

Dental Public Health Activity Descriptive Report

Practice Number: 16004
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SECTION I: PRACTICE OVERVIEW		
Name of the Dental Public Health Activity: Illinois Dental Sealant Grant Program		
Public Health Functions: Assessment – Acquiring Data Policy Development – Use of State Oral Health Plan Policy Development – Oral Health Program Organizational Structure Resources Assurance – Population-based Interventions Assurance – Building Linkages and Partnerships for Interventions Assurance – Access to Care and Health System Interventions		
Healthy People 2020 Objectives: OH-1 Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth OH-2 Reduce the proportion of children and adolescents with untreated dental decay OH-7 Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year OH-8 Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year OH-10 Increase the proportion of local health departments and Federally Qualified Health Centers (FQHCs) that have an oral health component OH-12 Increase the proportion of children and adolescents who have received dental sealants on their molar teeth		
State: Illinois	Federal Region: Midwest Region V	Key Words for Searches: Dental sealants, school-based program, children services, oral health, grant programs, preventative care
Abstract: <p>The Dental Sealant Grant Program (DSGP) assists Illinois schoolchildren who are most at risk for dental caries by providing granting funds, technical assistance and training to public health departments and to other service providers to develop and to implement community-based oral health programs. Dental sealants are a plastic coating applied to the pit and fissure (grooved) surfaces of molars and premolars that "seal" out dental decay. When combined with appropriate diet, home care and use of fluorides, dental sealants can virtually eradicate dental decay - the most common childhood chronic disease. This school-based/linked program includes: preventive oral health care, oral health education and case management to dental homes. It has been the catalyst for expanding community-based oral health programs throughout the state. It is an essential component to a continuum of oral health care focusing on children and their families who are at the most risk for dental disease. In FY 13, the DSGP currently exists in 72 of the 102 counties in the state and serves approximately 180,000 children placing over 400,000 sealants annually. Since the program's inception in 1986, more than 1 million children have been seen and more than 2 million sealants placed. National goals and objectives regarding oral health have been established through Healthy People 2020 (HP 2020) and the DSGP helps reach these goals.</p>		

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SECTION II: PRACTICE DESCRIPTION**History of the Practice:**

The Illinois Dental Sealant Grant Program (DSGP) began in 1985 as a vision to create a statewide school-based dental sealant program for Illinois children. Plans for the program were developed and two pilot programs were provided with grant funding from the Illinois Department of Public Health (IDPH) for implementation. The first pilot program was developed in 1989 at Peoria City/County Health Department. The second was developed in 1990 in East St. Louis, Illinois – considered one of Illinois’ and the nation’s most impoverished communities. Strong partnerships developed between the private and public sectors in these communities because of the DSGP. In 1993, the IDPH, Division of Oral Health (DOH), was awarded \$300,000 in Maternal and Child Health (MCH) block grant funds to expand the program statewide due to the success demonstrated by these two pilot programs. The success of the DSGP is attributed to the experience and success of the pilot studies, to core public health functions of needs assessment, policy development, and assurance and ongoing review of the scientific literature. In 1993, 25 communities received funding for the program. Since that time, the program has successfully expanded to 72 counties. Since the program’s inception, more than 1 million children have been seen and more than 2 million sealants placed.

Justification of the Practice:

The goal of the DSGP is to meet the oral health needs of its diverse population of more than 12 million people by striving to meet the national oral health objectives of decreasing dental caries rates in children, increasing dental sealant use among children, and to increase the number of low-income children who receive preventive services. These overall goals align with national Healthy People initiatives; however there are specific objectives within the DOH that have improved the program over the years. These objectives have been to:

- Develop education materials on the importance of dental sealants and decay prevention.
- Educate grantees and school staff to increase the number of consent forms received by grantees.
- Increase Dental Sealant Grant Program (DSGP) surveillance for capturing sealant prevalence, caries burden, and other pertinent information.
- Expand the DSGP’s quality assurance component and ability to provide technical assistance.
- Expand All Kids (Illinois’ State Children’s Health Insurance) enrollment through DSGP.
- Provide continuing professional education to health care providers on the importance of population-based delivery of prevention.

Two significant events can be attributed to the proliferation of the school based sealant program in Illinois: statewide data collection of children’s oral health status and the class action lawsuit of Memisovski vs. Maram in the State of Illinois that increased the rates of preventive services.

