictive financial planning and forecasting are critical for ensuring that Future Smiles is efficient, sustainable, and even more vital during times of uncertainty experienced by COVID-19 and its economic impact. Future Smiles actively compared FY 2019-20 vs FY 2020-21 and took a strategic and accurate view of our financial health and performance. Data analysis is communicated with our Board of Directors and management team to seek their feedback and recommendations for program planning and fundraising.

Expenses	FY 2019-20	FY 2020-21
Salaries	58%	67%
Program Operations	15%	19%
Insurance	7%	10%
Professional Fees	15%	3%
Marketing & Fundraising	3%	1%
Travel & Meetings	2%	<1%





**Program Planning and Fundraising**

Historically, Future Smiles has invested less than 3% in marketing and fundraising efforts. Due to the impact of COVID-19, we are facing a decline in our FY 2020-21 earned income and grant dollars. Medicaid revenue is down by 68% or \$102,420, and grant funding is down by 15% or \$97,017.

The Future Smiles team has increased individual donor funding by 78% from \$13,992 in FY 2019-20 to \$ 63,191 in FY 2020-21. While an impressive growth in nonprofit donor generation, there are other factors to contemplate. The main financial concern is earned income and grant funding, which still significantly show a higher loss.

To expand Future Smiles’ fundraising and community development efforts, we conducted market research to explore fundraising consultant expertise. Future Smiles contracts with professionals with expertise in developing systems and infrastructure that support donor-centered fundraising, particularly with individual donors and annual giving. Current fundraising efforts include monthly e-newsletters, 6-8 social media posts, and four-yearly mail appeals to 10,000 or more recipients.

**COVID-19 IMPACT**

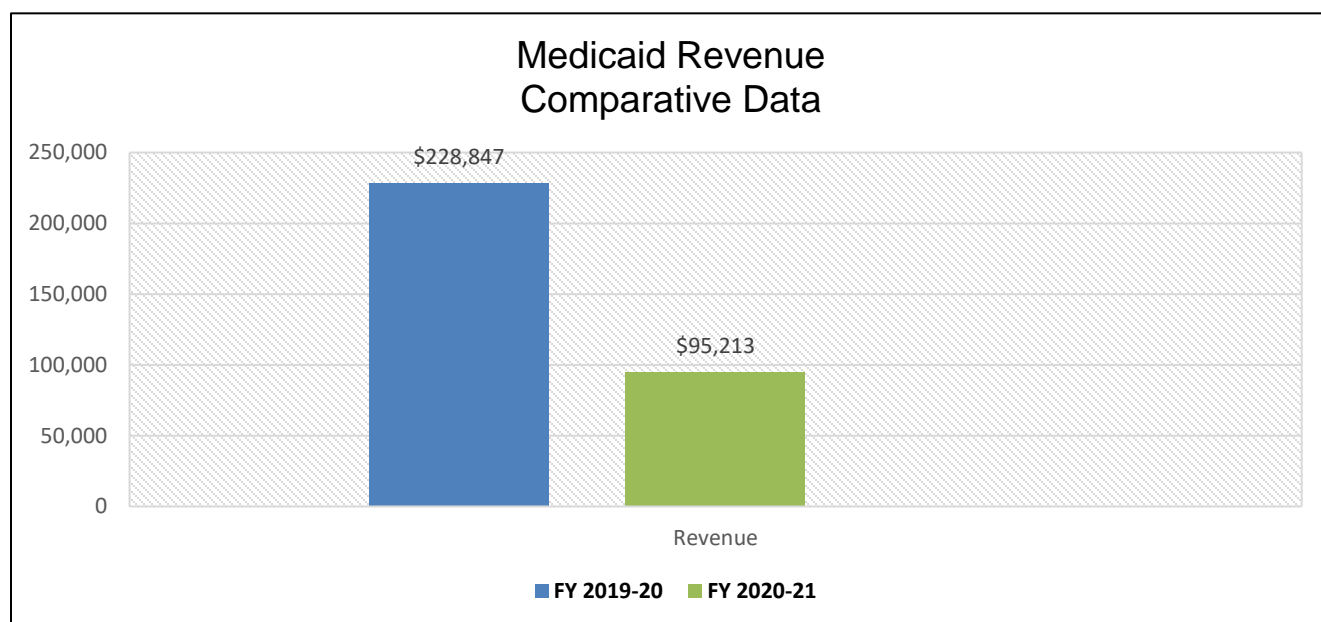
By December 2020, it was essential to review Future Smiles financial stability by evaluating data from Pre COVID-19 in SY 2019-20 vs SY 2020-21.

