



Dental Public Health Activities & Practices

Practice Number: 16004
Submitted By: Division of Oral Health, Illinois Department of Public Health
Submission Date: April 2002
Last Updated: April 2002

SECTION I: PRACTICE OVERVIEW		
Name of the Practice: Illinois Dental Sealant Grant Program		
Public Health Functions: Assurance – Population-based Interventions Assurance – Access to Care and Health System Interventions Assurance – Building Linkages & Partnerships for Interventions		
HP 2010 Objectives: 21-1 Reduce dental caries experience in children. 21-2 Reduce untreated dental decay in children and adults. 21-8 Increase sealants for 8 year-olds' first molars and 14 year-olds' first and second molars. 21-10 Increase utilization of oral health system. 21-12 Increase preventive dental services for low-income children and adolescents.		
State: Illinois	Region: Midwest Region V	Key Words: Dental sealants, preventive, oral health, grant program, school based program, children services
Abstract: The Illinois Department of Public Health (IDPH), Division of Oral Health (DOH), Dental Sealant Grant Program (DSGP) assists high-risk Illinois schoolchildren by providing grant funds and technical assistance to public health service providers to develop and implement school-based dental sealant programs. Grantees must 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 program provides reimbursement to grantees for dental examinations and sealants placed on first and second permanent molars. The DSGP program targets children in second and sixth grades who are enrolled in the free and reduced school lunch program. Since the program's inception in 1987, the program has grown from three grantees to sixty-one. It has served more than 181,000 children. In 2001, more than 50,000 sealants were placed on more than 21,000 children.		
Contact Persons for Inquiries: Julie A. Janssen, RDH, MA, Acting Chief, Division of Oral Health, Illinois Department of Public Health, 535 W. Jefferson Street, Springfield, IL 62761, Phone: 217-785-4899, Fax: 217-524-2831, Email: Julie.Janssen@Illinois.gov Andrea Gregory, BS, RDH, Illinois Department of Public Health, 2125 South First Street, Champaign, IL 61820, Phone: 217-278-5900, Email: Andrea.Gregory@Illinois.gov		

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 was developed in 1989 at Peoria City/County Health Department. The second was developed in 1990, and was located in E. St. Louis, 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 61 communities. Since the program's inception, more than 504,000 sealants have been placed on more than 139,000 Illinois children.

Justification of the Practice:

During the 1993-1994 school year, Project Smile, a statewide oral health survey of Illinois school children in grades K, 1, 2, and 8 was conducted by the DOH. The survey reported 55 percent of the 6-8 year olds and 56 percent of 15 year olds had dental caries. At the same time, dental sealants were found on only 13 percent of the children surveyed: three percent in black children and four percent in Hispanic. 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.

In November 2001, the Morbidity and Mortality Weekly Report (MMWR) provided recommendations by a Task Force developing a guide on community preventive services. Based on a systematic review of published scientific evidence, the Task Force recommends placement of sealants through school-based or school-linked programs, which typically produce a 60 percent reduction in decay on chewing surfaces of posterior teeth for children.

Administration, Operations, Services, Personnel, Expertise and Resources of the Practice:

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, \$15/ sealant and \$10.50 per exam. First-time grantees may apply for a one-time award of \$6,000 for the purchase of portable dental equipment. In order to most effectively utilize the MCH grant funds, grantees are also required to provide dental sealants to Medicaid/KidCare (Illinois' State Children's Health Insurance) enrolled children and to receive reimbursement from Medicaid.

The DSGP program targets children in second and sixth grades who are enrolled in the free and reduced school lunch program and reimburses grantees at the Medicaid rate for sealing permanent molar teeth and examinations. The DSGP encourages grantees to apply sealants to all primary molars and permanent premolars that are susceptible to decay. These sealants are provided without reimbursement and are considered contributions of the local community to the program.

Grantees are responsible for submitting monthly program reports, billing forms and data. In addition, grantees must maintain written program protocols to assure adequate infection control, sealant retention, equipment maintenance, patient referral and follow-up and procedures for verifying Medicaid/KidCare 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.

Grantees attend a dental sealant grantee workshop at the beginning of each program year. This is an opportunity to update communities on all aspects of the program and provides an opportunity for grantees to network and exchange program ideas with other counties. Program support and

technical expertise is provided throughout the program year in addition to program evaluations every three years by the IDPH, Division of Oral Health

Budget Estimates and Formulas of the Practice:

\$375, 000 for grants. Funding source is from the MCH Preventive Block Grant.

Lessons Learned and/or Plans for Improvement:

The DSGP is a unique program meeting the oral health needs of Illinois communities. It receives overwhelming local and state support and because of the positive response from communities, it continues to grow. As the number of grant applications continues to increase in Illinois, the Division continually searches for additional funding sources. In FY02, a pilot program is being implemented in Lake and DuPage counties in which both sealant grantee requests were fully funded with tobacco monies. The intent is to incorporate tobacco education into the sealant programs, thus expanding opportunities for both oral health and tobacco education.

Available Resources - Models, Tools and Guidelines Relevant to the Practice:

- Grantee application for DSGP funds
- Annual DSGP grantee workshop
- Grantee folder with program materials (including CDC sealant fact sheet, current billing forms, etc.)
- Contract agreement between IDPH and grantees
- Inventory list of IDPH purchased equipment

SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

Does the practice demonstrate impact, applicability, and benefits to the oral health care and well being of certain populations or communities (i.e., reference scientific evidence and outcomes of the practice)?

Since the program's inception in 1987, the program has grown from three grantees to sixty-one. It has served more than 181,000 children. In 2001, more than 50,000 sealants were placed on more than 21,000 children.

Based on a systematic review of published scientific evidence, a Task Force developing a guide on community preventive services recommends placement of sealants through school-based or school-linked programs.

Efficiency

Does the practice demonstrate cost and resource efficiency where expenses are appropriate to benefits? Are staffing and time requirements realistic and reasonable?

Illinois DSGP grantees receive reimbursement on a fee-for-service basis of \$15/ sealant and \$10.50 per exam and an available one-time award of \$6,000 for the purchase of portable dental equipment. Communities serve Medicaid-enrolled children and receive reimbursement for those services from Medicaid. Any deciduous molars and permanent premolars are sealed at the service provider's discretion at no charge to the Division. In some communities, dentists and hygienists volunteer to examine, place sealants, and provide follow-up service.

Demonstrated Sustainability

Does the practice show sustainable benefits and/or is the practice sustainable within populations/communities and between states/territories?

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 program elements, and to provide technical assistance to improve and enhance DSGP programs.

Collaboration/Integration

Does the practice build effective partnerships/coalitions among various organizations and integrate oral health with other health projects and issues?

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

Does the practice address HP 2010 objectives, the Surgeon General's Report on Oral Health, and/or build basic infrastructure and capacity for state/territorial oral health programs?

The Illinois DSGP addresses the HP 2010 objectives of reducing caries experience (21-1) and untreated decay (21-2) by increasing sealant utilization (21-8) and preventive services (21-12) for low-income children and adolescents. 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.

Extent of Use Among States

Is the practice or aspects of the practice used in other states?

Dental sealant programs are increasing nationwide. ASTDD State Synopses showed that in 2001, 34 states reported having dental sealant programs. However, Illinois still remains on the forefront of providing the service to its schools and communities.