



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

NOTE: Please use Arial 10 pt. font.

CONTACT PERSON PREPARING THE SUBMISSION AND TO ANSWER QUESTIONS

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PROVIDE CONTACT INFORMATION FOR ONE ADDITIONAL PERSON WHO COULD ANSWER QUESTIONS REGARDING THIS PROGRAM

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SECTION I: ACTIVITY OVERVIEW

Title of the dental public health activity:

Future Smiles Data Collection and Dissemination

Public Health Functions* and the 10 Essential Public Health Services to Promote Oral Health:

Check one or more categories related to the activity.

“X”	Assessment
	1. Assess oral health status and implement an oral health surveillance system.
	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
	Policy Development
	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
	Assurance
	6. Review, educate about and enforce laws and regulations that promote oral health and ensure safe oral health practices
	7. Reduce barriers to care and assure utilization of personal and population-based oral health services
	8. Assure an adequate and competent public and private oral health workforce
	9. Evaluate effectiveness, accessibility and quality of personal and population-based oral health promotion activities and oral health services
	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.

Reduce the proportion of children and adolescents with lifetime tooth decay — OH-01
 Reduce the proportion of children and adolescents with active and untreated tooth decay — OH-02
 Increase the proportion of low-income youth who have a preventive dental visit — OH-09
 Increase the proportion of children and adolescents who have dental sealants on 1 or more molars — OH-10

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:

Acquiring oral health data, Use of oral health data, Data collection, Data management, Data analysis, Data dissemination, Data dissemination infographic

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 to provide oral health education and preventive services to children at school-based locations. We opened the first school-based dental facility in the state, the Nevada Women's Philanthropy Dental Wellness Center (DWC), in 2019 to provide diagnostic, preventive, and restorative services to children. With this delivery system, we track oral health outcomes using a robust data collection system that provides automated information exchange, web-based data entry, data analysis and visual reports. We measure standardized variables throughout each patient's cycle of care as part of program monitoring and outcomes track progress against internal, local, and national levels, including Healthy People 2030 objectives.

Future Smiles provides two types of school-based operational delivery modes: (1) the Mobile School Sealant Program (SSP) services 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; (2) Through a grant from the Nevada Women's Philanthropy (NWP), Future Smiles expanded program services to include restorative dentistry and hired a dentist at the first and only school-based dental restorative center in the state. Through this program expansion, we have complemented our service outcomes with a team approach including the dentist and dental hygienists. The DWC is open year-round and provides comprehensive dental care.

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. Our committed 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. Future Smiles is proud to serve as Nevada's largest school-based oral health provider and operate the only school-based restorative clinic in the state.

The Future Smiles Data Segment (FSDS) program was implemented to understand how and why we share our data and to whom. We track oral health outcomes using a robust data collection system that provides automated information exchange, web-based data entry, data analysis and visual reports. We measure standardized variables throughout each patient's cycle of care as part of program monitoring and track progress at an internal, local, and national level

This program was developed to ensure high quality information is collected and processed in a continuous and methodical manner. Data is primarily disseminated to the following channels: parent/guardian, schools, public and stakeholders. The goal of FSDS is to use an operation standard in data and reporting to optimize services, improve quality, and improve oral health outcomes.

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?

As Future Smiles has grown throughout the years, it became necessary to standardize a data collection system capable of measuring our scope of services. Although advances were made in our data collection starting in 2016, the increase in indirect and direct services accelerated the need for a more robust data management system to act as a hub for collection, analytics and reporting.

Future Smiles program evaluation identified the following needed improvements to FSDS: (1) Electronic health records or spreadsheet-style collection had limitations when seeking to collect demographic variables, which are critical in understanding determinants of oral health and reducing barriers to oral health; (2) Complex statistical analysis and outcome monitoring was not possible without a central repository for data collection; and (3) A solid plan around routine data collection, analysis and access to reporting is necessary for programmatic decision-making.

To track outcomes successfully, the following is necessary in a collection system: (1) Secure and customizable HIPAA-compliant database, (2) user-friendly with collaborative functionality, and (3) automated data visuals and reports.

Tracking outcomes at an individual and population level is imperative to understanding oral health trends and barriers to care. Future Smiles established the following objectives for FSDS: integrate standardized data collection across all platforms, establish baselines for schools and individuals, train staff and gather feedback regularly, and monitor results evaluating strong or weak points making adjustments to meet the needs of the children we serve.

