

Six-Year Evaluation of the Early Smiles Sacramento Program

2016 -2022

Center
for Oral
Health



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Our Story

Center For Oral Health

The Center for Oral Health (COH) was founded in 1985 as The Dental Health Foundation, with the goal of serving the State Public Health Department in its quest for stronger policies and a deeper understanding of the complex issues affecting access to dental care. COH has been the leading non-profit organization in California raising awareness about oral health. It has established demonstration projects that have resulted in improved access to care for millions of underserved persons through innovation, research, education, and advocacy.

Early Smiles Sacramento

Early Smiles Sacramento (ESS) is a school-based oral health program, developed by the Center for Oral Health in partnership with the three Dental Managed Care (DMC) Plans-- Access Dental, Inc, Health Net of California, Inc, and LIBERTY Dental Plan of California, Inc.

This report is an update from the 2017, one-year evaluation of Early Smiles Sacramento produced by the Center for Oral Health.

All data presented in this report spans 6 program years, from the program's inception in September 2016 to June 2022.

This evaluation highlights the most emergent findings: the oral health status of children within Sacramento County, the status of Early Smiles Sacramento, and its Impact.



Our Program

Center for Oral Health proudly operates the Early Smiles program--an innovative public-private partnership that provides school and community linkages to dental care to minimize the dental disease burden among children and families. Since 2011, COH has been leveraging oral health expertise, partnerships, and resources to expand school-based/school-linked oral healthcare. ESS is a data-driven program that tailors its services to the needs of the schools and children that it serves, fostering close partnerships with school staff and allowing for significant positive impact on the oral health of Sacramento County's school-aged children.

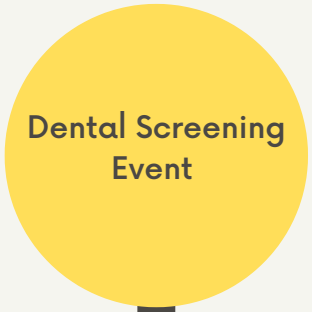
Early Smiles Sacramento is a unique school-based program that brings much-needed dental care to the most vulnerable children in Sacramento County. Since its inception in 2016, Early Smiles Sacramento has helped keep children healthy and ready to learn by minimizing class time disruption, providing evidence-based preventive dental services, and navigating every child to a dental home regardless of insurance coverage.

COH works in close partnership with local school districts, school nurses, the County of Sacramento, First 5 Sacramento, and other community-based organizations to ensure timely provision of oral health care.

How is Early Smiles Sacramento Unique?

- ESS is a public-private partnership for which a commitment to accountability and program success is paramount.
- One of the very few school-based oral health programs driven by the Quadruple Aim-- reducing costs, improving population health, patient experience, and team well-being.
- Sustainability and responsibility to the schools and children it serves has been the cornerstone of the ESS program since its inception. The program's vision has remained constant--"connect children to a dental home and foster continuity of care."





Dental Screening Event

- Schools
- Health Fairs
- Community Events



Oral Hygiene Education

- Students
- Parents
- Nurses
- Healthcare Professionals



Preventive Services

- Oral Health Assessment
- Fluoride Varnish Application
- Kindergarten Oral Health Assessment (KOHA)
- Sealant Recommendations



Navigation & Care Coordination

- Early Smiles Utilizes Oral Health Solutions' Medi-Cal Dental Referral & Navigation System (MDRAN) to refer students insured by Medi-Cal to a dental Home
- Students who are uninsured or have private insurance are navigated elsewhere by Early Smiles staff and community partners



- Urgency Level 1: Routine dental care (cleaning, x-rays, and exams) needed in 6 months
- Urgency Level 2: Previous dental treatment (fillings, sealants, space maintainers, ortho) and or possible decay. Sealant recommendations
- Urgency Level 3: Urgent need observed (abscess, exposed pulp, pain, severe Decay)



Navigation & Care Coordination

Medi-Cal Dental Insurance

- ESS uses MDRAN to navigate students with Medi-Cal dental coverage

Private Insurance

- No referral is needed; however, ESS staff contact parents/guardians to ensure all Urgency Level 3's have a dental home

Uninsured

- ESS works with Sacramento Covered and Sacramento District Dental Society to navigate students to a dental home



- Urgency Level 1: Will be contacted within 30 days after an oral health assessment
- Urgency Level 2: Will be contacted within 14 days after an oral health assessment
- Urgency Level 3: Will be contacted within 24 to 48 hours after an oral health assessment

COVID Pandemic

While schools were closed and students and families were forced to navigate distance learning, ESS continued to ensure that the program's services and support were still available to students and their families. Though the shelter-in-place ordinance posed multiple access challenges, dental offices throughout the country closed due to The Centers for Disease Control and Prevention (CDC) and The American Dental Association (ADA) national guidelines, the ESS team worked to overcome them with drive-thru oral health assessments for more than 4,000 students and families (March 2020 to August 2021). Returning to schools in September of 2021, the ESS program continued to expand by adding two additional high-need school districts, increasing the number of oral health assessments, and maintaining its fluoride varnish application placement rate of 80% of oral health assessments. This report is a testament to both its impact and enduring commitment to the highest level of service to kids, families, and schools that need it most.

