



Future Smiles

End of Year Report

2019

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Dear Colleague:

We hope that you learn more about Future Smiles in this 2018-2019 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, we have diversified our revenue, and have grown a committed staff of 15 that is providing much needed oral health education, preventive, and restorative 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, Nevada Women's Philanthropy, 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 restorative care, 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 60,000 children and we have provided protective dental sealants on over 88,000 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 15¹. 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 untreated²** 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 2010³**. 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 application⁴. 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 and restorative oral health care services for children in both fixed clinics and in a portable format in schools in southern Nevada. Future Smiles was 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 15 professionals includes a dentist, dental hygienists, dental assistants, community dental health coordinator and case manager. Collectively we provide much needed oral health education, preventive dental hygiene, and restorative services, supported by our philanthropic funders, to the children and families we serve. Future Smiles is proud to serve as Nevada's largest school-based oral health provider and operate the only school-based restorative clinic in the state.



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).

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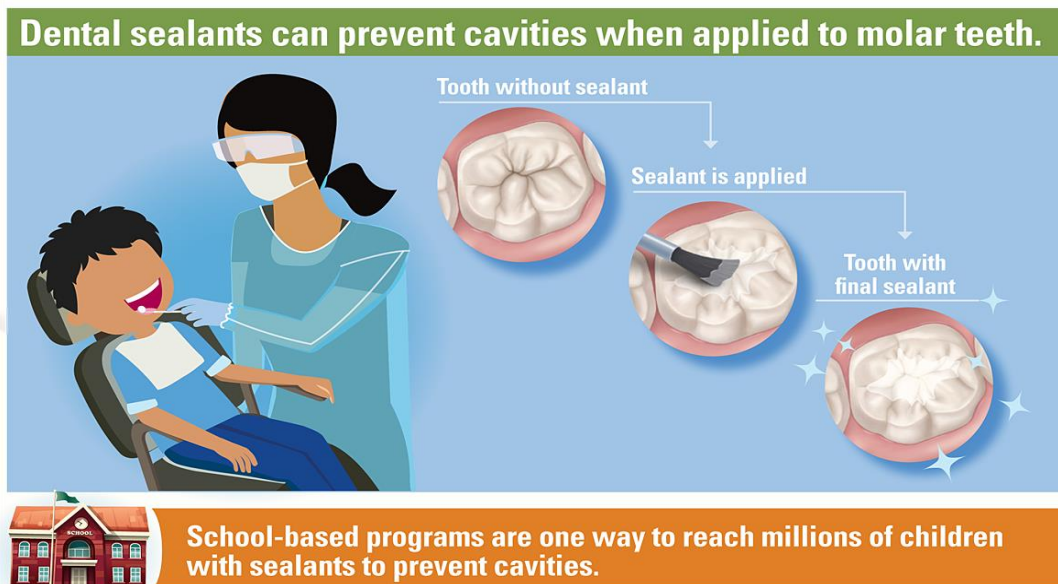


Seal to Save

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 costs⁶. Approximately 485 cavities would be prevented for each 1,000 children and 1.59 disability-adjusted life-years⁷.

- *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](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,* , SHILPA NAAVAAL, CHRISTINA SCHERRER, PAUL M. GRIFFIN, KATE HARRIS AND SAJAL CHATTOPADHYAY: DECEMBER 2016



Foundation and Accomplishments

The Future Smiles program has grown **a hundredfold** from serving 337 children at one school in 2009 to serving 42,800 children in 55 schools throughout Nevada in 2018-2019. Future Smiles provided 4,265 children throughout Nevada with at least one dental sealant in 2018-2019. The number of teeth protected with a dental sealant **has more than doubled** from 9,051 in 2014-2015 to 20,996 in 2018-2019.

