



# 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.**

## CONTACT PERSON PREPARING THE SUBMISSION AND TO ANSWER QUESTIONS

**Name:** Shailee Gupta, DDS

**Title:** Chief Dental Officer

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

**Name:** Erica Castillo

**Title:** Senior Dental Operations Officer

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**SECTION I: ACTIVITY OVERVIEW**

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

**St. David's Foundation Dental 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"	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	
X	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
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
	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-1 Reduce the proportion of children and adolescents with lifetime tooth decay
- OH-2 Reduce the proportion of children and adolescents with active and untreated tooth decay
- OH-9 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, fluoride, mobile dental units, Charity Care

**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.

St. David's Foundation Dental Program provides free dental care to children in Title I Schools in three counties in Central Texas. Dental services include cleanings, sealants, fluoride varnish, fillings, and extractions. We are exploring adding silver diamine fluoride as well as stainless steel crowns (SSCs) and pulpotomies. St. David's Foundation Dental Program currently has nine mobile dental vans located in four different regions within the school districts we serve. Clinical staff consist of ten dentists, four dental hygienists and nineteen dental assistants, as well as fifteen operations staff.

Dental care is provided on the school campus to help minimize the time a student misses school and parents taking time off work. There is no cost to parents for any of the dental care provided. We also provide extended dental care to students who we are unable to treat on the mobile vans, through our Complex Care Program (CCP). The CCP consists of general dentists and specialists in the community who have agreed to provide dental care to students referred to them at fifty percent of the cost. St. David's Foundation (SDF) reimburses the provider for the remainder of the cost. Therefore, the parent does not have to pay for their child's dental care.

## 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?

The St. David's sealant program began in 1998 through a collaboration with the City of Austin's Federally Qualified Health Center Dental Clinics. The Dental Director who is also a dentist for St. David's Foundation (SDF) at the time would provide dental screenings and the hygienist from the City of Austin would provide sealants with portable equipment inside the schools. In 2000 the Dental Director acquired a mobile dental unit from the City of Austin and expanded the program to provide dental treatment in each school on the mobile dental van.

In 2002, SDF bought the first dental van and has continued to grow since then.

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

The data that was collected at the screenings help to make the case that dental care was hard to access for families in Title I schools. There were different factors such as transportation for families, cost of care or not having dental insurance. This program has been able to address those needs by providing care to families on site, no need for transportation or financial burden

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

**1998 1999** - Sealant program collaboration with City of Austin

**2000** - Sealant program continued with portable equipment in schools and first dental van was acquired through City of Austin

- 2002** - SDF purchased first dental van to have two vans for treatment
- 2006** - SDF purchased three dental vans, growing to a total of five dental vans
- 2008** - SDF purchased two dental vans, growing to a total of seven dental vans
- 2012** - SDF purchased three dental vans, gave back the first dental van to City of Austin giving us a total of nine dental vans
- 2018/2019** - SDF purchased three dental vans, donated the oldest three to remain with a fleet of nine

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.)

The leadership of SDF and its Board of Directors were actively involved in the inception of the SDF Dental Program and continue to be instrumental in increasing access to dental care for vulnerable children.

From the beginning, it has always been important to create the partnership with key school staff starting from the top down. Having buy-in from the Superintendent from each district was crucial in allowing us to provide treatment on campus. With the Superintendent’s approval, the Memorandum of Understanding and Data Sharing Agreement signed, the Principal and Vice Principals of the schools were able to provide the student demographic information and convene key meetings with teachers to discuss the SDF Dental Program’s operational needs to deliver dental screenings and treatment services.

Discussions with dentists in the community was also important. They needed the assurance that we are not there to take patients away from them, but rather a partner to help improve oral health. Between 2000-2002, the dental vans were staffed with one SDF Dentist along with a volunteer dentist from the community who would provide care on the dental vans for half a day. In late 2002, SDF shifted to two full time dentists providing all treatment.

Between 1998 – 2002 SDF worked solely with Austin Independent School District (ISD), and it was not until Fall 2002 that Del Valle and Hays ISD’s were incorporated. In 2006, Round Rock, Pflugerville and Manor were also added. In 2017, we expanded to four Charter Schools Districts.