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

The data collection and reporting system quickly expanded to support rapid growth, measure oral health markers and milestones, and support ongoing research projects. The following examples include topics that would not be measured consistently or developed further without integrating a robust database system.

- Future Smiles provided oral health education to 15,300 children in the 2016-17 school year, a 143% increase from the previous year. Direct services during the same time were provided to 5,100 children, a 55% increase.
- 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 in an electronic health record system from Dentrix that is managed using chart and student identification numbers.
- 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.

- Future Smiles recognized the need to track, measure and report each step a child takes on their journey to good oral health. Case management for those with early or urgent treatment needs documents barriers to care, and the Future Smiles intervention to calculate a “time-to-treatment” estimate.

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

Data collection began in 2015 on the *Future Smiles Pilot Program Evaluation: Implementation and Evaluation of Impact on Student Performance (FSPP)*. This project required collecting and analyzing cross-sectional and longitudinal data to compare oral health accuracy between a dental hygienist and dentist; oral health status within groups of students; absenteeism rates within groups of students; and stakeholder surveys measuring satisfaction with Future Smiles services.

2009	Program inception
2009	Service to one school in Clark County
2010	Nevada Nonprofit and 501(c)(3)
2016-2019	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.
2019	The NWP Dental Wellness Center (DWC) opens as the first brick-and-mortar school-based dental restorative facility in the state
2019-2021	The NWP Dental Wellness Center (DWC) has provided comprehensive exams, preventive and restorative services to more than 2,300 children
2009-2021	The program has provided education and direct services to more than 150,000 Nevada youth

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.)

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.

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.

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 for mobile services, provides access to students to provide services, provides space for oral health presentations and direct services, completes 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.

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.

Research and Development:

- Allocate time to study software solutions, including customized demonstrations and pre-built solutions.
- Annually update any form used to collect self-reported information. Include questions on household size, income and employment since these variables can change frequently.
- Create database, develop modules and question bank, and import/export baseline variables into database.

Administration:

- Separate data strategy into critical elements: a data management plan, collection, follow-up and reporting. Assign staff to carry out these activities if not done by a particular employee.
- Train staff regularly and conduct meetings to discuss the logistics surrounding data entered into the EHR, data entered into the software system, and how the two systems are integral for operations.
- Collection methodology: create protocol around the collection of information, schedule for imports into the database, and establish a follow up schedule for early and urgent cases.
- Quality assurance: create a system to clearly define quality data collection; identify gaps or inconsistencies in collection; allocate time for data preprocessing, cleaning and editing; and evaluate quarterly to uncover longstanding issues with data collection and entry.
- Reporting: establish guidelines for reporting based on if receiver is a parent, school, public or stakeholder.

Operations:

- Administrative staff oversees program activities, staff assigned to each activity, and the schedule in which each activity is due.
- Designated staff is tasked with collecting and entering information into the database on school profiles, consent forms, and indirect/services.
- Appointments, direct services, and treatment planning data is exported from Dentrix into our database.

Services:

- Management staff works with approximately 50 schools to schedule the services during the school year.
- Each school has the opportunity to receive oral health education and smile bags for the entire school body.
- 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.
- Services provided include screenings, sealants and fluoride varnish. Parents/guardians can opt-

out of any service.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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3. What outputs or direct products resulted from program activities? (e.g., number of clients served, number of services units delivered, products developed, accomplishments, etc.)

Data collected includes:

School

- School type and profile
- School service dates
- Contact information on principal and other key staff
- Student body size
- Student body demographics
- Percentage receiving Free or Reduced Lunch (FRL)

Indirect services

- Number of students who received oral health education
- Number of students who received a smile bag with brushing supplies
- Number of children who do not receive mobile services but set up an appointment at the DWC

Consent forms

- Percentage with positive consent
- Percentage declining one or more service
- Percentage declining all services
- Percentage new to Future Smiles
- Percentage previously established with Future Smiles
- Socioeconomic variables
- Health history
- Patient/Family household size
- Patient/Family monthly income
- Patient/family insurance status

Services

- Number receiving any service
- Number receiving one or more direct service
- Number of services by type
- Number of declined services
- Total Screenings
- Fluoride varnish (individual and aggregate)
- Sealants are present/not present (individual and aggregate)
- Sealants – first molar, second molar, and other (individual and aggregate)

Case Management

- Establishing an oral health baseline for each patient using the ASTDD Basic Screening Survey (BSS) Tool
- Contacting families for navigation to the DWC or to an established dental home
- Appointments at the DWC for a comprehensive exam
- Creating treatment plan/providing treatment services at the DWC
- Multi-level tracking specific for managed cases- appointment status (complete, missed or cancelled), detailed dental history (last dental visit, urgency triage,) barriers to care (car, childcare, work schedules),
- Case management for specific cases to community partners

Funding

- Uninsured
- Medicaid/Children's Health Insurance Program
- Private Insurance
- Ineligible (not within income requirements for Medicaid and not covered by another insurance option).

