



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:

Wisconsin Seal-A-Smile

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
	1. Assess oral health status and implement an oral health surveillance system.
	2. Analyze determinants of oral health and respond to health hazards in the community
	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	
	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
	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.
- AHS-05: Reduce the proportion of people who can't get the dental care they need when they need it.
- NWS-10: Reduce the consumption of added sugars by people aged 2 years and over.

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

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.

The Wisconsin Seal-A-Smile (SAS) program provides school-based oral health preventive services in approximately 1,100 schools annually and reaches nearly 80,000 kids. The program is a collaborative effort between Children's Health Alliance of Wisconsin, Delta Dental of Wisconsin and the Wisconsin Department of Health Services Oral Health Program. Funding is provided through dollars from the state budget and matching funding from Delta Dental of Wisconsin now totaling nearly \$1.1 million. The program has contributed significantly to increasing the rate of children with sealants statewide and reduced disease burden by preventing disease and through coordinated referrals for restorative care that is identified by the program. The coordinated approach the program uses has led to the successful expansion of the program over the past 20 years and allows programs to collaborate and learn from one another rather than compete against each other. The development of online data collection and consent tools have allowed the program to track children over time and engage more families to receive care. The pandemic has caused many challenges that have been overcome in the past two years. While numbers have decreased during the pandemic, participation in the program is beginning to return to pre-pandemic levels.

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 Wisconsin Seal-A-Smile (SAS) program was developed as a result of strategic planning done by Healthy Smiles for Wisconsin coalition, which is now known as the Wisconsin Oral Health Coalition (WOHC). The coalition identified school-based sealant programs as a feasible and evidence-based strategy to improve the oral health of Wisconsin children. Initial funding for the program was provided through general purpose revenue (GPR) funding from the state budget in the amount of \$60,000.

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

Sealants are a highly effective, evidence-based method of preventing tooth decay. Providing care in a school-based setting allows for greater access to services for children. Partners identified school-based sealant programs as a way of reaching vulnerable populations effectively. The lack of an existing state-based sealant program led to the development of the SAS program in 1999.

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

The program officially began in the 1999-2000 school year with \$60,000 in funding from GRP in the state budget. In 2005, annual funding for SAS increased to \$120,000, as a result of Governor Jim

Doyle’s Kids First Initiative. However due to budget cuts, GPR funding in 2011-12 was reduced to \$106,720.

In the 2006-07 school year, SAS funding again increased to approximately \$200,000 due to the Wisconsin Department of Health Services Oral Health Program receiving a Health Resources and Services Administration (HRSA) three-year oral health workforce grant. In 2009-10, the HRSA funding increased to \$241,000 annually, which Delta Dental of Wisconsin agreed to match. Delta Dental was interested in partnering with the SAS program because of the program’s strong data collection component. Delta was funding various school-based programs throughout the state but wanted a uniform way of collecting data, so they decided to put their existing school-based funding towards SAS. Previous Delta grantees were encouraged to apply for funding through SAS. Beginning in the 2012-13 school year, HRSA funding ended, and the Wisconsin Legislature’s Joint Finance Committee approved a \$250,000 increase to GPR funding to continue leveraging matching funds from Delta Dental of Wisconsin increasing the budget to more than \$600,000. In 2014 Delta Dental of Wisconsin agreed to match state dollars bringing the budget to more than \$700,000 annually. Funding was again increased in 2019 through a provision in Governor Evers budget that again leveraged match from Delta Dental, bringing the current total budget to nearly \$1.1 million.

In March 2020 all SAS grantees were required to stop providing care due to the COVID-19 pandemic. Due to the ongoing pandemic, grantees were slow to get back up and running in the 2020-21 school year, resulting in a drastic reduction in care. Many school districts continued to restrict access to mobile dental programs. In addition, many of our grantees are local health departments that were stretched thin responding to the pandemic response. In the 2021-22 school year nearly all grantees are back to providing care statewide and we anticipate nearing pre pandemic levels in the coming year.

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.)

Funding for the program has grown since program inception in 1999, from \$60,000 annually to more than \$1.1 million currently. The SAS program administrative staff consists of the executive director and oral health program leader at Children’s Health Alliance of Wisconsin and the DHS sealant coordinator. Funding is awarded through grants to local programs based on an outcome and performance-based payment model which incentivizes evidence-based approaches and increased participation. Funding can be used for equipment, staff, supplies and coordination. Grantees utilize a mix of paid and volunteer staff to provide oral health preventive services. Funded agencies include local public health departments, school districts, federally qualified health centers, community safety net dental clinics and independent dental hygienists.

