



Dental Public Health Activity Descriptive Summary

Practice Number: 16004
Submitted By: Division of Oral Health Illinois Department of Public Health
Submission Date: April 2002
Last Updated: February 2014
Last Reviewed: February 2014

Illinois Dental Sealant Grant Program

The Dental Sealant Grant Program (DSGP) assists Illinois schoolchildren who are most at risk for dental caries by providing granting funds, technical assistance and training to public health departments and to other service providers to develop and to implement community-based oral health programs. Dental sealants are a plastic coating applied to the pit and fissure (grooved) surfaces of molars and premolars that "seal" out dental decay. When combined with appropriate diet, home care and use of fluorides, dental sealants can virtually eradicate dental decay - the most common childhood chronic disease. This school-based/linked program includes: preventive oral health care, oral health education and case management to dental homes. It has been the catalyst for expanding community-based oral health programs throughout the state. It is an essential component to a continuum of oral health care focusing on children and their families who are at the most risk for dental disease. In FY 13, the DSGP currently exists in 72 of the 102 counties in the state and serves approximately 180,000 children placing over 400,000 sealants annually. Since the program's inception in 1986, more than 1 million children have been seen and more than 2 million sealants placed. National goals and objectives regarding oral health have been established through Healthy People 2020 (HP 2020) and the DSGP helps reach these goals.

Lessons Learned:

The DSGP is a unique program helping to meet the oral health needs of Illinois communities. It receives overwhelming local and state support and continues to grow because of the positive response from communities. The Division continually searches for additional funding sources. One example was in FY02, a pilot program was implemented in Lake and DuPage counties in which both sealant grantee requests were fully funded with tobacco settlement funds. The intent was to incorporate tobacco education into the sealant programs, thus expanding opportunities for both oral health and tobacco education.

Although Illinois participates in the SEALS (CDC's Sealant Efficiency Assessment for Locals and States software) data reporting system, it is voluntary for grantees to report their data in this format. Data collected in FY13 using SEALS software was from only six grantees including the City of Chicago which is the 4th largest school system in the nation. The data reported through SEALS was expanded due to the longevity of Illinois School-based Dental Sealant Program. Some of the data that is reported are (see attached sheets):

- Number of enrolled children
- Number of low income children
- Number of children seen
- Number of teeth with decay
- Caries experience
- Treatment urgency
- Home phone (for follow-up)
- Racial, ethnic, grade and gender breakdown
- Event site
- HIPPA Consent
- Number referred for treatment

The schools that reported SEALS data totaled 759 schools with 333,929 students. Breakdown of this population indicated that 131,059 were low income children (39%) with 79% of these children (103,500) reimbursed under the state's Medicaid program. This is a small fraction of the Illinois total

school based programs that reports data in the SEALS format. The department must consider the balance between making the SEALS data system mandatory and potential impact that providers may drop out of the program.

Previous DOH administrations did not set up data collection to be able to determine an actual cost analysis. Rudimentary figures can be extrapolated by the number of sealants placed and the funding available from our current database system and figures for services billed. Additional funding will need to be identified to purchase software and assist in the transition to the SEALS program which may help determine actual costs. The current administration will be looking into ways to better determine cost analysis.

The grant program helps allow grantees to start school based programs within their communities. The ability of the grantees to also bill for services for children covered under All Kids allows cost shifting to occur due to higher preventative rates and the coverage of more services. Providers can bill Medicaid for the examination, prophylaxis, fluoride varnishes in addition to the sealants placed. The significance of cost shifting increases the attraction of for-profit subcontractors to provide school based services. Subcontractors have become increasingly the only option for many cash strapped local health departments and communities to provide preventive services.

Although preventive services have been expanded, the gaps in restorative care still need to be addressed. The model of cost shifting has helped preventive services however this model is not present regarding restorative care in addressing at risk children. The rates for preventive services are higher than some of the basic restorative care procedures. To help guard against grantees becoming solely profit driven from preventative services, the DOH does require that grantees classify children regarding need, urgency and to have a plan to identify follow up care.

Contact Person(s) for Inquiries:

Dr. David Miller, Chief, Division of Oral Health, Illinois Department of Public Health, 122 South Michigan Avenue, 7th Floor, Chicago, IL 60603
Telephone: 312-814-1278, Fax: 312-814-1503, Email: David.Miller@Illinois.gov

Stacey Ballweg, Division of Oral Health, Illinois Department of Public Health, 535 West Jefferson Street, Springfield, IL 62761
Telephone: 217-785-4899, Email: Stacey.Ballweg@Illinois.gov