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 Verdana 9 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:

Save a Smile

Public Health Functions*: Check one or more categories related to the activity.

"X"	Assessment
X	1. Assess oral health status and implement an oral health surveillance system.
X	2. Analyze determinants of oral health and respond to health hazards in the community
X	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
X	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 2020 Objectives: Check one or more key objectives related to the activity. If appropriate, add other national or state HP 2020 Objectives, such as tobacco use or injury.

"X"	Healthy People 2020 Oral Health Objectives	
X	OH-1	Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth
X	OH-2	Reduce the proportion of children and adolescents with untreated dental decay
	OH-3	Reduce the proportion of adults with untreated dental decay
	OH-4	Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease
	OH-5	Reduce the proportion of adults aged 45 to 74 years with moderate or severe periodontitis
	OH-6	Increase the proportion of oral and pharyngeal cancers detected at the earliest stage
X	OH-7	Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year
X	OH-8	Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year
	OH-9	Increase the proportion of school-based health centers with an oral health component
	OH-10	Increase the proportion of local health departments and Federally Qualified Health Centers (FQHCs) that have an oral health component
	OH-11	Increase the proportion of patients who receive oral health services at Federally Qualified Health Centers each year

X	OH-12	Increase the proportion of children and adolescents who have received dental sealants on their molar teeth
	OH-13	Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water
	OH-14	Increase the proportion of adults who receive preventive interventions in dental offices
	OH-15	Increase the number of States and the District of Columbia that have a system for recording and referring infants and children with cleft lips and cleft palates to craniofacial anomaly rehabilitative teams
	OH-16	Increase the number of States and the District of Columbia that have an oral and craniofacial health surveillance system
	OH-17	Increase health agencies that have a dental public health program directed by a dental professional with public health training

"X"	**Other national or state Healthy People 2020 Objectives: (list objective number and topic)**	
X	AHS-1.2	Access to Health Services: Increase the proportion of persons with dental insurance
X	AHS-6.3	Access to Health Services: Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary dental care
X	AHS-7	Access to Health Services: (Developmental) Increase the proportion of persons who receive appropriate evidence-based clinical preventive services
X	ECBP-1.8	Educational and Community-Based Programs: ECBP-1.8 (Developmental) Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in dental and oral health

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, Community Based, Children's Oral Health, Comprehensive Dental Care, Social Services

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:

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.

SECTION II: DETAILED ACTIVITY DESCRIPTION

Provide <u>detailed narrative</u> about the dental public health activity using the headings provided and answering the questions. Include specifics to help readers understand <u>what</u> you are doing and <u>how</u> it's being done. References and links to information may be included.

<u>Complete using **Verdana 9 font</u>.

<u>Rationale and History of the Activity:</u>

1. What were the key issues that led to the initiation of this activity?

The Center for Children's Health serves as the lead organization for the Children's Oral Health Coalition (COHC) and the Save a Smile (SAS) program. The COHC focuses on systems level advocacy, education, and community awareness, while SAS focuses on the child/family level to prevent and treat oral health disease. Although the two initiatives coordinate and complement one another in their efforts to remove barriers to oral health care for low-income families in Tarrant County, this narrative focuses on the SAS program activities.

Twenty years ago, a Fort Worth school nurse administrator made an impassioned plea to Cook Children's Health Care System for help in addressing the persistent and painful dental care needs of school-aged children. Day after day, school nurses throughout the community were witness to children in severe pain who were spending their day seeking comfort and care in the school nurse's office rather than in the classroom. After conducting some additional research, Cook Children's responded to this appeal and today leads an innovative, multifaceted approach to oral health that helps fulfill our promise to improve the health of every child in the region through the prevention and treatment of illness, disease and injury.

After identifying the need for oral health care services for children, SAS evolved from enthusiasm generated by the American Dental Association's *Give Kids a Smile Day* in 2003. About the same time, a local dental program closed, increasing the need for ongoing services beyond periodic events. These conditions inspired a new initiative for screening and treating children from low-income families throughout the year. Early SAS volunteers developed the following vision and mission for the program:

> **Vision:** Families with limited access to health care will be empowered to improve the overall health of their children by using oral health and community resources to create lasting change.
>
> **Mission:** Provide a collaborative, community based, volunteer driven program that connects families to access to dental care for elementary aged children in targeted schools who have severe oral disease or oral health problems.