Data collection is one of most important inputs and has been instrumental in the program’s growth. Wisconsin SAS previously used Sealant Efficiency Assessment for Locals and States (SEALS) which was developed by the Centers for Disease Control and Prevention (CDC), upon request from Wisconsin after identifying a need for uniform data collection. SAS quickly outgrew the capacity of the Excel based version of SEALS. In 2012 the need for a more robust data collection system was identified. Through funding from Delta Dental of Wisconsin, Marshfield Clinic Research Foundation developed DentaSeal, an online dental registry. In 2014 DentaSeal was implemented with all SAS grantees were required to input data in the system. DentaSeal was designed to use the inputs from SEALS, which were then expanded upon to allow SAS to easily track outcomes over time. When a student receives care from one SAS grantee and then later moves to another school district, anywhere in the state, their record is available to the other SAS grantee, allowing for continuity of care and tracking long term outcomes.

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

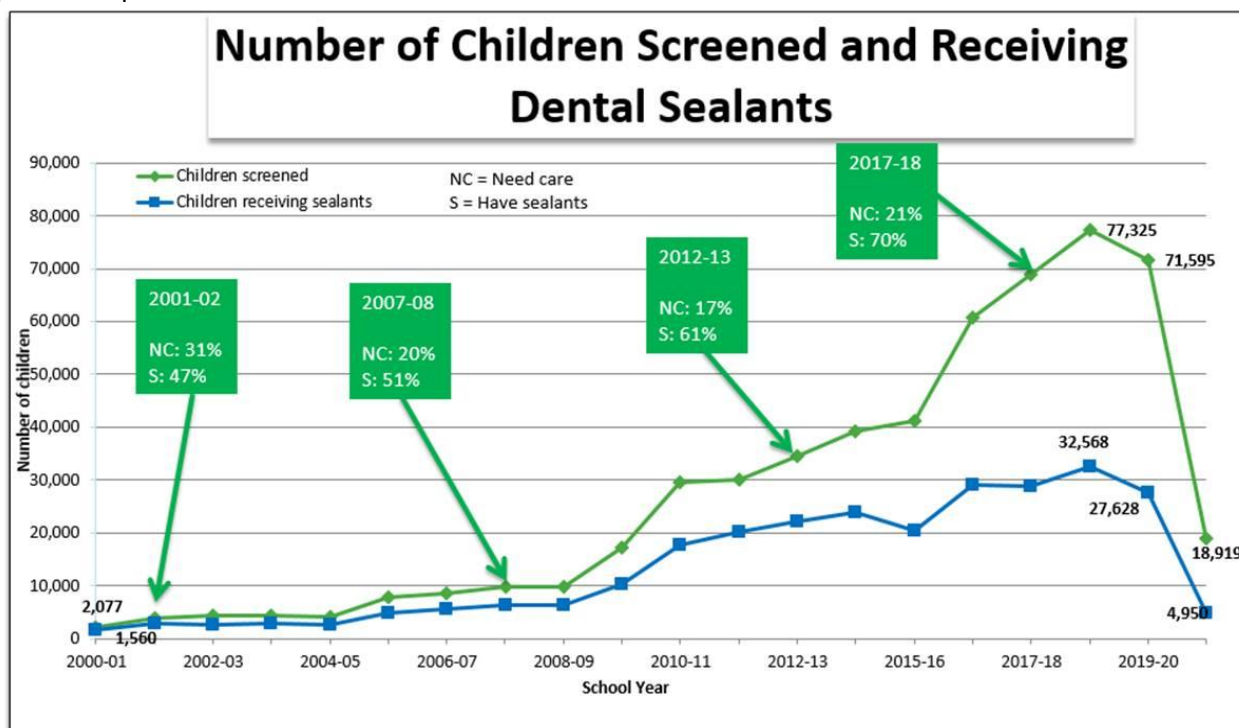
The Wisconsin Department of Health Services contracts with Children’s Health Alliance of Wisconsin to assist with administration of SAS. Funding is awarded through an annual request for proposal (RFP) process by which agencies apply for funding in May/June. The submitted RFPs are scored and funding is awarded to agencies for services beginning on July 1. Upon receiving a notification of award, grantees complete a funding agreement and contract. Currently there are 26 grantees providing care. Funding is provided based on performance metrics and outcomes. Upon request, SAS administrative staff provides technical assistance to grantees throughout the year. Administrative staff complete comprehensive site visits for programs at least once every three years which have been limited in the past 2 years due to the pandemic. Programs not meeting specific goals and objectives for the year prior also receive site visits to assess efficiency and to allow for administrators to provide input on improvement. Annually, all funded programs are required to identify at least one representative to an annual meeting hosted by DHS and the Alliance at the beginning of the program year.