Additionally, during the height of the pandemic, ESS took the opportunity to listen closely to school partners and the families served to learn more about the barriers they face when trying to access dental care; transportation, translation, access to Medi-Cal dental providers, and navigating Medi-Cal dental benefits. ESS views these barriers as opportunities to tailor outreach and programming to reduce access to care issues and improve the oral health of children across Sacramento County.

Furthermore, the ESS research team studied the steep costs of neglected dental care shouldered by individuals, families, taxpayers, and schools of neglected dental care. They also learned about the impact that poor oral health has on children, including lowered self-confidence, inability to concentrate, missed school days due to pain, along with overreliance on emergency room care for preventable infections. The latter is particularly common in dental deserts like Robla and Arcohe, within the service area.

4,000+

Oral Health Assessments
During COVID Pandemic





Center
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Health



Program Objectives

Oral Health Assessment

With the oral health assessment, each student is assigned one of three urgency-level ratings.

- **Urgency Level 1-** Routine dental care
- **Urgency Level 2-** Previous dental treatment, possible decay, or sealant recommendations
- **Urgency Level 3-** Urgent needs observed

Prevention

In addition to an oral health assessment, ESS provides topical fluoride varnish (FV) application, health education, Kindergarten Oral Health Assessments (KOHA), and sealant recommendations.

Oral health education is an effective prevention tool for improving oral health knowledge, attitudes, and practices. ESS provides oral health education to students, parents, nurses, and student support staff at schools and community events.

Navigation

ESS navigates every child screened to a dental home in a timely, culturally and linguistically competent, and efficient manner.

ESS achieves this by partnering with the three DMCs to identify providers, resolve issues promptly and provide additional assistance when needed, such as transportation assistance, translation or interpreter services, and case management

ESS works with community partners to help families with no insurance and private insurance establish dental homes and emergency care as needed.



Evaluation

ESS has built a culture of evaluation into its program to ensure continued improvement and favorable outcomes. Periodically, the research team evaluates the impact of the program using county-wide performance measures.

Additionally, the ESS research team gathers community input and comments on an ongoing basis; ensuring that the program is catered to community needs and is serving the population in a comprehensive manner.



Partnership

ESS continues to develop and maintain strong working relationships and partnerships with various entities in Sacramento County; The Medi-Cal Dental Advisory Committee (MCDAC), Sacramento District Dental Society (SDDS), Sacramento Covered, First 5 Sacramento, The County of Sacramento's Oral Health program, and more; with the goal of expanding the reach of ESS into more communities.

ESS is committed to serving the Sacramento community, and the program model is resilient to policy, political, and administrative changes at the state and local levels.

“I had a child in my office with 10 decayed teeth in her mouth and was in pain, Nothing had been done for this child since the family was unable to navigate the system by themselves. I then connected the grandmother of the child to Early Smiles Sacramento, within 4 hours, connected the child to her dentist (through Access Dental) and the child was in the dental chair the next day.”

