



Future Smiles

End of Year Report

2022

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Dear Colleague:

We hope that you learn more about Future Smiles in this 2021-2022 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 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 200,000 children and we have provided protective dental sealants on over 115,000 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
Founder and Executive Director



COVID-19 Update

Future Smiles quickly adapted to the new world we face because of the COVID-19 pandemic. New, state-of-the-art equipment installed ensures the highest safety for our dental team and the public. Future Smiles remained open during the COVID-19 pandemic while local schools closed.



The rise in dental disease of extreme tooth decay and infections is of utmost concern to Future Smiles. Children have missed more than a year of in-classroom learning and experts anticipate there will be a multitude of learning issues in upcoming school years, including dental-related health and learning problems. This dental health crisis affects 6 out of 10 children served by Future Smiles, and 25 percent of these children reporting that they suffer daily from dental pain.

In SY 2021-22, we provided vital dental care to more than 4,600 low-income, uninsured/underinsured children. The Mobile School Sealant

Program was able to provide services to 3,320 children at 60 schools and community centers.

Our grant dollars supplement the cost to help these marginalized children who lack access to dental coverage. Future Smiles lost long-time funding from community partners, and we understand that Las Vegas businesses faced financial hardship resulting in difficult funding cuts.

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.

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).

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Our Focus

Future Smiles is a Nevada non-profit organization that offers educational, preventive, and restorative oral health care services for children in both fixed clinics and in a portable format in schools in southern Nevada. Our committed staff includes a dentist, dental hygienists, dental assistants and a case manager. Supported by our philanthropic funders, 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.



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)

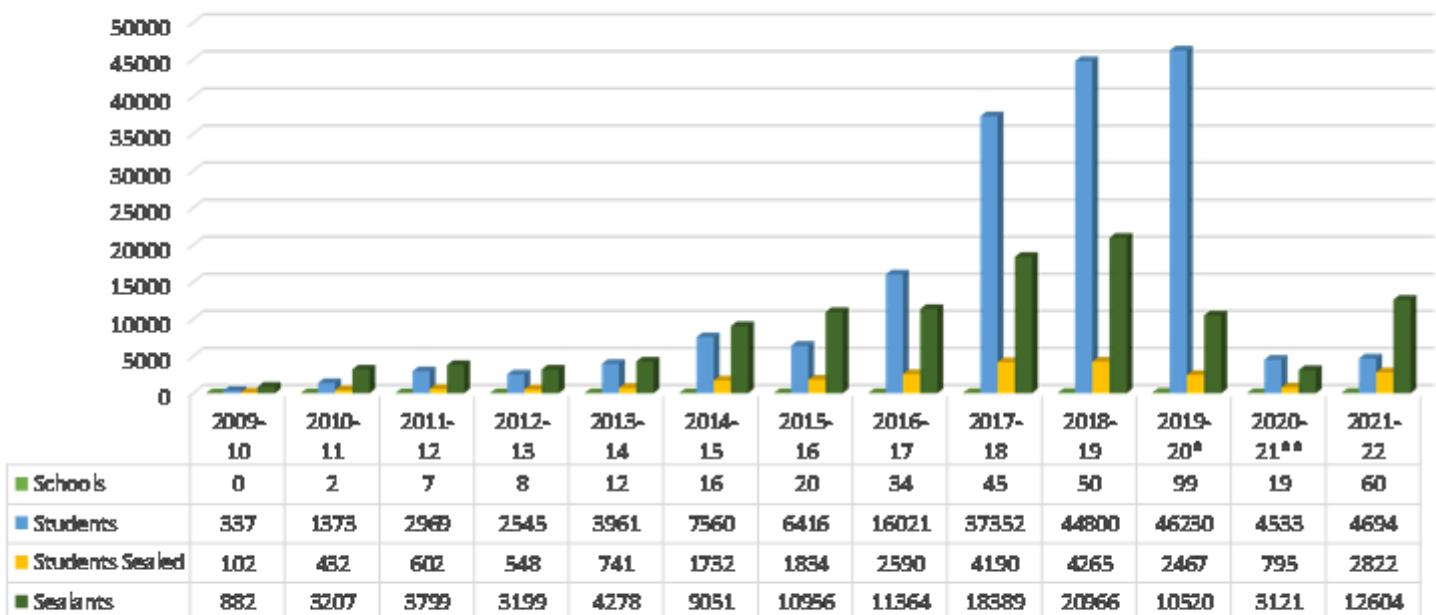
⁷ HEALTH AFFAIRS: SCHOOL-BASED DENTAL SEALANT PROGRAMS PREVENT CAVITIES AND ARE COST-EFFECTIVE SUSAN GRIFFIN,* , SHILPA NAAVAAL, CHRISTINA SCHERRER, PAUL M. GRIFFIN, KATE HARRIS AND SAJAL CHATTOPADHYAY: DECEMBER 2016



Foundation and Accomplishments

2009	Program inception
2009	Service to 1 school in Clark County
2010	Nevada Nonprofit and 501(c)(3) status
2017-2020	These years represent rapid growth where Future Smiles provided services to 128,382 children, and provided 10,922 children with 49,875 dental sealants.
2019	The NWP Dental Wellness Center opens as the first school-based dental restorative center in the state.
2009 to 2022	The program has touched, educated and treated more than 200,000 Nevada youth.

