



## Dental Public Health Project Descriptive Report Form

Please provide a description of your organization’s successful dental public health project by completing this form. Add extra lines to the form as needed but stay within **word limits**.

Please return the completed form to Lori Cofano: [lfcofano@astdd.org](mailto:lfcofano@astdd.org)

Name of Project						
<b>802 Smiles Network of School Dental Health Programs</b>						
Executive Summary (250-word limit)						
<p>The 802 Smiles Network of School Dental Health Programs connects Vermont's various school dental health programs under one umbrella. The name of the network comes from the Vermont area code (802), which covers the whole state. The goal of the Network is to eliminate oral health disparities and improve oral health for all Vermont children. The Network is a partnership between the Office of Oral Health (OOH), students and their families, school nurses and staff, communities, and health care providers to support access to care and the best possible oral health for all Vermont children.</p> <p>802 Smiles is made up of five tiers that align with the range of dental services offered. The highest Tiers (4 and 5) offer the most services, although organizations in every tier play an important part in helping kids access dental care. <a href="#">See this link for a description of each tier.</a> Members of the Network receive startup supplies, technical assistance and local support implementing school-based dental programs at whatever tier that works for them. Members commit to providing the OOH with data regarding their program. The Network includes programs in Head Starts, and elementary, middle, and high schools; most of the programs in the network are in elementary schools.</p>						
Name of Program or Organization Submitting Project						
Vermont Dept. of Health, Office of Oral Health						
<p><b><i>Essential Public Health Services to Promote Health and Oral Health in the United States</i></b></p> <p>Place an “X” in the box next to the Core Public Health Function(s) that apply to the project.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: center;">X</td> <td>Assessment</td> </tr> <tr> <td style="text-align: center;">X</td> <td>Policy development</td> </tr> <tr> <td style="text-align: center;">X</td> <td>Assurance</td> </tr> </table> <p><a href="http://www.astdd.org/state-guidelines/">http://www.astdd.org/state-guidelines/</a> Project submissions will be categorized by the Core Public Health Functions on the ASTDD website.</p>	X	Assessment	X	Policy development	X	Assurance
X	Assessment					
X	Policy development					
X	Assurance					

## Healthy People 2030 Objectives

List Healthy People 2030 objectives related to the project.

**OH-03:** Reduce the proportion of adults with active or currently untreated tooth decay

**OH-08:** Increase the proportion of children, adolescents, and adults who use the oral health care system

**OH-01:** Reduce the proportion of children and adolescents with lifetime tooth decay experience in their primary or permanent teeth

**OH-02:** Reduce the proportion of children and adolescents with active and currently untreated tooth decay in their primary or permanent teeth

**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 received dental sealants on 1 or more of their primary or permanent molar teeth

This information will be used as a data resource for ASTDD purposes.

### **Keywords for sorting the project by topic.**

Provide **three to five** keywords (e.g., access to care, children, coalitions, dental sealants, fluoride, policy, Medicaid, older adults, pregnant women, etc.) that describe the project. Keywords are used to categorize submissions.

Dental sealants, silver diamine fluoride, children, adolescents, access to care.

## Detailed Project Description

### **Project Overview**

(750-word limit)

#### **1. What problem does the project address? How was the problem identified?**

Since 2002-2003, there has not been a significant decline in the prevalence of tooth decay among Vermont's third grade children. Vermont did not reach the Healthy Vermonters Goal 2020 for the percent of children with dental decay (30%). Although the percentage of third grade children with decay experience in 2016-2017 was lower than in 2002-2003, the difference was not statistically significant. This suggests that unless significant improvements are made, our goal of reducing the percentage of third grade children with decay experience will not be met; Vermont needs to expand preventive dental care programs.

Furthermore, oral health disparities remain among Vermont children. Compared to children not eligible for the free and reduced meals (FARMS) program, children who are eligible for FARMS have significantly higher prevalence of untreated decay and decay experience ([Vermont Department of Health, 2017](#)). This highlights the need to support school-based dental health programs (where students can receive preventive dental care such as fluoride applications and sealants at school) through the 802 Smiles Network. All of Vermont's seven Head Start Agencies participate in the Network. Families are engaged through dental hygienists who provide dental services and dental health education in schools. The 2022-2023 Basic Screening Survey of Children's Oral Health is underway, and updated data will be used to guide next steps in 2023 and beyond.