School Nurse located in Sacramento County



12 School Districts
1 Preschool System
2 Charter School Systems



330+ Schools



50+ Community Events

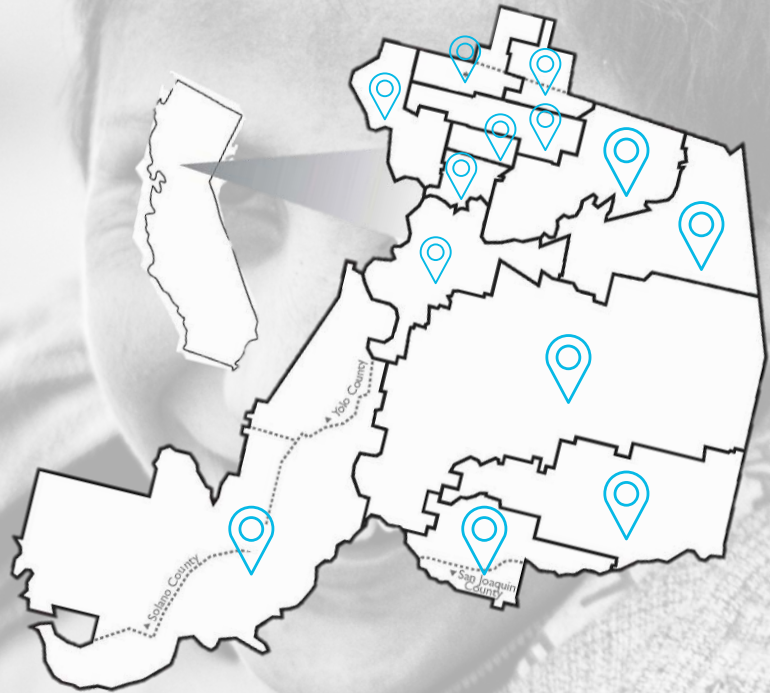


45,000+ Oral Health Education

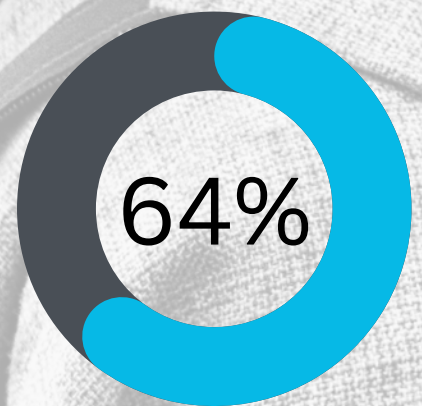


27,000+ Oral Health Assessments
21,000+ Fluoride Varnish Applications

Early Smiles Sacramento Annual Statistics



6 of 10 Children Served
are insured by Medi-Cal
Dental Plans



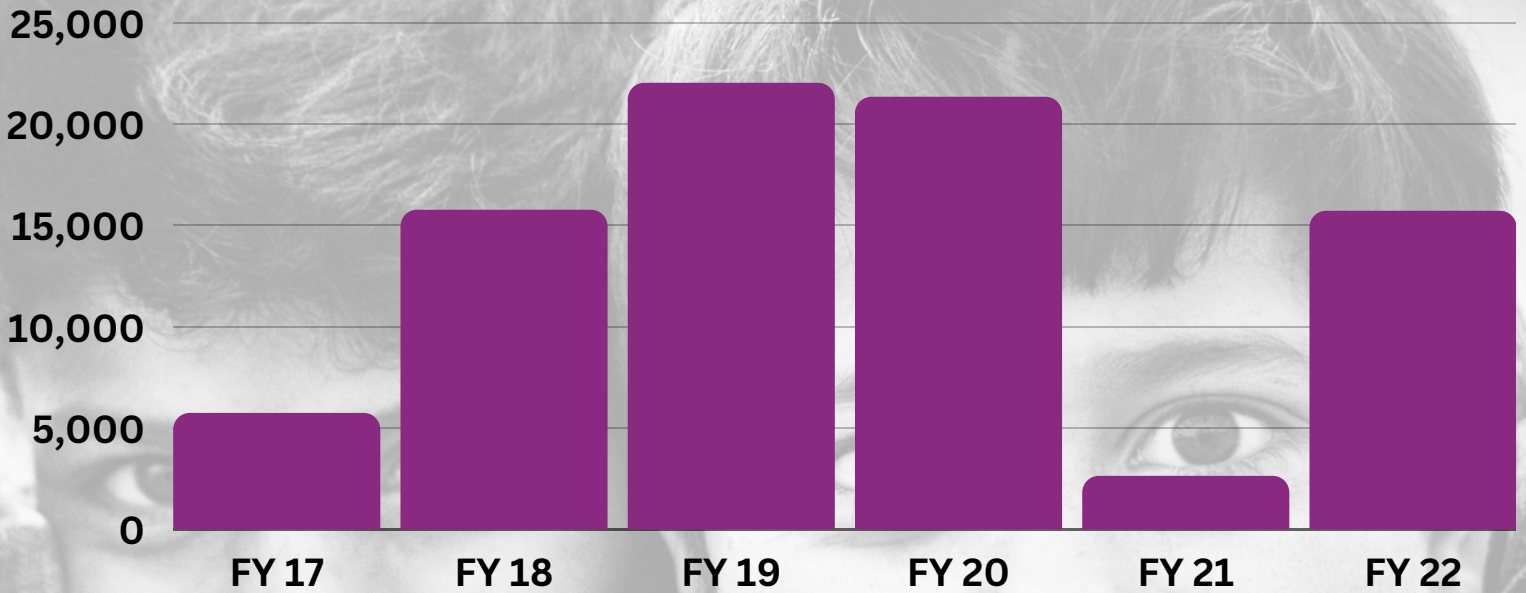
6% Reduction in
Untreated Decay Among
Returning Students



