

Dental Public Health Activity Descriptive Summary

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Save A Smile

Save a Smile (SAS) is an innovative, collaborative partnership designed to address the comprehensive dental care needs of some of our community's most underserved children. SAS is led by Cook Children's Health Care System (local children's hospital) as part of our promise to improve the health status of every child in our region through the prevention and treatment of illness, disease and injury. Cook Children's serves as the lead organization for the program, providing staff and full administrative provisions, meaning there is complete support by the entire system for day to day operations. A large system like Cook Children's can provide access to all the following departments: Center for Children's Health, Legal, Marketing, Grants & Research, the Cook Children's Foundation, Translation Services, System Planning, Security Team, Safety, Program Evaluation, Informational Services (IS), etc.

The SAS structure is based on three key objectives:

- (1) Reduce the proportion of children who have dental caries;
- (2) Build a strong infrastructure to ensure long-term sustainability with grassroots, collaborative approach; and
- (3) Identify and address barriers to oral health care by addressing social service needs utilizing Community Health Workers (CHWs) managed by a Master's Level Social Worker.

SAS is the only non-profit program in our area providing full dental services and preventative care, improving the overall health of children who would not otherwise receive treatment. Our target population is pre-kindergarten through sixth grade in Title 1 schools, and we currently serve 21 schools in three school districts. Over the past 16 years, SAS volunteer dentists/specialists provided screenings (limited oral evaluations) for more than 93,975 children and treatment for 5,062 children, generating more than \$9 million in donated services. In FY2019, 93 dentists provided screenings for 7,915 children and/or treatment for 349 children identified with the most serious dental disease. This was possible through the 2,375 social services coordinated by the six CHWs. One hundred percent of children screened received an oral health kit and the ones who completed treatment are free of pain and dental disease. This is achieved with an annual budget of \$764,000 through civic, corporate and community sponsors.

Lessons Learned:

- Include strategies that support families in finding a dental home. One way our program accomplishes this is through assisting families to enroll in CHIP or Medicaid, which connects children with a dentist for the long-term. We also provide a current list of dental resources in every oral health kit so that even those children who don't move forward with dental care through SAS receive this important information.
- Incorporate an evidence-based education component. Parents need to know how to care for their infants' teeth and the importance of early intervention and care, such as the age-one dental visit and the importance of dental care once teeth erupt (including baby teeth).
- Support community efforts to create a fully integrated medical/dental home for indigent children. After 16 years of success with the Save a Smile program utilizing a coordinated care approach, Cook Children's opened the state's first ever, fully integrated medical/dental home for indigent children several years ago. This helps families receive the full spectrum of care, regardless of their needs (medical, dental, social, and/or financial).

- Provide comprehensive social services that support completion of dental treatment. Families served by SAS face many barriers to oral health care, including financial hardship, lack of transportation, geographic location, pressing health needs and poor oral health literacy. Additional complexities include language, education, cultural and ethnic barriers.
- Develop a strong network of community partners. Compassionate volunteer dentists often go above and beyond their original commitment to help and partners such as Gill Children's (Tarrant County) and Masonic Children and Family Services (Texas) regularly assist our families with financial assistance that we are unable to provide. We make a concentrated effort to coordinate all volunteers to ensure that no one agency or volunteer is overtasked or overburdened and that all collaborators are satisfied with their share of the effort.
- Be prepared for administrative challenges. There are complexities involved in coordinating social services, dental treatment at multiple provider locations and multiple community partners for families that face multiple barriers. Some of these include:
 - ✓ Nationality and demographic changes with families
 - ✓ Keeping families engaged throughout the treatment process
 - ✓ Difficulty reaching families due to both parents working during the day
 - ✓ Many children are on Medicaid/CHIP but are not utilizing the benefits for a variety of reasons
 - ✓ Shortage of pediatric dentists to provide specialty care
 - ✓ Challenges working with overwhelmed school staff
- Evaluation is an ongoing process. Our program began data collection with a paper-based process and have moved to a sophisticated database system with 8 users, 18 tables (spreadsheets), 15,244 records (rows) with more than 100,000 data bits. We recommend starting with standardizing definitions and continuing to refine them as you move forward.
- Evaluation requires resource commitment. The sheer volume of information requires evaluation and database expertise and ongoing staff training. Ours is a combined effort among SAS staff, department evaluation staff, information technology staff and statistical analysts. One reason that it requires dedicated resources is that collecting accurate information in a timely way is difficult and summarizing results takes time. But if it isn't accurate, then important decisions are made using faulty information and if it isn't analyzed carefully, important decisions may not be made at all.
- Evaluation is worth the effort. Collecting/reporting this much data requires that appropriate resources be devoted to it, but it is worth it in the end. It's worth every dollar, every dentist minute volunteered, and social service provided and every piece of data tracked, reported and analyzed. Because children with healthy teeth have better overall health and healthier children are more successful in school and life. As a result, good data can support funding requests, which can then lead to growth.

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