## 2. Who is the target population?

Currently, 802 Smiles' priority population are students in eligible schools who do not have a dental home. Per the Centers for Disease Control and Prevention (CDC) criteria, all public elementary or secondary urban schools with > 50% of students on the free/reduced lunch program and all rural schools are considered eligible for a school-based/-linked sealant program. Although we prioritize this group, all children with a signed consent form are considered eligible for participation in 802 Smiles. Similarly, schools with < 50% of students on the free/reduced lunch program are not barred from participating, as long as school nurses and the school community see an unmet need for oral health care services. In May 2023, the Vermont legislature enacted a Universal Free Meals law, so that all Vermont students attending public and approved independent schools are eligible for free breakfast and lunch. This means that free and reduced meals eligibility rates will no longer be relevant as a socioeconomic status indicator in Vermont. As funds are limited, we need to find a new way to assess program eligibility.

## 3. Provide relevant background information.

Vermont's school oral health program has a long history: the Tooth Tutor Program (TTP), a school-linked oral health program, was developed in 1997 with the goal of linking every child with a dental home. However, [evaluation results of the program using data from the 2016-2017 Basic Screening Survey](#) (BSS) found no significant improvement in population level oral health indicators. This pointed to the need for a shift towards school-based (vs. school-linked) programs that offer preventive dental services, including sealants, in school settings.

Based on this formal evaluation of the TTP, we are now supporting the expansion of school-based dental health programs (a number of which already existed in VT) through the 802 Smiles Network. This is because school-based dental health programs [are an evidence-based strategy](#) to improve population oral health indicators such as treated and untreated decay and dental sealant rates (something we did not see with the TTP evaluation). Students are still referred to local dental homes where they can receive comprehensive care (including preventive and restorative dental care), as needed.

This transition from the TTP involved the development of a network of school dental health programs in Vermont (both school-linked and school-based). This network is the [802 Smiles Network of School Dental Health Programs](#). The 802 Smiles Network is made up of five tiers that align with the range of dental services offered. Please see this link for a description of each [Tier](#).

The Network still includes some school-linked programs; however programs in the lower tiers are encouraged to "upgrade" to a higher tier due the solid [evidence for school-based sealant programs](#) and for the preventive services provided in Tier 3 and up (including [SDF](#) and [dental sealants](#)).

The 2019-2020 and 2020-2021 school years were challenging for the 802 Smiles Network due to impacts of the COVID-19 pandemic, including school closures, remote learning, and inability to provide services in schools. Limited activities and services were resumed in the 2021-2022 school year, and in the 2022-2023 school year we started to see an expansion of the Network. As of early 2023, 115 Vermont public schools or Head Start programs enrolled in 802 Smiles. These programs are run by approximately 30 dental health care providers (mostly dental hygienists). Head Start has recently approved provision of clinical services by 802 Smiles dental hygienists in their programs. This means that many Head Starts will be participating in 802 Smiles at a Tier 3 or higher in the upcoming school year, offering SDF

and possibly sealants in primary molars – increasing the opportunities for preventing and managing Early Childhood Caries. Hygienists in VT can apply SDF in public health settings under the general supervision of a dentist.

#### 4. Describe the project goals.

The 802 Smiles Network connects Vermont's various school dental health programs under one umbrella. Its goal is to eliminate oral health disparities and improve oral health for *all* Vermont children.

**802 Smiles Network Mission:** To bring together students, school nurses and staff, communities, and health care providers to support access to care and the best possible oral health for all Vermont children.

**802 Smiles Network Vision:** All children in Vermont schools will have the best possible oral health.

#### Resources, Data, Impact, and Outcomes

As mentioned above, the 2019-2020 and 2020-2021 school years were challenging for the 802 Smiles Network due to impacts of the COVID-19 pandemic. 802 Smiles resumed limited activities and services in the 2021-2022 school year, and we are starting to see an expansion of the Network in the 2022-2023. In upcoming years, we expect 802 Smiles to have a greater positive impact on:

- Establishing dental homes
- Dental care accessibility
  - Sealant placement
  - Fluoride varnish applications
  - SDF treatments
- Education
- Empowering children and families to become engaged in creating and maintaining oral health

1. What resources were/are necessary to support the project (e.g., staffing, volunteers, funding, partnerships, collaborations with other agencies or organizations)?

