



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
--

Name: Charlotte Branson
Title: Vice President, CRN
Agency/Organization: Participa!, Inc. Dental Services
Address: P.O. Box 5157, Bernalillo, NM 87004
Phone: (505) 872-0882
Email Address: participadental01@outlook.com

PROVIDE CONTACT INFORMATION FOR ONE ADDITIONAL PERSON WHO COULD ANSWER QUESTIONS REGARDING THIS PROGRAM
--

Name: Kristin Jaramillo, RDH
Title: President
Agency/Organization: Participa!, Inc. Dental Services
Address: Same as above
Phone: (505) 238-1496
Email Address: participadental01@outlook.com

SECTION I: ACTIVITY OVERVIEW

Title of the dental public health activity:

Participa! Inc. Mobile Dental Services

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
x	3. Assess public perceptions about oral health issues and educate/empower them to achieve and maintain optimal oral health
Policy Development	
	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-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.

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.

Participa! Inc. Dental Services started providing school-based dental services in 1999, servicing the State of New Mexico and providing comprehensive dental treatment. This included x-rays, dental exams, cleanings, sealants, fluoride varnish and restorative treatment. Participa! later migrated to the north-west region of the State of New Mexico concentrating its efforts in rural areas while other companies picked up services established originally by Participa!.

In 2018, Kristin Jaramillo, a practicing hygienist and Charlotte Branson, a registered school nurse, became the new President and Vice President and worked to continue filling the need for school-based services in the community. Participa! provides dental exams, cleanings, sealants, fluoride varnish, and silver diamine fluoride to any student that provides a parental consent form. Participa! continues to implement and improve our data collections system. Our data collections are shared with New Mexico Department of Dental Health and with the school districts we service, who in return, share this information with New Mexico Public Education Department for their end-of-year reports. Participa! collaborates directly with school health personnel, San Juan College Dental Hygiene Program, and various groups within the New Mexico Oral Health Coalition. Tele dentistry is currently being used in our practice to communicate findings with our dentists.

Due to the COVID-19 pandemic, our 2020-2021 expenses do not reflect a good representation of the costs associated with our program. In 2019, our expenses were \$155,855, servicing approximately 1,500 students, these costs are mostly covered by Medicaid, a small portion from a private insurance, and a small grant provided by the Department of Health. In 2019, Participa! added new schools, and hired a new dentist. During the COVID-19 pandemic, Participa! continued to service students at lunch distribution sites providing drive-through fluoride varnish treatments and in near-by daycares. Participa! made and put together a dental educational video, appropriate for school-aged children, that was distributed to our school districts and played during the student's virtual school day.

Many school districts that are served do not have immediate access to dental services in their communities. Participa! is able to fill this gap and ensure all students, regardless of dental insurance, have their dental needs met. Currently, this program provides a dental exam, cleaning, sealants, fluoride varnish and offer silver diamine fluoride services directly in the school and does not require a significant loss of classroom time that can be expected from traditional dental care. Participa! has identified additional needs in the last two years and implemented new treatment services to address these needs. One addition to the care is the use of silver diamine fluoride.

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?

Participa! was established in 1999. Kristin Jaramillo and Charlotte Branson took over and continued the services in 2018. Many school districts that are served do not have immediate access to dental services in their communities. Participa! is able to fill this gap and ensure all students, regardless of insurance, have their dental needs met. Most of who we serve are Medicaid insured or without insurance. We bridge the gap to dental care for rural communities and provide a convenience for all families to maintain oral health and receive oral health education. We service directly in the school and do not require a significant

loss of classroom time which would be expected from traditional dental care. Participa! has identified additional needs in the last two years and implemented new ways to address these needs. One example is the use of silver diamine fluoride (SDF) in our practice.

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

The need for further treatment was recognized when annual exams reflected that many students were not receiving recommend follow up treatment. During COVID-19, the recommendation to reduce aerosols supported the use of SDF as a treatment modality in schools.

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

Since schools were still closed, we didn't get SDF off the ground until August 2021, as schools slowly opened again. After introducing the concept of this treatment, we have generated interest and several families have signed up. Unfortunately, this is a service that is not covered by Medicaid. We are hoping to change this practice, so that we can get reimbursed, as there is a large need in the population we serve and know that there is interest.

We have learned persistence can pay off. It is too soon to tell, but we believe by educating our families, nurses and schools about the benefits of SDF, we hope that we will see an even better response in the near future.

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.)

Several resources are required to maintain what Participa! provides. This includes staffing, networking and partnerships, continued funding through grants, insurances and community interest. Other resources like dental materials, equipment, PPE, office supplies, printing, maintenance etc. are needed to provide day-to-day operations.

Medicaid does not reimburse for the application of SDF; therefore, it is an out-of-pocket expense to Participa!., the product and time it takes to apply it is an out-of-pocket cost to the company. Currently, there is no reimbursement to Participa! other than the satisfaction of being able to help these kids receive the treatment. Educational pamphlets, specific to SDF have been made and distributed, along with a separate consent form. When there are kids who qualify for the treatment, phone calls are made home to families, explaining the treatment and answering any questions to ensure that permission is given. District-wide informational meetings have been conducted to ensure that the health staff understand the benefits of SDF and why this treatment is being promoted and provided for those students who can benefit from its use and have parental consent.

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.

