

# 2020 Dental Impact Report



# Children's Health Fund

*With support by a grant from*



## **Acknowledgments**

This report was researched and written by Luke Gerber, M.A., Director of Research, Evaluation, and Learning at Children’s Health Fund. The author thanks Kelly Rigney, Madison Newton, and our National Network partners, particularly all the staff at Family Health Services of south central Idaho, the Henry J. Austin Health Center of Trenton, New Jersey, and the HOMES program of Parkland Health & Hospital System in Dallas, Texas; the research assistance of Sandhya Sewnauth; and the editorial assistance of Susan Spalding. Finally, we would like to thank the Guardian Life Insurance Company of America for their generous support for this project.

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Children’s Health Fund is committed to ensuring high-quality healthcare for children living in this country’s most marginalized communities. We understand the role that racism and systems of oppression play in shaping health and are committed to addressing the root causes that perpetuate inequities. The programs we support bring comprehensive primary healthcare directly to children and families, partner with communities to create uniquely designed responses to critical needs, and work to improve the quality of life for families through policy and advocacy efforts that drive systems change. Collectively, these efforts help to advance health equity. We support programs that comprise a National Network of local partners located in 15 states, the District of Columbia, and Puerto Rico. For more information about Children’s Health Fund, visit [www.childrenshealthfund.org/](http://www.childrenshealthfund.org/).

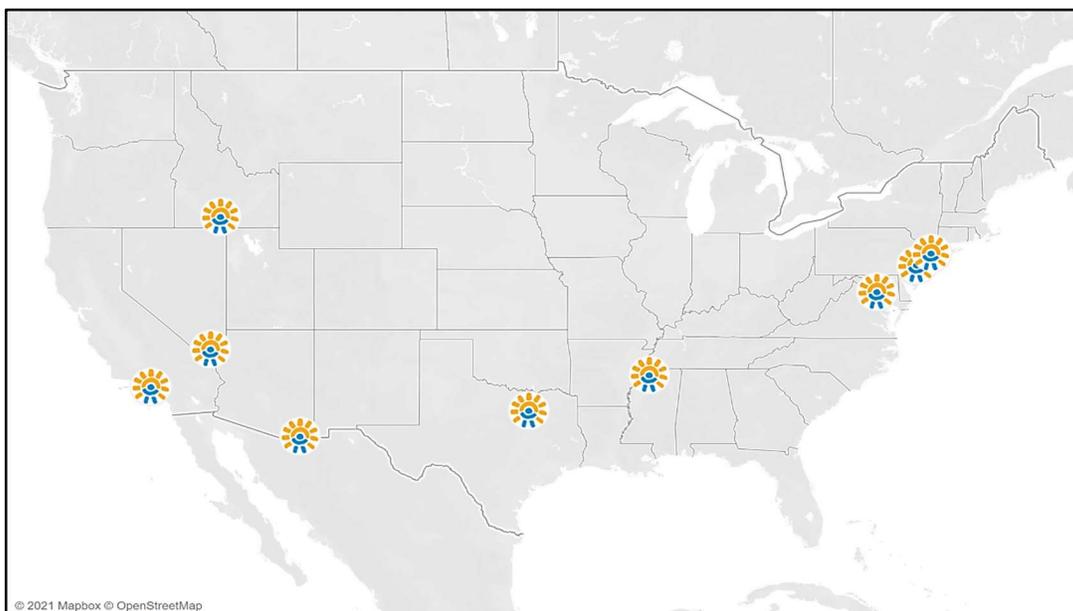
## **Oral Health Services Guardian Supported in 2020**

Children’s Health Fund (CHF) leads a national network of passionate healthcare providers and programs dedicated to improving the health and well-being of children in marginalized communities. We partner with programs that deliver comprehensive primary care where children live, learn, and play in 15 states, the District of Columbia, and Puerto Rico. We create, collect, and share best practices and innovations among our partners and more broadly; provide mentorship to our partners through building relationships between like-minded clinicians; provide technical assistance and expertise to implement cutting-edge programming; advocate for and support policy change positively impacting the most marginalized children; and provide resources for partners facing natural disasters. Recognizing the role that racism and systems of oppression play in shaping health inequities, CHF’s National Network partnerships reflect our efforts to address these root causes that perpetuate inequities in underinvested communities: nearly three-quarters of the patients our partners serve are Black or Latinx children.