Statewide Data Collection:

During the 1993-1994 school year, Project Smile, a statewide oral health survey of Illinois schoolchildren in grades K, 1st, 2nd, and 8th, was conducted by the DOH. Dental sealants were found on only 13 percent of the children surveyed. Racial disparities also existed in sealants present among children: eighteen percent of white, three percent in black and four percent in Hispanic. This data was

the catalyst for the formation to bring together stakeholders to evaluate the effectiveness of dental programs.

Illinois has conducted two Healthy Smiles, Healthy Growth Basic Screening Surveys of third graders, in 2003-04 and 2008-09. They both have demonstrated an increase in sealants present among 3rd graders that can be attributed to the statewide sealant program. The overall state improvement was 27% to 41.5% from 2003-04 to 2008-09 of 3rd graders with sealants present. Improvements across nearly all geographic regions were made, most notably: Urban: 37% to 51%, Rural 34% to 50.7% and City of Chicago 12% to 34.3% respectively. Urban and rural areas both superseded Healthy People 2010 goals.

Illinois is currently coordinating a third Healthy Smiles, Healthy Growth Basic Screening Survey of third graders for the 2013-14 school year.

The program has evolved over the years to increase penetration into communities who are at risk. The FY 15 grant application incorporated a tool within the application process to assist grantees to target schools that have over 50% of students who are eligible for the free and reduced meals program. Grantees are instructed to the Illinois State Board of Education database to help them prioritize schools within their region with over 50% free and reduced meals program.

Increase in Preventive Rates:

The class action lawsuit of Memisovski vs. Maram in the State of Illinois (#92 C1982) was filed in 1992. The class-action lawsuit argued that Illinois had violated federal law mandating that children covered by Medicaid had the same access to medical and dental services as those children covered by private insurance. The lawsuit was settled in 2005 and the State of Illinois took action by increasing Medicaid payments for various preventive care procedures, including the amount it pays for dental cleanings (increased from \$25.40 to \$41.00), dental sealants (changed from \$14.10 to \$36.00 per sealant), dental exams (from \$16.20 to \$28.00), and fluoride treatment (from \$14.85 to \$26.00).

These changes impacted the dental sealant program by increasing the number of providers willing to provide services in the school setting. The number of Medicaid-enrolled dentists increased from 1,845 in 2006, the year the increased rates went into effect, to 2,625 in 2011 according to the administrator of Illinois' Medicaid program, the Illinois Department of Healthcare and Family Services. This represented approximately a 42% increase in dental providers.

Inputs, Activities, Outputs and Outcomes of the Practice:

Based on tooth eruption, first permanent molars erupt at age 6 and second permanent molars at age 12. Placing dental sealants as soon as possible after the tooth erupts is best. The first and second permanent molars are most likely to develop cavities on the chewing surfaces in their deep pits and grooves. Targeting children in second and sixth grades in a school based setting is an effective and efficient way of providing sealants for these teeth. In 2005, the Illinois School Code was revised by the 93rd Illinois General Assembly requiring schoolchildren in kindergarten, second and sixth grades to receive a dental examination prior to May 15 of the school year. Grantees are recommended to work with schools to meet the needs of targeted children who may not have access to the dental examinations outside of the DSGP to fulfill this requirement.

Children from families of low income are more likely to exhibit dental decay in permanent molars. Targeting families that are eligible for the school's free or reduced meals program is an excellent way to reach this high risk population. Prioritizing schools with the highest rate of eligible children is best to reach high risk children if all schools cannot be served. The grant application was recently revised to help grantees prioritize the highest at risk population within their jurisdiction using data from the Illinois State Board of Education.

The DSGP is funded through Title V, the Maternal and Child Health Block Grant. It is a fee-for-service program that reimburses for dental examinations and sealants placed on first and second permanent molars, \$16.00 per sealant and \$11.00 per exam. First-time grantees may apply for a one-time award up to \$7,500.00 towards the purchase of portable dental equipment. The grantee must demonstrate they do not possess such equipment and they do not have access to obtain such equipment on loan from the IDPH. In order to most effectively utilize the MCH grant funds, grantees are also required to provide dental sealants to Medicaid/All Kids enrolled children and to receive reimbursement from Medicaid.

Grantees include local health departments, school systems and private not-for-profit agencies. Grantees are allowed to subcontract with providers that may be for-profit.

Contracts with grantees are annual with the application process beginning in April. The sealant program funds coincide with the state's fiscal calendar, July 1st to June 30th. Grantees are responsible for submitting monthly program reports, billing forms and data. Grantees must maintain written program protocols on site to assure adequate infection control, sealant retention, equipment maintenance, patient referral, follow-up and procedures for verifying Medicaid/All Kids status. Grantees must also demonstrate evidence of community support for the program, including the local dental and dental hygiene societies, participating schools, local health agencies, and any other supportive community groups.

