



Dental Public Health Project/Activity Descriptive Report Form

Please provide a detailed description of your **successful dental public health project/activity** by fully completing this form. Expand the submission form as needed but within any limitations noted. Please return completed form to: lcofano@astdd.org

NOTE: Please use Arial 10 pt. font.

CONTACT PERSON PREPARING THE SUBMISSION AND TO ANSWER QUESTIONS

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PROVIDE CONTACT INFORMATION FOR ONE ADDITIONAL PERSON WHO COULD ANSWER QUESTIONS REGARDING THIS PROGRAM

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SECTION I: ACTIVITY OVERVIEW

Title of the dental public health activity:

Albuquerque Public Schools' Dental Program

Public Health Functions* and the 10 Essential Public Health Services to Promote Oral Health:

Check one or more categories related to the activity.

"X"	Assessment
X	1. Assess oral health status and implement an oral health surveillance system.
X	2. Analyze determinants of oral health and respond to health hazards in the community
X	3. Assess public perceptions about oral health issues and educate/empower them to achieve and maintain optimal oral health
	Policy Development
X	4. Mobilize community partners to leverage resources and advocate for/act on oral health issues
X	5. Develop and implement policies and systematic plans that support state and community oral health efforts
	Assurance
X	6. Review, educate about and enforce laws and regulations that promote oral health and ensure safe oral health practices
X	7. Reduce barriers to care and assure utilization of personal and population-based oral health services
X	8. Assure an adequate and competent public and private oral health workforce
X	9. Evaluate effectiveness, accessibility and quality of personal and population-based oral health promotion activities and oral health services
X	10. Conduct and review research for new insights and innovative solutions to oral health problems

***ASTDD Guidelines for State and Territorial Oral Health Programs that includes 10 Essential Public Health Services to Promote Oral Health**

Healthy People 2030 Objectives: Please list HP 2030 objectives related to the activity described in this submission. If there are any state-level objectives the activity addresses please include those as well.

- OH-01: Reduce the proportion of children and adolescents with lifetime tooth decay.
- OH-02: Reduce the proportion of children and adolescents with active and untreated tooth decay.
- OH-08: Increase use of the oral health care system.
- OH-09: Increase the proportion of low-income youth who have a preventive dental visit.
- OH-10: Increase the proportion of children and adolescents who have dental sealants on 1 or more molars.

Provide 3-5 Key Words (e.g. fluoride, sealants, access to care, coalitions, policy, Medicaid, etc.) These will assist those looking for information on this topic:

Access to Care: Children Services, Access to Care: School-Based Oral Health, Prevention: Children Oral Health, Prevention: Sealant, exams, radiographs/ x-rays

Executive Summary: Complete after Section II: Detailed Activity Description. Please limit to 300 words in one or two paragraphs.

Provide a brief description of the dental public health activity. Include information on: (1) what is being done; (2) who is doing it and why; (3) associated costs; (4) outcomes achieved (5) lessons learned, both positive and negative.

Albuquerque Public School's (APS) school-based dental program was established to help the students of APS achieve their preventive dental care needs by providing convenient access to care. Mira Consulting, Inc. is designated in 36 elementary, sixteen middle, and five high schools to visit and treat children each school year. We visit each school as scheduled and perform radiographs, exams, cleanings, fluoride varnish treatments, oral hygiene instruction, and sealants as needed for the students. After preventive treatment, we follow up with students needing restorative care and offer treatment at the Mira Clinic. The Mira Clinic runs once a week and was designed to provide a dental home for students without a dental home. Performing these services is a dentist, dental assistants, and dental hygienists. Aside from supplies for clinical treatment, our costs include employee payroll, gas for vans, equipment maintenance, and consent form copies. Vans are used for the school dental sealant program only. We do not do any mobile restorative care.

There is a huge need in the Albuquerque community for pediatric dental care. Tooth pain is a leading cause of absence from school for children. We are able to treat about 30-40 children a school. Most students have Medicaid or private insurance to cover the cost of treatment. For the students without a form of payment, the New Mexico Department of Health provides Mira Consulting, Inc. with an annual fund to cover expenses. When funds are exhausted, we offer all students with parental consent radiographs and examinations in-kind per our APS contract. Treating the students is extremely rewarding, many are abundantly grateful for our service to the community. This year in particular, with new Covid-19 protocols in scheduling, we have struggled to get as many students to return their permission forms as we have in the past. We are now required to schedule via School Dude rather than with each school's nurse. Ideally, we would like to get our forms added to each student's online registration and hope this option will become available in the near future. We also plan to offer silver diamine fluoride as an onsite treatment option in the upcoming year.

