



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:

Kansas School Oral Health Programs

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.
	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
	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-03: Reduce consumption of added sugars by people aged 2 years and over.
- OH-09: Increase the proportion of low-income youth who have a preventative 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’s Services, Access to Care: School-Based Oral Health, Prevention: Children Oral Health, Prevention: Sealant, dental screening, oral health data

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.

Kansas has two school oral health programs, the Kansas School Screening program and the Kansas School Sealant program, that are administered by the Bureau of Oral Health (BOH) within the Dept of Health & Environment.

Kansas has a state mandate that requires each school-aged child to have an annual “dental inspection”. Even though this state mandate has been in effect since 1915, it has been largely overlooked by schools and administrators, rarely enforced and as of today, still remains unfunded. In 2008, through a state foundation grant, a standardized screening protocol and online data collection application was created which is still in use today. This protocol mimics the Basic Screening Survey principles and uses volunteer dental professional screeners to collect and input the screening data on an annual basis. The Screening Program provides the Bureau with school, county and statewide data on children Pre-K – 12. A searchable database of the oral health data is publicly available on the BOH website.

The Kansas School Sealant Program (KSSP) contracts with local safety net clinics, private dentists, community based dental hygienists and community health centers to provide sealants and other preventative oral health services (cleanings and fluoride varnish) to underserved children in a school-based setting. KSSP targets schools with high numbers of children on Medicaid and the Free and Reduced Lunch Program, as well as those schools whose school screening data indicates a high percentage of unmet dental needs. All providers participating in the KSSP do oral health screenings for all students in the participating schools and the screening data serves as a baseline to establish the oral health status of the students prior to the start of the KSSP.

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?

Kansas has a law that requires each child to have an annual “dental inspection”. This is an unfunded mandate and has largely been ignored by schools and administrators. In 2007 the Bureau of Oral (BOH) received a state foundation grant to assist schools with complying with this law. This program allows the BOH to quantify the burden of oral disease on Pre K-12 children in the state and inform parents about the oral health of their child. The program has expanded every year since its inception with 55, 532 children screened during the 2008-2009 school year to 160, 831 screened during the 2018-2019 school year prior to the onset of the COVID-19 pandemic.

The Kansas School Sealant Program began in 2010 when BOH received a federal grant that allowed BOH to contract with local dental providers to provide preventative oral health services to primarily high-risk children. The local dental providers use tools from the Kansas School Screening Program to conduct oral health screenings in schools before they provide services in those schools, which establishes a baseline measurement of the oral health of children in that particular school prior to providing services. This makes it possible for BOH and providers to measure the impact of the Kansas School Sealant Program on the oral health of Pre K-12 children in the state.

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

Kansas performs a Basic Screening Survey at least every three years to evaluate the oral health of Kansas children. The most recent BSS, completed in 2020, found that 54% of third graders had experienced dental decay and 2 in 10 third graders at the time of the survey had untreated dental decay. It was also found that 36% of Kansas third graders have a sealant on at least one of their molars but this still falls short of the national average of 42%.

Kansas is in the process of both a Kindergarten and third grade BSS for school year 2021-2022. Anticipated completion is summer of 2022.

School-based sealant programs have been shown to reduce dental decay for children, particularly for low-income and/or uninsured children. That is because these programs target children from low-income families, as these children are likely to have financial barriers to dental care and/or be enrolled in the Medicaid program. School-based sealant programs are evidence-based strategies proven to reduce caries in high-risk children and they are recommended by the Centers for Disease Control as a public health best practice.

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

In August of 2008, the Kansas School Screening Program was created to provide a standardized screening protocol and an online data collection application. During the first school year over 55,000 children across the state were screened. During the school year prior to the COVID-19 pandemic over 160,000 children were screened.

In July 2010, the Kansas School Sealant Program was launched. During its inception year, over 6000 sealants were placed on children in 114 participating schools. Since then the program has expanded to include dental cleanings and fluoride varnish applications. During the 2018-2019 school year, 22,803 teeth were sealed, 12,139 fluoride varnish applications were completed in 313 participating schools. Kansas School Sealant Program data is collected via CDC SEALS and input by participating school-based sealant programs across the state. Pre-COVID-19, participating SEALS programs went into schools annually throughout the school year. During COVID-19 school-based programs were not allowed into schools and CDC SEALS data reported reflects the disruption in services.

