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:

Georgia School-Based/Linked Dental Sealant 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
	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
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
	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
	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-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 one 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: School-Based Oral Health, Prevention: Children Oral Health, Prevention: Fluoride Mouthrinse/Tablet/Varnish, Prevention: Sealants

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 Georgia dental sealant program is a school-based/linked program designed to provide eligible students with dental sealants on their first and second permanent molars to prevent tooth decay. The Georgia Third Grade Oral Health BSS, in 2016-17, found 51% of 3rd grade children in Georgia have a history of tooth decay; 19% have untreated tooth decay; only 35% of 3rd grade children in GA have protective sealants on their 1st permanent molars.

The Georgia Oral Health Program (GOHP) provides funds to support the school-based/linked sealant program (S-BSP) targeting high-risk schools, those with large proportions of students from families with low-income. In 2020, 34 of the state's sealant programs were funded by the GOHPP and approximately 2,500 sealants were placed on schoolchildren. The GOHPP funds originated from the Maternal and Child Health Block (MCHB) grant and the Cooperative Agreement the Center for Disease Control and Prevention (CDC) as well as state general funds.

Georgia currently has SSP's operating in nine districts. Some programs are 100% funded by the state and operate utilizing portable equipment owned by the state; others are funded by individual counties. For the last 3 years, S-BSP's have provided more than 8,000 sealants on elementary children with at least one molar sealant; 99% of the children participating in the free and reduced lunch program received at least one molar sealant.

All S-BSP's are required to track their sealant data in CDC's Sealant Efficiency Assessment for Locals and States (SEALS) software and provide the data information to GOHPP at the end of the event.

In FY 2021-22, the program was challenged due to the COVID-19 pandemic; instead of expanding the number of schools, the program focused on improving oral health education and increasing the number of children served within each school.

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?

Since the mid-1980s, the Georgia Oral Health Program (GOHP) has awarded funding to local agencies for the operation of the dental sealant programs (S-BSP). The school-based sealant programs seek to apply quality dental sealants in a cost-effective manner to the maximum number of Georgia's schoolchildren at high risk for dental caries by targeting schools with >50% of eligibility for the Free and Reduced Lunch Program (FRLP) and in rural areas children with barriers to access such as lack of providers.

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

The GA Oral Health Program initiated a project in FY 2004 called "Georgia Access to Dental Services" (GADS). The project was funded through the HRSA's Oral Health Integrated Systems Development Grant ($50,000/year for the four-year project period 06/2002 -05/2006). The goal of the project was to increase the dental prevention and treatment services availability in Georgia and to improve the access of low- and moderate-income children to these services. The project aims to develop and implement community level plans that increase the supply of dental providers, improve access to available services, educate stakeholders, providers and families about oral health and the service system, and provide outreach to identified population groups to assure use of services.

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

Since the mid-1980s, the Georgia Oral Health Program (GOHP) has awarded funding to local agencies [1]for the operation of the dental sealant programs (SSP). Since that time the Georgia Dental Sealant Program continues providing funds to support school-based sealant programs targeting high-risk schools, those with large proportions of students from families with low-income. Securing providers to participate in school-based sealant programs is an ongoing problem in Georgia. Georgia is a large rural state presenting with population with limited access to a dentist or preventive dental care. Some of the districts dental practices cover 14 to 16 counties with one district dental office, one dental hygienist and one dentist. Resources are obtained through a Maternal and Child Health Block Grant, Oral Health America sealant supply donations, and the Renaissance Dental Foundation. Just recently supplies were donated from the National Offices of Head Start. Additionally, the GA Department of Public Health (DPH) state office and the Medicaid office are working on negotiations for sustainability of the program by expanding the Medicaid and The Children's Health Insurance Program (CHIP) Peach Care for kids reimbursement contract. After several years the State Oral Health Director and the DPH Chief of Staff and Medicaid office agree the opportunity for Georgia Medicaid to allow DPH received reimbursement for dental hygiene services under general supervision. The Board of Dentistry practice act supports hygienists in public health practice providing services under general supervision.