2009	Program inception
2009	Service to 1 school in Clark County
2010	Nevada Nonprofit and 501(c)(3)
2016-17	Statewide services expand to 3 counties – <i>Clark, Washoe and Lyon</i>
2018-2019	44,800 at-risk youth served by oral health education and brushing supplies. Of those, 4,265 youth received dental sealants on 20,996 teeth
2019	The NWP Dental Wellness Center opens as the first school-based dental restorative center in the state
2009 to 2019	The program has touched, educated and treated more than 100,000 Nevada youth

The NWP Dental Wellness Center: A First for Nevada

Through a grant from the Nevada Women’s Philanthropy, Future Smiles was able to expand our program services to include restorative dentistry and hire a dentist at the first school-based dental restorative center in the state, the NWP Dental Wellness Center.

The inclusion of a dentist at the NWP Dental Wellness Center improves our program architecture and has immediately resolved many barriers for the uninsured and those who currently need treatment. Through this program expansion, we have complemented our service outcomes with a team approach between the dentist and dental hygienists. Through this continuity of dental care, Future Smiles offers comprehensive, convenient school-based care, cost-effective and an efficient use of resources for our students.



We navigate and refer students found to need restorative dental care to our NWP Dental Wellness Center and case manage to work in partnership with community dental providers. Our program works directly with the family to ensure that they understand their child’s oral health needs and how to navigate their local area to find a dentist in or near their neighborhood. We will also facilitate understanding of the insurance and Medicaid payment system or find a dentist who, in partnership with Future Smiles, provides Pro Bono or low-cost treatment to the child.

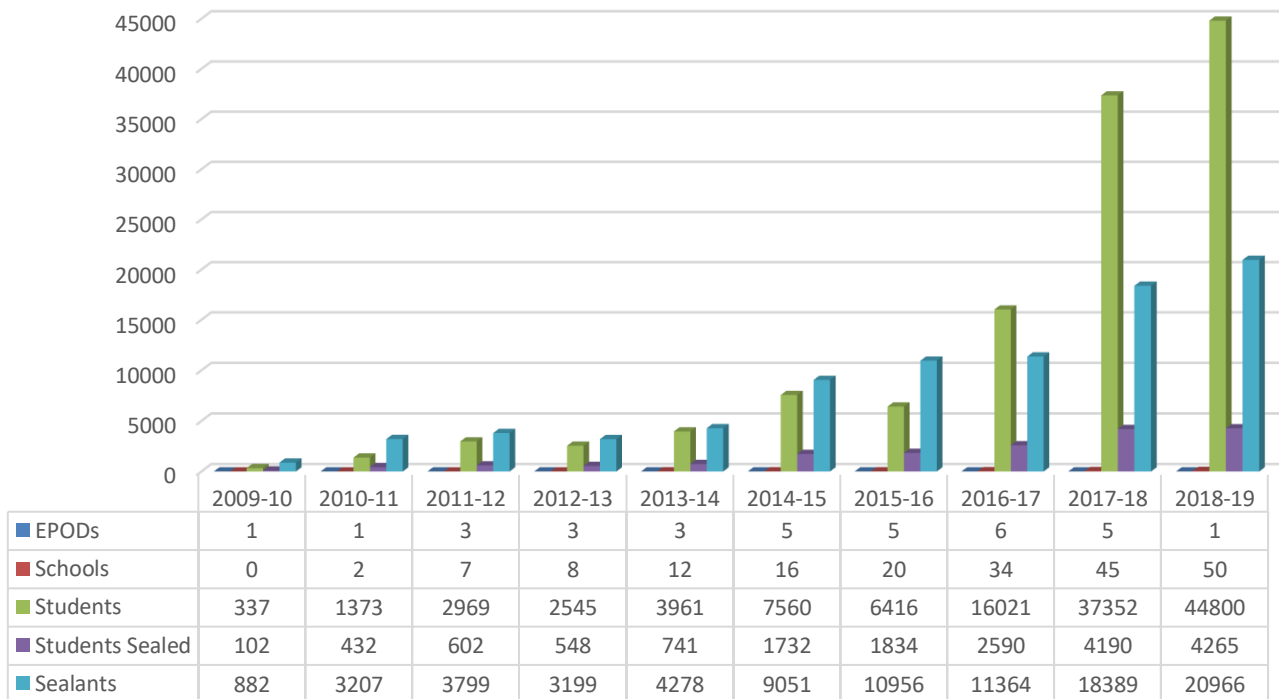


The NWP Dental Wellness Center is a critical community solution. Our work towards health equity continues to be an essential need for thousands of children. As our data show, 9 out of 10 Future Smiles children, those who have dental decay, these children struggle to establish a dental home.