<b>COVID-19 Impact</b>	
<b>2019 vs 2020 Comparative Analysis *12-month calendar year January to December</b>	
<b>Source</b>	<b>2019 vs 2020</b>
<b>Income</b>	less 10% = \$145,244
<b>Expenses</b>	decreased 8% = \$39,521
<b>Medicaid revenue</b>	less 62% = \$209,261
<b>Grants revenue</b>	less 3% = \$35,501
<b>Other revenue</b>	increased 33% = \$99,518

## Recent Health Trends:

### 2020-21 Dental Health Trends

- 7 out of 10 children have untreated tooth decay
- 40% report that they are experiencing dental pain
- 8 out of 10 children have had a dental health problem
- 6 out of 10 children are uninsured
- Referral to an Endodontist is on the rise, surpassing our 2019 totals by 100%
- The four-fold increase in severe dental referral cases by our 2020-21 year's end

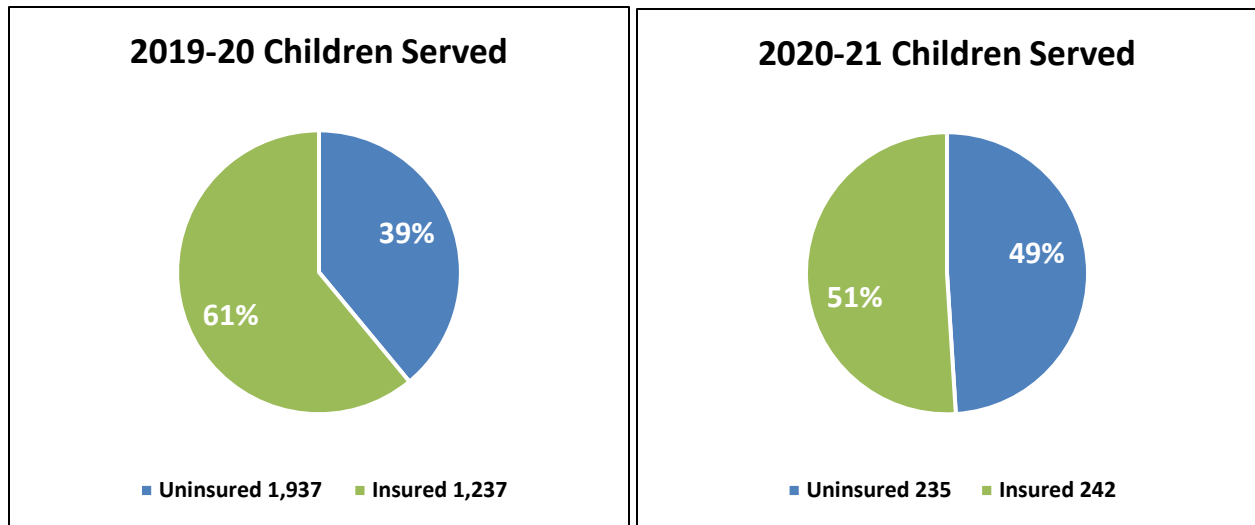


COVID influences: 58% reduction in Medicaid revenue. FY 2019-20 \$228,847 vs FY 2020-21 \$95,213.  
*FY is defined as July to June*