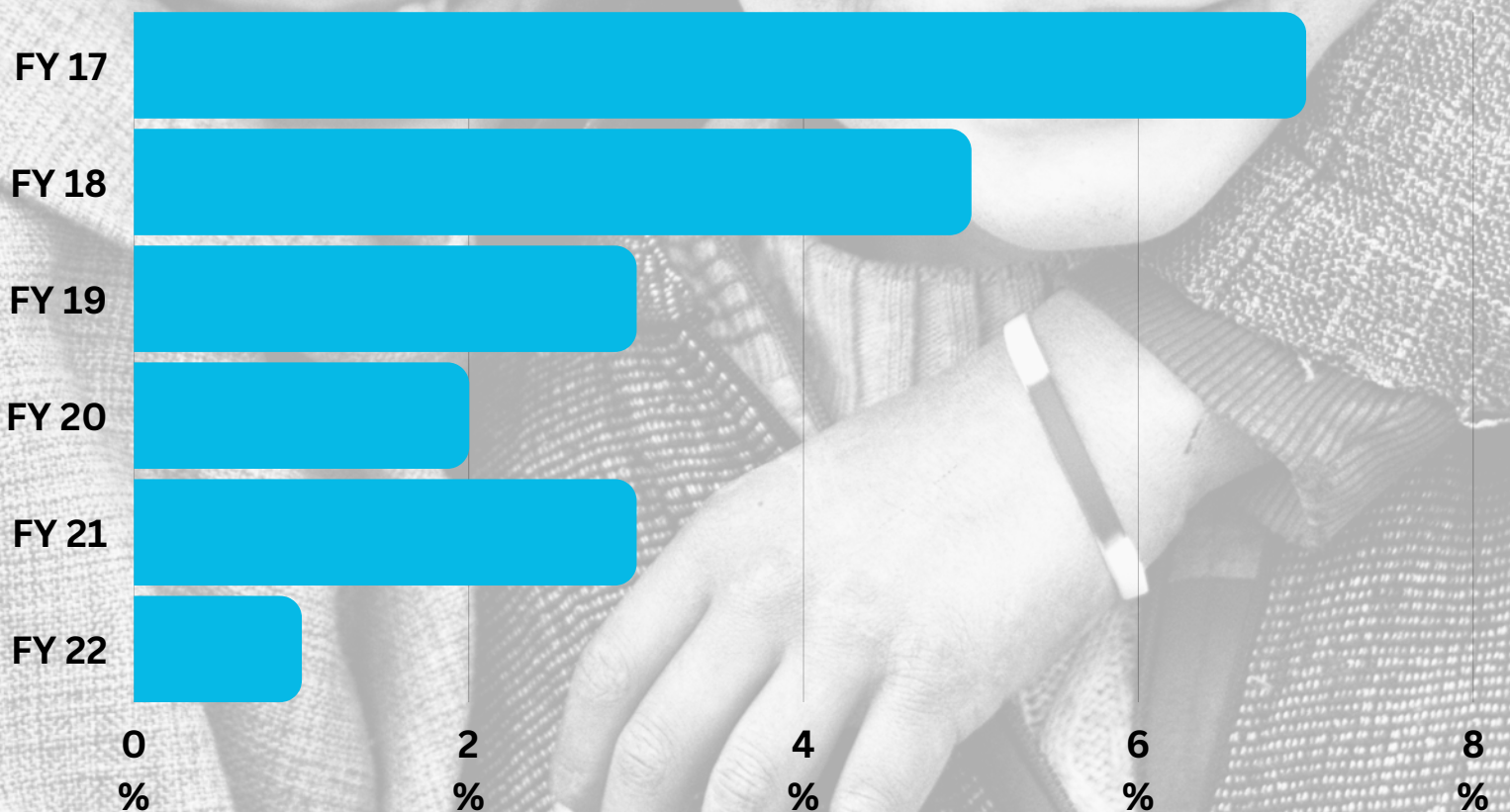
83,000+

Oral Health Assessments Since
Program Inception in 2016

■ Oral Health Assessments



■ Urgency Level 3s



Dental Disease Epidemic

SIX YEARS OF IMPROVING ORAL HEALTH OUTCOMES IN SACRAMENTO COUNTY

- Early Smiles Sacramento's community oral health education and assessments may have contributed to lowering the prevalence of dental decay: ESS data shows that **children in need of urgent dental treatment dropped from 7% in fiscal year 2017 to 1% in fiscal year 2022.** (1)
- **Dental sealants are underutilized**, especially for Black children. In 2020, 5.4% of 10-14-year-old Black children received sealants; Asian children had the highest usage, at 9.8%. (2)
- **Five main barriers to care...** lack of money; negative prior dental experiences; lack of awareness of existing coverage; lack of personal priority; lack of knowledge of how/where to access dental services. (2)
- Medi-Cal dental utilization has increased in Sacramento County; **31.07% Access Dental members, 41.72% Health Net of California members and 48.24% LIBERTY Dental Plan of California members** made an annual dental visit in 2021. (3)

EVALUATION OF THE EARLY SMILES SACRAMENTO PROGRAM- 2017 REPORT HIGHLIGHTS

- Although fully preventable, tooth decay is the national leading **common chronic disease among 6 to 11-year-old children** despite being 100% preventable. (4)
- Dental problems are the **leading reason for missed school days.** (4)
- In **California, one in three children** are affected by tooth decay by third grade. (4)
- During ESS first year of services, **60% of participants** were successfully navigated to Dental Homes and **40% of the participants** received treatment at a dental home. (4)

"I would say 50-60% of parents cannot respond to their children's dental concerns. There might be many obstacles... like a lack of awareness, no insurance, inability to take off work for appointments... Early Smiles takes the pain out of that process for our kids."