The NWP is open year-round and provides comprehensive dental exams, X-rays and diagnosis, treatment plans, and restorations. Opening in April 2019, the NWP Dental Wellness Center provided services to 105 children, including 327 x-rays, 15 extractions, and 19 fillings in the 2018-2019 school year.



2009-19 Future Smiles Outcomes





Our Programs

Community Dental Health Coordinator and Certified Application Counselor. Our Community Dental Health Coordinator (CDHC) is responsible for improving the overall experience of care, reducing disease, promoting good oral health, and coordinating care. Every day we see children who have early or urgent dental needs and require immediate care. At the child's appointment, a level of dental urgency is assigned based on how much decay is present or if the child is in pain. The CDHC works alongside the case manager to promptly route these children to a dentist for necessary care. In this role, the CDHC contacts the family and asks a set of questions to learn more about individual and family circumstances so that we can best insure a child receives care. Each referral to a dentist is tailored to the financial status, geographic location, and preferred language for the child and family.

Beyond care navigation, our Future Smiles helps both children and families with enrolling into Medicaid. Nevadans are guided through the eligibility and enrollment process by a Certified Application Counselor (CAC). This certification requires extensive knowledge of the intricate enrollment system and was awarded to two Future Smiles employees. The CAC streamlines the application, thus reducing the time-consuming and stressful enrollment process that can deter many from obtaining Medicaid.

EPODs (Education and Prevention of Oral Disease). Future Smiles provides full preventive services including complete prophylaxis (dental cleaning), fluoride varnish and sealant applications at one fixed location at Clark High School. Services are available to any student in the school district and to their siblings. At the Clark High School EPOD, 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. This location also accepts dental hygiene appointments for children attending any school through the Clark County School District.

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.

Mobile School Sealant Program (SSP) serves an additional 50 schools in Clark County, 5 schools in Washoe County (in 2019 the Northern Nevada pilot program was folded due to a lack of funding) 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.

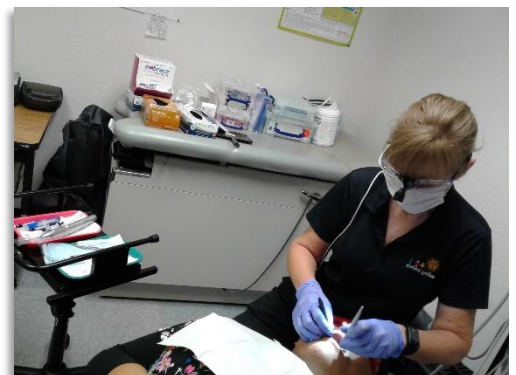
Tooth decay is the culprit for regular nightly pain that destroys a child’s sleep and pain that inhibits simple tasks, like eating a healthy diet. Collectively, toothaches contribute to chronic pain, lack of sleep and a poor diet that can diminish a child’s ability to be ready for school and learn in 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.

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 to the healthy tooth surface before bacterial acid can soften, breakdown and damage the tooth. At \$20 per sealant, this is a cost-effective preventive treatment. 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 CDC report that **“7 million low-income youth, who lack access to School-Based Sealant Programs, do not have dental sealants,”** and that our country could **save up to “\$300 million dollars in dental treatment costs”** if dental sealant placement were increased on at-risk youth.

Case Management



Critical Components of Case Management

Assessment: Our program provides a comprehensive oral health screening and reports all findings in an electronic health record.

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.

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, and crowns. 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 6,551 children were seen from July 2018 through June 2019. 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, 2,987 (46%) 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.

Basic Screening Survey (BSS)

The Basic Screening Survey (BSS) is a national 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.

