



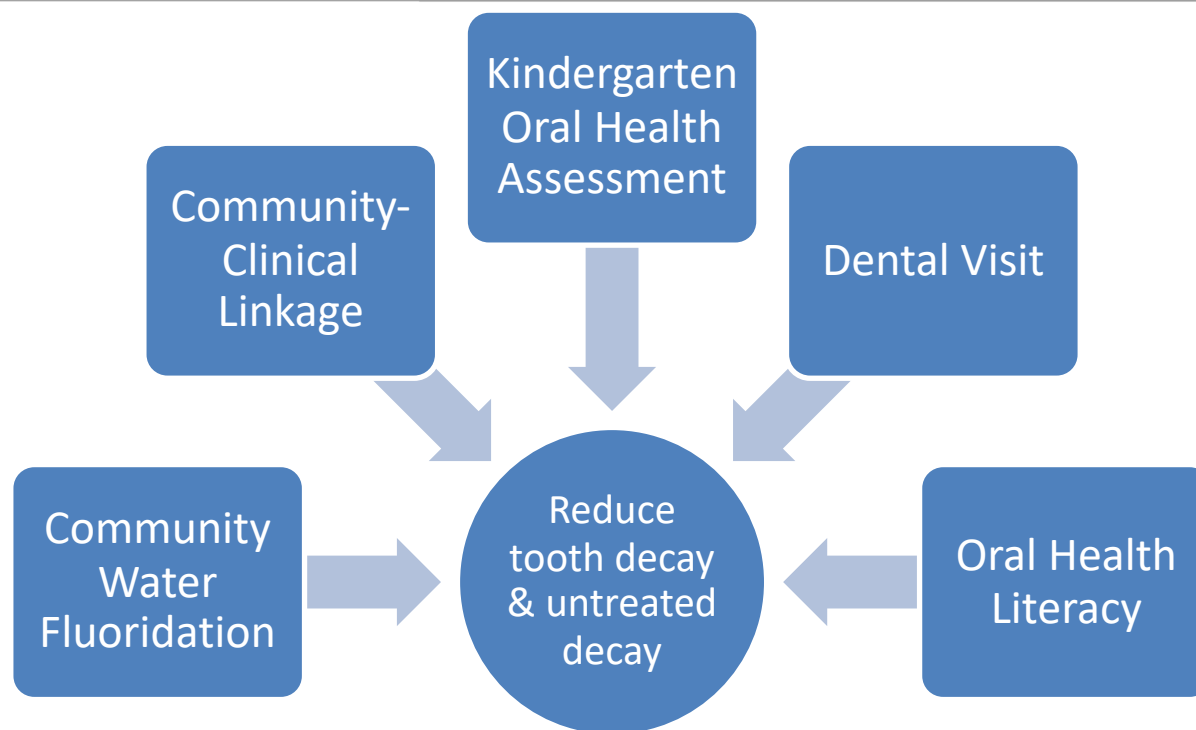
# Implementing School-based Sealant Programs

Lunch & Learn Session # 1  
Office of Oral Health  
March 19, 2020

# Topics

- Rationale for focusing on school sealant programs
- Considerations that influence in selection
- Cost and revenue associated with sealant programs
- Role of Governmental Public Health
- Developing partnerships
- Program planning tools and resources