SAS is a school-based collaborative partnership designed to address the comprehensive dental care needs of our community's most underserved children. Partnerships include local children's hospital, Children's Oral Health Coalition, local dental society, multiple school districts, private practicing dentists/specialists, local dental hygiene school, advisory committee, several community organizations and sponsors. It is the only program in our area providing full dental services and preventative care, improving the overall health of children who often would not otherwise receive treatment. Children in pre-kindergarten through sixth grade in 21 Title 1 schools are served within three school districts. SAS recruits and mobilizes volunteer dentists who conduct in-school dental screenings (limited oral

evaluations) and provide free dental treatment in their private offices for the most severe cases. All school children screened also receive an oral health kit.

This grassroots approach is successful because it follows a social service model and uses the skills and talents of a licensed master social worker (LMSW) who manages Community Health Workers (CHW). Save a Smile adopts a case management model to assist families in connecting with dental providers. When Save a Smile began the program in 2003, we contracted for the social service component of the program with Communities In School (CIS) of Greater Tarrant County, a non-profit organization providing health and social service resources to students at high risk for dropping out of school. The social worker was a CIS employee, but was dedicated to the Save a Smile program and managed 5 Community Health Workers (CHW) and 1 Case Aide.

Since 2013, the case management component of Save a Smile became under the same umbrella within the Center for Children's Health and led by Cook Children's. All staff are employed by Cook Children's, are mostly full time and have access to full benefits.

The coordinated care portion of Save a Smile is the direct link in the schools with students and their families to determine any needs they might have. Often these needs are uncovered after the preliminary dental screening at the school when the CHW are following up with the families to pursue a course of treatment. Social services that are often provided for these families and include:

- Translation
- Transportation
- Clothing assistance
- Emergency food
- Optometry appointments
- Medical appointments
- School supplies
- Assistance with completing Medicaid/Chip applications
- CPS reports
- Financial assistance through Gill Children's Services or Masonic Home

The screening process is done by Save a Smile volunteer dentists who do a quick assessment to classify the dental severity and determine what level of treatment might be needed. The dental classifications are:

- **Class 1, Extensive Decay**–A condition exists that requires IMMEDIATE evaluation/treatment (possible pain, infection and/or severe decay and possible need for extractions).

- **Class 2, Minimal Decay or Questionable Areas**–Child is in need of dental care (possible cavities, gum disease and/or need for restorative care).

- **Class 3, Overall Good Oral Health**–Child appears to be in good dental health.

Once evaluated, the CHW will follow up with a parent to communicate the results of the screening and assess what resources may be available to the family. The CHW plays a vital part in connecting the dots so that care is provided for that child. Children identified to be Class 1 are, naturally, the first priority.

Depending on the dental problem, age of the child, translation requirements and financial/insurance status, a referral is made to an appropriate dental provider who has been recruited to participate in Save a Smile. Dental care is then given in the dentist's private office, and those in greatest need, are provided services free of charge.

Save a Smile serves an important role in our community. As the only known program in our area providing full dental services and preventive care, we are improving the overall health of these children, who might not otherwise receive treatment.

Assistance includes scheduling appointments, providing transportation to and from appointments, assisting with translation services, as well as helping families access additional community resources, when needed.

The barriers for low-income children and their families to accessing oral health prevention and treatment services are unfortunately growing which makes the social services approach with community health workers even more important than before. Nationality and demographic changes with families, increased labor required for today's dental procedures and serving medically complex

children also present challenges for families that require a holistic approach to prevention and treatment.

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

Evidence used to inform the development of SAS includes:

- Anecdotal feedback from school nurses who were witnessing children in severe pain day after day.

- Demographic data are obtained from Cook Children's Medical Center's operating room and emergency department to determine geographic focus areas.

- The Center for Children's Health led by Cook Children's, conducts a community health needs assessment (CHNA) every three years that provides an ongoing tool for monitoring the status of children's overall health throughout our six-county primary service region. The Center for Children's Health (C4CH) is the department in which Save a Smile is under. The Center for Children's Health focuses specifically on the prevention of injury and illness in the six-county service area of Denton, Hood, Johnson, Parker, Tarrant and Wise counties. The goal is to make North Texas one of the healthiest communities to raise a child. Six priority focus concerns have consistently been on asthma, child abuse and neglect prevention, healthy life styles (childhood obesity prevention), injury prevention, mental health and oral health (Save a Smile and Children's Oral Health Coalition). This information informs programming and expansion decisions and aligns efforts to continue improving the integration of dental and medical care for children. Data supporting the continued need for SAS services from the 2018 CHNA include:

    - ✓ The Centers for Disease Control and Prevention (CDC) report more than one-third of children (37%) aged 2–8 have experienced dental caries (tooth decay) in their primary teeth, and 58% of adolescents aged 12–19 have experienced dental caries in their permanent teeth. The CDC also reports that 14% of children aged 2–8 and 15% of adolescents aged 12–19 have untreated tooth decay.[1]