The grantees are required to serve all students who return a positive parental permission slip. DOH staff performs quality assurance site visits and long term retention checks.

DOH offers a dental sealant grantee webinar prior to the program year to go through the application process. Program support and technical expertise is provided throughout the program year in addition to program evaluations by the DOH.

Grantees can bill for services for grant eligible children and for children who are covered under All Kids Program. Due to the difference in rates, providers are not allowed to discriminate between children. Providers are also encouraged to replace sealants that are missing.

Budget Estimates and Formulas of the Practice:

Funding source is the MCH Preventive Block Grant.

The method of compensation for the Dental Sealant Grant Program is fee-for-service. In FY `14, the Illinois Department of Public Health paid grantees the rate shown below for the following school-based services for children enrolled in free and reduced meals who are not enrolled in Medicaid/All Kids program:

- 1) \$16.00 for each permanent molar sealed;
- 2) \$11.00 for each examination per child in the second and sixth grades;
- 3) \$11.00 for each examination per child receiving dental sealants. The grant does not pay for dental exams on children who do not receive sealants except for children in the second and sixth grades to coincide with the mandated dental exam.

The following are the amounts that were allocated from the MCH grant and the expenditures.

Fiscal Year	Allocated from MCH	Expenditures
FY2011	\$336,550.00	\$286,828.45
FY2012	\$305,170.00	\$251,159.65
FY2013	\$321,669.00	\$255,623.28

The Medicaid reimbursement rates:

Periodic oral examine	age 0-18	\$28.00	
Limited oral exam		\$16.20	
Prophylaxis	age 0-18	\$41.00	
Topical Fluoride	age 0-18	\$26.00	
Fluoride Varnish	age 0-18	\$26.00	
Sealant			\$36.00

The following lists the payments for sealants placed within the school-based sealant program by Illinois' Medicaid and the number of sealants placed.

School Year	Sealants Placed	Payments
School Yr 10-11	206,794	\$4,556,950.40
School Yr 11-12	191,408	\$5,657,135.70
School Yr 12-13	157,547	\$5,667,331.90

(Providers have 6 months to bill the Illinois' Medicaid program so the 2012-13 year figures are incomplete)

School Yr 10-11 approximately \$22.04 per sealant

School Yr 11-12 approximately \$29.55 per sealant

Lessons Learned and/or Plans for Improvement:

The DSGP is a unique program helping to meet the oral health needs of Illinois communities. It receives overwhelming local and state support and continues to grow because of the positive response from communities. The Division continually searches for additional funding sources. One example was in FY02, a pilot program was implemented in Lake and DuPage counties in which both sealant grantee requests were fully funded with tobacco settlement funds. The intent was to incorporate tobacco education into the sealant programs, thus expanding opportunities for both oral health and tobacco education.

Although Illinois participates in the SEALS (CDC's Sealant Efficiency Assessment for Locals and States software) data reporting system, it is voluntary for grantees to report their data in this format. Data collected in FY13 using SEALS software was from only six grantees including the City of Chicago which is the 4th largest school system in the nation. The data reported through SEALS was expanded due to the longevity of Illinois School-based Dental Sealant Program. Some of the data that is reported are (see attached sheets):

- Number of enrolled children
- Number of low income children
- Number of children seen
- Number of teeth with decay
- Caries experience
- Treatment urgency
- Home phone (for follow-up)
- Racial, ethnic, grade and gender breakdown
- Event site
- HIPPA Consent
- Number referred for treatment

The schools that reported SEALS data totaled 759 schools with 333,929 students. Breakdown of this population indicated that 131,059 were low income children (39%) with 79% of these children (103,500) reimbursed under the state's Medicaid program. This is a small fraction of the Illinois total school based programs that reports data in the SEALS format. The department must consider the balance between making the SEALS data system mandatory and potential impact that providers may drop out of the program.

Previous DOH administrations did not set up data collection to be able to determine an actual cost analysis. Rudimentary figures can be extrapolated by the number of sealants placed and the funding available from our current database system and figures for services billed. Additional funding will need to be identified to purchase software and assist in the transition to the SEALS program which may help determine actual costs. The current administration will be looking into ways to better determine cost analysis.

