

Why oral health in our school-age children matters

- Oral health impacts student learning and contributes to an increase in missed days of school. Poor oral health causes pain, difficulty in eating, sleeping problems, and dental esthetic can harbor low self-esteem and psychosocial problems any or all of these elements influence wellbeing. This unique combination of health and psychosocial elements can reduce a child's ability to pay attention in school.
<https://www.sciencedirect.com/science/article/abs/pii/S0022347619301350>
- Lacking adequate dental insurance coverage, the uninsured will defer dental care until problems become acute, then seek treatment in the hospital emergency room, where there is no dentist to treat the immediate health issue and hospitals operate at a higher cost than a dental office.
https://frameworksinstitute.org/assets/files/PDF_oralhealth/oral_health_messagememo_may_2017.pdf
- A simple toothache can be fatal. That is the sobering message a 12-year-old Maryland boy left when, after his dental problems went untreated, he succumbed to a severe brain infection.
<https://abcnews.go.com/Health/Dental/story?id=2925584&page=1>

In the Journal of Pediatrics article, “*Children’s Oral Health and Academic Performance: Evidence of a Persisting Relationship Over the Last Decade in the United States*”

<https://www.sciencedirect.com/science/article/abs/pii/S0022347619301350>

Results: Data from 2016-17 from the National Survey of Children’s Health for 45,711 children aged 6-17 years reveals that children with oral health problems were more likely to miss at least one day of school, and miss more than three to six days. Poor oral health was consistently related to worse academic performance across age, sex, household income, and health insurance type subgroups.

Children with poor/fair oral health were 80% more likely to have problems at school and more likely to miss more than three days or more than six days by about 60% and 90% respectively.

Conclusions: Children’s oral health status continues to be strongly linked to their academic outcomes. This evidence highlights the need for broad population-based policies and integrated approaches to reduce academic deficits and promote children’s health and development, of which oral health is an important component.

Key Points: Not only child learning outcomes are of great importance in their own right, but they are also strongly tied to future labor market outcomes, economic performance, and lifetime outcomes.

Future Smiles Program Overview

Future Smiles is a school-based oral health program that offers five-levels of professional dental services by licensed dental providers:

- **Oral health education presentations and brushing supplies** referred to as a “Smile Bags.” We provide our presentations in a variety of settings that best meet the needs of the public. Some of the most common settings include one-on-one in a clinical setting, community centers such as Boys and Girls Clubs, classroom-to-classroom, or in larger groups such as an assembly.
- **Professional dental hygiene services: Mobile School-Based Sealant Program (SSP)** include dental sealants and fluoride varnish delivered in the school setting utilizing specially made portable dental units that can be set-up anywhere – such as a classroom, school lunchroom, computer lab or other open areas.
- **Fixed dental hygiene health center: the Education and Prevention of Oral Disease (EPOD)** offers more advance dental hygiene services to include oral health screenings, charting, dental X-rays, cleanings (prophylaxis), sealants, and fluoride.
- **Fixed school-based dental health center: the NWP Dental Wellness Center (NWP DWC)** accommodates general dental procedures by a licensed Nevada dentist. Services include examination, diagnosis, dental X-rays, cleanings (prophylaxis), sealants, fluoride, fillings, extractions, and potentially more advanced dental services.
- **Community Dental Health Coordinator (CDHC)** provides care navigation for all Future Smiles children. Navigation includes Future Smiles facilities, dentists who offer Pro Bono treatment options, UNLV SDM, Roseman University, dental specialists (oral surgery, endodontics, and other services when needed), Medicaid enrollment (children and adults if eligible) and other community resource navigation.

Future Smiles Service Population

- Services are offered to all CCSD students and their younger siblings.
- Working families of 4 members to the household living on an average monthly income of \$1,200 to \$1,400.
- 48% Hispanic
- 21% African American
- 11% Mixed
- 7% Caucasian
- 3% Other
- 2% Asian
- 1% Native American & Pacific Island