SECTION II: DETAILED ACTIVITY DESCRIPTION

Provide detailed narrative about the dental public health activity using the headings provided and answering the questions. Include specifics to help readers understand what you are doing and how it's being done. References and links to information may be included.

****Complete using Arial 10 pt.**

Rationale and History of the Activity:

1. What were the key issues that led to the initiation of this activity?

The initiation of the APS school-based dental program was brought about 20 plus years ago due to the extreme need for children unable to access care independently in the Albuquerque community. Dental caries is a leading cause of absence and distraction due to pain in school children.

2. What rationale/evidence (may be anecdotal) did you use to support the implementation of this activity?

Evidence used to support the initiation of the school-based program is rooted in the barriers the children in Albuquerque face in getting consistent preventive dental care. Mira brings the dental care

directly to them in school. The APS schools in the school based dental program are designated Title 1 schools. Now more than ever, dental care for kids is needed due to the almost 2 years of Covid-19 lockdowns. During their time of home school, kid’s diets have changed. Not only did children miss out on preventive care from the school-based dental program, many children were ingesting high sugar snacks while taking classes via Zoom.

3. What month and year did the activity begin and what milestones have occurred along the way? (May include a timeline.)

We took over the school-based program in July of 2018, however, Mira Consulting, Inc. was serving children long before under the previous ownership. During the consecutive two school years prior to Covid-19, we had developed a schedule that allowed us to see some schools twice in a year, keeping with the standard 6-month recall. We have also implemented case management and now follow up with students who need restorative care and offer treatment at low or no cost to parents in the Mira Clinic. Aside from adding case management and a 6-month re-care appointment, we have also updated our equipment to provide students with effective cutting-edge technology in preventive care. We now use a fluoride varnish versus the fluoride foam trays and have purchased a new exam chair, delivery unit (DNTL Works Pro Seal I), and Nomad for digital radiography.

The sections below follow a logic model format. For more information on logic models go to: [W.K. Kellogg Foundation: Logic Model Development Guide](#)

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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1. What resources were needed to carry out the activity? (e.g., staffing, volunteers, funding, partnerships, collaborations with various organizations, etc.)

Resources required to effectively treat the students in the school-based program are as follows:

- Mira Consulting, Inc. and APS contract signed and executed with background checks for all Mira employees working in the school-based program.
- Mira Administrative assistant to schedule schools and prepare all the school packets with the parent consents/ health histories. We work with the school nurse and/or health assistant to schedule the dates of service, distribution of consent forms, and location of services within each school.
- Maintenance and repair of all mobile equipment needed to successfully create a dental clinic in each school on our contract list. The equipment is moved to each location with the Mira vans. We travel with one exam chair, two treatment chairs, portable x-ray unit, laptops, three portable hygiene units, tables, autoclave, and instruments.
- Professional school-based staff are paid hourly for their services. The staff for the school program includes a dentist, 2 dental hygienists, 2-3 dental assistants and a runner.
- Preventive treatment supplies are ordered through Patterson and Henry Schein and paid for by Mira Consulting, Inc. Supplies include: drapes, Cavi and Clorox wipes, barriers, trash bags, bleach, air/water syringes, saliva ejectors, prophy angles, prophy paste, gauze, patient bibs, bib clips, cotton rolls, dry angles, fluoride varnish, etch, sealant material, syringes for etch, patient protective eye wear, charting pencils, pens, and all required PPE.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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2. Please provide a detailed description the key aspects of the activity, including the following aspects: administration, operations, and services.

Key aspects of the APS' school based dental program:

Mira's administrative assistant works closely with the school nurse or health assistant to get the schools scheduled for services and to coordinate a room in the school with access to electricity, bathrooms, and water. Once a date is set, we request that the school send its class lists to us for the preparation of the teacher's packets. Packets include the dental consent forms and a brief student health history. Packets are distributed to teacher inboxes with a pickup date in 1.5 weeks from the date of drop off. Forms are picked up at the scheduled time and returned to the Mira office. Each student's insurance or Medicaid eligibility is verified by Mira office manager and the student charts are created.