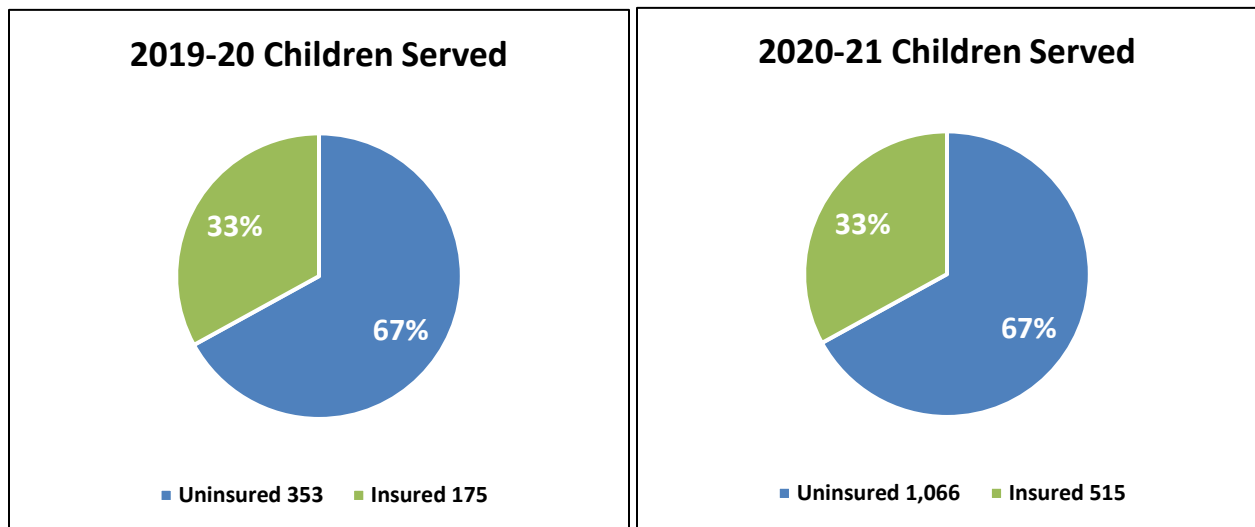
## Other Influencers

The number of children served by the program directly influences Medicaid revenue, % of children enrolled in Medicaid, and targeting Title 1 schools with 80% or higher Free and Reduced Meal Program. Pre-COVID-19, our School Sealant Program served 3,179 children, which is 86% of all children seen by Future Smiles. Comparatively, in SY 2020-21 our School Sealant Program served 528 children, less than 86% of our PreCOVID-19 service outcomes. Fewer children served by Future Smiles and the percentage of Medicaid enrollees affects revenue.

## School Sealant Program



## NWP Dental Wellness Center



### Lessons Learned and/or Plans for Addressing Challenges:

1. What important lessons were learned that would be useful for others looking to implement a similar activity? Was there anything you would do differently?

### Staff

- Set goals and milestones for program services and delivery
- Evaluate program outcomes
- Conduct calibration training sessions for staff

### Consent Forms

- Design consent forms that are at an appropriate reading and comprehension level for children and families.
- Refresh and update consent forms annually, consider revising outdated policies.
- Consistency with information on the consent forms when compared to that in Dentrix- address changes, last name changes, etc.
- Incomplete information, unsigned forms, no phone number or email address included.



- Nature of manual input- entry errors, time needed for manual input can overlap into service time.

#### **Parent Letters:**

- Letter not given to the parent by the student and parent/guardian may then be unaware that the child received services on a particular day.
- Parent/guardian does not review information on letter and takes no further steps in establishing a dental home for the child/children.

#### **Enrollment**

- Increase enrollment into the Future Smiles Program. Our memorandum of understanding with the local school districts stipulates only those with positive consent are eligible to receive direct services. While this barrier remains the same, Future Smiles has worked to increase our positive consent return rate from 10-12% to 18-20% in the last year. We attribute this success to increased communication with school administration, working closely with the school Communities in Schools coordinator to distribute and collect consent forms, allowing more time for consent forms to be returned to us before providing services at a school.

#### **Community Relationships**

- Provide patients with up-to-date information on community partners, outreach events, or any other resources that may be important on their journey to good oral health.

#### **Program Planning**

- Perform a risk analysis each fiscal year to provide information to decision makers.
- Planning, implementation and evaluation should have firm objectives and resources committed to each segment. Establish a timeline for milestones and a schedule for milestones to be revisited or revised.
- Set goals and targets at the start of the fiscal year and categorize them as *to be met*, *to exceed*, or *to not exceed*.
- Be realistic with financial forecasting and look 6-12 months into the future.
- Be flexible with program planning and adapt to changes that occur both internally and externally.
- Clearly define expectations to staff on service targets and their role in short/long term goals of data collection.