Reporting and Data Dissemination

The following are examples of how Future Smile reports on our services and distributes these results. Reports are generated at three levels- child/parent, school/school district, and stakeholders.

Parent Letter:

What is it?

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.

Who receives it?

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)

What's on it?

- 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

What does it do?

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.

Why is it important?

This provides the parent with the overview of services received. If the child has early or urgent dental needs, there is information on how the parent/guardian can contact us or a community partner to establish a dental home.

Walkout Letter:

What is it?

The Walkout Letter is the concluding element of an appointment.

Who receives it?

Parents/guardians present at an appointment with their child.

What's on it?

This printed statement includes services rendered and the value of those services. Varying by practice software, the walkout letter may include service and appointment information for everyone included in the family file.

What does it do?

The walkout letter is used to summarize services provided and evoke a donation for the appointment based on services received.

Why is it important?

The walkout letter educates the parent/guardian on the services their child received and lists any upcoming appointments.

School Report Infographics:**What is it?**

The data collected from each school is used to create a School Report Infographic (SRI). These are cross-sectional or point-in-time reports.

Who receives it?

Principals and school staff only receive a report based on the services received at their school during a particular school year. Reports are generated and emailed to the school at the end of each month. Some of our schools have allocated funding for Future Smiles services in their school budgets. The SRI is submitted to the Purchasing Department to document services provided at each school, and it is included with invoice requests for Title I, Victory School or Zoom funding. We provided aggregate data on children seen and sealants placed to the state oral health program.

What's on it?

This one-page graphic is sent to the principal and school administration and includes (1) indirect services received: oral health education and smile bags; (2) direct services: dental screenings, fluoride varnish treatments, and sealants placed; (3) characteristics of children seen: students with tooth decay, students with dental pain, and students without insurance; and (4) the monetary value of services received.

Why is it important?

This report provides a snapshot of oral health at a particular school. It lists the approximate number of children living with daily dental pain, which is often unknown to the principal and administrative staff. The cost of services are listed on this report as well, and this shows the value of services each school is receiving at little or no cost to themselves.

Reports to stakeholders:**What is it?**

Future Smiles follows either a calendar or fiscal year for reporting on services to stakeholders. This includes reports to CCSD, philanthropic partners, and potential stakeholders in the form of solicited/competitive grants. Aggregate data is used to generate program-wide reports for stakeholders. These are longitudinal reports that may include predictive and correlational analysis.

Who receives it?

This varies based on the stakeholder.

What's on it?

The length will vary based on the stakeholder preference and reporting format. Typical reports include a summary on direct services received, how many children received case management and those particular outcomes, any referrals made to dental specialists and the associated costs for those services paid by Future Smiles.

Why is it important?

This report provides a comprehensive summary of how many services were provided and to whom. Based on the stakeholder reports may be altered to focus on which service is being funded (I.E, diagnostic, preventive or restorative services).

Future Smiles Data Dashboard:**What is it?**

A user-interface application to provide data through a website, messaging or other electronic correspondence. Information included on a data dashboard should be relevant to the program for a

specified amount of time. Although different types of data dashboards can exist, ones that include a broad overview of services and makes real world connections are preferable to the general viewer.

Who receives it?

Anyone who accesses the data through published electronic means- website, newsletter, social media, etc.

What’s on it?

Accessible, compressed data that gives the public a snippet of program information that is not too technical and saves time for the viewer. The Future Smiles Data Dashboard includes data on services provided, findings on the children we are serving, and the impact we are making.

Why is it important?

The Future Smiles Dashboard is a valuable tool to increase access to the public for data related resources such as aggregate data reports, data infographics and program outcome data. Serving as a key in raising public interest, developing outreach campaigns and advocating for social and policy change.

Other strategies Future Smiles uses to disseminate data

Regular newsletters and social media posts

Evidence-based reporting through a third-party (Impact Genome, Mission Measurement)

Media inquiries and press releases

The following tables are examples of data that Future Smiles includes in reports to stakeholders.

