



# 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)

<b>FIRST CONTACT PERSON FOR INQUIRIES</b>	
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<b>SECOND CONTACT PERSON FOR INQUIRIES</b>	
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<b>STATE DENTAL PUBLIC HEALTH ACTIVITY (e.g., practice, program, service, event, or policy)</b> Minimum=300 Maximum=500	
Activity title:	<b>Project Saving Smiles</b>
State/Territory:	<b>TX</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>Project Saving Smiles (PSS) is a preventive strategy initiated by the Houston Health Department in 2008 in order to reduce the prevalence of tooth decay in underserved children and remove barriers to learning. The 2001 Dental Needs Assessment in Harris County revealed 45.9% of 2nd graders had untreated decay. It is known that children who suffer from oral health problems cannot learn well and miss days from school. According to the 2000 Surgeon General’s Report, more than 51 million school hours are lost each year due to dental-related illness. Additionally, children who experience pain from tooth problems are likely to be distracted and unable to concentrate on their school work.</p> <p>This school-linked project provides dental screenings, dental sealants, fluoride varnish, and oral health education free</p>	

of charge targeting Houston's at-risk 2nd graders who are enrolled in schools with 70% or more students on the Free and Reduced Lunch Program. Goals for PSS are: 1) reduce caries and 2) decrease school absences due to common oral health diseases. Since its implementation in school year (SY) 2008-2009 until March 2020 (PSS missions were stopped due to the COVID-19 pandemic) PSS has provided 74,758 dental screenings, 235,474 dental sealants, 73,819 fluoride varnishes, and oral health education free of charge to second graders enrolled in a free or reduced lunch program across Houston. The average cost per child for these services is \$137.55. The estimated value of the services provided is \$ 9,776,545.97.

Through the years, PSS has collaborated with the Texas Department of State Health Services, higher academic institutions, school districts, private industries, and various non-profit organizations. Partners share in the planning, resources, and implementation of PSS. The unique model of PSS processes has resulted in a 67% increase in the number of children served during the first year with three, five-day missions. In the following years, it was proven that the program has provided access to preventive services to a large number of at-risk second graders.

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

This program and the type of processes it uses is probably a good fit for local health departments that have a dental or oral health bureau. There is a core of dental staff that in place. The partnership with a school of higher education to help in workforce development with their exposure to public health is a mutual benefit. You cannot do this large-scale project without partnerships and collaborations.

One of the challenges in conducting the outreach events is that the Bureau of Oral Health (BOH) is short staffed due to resignations and retirements of several staff members. The BOH staff, currently, carry clinical responsibilities as well as outreach duties. An efficiently run program of this magnitude should have a dedicated core mission team that solely focuses on outreach

With our limited clinical staff, we have had to rely on volunteer collaborations from the local dental and hygiene programs and the local dental society for providers. What has become beneficial from this strategy is that we have been able to collaborate more with our community partners. We have then become a great workforce development resource for students and professionals interested in pursuing dental public health initiatives and goals.

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