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

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

   Georgia Oral Health Program (GOHP) targets school-based and school-linked sealant programs, districts dental offices and community events with a significant number of underserved children. Since the mid-1980s, the GOHP has awarded funding to local agencies for the operation of the SSP. The school-based/linked sealant program (SSP) seek to apply quality dental sealants in a cost-effective manner to the maximum number of Georgia's schoolchildren at high risk for dental caries by targeting schools with high rates of eligibility for the Free and Reduced Lunch Program (FRLP).
   GOHP is responsible for assuring the positive impact of the dental sealant programs by evaluating performance of each local program, as well as the overall statewide effort, and assisting local grantees to be successful.

   The GOHP is working on formulating an accurate tracking of costs for these programs. Districts vary with the way sealant programs are implemented. Programs may have mobile units, fixed clinics (with school-linked programs), or portable equipment. Some schools are large and allow the portable equipment and dental program to set up in a room for up to two weeks serving K-5th grade, and smaller schools with lower consent rates may require setting up for one day.

[1] The vast majority are district public health oral health programs. This may be a single county or multiple counties grouped together in a region.

Having a general community presence and awareness is important for buy for school based oral health programs, however having a targeted approach to really build relationships and leverage a narrowed set of key strategic partners at a local level is vital. The dental and dental hygiene schools in service regions can be valuable resources for a sealant program. Dental hygiene students in some regions have assisted GOHP staff with sealant projects. Likewise, some of the GOHP staff has served as adjunct faculty members to the dental hygiene schools in their regions so that they could act as sanctioned student supervisors during collaborative projects. Local oral health coalitions can be a valuable source of support for sealant functions. The members are already interested in improving oral health and, most often, look forward to helping with dental sealant projects.

INPUTS	**PROGRAM ACTIVITIES**	OUTPUTS	OUTCOMES

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

Beyond the requirements specified by GOHP, local grantees have leeway in deciding how to operate their SSPs. Some examples include programs may select the sealant product to be used, may choose to include additional information in program forms or how to stimulate return of consent forms. School-Based dental sealant programs are conducted completely within the school setting. School-Linked dental sealant programs are connected with the schools in some way but deliver the sealant placement services at a site other than the school.

GOHP-sponsored and locally funded SSPs are designed to get the greatest benefit (prevented cavities) to the most vulnerable children for the lowest cost. They do this by only spending time and resources providing services with the best potential for benefit and by offering the program only to schools and grades that are likely to have high-risk children with decay-prone molar teeth. Therefore, sealant programs generally target:

- Schools: Schools in which >50 percent of the students enrolled are eligible for the Free and Reduced-Price Lunch Program (FRLP) are eligible to participate in the SSP.
- Grades: Following national recommendations, programs reach children with teeth most likely to benefit (6- and 12-year molars soon after they come in) at the right time by targeting second and sixth grades (third and seventh grade students who received sealants in second or sixth grades generally receive follow-up checks by dentists).
- Children: Must have parental consent and be found by the sealant program dentist to need sealants. No children are refused sealants because their family lacks the ability to pay. In fact, families are not approached for out-of-pocket payment.

INPUTS	PROGRAM ACTIVITIES	**OUTPUTS**	OUTCOMES

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

About 90% of decay in children's permanent teeth occurs on the chewing surfaces of the back teeth. Sealants serve as a physical barrier to the bacteria that cause decay and thus are 100% effective if they are fully retained. If sealants are lost, they are most likely to be lost within the first year of application. The SSP delivered over 8,000 sealants the last 3 school years.

In addition to placing sealants, the SSP delivered fluoride treatments and provided oral health education to children.

In addition to placing sealants, the Sealant Program delivered fluoride treatments to 8,000 children and provided oral health education to 39,484 children.

We participate at the migrant farmer project in south rural Georgia where dental hygiene programs have an oral health prevention program that includes the application of sealants and fluoride varnish to elementary children and education to adults.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	**OUTCOMES**

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
   We measure the number of children screened, sealant placement and retention checks, with an effort to check approximately 10% of those sealants placed in previous year.

   b. How often they are/were measured
   We measure the districts and other programs every month or when the SSP is done

   c. Data sources used
   All SSP report to the GOHP. Reporting is an important part of district performance and past performance is a consideration in the review of proposals for future funding opportunities.
   District-generated Reports
      i. Monthly Program Report
      SSP Reports must be completed and submitted via e-mail by the 15th of the month following the end of each month. Data may be entered as each school is completed or at the end of the month. No data should be entered for a school until the sealant application is completed at that school
      ii. SEALS Report
      SEAL's Reports must be completed and submitted via CDC SEALS portal by the 5th of the month following the end of each month.