    - ✓ Poor dental health in childhood can escalate into far more serious problems later in life. There is a disproportionate share of untreated tooth decay in low-income children.[2]

    - ✓ Children aged 5–19 years from low-income families are twice as likely to have dental decay in comparison with their more affluent peers.[3]

    - ✓ A considerable body of research shows an important relationship between oral health and overall health. Yet CCHAPS 2018 data reveal that more than half of parents (57%) in the 6-county service region reported that their child's oral health does not at all impact their overall health; and almost 10% did not know. This is a huge disconnect for families and this is an opportunity to make a difference in children's overall health.[4]

- The SAS program design incorporates primary recommendations for promising and evidence-based practices at the community level for prevention and control of early childhood caries cited by multiple sources *(Association of State and Territorial Dental Directors, American Dental Association, American Academy of Pediatric Dentistry and the American Academy of Pediatrics)*. These include culturally appropriate care, using case managers/coordinators to organize services, and equipping community professional and pediatricians with training related to oral health care. The decline in children with the most severe dental disease and the decline in operating room dental cases demonstrates the effectiveness of these recommended practices.

- On an ongoing basis, SAS service statistics inform program focus decisions as well as monitoring program effectiveness. The children served by Save a Smile are primarily minority and all belong to schools with 90% or more of their children eligible for the reduced or free lunch program. All 21 of the schools currently served are designated Title I schools by the State of Texas. The highest need schools from three school districts are served -- Fort Worth ISD, Hurst-Euless-Bedford ISD and Keller ISD. Historical data indicates that 52% of children served are male and 48% female. Approximately 62% of children are Hispanic, 23% Caucasian, 16% African American and 6% "other."

- SAS evaluation methodology includes (a) extensive tracking of appointments, treatments provided, social service units provided and the ongoing oral health status of children; and (b) surveys of parents, Advisory Committee members, school nurses, and dentists.

- The Center for Children's Health organizational structure presents opportunities to naturally integrate oral health information with other program focus areas. For example, the risk of cavities from the use of an asthma inhaler/nebulizer is a part of asthma education and education about healthy foods and nutrition is incorporated into C4CH training and materials.

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

- 2003: Save a Smile (SAS) founded by Cook Children's and the Children's Oral Health Coalition (COHC) in Tarrant County, Texas.

- 2003-Present: Save a Smile became an innovative, nationally recognized, collaborative program dedicated to providing restorative and preventive dental care to low-income children in the community. Partners include over 100 volunteer dentists, the Fort Worth District Dental Society (FWDDS), Children's Oral Health Coalition and others.

- 2005: Received Texas Dental Association Certificate of Merit and the Texas Public Relations Association Silver Spur Award.

- 2005-2006: The Association of Component Society Executives of the American Dental Association Outstanding Component Program Award.

- 2007: Telly Award. The Telly Awards annually showcases the best work created within television and across video, for all screens. Over 12,000 entries from all 50 states and 5 continents, Telly Award winners represent work from some of the most respected advertising agencies, television stations, production companies and publishers from around the world. The Telly Awards recognizes work that has been created on the behalf of a client, for a specific brand and/or company and can be self-directed as a creative endeavor.

- 2008-2009: Fort Worth Independent School District Golden Achievement Award for Partnership Excellence.

- 2009, 2012, 2015 and 2018: The Center for Children's Health Regional Child Health Summit featured the importance of oral health to overall health to community partners and news outlets.

- 2011: Both COHC and SAS were integrated into Cook Children's Center for Children's Health and American Dental Association Golden Apple Award.

- 2013: Recognized by ASTDD and placed under the Texas section of the State Activity Submissions area.

- 2015: Enhanced real-time data tracking capabilities.

- 2015-2020: Received grant funding from Healthy Smiles, Healthy Children (American Association of Pediatric Dentistry), enabling expansion into additional low-income schools and all elementary school grade levels. Also, established a formal educational/resource component to increase the scope of services.

- 2019: Save a Smile name and logo patented and trademarked.

- 2019: Morningside Elementary *Shining Bright in Our Lives* certificate award.

- Ongoing: Multiple local, state and national-level presentations.