# Goal: Cavity Free Children



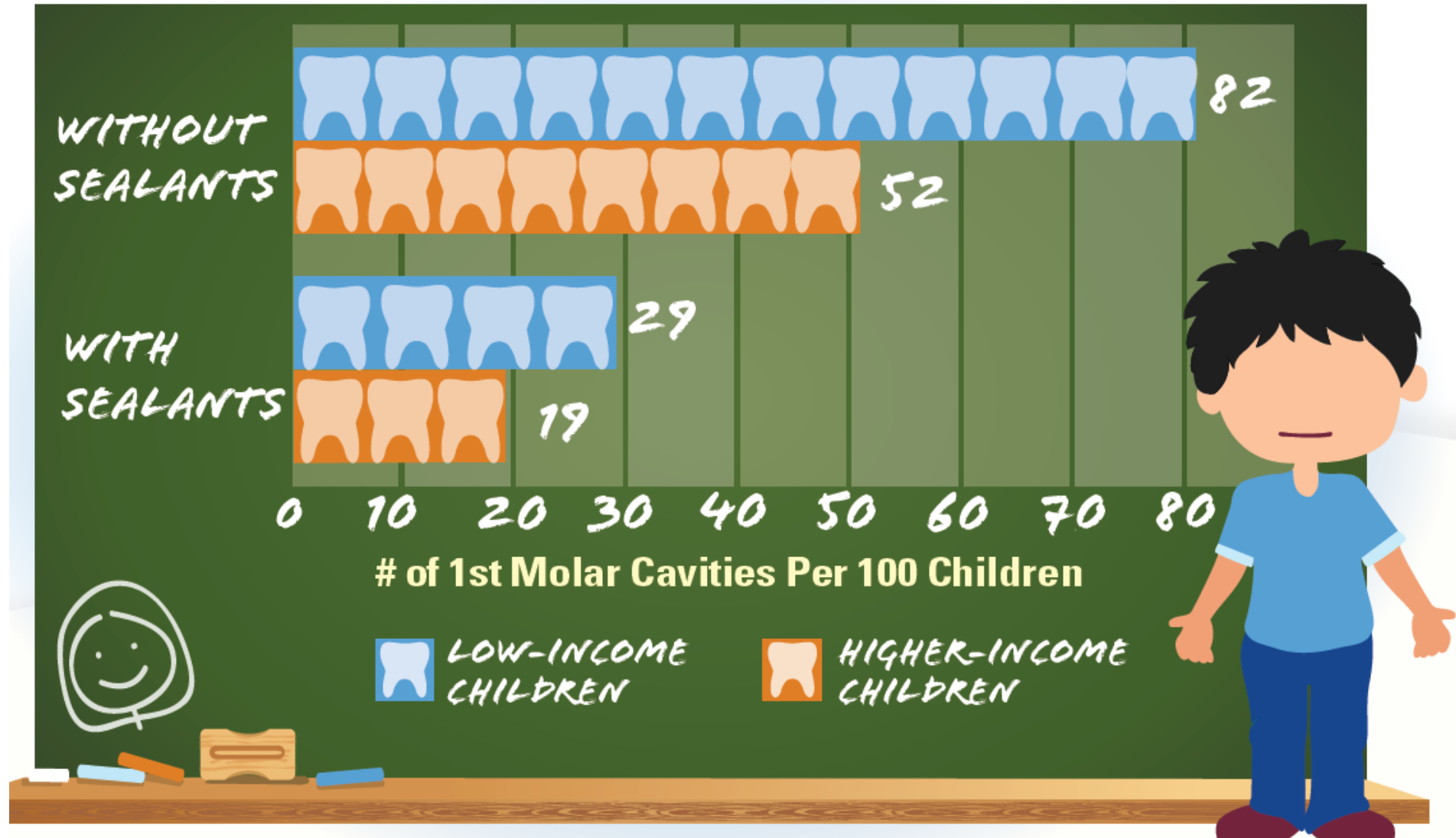
Measure performance: How much are we doing? How well are we doing? Is this making children healthier?

# California School-based Sealant Programs: Examples



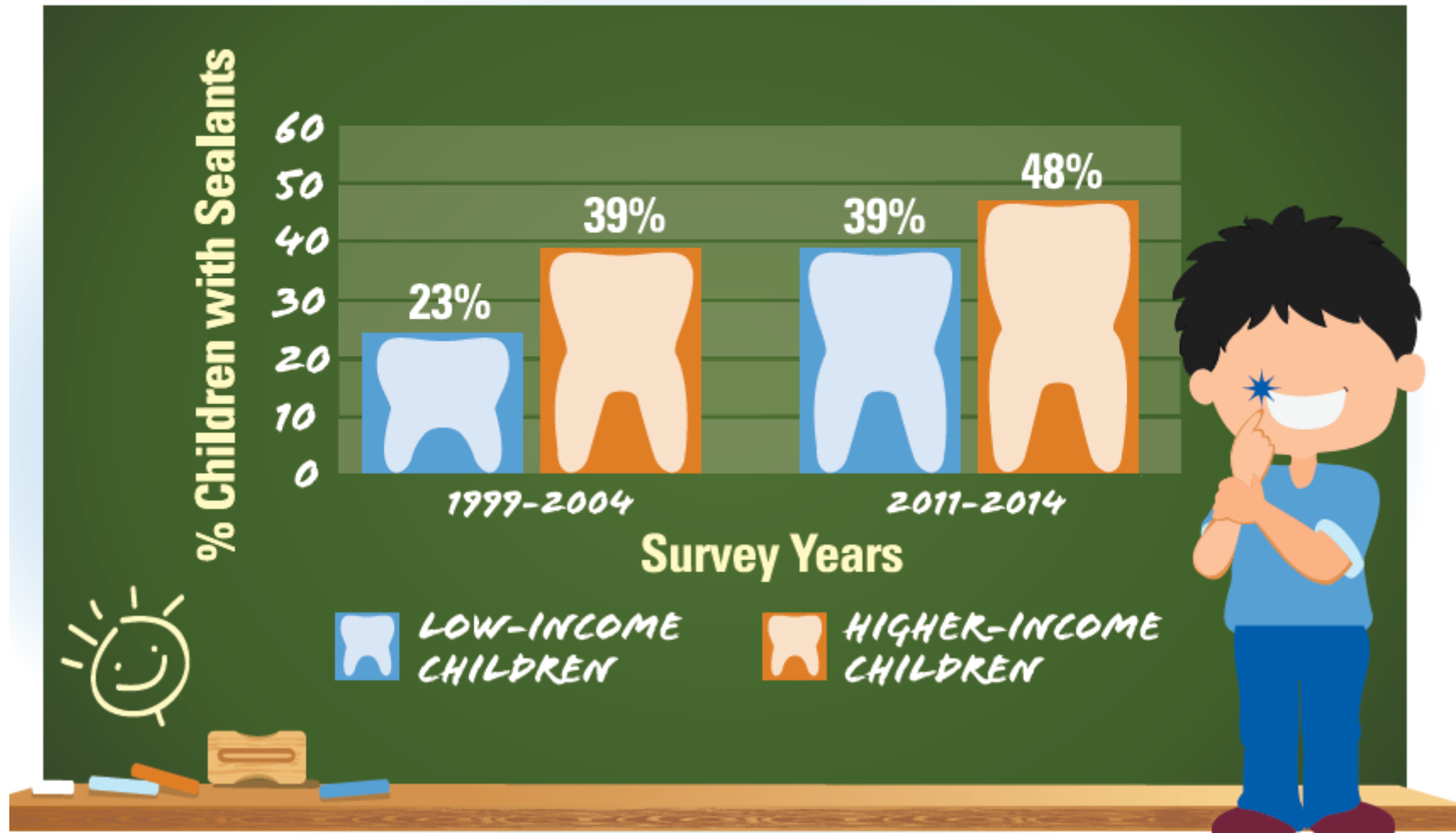
- Contra Costa
- Alameda
- Berkeley
- San Francisco