Most 802 Smiles programs are run by dental hygienists; they are hired by schools/ school districts with local funds (including Medicaid Administrative Claiming funds reimbursed to participating local education agencies performing administrative activities that directly support the children's Medicaid program). For more details, see the **Budget and Sustainability** section. Hygienists who provide clinical services in schools work under the general supervision of a dentist.

As previously stated, 802 Smiles is a partnership between the Office of Oral Health, students, school nurses and staff, communities, and health care providers to support access to care and the best possible oral health for all Vermont children. We are in the process of recruiting 802 Smiles volunteer champions to help promote the network in all areas of the state. The 802 Smiles Advisory Group has played an instrumental role in this process.

Key partner organizations are:

- [Vermont Agency of Education](#)
- [Vermont School Nurses Association](#)
- [Vermont State Dental Society](#)
- [Vermont Dental Hygienists' Association](#)
- [Vermont Department of Health's School Health Program](#)

- (a) What process measure data are being collected (e.g., sealants placed, people hired, etc.)?
- (b) What outcome measure data are being collected (e.g., improvement in health)?
- (c) How frequently are data collected?

We monitor the percentage of students who receive oral health services through 802 Smiles, including sealants, as a measure of success (process measure). In the 2021-2022 school year, 3,180 children participating in Vermont's 802 Smiles Network received oral health services. Of those children, about two-thirds were seen in a Tier 3, 4, or 5 school setting (school-based program or dental van) and 434 children received sealants. We also track other relevant oral health indicators, such as the percent of third graders with dental decay (outcome measure) and the percent of children in grades K-12 using the dental system yearly (process measure). These metrics were selected to align with our Healthy Vermonters 2020 Goals. Please refer to [Vermont's Oral Health Scorecard](#) for more information.

802 Smiles also supports [Vermont's Title V MCH Block Grant](#) State Priorities and Associated Measures:

- **NPM 13.2:** Percent of children, ages 1 through 17, who had a preventive dental visit in the past year
    - o **ESM 13.2.1:** # of students participating in Vermont's 802 Smiles Network of School Dental Health Programs receiving oral health services
- All data referenced above are collected yearly.

In addition to the performance measures and indicators above, we also conduct Kindergarten and 3<sup>rd</sup> grade Basic Oral Health Screening Surveys (BSS) at intervals of approximately every 4-5 years (the 2022-2023 BSS was delayed due to the COVID-19 pandemic). We are exploring the possibility of conducting a Head Start BSS in a couple of years (contingent upon funding).

## 2. How are the results shared?

The results are shared with partners and stakeholders (e.g., 802 Smiles providers and champions, 802 Smiles Advisory Group, Vermont Oral Health Advisory Panel members, etc.) and made publicly available online (see [Vermont Oral Health Scorecard](#) and [2016-2017 Keep Smiling Vermont](#)).

## **Budget and Sustainability**

(500-word limit)

Note: Charts and tables may be used.

### 1. What is/was the budget for the project?

We do not have a total budget for 802 Smiles because funding comes from various sources and programs are funded locally by each school/school district. The Vermont Oral Health Program estimates that the budget for supplies and basic equipment for all the programs in the Network will top \$20,000 in the 2023-2024 year, but that does not account for additional expenses, such as wages, which are not covered by the OOH.

### 2. How is the project funded (e.g., federal, national, state, local, private funding)?

As previously stated, most 802 Smiles programs are funded through the Medicaid Administrative Claiming (MAC) reimbursement program, but an increasing number of dental

hygienists are supplementing their wages by billing Vermont Medicaid for preventive services they provide in schools (in Vermont, dental hygienists who are enrolled as Medicaid providers can bill independently when working in public health settings under General Supervision Agreement with a Vermont-licensed dentist). It is important to note that some school districts and Head Start programs have additional sources of funding to sustain their 802 Smiles programs, such as the [Stratton Community Foundation](#) and [Northeast Delta Dental](#). Vermont's State Oral Health Program, which is largely funded by CDC, coordinates the Network and provides startup supplies and trainings to 802 Smiles dental health care providers starting new programs. Existing programs are eligible for ongoing technical assistance throughout the school year.