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

1. **What resources were needed to carry out the activity? (e.g., staffing, volunteers, funding, partnerships, collaborations with various organizations, etc.)**

- **Lead Organization (Cook Children's) and Funding Partners (Various sources)**
  - Office space
  - Vehicle, gas and maintenance
  - Legal, marketing, human resources, information technology (database), equipment, data analysis, evaluation and administrative services
  - Program salaries and benefits
  - Dental Director (1 Dentist, 0.7 FTE) – program oversight, dental expertise and volunteer recruitment
  - Social worker (1 Licensed Master's Level Social Worker, 1 FTE) -- manages community health workers and social service components to allow dental care to become priority, works with school nurses and principals
  - Community Health Workers (7 CHW, 1 FTEs) -- manage patient case load, work with school nurses and staff, connector between families and the care/support needed
  - Coordinator (1 Child Life Specialist, 1 FTE) – organizes events and provides education to children and families
  - Program Specialist (1 Registered Dental Assistant, 1 FTE) -- coordinates all dental appointments, works with the volunteer dentists and staff for dental screenings and treatment, assists with budget, grants and data collection
  - Clerk (1 college student, 0.3 FTE) -- administrative support and data entry
  - Supplies (office and dental specific supplies)
  - Oral health kits
  - Educational materials
  - Screening incentives for schools, teachers and students
  - Dental office space, equipment and supplies (provided by volunteer dentists)

- **Partnerships**
  - Three School Districts (Fort Worth, Hurst-Euless-Bedford and Keller ISD); 21 elementary schools; all Title 1 schools – provide access to children who desperately need dental care, allow time to educate children, families and staff on importance of oral health to overall health and allow Save a Smile to be integrated within the schools we are targeting in their districts.
  - The Fort Worth District Dental Society - instrumental in helping launch and grow the Save a Smile program. Through the society's financial support, professional guidance and recruiting assistance, the program has grown to include 90+ volunteer dentists and their practice staff (pediatric and general dentists, oral surgeons, orthodontists, a prosthodontist, anesthesiologists and endodontists).
  - Tarrant County College Dental Hygiene Program – providing student and faculty volunteers at screenings and education events, providing preventive care in their clinic for approximately 75 children each year (gives hygiene students experience working with children).
  - Community Advisory Committee provides guidance and general direction (Membership includes representatives from Cook Children's, John Peter Smith Health Network, Fort Worth District Dental Society, Kohl's Department Store, school districts, social service organizations such as Gill Children's Services and Masonic Children & Family Services of Texas, Tarrant County College Hygiene School and private practicing dentists (one general dentist and one pediatric).
  - Children's Oral Health Coalition - assisting with education and the preventive aspects of dental care
  - Cook Children's Medical Center – lead organization and backbone for program

INPUTS	**PROGRAM ACTIVITIES**	OUTPUTS	OUTCOMES

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

- Administration: Cook Children's provides legal expertise to review consent forms, contracts and other legal documents, and marketing/graphic design services to produce educational and collateral materials. Human Resources and Finance staff provide employment and financial services such as payroll, occupational health, benefits administration and accounts payable. Information technology staff provide computer equipment/support and database design and maintenance. Healthcare Analytics and evaluation staff provide data analysis and data collection oversight and evaluation reports. The Research & Grants Administration department provides support completing and monitoring grant applications, and the Cook Children's Foundation provides funding support. Other departments provide support as needed.

- Program Operations: A Dental Director oversees implementation of program activities, provides dental expertise, recruits volunteer dentists, and maintains community and dentist relationships. A Program Specialist handles budget, grants and data collection responsibilities, and also assists with program services such as setting dental appointments and tracking dental visit outcome data. The Specialist also maintains a database of the dental specialties, preferred ages, number of children that can be treated, and other preferences for volunteer dentists. A part-time Clerk provides administrative support and data entry services.

- Program Services -- Screenings: A Social Worker works with 21 schools to schedule and prepare for annual screenings of 7,000+ children in Pre-K-6th grades. A Coordinator organizes the screening events and preparation of oral health kits to be distributed to children screened. Armed with a flashlight and tongue depressors, volunteer dentists provide a dental screening (limited oral evaluation) to children. At their side stands a Community Health Worker documenting the status of each child:

    - Class 1 – Extensive Decay: A condition requires immediate evaluation/treatment (possible pain, infection and/or severe decay, extractions).
    - Class 2 – Minimal Decay or Questionable Areas: Child is in need of dental care (cavities seen or disease process requiring dental care).
    - Class 3 – Overall Good Oral Health: Child appears to be in good dental health.

- Program Services – Dental Care and Social Services: Children with a Class 1 designation are referred to volunteer dentists' private practice locations to receive dental care, including exams, cleanings, sealants, x-rays, restorations, stainless steel crowns, extractions, root canals, space maintainers and even orthodontics. Some children also require dental care in a hospital setting. Modeled after the American Dental Association's Give Kids a Smile Day, the SAS program goes a step beyond and provides social services to support completion of dental treatment. Community Health Workers (CHWs) reach out to families to communicate screening results, assess resources available to the family for obtaining the needed treatment and determine the family's needs for translation, transportation and social services. CHWs provide assistance to those in crisis and help them enroll in CHIP and/or Medicaid if applicable. A licensed master level social worker oversees the community health workers. Most commonly, CHWs assist with obtaining basic necessities — food, shelter, clothing, medical services or other needs that keep children from being healthy and in school, ready to learn and grow. If needed, CHWs also provide transportation for the child from school to dental appointments and translation services.