2. What challenges did the activity encounter and how were those addressed?

#### **Consent Forms**

- Future Smiles previously utilized a 5-year consent form when opting into services. This made the retained and returning patient base predictable, while initial consents accounted for 25-35% of consents received at a given school. Due to concerns with program withdrawal and outdated information, we eliminated the 5-year consent in 2018 and implemented a strict one-year consent for services.

#### **Unplanned Closures**

- Due to pandemic closures, the Future Smiles Mobile School Sealant Program was placed on hiatus in March 2020, and a date is pending to restart the program. The current social environment and delaying preventive services could be causing children to develop dental caries earlier in life, and any delay in restorative care can cause more severe dental concerns. We have seen this first hand with a four-fold increase in severe dental cases referred to specialists for urgent treatment.

#### **Revenue**

- Future Smile relies heavily on Medicaid revenue to continue to have the resources available to provide the uninsured with services.
- Prior to COVID-19, our School Sealant Program served 3,174 children, which was 86% of all children seen by Future Smiles. Comparatively, in SY 2020-21 our School Sealant Program served 477 children, less than 85% of our pre COVID-19 service outcomes.
- Fewer children served by Future Smiles and the percentage of Medicaid enrollees brings about several challenges including reduced revenue; limited resources available to uninsured children;

creates an unbalanced supply and demand operational system, and skews data heavily toward treatment services.

### **Available Information Resources:**

Share any models, tools, and/or guidelines developed by the program specifically for this activity that may be useful to others seeking additional information. Hyperlink resources if possible.

[Link to Parent Letter](#)

[Link to School Report Infographic](#)

## Appendix A

### **About the Impact Genome Project® in partnership with the Bill and Melinda Gates Foundation:**

*OUR MISSION IS TO SOLVE THE WORLD'S MOST INTRACTABLE SOCIAL PROBLEMS USING DATA. That's a pretty tall order. But that's where you come in. We help funders like you (governments, foundations, corporate CSR) to improve the impact of your investments in social programs. Our outcomes-based frameworks, tools and benchmarks are leading the industry to set clearer goals, make smarter resource allocation choices and produce better portfolio impact.*

*Each year governments, corporations and philanthropies across the world invest billions into social programs that aim to address some of society's biggest challenges, from poverty to public health, hunger to education and so much more. Yet, key indicators suggest this massive investment is not yielding dramatically improved results.*

*In an era where social issues matter more than ever, we can no longer afford to guess what works. We have the resources to solve many of our gravest problems, but what has been missing is the evidence base and insights to make the right investments and maximize the returns. We see the need for a new generation of data and we are proud to be collaborating with the public and private sectors, investors and philanthropists, scholars and social entrepreneurs, all with an eye towards putting more 'science' into social science.*

*Combining the latest advances in meta-analysis and database technology, Mission Measurement created the Impact Genome Project® — a web-based platform containing the largest evidence base of social science research across 11 domains.*

- *Derives a common outcomes taxonomy from thousands of evidence-based studies*
- *Matches intervention components to evidence-based analogs*
- *Uses the evidence-based analysis to inform program design and improve outcomes*
- *Benchmarks programs by efficacy and cost-per-outcome*

<https://missionmeasurement.com/impact-genome-project/>

## Appendix B

### Impact Genome Scorecard®

Impact Genome Scorecard®

Future Smiles:

Future Smiles - Nevada Women's Philanthropy Dental Wellness Center (July 2020 - February 2021)



#### Organization Overview

Name	Future Smiles
Genome	Healthcare Access

#### Program Overview

Program Name	Future Smiles - Nevada Women's Philanthropy Dental Wellness Center
Program Type	Direct Service
Beneficiary Type	Individuals
Budget	\$576,769 USD

#### Description

Future Smiles operates the Nevada Women's Philanthropy Dental Wellness Center, the first school-based dental restorative facility in Nevada. This team of a dentist, dental hygienists, and dental assistants provide dental diagnosis, preventive care, and restorative treatment of oral disease. Referrals for children with specialized dental needs are available and those children are closely navigated to a dental specialist in the community.