Funding from Guardian in 2020 supported our National Network partners, many of which provide dental services directly to children and their families. Of our 25 National Network partner programs, one-third provide dental services to children, some through a mobile dental clinic or teledentistry, and many more refer patients to external dental providers. Collectively, our National Network partners served over 100,000 children and their families in 2020 through over 400,000 clinical service visits.

### **Accomplishments**

To maximize the impact of Guardian’s funding to provide oral health services, CHF distributed funds to nine National Network partner sites with longstanding and high-impact dental programs. Partners in the following locations received funding: southern Arizona, Dallas, south central Idaho, Los Angeles, Mississippi Delta, New York City, Nevada, Trenton, and Washington, D.C.



Collectively, these programs provided a range of dental services to children in their local communities, regardless of families' financial resources, through fixed sites, mobile clinics, and telehealth. Prior to closure due to the COVID-19 pandemic, services comprised general preventive and restorative dentistry services including regular and emergency dental exams, cleanings, radiology, sealants, fillings, and prosthodontics. After March 2020, the ongoing COVID-19 pandemic necessitated significant changes to programs and pauses of in-person services for differing periods of time depending on location; during closures, dental programs shifted to providing teledentistry and emergency dental care, as well as supporting COVID-19 screening and testing.

**During 2020, Guardian funding supported 23,084 dental visits with children and family members attending CHF partner dental clinics.**

To illustrate the impact of these funds on CHF partners' oral health services and their communities, we share stories from three National Network sites.

### **Retaining Dental Staff During the Pandemic: South Central Idaho**

Since 2004, Children's Health Fund has partnered with Family Health Services, a Federally Qualified Health Center (FQHC) in south central Idaho that provides high-quality comprehensive primary medical care, dental health services, mental health care, and social services that are affordable and accessible to their region. The health center serves individuals and families living below 200% of the federal poverty threshold (97%), 40% of whom lack insurance. Almost half the population are Latinx and 11% are agricultural worker households. Given the rural geography and the lack of public transportation, some patients have to travel an hour or more to reach a care facility. In addition to fixed-site clinics in seven communities, the program uses a mobile clinic to reach patients who otherwise might not have access to care.

During the onset of the pandemic, the health center's dental practices were not allowed to see patients for over six weeks. All cleanings and preventive services were paused. The team transitioned to telehealth appointments for emergency dental appointments but faced significant challenges with patients having limited video and photo capabilities. The lower in-person visit volume reduced dental revenue, which could have necessitated staff furloughs or layoffs. Instead, because of Guardian funds, most dental staff were retained and worked in other areas of the clinics where new safety processes and activities were required due to the pandemic—thus keeping the dental practice ready to reopen when mitigating conditions allowed.

Dental staff worked in administrative support roles related to the pandemic: as screeners in the medical offices, checking temperatures and asking questions prior to letting people into the building; and, as pharmacy drivers to deliver medications to patients who could not come into the clinic. Through the pharmacy home delivery program, staff realized that many patients did not have enough food. The dental staff put food boxes together and delivered them to patients. What began as a way to keep dental staff employed grew into a major effort by the health center to

meet the immediate needs of their community by addressing transportation barriers and food insecurity during the pandemic.

After the temporary closure, the dental practices reopened slowly and staff transitioned back into their normal roles. Here's one story of a patient served, as told by Dr. Adam Hodges in Idaho:

“These stories are always hard for me to write as they happen so often that we see it as normal. I did have one case that will always be with me and one that I will not forget. We had a call from the local school at the height of our spike for the coronavirus. They had a girl from an agricultural worker family, 13 years of age. She is the same age as my youngest daughter, and I thought about this when treating her. She was referred from the school because of dental pain. It still makes me sad to think about the state of her mouth. She had three teeth that were in a horrible state. All three would cause an adult to be in chronic pain. I was shocked she was functioning in school and able to eat. It was the worst case from the school that I have treated. This young girl had two adult molars with exposed nerves. One of the teeth had decay that was so bad we had to extract the tooth that day. It had been hurting her so much that she didn't even flinch when we gave her the shots for the numbing. We took out the tooth and had her back to start the root canal on the tooth on the opposite side. The tooth still requires work, but, removing the infected nerve that was exposed to her oral cavity and placing medicine in the nerve space brought her a lot of relief. We had to move to the third painful tooth next. She had one of her front teeth extremely decayed. We were able to treat this tooth and relieve the pain. At this point, we were happy she had less pain. So we moved on to removing the buildup on her teeth, as she had never had a professional cleaning. While we still have things to help her with, I am glad that we were able to help get her back into school so she won't have to study and learn with the pain of exposed dental nerves in her mouth.”

### **Shifting to Teledentistry: Trenton, New Jersey**

Children's Health Fund's partner in Trenton, New Jersey is the Henry J. Austin Health Center, a private, non-profit, Federally Qualified Health Center (FQHC) that provides comprehensive primary care including medical, mental health, dental, case management, and substance abuse services to individuals and families in the Greater Trenton community. Patient demographics reveal that 95% live below 200% of the federal poverty threshold, 32% have no insurance, 45% are Black, and 45% are Latinx. The health center uses an integrated model where teams of clinicians—medical, mental health, pharmacy, and dental—collaborate with the patient to develop a complete and effective treatment plan. Established in 1969, the health center has a long history of bringing care outside the clinic walls to the community through partnerships with shelters, social service agencies, and healthcare providers. The health center is the largest non-hospital-based ambulatory care center in the city, serving over 18,000 individuals annually across their four locations.

When the initial onset of the pandemic forced pauses of in-person visits, the staff quickly transitioned to telehealth for all visits. Lee Ruszczyk, senior director, described this recently in an interview: “It was an organization-wide, all-hands effort, but we were able to successfully switch to telehealth within one week. We quickly restructured existing workflows, designed new workflows, adopted new platforms for teleconferencing and telemedicine, and shifted staff responsibilities to make this happen.” Shortly after closing down in-person visits, the health center was able to provide 85% of their typical visit volume with telehealth visits.

While at first, some dental staff were furloughed and others were repurposed to support COVID-19 screening, the center’s leadership quickly developed a plan to switch to teledentistry. Flexible funds from Guardian facilitated this transition by funding the staff time of the dental program’s leadership. Shortly thereafter, the dental practice reopened through telehealth. By October, all the dental staff who were furloughed were brought back to work.

The American TeleDentistry Association defines teledentistry as “the use of electronic information, imaging and communication technologies, including interactive audio, video, data communications as well as store and forward technologies, to provide and support dental care delivery, diagnosis, consultation, treatment, transfer of dental information and education”. For CHF’s partners, this meant dental staff discussing symptoms, assessments, treatment, and offering education by phone or teleconferencing. Photos or videos of the mouth provided additional information to aid in the diagnosis. Treatments ranged from education and reassurance, to over-the-counter pain medications, to prescriptions for antibiotics. Response to treatment could also be monitored via telehealth. In some cases, patients required in-person visits following telehealth assessment.

Here’s one story from the Trenton, N.J. dental team about a patient served during the pandemic through teledentistry: “A mother called about her 6-year-old son who had dental pain, but due to COVID-19 the mother was afraid to go out. Dr. Moten, the dentist, was able to speak to the boy’s caregiver and offer reassurance, providing services through teledentistry. Over both the phone and video, Dr. Moten made the diagnosis of an abscess and prescribed the boy antibiotics. Two days later, the patient was seen on-site for an evaluation and tooth extraction.”