# Cavities



SOURCE: CDC Vital Signs 2016, NHANES, 1999-2004 and 2011-2014

# Sealant Use

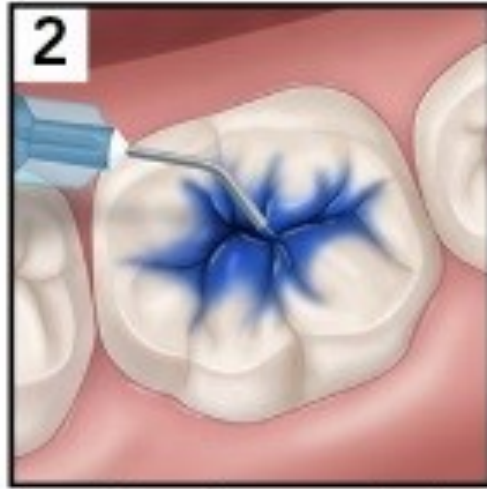


SOURCE: CDC Vital Signs, 2016, NHANES, 1999-2004 and 2011-2014

# DENTAL SEALANTS



Tooth without sealant



Etching solution is applied



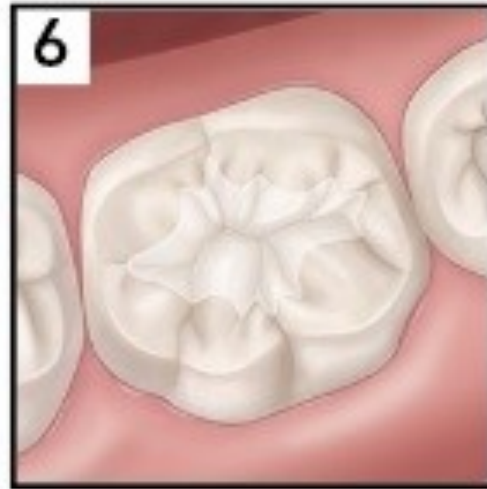
Tooth is cleaned and dried



Sealant is applied



Using either a light or air, sealant takes a few minutes to dry



Tooth with final sealant



Source: CDC

# Clinical Service Models

- Portable dental equipment



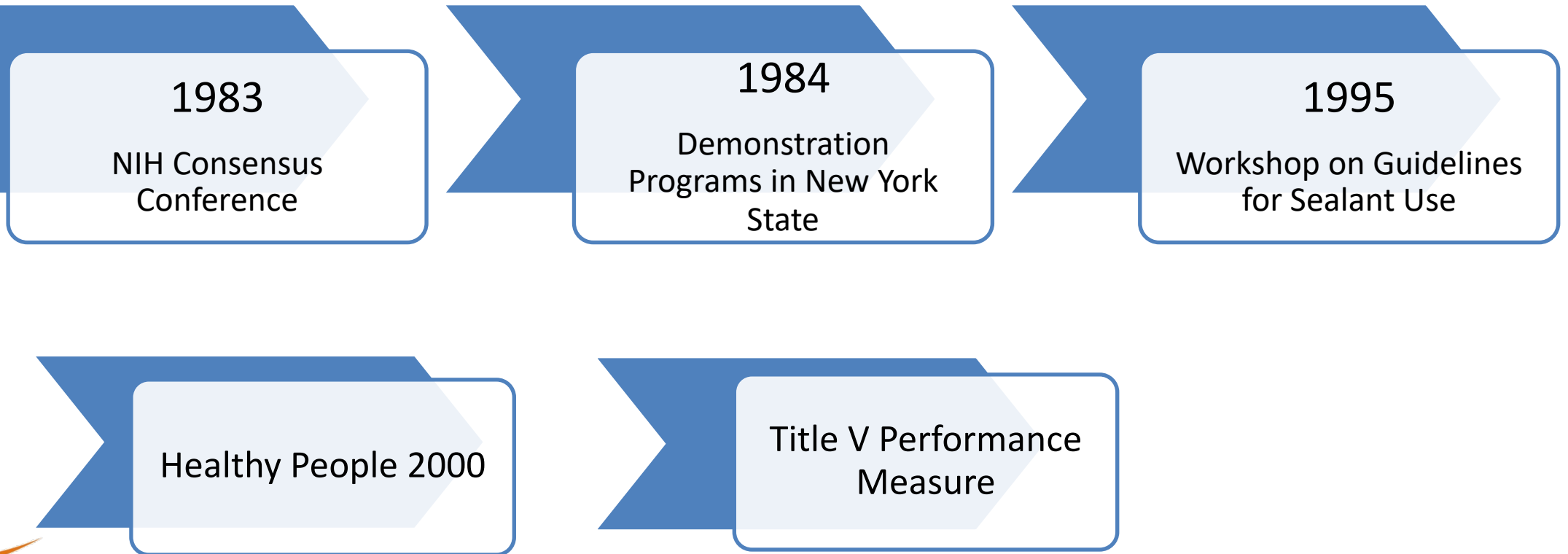
- Mobile Van

- Fixed facility site





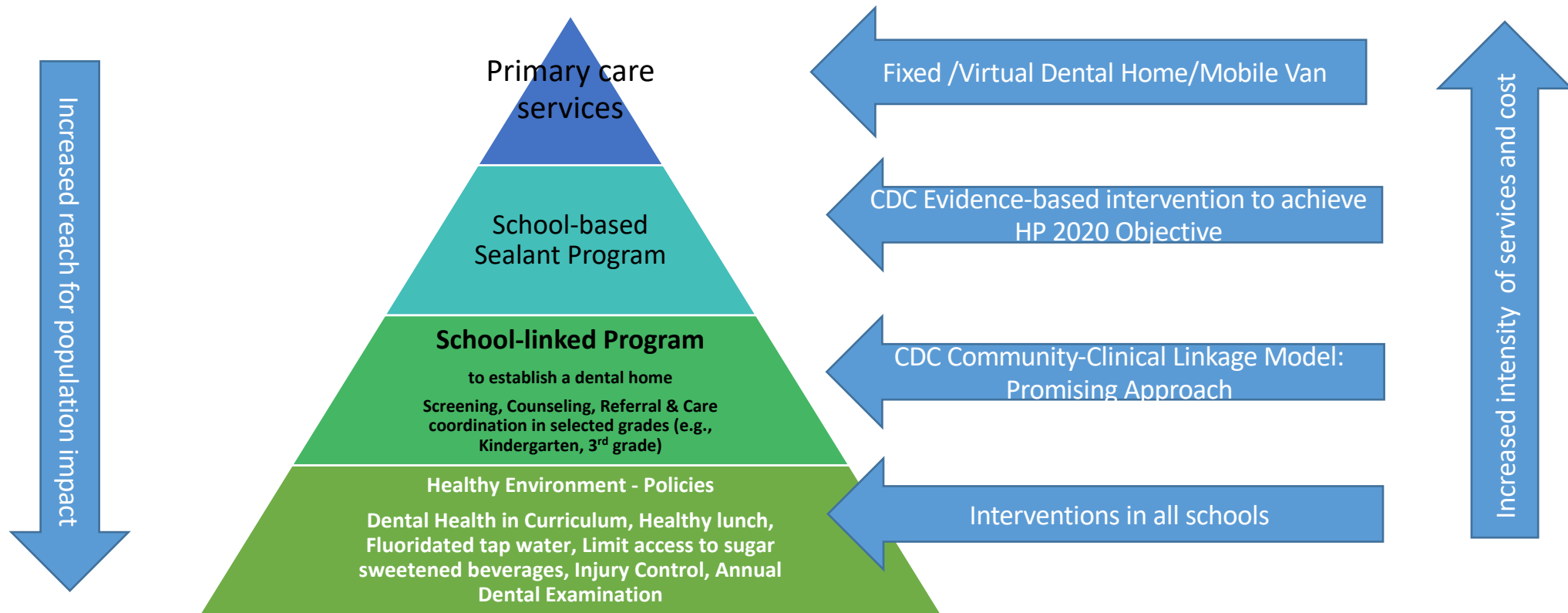
# Background



# Background

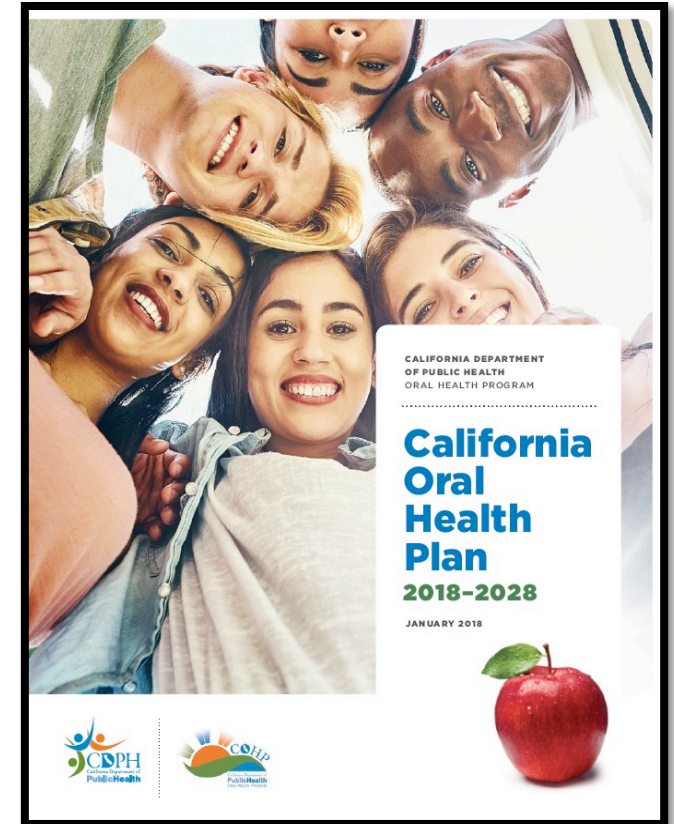


# Building interventions in schools: Intensity matched to need



# Why Promote School-based/linked Sealant Programs?

- Healthy People 2030 Objective
  - Increase the proportion of children and adolescents aged 3 to 19 who have received dental sealants on one or more of their primary or permanent molar teeth
- California Oral Health Plan Objective:
  - By 2025, increase from 27.6% to 33.1% among 6-9 year old children



# Considerations: School-based vs. a school-linked program

## School-based Program

- Lack of access to care
