2017

Future Smiles Summary Report

This report presents the innovative solutions Future Smiles implements that identify and resolve dental health disparities in school-aged children throughout Nevada.

Contents

Dear Colleague:

We hope that you learn more about Future Smiles in this 2017 Summary Report. Future Smiles is Nevada's largest school-based oral health provider. Since our founding as a 501(c)(3) nonprofit organization in 2009, our services have expanded statewide, we have diversified our revenue, and have grown a committed staff of 16 that is providing much needed oral health education and preventative dental services at no charge to the children and families we serve.

As you can imagine, we are humbled by the stories we hear from our families, our children served, and the schools with which we partner. Sherrie Gahn, principal of Whitney Elementary School shares:

> *"Most of our students have never been to a dentist. Future Smiles has assisted us in getting the much-needed dental care our students need. With our families in desperate survival mode, dental assistance is not a priority. This leads to students attending class with painful cavities and tooth decay, broken teeth, and much worse. As a result, lowered self-esteem shows up as behavior, attendance and academic issues. The care that every child receives from Future Smiles has made a significant difference for the child as well as the school as a whole. These services most likely are, and will be, the only dental care services our students will receive."*

We are eternally grateful to our family of partners, which includes the Elaine P. Wynn & Family Foundation, the Engelstad Family Foundation, the Rogers Foundation, Delta Dental Foundation, MGM Resorts Foundation and many more, for their confidence and trust in Future Smiles! Through the depth of their generosity, Future Smiles has grown to serve school-aged youth from more than 50 schools in Nevada with dental hygiene education, oral health supplies, dental sealants, fluoride varnish applications, and case management for children with early to urgent dental needs. Collectively our efforts have benefited more than 46,000 children and we have provided protective dental sealants on over 48,000 teeth.

It is with the greatest sincerity that we thank you for your interest and the knowledge that together we are building a bright and solid future for all children.

With Sincere appreciation,

Terri Chandler, RDH

Terri Chandler, RDH

Founder and Executive Director

Public Health Crisis

Untreated tooth decay is a significant pediatric public health problem, and as the most prevalent childhood disease, affect more than 25 percent of U.S. children aged two to five and half of those aged 12 to 15[1]**.** There are striking disparities in oral health based on income: **25 percent of economically disadvantaged children have never seen a dentist** before starting kindergarten, **poor children are twice as likely to suffer from tooth decay throughout their lives, and tooth decay remains more likely to be untreated**[2] in poor children.

Historically, hospital emergency rooms have been used by the uninsured as an avenue for dental pain. The number of emergency department visits in the U.S. for **dental conditions increased from 1.1 million in 2000 to 2.1 million in 2010**[3]. National average costs of dental preventative services are a fraction of the cost of restorative dental services. The average cost for common preventive services in the United States is $181 for children and $212 for adults. This generally includes a periodic examination by a general dentist, prophylaxis (cleaning), and single tooth sealant application[4]. The average total price for common restorative services is more than 12 times more than preventative services, and includes amalgam filling ($146.61), resin-based composite filling ($197.09), root canal on a molar ($918.88), porcelain crown ($1,026.30), extraction of an erupted tooth or root visible above the gum line ($147.32)[5].

Our Focus

Future Smiles is a Nevada non-profit organization that offers preventive oral health care services for children in both fixed clinics and in a portable format in schools in southern and northern Nevada. Future Smiles is a dental hygiene group practice founded by a dental hygienist with an interest in increasing access for vulnerable children to oral health services guarding against tooth decay and pain. Since the founding of Future Smiles in 2009, we have consistently grown our service outreach. Other innovative growth factors stem from a diversified revenue from public and private partners. With a committed staff of 16 professionals, to include dental hygienists, dental assistants, case managers and data manager, collectively we provide much needed oral health education and preventative dental hygiene services, supported by our philanthropic funders, to the children and families we serve.

1 National Health and Nutrition Examination Survey data (Dye BA, et al. NCHS data brief, no 191. Hyattsville, Md.; National Center for Health Statistics, 2015).

2 US Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General-- Executive Summary . Rockville, MD: US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, (2000).

3,Action for Dental Health: Bringing Disease Prevention into Communities: A Statement from the American Dental Association December (2013).

4 Action for Dental Health: Bringing Disease Prevention into Communities: A Statement from the American Dental Association December (2013).

5 Action for Dental Health: Bringing Disease Prevention into Communities: A Statement from the American Dental Association December (2013)

Future Smiles is proud to serve as Nevada's largest school-based oral health provider.

NV Programs	Number of Schools			Children Served			Number of Dental Sealants Placed		
	SFY15	SFY16	SFY17	SFY15	SFY16	SFY17	SFY15	SFY16	SFY17
Community Health Alliance	24	25	24	563	609	467	1,451	1,562	1,219
Seal Nevada South	14	18	16	414	515	507	1,369	1,631	1,665
Future Smiles	21	25	49	1,721	3,323	4,691	9,051	9,310	11,999
Total	59	68	89	2,698	4,447	5,665	11,871	12,503	14,883

Seal to Save

According to the Centers for Disease Control and Prevention (CDC) applying dental sealants in schools for about 7 million low-income children who don't have them could save up to $300 million in dental treatment costs[6]. Approximately 485 cavities would be prevented for each 1,000 children and 1.59 disability-adjusted life-years[7].

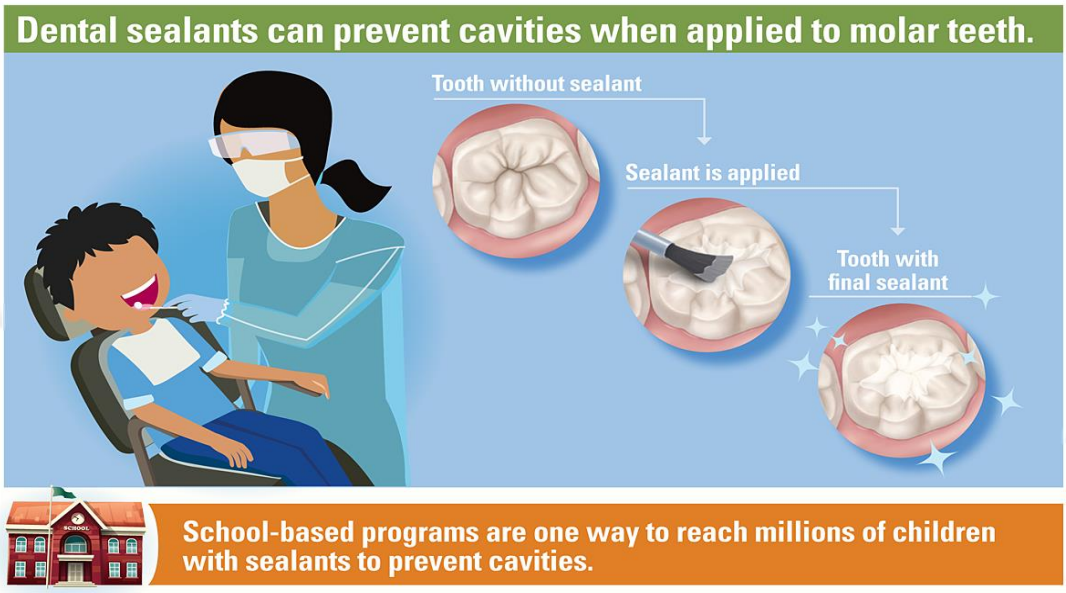
According to the CDC:

- *Dental sealants prevent 80% of cavities in the back teeth, where 9 in 10 cavities occur.*
- *About 60% of children ages 6-11 years don't get dental sealants.*
- *Children from low-income families are 20% less likely to get dental sealants than children from higher-income families.*
- *Sealants are a quick, easy, and painless way to prevent most of the cavities children get in the permanent back teeth, where 9 in 10 cavities occur.*
- *Once applied, sealants protect against 80% of cavities for 2 years and continue to protect against 50% of cavities for up to 4 years.*

Sealants can eliminate the need for expensive and invasive treatments like dental fillings or crowns. *Best Practices* include target school-based sealant programs to the areas of greatest need. Tracking the number of schools and children participating in sealant programs is crucial for program success. Public policies must be implemented that deliver school-based sealant programs in the most cost-effective manner. Schools need assistance in connecting to Medicaid and CHIP, local health department clinics, community health centers, and dental providers in the community to foster more use of sealants and reimbursement of services.