Table 1: Services				
Service	2017-2018	2018-2019	2019-2020	2020-2021*
Locations receiving services	52	61	40 (61 scheduled)	14
Schools adding Future Smiles to Title 1 budget	8	12	13	NA
Oral health education & Smile Bags	36,687	44,800	46,230	2,058
Students receiving direct services	6,520	6,551	4,181	2,058
Preventive services	28,671	28,731	14,585	2,058
Sealants Placed	20,773	20,996	10,520	
Diagnostic Services	7,343	6,551	5,522	2,058
Exams	--	188	528	1,581
X-rays	823	1,323	1,341	2,812
Treatment services	--	30	650	2,500
Fillings	--	21	400	2,113

Table 2: Rates				
Rates	2017-2018	2018-2019	2019-2020	2020-2021*
Positive Consents	11%	19%	14%	100%
New to Future Smiles	55%	55%	64%	58%
Uninsured	53%	50%	41%	60%
Baseline sealants	44%	39%	30%	47%
Post-event sealants	81%	83%	84%	62%
Caries experience	68%	63%	44%	60%

Table 3: Early and Urgent Care Needs				
Early and Urgent Care Needs	2017-2018	2018-2019	2019-2020	2020-2021*
Untreated decay	44%	37%	31%	70%
Early dental needs	24%	21%	28%	30%
Urgent dental needs	14%	11%	14%	40%
Early or urgent dental needs- Completed treatment	22%	57%	55%	55%
Referrals general dentists for comprehensive care <i>*prior to DWC opening and hiring a program dentist(s)</i>	2,200	2,530	1,750	--
Referrals to specialists for treatment Pediatric Dentists, Endodontists, Orthodontists, Oral Surgeons	--	--	240	150

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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4. 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)

Annual targets and expectations for education and direct services are established at the start of each school year. Outcomes are measured monthly

Outcomes:

- Increased children served from 2018 to 2020 by 25%
- Increased the percentage of children with at least one dental sealant
- Increased the number of children receiving diagnostic, preventive, and restorative care

- Increased positive consent return rate from 2018 to 2019 by 82%
- Increased the number of children with a dental home
- Doubled the total percentage of children receiving treatment for early and urgent dental needs
- Provided a dental home for children who had not previously been to a dentist
- Improved parent/guardian oral health literacy and awareness of oral health conditions
- Reached or exceeded program targets in each school year

Budgetary Information:

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

1. What is the annual budget for this activity?

Future Smiles Annual Budget:

FY 2019-20	\$1,240,675
FY 2020-21	\$1,050,520

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

FSDS administration includes a full array of program services and support: professional salaries, supplies, operations, data collection, management, program promotion and other tasks therein are contained in line items in the Future Smiles annual budget and operating costs.