- Availability of resources
- Availability of trained personnel
- Limited number
- Support from schools including space
- Support for obtaining consent

## School-linked Program

- Capacity in the community
- Less resource intensive
- Effective referral system is present
- Can reach a large proportion
- Can be done with passive consent

# Policies in place to promote sealant programs

- Children's Dental Disease Prevention Program
- Dental Practice Act
- Medicaid reimbursement
  - RDHAP, RDH, RDA, DDS
  - FQHCs
  - County Clinics

# Implementation Guidelines

- Targeting low income schools
- Targeting grades – 2<sup>nd</sup> & 3<sup>rd</sup>; 6<sup>th</sup> & 7<sup>th</sup>
- Building community support
- Obtaining assurances from schools and providers
- Selecting equipment
- Ensuring good infection control and waste management practices
- Maximizing response
- Sustaining the program

# What are the costs (2016 \$)?

Journal of Public Health Dentistry . ISSN 0022-4006

## **Estimating the cost of school sealant programs with minimal data**


Susan O. Griffin, PhD<sup>1</sup>; Kari Jones, PhD<sup>2</sup>; Shillpa Naavaal, BDS, MS, MPH<sup>1,3</sup>;  
Joan M. O'Connell, PhD<sup>4</sup>; Christina Demopoulos, DDS, MPH<sup>5</sup>; Dawn Arlotta, DHSc, MPH, CHES<sup>1,6</sup>

“Total annual SSP costs are \$134,005.51. Their cost per child sealed is \$65.88.”





# Cost



Item	Annual Cost	Percent of total cost
Durable items	\$1,486	1.1
Supplies	\$17,983	13.4
Labor	\$89,159	66.6
Administrative	\$22,678	18.9
Total	\$134,006	100



# Assumptions

- Uses four-handed technique.
- Spends 6 hours per school day.
- Provides 3,390 fluoride applications at 1 minute per child.
- Serves 58 schools over 100 days (20 children/day).
- Provides 3,390 screenings.
- 2,034 children receive 6,102 sealants.
- Performs care coordination

# Projections for a Business Plan

- 750 children
- 10 children/school day
- Team - 1 RDHAP + 1 DA
- 75 clinical days and 25 preparatory days =100 days

750 fluoride applications	\$ 10	\$7,500
750 prophylaxis	\$ 30	\$22,000
1500 sealants	\$ 22	\$33,000
Total		\$62,000

# Role of Governmental Public Health

- Target school-based sealant programs to the areas of greatest need.
- Track the number of schools and children participating in sealant programs.
- Implement policies that deliver school-based sealant programs in the most cost-effective manner.
- Help schools connect 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.