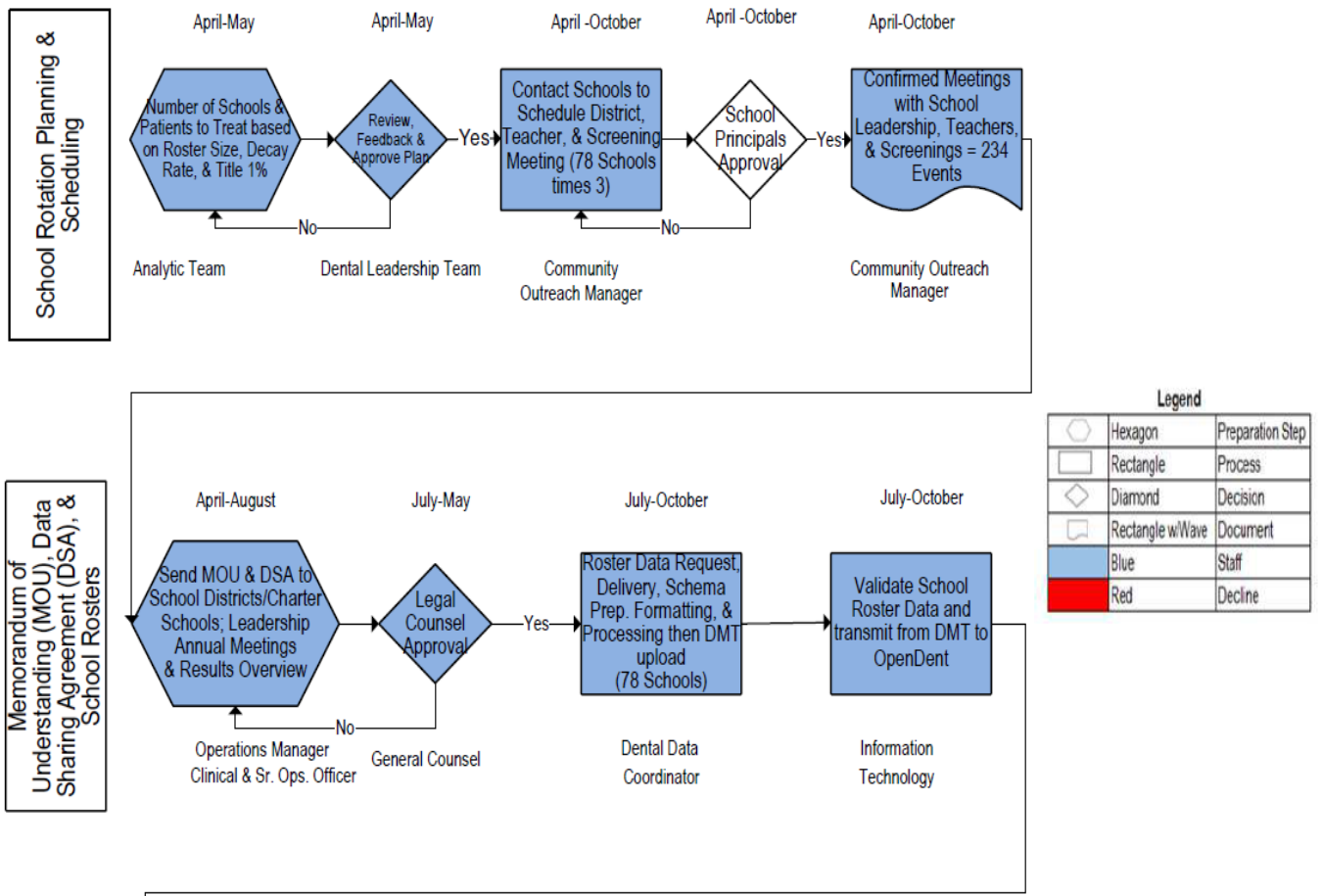
INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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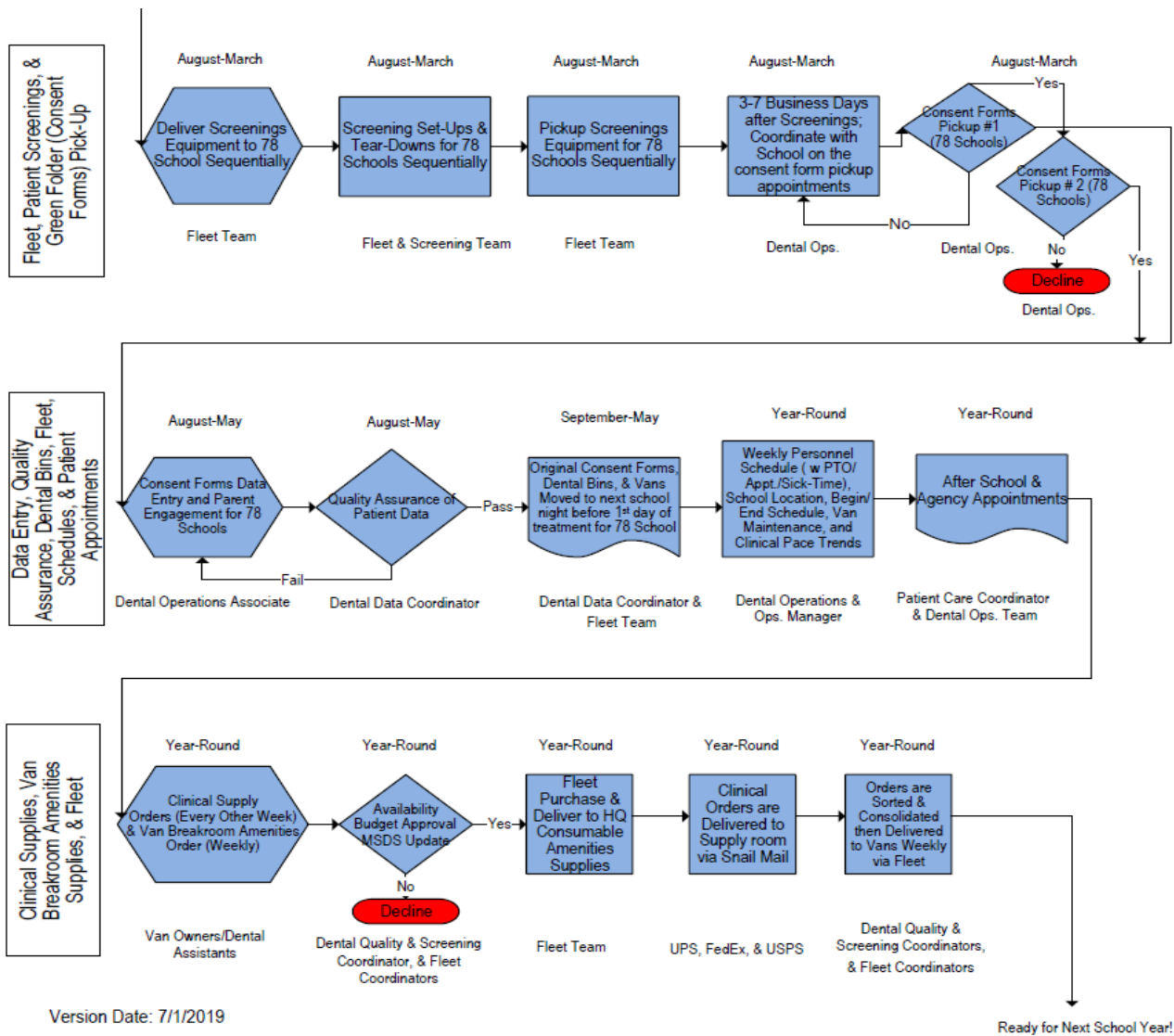
2. Please provide a detailed description the key aspects of the activity, including the following aspects: administration, operations, and services.