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

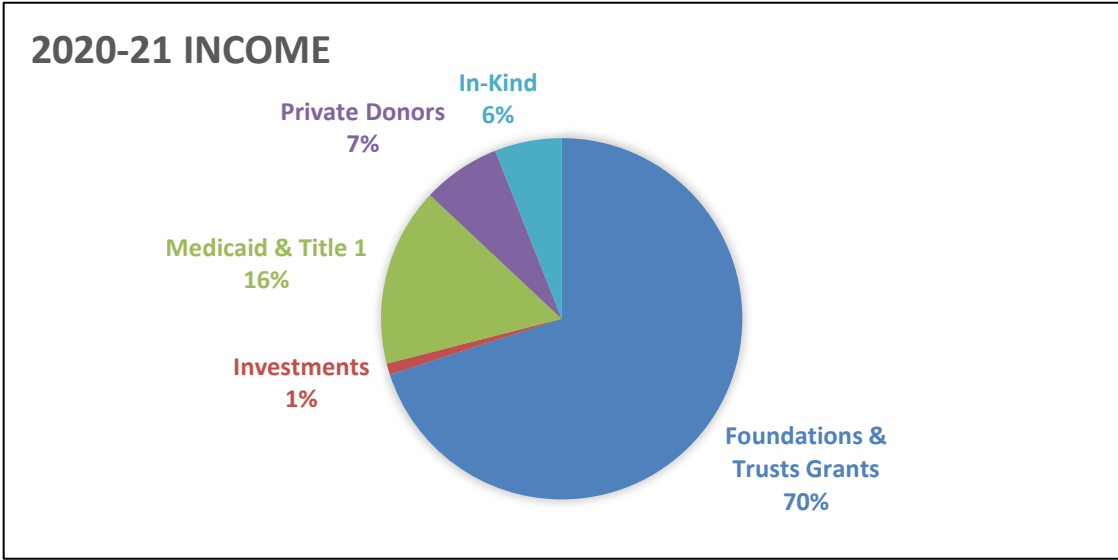
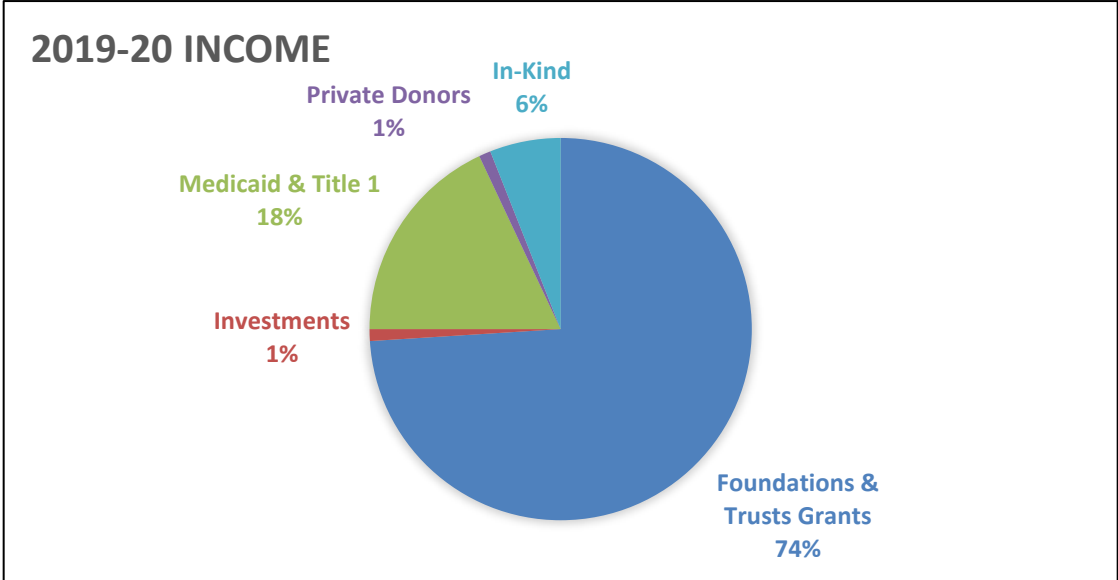
3. How is the activity funded?

This activity is funded through unrestricted grant funding allocated in the annual budget to operations and development.

The FSDS activity is funded through various budget portions, including restricted and unrestricted revenue from Foundations and Trust Grants, Medicaid, and private donations. We use graphs and pie charts to demonstrate the various sources of program revenue.

Source	FY 2019-20	FY 2020-21
Foundations and Trust Grants	74%	70%
Investments	1%	1%