  The program helps move families out of crisis while providing them the tools they need to obtain stability, including a dental home. SAS offers families a Health Action Planner developed to serve as a centralized location for the children's dental and medical information, helpful resources and health related handouts to guide families through various emergency situations. CHWs record appointments, social services provided and educational tools distributed for each child in the SAS database. Following appointments, the Program Specialist records dental procedures provided and the current treatment status for each child.

- Program Services – Oral Health Education: In addition to supporting screening events, the Coordinator organizes events with Tarrant County College Dental Hygiene School to provide teeth cleanings, fluoride, sealants, oral health education and oral hygiene kits. The Coordinator also offers oral health education for children at schools and community events.

INPUTS	PROGRAM ACTIVITIES	**OUTPUTS**	OUTCOMES

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.)

- Enrollment data of schools served
- Children screened and child's initial classification status
- Oral health kits distributed to children
- Educational materials distributed to families
- Save a Smile community partners (i.e., schools, school administration, social service organizations, funding organizations)
- Volunteer dentists, types of specialties and preferences for treatment
- Dental appointments scheduled
- Missed dental appointments
- Dental procedures/treatment provided and total value of procedures
- Social Services provided
    - Clothing Assistance
    - Child Protective Services (CPS) Reports
    - Emergency Food
    - Funding Referrals
    - Home Visits
    - Medical Appointments
    - Assistance with Completing Medicaid/CHIP Applications
    - Notes Home to Parents
    - Optometry Appointments
    - Parent Contacts
    - Prescription Assistance
    - Dental/Medical Referrals
    - Translation services
    - Transportation to dental appointment
    - Other Social Service/Resource Assistance
- Oral health education presentations provided to children and/or parents
- Quarterly Save a Smile Advisory Committee meetings
- Number respondents of annual survey with parents of SAS children
- Number respondents of annual survey with volunteer dentists/dental offices
- Number participants of annual interviews with school nurses/school partners and Save a Smile Advisory Committee members
- Forms developed and/or updated and collected (i.e., consent form, results to parents form, participating school agreement)
- Philanthropic dollars donated to Save a Smile

The following information includes selected outputs for the 2018-2019 School Year, as an example:

Children Served
2018-2019 School Year

	Number	Percent
Children enrolled in partner schools	**10,718**	--
Children receiving limited oral health evaluations	**7,915**	**74%**
Children identified as Class 1 (most severe)	**383**	**4.4%**
Children identified as Class 2	**1,125**	**14%**
Additional children needing treatment* *(Class 3, enrolled after dental screening, absent during dental screening, identified, etc.)*	**34**	--
All children identified as needing treatment (after withdrawals)	**1,508**	--

Children Served
2018-2019 School Year

Children	Class 1		Class 2		Additional*		Total	
	#	%	#	%	#	%	#	%
Identified as needing treatment (after withdrawals)	349	23%	1,125	75%	34	2%	1,508	100%
Receiving treatment (of those needing treatment)	213	61%	22	2%	34	100%	269	18%
Completing treatment (of those receiving treatment)	127	36%	10	46%	16	47%	153	57%

*Additional children needing treatment:
(Class 3, enrolled after dental screening, absent during dental screening, identified, etc.)

Procedures & Value
2018-2019 School Year

Number of Procedures	
Screenings	7,915
Exams	173
Radiographs	623
Teeth cleanings	107
Sealants	194
Restorations (fillings)	323
Extractions	189
Stainless Steel Crowns	177
All other procedures	530
Total	**10,250**
Total Value	**$693,306**

Coordinated Care
2018-2019 School Year

The total number of social services provided: 2,462

Most frequent services provided	#
Status Checks	1,268
Initial Assessments	284
Transportation	276
Translation	226
Outside Treatment Verification	287
Referrals (Outside Service)	67

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	**OUTCOMES**

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
        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)

Save a Smile data is entered daily/weekly into a HIPAA compliant online database by program staff. Evaluation methodology includes:

(1) extensive tracking of appointments, treatments provided, social service units provided and the ongoing oral health status of children; and

(2) annual surveys of parents and dentists; and

(3) annual interviews with school nurses/school partners and the Save a Smile Advisory Committee members

Annual targets for program measures are determined at the beginning of each school year. Detailed reports are generated at least quarterly to monitor progress throughout the year. An annual program evaluation report is compiled at the end of each school year.

