

## Dental Public Health State Activity Submission Form

ASTDD's goal in collecting information about successful state Dental Public Health activities (e.g., practice, program, service, event, or policy) is to share this information with other states, territories, and stakeholders who may be interested in implementing similar activities. We thank you for your time and willingness to share your experiences.

Please complete the form below and return to Lori Cofano, ASTDD Best Practices Project Coordinator, at [lcofano@astdd.org](mailto:lcofano@astdd.org)

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STATE DENTAL PUBLIC HEALTH ACTIVITY (e.g., practice, program, service, event, or policy) <small>Minimum=300 Maximum=500</small>	
Activity title:	<b>Future Smiles Data Collection and Dissemination</b>
State/Territory:	<b>NV</b>
Summary overview, which may include the following:	
<ul style="list-style-type: none"> <li>• Objectives</li> <li>• Rationale</li> <li>• Personnel</li> <li>• Key partners</li> <li>• Costs &amp; sustainability</li> </ul>	
<p>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.</p>	

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.

#### Lessons learned (Successes and **Challenges**):

##### **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, play 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.

## **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.

<b>TO BE COMPLETED BY ASTDD</b>	
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