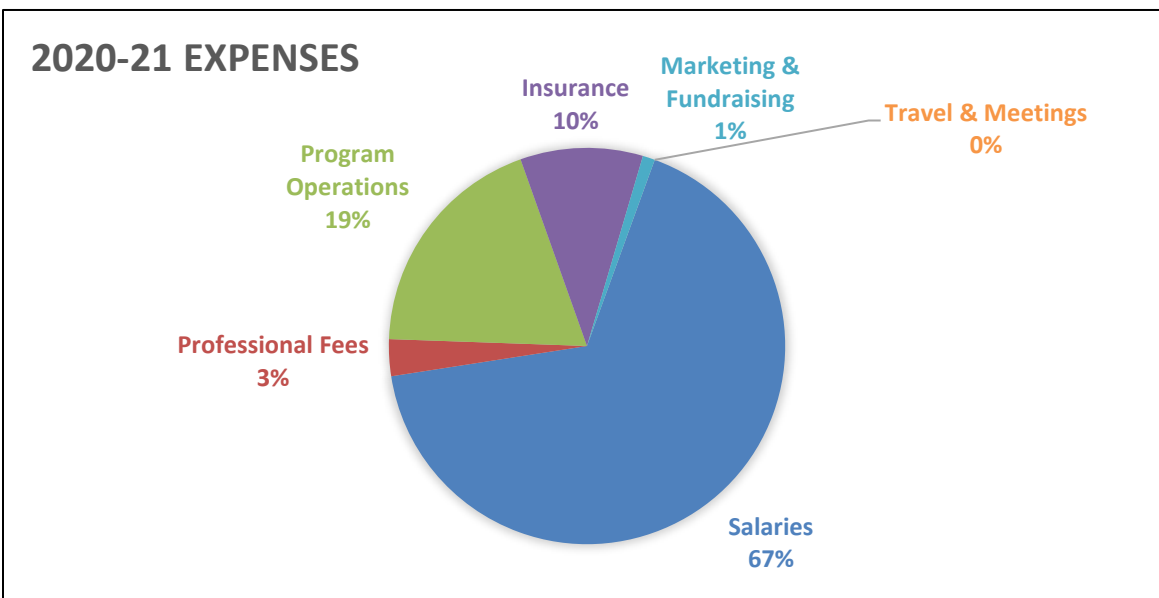
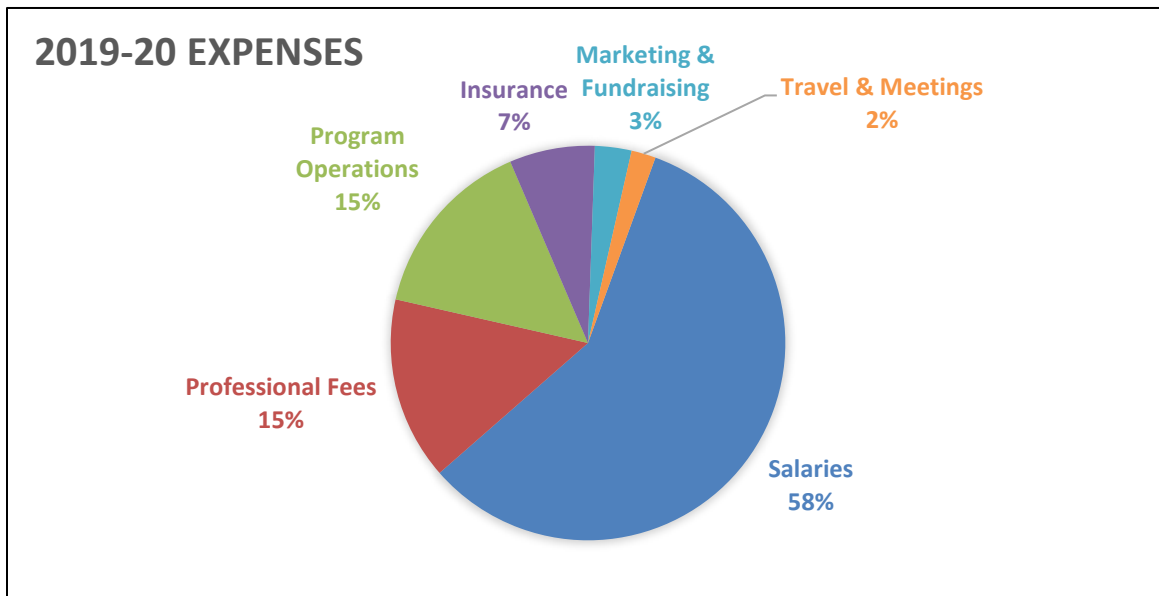
Medicaid and Title 1	18%	16%
Private Donations	1%	7%
In-kind	6%	4%



4. What is the plan for sustainability?

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 shows 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 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.

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

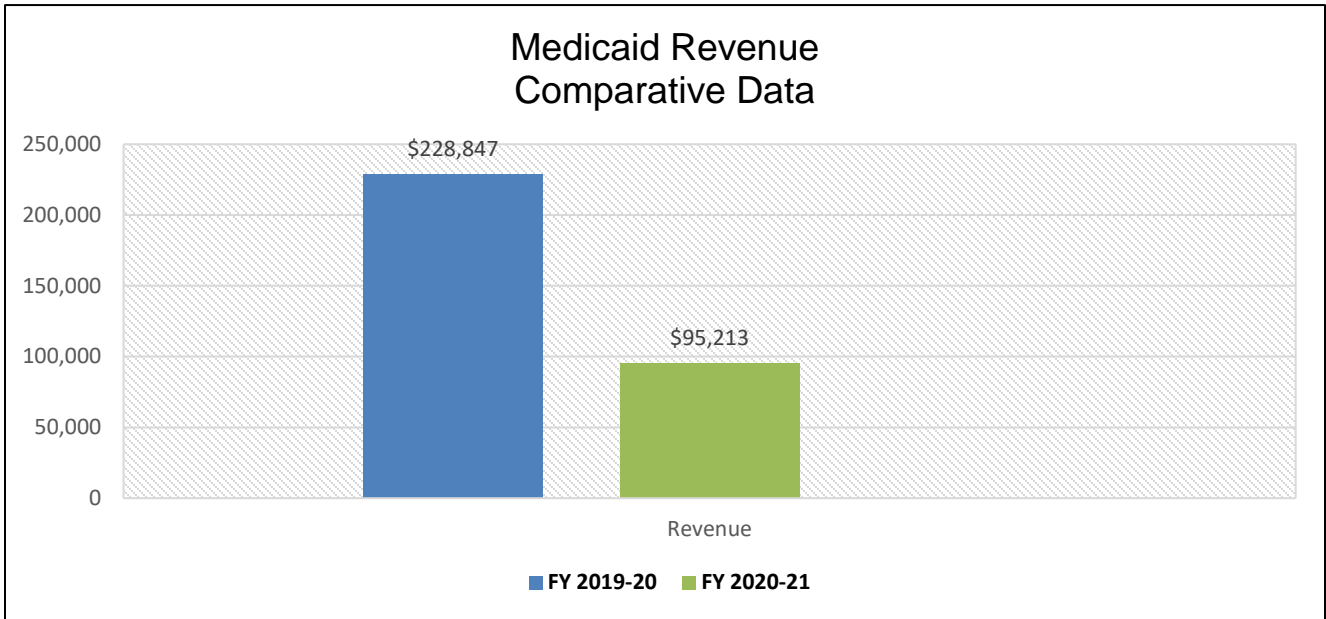
NWP Dental Wellness Center Offers 5 Days of Dental Treatment