# Model: Public-Private Partnership

- Develop a program plan and a business plan
- Consult an expert who can provide guidance
- Partner with a provider
- Assist providers in enrolling in the Medi Cal Dental Program
- Identify target schools and grades
- Facilitate the establishment of a program
- Provide equipment and start up supplies
- Obtain assurances to establish a high quality program
- Obtain data, monitor quality, and evaluate progress

# Templates

- Memorandum of Understanding
- Provider assurance
- Protocol including infection control practice and waste management
- Promotional materials
- Consent forms
- Dental record, referral forms, tracking referral
- Quality improvement methods
- Evaluation questions

## □ PROVIDER RESPONSIBILITIES

### **All applicants approved to provide school-based dental services must:**

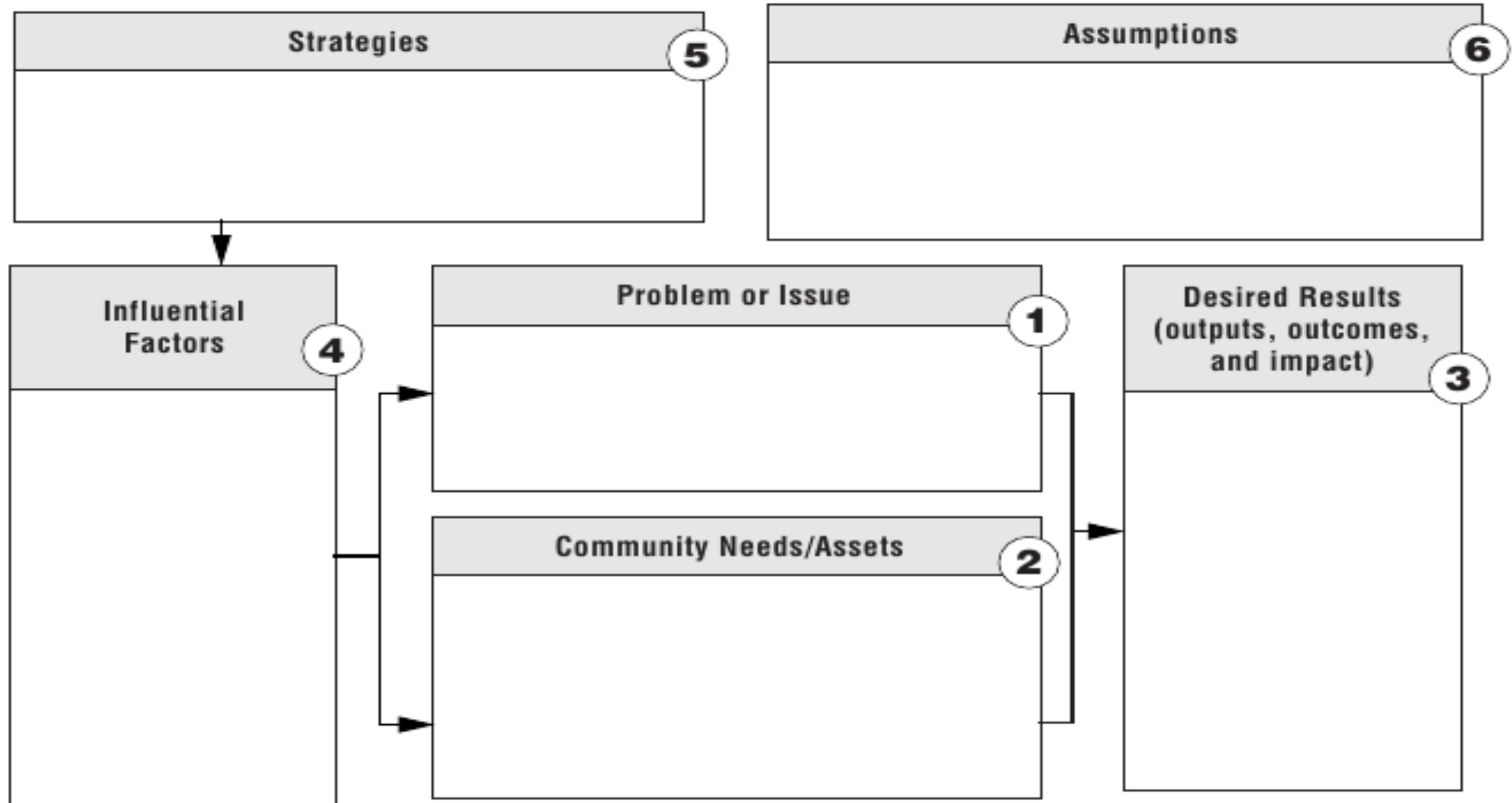
- Plan for and operate dental health services in collaboration with the school, community leaders and organizations, other health care and dental resources, and with a community advisory committee.
- Assure that all health professionals are licensed and registered pursuant to Title VIII of the NYS Education Law and that the program is under the general supervision of a licensed physician and dentist. Licensure can be verified online through the NYS Office of Professions <http://www.op.nysed.gov/opsearches.htm>
- For SBHC-Ds located at sites lacking a SBHC, assure that a licensed physician and dentist at least provides general administrative oversight and supervision of the program.
- Assure that appropriate dental treatment coverage is provided for continuity of care, such as making arrangements for appropriate coverage during out-of-school hours, during school vacations and on weekends.
- Provide dental screenings, education and referral services at no cost to the child or family.
- Provide primary and/or preventive dental health services consistent with ***Requirements for a School-Based Health Center Dental Program*** (see Appendix)
- When screenings indicate the need for additional services, the parent or caregiver must be notified of the options available for follow-up services, as well as any charges that might be incurred by the family.