2009-22 Future Smiles Outcomes



*Values include schools receiving services before COVID-19 shutdowns, and community centers and events held during the local shut down phase.

**Values represent a limited schedule due to COVID-19 shutdown and include schools, community centers and events

AARP® Purpose Prize®

Our Founder, Terri Chandler, has been selected for the 2022 AARP® Purpose Prize® Fellow, a national award in the United States that celebrates people 50 and older who are using their life experience to make a difference. Through the Purpose Prize award, AARP® celebrates the creativity, innovation, and inspiration that life experience brings. Through this important annual award, AARP® seeks to create a world in which it is the norm for people age 50 and over to leverage their life's wisdom and lived experience to find a new purpose, make a difference, and be valued for their innovative ideas.



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.

Mobile School Sealant Program (SSP) serves schools in Clark County by providing each child an oral health assessment, dental sealants and fluoride varnish applications.

Future Smiles has developed a dependable referral network for students identified with dental treatment needs following our dental hygiene screening in the schools. This system helps families find dental homes for their children, especially those with urgent healthcare need for restorative dental treatment services.

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 who easily transport everything that we need to serve children from school to school. The team travels to multiple schools throughout Southern 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.



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.



Opened in 2019, the NWP Dental Wellness Center improved our program architecture and resolved many barriers for the uninsured and those who currently need treatment. Future Smiles offers comprehensive, convenient school-based care that is cost-effective and an efficient use of resources for our students.



The facility provides comprehensive dental exams, X-rays and diagnosis, treatment plans, and restorations. In the 2021-2022 school year, services were provided services to 1,374 children, including 1,830 x-rays, 173 extractions, and 1,141 fillings.

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 4,694 children were seen from July 2021 through June 2022.

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 whether that be with Future Smiles or a community partner. 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, 2,532 (54%) children required case management to coordinate additional services beyond those offered by Mobile School Sealant Program. Measuring outcomes is 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 0 – No treatment needed for a child with no tooth decay and is referred to a dentist for an examination.

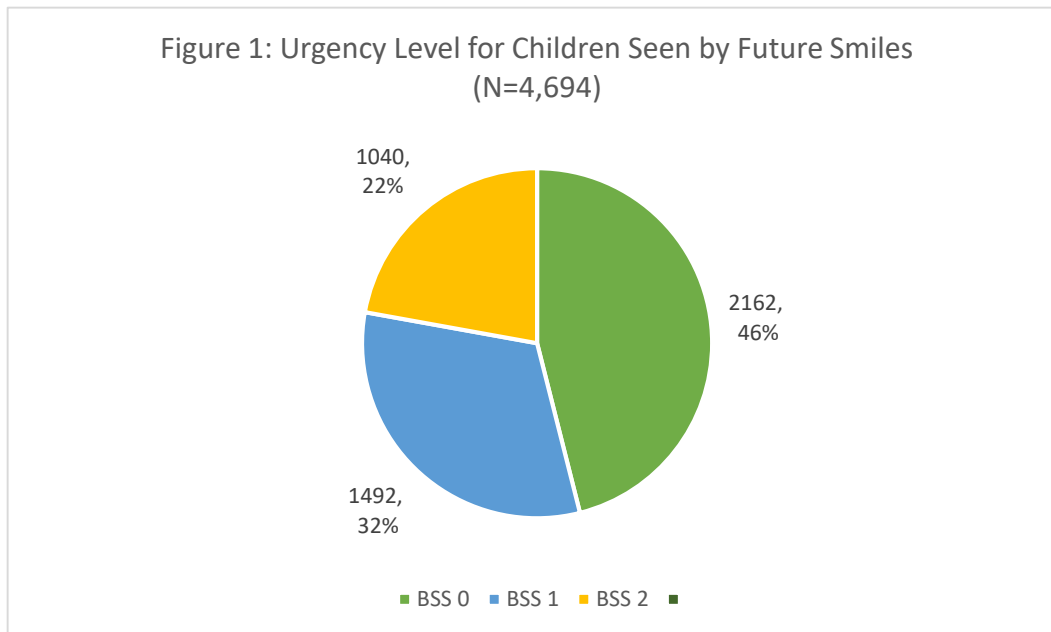
BSS 1 – Early treatment needed for a child with low to moderate tooth decay, no abscesses and no history of pain. These children will need additional treatment navigation to a dentist for diagnostic and restorative dental treatment.

BSS 2 – 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.



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 2,162 (46%) of children seen by Future Smiles had a BSS urgency of zero and did not require case management (**Figure 1**).



Insurance Status

Approximately 70% children in case management did not have insurance, and the remaining 30% of 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.

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: the child has completed treatment, declined treatment navigation/unable to contact, or were in the process of pursuing treatment.

Urgency and Categories of Treatment Outcomes

When examining all children in case management, **979** (39%) of children had completed treatment, **180** (7%) had declined treatment navigation/were unable to contact, and **1,373** (54%) were pursuing treatment (**Figure 2**).

Figure 2: Case Management Outcomes in Combined BSS 1 and BSS 2 Groups (n=2,532)