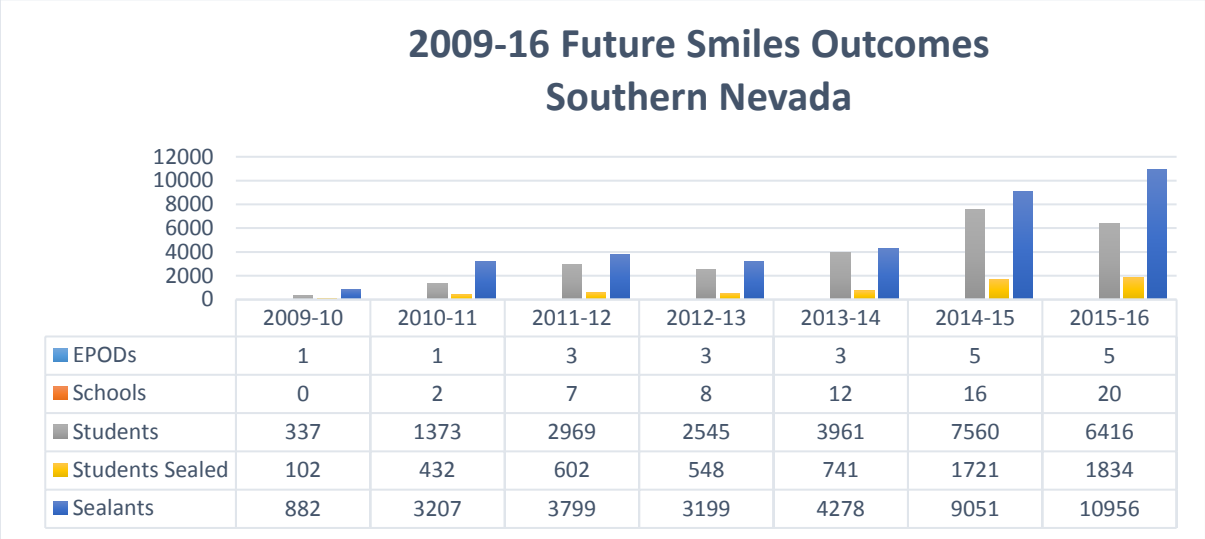
6 Centers for Disease Control and Prevention: https://www.cdc.gov/vitalsigns/dental-sealants/index.html

7 Health Affairs: School-Based Dental Sealant Programs Prevent Cavities And Are Cost-Effective Susan Griffin,*, Shillpa Naavaal, Christina Scherrer, Paul M. Griffin, Kate Harris and Sajal Chattopadhyay: December 2016

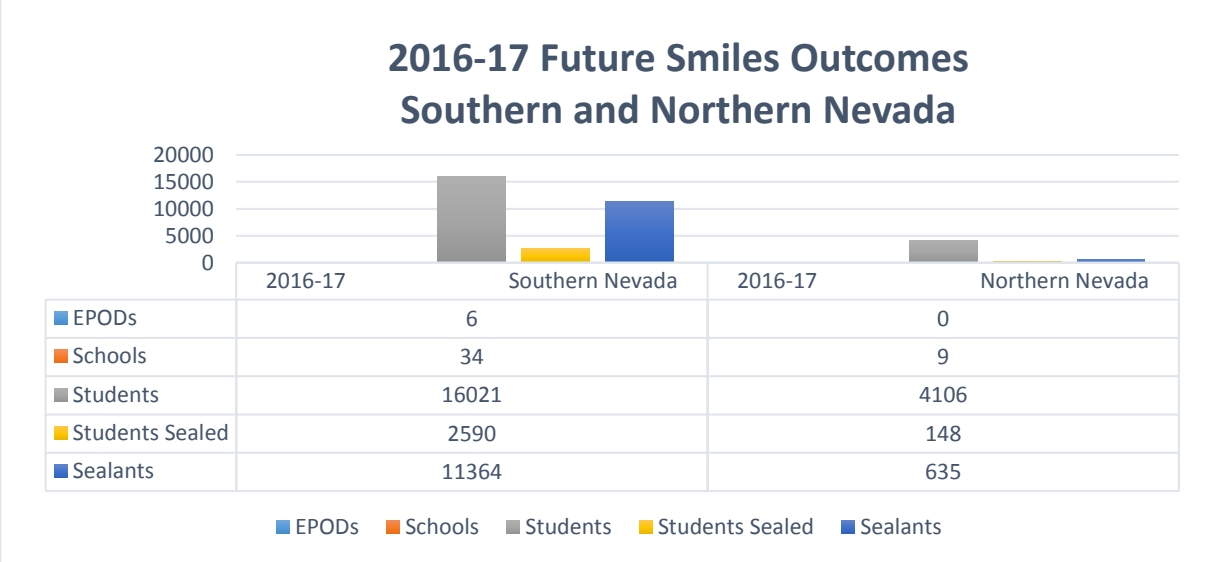

Dental sealants can prevent cavities when applied to molar teeth.
Tooth without sealant
Sealant is applied
Tooth with final sealant
School-based programs are one way to reach millions of children with sealants to prevent cavities.

Our Foundation and Accomplishments

2009	Program inception Service to 1 school in Clark County
2010	Nevada Nonprofit and 501(c)(3)
2016-17	Statewide services to 3 counties – Clark, *Washoe* and Lyon**
	• County schools served: 40 Clark, 4 Washoe and 5 Lyon - Total schools served 49 • 20,127 at-risk youth served by oral health education and brushing supplies. Of those, 2,738 youth to received dental sealants on 11,999 teeth (dental sealant total per tooth) • Untreated tooth decay status 42% Southern Nevada and 58% Northern Nevada • Dental pain status 31% Southern Nevada and 32% Northern Nevada
2009 to 2017	The program has touched, educated and treated more than 46,000 Nevada youth
	**NEW service locations in 2016-17*



	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
EPODs	1	1	3	3	3	5	5
Schools	0	2	7	8	12	16	20
Students	337	1373	2969	2545	3961	7560	6416
Students Sealed	102	432	602	548	741	1721	1834
Sealants	882	3207	3799	3199	4278	9051	10956



	2016-17 Southern Nevada	2016-17 Northern Nevada
EPODs	6	0
Schools	34	9
Students	16021	4106
Students Sealed	2590	148
Sealants	11364	635

Our Programs

Larry's Brush Buddies (LBB) is our oral health education and presentation program. During these presentations, we distribute "smile bags" filled with oral health aids and tooth brushing supplies. Through LBB, we offer oral health education to all schools and their students served by Future Smiles. Our lesson plans are age appropriate, conducted in classrooms or assembly style in the school's "multipurpose" room, when multiple grades gather. Annually, our LBB program has grown to serve more than 20,000 students statewide.

Future Smiles provides full preventive services including complete prophylaxis (dental cleaning), fluoride varnish and sealant applications in fixed clinics called ***EPODs (Education and Prevention of Oral Disease***) in five district schools in Clark County. Two of these EPODs are in detached buildings on school property; (one is at a high school and the other is at elementary schools) which allows these clinics to be fully operational all year. Services are available in the three detached EPODS to any students in the school district and to any family in the school community. *NOTE: This is a decrease from our six EPODs in 2016-17 due to a funding change.*

The other three EPODs are in classrooms within elementary schools. At these sites, services are only available to enrolled students and when school is in session. These fixed clinics provide elementary students with routine recall appointments for preventive services at six-month intervals during the academic year. Each of the EPODs are decorated with a different theme selected to be pleasing and fun for children. One has a forest theme; another is decorated with Pokémon; and still another has a Star Wars motif. School mascots and stuffed animals are featured throughout each clinic. Students are scheduled for dental hygiene services based on their classroom schedules. The program attempts to cause as little disruption to the educational day as possible. A dental assistant will go to each classroom in the elementary schools to escort the child to and from the EPOD.

In addition, Future Smiles manages a ***Mobile School Sealant Program (SSP)*** that serves an additional 34 schools in Clark County, 5 schools in Washoe County and 5 schools in Lyon County. SSP provides each child an oral health assessment, dental sealants and fluoride varnish applications. Future Smiles has worked hard to cultivate and expand our case management system. This system helps families find dental homes for their children, especially those with "urgent" healthcare need for restorative dental treatment services. There is general recognition among many dental providers of the value of the services for the children in Clark County and acknowledgement of the efforts of the program to work with community dentists. Future Smiles has developed a dependable referral network for students identified with dental treatment needs following our dental hygiene assessment and screening in the schools.

Our Fight

No child should have to suffer from the pain caused by a cavity. Untreated dental diseases (tooth decay) can lead to problems with basic functions such as eating, speaking, and sleeping. Think about it, how can a 7-year-old child eat with severe tooth decay? Furthermore, how can a child effectively be rested and able to focus in school while in excruciating pain? Research has shown **more than 51 million school hours are lost each year to dental-related illness** in this country. We find that children who suffer from untreated tooth decay live with daily pain and sadly, other children teased them about the way their teeth look. What a miserable way of life for a 7-year-old child!

Why does Future Smiles focus on fighting tooth decay? As dental professionals, we know that tooth decay is a progressive disease and when left "unchecked", results in excruciating pain, tooth loss and possible death from

cranial infection that started with a tooth abscess. Out **of all chronic childhood diseases, tooth decay is the most common, occurring five times more frequently than asthma**. Young, school-age children often view toothaches as a normal part of their lives. Tooth decay is the culprit for regular nightly pain that destroys a child's sleep and pain that inhibits simple tasks, like eating a healthy diet. Collectively, toothaches contribute to chronic pain, lack of sleep and a poor diet that can diminish a child's ability to be ready for school and learn in the classroom. In fact, **children with poor oral health are three times more likely to miss school because of dental pain.** Tragically, by the time these children reach adulthood, many feel that a toothache is a way of life!