Options include one of the following:

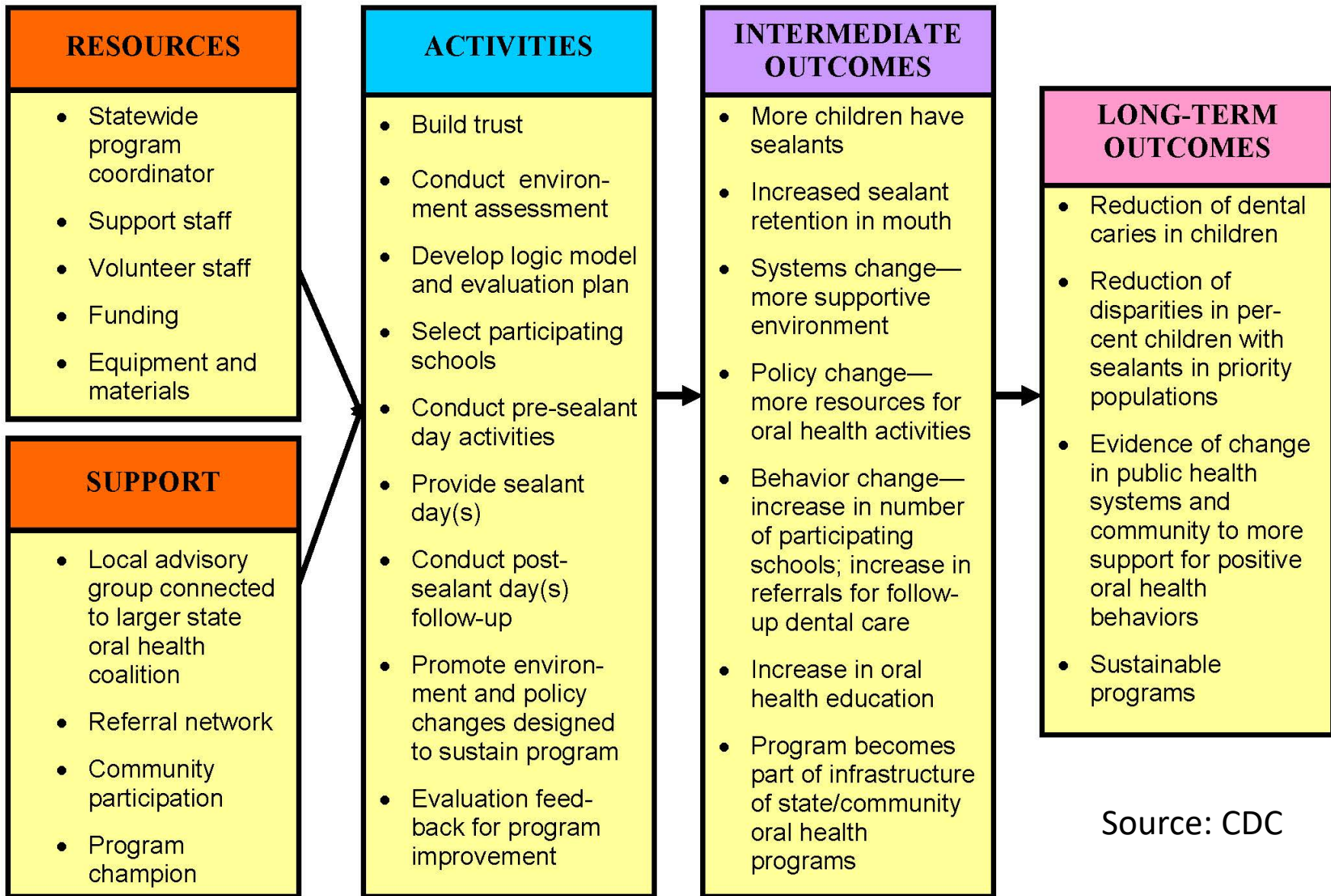
- referral to another provider, or
- on-site treatment utilizing a zero-based sliding fee scale.
- Inform parents that they can elect to have their children receive dental services through the SBHC-D or that services can be provided by the child's current primary dental care professional.
- Provide for a system of ongoing data management, program monitoring and service evaluation.
- **Submit quarterly and annual reports to the Department within thirty days (30) of the close of the report period, as well as report any program or staffing changes immediately.**
- Demonstrate financial viability and sustainability.