3. What is the sustainability plan for the project?

As mentioned, most participating schools/ school districts rely on local funds, mainly from the Medicaid Administrative Claiming (MAC) reimbursement program, to hire an 802 Smiles dental hygienist. The OOH has never covered wages. We are urging all 802 Smiles dental hygienists to enroll as Medicaid providers so they can supplement their wages. This will support programs towards becoming self-sustainable and less reliant on supplies provided by the Vermont Department of Health.

### Lessons Learned

(750-word limit)

(a) What lessons were learned that would be useful for others seeking to implement a similar project?

Vermont had a longstanding school-linked program (the Tooth Tutor Program, or TTP). While the TTP did help some children connect with a dental home, [evaluation results of the program using data from the 2016-2017 Basic Screening Survey](#) (BSS) found no significant improvement in population level oral health indicators (3rd graders in schools with TTs did not have lower rates of tooth decay or higher rates of sealants than 3rd graders in schools without TTs, even after controlling for National School Lunch Participation and race/ethnicity). This pointed to the need for a shift towards a school-based program. This experience highlighted the importance of ongoing program evaluation to assess impact and inform decision-making in public health.

(b) Any unanticipated outcomes?

The dental workforce shortage exacerbated by the COVID-19 pandemic resulted in many dental practices (private or within FQHCs) operating at lower capacity than usual. This workforce shortage has led to many children waiting for months before they can be seen for preventive services. While this has impacted the ability of 802 Smiles to connect students with a source of comprehensive dental care, it also highlighted the **importance of offering preventive services in community settings beyond the traditional dental practice.**

(c) Is there anything you would have done differently?

Our program would be in better shape if the pandemic had not delayed our transition into more school-based programming, but that is not something under our control.

## Resources

List resources developed by this project that may be useful to others (e.g., guidelines, infographics, policies, educational materials). Include links if available.

- The [Vermont 802 Smiles Network](#) website is a “one-stop shop” with valuable resources for schools, families, and dental health care providers to learn more about 802 Smiles, such as:
  - Detailed descriptions of the 802 Smiles 5 Tiers of service
  - Opportunities to become an 802 Smiles champion
  - Consent forms, letter templates, protocols, guidance, and other resources for existing 802 Smiles programs
  - Tips for dental hygienists billing Medicaid
  - Legal requirements and recommendations
  - Links to relevant trainings and funding opportunities
- [Oral Health resources for families](#), including:
  - A monthly brushing calendar for download
  - Various tips for fun at-home oral health care
  - An engaging YouTube channel featuring an 802 Smiles dental hygienist.
- Vermont’s [General Supervision Agreement form](#) with a list of procedures a dental hygienist can offer in public health settings under this agreement

<b>Contact for Inquiries</b>	
Name:	Debora G. M. Teixeira, DDS (Internationally Trained), M.Ed.
Title:	Oral Health Systems Administrator/ 802 Smiles Network Coordinator
Agency/Organization:	Vermont Department of Health, Office of Oral Health
Address:	108 Cherry Street, PO Box 70
Phone:	(802) 652-4115
Email:	debora.teixeira@vermont.gov
<b>Second Contact for Inquiries</b>	
Name:	Robin N. Miller, RDH, MPH
Title:	Oral Health Director
Agency/Organization:	Vermont Department of Health, Office of Oral Health
Address:	108 Cherry Street, PO Box 70
Phone:	(802) 863-7272
Email:	robin.n.miller@vermont.gov

<b>To Be Completed By ASTDD</b>	
Descriptive report number:	51009
Associated BPAR:	Early Childhood Caries Prevention and Management
Submitted by:	Vermont Dept of Health, Office of Oral Health
Submission file name:	DES51009VT-802-smiles-2023
Submission date:	September 2023
Last reviewed:	September 2023
Last updated:	September 2023