### **Conducting Community Outreach for Prevention: Dallas, Texas**

Children’s Health Fund’s partnership in Dallas, the Homeless Outreach Medical Services (HOMES) program of Parkland Health & Hospital System, was established in 1991. The program is a governmental, Federally Qualified Health Center (FQHC) that serves children and adults who live in shelters and on the streets in Dallas County through six mobile medical clinics, one mobile dental clinic, and two fixed-site locations. Services include comprehensive primary care including medical, dental, mental health, and substance use services. Demographics of the patient populations show that 99% live below the federal poverty threshold, 73% lack insurance, 47% are Black, and 15% Latinx. The mobile clinics have teams comprising medical providers, dentists, nurses, social workers, a dietitian, a psychologist, and health educators. The mobile clinics serve

community sites including domestic violence shelters, family shelters, a shelter for teens, a homeless daycare center, and drug treatment programs.

Leveraging funding from Guardian in 2020, the program provided preventive oral health care and education to children in the community without legal documentation—once safe to do so. During each outreach, the team screens and offers fluoride varnish to children and educational resources to parents on the importance of oral hygiene for children, and, if necessary, refers to community health center dental clinics. Staff correct myths due to lack of public health education that minimize oral health care for small children, for instance, because families believe baby teeth will “fall out anyway.” The team believes, “the earlier we can start educating children the better their health will be into their adult lives,” and stocks their mobile dental clinic with items to educate families and promote oral health.

In one outreach session at the Mexican Consulate, the team met several children who had rarely or never visited a dentist. The team conducted oral hygiene education and awareness with parents and children, as well as screening and prevention visits for children. One child, seen by a dentist, had an infection in a baby tooth that the parents didn’t know about; the program staff provided the parents with resources to obtain follow-up care for their child. The parents and children greatly appreciated the oral health resources they received to help improve their childrens’ smiles and oral hygiene. The team noted that fear of affordability or being undocumented were significant barriers that prevented these parents from taking their children to the dentist regularly. Thus, the team stressed that “one area we need to advocate for is providing dental coverage to undocumented immigrant children as they are considerably more vulnerable and have a higher risk for dental decay.”

Here’s one story as told by dentist Dr. Han Truong in Dallas, Texas:

“One of the patients that I saw was a thirteen-year-old female. She didn’t speak English, and we had to use the language phone line for interpretation. She had several large caries and had never been to a dentist. She was very pleasant but shy during her first visit for the exam, cleaning, and fluoride. The next time, she came back for fillings, and, this time, she smiled even more! Even though she had never been to a dentist, she was very cooperative and happy to be there. That was a very nice experience to be able to be the first dentist for that patient. I was thrilled that she was able to have a good experience. It is very hard to know that so many kids have never been to a dentist. It’s very important to increase access to care as that will contribute to improve oral health and overall health for children and youth.”

### **Educating Parents about Children’s Oral Health**

In 2020, efforts through the Guardian’s of the Smile (GOS) program—a partnership between Children’s Health Fund and Guardian Life—focused on increasing access to oral healthcare information and resources to reach more individuals, including children, at home. These efforts concentrated on building awareness through digital marketing.

Actions included refreshing the GOS website and launching three targeted social media campaigns to reach parents interested in dental care and dental brands. One of the campaigns was a sweepstakes for kids' electric toothbrushes that was very successful in driving families to the GOS website which houses branded children's oral health lessons for grades K-3.

In all, the campaigns drove 172,620 impressions—the number of times target audiences saw Facebook ads—through social media, and 1,068 page views to the GOS website.



## **Conclusion**

While the COVID-19 pandemic disrupted dental services across our National Network and vastly reduced in-person visits, programs leveraged the flexible funding from Guardian to serve their local communities. Our National Network partners [1] temporarily repurposed dental staff during shutdowns to support local communities' needs, retaining staff to be ready to reopen dental practices, [2] expanded teledentistry to serve their communities, and [3] expanded community outreach for oral health prevention when safe to do so. During 2020, Guardian funding supported 23,084 dental visits with children and family members attending CHF partner dental clinics.

These three case studies highlight a set of federal advocacy priorities to build a public health safety net that sustains the oral health of all children, especially those children who experience greater inequities in access. Particularly, we support advocacy to preserve and expand the oral healthcare services provided to children and families who utilize Medicaid and to adequately fund community health centers. These two funding streams provide the backbone for the programs cited above, supplemented by philanthropy and corporate social responsibility. With the power of our National Network, our advocacy efforts support these changes at the federal level to expand oral healthcare access.