In 2021-22 we were able to offer an opportunity to programs to enhance their infection control measures through an intensive course that provided virtual technical assistance along with some onsite feedback. Programs were able to make modifications to their existing infection control practices and update their program infection control manuals and standard operating practices.

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

The graphic below shows the progression of outcomes on children screened and sealant and includes the outcomes from the state’s 3rd grade oral health survey and includes the number of children needing care (NC) and those who had sealants (S). As the Wisconsin SAS grew, the number of children receiving sealants increased and the number of children with dental treatment needs decreased showing the positive impact of SAS.



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:
- a. How outcomes are measured
 - b. How often they are/were measured
 - c. Data sources used
 - d. 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)

Outcomes are measured using the data collected in DentaSeal and through surveillance that is completed by the Wisconsin Department of Health Services Oral Health Program. DentaSeal data is reviewed annually and the state does a 3rd grade survey about every 5 years. DentaSeal is an online registry that all programs have access to and enter data in daily. DentaSeal uses similar methodologies and inputs as SEALS however allows for the ongoing evaluation of outcomes over time and allows for a cloud-based system to ensure children that move from school to school or to another part of the state can be tracked.

Short term outcomes are increased numbers of children participating and who receive sealants and follow up care. Intermediate outcomes are to continue to see surveillance outcomes show increases in sealants and decreases in dental needs. Additionally, short and long term sealant retention can be tracked both through the use of our new online system.

Budgetary Information:

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

1. What is the annual budget for this activity?

The current annual budget for the program is \$1.1 million and includes funding from both GPR funds from the state budget and matching funding from Delta Dental of Wisconsin. Funding supports administration of the program, data system maintenance, and grants to local agencies providing direct care.

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

Costs include administrative oversight for the program and grants to local agencies providing direct care. Grants include funding for equipment, materials, staffing. The amount of funding awarded is determined on a performance-based model, which is determined based on outcomes. An incentive payment for increasing student participation is also provided to grantees.

3. How is the activity funded?

Funding includes dollars from the Wisconsin State budget and matching funding from Delta Dental of Wisconsin.

4. What is the plan for sustainability?

All grantees are required to bill Medicaid, which contributes to sustainability. Through a performance-based funding model, grantees can increase sustainability through improved efficiency in providing care and increasing the number of students that receive care. There continues to be a long-term commitment from both the legislature and Delta Dental for continued funding. Additionally, in the 2021 state budget an increase to all Medicaid reimbursement rates which will help grantees with sustainability.

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?

Data collection has been the key to SAS growth. Capturing outcomes and telling the story of these successful outcomes has led to the growth seen over the past 20 years. In addition, statewide coordination is critical. Not only does it allow for a mechanism to capture comprehensive and uniform data, but statewide coordination also ensures grantees uniformly implement policies and provide care using the most current evidence-based practices.

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

The inability for hygienists to bill Medicaid directly was a major challenge that was addressed in 2007 through an administrative rule change. After this change, grantees that previously could not bill for services they were providing were now able to increase their sustainability. Ensuring programs were following current evidence-based practices is always challenging however having statewide coordination has assisted. When modifications to practice need to occur there is always push back from programs that are challenged with change however the ability to make larger system wide changes has improved acceptance. Examples of larger systems changes would be the method by which program are paid which incentivize increased participation, using evidence-based models (two fluoride applications), implementing new infection control practices and policies.

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.

There are a variety of tools and resources available on the Wisconsin Seal-A-Smile website including videos, program guidelines and tools. www.chawisconsin.org/sas

TO BE COMPLETED BY ASTDD	
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