**See charts below**

The following workflow processes and timeline below highlight step by step the actions we follow before we begin dental services for the school year. We begin by projecting which schools are next in line for our dental services by reviewing history, projections and measuring need of the school. Our Operations team and General Counsel work with the IT and Legal Department of the school districts to establish an MOU (Memorandum of Understanding). Student screenings are scheduled and conducted. Consent forms are given to the students needing preventive or restorative services. We conduct pick-ups of the consent forms at each of these schools and enter them into our Dental Management Software system for viewing on the mobile units. Our Fleet team prepares supplies to be given to the staff and mobile units prior to their arrival at the schools.

# Dental Program Processes and Dependencies





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.)?

Over the last twenty-two years, the St. David's Foundation Dental Program has provided charity care to students in Title I schools from Austin, Hays, Del Valle, Manor, Round Rock and Pflugerville. Within the last five years, we have added Charter Schools :IDEA, KIPP, Harmony and Wayside.

Within the years that we donated dental vans, one of our stipulations was to make sure the vans would provide dental care to their communities. Dental Vans were donated to People's Community Clinic, who now provides dental care to adults, Smithville Community Clinic to help provide care to the community and just recently donated a dental van to Kids Tooth Team who now provides care to parts of Hays ISD and Lockhart ISD.

	2009-2010	2010-2011	2011-2012	2012-2013
<b>Total Schools</b>	26	34	41	39
<b>Total Children Screened</b>	6,417	13,418	16,000	14,690
<b>Total Patients Treated</b>	4,254	5,993	6,681	7,485
<b>Total Dental Visits</b>	6,742	10,105	10,822	12,014
<b>Total Teeth Sealed</b>	8,860	14,904	21,382	20,498
<b>Total Cleanings</b>	476	1,007	1,146	1,350
<b>Value of Services Provided</b>	\$2.6 M	\$4.2 M	\$4.4 M	\$4.8 M

	2013-2014	2014-2015	2015-2016	2016-2017
<b>Total Schools</b>	55	65	64	68
<b>Total Children Screened</b>	24,227	28,662	27,120	28,631
<b>Total Patients Treated</b>	10,794	11,221	10,940	11,331
<b>Total Dental Visits</b>	16,790	18,789	19,300	20,170
<b>Total Teeth Sealed</b>	31,426	32,947	27,964	29,694
<b>Total Cleanings</b>	1,701	1,449	1,483	1,686
<b>Value of Services Provided</b>	\$6.6 M	\$7.6M	\$9.7 M	\$10.1 M

	2017-2018	2018-2019	2019-2020	2020-2021
<b>Total Schools</b>	78	63	38	31
<b>Total Children Screened</b>	27,581	23,535	20,776	0
<b>Total Patients Treated</b>	12,488	9,811	6,755	1,907
<b>Total Dental Visits</b>	18,817	17,183	11,831	3,553
<b>Total Teeth Sealed</b>	33,549	27,595	16,947	5,400
<b>Total Cleanings</b>	1,425	1,088	839	361
<b>Value of Services Provided</b>	\$9.3 M	\$8.7 M	\$5.7 M	1.7 M

In 2009 we converted over to Opidental and created (DMT) Dental Management Tool that allows us to collect the data we currently show.

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:
  - a. How outcomes are measured
  - b. How often they are/were measured
  - c. Data sources used
  - d. 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)

We were able to identify target schools which we referred to as “Dragon Schools” which were considered high needs schools. On average, we attended each campus on a two-year rotation. We made it a point to serve the Dragon Schools yearly to decrease the decay levels on that campus. We noticed that after two to three visits we were able to remove them from the yearly rotation and maintain them on a two-year rotation.

Our Oral Health Educator has provided education throughout the years to students at schools, parent classes, health fairs, Head Start Program, and other community based programs.

The Complex Care Program (CCP) has also continued to expand by adding new dental providers, expanding our provider list out to rural areas to meet the number of students being referred.

Outcomes are measured through reports gathered from Opendental, and Dental Management Tool, a web-based tool created from within. Information is gathered at different times, after each school, end of year totals per district and report Leadership. Weekly reports are also given to the Chief Dental Officer and monthly reports are given to each provider showing treatment breakdown for their team.

### **Budgetary Information:**

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

1. What is the annual budget for this activity?

The annual budget is approximately \$8 million dollars.

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

The budget above includes all the cost for staff, benefits, materials, maintenance, etc

3. How is the activity funded?

Dental Program is a direct service of the St. David's Foundation, and is 100% funded through the Foundation. The Foundation owns the St. David's Hospital System so a portion of the profits from the hospital system comes back to the Foundation and the Foundation gives that money back to the community through grants, dental services and our scholarship program.

4. What is the plan for sustainability?

As long as the St. David's Hospital System is producing profits, we will use that funding as well as research other opportunities for external funding and grants.

### **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?

Receiving the input from the community would be important. Asking families what their challenges are to try to help with their overall health. Having the buy-in from everyone you will be working with is a must have. Incentivizing teachers and schools in collecting consent forms can work in your favor. We gift teachers with gift cards for their assistance and schools with an overall check for funds to use towards improving their school campus. Teachers are extremely busy and anything we can offer them is genuinely appreciated.

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

Early on, there was some push back from the local pediatric dentists, and through further, deeper conversations, we were able to get them to understand the majority of students we were serving, didn't have access to dental care or could not afford the care. We were there to provide the treatment needed to get the child out of pain and help set them up for a healthier oral health future.

### **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.



<b>TO BE COMPLETED BY ASTDD</b>	
Descriptive Report Number:	49007
Associated BPAR:	School-Based Dental Sealants
Submitted by:	St. David's Foundation
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