Our Facility

How do we mobilize a dental office to serve students at school? We transport our portable dental units on wheeled carts into the school setting. Our prevention team includes both dental hygienists and dental assistants, and easily transports everything that we need to serve children from school to school. The team travels to multiple schools throughout Nevada providing our services for one to two weeks at a time. Our goal is to serve as many youth as possible at the school(s) where all students are eligible for the program and receive dental hygiene education, oral health supplies, dental sealants, fluoride varnish applications and case management for referrals.

At $20 per tooth, Future Smiles saves thousands and thousands of healthy teeth from the ill effects of tooth decay! The dental hygiene team proficiently bonds this plastic coating, a cost-effective prevention treatment, to the healthy tooth surface before bacterial acid can soften, breakdown and damage the tooth. Research shows that the dental sealant will remain on the tooth for up to ten years protecting it from tooth decay now and into the future.

Remember:

Cost saving merits of dental sealants include the fact that restorative dental fillings are more than double the cost of a sealant. The American Dental Association (ADA) reports that the national average for a two-surface silver filling is $146.61 and a white resin-based composite filling is, even more at, $197.09. During the child to adult lifespan dental restorations will need to be replaced (they do not last forever), with the national average for more extensive dental treatments costing much more than dental sealants, such as $918.88 for a root canal and $1,026.30 for a porcelain crown. Other national cost saving facts from the Centers for Disease Control and Prevention (CDC), ***"7 million low-income youth, who lack access to School-Based Sealant Programs, do not have dental sealants."*** Our country could "***save up to $300 million dollars in dental treatment costs***" if dental sealant placement were increased on our at-risk youth.

2016-17 Case Management

End of Year Report

Critical Components of Case Management

1) **Assessment:** Our program provides a comprehensive oral health screening and reports all findings in an electronic health record.
2) **Communication:** Case management is responsible for follow-up communication with the child's parent/guardian to facilitate proper treatment navigation to a dentist that addresses their dental needs. Status and notes are internally documented in each child's electronic health record.
3) **Completion:** Our goal is to fully direct the completion of dental restorative treatment for children in need. Dental restorative treatment includes repairing or replacing teeth via fillings, root canals, crowns and implants. Our case managers conduct follow-up calls, where they communicate with our referral partners and the dental hygiene team to document the completion of treatment.

Case Management Overview

A total of 4,565 children were seen from July 2016 through May 2017. All parents/guardians are given a treatment letter when Future Smiles provides services to their child. In some instances, the parent/guardian has accompanied their child when treated by Future Smiles and the clinical team communicates the child's treatment needs to the parent/guardian. However, in most cases we send home the parent/guardian treatment letter with the child.

The letter includes thorough written communication of oral health findings, home care needs and next treatment options. When a child requires restorative dental treatment, we provide further communication in the parent/guardian letter. Future Smiles does not provide restorative services and therefore, we provide information on dental community partners who can provide these services. This initial case management includes the severity of their child's oral health needs and referral sources for the parent/guardian on how to pursue dental treatment for their child.

Overall, 1,775 (39%) children required case management to coordinate additional services beyond those offered by Future Smiles. Measuring outcomes is done with self-reported successful coordination of treatment from the parent, and any follow up visits to Future Smiles will often identify if treatment was received.

Table 1 shows the number of children seen by Future Smiles and assigned to case management each month, from July 2016 through May 2017. The percent of children requiring case management varies by month, peaking at 42% in September. The increase in total children seen and placed in case management by Future Smiles can be attributed to the start of the 2016-2017 school year.

Table 1: Total Children Seen and Assigned to Case Management by Future Smiles July 2016-May 2017

Month	Total Children Seen	Total Children Assigned to Case Management	% in Case Management
July	245	87	36%
August	101	24	24%
September	372	157	42%
October	542	205	38%
November	416	157	38%
December	413	170	41%
January	515	212	41%
February	603	212	35%
March	466	193	41%
April	342	131	38%
May	550	227	41%
Total	**4565**	**1775**	**39%**

Basic Screening Survey (BSS)

The Basic Screening Survey (BSS) is a surveillance tool used to assess oral health status based on the following criteria: untreated decay, treated decay, presence of dental sealants, and the urgency of need for dental treatment. Future Smiles uses the BSS assessment guidelines to determine treatment need for each child served and classifies *BSS one* and *BSS two* children as requiring case management.

- **BSS Zero** – No treatment needed for a child with no tooth decay and no other dental healthcare need.
- **BSS One** – Early treatment needed for a child with low to moderate tooth decay, no abscesses and no history of pain. These children will need additional treatment navigation to a dentist for restorative dental treatment.
- **BSS Two** – Urgent treatment needed for a child with moderate to severe tooth decay, one or more abscesses and a history of pain. These children need additional treatment navigation to a dentist, ideally within 72 hours, to a dentist for restorative dental treatment.

Urgency Level

Children were classified as requiring case management if a BSS screening rendered an urgency level of *BSS one* or *BSS two*. A total 2,790 (61%) of children seen by Future Smiles had a BSS urgency of zero and did not require case management.

BSS One: 1,175 children in case management had a BSS urgency of one indicated early dental treatment was needed. This represented 66% of the children in case management and 26% of the total number of children seen by Future Smiles.

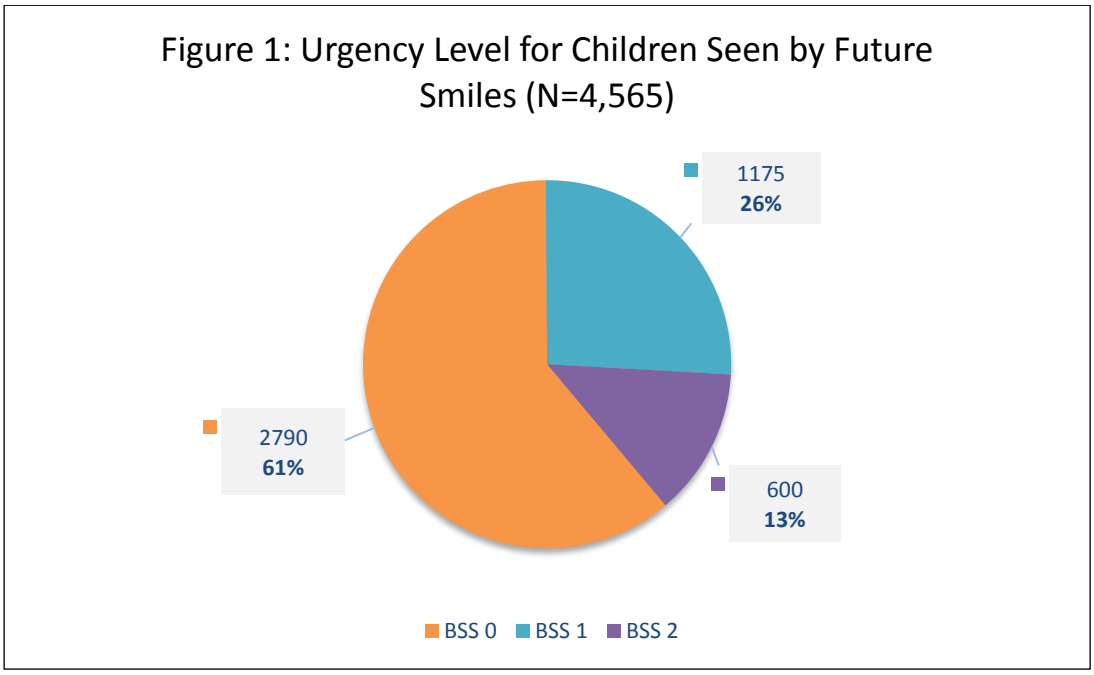
BSS Two: 600 children in case management had a BSS urgency level of two indicating urgent treatment was needed. This represented 34% of the children in case management and 13% of the total number of children seen by Future Smiles.

Case Management Monitoring

Future Smiles utilizes a team approach to provide the support needed to assist children in timely and coordinated access to dental treatment. Our goal is to improve health for children in Nevada by facilitating access to the dental treatment necessary to maintain optimum oral health. Trained professionals utilize several methods to keep the lines of communication open, remove barriers to treatment, and ensure treatment completion.