There are so many reasons why Future Smiles matters. However, considering pandemic health trends, we see that decay rates are on the rise! In combination with the current social environment, 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.

Other Data Elements Include 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

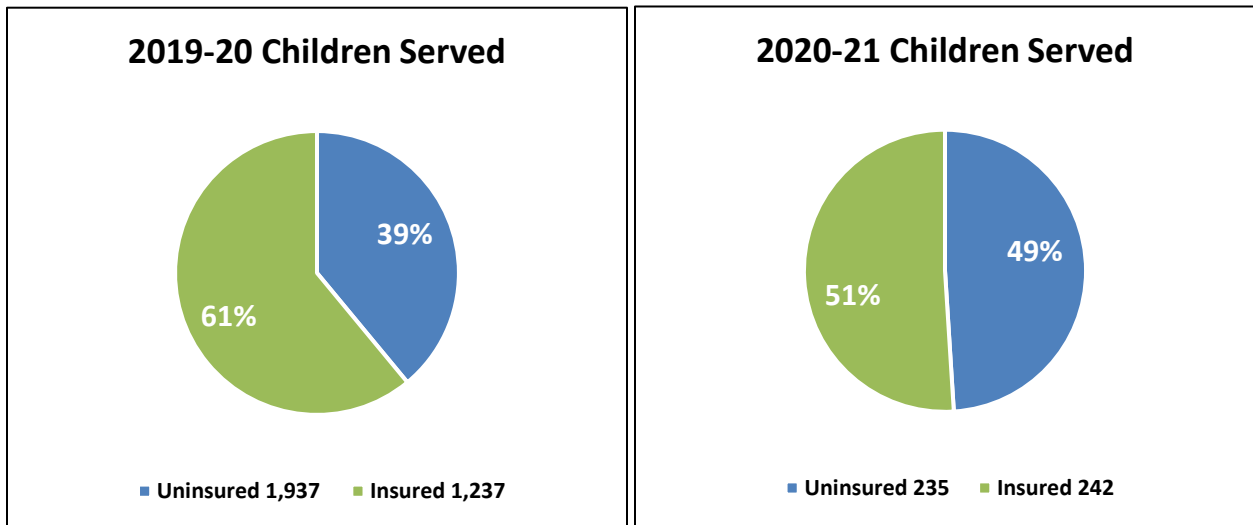


COVID influences: 58% reduction in Medicaid revenue. FY 2019-20 \$228,847 vs FY 2020-21 \$95,213.
FY is defined as July to June