Sacramento School District Leader

1. Based on ESS longitudinal data

2. Sacramento County, *Teeth for a lifetime, Oral Health in Sacramento (December 2022)*

3. *Dental Fee-For-Service (FFS) and Dental Managed Care (DMC) Performance Fact Sheet (February 2023)*

4. *Evaluation of Early Smiles Sacramento Program (December 2017)*

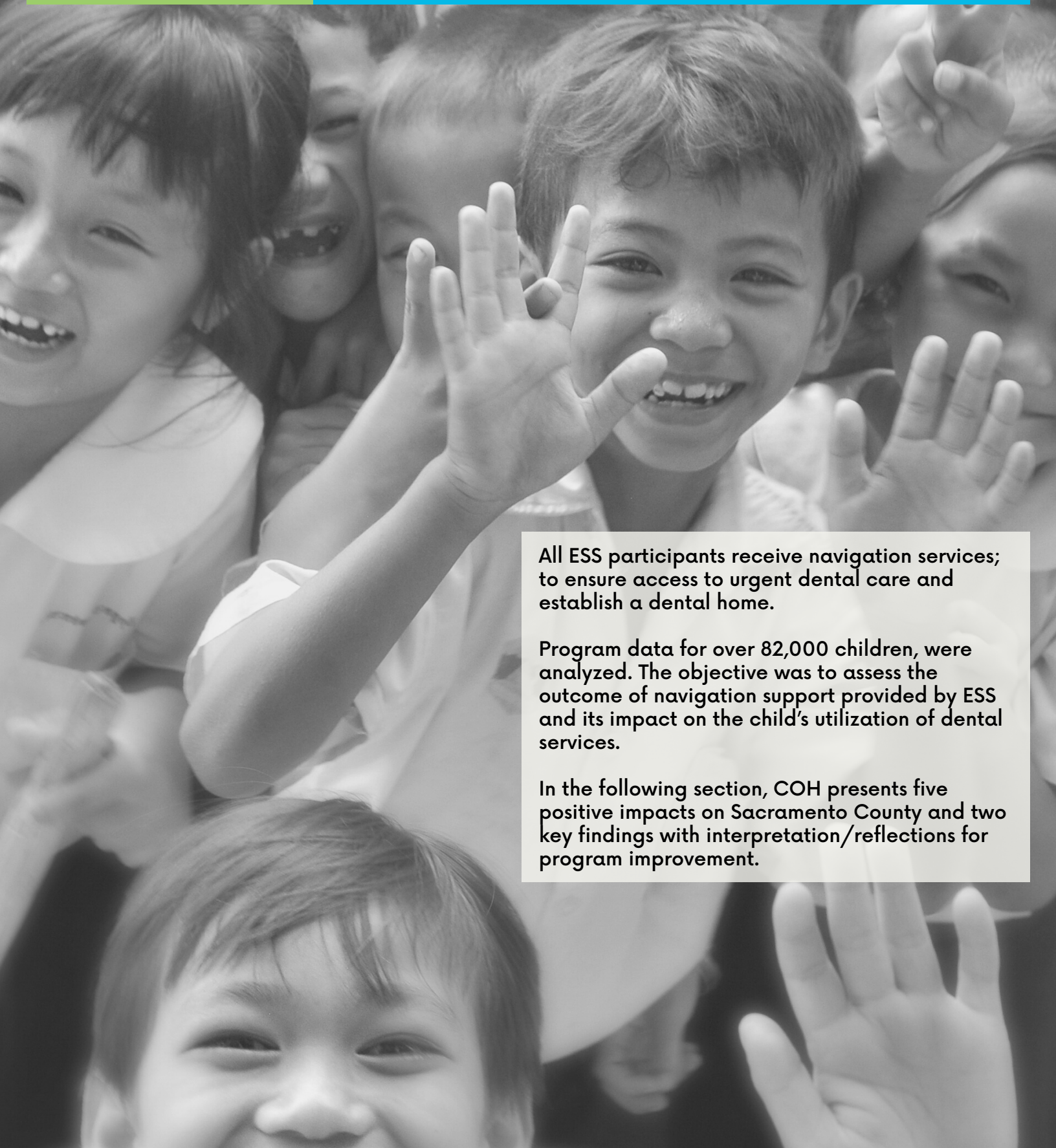


“Early Smiles Sacramento continues to positively impact the lives of at-risk children across Sacramento County. Early Smiles provides greatly-needed dental screenings to my communities with the greatest need at schools and events across the county. I’ve been fortunate enough to be able to partner with them on numerous events in my district which included free screenings. For many of these children this was their first dental interaction, so a positive experience was critical. These children left this interaction with an understanding of the importance of dental health. Their positive experience will directly result in healthier children who can thrive in our communities.”

**Sheriff- Elect Jim Cooper
Former California State Assemblymember**



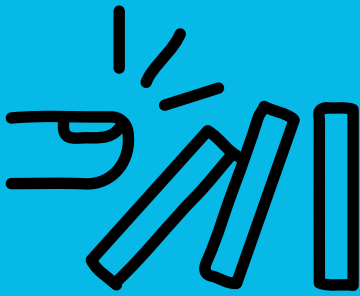
Our Impact



All ESS participants receive navigation services; to ensure access to urgent dental care and establish a dental home.