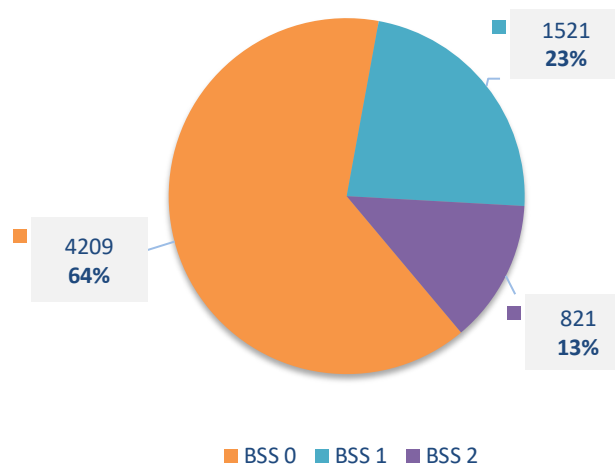
BSS Zero – No treatment needed for a child with no tooth decay and is referred to a dentist for an examination.

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 diagnostic and 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 diagnostic and restorative dental treatment.



Figure 1: Urgency Level for Children Seen by Future Smiles (N=6,551)



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 4,209 (64%) of children seen by Future Smiles had a BSS urgency of zero and did not require case management (**Figure 1**).

BSS One: 1,521 children in case management had a BSS urgency of one indicated early dental treatment was needed. This represented 65% of the children in case management and 23% of the total number of children seen by Future Smiles.

BSS Two: 821 children in case management had a BSS urgency level of two indicating urgent treatment was needed. This represented 35% of the children in case management and 13% of the total number of children seen by Future Smiles.

Insurance Status

1045 (45%) children in case management did not have insurance, while 1297 (50%) children had Medicaid.



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.

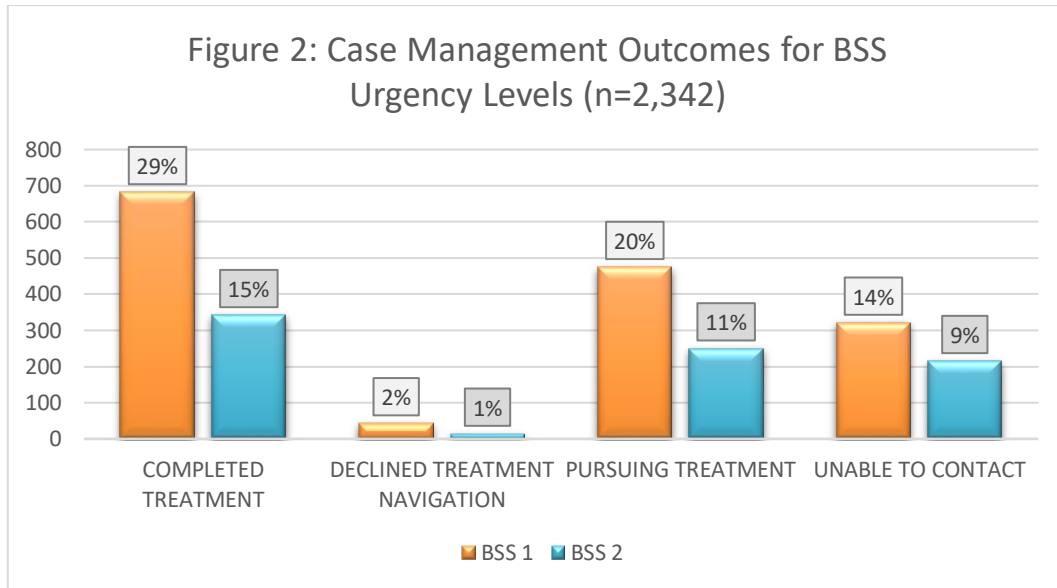
Future Smiles is dedicated to helping guide children and families through dental treatment; we strive to have as few children as possible who are lost to follow-up or have parents/guardians that have declined treatment navigation services. To document progress, parents/guardians are contacted, or attempted 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.