Participa! Contacts the schools' health office to schedule, Consent forms are then distributed home to families and collected. Eligibility is determined for all insurances and the dental staff scheduled. Materials

(e.g.: instruments, goodie bags) are prepared, dental charts are put together, dental equipment is loaded in the mobile van, lodging and personnel scheduled. We ask our schools to provide an area for us to setup with a nearby sink and accessible outlet. Oftentimes, we are placed in the health office or an empty classroom. Day one-exam day: All eligible students are seen by a dentist. Those students identified with decay will have a consent form for SDF sent home for review and signature. Families will be contacted and notified of such consent and the need to return the consent before SDF treatment is provided. ROBO calls may be used before our arrival and during our stay to inform parents of our presence or the need to look out for paperwork. Following day one, each student will be seen to complete treatment until all students have been finished. The number of students who sign up will determine how many days Participa! will be at a school. Each student takes home a treatment complete form along with a dental "goodie-bag". This form will let families know what was completed and identify recommended treatment/follow-up needs. Dental "treatment complete" forms are in English and Spanish and sent home with each student. The school health office makes copies of this treatment complete form for those students that require follow-up care . This copy is kept on file with the school. The school health office/nurse is also informed of URGENT treatment recommended so that they can follow-up after Participa! has left the school. Phone calls are made by the hygienist to families when further treatment is recommended. Students are billed according to their insurance/lack of; however, no families are directly billed for services rendered.

Participa! currently serves three school districts and is in the process of working out details for another school district in the 2022-2023 school year. August through May is the timeframe for providing services. In the off season, we are purging files, moving students along in their school years, developing stats, and fine-tuning the program.

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.)?

Two school districts have been completed in the 2021-2022 school year and we are half-way done with the third. We will be meeting and contacting other prospects for the upcoming school year. Our accomplishment is the introduction of SDF.

Data is compiled at the end of the school year. The 2021-2022 school year will show the baseline data for the implementation of SDF.

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
- 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)

Two school districts have been completed for the 2021-2022 school year and the third is half-way done.

The outcome of implementing SDF into our program has shown promise for families, who are receptive to the idea of this additional treatment. There are students who qualify for services, however, getting the consent form home and back remains challenging. Treatment will be evaluated by the dentist on exam day the following school year to determine whether all treatment recommended was completed and if caries has been arrested. Follow-up tracking is difficult for multiple reasons, including, but not limited to: student transfers, eligibility due to insurance restraints, parental compliance/consent, program availability. This is primarily a short-term goal, and could potentially result in long-term improvements, depending on consistent parent consent and student participation with our program throughout the student's school

years. Data on the number of student exams, fluoride treatments, caries, sealants and demographics are reported to the Department of Health and shared with the school's state reporting.

Budgetary Information:

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

1. What is the annual budget for this activity?

\$160,000

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

84% cost/labor

10% dental supplies

6% remaining (office supplies, insurances, and vehicle expenses)

3. How is the activity funded?

Department of Health Office of Oral Health grant, private donors/grants, insurance billing

4. What is the plan for sustainability?

We hope to continue to receive grant funding, pick up more schools and gain family interest/participation in our program.

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?

Regarding SDF:

With the increased need for access to restorative care, and recognition of the benefits of SDF, integrating this service into a program and building partnerships with dental insurances, might help encourage the reimbursement of costs from insurance companies.

The Department of Oral Health is looking to create a position that will sit on a board to advocate for SDF reimbursement.

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

Challenges have always included getting consents home to families and returned in time for Participa! to complete services. Multiple phone calls, as well as emails and texts go home daily.

On exam day, SDF consents are sent home with students with decay (Pre-K through middle school aged). The younger the children, the better the return rate. Phone calls are made to parents, so they are aware of SDF consent forms to be found in backpacks. On treatment day, additional phone calls are made to those who have not returned their SDF consent form. The student calls their parent/guardian and the dental hygienist discusses the SDF application process.

Forms are not returned because: they never make it home, inaccurate guardian contact information, or parents may have further questions. When permission is obtained through a signed consent, it is printed at school.

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

Greetings teachers:

"We have created a video that shows a little of what Participa! will be doing post pandemic, along with a dental educational video that is appropriate for each age group to view virtually. With your help, by playing this video to students, Participa! will be able to continue providing dental services to the students in your district."

Please contact Participa! to get the video. This particular video should be viewed prior to the videos below.

Each video is less than 9 minutes long.

Pre K through Kindergarten

Participa attachment:(56 seconds) Intro video to be played prior to the link below

<https://youtu.be/Ku-ForS6G3I> -Blippi (4:11)
total time for these videos 5:12

[Tooth Brushing Song by Blippi | 2-Minutes Brush Your Teeth for Kids](#)

1st through 3rd graders

<https://youtu.be/8iYAsnBjs7s> - Bailee and Dr. Jayme answer questions about how to take care of your teeth.

<https://youtu.be/HZtrnrgbl5c> -Sealant video
[Applying Dental Sealants with Today's Dental](#)



(8:30) for intro video plus two videos

4th -5th graders

https://youtu.be/qHz8CT_rNMM (6:08) Silver Diamine Fluoride

[Children and Laura the dentist explain all about Silver Diamine Fluoride.](#)

[Children and Laura the dentist explain all about Silver Diamine Fluoride.](#)



6th -12th graders

<https://youtu.be/Z7g4W9fCv2s> (4:48) The Mouth Walk

[The Mouth Walk: The Importance of Oral Hygiene | Healthy Essentials](#)



TO BE COMPLETED BY ASTDD	
Descriptive Report Number:	34008
Associated BPAR:	School-Based Dental Sealants
Submitted by:	Principa!, Inc. Dental Services
Submission filename:	DES34008NM-principa-sbp-2022
Submission date:	May 2022
Last reviewed:	May 2022
Last updated:	May 2022