Future Smiles is dedicated to helping guide children and families through dental treatment; we strive to have as few children as possible who are lost to follow-up or have parents/guardians that have declined treatment navigation services. To document progress, parents/guardians are contacted, or attempted contact, by any combination of phone, face-to-face, and written communication. Staff will make several attempts for initial and follow-up contact with all children in case management. The frequency and intensity of contact attempts is often related to the child's dental urgency, level of pain/discomfort, and likelihood of infection. Every level of communication offers guidance on dental literacy and resources, dental centers with extended or flexible

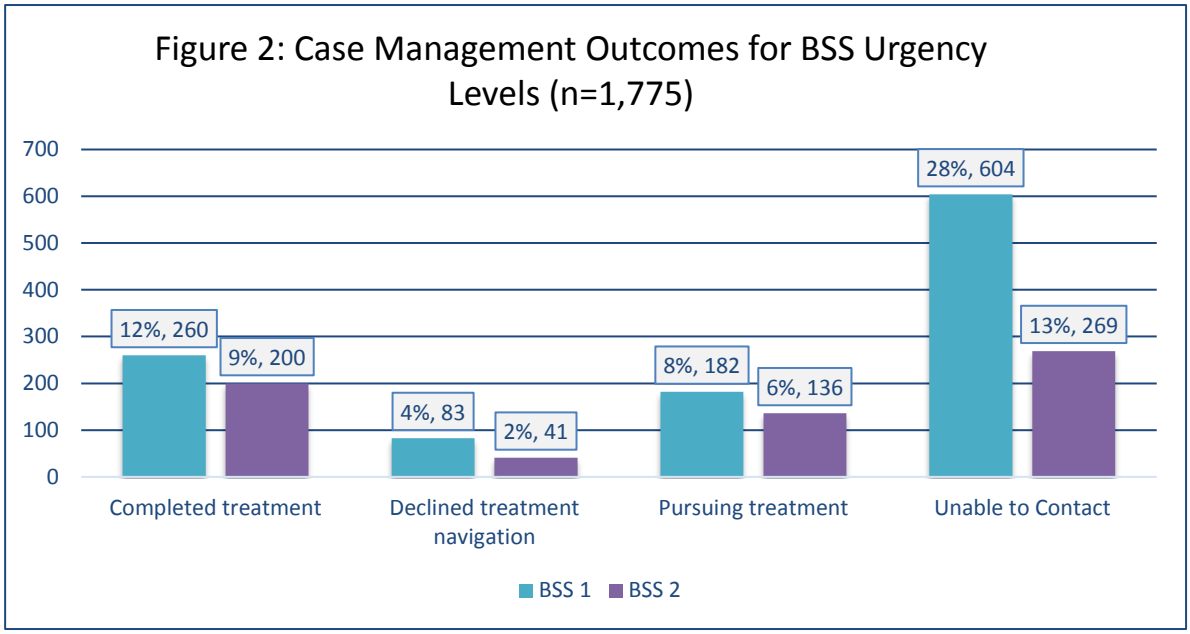
hours, and Medicaid enrollment for the uninsured. Through our system, we have found families expressing interest in enrolling in and renewing Medicaid to be able to take their child to the dentist and have a payer-source. In keeping with the goal to improve health, Future Smiles has implemented a program with certified staff on-site able to enroll eligible families in Medicaid.



Outcomes Based on Urgency

While Future Smiles provides direct case management support and connections to specific service partners, family participation in decisive action for treatment is a key component. Future Smiles stresses the importance in dental treatment for children in case management; as we find many times that both the child and parent were unaware of *any* dental disease present in their child. The frequency and intensity of case management varies according to identified dental needs of the child, based on clinical symptoms, treatment history, and known social, economic, or cultural barriers.

Outcomes are measured from self-reported completion or coordination of treatment from the parent/guardian, and any follow up visits to Future Smiles will often identify if treatment was received. Categories include whether the child has completed treatment, declined treatment navigation, or were in the process of pursuing treatment. **Figure 2** reports the number and percentages of reported outcomes for children in case management.



Pursuing Treatment

318 (18%) of children in case management were pursuing care at the time of follow-up. These are parent/guardians who we able to contact and were making necessary steps forward in completing treatment. This includes children with an appointment scheduled in the future, parents waiting on Medicaid or other insurance coverage, and requiring assistance from Future Smiles to provide additional treatment navigation to a dentist (**Figure 2**).

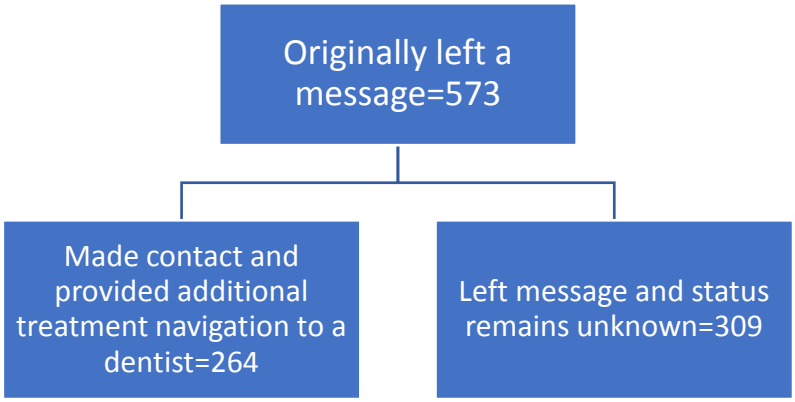
Unable to Contact

873 (49%) of children in case management were classified as *unable to contact* when Future Smiles could not determine their course of action and oral health outcomes, and is most commonly due to unresponsiveness. This includes leaving a phone message without a response, disconnected phone numbers, family has moved, incorrect numbers, and avoiding or prematurely ending phone calls.

Documented reasons for unable to contact parents or guardians of **873 children**-

- **Left message: 573**
- **Phone not in service: 177**
- **Incorrect phone number: 60**
- **No option to leave messages: 27**

A case-by-case analysis revealed that those categorized as 'left message' could be further categorized into two pursuing treatment subcategories based on if Future Smiles: 1) made contact, spoke with a parent or guardian, and provided additional treatment navigation to a dentist for a local partner and 2) left a message on voice mail and the status of treatment remains unknown (**see below**).



Additional contact with parents/guardians that had been left a message recategorized 264 children formally *unable to contact* as now in the *pursuing treatment* category. Future Smiles is committed to assisting in facilitating necessary treatment for all children in case management. We have made it a priority in the 2017-2018 school year to further investigate children in the *declined treatment navigation* and *unable to contact* categories to facilitate the essential completion of treatment. **For a better analysis of the effectiveness of our case management system, the remaining analysis will focus solely on treatment outcomes by removing *unable to contact* outcomes.**

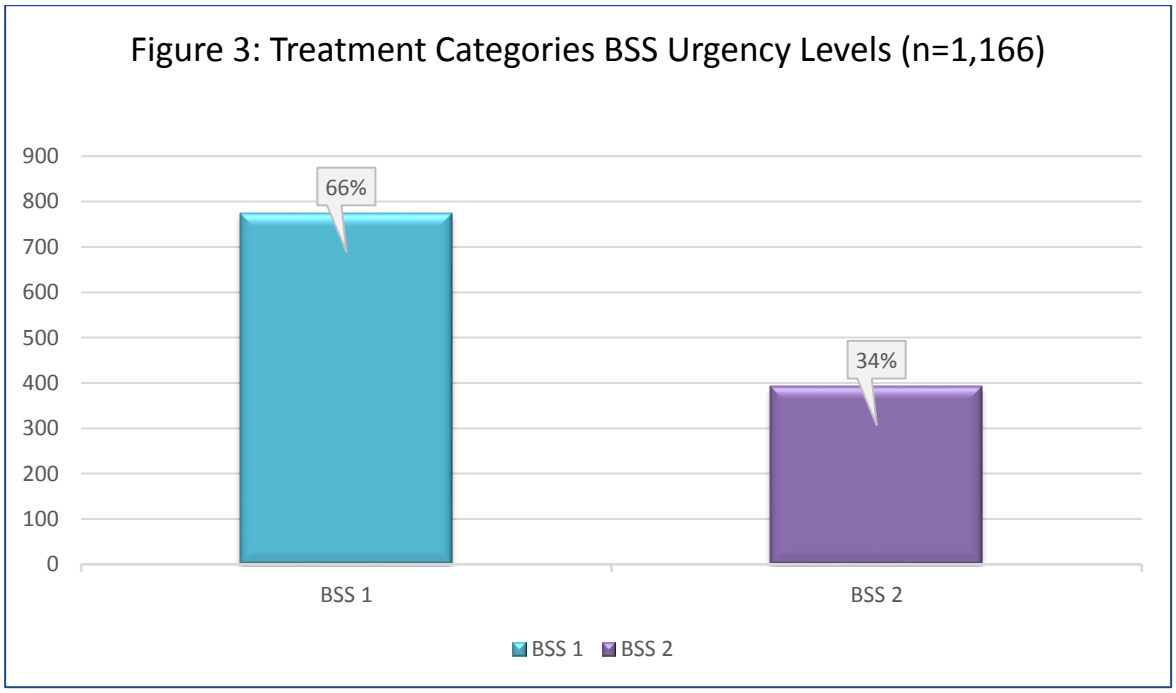
Barriers to Completing Treatment

Parents or guardians often communicate barriers they encounter in completing necessary dental services for their child/children, and many times these barriers lead to not completing treatment.