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

725 (31%) 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.

Unable to Contact

536 (23%) 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 **536 children**-

- **Left message: 356**
- **Phone not in service: 86**
- **Incorrect phone number: 81**
- **No option to leave messages: 13**

Barriers to Completing Treatment

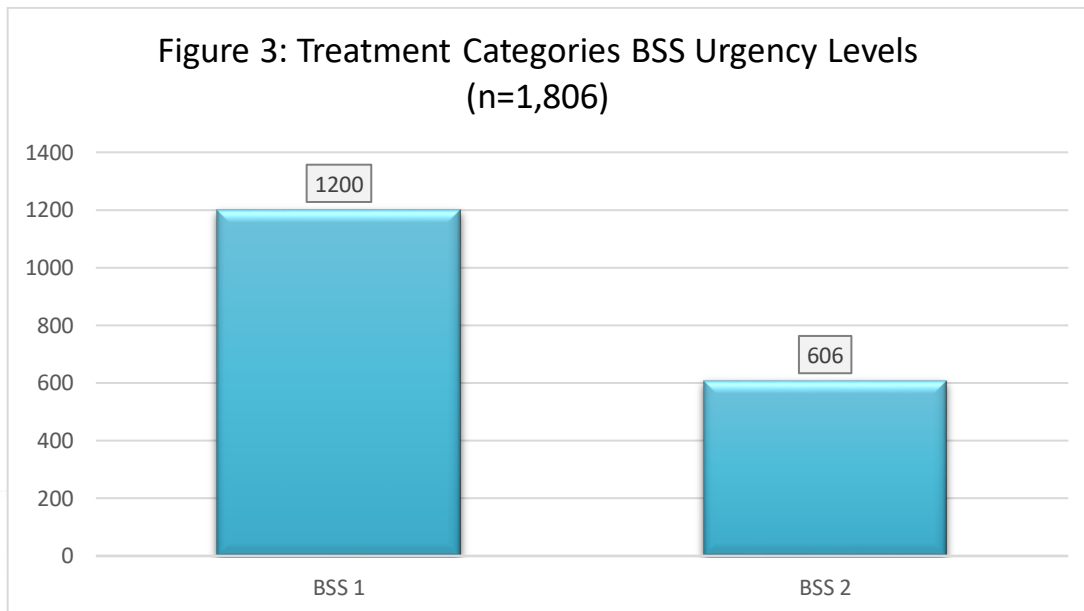
Parents or guardians often communicate barriers they encounter in completing necessary dental services for their child/children, and many times these barriers lead to not completing treatment.

- **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, **1,806** (77%) of children in case management remained in categories of treatment. **1200** (51%) children had a BSS treatment urgency of one and **606** (26%) had the more severe BSS urgency of two (**Figure 3**).



Urgency and Categories of Treatment Outcomes

When examining all children in case management, **1024** (57%) of children had completed treatment, **57** (3%) had declined treatment navigation, and **725** (40%) were pursuing treatment (**Figure 4**).