Program data for over 82,000 children, were analyzed. The objective was to assess the outcome of navigation support provided by ESS and its impact on the child's utilization of dental services.

In the following section, COH presents five positive impacts on Sacramento County and two key findings with interpretation/reflections for program improvement.



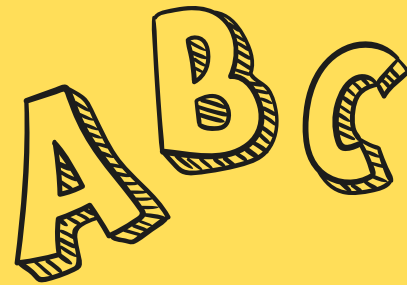
Early Smiles Sacramento prevents the overuse of emergency rooms for preventable oral health concerns, like abscesses, oral health infections, and overgrowth of harmful bacteria, by providing school-age children oral health education, oral health assessments, and connection to dental care. The ESS Program saves an estimated \$13 million in health care costs annually. (5)



\$1 donated equals \$107 worth of oral health services delivered to public school students. With the efficient use of resources and strong public-school partnerships, the Early Smiles Sacramento program can deliver more than 100 times worth of oral health education, oral health assessments, fluoride varnish applications, and dental referrals.

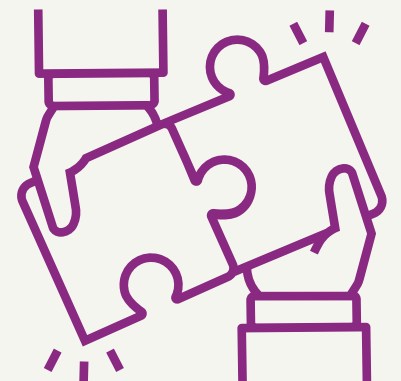


Early Smiles Sacramento interventions save Sacramento families up to 33% or \$3.2 million annually by preventing the need for costly in-office procedures. (6)



Missed school days affect the academic performance of students and lead to significant costs for public schools in lost average daily attendance dollars. Frequent absences are common for children impacted by pain from untreated cavities. Early Smiles Sacramento interventions keep kids in schools, saving Sacramento County public schools an estimated \$25 Million annually. (7)

The partnership, collaboration, and support of the Center for Oral Health, the Department of Health Care Services, LIBERTY Dental Plan, HealthNet, Access Dental Plan, Oral Health Solutions, and the public school health services staff across Sacramento County make the work of Early Smiles possible. Early Smiles saves money and smiles with an estimated \$47 million in annual savings to Sacramento County families, public schools, and government.



5. National Oral Health Survey, USCA, and the CA Oral Health Technical Assistance Center
6. California Department of Healthcare Services and CDC Division of Health
7. National Oral Health Survey, Early Smiles annual screening stats

Impact 1: Navigation to Dental Home

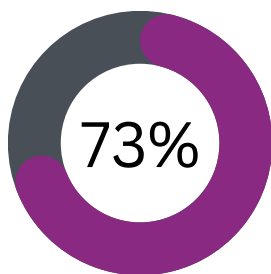
Annually, 64% of Early Smiles Sacramento participants are navigated to a Dental Home, through partnership with Access Dental, Inc, Health Net of California, Inc, and LIBERTY Dental Plan of California, Inc.

Sacramento County has a population of about 1.6 Million residents; 40% of Sacramento residents are enrolled in either the Dental Managed Care or the fee-for-service (FFS) program (90% DMC and 10% FFS). Participation in the Dental Managed Care Program gives low-income children the provision of annual dental visits with timely evaluation and treatment of dental disease (e.g. tooth decay), referrals to dental specialists including pediatric dentists as well as access to preventive services. DMC beneficiaries select a provider during enrollment (that they are free to change anytime), If the beneficiary does not select a provider during enrollment they are then auto-assigned, and such assigned provider may **not** deny care to this patient. The provider aforementioned is responsible for 'managing' the oral health of the member and providing a dental home.

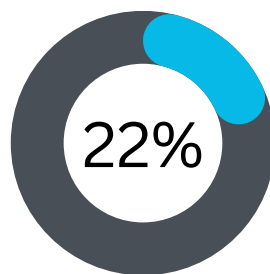
While many families might know the importance of good oral health, low-income families face many challenges in accessing timely and quality dental care; lack of money (no or limited coverage or ineligibility for Medi-Cal); negative prior dental experiences or worry a procedure would be painful; lack of awareness of existing coverage; lack of personal priority/follow-through; lack of knowledge of how/where to access dental services. (2)

Early Smiles Sacramento, through its partnership with the dental plans, identifies such barriers to receiving dental care and navigates clients to their assigned dental provider. In 2021, ESS integrated the Medical Dental Referral and Navigation application (MDRAN) system into its program operations. It is a HIPAA-compliant, web-based tool used to refer Medicaid members to a dental provider and track the referral until a dental visit occurs. After the referral is received through MDRAN, the plans themselves are accountable and responsive to each member's needs and in turn, hold providers accountable and resolve any issues members might face in making appointments with their dental home.