- **Uninsured:** The family is without dental insurance and declined an appointment by the dental office.
- **No-payer-source:** The family is uninsured and the dental office would not schedule them due to an inability to pay for treatment costs or offer a payment schedule.
- **Children are too young**: The dentist will not treat very young children and will refer to a pediatric dentist or to a dentist who provides sedation options.
- **Dental fear:** Negative past experiences with dental treatment or staffing relationships can cause a lack of trust, fear, and anxiety for both the child and parent.
- **Work schedule:** Often a parent or guardian's work schedule is not conducive to the typical dental practice 8:00am to 5:00pm hours of operation. There is also conflict with requesting time off from work to bring their child to a dentist during normal dental office hours. Fear of job loss or loss of financial support can also be an overwhelming barrier in access to treatment.

- **Transportation:** Traveling to a dental office can be a barrier as many families have limited use or access of a car, live long distances from dental providers, the public transit system can take hours to reach a dental provider, and finally cabs and ride-share services like UBER or LYFT can be too costly for families.

Case Management Outcomes and Urgency



After removing those unable to contact, 1,166 (66%) of children in case management remained in categories of treatment. **774** (66%) children had a BSS treatment urgency of one and **392** (34%) had the more severe BSS urgency of two (**Figure 3**).

Urgency and Categories of Treatment Outcomes

When examining all children in case management, **460** (39%) of children had completed treatment, **124** (11%) had declined treatment navigation, and **582** (50%) were pursuing treatment (**Figure 4**).

Figure 5 shows each treatment category rates for both BSS one and BSS two groups. Completed treatment was **260** children in BSS one (22%) and **200** in BSS two (17%) children. Less than 10% of children in either BSS category declined treatment navigation, resulting in the lowest outcome for BSS one with **74** (6%) children and BSS two with **39** (3%) children. Children pursuing treatment was in **440** (38%) children in BSS one and **153** (13%) children in BSS two categories.

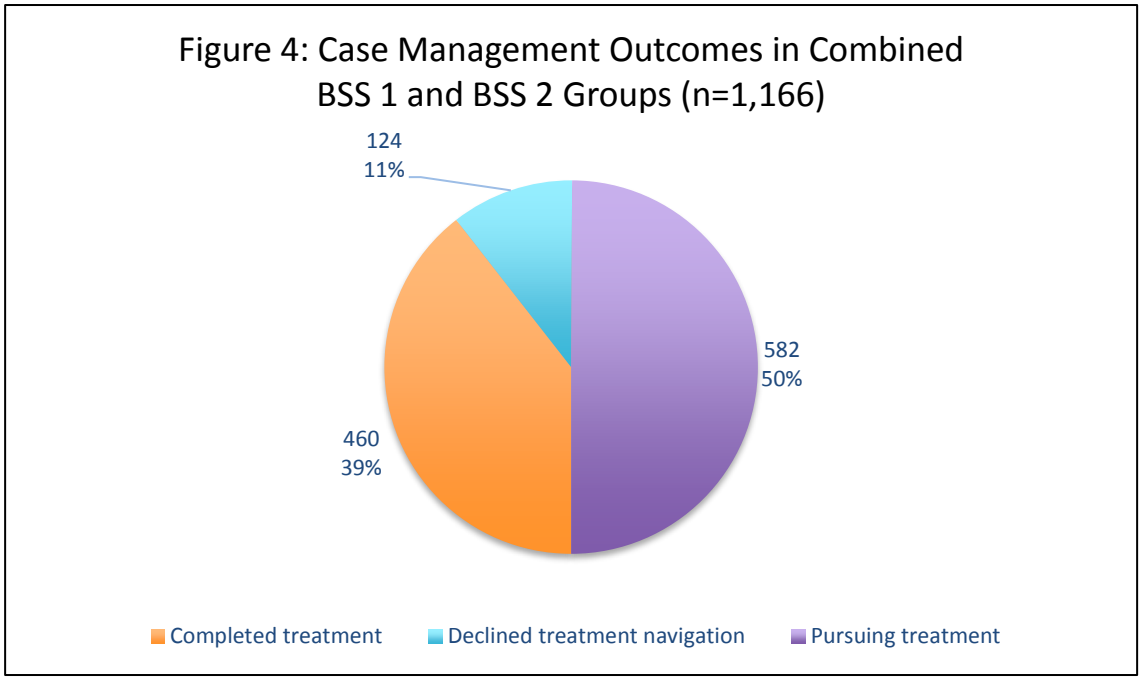


Figure 4: Case Management Outcomes in Combined BSS 1 and BSS 2 Groups (n=1,166)
124
11%
582
50%
460
39%
Completed treatment
Declined treatment navigation
Pursuing treatment

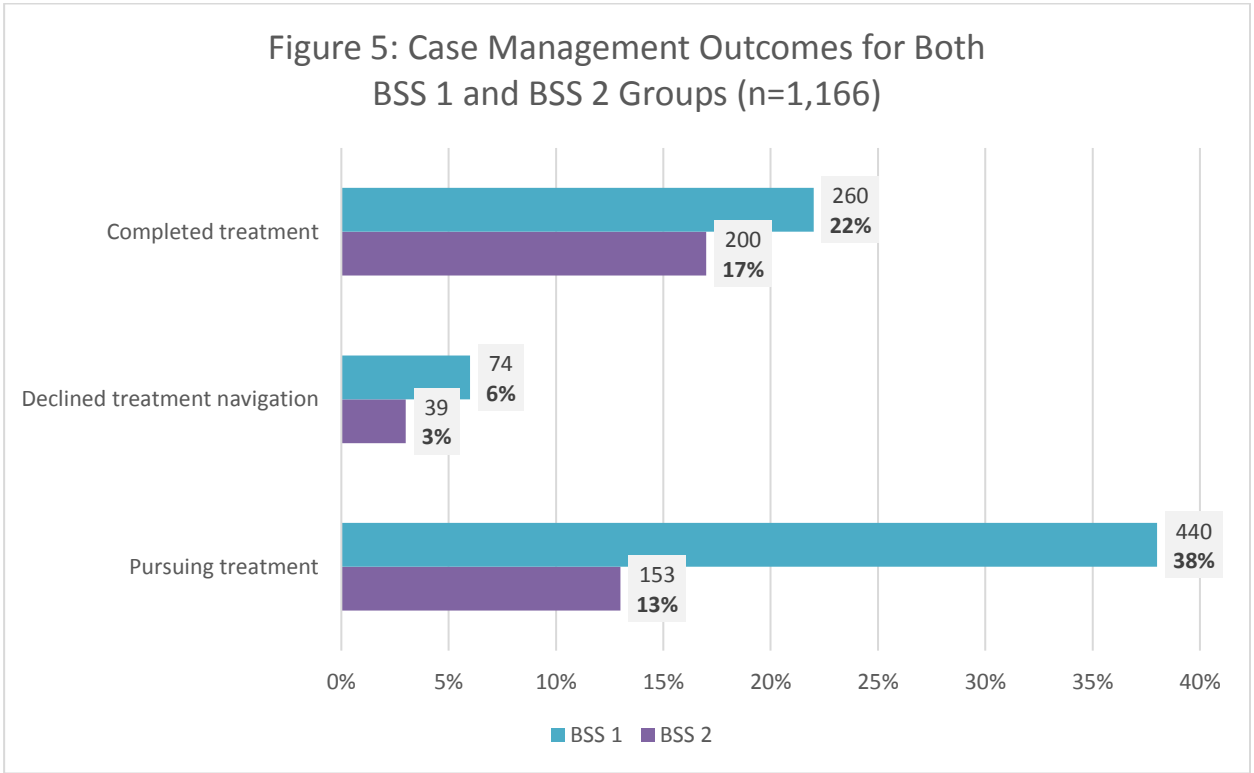


Figure 5: Case Management Outcomes for Both BSS 1 and BSS 2 Groups (n=1,166)
Completed treatment
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Declined treatment navigation
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6%
39
3%
Pursuing treatment
440
38%
153
13%
0%
5%
10%
15%
20%
25%
30%
35%
40%
BSS 1
BSS 2