   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)

   Retention checks can detect clinical problems related to application technique, equipment and/or dental materials. Short-term checks (within two months after sealant application) are situational and long-term checks (one year) are routine. For the short-term retention checks, complete retention of all sealants is expected. For the long-term retention checks, 90 percent or more of the sealants should be retained.

Budgetary Information:

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

1. What is the annual budget for this activity?

   The GOHP is working on formulating an accurate tracking of costs for these programs. Districts vary with the way sealant programs are implemented. Programs may have mobile units, fixed clinics (with school-linked programs), or portable equipment. Some schools are large and allow the portable equipment and dental program to set up in a room for up to two weeks serving K-5th grade, and smaller schools with lower consent rates may require setting up for one day. Low consent rates may indicate better local access to dental services. The program provides services to schools if the caries rate is high as well as schools with children who have difficulty accessing care due to other barriers to services. Programs work to meet the needs of a community. Although, the programs are aware of the most efficient means of providing services, reaching the children in most need is the priority; the programs address the local barriers to services with a variety of service delivery systems.

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

   The annual cost per sealant station varies depending on program characteristics. Each SSP staffed different number of operators (dentist, hygienist and assistant) and the hourly labor costs varies by location. As the use of disposable instruments, light-cured sealants and delivered sealants depends on children screened over how many service days, infection control/supply costs also vary by location.

3. How is the activity funded?

   The GOHP provides funds to support the School-Based/linked Sealant Program (SSP) targeting high-risk schools, those with large proportions of students from families with low-income. The GOHP funds originated from the Maternal and Child Health Block (MCHB) grant and the Cooperative Agreement the Center for Disease Control and Prevention (CDC) as well as state general funds

4. What is the plan for sustainability?

   The program was initiated in 1980's and has been sustained for years. Georgia's sealant programs required subsidy from Georgia Department of Public Health and sometimes from both local government and charitable foundations. Sealant programs target schools with a large proportion of high-risk students. Individual students are not singled out for the program. Families with no insurance or resources to pay for services receive the oral health preventive services for free. Therefore, this model relies upon ongoing subsidy, largely sustained, year-to-year, by the State of Georgia's political will to prioritize funding for this purpose.

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?

   School-based/linked dental sealant programs are a highly effective way to deliver sealants to children who are less likely to receive private dental care. Programs delivering sealants to children at high-risk for tooth decay also saves money. Each tooth sealed saves more than $11 in dental treatment costs. However, this effective intervention remains underused. Less than half of children aged 6 to 11 years have dental sealants. Low-income children are 20% less likely to get sealants and twice as likely to have untreated cavities. Untreated cavities can cause pain, infection, and problems eating, speaking, and learning.
   Georgia has expanded programs, adopted a more uniform retention rate check system, tried new approaches to increase parental consent rates.

   a. We will maintain, coordinate, implement, expand, and evaluate school sealant programs. We will work with participating elementary schools to implement strategies to increase completion rate of consent forms by families of eligible children. We will collect, analyze, and report school sealant programs' cost of resources, quality assurance (sealant retention rate) and program impact. We will communicate and promote the reach and impact of school sealant programs.
   b. We will utilize our GA Oral Health Coalition (GOHC), the sealant advisory committee, the dental and dental hygienists' associations, and public stakeholders to accomplish these goals.

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

   In Georgia we have a large private competitive mobile dental provider group that has agreements with many schools in the state for school-based oral health programs. They are not required to

share data or provide it to the state oral health program which limits valuable surveillance knowledge.

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 help assure the health and safety of all Georgia students who may receive services provided in a school-based/linked setting, and to better assure that such services are coordinated and documented, the Georgia SSP developed the “Dental Sealant Manual” a document that may be used by dental personnel and staff. The guidelines do not regulate school-based or linked activities; rather, they are intended to help the interested parties by providing guiding principles, based in best practices. All new staff is required to attend training on school-based preventive practices. Site visits are made by state staff to school sealant projects to evaluate protocols. Retention checks help to assess quality of services.

TO BE COMPLETED BY ASTDD	
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