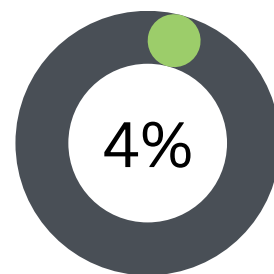
Early Smiles Sacramento Six-Year Urgency Level Averages



**Urgency Level 1
(Within 30 Days)**



**Urgency Level 2
(Within 14 Days)**



**Urgency Level 3
(Within 24 to 48 Hours)**

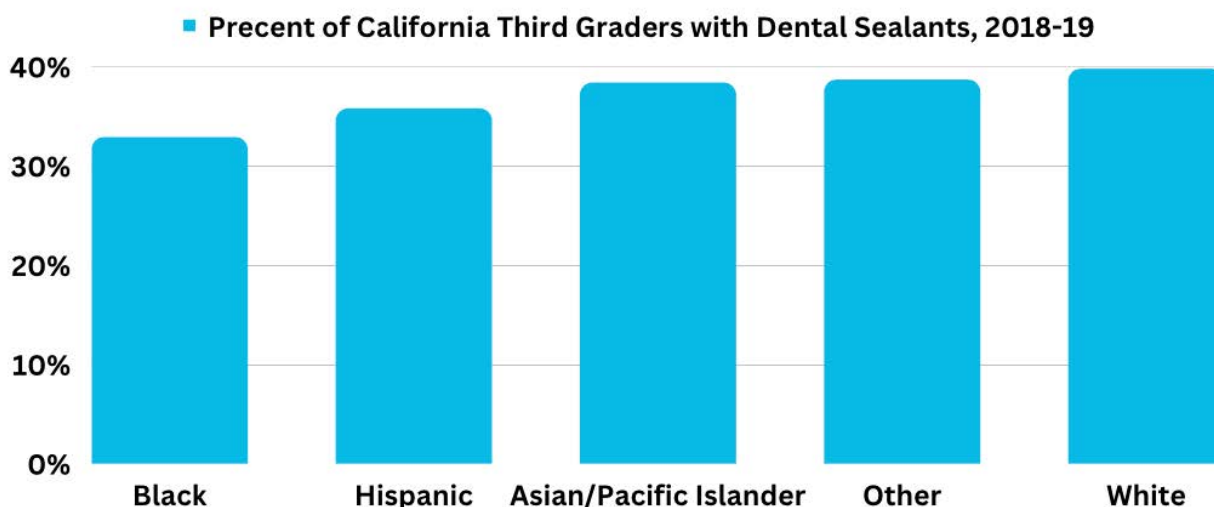
Impact 2: Access to Preventative Services

Dental sealants continue to go significantly under-delivered, especially for Black children. In 2020, 5.4% of 10-14-year-old Black children received them; Asian children had the highest usage, at 9.8%. (2)

COH is focused on providing preventive, non-invasive care and dental home navigation. In 2022, ESS recognized the underutilization of dental sealants, and as a solution started making dental sealant recommendations. This allows ESS to observe unprotected molars within children 6 to 14 and navigate students to a dental home. In addition, ESS has increased oral health education to children and parents, stressing the importance of preventative dental services, like Sealants.

Dental sealants—a thin, plastic coating painted on the chewing surfaces of the back teeth—act as a barrier to help protect teeth from bacteria and acids and are recommended for all children ages 6-9 and 10-14. (8) Children without sealants have almost three times more cavities than those with sealants. (8) According to the 2018-2019 California Third Grade Smile Survey, 37% of 3rd-grade California children had received dental sealants. African American children had the lowest prevalence of dental sealants. (9)

In Sacramento County, the utilization of sealant benefits continues to be a challenge. Pre-COVID (CY 2019) use by 6-9 year-olds ranged from 10.2% (Access) to 13.8% (Health Net) to 17.1% (Liberty). The rates for 10-14 year-olds were even lower that year: 5.7%, 7.0%, and 9.3%, respectively. (2) Continued oral health education on the importance of routine dental care and preventative services like sealants, will further increase the utilization of sealants within Sacramento County