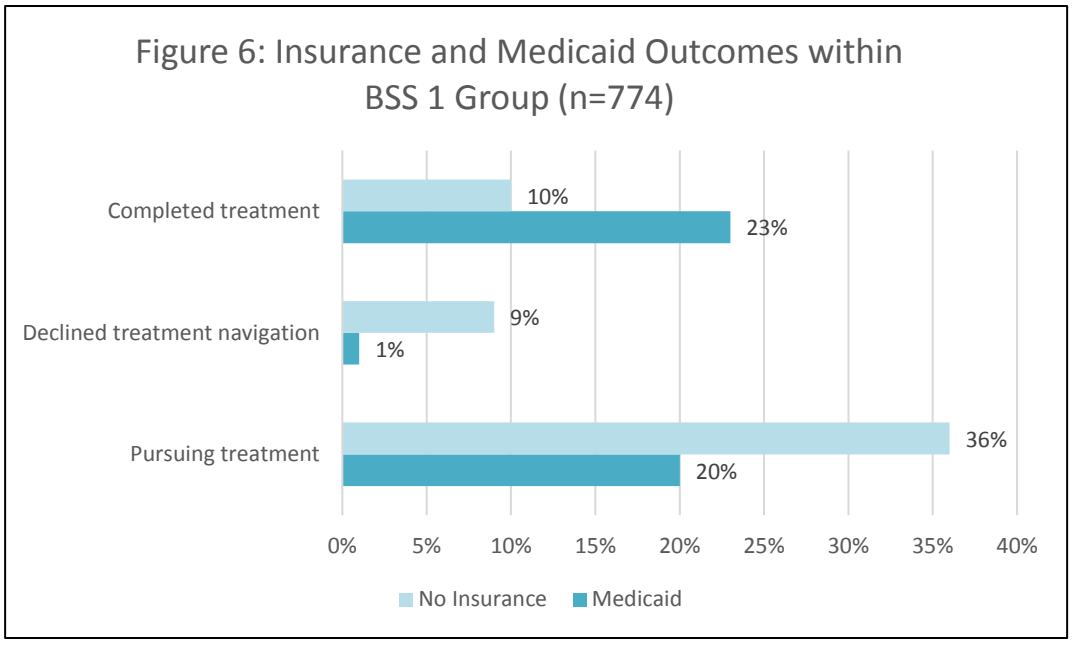
Outcomes Based on Insurance Status *Within* BSS Urgency Groups

BSS One

Treatment outcomes varied slightly when looking solely within each BSS urgency group. When examining each BSS group separately, treatment outcomes were similar based on insurance status. Children in the BSS one group reported the highest rates of the uninsured pursuing treatment when compared to those pursuing treatment with Medicaid. However, children with Medicaid had the highest reported rates of completed treatment. Declining treatment navigation was higher among those without insurance than those with Medicaid.

Of the total 774 BSS one children, **181** (23%) with Medicaid completed treatment, while **79** (10%) without insurance completed treatment (**Figure 6**).

Those who had not received treatment was the lowest treatment outcome category with **7** (1%) with Medicaid and **67** (9%) non-insured. Pursuing treatment varied slightly for Medicaid and non-insured children with **158** (20%) non-insured and **282** (36%).



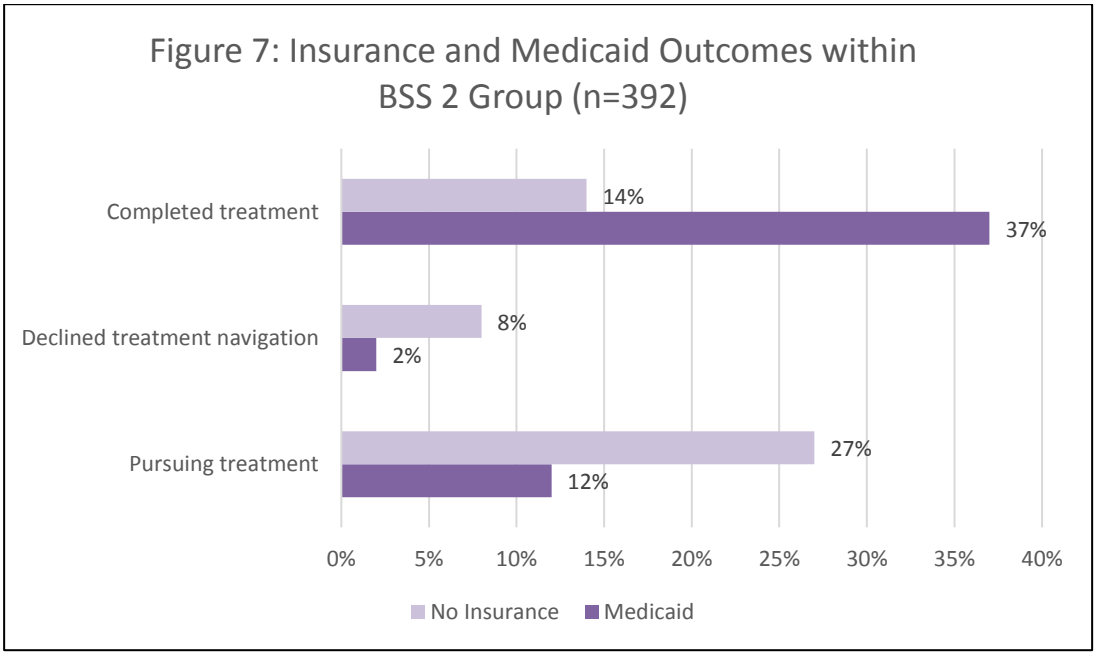
Outcomes Based on Insurance Status *Within* BSS Urgency Groups

BSS Two

When examining the BSS Two group, the uninsured had the highest reported rates of pursuing treatment when compared to those pursuing treatment with Medicaid. Similar to BSS one, children in BSS two with Medicaid had the highest reported rates of completed treatment. Declining treatment navigation was higher among those without insurance than those with Medicaid.

Of the total 391 children categorized as BSS two, **146** (37%) with Medicaid completed treatment, while **54** (14%) without insurance completed treatment (**Figure 7**).

Those who declined treatment navigation resulted in the lowest treatment outcome category with **8** (2%) for those with Medicaid and **31** (8%) for children who were non-insured. Those who were pursuing treatment numbered **48** (12%) with Medicaid and **105** (27%) were non-insured.



Outcomes Based on Insurance Status *Between* BSS Urgency Groups

When examining both BSS groups together, those with Medicaid had the highest rates of completed treatment and the lowest rates of pursuing treatment. Those pursuing treatment represented half of the children in case

management. The total number of those declining treatment navigation was low, representing 1% of children in case management (Figure 4), but higher rates were found in those without insurance.

When comparing treatment completion rates between BSS one and BSS two categories (Table 2), children with Medicaid had the highest rate of completing treatment with **181** (16%) BSS one and **146** (13%) BSS two children, respectively.

The number of children pursuing treatment was highest in BSS one categories for both insurance groups with **282** (24%) uninsured children and **158** (13%) children with Medicaid. For BSS two, the number of children pursuing treatment was **105** (9%) uninsured and **48** (4%) with Medicaid.

Among uninsured children, **67** (6%) in BSS one and **31** (3%) in BSS two declined treatment navigation. Children with Medicaid had the lowest rates of declining treatment navigation with **7** (1%) children in BSS one and **8** (1%) in BSS two.

Table 2: Outcomes Based on Insurance Status Between BSS 1 and BSS 2 Groups (n=1,166)

	BSS 1				BSS 2			
	Medicaid		No Insurance		Medicaid		No Insurance	
	n	%	n	%	n	%	n	%
Completed treatment	181	16%	79	7%	146	13%	54	5%
Declined treatment navigation	7	1%	67	6%	8	1%	31	3%
Pursuing treatment	158	13%	282	24%	48	4%	105	9%

Summary

This report summarizes the satisfaction survey distributed by Future Smiles at Clark County schools for the 2016-2017 fiscal year. The purpose of the survey is to measure the overall Future Smiles experience for children, parents/guardians, and teachers. Survey results contribute valuable information the evaluation and improvement of oral health education and prevention services.

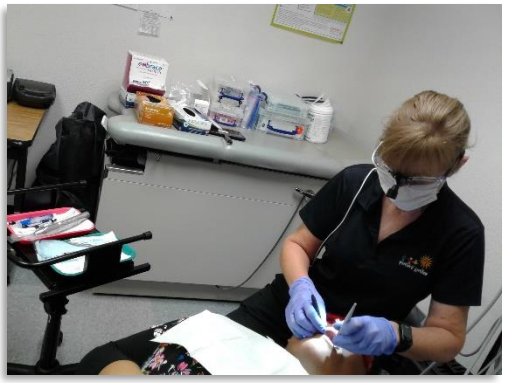
Survey Tool

This is the first year Future Smiles has collected survey responses and therefore, established baseline measures of stakeholder satisfaction with services. The survey was delivered in a consistent and wide-reaching online format using SurveyMonkey.com starting July 1, 2016. Dental hygienists and dental assistants distributed the survey in waiting and exam rooms in EPOD and mobile locations throughout the city. The surveys were conducted electronically using company laptops, were available in both English and Spanish, and an invitation to complete the survey was also emailed to parents.

Survey Collection

Respondents were offered to complete a survey if identified as one of the stakeholder groups: students, parents/guardians, or teachers. A five-point Likert scale was used for many items (strongly agree, agree, neutral, disagree, and strongly disagree). In addition to the core survey questions, we asked about individual and family demographics, perceived education and value of services, and service delivery and outreach.