On the date of scheduled services the Mira van arrives at the school for set-up after the parent drop offline has ceased. The Mira team moves all the required equipment into the designated school room and sets up the student dental clinic. The students who have returned the signed consents are then called out by classroom to begin dental services. Each student receives bitewing radiographs, 2 periapical radiographs, clinical examination, cleaning, fluoride treatment, sealants if needed, oral hygiene instructions, and a take home toothbrush. If the student has any caries/ restorative needs, their chart is flagged for the Mira secretary. Once treatment is complete the student returns to class. All kindergarten and pre-k students are walked back to class by a Mira employee. Once all the students scheduled are seen, we clean everything up and re-load equipment and return paperwork to the Mira offices. Each student with restorative needs is flagged during their exam. The Mira secretary then goes through each students' paper chart and calls the parents of the students needing restorative care. The parents are educated about their child's dental needs and offered to make an appointment at the Mira Clinic if there is no dental home already established by the student. All the students' information from the paper chart is then transferred to their electronic chart in Dentrix.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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3. What outputs or direct products resulted from program activities (e.g., number of clients served, number of services units delivered, products developed, accomplishments.)?

Mira is capable of seeing up between 30-40 students a day, each school varies with the number of students who participate. Most schools have at least 20 students who sign up for the dental program. We bring 3 hygiene delivery units and treatment chairs to each school. Two delivery units are used by the hygienists, one chair is used for exams, two chairs are used for treatment. An extra treatment chair and hygiene unit are always kept in the van as back-ups in the event that they are needed. Each student's eligible private insurance or Medicaid is billed accordingly by the Mira office manager. If the student has no form of payment, services are covered with the NM DOH contracted funds. The NM DOH funds ensure that every student with parental consent is given preventive treatment. If all funds from the NM DOH are exhausted, Mira provides radiographs and examinations in kind for students.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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4. What outcomes did the program achieve? (e.g., health statuses, knowledge, behavior, care delivery system, impact on target population, etc.) Please include the following aspects:

- How outcomes are measured
- How often they are/were measured
- Data sources used
- Whether intended to be short-term (attainable within 1-3 years), intermediate (achievable within 4-6 years), or long-term (impact achieved in 7-10 years)

The number of students served and the services provided varies at each school and with each year. A quarterly report is required from the NM DOH and a yearly report is required from APS in June of each service year.

Budgetary Information:

NOTE: Charts and tables may be used to provide clarity.

1. What is the annual budget for this activity?

The annual budget for the school-based dental program is \$45,000. These funds are allocated to us from the NM DOH and are the only funds we receive for the school program.

2. What are the costs associated with the activity? (Including staffing, materials, equipment, etc.)

The costs associated with the school program vary greatly from school to school. Post Covid-19 the cost for PPE and treatment materials has increased drastically. Materials are purchased through Patterson and Henry Schein. Each staff member is paid bi-weekly and hourly rates vary. The NM DOH is billed for all students without any form of payment until our funds are exhausted. Thereafter, each student with parental consent will receive radiographs and comprehensive exams in kind from Mira Consulting, Inc. Equipment maintenance is executed by Dental Fix. Requirements and costs vary depending on equipment needs. We are in the process of purchasing a new exam chair (\$4,055.00), treatment chair (\$1,375.00), and portable hygiene unit (\$3,356.00)

3. How is the activity funded?

Mira is contracted with the NM DOH to receive \$45,000 a fiscal year (July 1-June 30).

4. What is the plan for sustainability?

Sustainability will be maintained with Mira staying in contract with APS. We will continue to try and get our consent forms attached to APS online registration in an effort to reach the parents of more students. Mira plans to incorporate silver diamine fluoride application to treat student's decay onsite. We also will continue to update our equipment and technology to provide the students with the best care possible. Reimbursement levels keep the school program sustainable currently.

Lessons Learned and/or Plans for Addressing Challenges:

1. What important lessons were learned that would be useful for others looking to implement a similar activity? Was there anything you would do differently?

We have learned:

- Attaching wheels to our heavy equipment helps with getting in and out of schools easily.
- Always bring a back-up unit to each location to have on standby.
- Working hand and hand with the school staff makes for a successful day of treatment for students.
- Adding dental program consent forms to each school's online registration will increase the response rate, allowing us to reach and treat more students.

2. What challenges did the activity encounter and how were those addressed?

We have learned that getting students in middle and high school to deliver dental consent forms to their parents is very unlikely. Our numbers at middle and high schools are significantly lower than elementary in similar areas. They are also more defiant when called for treatment, many ask to call their guardians to try and get out of receiving treatment.

Available Information Resources:

Share any models, tools, and/or guidelines developed by the program specifically for this activity that may be useful to others seeking additional information. Hyperlink resources if possible.

TO BE COMPLETED BY ASTDD	
Descriptive Report Number:	34007
Associated BPAR:	School-Based Dental Sealants
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