Obtaining assurances from a provider: Example from New York State

# Logic Model Development Program Planning Template – Exercise 1





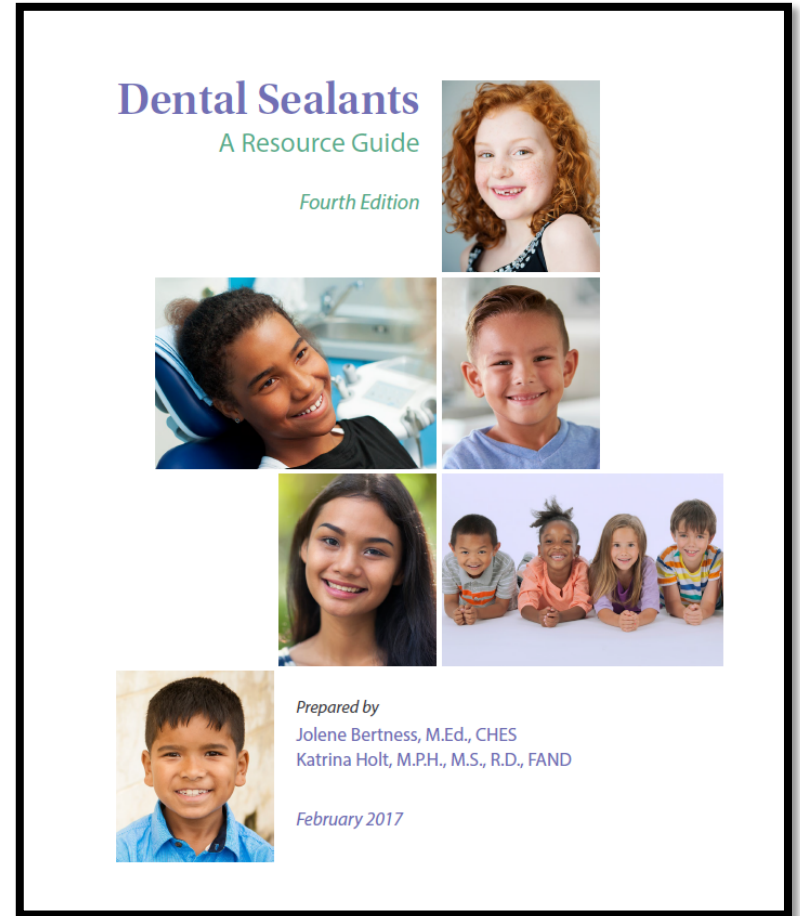
**LOGIC MODEL****COMPREHENSIVE DENTAL SEALANT PROGRAM**

Source: CDC

# Anticipate Questions

- No need for a program in my schools. “I take care of my patients”
- You are providing false sense of security
- Sealants don’t work
- Sealants should not be placed without x-rays
- I see cavities underneath sealants
- You are referring out all difficult cases

# Resources



[COHSII](#)

[Library](#)

[Publications](#)

[Topics](#)

[MCHB-Funded Projects](#)

[Title V MCH Block Grant](#)

[Child Care and Head Start](#)

[News](#)

[Organizations](#)



#### New National Consensus Statement Activity Update

This latest update, *Promoting Oral Health During Pregnancy: Update on Activities—December 2019*, provides an overview of selected national and state activities.



#### New Resource

Title V National Performance Measure 13 (Oral Health): Strategies for Success provides detailed information to help state MCH programs in their implementation of the Title V national performance measure on oral health (NPM 13) and oral-health-related state performance measures.



#### New Resource Guide

Fluoride Varnish and Silver Diamine Fluoride: A Resource Guide provides descriptions of materials on data and surveillance, professional education and training, and public education.



#### New Resource Bulletin

Oral Health Resource Bulletin: Volume 43 lists selected oral health resources on data and surveillance, policy, professional education and practice, program development, and public awareness.



#### News from OHRC

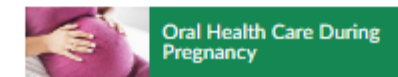
- February 2020: OHRC Update | Announcement Archive
- Connect to OHRC
- Subscribe to e-mail lists

#### Featured Resources

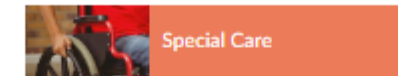
##### Consumer Materials



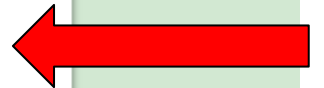
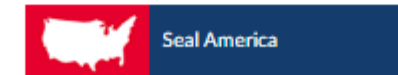
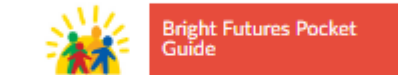
##### Consensus Statement



##### Curricula



##### Guides / Manuals



**F**

**FIRST**

**A**

**ATTEMPT**

**I**

**IN**

**L**

**LEARNING**





# Next Steps

# Thank you!



[Contact: DentalDirector@cdph.ca.gov](mailto:DentalDirector@cdph.ca.gov)