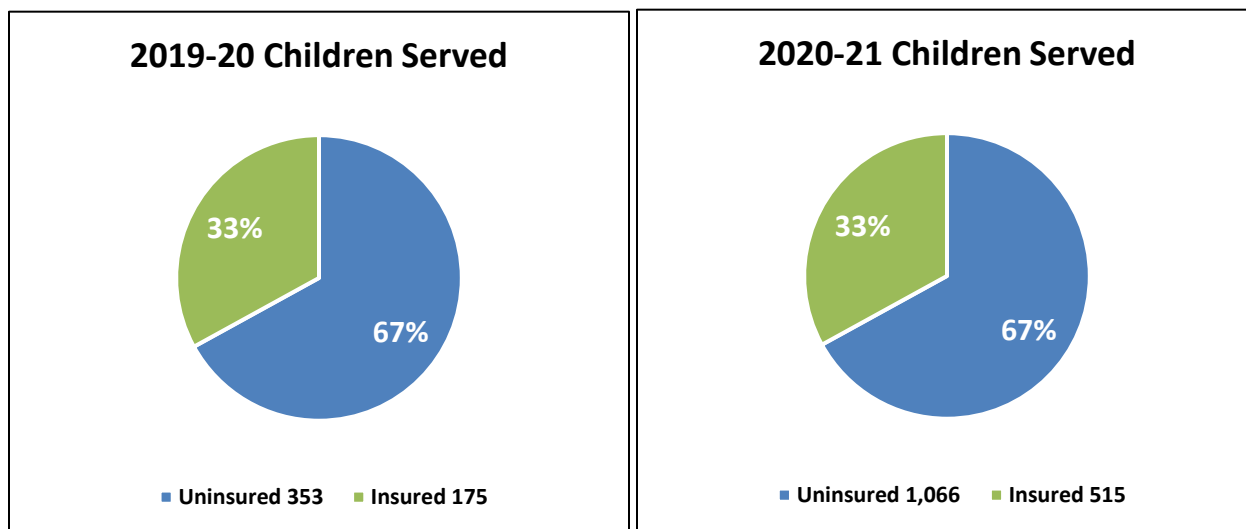
Other Influencers

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 the team up for success and help them to gain understanding of the importance of meticulous and methodical data collection. Most, if not all, staff members should have a role in collecting data of some sort.
- Define clear roles and administrative support, programmatic infrastructure, policy and procedures.
- Data collection and analysis should not be treated as a stagnant process but one that is under constant development. Sharpen the skills of administration and staff alike with team meetings and trainings.
- Provide staff with reports similar to those for stakeholders. Provide statistical analysis, if possible, to make connections between the patients and services.
- Highlight the good, the bad, and the ugly, celebrate success and discuss failures as opportunities for growth.
- Allow for staff feedback through either an open forum or anonymous survey.

Technology

- Invest in a software system as soon as possible, pay special consideration to those that are user-friendly, allow modifications and have unlimited data caps.
- Allocate time to the creation of a data collection protocol, system development, and staff training.

Development

- Design consent forms to that are at an appropriate reading and comprehension level for children and families. Refresh and update them annually.
- Identify gaps and discrepancies in data collection as timely as possible and establish if errors are systematic or input based.

Data Analysis and Reporting

- Identify common barriers to care
- Create input-output, and predictive analysis for program evaluation and planning
- Remember your audience for each avenue of data dissemination.
- Balance reports between those that are performance, information and action based.

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.
- If your program does not have a dentist on staff, provide each patient with information to community partners for treatment of dental disease.
- Keep track of referrals given to patients using data collection system, track how many contact points were needed during the course of treatment.

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:

- 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:

- 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.

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 firsthand 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:

[Link to database management system used by Future Smiles](#)

[Link to Parent Letter](#)

[Link to School Report Infographic](#)

[Link to Future Smiles Data Dashboard](#)

TO BE COMPLETED BY ASTDD
Descriptive Report Number: 31011
Associated BPAR: Dissemination of Data from State-Based Surveillance Systems
Submitted by: Future Smiles
Submission filename: DES31011NVfuturesmilesdatadissemination-2021
Submission date: August 2021
Last reviewed: August 2021
Last updated: August 2021

Appendix A
Sample Walkout letter

STATEMENT OF SERVICES RENDERED

NWP Dental Wellness Center
5630 Coley Ave
Las Vegas, NV 89146

CHART NO.	PAGE NO.
	1

BILLING DATE
07/20/2021

GUARANTOR NAME AND MAILING ADDRESS
Test Patient 123 Fake Street Las Vegas, NV 89100

PATIENT	TOOTH	SURF	DESCRIPTION	CHARGE	CREDIT
Test			Periodic oral evaluation	33.24	
Test			Intraoral-periapical 1st film	18.86	
Test			Intraoral-periapical each add'l	5.89	
Test			Bitewings-four films	23.57	
Test			Prophylaxis-child	57.28	
Test			Topical fluoride varnish	53.30	
Test	18	O	Resin composite-1s, posterior	43.05	
Test	19	O	Resin composite-1s, posterior	43.05	