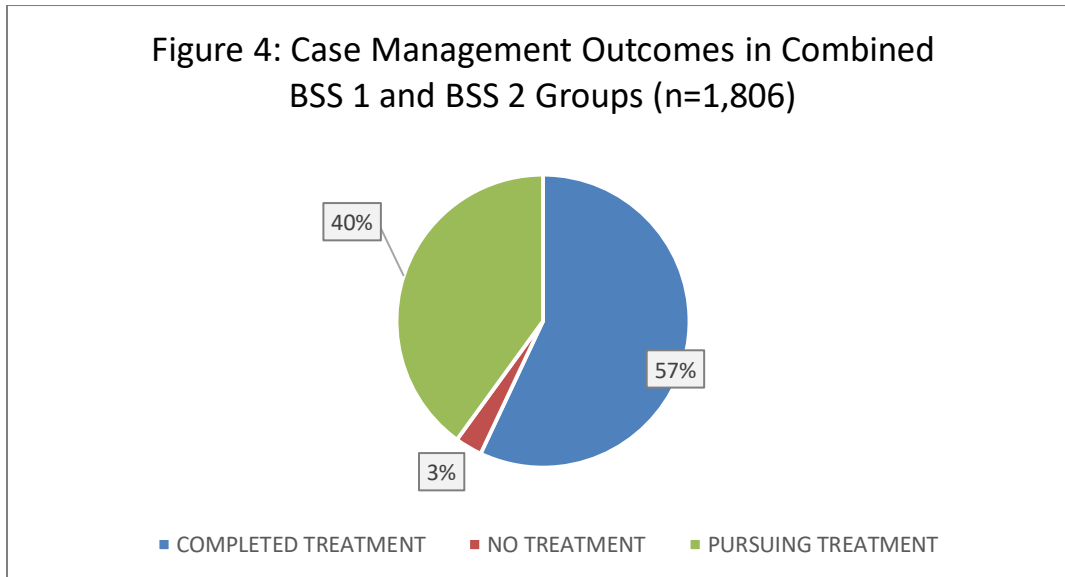
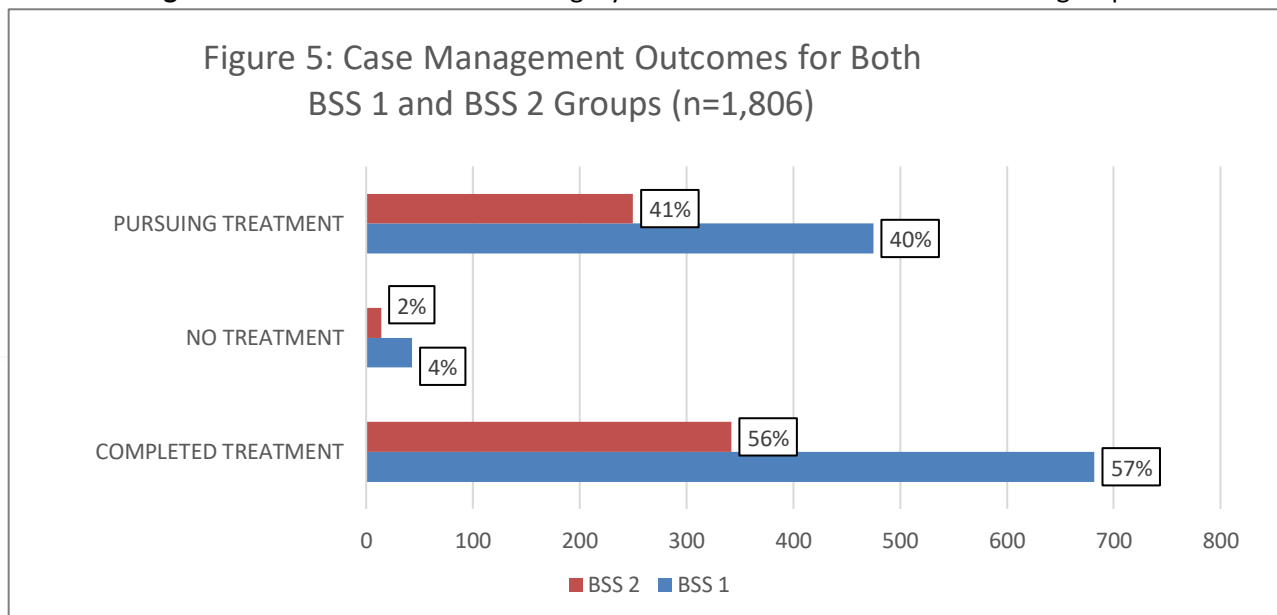


Figure 5 shows each treatment category rates for both BSS one and BSS two groups.



Completed treatment totaled 57% with **682** children in BSS one (57%) and **342** in BSS two (56%). Less than 3% of children in either BSS category declined treatment navigation with **43** (4%) in BSS one and **14** (2%) in BSS two categories. Children pursuing treatment was in **475** (40%) children in BSS one and **250** (41%) children in BSS two categories.