#### Program Logistics

Location:	 United States (Nevada)
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#### Key Demographics

Core Beneficiary Group:	Future Smiles serves school-aged children with a majority attending Title 1 schools. Approximately 90% of patients live below the federal poverty level and receive free or reduced lunch.
Age	Children (age 6-9 or elementary grades) 40%
	Early Adolescents (age 10-14 or middle grades) 35%
	Adolescents (age 15-18 or high school grades) 20%
Sex	Male 50%
	Female 50%
Race	Black or African American 10%
	Hispanic or Latino 75%
Additional Characteristics	English Language Learners (ELL) 60%
	Low-Income or Economically Disadvantaged (i.e. At or below the federal poverty level, eligible to receive free or reduced lunch, etc.) 95%
	Newcomers, Immigrants, and/or Refugees 40%

#### Impact Genome Insight (May 2021)

The program provides diagnostic, preventive, and restorative treatment to children who were referred through school-based mobile clinics. The program could improve the quality of evidence by tracking patients' treatment plans and progress through the point-in-time study.

#### Outcomes

**Primary Outcome:** Z08.01.01: Affordable, Quality Healthcare

This outcome is satisfied if an individual has accessed all of the following within the past year:

- Affordable, effective medical, dental, or vision care (e.g., access to vaccines, medicine, etc.)
- Financial, organizational, and cultural resources to healthcare services (e.g., travel constraints, avoidance of care, limited resources, etc.)
- Overcame any barriers to healthcare services (e.g., travel constraints, avoidance of care, limited resources, etc.)

**Secondary Outcome(s):** Expand Reach and Scale Effective Strategies, Financial Sustainability, Improved or Maintained Program Quality, Care Management, Use of Data and Evaluation

#### Self-Reported Data

<b>100%</b> Efficacy Rate % of beneficiaries achieving a positive outcome	<b>1,289</b> Program Reach # of beneficiaries served	<b>1,289</b> Actual Outcomes Total # of beneficiaries achieving a positive outcome	<b>\$447</b> Cost per Outcome Budget/ActualOutcomes
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#### Supporting Evidence

Impact Genome Assessment:



Overall assessment, based on rigor, relevance, and validity of evidence provided

Nonprofit's description of their evidence

In the 2020-2021 reporting period, the majority of services have come from the DWC where a dentist and dental hygienist are staffed 4-5 days a week. The children seen by the mobile segment (391) were routed to the DWC (898) if establishing a dental home was a need or case management was needed for early/urgent needs. The Mobile School Sealant Program was not able to operate in a traditional manner in the 2020-2021 school year. Future Smiles collaborated with community partners to hold events at locations throughout the city. These events included any combination of distributing smile bags, screenings, fluoride varnish, and sealants.

#### Component Analysis

Most Emphasized Components (e.g., Activities) in this Program

A08.01.01 Evaluates and monitors success of own programs

A08.01.07 Provides full dental health services

A08.01.02 Assists Medicaid enrollees with access to services

A08.01.03 Supplements intake / discharge with comprehensive patient health assessment

A08.01.03 Links clients to low-cost healthcare options

#### Program Intensity

Contact Hours	Duration	Frequency	Dosage
3 hrs	1 wk - 1 mth	2-11 times per yr	1 hr - 3 hrs

The Future Smiles Nevada Women's Philanthropy Dental Wellness Center (DWC) provides the diagnostic, preventive, and restorative treatment. This can be the regular dental home for children and/or provide case management and treatment for those with early or urgent needs.

#### Sector Benchmark Data

Program Name	Efficacy Rate	Cost Per Outcome
Future Smiles - Nevada Women's Philanthropy Dental Wellness Center	100%	\$447
Impact Genome Benchmark* for this Outcome	95% - 99%	\$403 - \$586

\* The average Efficacy Rate and Cost Per Outcome of all programs in the Impact Genome database that target this same outcome as of June 2021.

<b>TO BE COMPLETED BY ASTDD</b>	
Descriptive Report Number:	31012
Associated BPAR:	School-Based Sealant Programs
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