Both of these school-based programs have been heavily impacted during the last two school years due to COVID-19 and the many limitations the pandemic placed on school districts throughout our state and nationally. During the 2021-2022 school year many programs continued to struggle to return to schools to provide direct oral health services as was the case pre-pandemic.

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.)

The Kansas School Screening Program: Screeners are either volunteers or required to perform school screenings as part of their Kansas School Sealant Program contract. They are either dentists or dental hygienists. School nurses, administrators and other administrative personnel at schools also play a crucial role in the program as they are aware of the schedules of their children and must inform teachers, parents and students about an upcoming screening. In addition to volunteer dental professional screeners, other staff at BOH assist in answering supply and screening requests from school nurses and other individuals. This currently remains an unfunded program, although strides continue to be made to secure state funding.

The Kansas School Sealant Program: Funding for the KSSP has come from a variety of sources over the years. HRSA funding paid for the upfront cost of launching the program during the first three years but that funding has expired and currently grant funding from CDC are being used to maintain contracts with dental providers and to buy supplies for those providers. BOH has a Children’s Programs Manager position that manages the KSSP. She maintains relationships with the contracted providers, who include community health centers, community based dental hygienists and private dental professionals. These providers establish relationships with school nurses and/or other school staff and a significant amount of time and effort can be required to gain access and cooperation from each school.

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.

The Kansas School Screening Program: BOH recruits screeners for the Screening Program by advertising the program at a variety of events and venues for dental professionals. BOH staff provide potential volunteers with information about the program and required trainings. BOH staff also provide technical assistance to screeners, school nurses/administrators and collaborates with their IT Dept at the Kansas Dept of Health & Environment to address database issues. At times BOH staff perform screenings if no volunteer screeners are available in specific service deserts across the state.

The Kansas School Sealant Program: This program contracts with local safety net clinics, private dentists and community health centers to provide sealants and other preventive oral health services (cleanings and fluoride varnish) to underserved children in high-risk schools. KSSP targets schools with high numbers of children on Medicaid and the Free and Reduced Lunch Program (FRL), as well as those schools whose school screening data indicates unmet dental needs. For the most part, in urban area schools with more than 50% of student son FRL are considered high-risk, while most schools in rural areas are considered high-risk because of the lack of dental providers in those areas. These schools also tend to have a high proportion of Medicaid -insured children and/or children on FRL. All providers participating in the KSSP do oral health screenings for students in the participating schools. Contracted providers then work with schools to schedule times for the providers to come to the school and provide oral health services (sealants, cleanings, fluoride varnish) to mostly high-risk children whose parents have given consent for them to be seen. As the providers see children, they fill out a standardized form that indicates what services that child has received. Both school nurses and parents are advised of services that were provided to each child.

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.)?

The Kansas School Screening Program: This program has expanded every year since its inception prior to the COVID-19 pandemic. In its first year, school year 2008-2009, the number of children screened was 55,532, during the 2018-2019 school year the number of children screened was 160,831. As a result of the program, the screening database maintained by BOH is accessible by the public, who can pull reports about the oral health of individual schools, counties and the state at large. The program is still experiencing limitations related to COVID-19. For the 2021-2022 school year screening rates began to increase after a significant decrease due to the pandemic.

The Kansas School Sealant Program: This program also continues to grow every year since inception and prior to the onset of the COVID-19 pandemic. During its first year, 6,222 sealants were placed on children in 114 schools, during the school year prior to the pandemic (2018-2019), 22,803 sealants were placed on children in 313 schools. The program has also expanded to provide fluoride varnish applications and dental cleanings over the years.

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 Kansas School Screening Program: This program’s database allows for the collection of data annually that indicates consistent increase of children being screened, with the exception being during the last two years involving the COVID-19 pandemic. With more children being screened, there are also more referrals that screeners make for children with obvious dental problems and unmet dental needs. This program allows for a much larger body of data for the BOH and other entities to monitor and report on the oral health of children in Kansas.