Future Smiles Oral Health Findings – SY 2019-20

- **SSP children served**
 - 2,238 children served
 - 40% have untreated tooth decay with 13% of these children having urgent dental needs and are living with dental pain
 - 39% are uninsured
 - 100% of our children served receive one or more dental hygiene service by a dental hygienist
 - 100% of our children receive a parent letter that communicates community resources and children with early to urgent dental needs receive follow-up case management and care navigation to receive dental treatment
- **EPOD children served**
 - 333 children served
 - 52% have untreated tooth decay with 20% of these children having urgent dental needs and are living with dental pain
 - 77% are uninsured
 - 100% of our children served receive one or more dental hygiene prevention treatment by a dental hygienist
 - 100% of our children receive a parent letter that communicates community resources and children with early to urgent dental needs receive follow-up case management and care navigation to receive dental treatment
- **NWP DWC children served**
 - 292 children served
 - 70% have untreated tooth decay with 25% of these children having urgent dental needs and living with dental pain
 - 73% are uninsured
 - 100% of our children served receive an examination and diagnosis by a dentist
 - 100% of our children receive dental treatment at the NWP DWC or case management and care navigation to receive dental treatment that is needed
- **Care Navigation Outcomes**
 - 1,173 children served
 - 15% of our children have completed dental treatment
 - 16% of our children are pursuing dental treatment from Future Smiles or our community partners
 - Future Smiles unsuccessfully contacted 69 % of our children in need of dental treatment
 - Reasons for unsuccessful parent communication – unresponsiveness
 - Left message with no response
 - Phone not in service
 - Wrong phone number
 - Family has moved

Future Smiles Program Overview

Future Smiles Locations

- SSP serves 50 CCSD schools with a focus on Title I with 80% or higher Free and Reduced Lunch (FRL).
- EPOD has one fixed location in partnership with the Clark County School District (CCSD) at Clark HS 3074 Arville Street LV, NV 89102.
- NWP DWC has one fixed location in partnership with the Clark County School District (CCSD) at Wynn ES 5630 Coley Ave LV, NV 89156.

Annual Program Service Goals

- 1) 6,500 children have direct care to include prevention and restorative treatment.
- 2) 40,000 children receive oral health education and brushing supplies.

Future Smiles Successes - Inception 2009

- **Future Smiles has seen the impact of dental sealants** as the most successful strategy to reach the greatest number of children and preserve the health of the greatest total of teeth.
 - 19,000 have received dental sealants on a total of 94,000 teeth
 - 100,000 children to receive oral health education and brushing supplies
- **Case Management** efforts promptly route children in need of dental treatment to a dentist.
 - 10,500 children have benefited from case management
- **Certified Application Counselor** who provides Medicaid enrollment support has streamlined the application process and expands Medicaid enrollment for low-income families.
 - 115 children and their families have been enrolled in Medicaid
- **The NWP Dental Wellness Center (NWP DWC)** is the result of Future Smile's successful competitive grant application process awarded by the well-respected Nevada Women's Philanthropy. Opened year-round the NWP DWC is a critical community solution that addresses dental treatment needs for our children in this unique school-based location.
 - 450 children have received one or more dental service by Future Smiles

Future Smiles Funding

- \$1.4 million annual budget
- 50% of Future Smiles' annual budget is supported by two local Foundations
 - Elaine P. Wynn and Family Foundation
 - Engelstad Family Foundation
- Program Income
 - 67% Foundations and Grants
 - 21% Medicaid and other dental insurances
 - 2% Private donations
 - 3% Title 1
 - 7% Donations In-Kind

Future Smiles Program Overview

- Program expenses
 - 54% salaries and wages
 - 88% of dental professionals
 - 12% management and administration
 - 38% program operations and supplies
 - 8% insurance

Future Smiles Barriers

- **Parental Consent** is required for Future Smiles to provide our services to the children at school. We typically receive consent to serve between 10%-30% of the student enrolled at our schools. Parents need to be present at the NWP DWC when more advanced dental services are provided (fillings or extractions).
- **Medicaid enrollment** is required each year and can be a barrier for parents including, multiple children in the family with varied anniversary dates, need for a computer and online access, transiency or unstable housing, and awareness of the anniversary date.
- **Funding** to operate Future Smiles is a delicate balance of grants, earned income from Medicaid and other dental insurance, in-kind donation to include donated supplies, and by the school district to use school space and private donations from the public. If one major donor were to decrease their generous support Future Smiles would have to sacrifice program services by decreasing the number of schools and children being served.
- **Dental insurance plans with frozen provider panels**, like Teachers Trust and Dental Benefits, have declined Future Smiles from enrolling as a provider.
- **Background checks and fingerprinting** can minimize Future Smiles' ability to work with dental volunteers. Additionally, public health programs that want to serve neighboring counties will be required to secure the background check and to fingerprinting for each county.

