



# IMPROVING SMILES THROUGH SCHOOL PARTNERSHIP IN NORTH CENTRAL WEST VIRGINIA

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[monchd.org](http://monchd.org)



## PROGRAM SUMMARY

### History:

Smile Express has been improving smiles in North Central West Virginia since 2018. What started as an idea by its program coordinator, it has grown to provide dental services for schools, recovery centers, nursing homes and various community partners. We currently provide dental services for 59 schools in 5 WV counties, covering a total of 1,826 square miles.

### Funding:

Grant funding from the Delta Dental Foundation provided a means to begin the program by allowing the agency to purchase a 2005 Winnebago that was converted to a 2-operator dental clinic. Aetna Better Health of West Virginia provided us with a \$500,000 agreement that allowed us to purchase a brand new custom build mobile dental unit from ADI in 2024.

### Philosophy:

From the beginning, it was apparent that program development hinged totally on the relationships we curated with gatekeepers to the individuals we serve. School-based services are the majority of the outreach we do, and a lot of time and effort is required to maintain a positive relationships with the Superintendent to the home room teacher. Leveraging our presence with a positive experience for everyone, along with favorable oral health outcomes and data, are ways that we provide measurable impact in return for their partnership.

## WEAKNESSES & CHALLENGES

Going into the seventh year of operation, many lessons have been learned and many victories have been celebrated. Every single visit has the potential to change the trajectory of a student's life, and learning. To make those opportunities more frequent and better in quality, it is important to identify the weaknesses and confront the challenges head-on.

### Enrollment Forms:

Getting enrollment forms returned is the number one pinch point with our program. We now offer an online HIPAA compliant form, and we also have an enrollment form in Spanish.

### Building relationships with school staff:

Relationships is what makes this program work. Some schools take some time to warm up and to trust us with their students. This has been a long-game play that has reaped the rewards of our consistency and trustworthiness.

### Competing programs:

Our philosophy is that competition breeds excellence. Over time we have demonstrated that our program better serves students.

### Reputation with local dental providers:

When this program first started there was much discussion among the local dental community. All concerns that local providers had, have shown to be without merit. "Stealing patients" and providing sub-par work are simply not something that we do. We screen students and if they have had preventive care in the last 12 months, we will not see them. Keeping and/or finding a dental home is one of our top priorities for the long term health of each patient.

### Staffing:

The dental workforce in WV is at an immense deficit. We could use more hands, but it is very difficult filling any position. For instance; our program coordinator is also the driver and is also primarily the sole provider public health dental hygienist.

## SMILE EXPRESS STAFF

**YOUSEPH KASSAR, DDS**

Program Manager & Supervising Dentist (Off-site)

**TIFFANY SUMMERLIN, BSDH, RDH**

Program Coordinator, Mobile Unit Driver, & Public Health Dental Hygienist

**VELVET URGO**

Program Assistant



YOUSEPH KASSAR, DDS



TIFFANY SUMMERLIN, BSDH, RDH

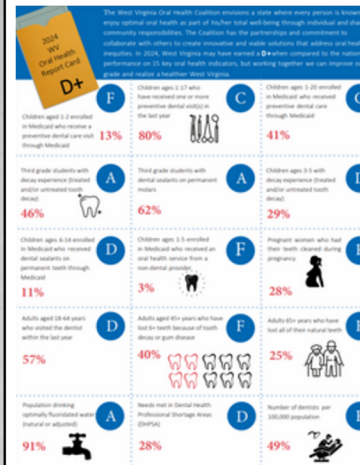


VELVET URGO

## WHAT GOES INTO EACH VISIT?



## HOW DOES WEST VIRGINIA MEASURE UP?



2024 ORAL HEALTH REPORT CARD

Indicator	Percentile	Score	Target	Grade
1) Children aged 2-17 enrolled in Medicaid who received a preventive dental visit through Medicaid	13%	53.5	24.5	C
2) Children aged 3-17 who have received one or more preventive dental visits through Medicaid	80%	80	24.5	C
3) Children aged 3-17 enrolled in Medicaid who received preventive dental care through Medicaid	41%	40	43.0	C
4) Third grade students with decay experience (restored and/or untreated dental decay)	46%	46.4	25.1	A
5) Third grade students with dental sealants on permanent teeth	62%	62.2	41.1	A
6) Children aged 3-17 with decay experience (restored and/or untreated dental decay)	29%	28.8	21.9	B
7) Children aged 3-17 enrolled in Medicaid who received dental sealants on permanent teeth through Medicaid	11%	10.7	21.4	B
8) Children aged 3-17 on Medicaid who received dental sealants on permanent teeth from a dental provider	3%	3.0	21.4	B
9) Progressive services who had their first dental program	28%	28.0	40.0	F
10) Adults 18+ who have had their last dental visit in the last year	57%	56.8	21.0	F
11) Adults 18+ who have had their last dental visit for health reasons of tooth decay or gum disease	40%	40.0	21.0	F
12) Adults 18+ who have had all of their natural teeth	25%	25.0	21.0	F
13) Population drinking optimally fluoridated water (natural or adjusted)	91%	90.8	21.1	A
14) Waste not in dental health care (Dental Recycling)	28%	28.0	21.0	F
15) Number of dental visits per 100,000 population	49%	48.7	21.0	F

Data Source: Centers for Medicare and Medicaid Services (CMS), Annual Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Participation Report (2024), WV Behavioral Risk Factor Surveillance System, WV Pregnancy Risk Assessment Monitoring System, National Assessment through Medicaid (NATM), WV Oral Health Survey, Health Resources and Services Administration, Health Professional Shortage Areas Centers for Disease Control and Prevention, Division of Oral Health, American Dental Association, Health Policy Institute.

## IS SMILE EXPRESS MAKING A DIFFERENCE?

Since 2018, and through the Covid-19 pandemic, Smile Express has made a measurable effort to address the oral health disparities found in school age children in NCWW. A total of 1707 unique students have been seen, with 1949 total visits. All but a few of those visits have included all of the following: assessments, prophylaxis, radiographs (panoramic & intraoral), fluoride varnish & oral hygiene instruction. The majority of patients have also received one or both of the following: dental sealants on healthy posterior teeth, and silver diamine fluoride on posterior teeth with decay that does not extend to the pulp. Many students have been directed to a dental home, and/or received collaborative attention by us and the school to receive a rapid referral for urgent needs. About 65% of the students we see are covered by Medicaid, with approximately 15% uninsured. We allocate internal funding to cover the cost of treating uninsured students, and there is never an out of pocket amount for families who would experience a financial hardship if they were to pay. Smile Express is making a difference.

## HOW DOES SCOPE OF PRACTICE AFFECT OUR PROGRAM?

Our program performs most of its outreach without the direct supervision of a dentist. In WV, a dental hygienist can apply for a public health permit after having 2 years and 3000 hours of clinical experience. A public health dental hygienist can provide preventative dental care to any patient, regardless if they have been seen by the supervising dentist. A collaborative agreement outlines the services that a public health dental hygienist is allowed to perform under that general supervision. However, a public health dental hygienist is not allowed to supervise a dental assistant who must perform all clinical services under direct supervision of a dentist. This limitation has a dramatic impact on the volume of care that can be done when a dentist is not present. All clinical treatment that an assistant is allowed to do under direct supervision must be performed by the public health dental hygienist instead.