Outcomes achieved include:

- Increase in parent consent (more consent forms returned each year allowing participation in Save a Smile)
- Increase in children served
- Maintained or increased number of participating schools
- Maintained or increased number of volunteer dentists
- Eligible children's social service and dental needs are met
- Children treated are free of pain and dental disease
- Oral health of children served improves through prevention, treatment and education
- Children completing comprehensive dental care sustain good oral health
- Increase of parental awareness of oral health issues and importance of good oral health to overall health
- Parents, volunteer dentists and school nurses have input into SAS operations (through annual survey and/or interviews)
- School nurses report fewer office visits due to dental pain
- Accurate data that demonstrate program outcomes & impact are used for:
    - program management decisions
    - funding requests
    - community awareness
    - advocacy efforts

Reported outcomes for the 2018-2019 school year

Evaluations/Interviews and Surveys

Parent Surveys – Administered by Community Health Workers in paper format
Evaluation Survey Guidelines:

- All parents are offered the opportunity to participate and give feedback.
- Some parents may require extra assistance in completing the form. It is often helpful to review the meaning of each question before they begin. It is okay to answer the parent's questions if they do not understand the survey (take health literacy into account).
- Request parent's or caregiver's participation and explain why the information is important
- Conduct an evaluation every year because parent experience is important.
- It is a brief survey that takes about 5 minutes to complete.

- We use this information to improve our services for families**.** For example, one of our goals is to make it easy for parents to get dental care for their child(ren). We use the survey answers to learn exactly what we did that was most helpful to them. We also use survey answers to let our dentists know how important it is for them to continue to volunteer their services.
- Let parents know their information will not be shared without your permission. We provide an envelope for the survey so answers will be kept confidential and they can hand back to CHW or give back to school nurse in a self-addressed envelope. CHW will pick up any surveys left with school nurse later.

School Nurses – In person interview process conducted by Manager, Social Services
School Partner Feedback:

- Nurses are asked for feedback during an in person interview on the screening process, effectiveness on communication, need or want for more oral health kits, feedback on educational component of program and parent/staff presentations and then open ended question on how we can improve

Volunteer Dentists/Specialists – Administered by Director, Oral Health
Dentist/Dental Offices are emailed an online survey link; types of questions asked:

- Who is completing the survey (Dentist or staff)?
- How easy or difficult does SAS make it for dental offices to provide dental care?
- Hoe important do you feel the social services are to help children receive the dental care they need?
- How much do you agree or disagree with the following statements:
    - Dental care provided by SAS improves overall health of children
    - Overall satisfied with SAS
    - Volunteer time with SAS is a valuable contribution for the community

Advisory Committee Members – In person interview conducted by the Director, Oral Health
Two main focus areas or questions to begin interview:

- What do you see as the current challenges, barriers, and/or difficulties facing Save a Smile, and do you have any suggestions or ideas on how we can manage those concerns?
- What should Save a Smile continue doing?

Overall Evaluation Results since inception of Save a Smile:

- The proportion of children with the most severe dental disease (Class 1) has declined or remained stable since the inception of Save a Smile in all schools served -- from approximately 14% to between 5%.
- An average of 83% of eligible children were successfully screened and classified (71% to 92%)
- The healthiest children (Class 3) increased from 64% to 81%
- The number of children with minimal to moderate oral health problems (Class 2) trends downward (26% to 14%)
- 100% of dental professionals feel their volunteer time investment is a valuable contribution to the community
- 100% of the parents are satisfied with the Save a Smile program

Budgetary Information:

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

1. **What is the annual budget for this activity?**

The annual budget for Fiscal Year 2020 is $891,779. In FY 2019, volunteer dentists donated dental procedures valued at $692,556 and the FY 2019 budget was $759,485.