Parental consent form includes an option for the parents to consent/not consent to child doing satisfaction survey. Each survey variation included a cover letter describing the survey purpose, criteria for participation, and estimated time for completion. The cover letter states that responses will remain anonymous, identification will not be collected, and that the participant can end the survey at any time for any reason. Each question included an option '*Don't know/Prefer not to answer*' to allow participants opt-out of any question while moving forward in the survey.



Results

Respondents

There were 587 responses from July 1, 2016 through June 30, 2017. Analysis does not include responses from those who opted-out of individual questions. Despite outreach efforts, barriers to survey participation may have included time constraints, language proficiency, uncertainty about anonymity, and motivation. Recognizing missed participants is an opportunity to adjust future survey development and administration.

Responses by Language		
	#	%
Children		
English	391	96.3
Spanish	15	3.6
Parents		
English	82	43.2
Spanish	80	56.7
Teachers		
English	19	100.0

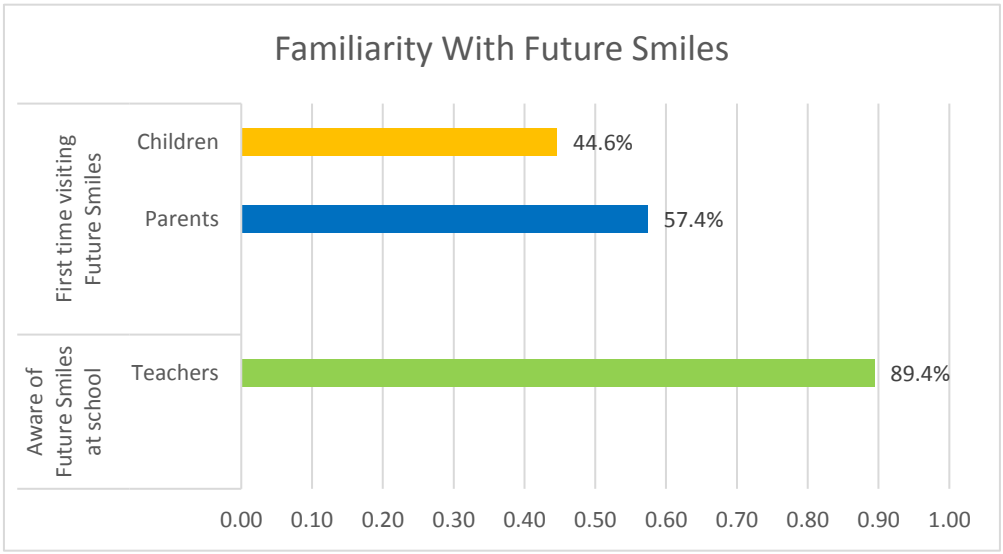
Response Rates Among Gender and Race (children)		
	#	%
Male	161	45.1
Female	193	54.0
Hispanic or Latino	200	56.0
White	68	19.0
Black or African American	52	14.5
Asian	10	2.8

Other Demographic Categories for Children		
	#	%
Child qualifies for Free or Reduced Lunch (FRL)*	**135**	74.1
Average number of children who attend a Clark County school*	2	--
Average age of respondents (children)**	10	--

*Answered by parent
**Answered by child

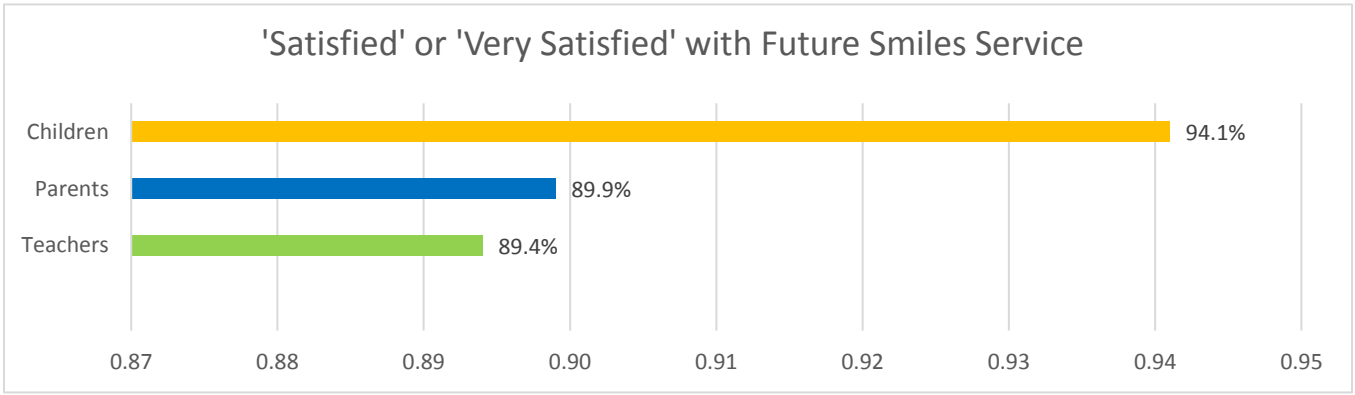
Familiarity

To measure familiarity with Future Smiles, children and parents were asked if this was their first visit to Future Smiles while teachers were asked if they were aware of Future Smiles at their school. 167 children and 93 parents were first-time visitors while 17 teachers were aware of the program at their school.



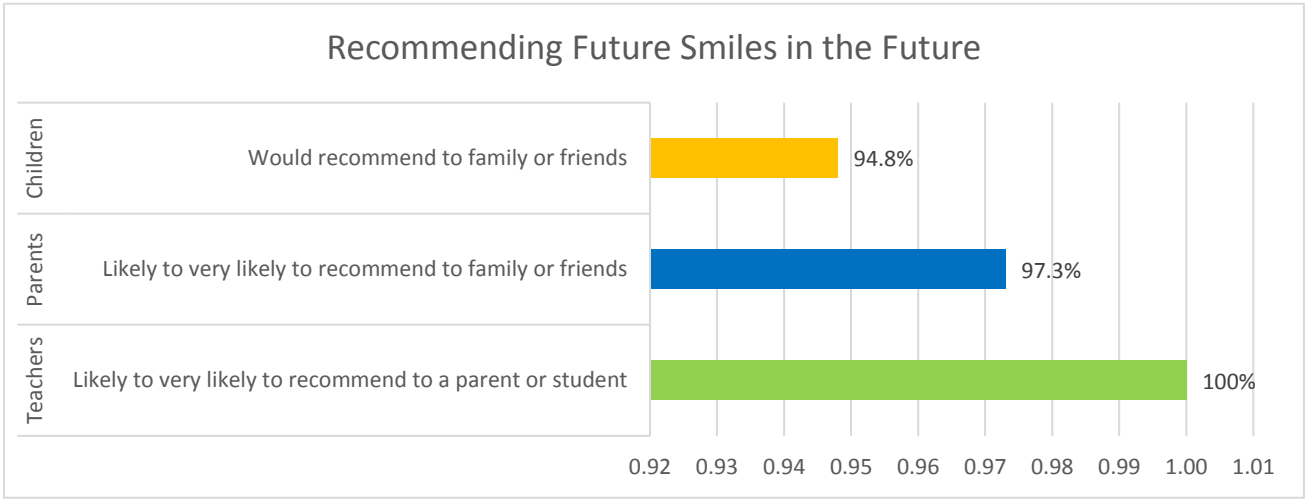
Satisfaction

Participants were asked to rank their level of satisfaction with Future Smiles services on a five-point Likert scale (very satisfied, satisfied, neutral, dissatisfied, and very dissatisfied). 348 children, 137 parents, and 16 teachers indicated they were '*satisfied*' or '*very satisfied*' with Future Smiles.



Recommendations

The value of our services is underscored by the importance of word-of-mouth advertising which we measure with the likelihood of being recommended to others by survey participants. We consider finds that participants who are satisfied with services are more likely to recommend the services to friends, family, and co-workers. All children who completed the survey and indicated they were '*satisfied*' to '*very satisfied'* with Future Smiles services went on to answer '*yes*' to recommending Future Smiles to friends and family. Similarly, all parents and teachers who were '*satisfied*' to '*very satisfied'* with services indicated they were 'likely' to very likely' to recommend Future Smiles to others.