The Kansas School Sealant Program: This program has contributed significantly to the prevention of dental decay in children statewide based on data comparison since its launch in 2010. Data collected during Basic Screening Survey of third graders in 2010 indicated that 5.7% of Kansas third graders had a sealant on at least one of their molars while data from the most recent Basic Screening Survey in 2020 indicates that 36% of Kansas third graders had a sealant on at least one of their molars.

Budgetary Information:

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

1. What is the annual budget for this activity?

The Kansas School Sealant Program is currently an unfunded program, therefore, the budget is exclusively the salaries of BOH staff that help run the program which is 1.0 FTE funded by the CDC Oral Health grant.

The Kansas School Sealant Program is funded through the CDC Oral Health grant which in total is \$370,000 annually for surveillance and fluoridation activities, as well as the School Sealant Program.

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

The Kansas School Sealant Program costs are dental screening supplies (masks, gloves, tongue depressors, light source such as headlamps or pen lights, hand sanitizer, sanitizing wipes toothpicks, 2x2gauze and toothbrushes) that are provided directly to screeners or participating schools which are approximately \$50,000 annually.

The Kansas School Sealant Program costs are 1.0 FTE BOH staff for program management and recruitment and many community health centers rely on grant funding and Medicaid reimbursement to assist with covering their cost of providing services. In Kansas many Sealant Programs have significant distances to travel and this travel is directly reflected in their costs. When evaluating individual programs, the cost per child varies greatly between more highly populated urban areas and rural communities.

3. How is the activity funded?

The Kansas School Screening Program: In 2022 the program received funding from the state General Fund for the upcoming 2022-2023 school year. This funding will boost screening efforts impacted by COVID-19. Although requests and data were submitted annually for the previous

three years, this is the first time the Bureau of Oral Health has received this supplemental funding.

The Kansas School Sealant Program is funded through CDC.

4. What is the plan for sustainability?

The Kansas School Screening Program, because it is heavily dependent on volunteers, does not require a lot of financial investment from the Bureau of Oral Health (BOH). As long as BOH is staffed, the program should be able to continue in some capacity. Due to the impact of the COVID-19 pandemic on school-based programs across the state, additional state funding is actively being requested to assist in the rebuilding and restructuring of school-based oral health programs in order to return services to pre-pandemic levels. This funding request is to help offset the cost of additional dental screeners recruitment, increased personal protective equipment, additional infection control education and technical assistance as well as increased use of technology for virtual/remote options.

The Kansas School Sealant Program has mechanisms in place that contribute to its sustainability. All the contracted programs are required to bill for the services they provide in the schools if there is a payment source. All sealant contractors are also Medicaid providers and do their own Medicaid billing. The BOH does not bill for the sealant programs but provides the contractors with technical assistance on billing through their sealant program consultant.

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?

Several key lessons learned through the implementation and continued management of both of these school-based programs center around community partners collaboration and communication. The Sealant Program and the School Screening Program are meant to be supportive of each other. Schools that participate in the Screening Program are more receptive to in-school services. Providers that do the Sealant Program also compile the data for the Screening Program and in turn, the screening data can be used to evaluate the Sealant Program.

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

A significant challenge faced by both programs has been the resistance of some schools to allowing in-school services to be provided. In many cases it takes months, if not years, to develop and foster relationships between dental providers, school nurses and school administrators. BOH staff have to work diligently to communicate effectively with schools, school districts, screeners and dental providers to ensure good relationships between all entities. BOH staff work very closely with the Kansas Department of Education to assist with communication efforts and creation of collaborative relationships with each school district, specifically targeting those schools with high percentages of underserved children with unmet dental needs.

In an effort to recruit and retain SSP contractors the BOH requests service participation, offers small awards when fiscally possible, highlights participation on the BOH website and in quarterly newsletters, provides supplies when the budget allows, uses data reporting to recognize community partners and utilization of CHC and dental safety net clinic partnerships.

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.

A toolkit and the forms used for the Kansas School Screening Program and Kansas School Sealant Program can be found on the Kansas Bureau of Oral Health website ([Oral Health | KDHE, KS](#)). This site also includes links to the Kansas School Screening Database which allows users to pull reports from that database and includes other materials and information related to these programs.

TO BE COMPLETED BY ASTDD	
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