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

FY 2020		SAS - Operating Budget	
AP Code	**Category**	**Planned**	**Additional Info**
52000	Salary	$502,832	12 staff (Part Time Dentist, Full Time LMSW, CDA, CLS and 7 CHW, Clerk)
58160	Fringe	$169,389	
LABOR TOTAL		**$672,221**	
62110	Contract Services	$7,767	Courier/Storage site/Scanning, Translation services/Background checks
62200	Printing / Copying	$8,000	Printing ALL forms
62310	Advertising / Art	$6,500	Staff Uniforms/Family Dental Resource Brochures
62360	Marketing / Special Events	$1,685	Event Signs/Posters/Etc
62380	Marketing Production	$6,500	Photo Shoot / Videos/Ads/Art Wk Brochures & Folders/Recruitment Ads/Advertising
64000	Postage	$50	FedEx / Notes / Surveys / Coupons
64010	Food	$1,380	Advisory Committees/Meetings
64040	Department Supplies	$1,730	Business Cards/Office Supplies/Totes/Etc.
67000	Travel (mileage)	$27,000	All Staff Mileage In/Out of Town
67040	Oral Health Supplies	$26,060	All Supplies for Oral Health Kits
FY 2020		**SAS - Operating Budget**	
AP Code	**Category**	**Planned**	**Additional Info**
67100	Awards / Recognition	$10,800	EOY Recognition all volunteers, dentists, specialists, sponsors, donors, community partners
67130	Education	$8,500	Conferences/Meetings / Presentations / Awards
67150	Professional Licenses	$1,902	License/Certification renewals
67180	Dues / Subscriptions	$1,905	Professional Organizations
NON-LABOR TOTAL		**$109,779**	
PROGRAM TOTALS:		**$891,779**	

Quick note: Save a Smile started out in 2003 with a much smaller budget, smaller staff and only serving five elementary schools in one school district. This is a scalable program to fit the needs or abilities of a community.

3. **How is the activity funded?**

SAS is currently funded by several local private and public entities. The majority of funding is contributed by corporate sponsors. Additional funding has been contributed by Cook Children's, the Fort Worth District Dental Society, the American Dental Association, the American Academy of Pediatric Dentistry Foundation, the City of Forth Worth via the Community Development Block Grant funds as well as various civic groups and local

foundations. As the lead organization for SAS, Cook Children's supports the program financially and also provides significant in-kind support to the program, including but not limited to, the support and services of Cook Children's Foundation, Human Resources, Legal Department, Financial Accounting, Marketing, Grants & Research Administration, System Planning, Health Plan, Neighborhood Clinics, Education, etc.

Financial support provided beyond the services listed above is primarily covered by grants, sponsors, individual donors and the Cook Children's Foundation. In addition, volunteer dentists provide staff and supplies for oral health procedures performed in their private practice locations.

4. What is the plan for sustainability?

SAS has thrived for 16 years due to the collaborative program design and the strong commitment of Cook Children's and other key community partners to serving the oral health needs of children in our community. In addition to the support outlined above, Cook Children's is honored to have an excellent reputation for 100+ years in the community, which contributes greatly to our ability to recruit and maintain strong community partnerships.

Our close affiliation with the Children's Oral Health Coalition (COHC) also provides partnership opportunities that might not otherwise be available. COHC maintains strong relationships with key social service and health care providers, offering "train-the-trainer" sessions to teach oral health key messages to front-line staff that work directly with families. COHC also brings major oral health providers together to track screening results, address specific oral health challenges and provide legislative advocacy.

Our SAS Advisory Committee provides guidance and general direction with an active membership that includes representatives from Cook Children's, John Peter Smith Health Network, Fort Worth District Dental Society, Kohl's Department Store, school districts, social service organizations, Tarrant County College Hygiene School and private practicing dentists (one general dentist and one pediatric).

The Fort Worth District Dental Society continues to be an instrumental partner, providing professional guidance and recruiting assistance. The Tarrant County College Dental Hygiene program provides facilities, supplies and student hygienists for 2-3 preventative maintenance events for SAS children every year. And social service agencies such as Gill Children's Services and Masonic Children & Family Services are long-time partners that often provide emergency assistance to SAS families.

The key to the SAS program's success lies in the strong support we receive from partner school districts and volunteer dentists. Our schools appreciate the value of SAS in keeping children in school ready to learn and volunteer dentists consistently sign up year after year and their survey responses indicate that they see an intrinsic value in their participation.

As the only known program in our area providing full dental services and preventive care, we are improving the overall health of children in our community, who might not otherwise receive treatment. The strong collaborative relationships with key community partners will allow SAS to continue serving these children for years to come.

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?

- 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 it if 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 heathier children are more successful in school and life. As a result, good data can support funding requests, which can then lead to growth.

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

As mentioned in the lessons learned section, coordinating complex services for families who are often in crisis can drain administrative resources and finding the right staff with the right skills sets is important to success. Our master's level social worker brings valuable skills to helping our community health workers address families' needs and maintaining strong partnerships with schools and other key partners. We have a registered dental assistant whose oral health training has been valuable to managing many of our dental related tasks and the administrative processes. We would not be able to help these children progress through multifaceted dental treatment processes without our bilingual community health workers providing transportation, translation and other support services that facilitate completion of treatment.