Sources of Care and Access to Services

Access

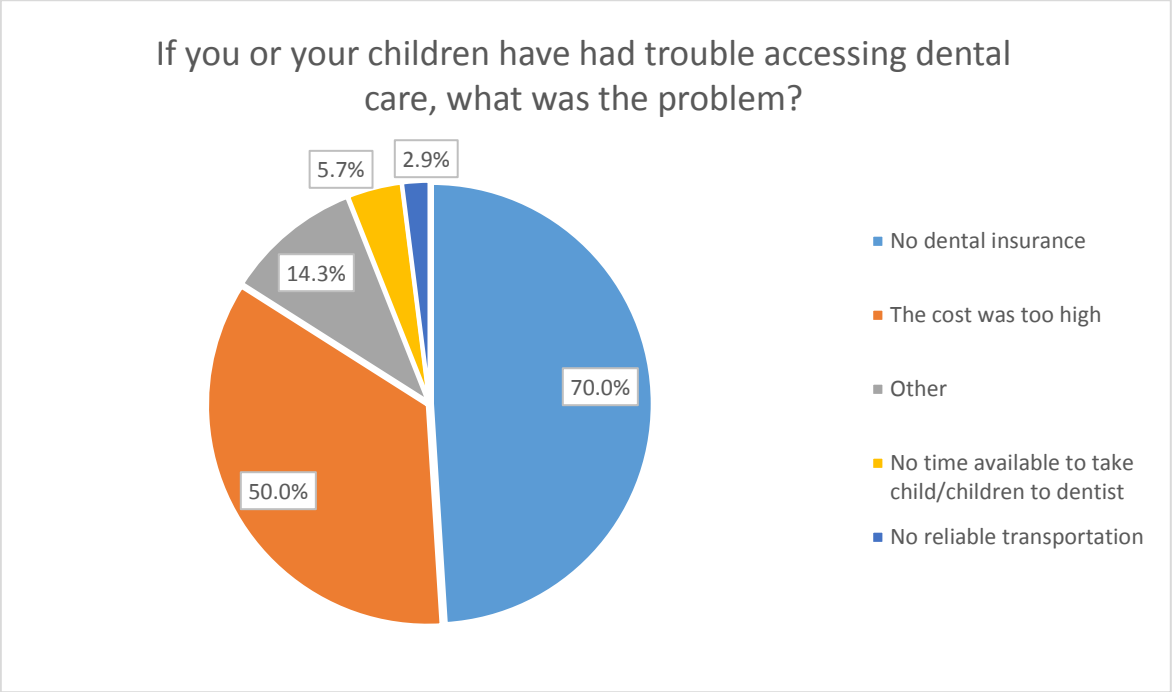
To learn about participants' sources of care and access to services, we asked questions about parent and child dental care accessibility in the last 12 months, past remedies for tooth pain concerns, and barriers to services. The proportion of parents indicating they had trouble accessing dental care for their child was 66.9% and that 43.7% of child had a tooth ache or pain within the last 12 months. Approximately 30% of parents indicate they either used home remedies or went to the dentist using insurance when their child had dental pain.

Dental Care and Access in the last 12 months

	#	%
Parent has had trouble accessing dental care in the last 12 months	26	19.5
Child has had trouble accessing dental care in the last 12 months	89	66.9
Parent has had a tooth ache or pain within the last 12 months	20	17.8
Child has had a tooth ache or pain within the last 12 months	49	43.7
Parent has seen a dentist within the last 12 months	18	14.4
Child has seen a dentist within the last 12 months	73	58.4
What have you done in the past when you or your child had a toothache or tooth pain?		
	#	%
Remedies at home (Orajel, ice packs, aspirin, etc.)	44	29.5
Went to ER	18	12.0
Went to a dentist (using insurance)	19	12.7
Went to a dentist (without insurance)	45	30.2
Went to a low-cost or free community dental service (UNLV Dental School, etc.)	10	6.7
Attended a community volunteer event (RAM or Give Kids A Smile, etc)	5	3.3

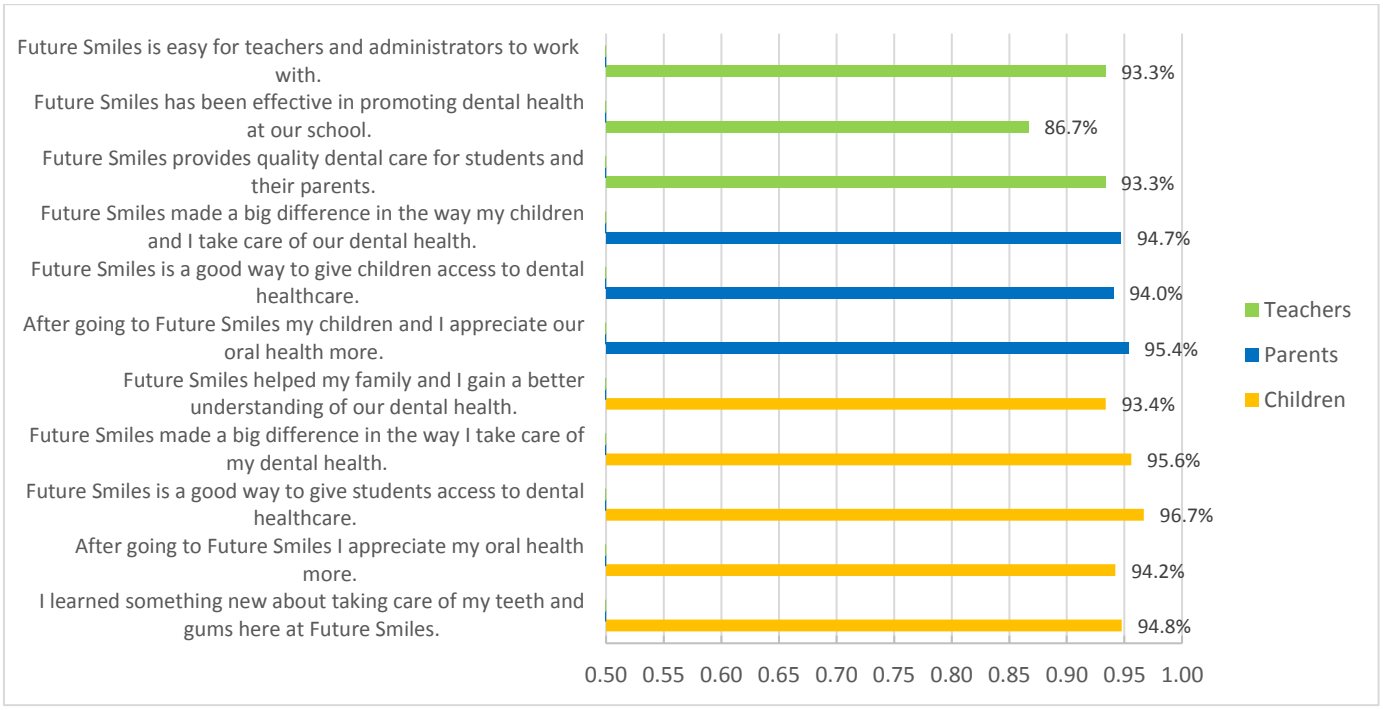
Care

Parents were asked to select one of more barriers to care they have encountered. 199 total barriers were selected by 154 parents with 108 stating they did not have health insurance and 77 saying the cost of services was too high. Note: total responses are over 100% because each respondent could select more than one option.



Education and Value

Each survey included questions to assess elemental education and value associated with services. Responses of 'agree' to 'strongly agree' for each question are included.



Participant Comments

Finally, we provided a space within each survey for participants to write their impressions of Future Smiles Future Smiles. Almost 116 respondents included a comment about what they liked most about Future Smiles.

Children

"I think I should recommend this to my family and friends because they are good at it and they make your teeth healthier."

"I want to smile good for a picture."

Parents

"Very good treatment, very well explained and answered my questions with kindness. I searched for a long time for a place like this to be able to help my son. Thank you"

"Everyone is so nice and polite! This program is great for those folks who do not have the funds. These ladies here are so fun, and my girls enjoyed their visit."

Teachers

"I was able to see the interaction with the students and future smiles staff. They treated all kids with respect and spoke to each student about the importance of dental hygiene."

"Every year the group keeps coming back to service our students. The people are always pleasant, friendly and very professional. They are a constant in our kids' life. Most of our kids are used to short term services. Here today, gone tomorrow."

Areas for Improvements

Participants included comments on what we can do better. About 20 participants wrote a comment on what they 'liked the least' about Future Smiles. Among those comments, the lack of additional services was the most common complaint (15 comments total). The remaining five concerns addressed long wait times and a small waiting room.

General Concern	Chief Complaint	Specific Feedback
Limited services	These participants indicated they would like additional services offered at Future Smiles	*"No Dentist on staff for cavities"* *"Would be nice to offer other services"*
Timeliness in service	Long wait times or difficulty getting an appointment	*"Sometimes you wait too long even if no other patient is there"* *"Hard to get an appointment"*
Accommodations	Services and waiting room areas are not conducive to individual comfort	*"Waiting room is a bit small"* *"My child does not like the taste of the fluoride"*

Conclusion

The survey data analyzed provides a baseline of the overall Future Smiles experience, including satisfaction, education and value, sources of care and dental care access, and barriers to service. Learning about these items is essential to understand how we can best serve individuals and communities. Tracking this information over time allows us to continue to monitor characteristics of people we serve and perceptions of care.

Future Smiles

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"Many things that we need can wait. The child cannot. His bones are being formed. His blood is being made, his mind is being developed. To him, we cannot say tomorrow. His name is today."

-Poet Gabriel Mistral