The grant program helps allow grantees to start school based programs within their communities. The ability of the grantees to also bill for services for children covered under All Kids allows cost shifting to occur due to higher preventative rates and the coverage of more services. Providers can bill Medicaid for the examination, prophylaxis, fluoride varnishes in addition to the sealants placed. The significance of cost shifting increases the attraction of for-profit subcontractors to provide school based services.

Subcontractors have become increasingly the only option for many cash strapped local health departments and communities to provide preventive services.

Although preventive services have been expanded, the gaps in restorative care still need to be addressed. The model of cost shifting has helped preventive services however this model is not present regarding restorative care in addressing at risk children. The rates for preventive services are higher than some of the basic restorative care procedures. To help guard against grantees becoming solely profit driven from preventative services, the DOH does require that grantees classify children regarding need, urgency and to have a plan to identify follow up care.

Available Information Resources:

The applications for grantees include:

- Grantee application for DSGP funds
- Contract agreement between IDPH and grantees
- Targeting form to help assist identify children
- Current billing forms
- Reporting requirements
- Retention rate protocols and forms

Webinar hosted by IDPH to assist DSGP grantees

School-Based Oral Health Program Review Worksheet and Report

SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

How has the practice demonstrated impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence, outcomes of the practice and/or evaluation results)?

Since the program's inception in 1986, the program has grown from two grantees to nearly fifty. Since that time, the program has successfully expanded to 72 counties and in 2012 a milestone was reached -- more than 1 million children seen and more than 2 million sealants placed.

Efficiency

How has the practice demonstrated cost and resource efficiency where expenses are appropriate to benefits? How has the practice demonstrated realistic and reasonable staffing and time requirements? Provide unit cost analysis or cost-benefit analysis if appropriate.

Illinois DSGP grantees receive reimbursement on a fee-for-service basis of \$16.00 per sealant and \$11.00 per exam. In addition, one-time award up to \$7,500 for the purchase of portable dental equipment is available.

Providers are encouraged to expand to provide services for special needs population children and to help families comply with the dental examination mandate. In some communities, dentists and hygienists volunteer to examine, place sealants, and provide follow-up service. As part of the application, time data is collected from the grantee to help determine time efficiencies in the services.

Demonstrated Sustainability

How has the practice showed sustainable benefits and/or how has the practice been sustainable within populations/communities and between states/territories? What mechanisms have been built into the practice to assure sustainability?

Illinois DSGP grantee data are collected by the DOH from the monthly billing and reporting forms, annual program reviews, and technical assistance site visits. The evaluations are specifically designed to measure program progress, to assist grantees in identifying positive and negative feedback. Technical assistance to improve and enhance DSGP programs is also provided by IDPH staff. Grantees are evaluated on site based on extensive checklist developed from CDC recommendations, Illinois State Dental Practice Act, Occupational Safety and Health Administration

(OSHA), the Illinois Department of Healthcare and Family Services (HFS) and the Illinois Department of Public Health.

The DSDGP program receives federal matching dollars from eligible activities to bring additional dollars into the program. This has led for the DOH to seek additional staff to assist with the program.

Collaboration/Integration

How has the practice built effective partnerships/collaborations among various organizations and integrated oral health with other health projects and issues? What are the traditional, non-traditional, public and private partnerships/collaborations established by the practice for integration, effectiveness, efficiency and sustainability?

Strong partnerships between private and public sectors have developed through the Illinois DSGP. Grantees assess the needs of their community, find a service provider, and obtain cooperative agreements with the schools. Service providers promote program participation within communities, act as program resources and advisors, and promote optimum oral health within each community.

Objectives/Rationale

How has the practice addressed HP 2020 objectives, met the National Call to Action to Promote Oral Health, and/or built basic infrastructure and capacity for state/territorial/community oral health programs?

The Illinois DSGP addresses the HP 2020 objectives: reducing caries experience (OH-1), untreated decay in children (OH-2), increasing the number of children in the oral health system (OH-7), increasing the preventive services for low-income children (OH-8), local health departments with an oral health component (OH-10) and increasing the sealant utilization (21-12).

The proven success of implementing this preventive service in Illinois schools and communities acts as a foundation for future expansions and developments of school-based oral health services and education. This direct oral health "education umbrella" covers children, parents, administrators, child care providers and decision makers on the importance of oral care for children.

Extent of Use Among States

Describe the extent of the practice or aspects of the practice used in other states?

According to the ASTDD State Synopses, dental sealant programs are increasing nationally. ASTDD State Synopses showed that in 2009, 39 states reported having dental sealant programs. However, Illinois still remains on the forefront of providing the service to its schools and communities.