Our Accomplishments

- The Center for Oral Health, in coordination with the three Medi-Cal dental managed care plans, worked with First 5 Sacramento, the County Department of Health and Human Services to acquire the Smiles Keepers Program, which targeted children aged 0-5, giving a significant expansion to ESS.
- In 2018, ESS was highlighted by The Little Hoover Commission's Report as a promising practice to improve access to dental care for Denti-Cal beneficiaries.
- The California Department of Public Health invited the Center for Oral Health to give a presentation on ESS as a best practice in school-based services. The presentation took place at the Oral Health Summit in Sacramento in June 2018.
- In 2021, COH adopted the Medical Dental Referral and Navigation Application (MDRAN) system for referrals. Within this HIPAA-compliant web-based tool, Medicaid beneficiary and claims data, including beneficiary contact and demographics, is refreshed monthly and is foundational to providing the referral-making user with a simple and efficient workflow.
- In 2022, The Center for Oral Health added Kindergarten Oral Health Assessments and sealant recommendations to the Early Smiles Program.
- In 2022, The Center for Oral Health realigned its staff to accommodate the growth of Early Smiles Sacramento. The new structure has programmatic oversight by Rachel Shafer, RDH, Program Director, and Denise Canacari, RDHAP, Assistant Program Director. Data reporting, data-driven navigation/care coordination, and the evaluation process are supervised by Tiffany Turner, MBA, MPH, Chief Operations Officer. Four RDHs were hired to meet higher oral health assessment needs. In addition to oral health assessment and fluoride varnish application responsibilities, the RDHs participate in data collection, case management, navigation, and evaluation activities

"In smiles for kids, we are seeing less kids for free because they now have dental homes. The plans are trying, seriously! They have stepped up and are receptive to our (stakeholders) input. Having Early Smiles Sacramento navigate client to a dental home after screenings is great-that makes Geographic Managed Care work better. I cannot speak more highly of them (Early Smiles Sacramento). Having representatives from the plans dedicated to this program is wonderful."

- Sacramento District Dental Society

Program Expansion

- Early Smiles Sacramento plans to expand the use of MDRAN among healthcare providers and increase access to care for both oral health and primary care. Furthermore, Oral Health Solutions (OHS) and COH intend to focus on **Whole Health**, going beyond dental services and developing a medical referral module within MDRAN, which will identify non-utilization or under-utilization of medical services critical to the development of infants and children 0 to 5-year-olds such as well-child visits, well-care visits, childhood immunizations, and developmental screenings.
- In 2017, Senate Bill 379 (SB 379) passed that allows schools to use passive consent for **Kindergarten Oral Health Assessments (KOHA)**. Center for Oral Health currently serves 12 School Districts, 1 Preschool System, and 2 Charter School Systems across Sacramento County; only 5 school districts participate in Passive Consent for KOHA. ESS plans to increase KOHA Passive Consent among Sacramento County School Districts; through education and partnerships with school districts and nurses.
- COH plans to focus on **Oral Health Education**; revamping ESS flyer, ESS video, student & parent presentations, training for ESS staff, and educational material.
- COH will introduce **new software**, in order to analyze data on a micro level. This will allow ESS to monitor data through multiple program years and track the individual patient-focused impact.
- Leverage ESS partnerships to expand services in **additional school districts and schools** throughout Sacramento County; with aspirations of expanding ESS to **all counties throughout California**.
- Center for Oral Health's school-aged consent return rate is 25%, they strive to increase this rate to **40% by Summer 2025**.
- Continue to **advocate for an unbiased analysis** of the Dental Managed Care program and its efforts to improve outreach, patient experience, and population oral health outcomes.
- Continue to **build and maintain sustainable partnerships** with organizations like Sacramento District Dental Society, Sacramento Covered, Department of Public Health, and First 5 Sacramento, which have been dedicated to improving oral health in Sacramento.



Our Acknowledgements

This evaluation report was prepared by the Center for Oral Health. This report presents findings, conclusions, and recommendations aimed at making the program more effective.

The Center for Oral Health wants to acknowledge the contributions to the successes of the Early Smiles Sacramento Program and to this evaluation report from the following organizations:

- **Sacramento District Dental Society**
- **First 5 Sacramento**
- **The Sacramento County Oral Health Program**
- **Department of Health and Human Services**
- **Sacramento Covered**
- **DentaQuest**
- **HealthNet of California, Inc.**
- **Access Dental, Inc.**
- **LIBERTY Dental Plan of California, Inc.**
- **School Board Members, School Nurses, and Staff at:**
 - Arcohe Union School District
 - Center Joint Unified School District
 - Elk Grove Unified School District
 - Elverta Joint School District
 - Folsom Cordova Unified School District
 - Galt Joint Union School District
 - Gateway Community Charters
 - Natomas Unified School District
 - River Delta Unified School District
 - Robla School District
 - Sacramento City Unified School District
 - Sacramento Employment and Training Agency (SETA)
 - San Juan Unified School District
 - St Hope Public School
 - Twin Rivers Unified School District

Additional References

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2. Dental Health Foundation, "Mommy, It Hurts to Chew" The California Smile Survey: An Oral Health Assessment of California's Kindergarten and 3rd Grade Children, Oakland, CA: Dental Health Foundation, 2006.
3. Department of Health Care Services: Dental Managed Care Performance Measures; Geographic Managed Care (GMC) Plans; Report Period: January, 2016 to December, 2016; Data Source: DHCS data warehouse - Query Date: 12/27/2017; Accessed by the Center for Oral Health on January 5, 2018
4. Department of Health Care Services; Dental Data Reports; Sealants Utilization Data (Calendar Years 2013 - 2015); Sealants Utilization by Age; Access by the Center for Oral Health on January 5, 2018

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