

Assessment of State and Territorial Oral Health Program's School-Based Oral Health Programs During COVID-19

Background

The immediate impact of the COVID-19 pandemic on school-based oral health programs created an environment where current methods of providing services needed to be reassessed. The changes began in March 2020 and continue into the fall when programs still are contemplating how to navigate revised infection prevention protocols and a multitude of varying back-to-school models.

The Association of State and Territorial Dental Directors (ASTDD) formed a COVID-19 School-Based Programs Workgroup in June 2020. In July, the workgroup asked state and territorial oral health program directors in the 50 states, DC and the U.S. affiliated territories to share what their school-based programs plan to do during the COVID-19 pandemic. Forty-three states and one territory responded, although not everyone answered all questions. Information shared showed 19% of oral health programs were spending 26-50% of their time on non-COVID-19 related support activities, such as contact tracing, preparedness, logistics, command or incident response, while 40% were devoting up to 25% of staff time on dental-related COVID-19 activities, such as communication materials for executive orders, dental licensing board consultation, dental provider communication, and infection control.

Programs were asked if they anticipated school-based programs would be implemented during the 2020-2021 school year; 84% responded in the affirmative. When analyzed by type of service, 84% felt they would be providing sealants, 59% fluoride varnish, 55% screenings, and 14% silver diamine fluoride.

Fifty-eight percent of the programs had started contacting schools for the 2020-2021 school year. Of the schools contacted, 70% agreed to have the school-based programs return to their schools. Only 30% of the programs had created communication materials to engage or inform schools about the safety of oral health services in school programs, and 37% had made changes to consent forms as a result of COVID-19.

Programs were asked if they planned to conduct a Basic Screening Survey (BSS) during the 2020-2021 school year; 17 planned to do so. Of those, nine planned to conduct a new BSS, and six will complete a BSS started in the 2019-2020 school year. Only five programs were creating communication materials to engage or inform schools/parents about the safety of conducting the BSS in schools and were willing to share the materials.

Phone Interviews

An email with a sign-up sheet was sent out twice to all forty-three states and one territory that responded to the assessment requesting them to select a time on the schedule between September 8th and 22nd to be interviewed. The interview questions included who school-based programs contacted to request entry into the schools (state, district, or school), mode of contact, materials revised, and lessons learned.

Respondents indicated there was great variability in how school-based programs communicated at the state, district and school levels in the modes of contact chosen and the materials created or revised. Three common themes arose from the interviews: communication, flexibility, and partnerships.

Many lessons learned were shared.

Comments below are shared “as is” so as not to modify the message/intent of the interviewee.

Communication:

Department of Education and Schools

- Have closer/consistent communication with those who run the health component at the Department of Education as this hindered getting agreements in place.
- Had to wait for partners at Department of Education to have bandwidth to deal with discussing school-based sealant programs.
- Have written policies in place with Department of Education. Make sure oral health is not separated out from other health services.
- Constant communication with school staff for updates and reinforcement of program.
- Figure out how to provide/incorporate oral health into curriculum and share messages via social media.
- Link in school newsletter to new electronic consent forms. Each consent form will have an individual URL.

State

- State of Emergency declaration did not include dental as essential workers. (several states)
- State oral health program should have been more closely connected to the Emergency Operations Center prior to the pandemic.
- Did not realize how difficult it would be to communicate with the Commissioner. We reached out two months ahead and would have reached out sooner; however, it is hard to determine perfect timing.
- Internal bureaucracy made getting information out not as timely as it should have been.
- Executive Orders from governor and mayor do not align. Challenge to know which one to follow.
- Clarify the chain of communication.
- Did not have a communication plan in place for an emergency.
- Tough to manage multiple layers of communication from Feds and state.
- Would be helpful to have a state dental director so that person could communicate with the governor. (two states)
- Communicate with state health officer (SHO) early, so they know what you are doing.
- Be proactive and send a clear, consistent message from governing entities.
- Governor convened medical workgroup to respond to COVID-19, and dental was not included. (multiple states)
- Need to work on dental being considered essential health care providers. (several states)

- Need clear guidance on procedures for state oral health program when a state of emergency is declared. (Several states mentioned this.)
- Guidance on how to respond to politically driven questions.