Satisfaction Survey

2018-2019

Summary

This report summarizes the satisfaction survey distributed by Future Smiles at Clark County schools for the 2018-2019 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

The survey was delivered in a consistent and wide-reaching online format using SurveyMonkey.com starting July 1, 2016. The survey is distributed in all service locations. The surveys are 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 to opt-out of any question while moving forward in the survey.

Results

Respondents

Survey Type	#
Children	119
Parents	200
Teachers	25

There were 344 responses from July 1, 2018 through June 30, 2019. 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.



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. 100 children and 146 parents were first-time visitors while 24 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). 615 children, 55 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 find that participants who are satisfied with services are more likely to recommend the services to friends, family, and co-workers.

- 95% of the parents indicated they were likely or very likely to recommend Future Smiles to friends or family.
- 95% of the student indicated they were likely or very likely to recommend Future Smiles to friends or family.



Sources of Care and Access to Services

Access

To learn about participants' sources of care and access to services, we asked parents questions about dental care accessibility for their children and themselves, 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 65% and that 30% of children had a tooth ache or pain within the last 12 months. As indicated in the parent survey, more than half of the children had seen a dentist in the last 12 months while 39% of parents had seen a dentist in the same time period.

Barriers

Parents were asked to select one or more barriers to care they have encountered. 325 total barriers were selected by 176 parents with 154 stating they did not have health insurance and 60 saying the cost of services was too high.

Note: total responses are over 100% because each respondent could select more than one option.

Remedies

When asked what parents had done in the past when their child had a toothache, 48% stated they used home remedies like Orajel, ice packs and aspirin. Nearly two-thirds of parents stated they went to the dentist with 20% stating they used insurance and 20% stating they went without insurance.



Quality and Service Standards

The satisfaction survey for this year implemented a section on the level of satisfaction with quality and service standards. All parents indicated they were satisfied to very satisfied with cleanliness and service quality. Making an appointment and wait times yielded 93% and 86% levels of satisfied to very satisfied.

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.



<i>Please indicate your level of satisfaction with the following:</i>	
	<i>Satisfied to Very Satisfied</i>
Making an appointment	90%
Wait time	85%
Staff friendliness	95%
Staff knowledge	95%
Service quality	98%
Cleanliness	100%

<i>Please tell us how if you agree or disagree with the following statements</i>	
Parents	
	<i>Agree to Strongly Agree</i>
Future Smiles helped my family and I gain a better understanding of our dental health	98%
After going to Future Smiles my children and I appreciate our oral health more	95%
Future Smiles made a big difference in the way my children and I take care of our dental health	92%

<i>Please tell us how if you agree or disagree with the following statements</i>	
Students	
	<i>Agree to Strongly Agree</i>
I learned something new about taking care of my teeth and gums	98%
Future Smiles made a big difference in how I take care of my dental health	100%
I appreciate my oral health more	93%



Participant Comments

Finally, we provided a space within each survey for participants to write their impressions of Future Smiles.

Parents

- *It shows that every single patient is important and unique. The hygienist dedicates the necessary time to educate us (patient/parents) in how to keep good oral hygiene (brushing and flossing. When you step in into the clinic-- there is a cordial welcome. Hygienist service is thorough and has helped our family tremendously. Thank you for having this kind of support for our community.*
- *They take the time to tell them how to take care of their teeth and explain how to brush and floss, and what we need not to eat of too much. Everything was very well explained.*
- *I appreciate the friendly and knowledgeable staff my children and I feel like the staff actually care to answer our questions and concerns. We are very grateful for these services.*
- *Thank you for offering these services for free I don't know what I would do if this program was not offered to low income families.*

Teachers

- *I love that the children receive actual toothbrush kits to take home. They are applied to apply what they learned at home, and some of them have never had a toothbrush of their own.*
- *It informs students, that may not otherwise get the chance, about good oral health.*
- *They help our low-income students get the care they need by providing dental services at school and keeping students aware of oral health importance.*

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.