

Dental Public Health Activity Descriptive Summary

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School-Based Sealant Program – Sealing Sunny Smiles Across Florida

Florida currently has 46 out of 67 counties receiving Department of Health School-Based Sealant Program (S-BSP) Services. Florida Statute Chapter 466: Dentistry, Dental Hygiene, and Dental Laboratories, Florida Statutes permits licensed Florida Dental hygienists to provide some preventive dental services in health access settings without the prior examination, physical presence, or authorization of a dentist. Functioning under this statute, Department of Health (DOH) employed or registered volunteer dental hygienists can provide preventive dental services to increase access to care in health access settings while decreasing dental disease.

Increasing the number of children who receive dental sealants on one or more of their primary molar teeth is a shared Healthy People 2020 and Public Health Dental Program (PHDP) objective. The target for 3 to 5 year olds is 1.5%, for 6 to 9 year olds is 28.1%, and for 13-15 year olds is 21.9%. Sealant prevalence varies by age group. During the 2013-2014 school year, the Florida Department of Health’s Public Health Dental Program completed the first statewide oral health surveillance of Florida’s third grade children. A representative statewide sample of third grade students in Florida public elementary schools was used. It was found that of Florida’s third graders, 36.9% had at least one dental sealant, which was higher than the percentage of Florida Medicaid Eligible 6-9 year olds receiving at least one sealant on a permanent molar tooth (11.4 in 2014) and higher than the Healthy People 2020 goal.

Increasing the number of children which receive dental sealants through the number of Title I Schools (high need/low income) accessed by S-BSPs are shared Healthy People and 2020 and Public Health Dental Program objectives. Florida’s grade in 2014, a C-, is an improvement from a D in 2012, because the state submitted data to the National Oral Health Surveillance System (NOHSS) for the first time. However, Florida received a C due to less than 25% of Title I schools accessed by S-BSPs and a “minus” because hygienists cannot bill Medicaid directly for placing sealants in schools.

The Sealing Sunny Smiles Across Florida initiative is part of a comprehensive state-wide Oral Health Program to promote evidence-based prevention strategies in order to achieve optimal oral health for all Floridians. Linking school-based dental services through the use of a regional hygienist approach to reach areas of high unmet dental need has been successful. The hygienist workforce model is sustainable due to reduced staffing costs and Medicaid reimbursements. Overall, children, parents, and stakeholders benefit from the services which included reduction of classroom interruptions, missed work time, and cost of services due to untreated dental needs.

Website: http://www.floridahealth.gov/programs-and-services/community-health/dental-health/sealant.html	YouTube Video: https://youtu.be/Ukmpx7rd8pE
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Lessons Learned:

Best practices from CDC, ASTDD, and the Florida Department of Health School-Based Sealant Program (S-BSP) Pilot 2014-2015 have been used to implement new S-BSPs in the highest need dental Health Professional Shortage Areas (HPSA) throughout the state. S-BSPs utilize portable equipment and supplies, diverse and cost-efficient hygiene workforce models, and target Title I schools with the

highest needs first. Portable equipment and bringing services to the children in school eliminates access to care barriers including transportation and parental time away from work. Dental sealants are provided to all children returning a positive consent form. The CDC's Sealant Efficiency Assessment for Locals and States (SEALS) tool exists for the capture, storage, and analysis of data on the oral health status of participating children to provide a summary and performance measures generated by SEALS are cost per child receiving sealants, sealant retention, averted caries, and number of children sealed per chair-hour. Data collected through this tool allows for the constant evaluation of the program.

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