Sealant Programs

- Our program strongly encouraged all contractors to use glass ionomer sealant materials; perhaps we should have required it.
- Common messaging around use of glass ionomer sealant material from state and Feds.
- Keep lines of communication open with grantees, so they know their funding is still in place.
- Be more mindful of how contracts are written as they were too date specific.
- Dental offices were asked to donate Personal Protective Equipment (PPE) to essential health care providers, which left them scrambling when offices were able to reopen as there was a shortage of PPE. (multiple states)

Flexibility:

Opportunities

- Made the program reassess their priorities.
- Largest contractor decided to conduct screenings and provide fluoride varnish treatments in lieu of sealants until further notice. This alternate approach may prove useful in the spring as they will have established relationships with school stakeholders during the pandemic.
- Dental hygienists are using downtime to work on program planning, following up on children who need treatment, and doing oral health education in community childcare.
- Tasked sealant coordinators with creating an outline showing how they would provide classroom education via virtual mode, e.g., Zoom or Google.
- Sealant Coordinator met with grantees to look at alternative locations for program services.

Weaknesses

- Hard to plan for coming year as we had to wait for schools to get their plans approved.
- Did not have a plan for what school-based programs would do if they were not able to get into schools.
- Sealant program bills Medicaid, so not providing services will have an impact on the program's budget going forward.
- More flexibility to adapt to unforeseen circumstances.
- Challenge getting permission to move program location and protocols.

Wisdom

- Always be prepared to have other avenues of operation besides the school-linked program and be ready to adapt to new situations and think outside the box.
- No day ever goes as anticipated! COVID-19 brings another level of need to be flexible and planning for the unknown.
- Look for alternate routes to adapt to a changing environment. Only thing you can plan for is uncertainty.

Partnerships:

Schools

- State school nurse association developed recommendations, including no aerosol procedures so that programs will align with those recommendations.
- Partnership with the Department of Education and Association of School Nurses has been incredibly positive and powerful, particularly their support for public oral health.
- School nurse is the best ally; knows the value of the services provided.
- Importance of relationships with schools and staff.
- Oral hygiene kits successful for future partnerships at school level as those schools are now interested in services.
- Shared challenges/issues and piggybacked on communications from school nurses as one communication is better than multiple ones from various programs.
- Sealant team assured schools they are not “visitors” but an integral part of the team that keeps students ready to learn.
- Challenging when every school makes its own decision as some want to wait to see what other schools are doing. Personal relationships and trust made schools comfortable with program coming back into school.

Others

- Partnerships are key.
- Existing infrastructure, relationships, and having a coalition in place to allow program to jump on opportunities as they arise.
- Really must work with partners at the ground level to understand things.
- Partners have different capacity: small vs. large. One model does not work for all partner programs.
- Partnerships with Federally Qualified Health Centers (FQHCs) important for school-based/linked programs.
- Fortunate to have relationship with Portable Dental Care Alliance in place.
- Collaborating with immunization program by providing screening for sealants and fluoride varnish during immunization clinics.

Other input:

- More than one state mentioned restrictions in their practice acts related to teledentistry limited the opportunity to provide screenings.
- Emergency preparedness plan to address those seeking care in the emergency department and how to provide services under varying circumstances. (Several states mentioned this.)
- Many students who attend the after-school programs are eligible for National School Lunch Program and are eligible for sealants. After school program leaders may have more opportunity to interact with parents on a daily basis than the teachers.
- Would have been helpful to have protocols in place sooner. (multiple states)
- Clear and timely guidance from CDC for school-based programs. (multiple states)
- PPE supplies are limited, and costs have gone up.
- Electronic referral system would be helpful.

- Length of pandemic caught program off-guard. (multiple states)
- Hindsight is 2020!

Those interviewed were asked if they would be willing to share documents created due to COVID-19. ASTDD would like to thank those who shared documents and information listed in the links below.

[Alternate Activities for School-Based Programs](#)

[Communication/Messaging](#)

[Consent Forms](#)

[Guidelines for Providing Services](#)

[Letter/Emails/Contacts](#)

[Teledentistry/Legislation/Advocacy](#)

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