Future Smiles Policy Recommendations

- **Nevada Department of Health and Human Services Oral Health Program funding to preserve the Dental Health Officer and support staff positions.**

Nevada needs dental expertise at the State level to lead and guide the state in public health leadership and oral health promotion. The State Dental Health Officer is critical to ensure Nevada utilizes empirical Best Practice methodology and techniques that produce superior outcomes.

One Best Practice solution will be to implement a Chronic Disease Management (CDM) program instructed by the Dental Health Officer, who will provide a certification course on Silver Diamine Fluoride (SDF) treated lesion using the silver modified atraumatic restoration technique (SMART). The SDF SMART is a useful tool that does not require anesthesia or mechanical drill and can be an alternative treatment option performed by Registered Dental Hygienists and could expand access to care opportunities for the public, especially among young children, those with intellectual/developmental disabilities, and older adults.

- **Link school enrollment simultaneously with enrollment into ALL school-health programs and Medicaid.**

Creating a cohesive enrollment system is beneficial at state and local levels: reduce barriers to coverage and gaps in Medicaid coverage, reach and enroll eligible children who are currently uninsured, and increase efficiency and cost-saving practices by reducing the state administrative burden. Furthermore, linking enrollment systems would create coverage continuity to decrease spending on preventable and avoidable care by more effectively utilizing school-based health care professionals to address the health care needs of our children.

Our policy recommendation is to link school enrollment to:

- Parent consent for all school health programs.
 - Medicaid enrollment instead of an annual anniversary date.
 - Expand Medicaid enrollment to all children who are enrolled in school.
- **School health programs (medical, dental, vision, and mental health) need to be contracted with all health insurance plans.**

We can all agree that using our community's resources efficiently and effectively is of the utmost importance. Together we can eradicate poor dental health by creating access to care solutions that broaden access to care opportunities, like utilizing public resources such as school properties. School health programs are in place to serve ALL children enrolled at the school.

Focusing on Title I schools will capture the neediest children. Often, these children live in homes where the parent is working-class, and the parent's employer provides medical, dental, and vision insurance for the family. Although insured, many of these low-income children go without routine dental care because of the restricted expendable resources of the family who are often living paycheck-to-paycheck.

Enrollment for our school health providers in ALL insurance plans will increase the ability of these programs to serve more schools and more children and offer prevention and intervention efforts beyond biannual visits to the dentist office. Many school administrators, staff, and teachers have stated their confidence in the school health programs and advocate for enrollment into program services to their students and parents. Enrollment into the Teachers Trust health insurance plan will be an essential funding source for school-based health programs. Mandate enrollment into all dental insurance products will provide access for CCSD staff, faculty, and their families to utilize the same quality school-based care that students are receiving.

Using our resources wisely means making sure that all communities have strong prevention efforts in place, oral health care is available in locations people can access, and our approach to dental insurance coverage includes the school health programs.

- **Medicaid Loss of federal funding through block grants**

Robert Wood Johnson Foundation released a State Health and Value Strategies Report that details the proposed changes to how Medicaid is funded shifting from federal government matched state expenditure without any cap (or limit) to a capped amount under a block grant, or per capita. This federal capped proposal will limit health care to include dental services for Nevadans. By altering the Medicaid program standards, Nevada may end up reducing beneficiaries' access to care, constricting provider reimbursement to unsustainable levels, or reducing managed care capitation rates so much so that plans fail to be able to meet their program obligations. To read the entire report: <https://www.shvs.org/wp-content/uploads/2020/02/Block-Grant-Guidance-Report-FINAL-02.02.2020.pdf>

- **Stipends for school health programs and student loan repayment**

State-supported financial funding and student loan repayment to support school health programs and to attract dental professionals to Health Practitioner Service Areas (HPSA) and rural communities.

- **Background check and fingerprinting should be transferable to all Nevada Counties.**

School health programs and volunteers are required by Nevada SB185 to undergo fingerprint background checks for school volunteers under CCSD Policy 4100. Additionally, the law requires all those who volunteer to be fingerprinted if they have regular contact OR unsupervised contact with students. Fingerprinting is now required every five years for volunteers that meet these criteria. When school health programs want to provide services to bordering counties, the employees or volunteers will be required to pay the background check and fingerprinting fee multiple times. We propose a system that allows for background and fingerprinting clearance to be transferable to all counties in the state. *A transferable system of background checks and fingerprinting* will reduce the cost imposed on the employee or volunteer, streamline administration and bookkeeping of the system, and create more opportunities for collaboration across county lines.