Another ongoing challenge is in helping funding partners understand the level of resources it requires to restore health for children with severe dental disease. The staff to child ratio is high when comprehensive services are required and the resources provided to us from Cook Children's to address legal, human resources, information technology, evaluation and other

support is invaluable. Although it is sometimes a challenge to balance the needs of the wide variety of partnerships that this program requires, we find that an extraordinarily high level of commitment to children's health from community dentists, schools, social service organizations and Cook Children's, is truly the only way to make lasting change.

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.

Key advice on replicating Save a Smile in other communities:

- Establish a local coalition comprised of community partners interested in children's oral health issues. Information on creating and maintaining community coalitions is available from the University of Kansas Community Toolbox (https://ctb.ku.edu/en/table-of-contents) and at www.coalitionswork.com.
- Conduct a community assessment to document the need: Start with a survey or focus groups with school nurses, dentists, families, etc.[5]
- Identify a lead organization
- Develop a working relationship with the local dental society
- Cultivate relationship(s) with legal counsel to support program development and implementation
- Coordinate a "Give Kids a Smile Day" for your area (one day event); utilize the lessons learned to spin off a year-round program
- Develop an advisory board or committee to help provide guidance, raise awareness and funds
- Start small and think realistic. There is time for expansion once everything is in place and working well.
- Partner with an organization that could support the social service component (such as Communities In Schools - www.cistarrant.org)
- Establish a network of volunteer dentists to provide screenings and treatment
- A few additional tips to consider:

  Program management:

  - At least quarterly we want to see if we are meeting service targets for the year, if the children are completing treatment, what social services are needed, etc.
  - As the year progresses, we want to know whether our dentists are satisfied with the way our program interfaces with their practices and whether they plan to continue with us in the next school year.
  - We want to know if the parents are satisfied with our services and if our services were valuable to them.
  - We want to know if the advisory committee members are pleased with the progress we are making in meeting strategic plan objectives.
  - We learn about our performance in each school and whether each school continues to be one of the best ways to connect with children who need treatment most.
  - Most importantly, we learn whether children maintain good dental health over time.

  Substantiate stakeholder investments: *(Questions to answer or think about)*

  - Ultimately, our donors and lead organization want to know if their investment is resulting in better health for children?
  - Do children with multiple challenges to completing treatment become free of dental disease and pain?
  - Do children maintain their improved oral health status for at least one year?
  - Are families connected to social services they need to be healthier?
  - Our dentists are also interested in the number of children served, the outcome of their treatment and the value of dental services provided to the community.

  Program Assets:

  - Long standing volunteer providers

- Structure – social service component is key to success
- Well-established relationships and partnerships
- Multidisciplinary approach
- Development of online data tracking system
- Securing multiyear grant (HSHC) to grow program
- Focus on quality and not quantity to make lasting change

Program Challenges:

- Low income families with multiple barriers to oral health care
- Nationality and demographic changes with families
- Dental treatment needs are more labor intensive
- Medically complex children requiring specialty medical care
- Difficulty reaching families due to both parents working during the day

Additional resources and samples of Save a Smile materials is attached to this application.
http://www.centerforchildrenshealth.org/en-us/Counties/tarrantcounty/saveasmile/Pages/default.aspx

Citations:

[1] 2015. *Dental caries and sealant prevalence in children and adolescents in the United States, 2011-2012*. NCHS Data Brief, no. 191. Centers for Disease Control and Prevention. Hyattsville, MD: National Center for Health Statistics. https://www.cdc.gov/nchs/data/databriefs/db191.htm

[2] Dye, B. A., Li, X., & Thornton-Evans, G. *Oral health disparities as determined by selected Healthy People 2020 oral health objectives for the United States, 2009–2010.* (2012). Hyattsville, MD: National Center for Health Statistics. https://www.aapd.org/assets/1/7/PolicyCenter-OralHealthDisparitiesDec2013.pdf

[3] Dye BA, Xianfen L, Beltrán-Aguilar ED. *Selected Oral Health Indicators in the United States 2005–2008*. NCHS Data Brief, no. 96. Hyattsville, MD: National Center for Health Statistics, Centers for Disease Control and Prevention; 2012. https://www.aapd.org/assets/1/7/May_2012_-_2005-2006_oral_health_indicators.pdf

[4] Cook Children's Community-wide Children's Health Assessment & Planning Survey, [CCHAPS] 2018 Parent Survey. http://www.centerforchildrenshealth.org/en-us/Data/Pages/default.aspx

[5] More information about conducting assessments is also available at the Community Toolbox link above and at the Association of Community Health Improvement's Community Health Needs Assessment Toolkit (https://www.healthycommunities.org/resources/community-health-assessment-toolkit

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