

Dental Public Health Activity Descriptive Summary

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SEAL! Michigan School-Based Dental Sealant Program

It has been shown that dental sealants reduce tooth decay; reducing dental decay improves the oral health and general well-being of children. The Michigan Department of Community Health's SEAL! Michigan dental sealant program works to prevent dental disease through prevention. SEAL! Michigan provides dental sealants, fluoride varnish, and oral health education to students in Michigan in their school settings. By utilizing Registered Dental Hygienists who travel to schools to provide prevention services onsite, cost saving is realized. The SEAL! Michigan program delivers dental sealants, fluoride varnish, and oral health education to children for less than \$100 per student. Since the inception of the dental sealant program in 2007, thousands of children have received dental sealants. For the 2012-2013 school year, the program served 138 schools, screened 4,724 students, and provided 16,731 sealants. There were also 4,227 fluoride applications provided to students seen in the dental sealant program. Surveys in 2006 and 2010 showed an increase in percentage of 3rd grade children with dental sealants, from 23.3% to 26.4%, closer to reaching the Healthy People 2020 target of 28.1%.

The SEAL! Michigan dental sealant program is a school-based program designed to provide students with free dental sealants on their first and second permanent molars. The program originally was known as the Smile! Michigan program and began in 2007 after a year long pilot program in Detroit, Michigan.

Two main factors, dental hygienists practicing under the Public Acts of 2006 (Act No. 161) and a Cooperative Agreement from the CDC Division of Oral Health, came together to make school-based dental sealant programs a reality in Michigan:

(1) The PA 161 Hygienists: In 2005, the Public Acts of 2005 (Act No. 161) was approved by the 93rd Legislature providing rules in which a dental hygienist may provide preventive dental hygiene services to underserved patients. The law regulates the supervision requirements for a hygienist practicing under PA 161 and states that "dental hygienist may perform dental hygiene services under the supervision of a dentist as part of a program for dentally underserved populations in this state conducted by a local, state, or federal grantee health agency for patients who are not "assigned by a dentist." In other words, the patient provided services by a PA 161 hygienist cannot be a "patient of record" of a dentist. Therefore, for a sealant program, a general dentist no longer needs to be on site for a PA 161 hygienist to place dental sealants.

(2) CDC Cooperative Agreement: The Center for Disease Control and Prevention (CDC) Cooperative Agreement awarded to Michigan, which greatly assisted with the inception of the statewide sealant dental sealant program. The Cooperative Agreement provided grant funding to build infrastructure that will support preventive programs. Support for the sealant program initially through the Title V Maternal & Child Health funding and currently is through both Title V and the Health Resources and Services Administration (HRSA) grant funding. Michigan has remained competitive among the states in competing for the five year CDC Cooperative Agreement and is currently in their third grant cycle. This has provided time for the SEAL! MI program to grow and strengthen within Michigan.

With the pilot project having demonstrated success, the program was expanded. A Request for Funds Proposal (RFP) was released as a competitive grant process for others within the state to begin local dental sealant programs. The program initially funded grantees one year at a time but changed to three-year award to assist in program sustainability.

The grantees are required to serve schools which have 50% or greater of their student population participating in the Free and Reduced Lunch Program. They are required to serve all first, second, sixth, and seventh grade students who return a positive parental permission slip; schools within Wayne County and the Upper Peninsula are urged to see all grades due to transient populations and extensive travel.

The SEAL! Michigan grantees offer dental sealants to any student who returns a positive parental permission slip, free of charge to the family. The grantees are required to bill any applicable insurance for the dental sealants, but must provide dental sealants to students regardless of the ability to pay or insurance coverage. The additional income from insurance billing assists with sustainability of their program.

All grantees are encouraged to provide a small incentive to the students to return a positive permission slip. All grantees are encouraged to provide a teacher incentive to encourage students to return permission slips. Incentives for both teachers and students have drastically improved the student participation in the dental sealant program. It is to the discretion of each grantee to determine the incentives. Student's incentives may be items such as a pencil, tooth shaped silly bands or a child's spin brush; teacher's incentives may be a \$10 gift card, \$25 gift card to host a classroom pizza party or an adult spin brush.

All grantees are required to provide each student in the program with a resource to establish a dental home. The dental home must be within 20 miles of the school attended by the child. If a child presents with urgent dental needs, the grantees must follow-up with the parents, school, teacher, school nurse, and/or student until restorative care is received.

Grantees are required to perform retention checks on 20% of the students sealed within each program, ideally between six and twelve month time frame. In the event that sealants are found to be fully or partially lost, the sealant will be replaced or repaired. For those grantees who utilize dental hygiene students, each hygiene student checks retention on every student receiving a sealant.

Grantees are required to complete MDCH required data form documents. Documents include a slightly modified SEALS (CDC's Sealant Efficiency Assessment for Locals and States software) Child-Level and Event-Level data collection forms as well as quarterly data forms which report quarterly data for tracking within MDCH. Each grantee also provides their original data sheets to MDCH at the end of the grant year so that data can be entered and analyzed internally at MDCH. Once analyzed, program specific data reports are provided to each grantee annually, as well as the report that encompasses all grantee data per each fiscal year. Additional data tracking by grantees is encouraged, for example, in a dental practice management software program.

All grantees must provide oral health education to parents and students. For education of the children, some of the grantees do classroom or auditorium presentations (this is generally determined by the principal within each school) and others will provide education one on one when a child is screened. Many of the programs give the students a pre-test, provide age specific dental education with a video, laptop computer and headphones, and then administer a post-test after the video. This type of evaluation assures that children are provided with effective oral health education as required by the grant.

All grantees are required to evaluate their programs on a regular basis. Evaluation shall involve the school administration, teachers, parents, and students.

The MDCH dental sealant coordinator assists the grantees with their programs throughout the year. This includes technological support, aid in creating forms or documents, brainstorming for solutions to barriers, provision of supplemental information to strengthen their programs (i.e., free posters, literature, brochures, and additional grant opportunities), providing an annual workshop, and developing newsletters. Newsletters are sent out to the grantees to provide informational reminders on the grant, recent information research studies or products, highlights of specific programs' successes, and recognition of sealant program efforts. Newsletters are disseminated on an as-needed basis. The coordinator also conducts quarterly site visits on each grantee.

The quarterly site visits with each grantee provides face-to-face communication. The site visits take place at a school while students are receiving dental sealants. Time is always set aside to discuss the program strengths and barriers, check current SEALS data, and review the current work plan and budget. Further communication is provided via e-mail and/or teleconference with all grantees at least bi-weekly.

All grantees take a dental sealant training annually and the dental professionals receive three continuing education credits for completion the training. The training is provided to all grantees annually and is developed in Microsoft PowerPoint. All who work in the school-based sealant programs are required to take the dental sealant program training. The course consists of five chapters and takes approximately three hours to complete. The training covers dental sealants within a school-based health center, the latest OSHA and MI-OSHA safety guidelines, and MDCH requirements of the grantees.

Workshops are held annually over the summer months to provide face-to-face networking, share successes and lessons learned, teach data entry systems, and update clinical and infection control techniques. Workshops are held approximately two months prior to the end of the grant year and grant requirement reminders and updates are provided at that time.

Lessons Learned:

The MDCH learned the following lessons to reduce barriers/challenges:

- Expect a slow first year for new programs, as year two is generally when programs will become cost effective.
- Give new programs time to address challenges (can take several years) and become successful (e.g., being cost-effective);
- Obtain a reliable process for data collection and processing to ensure data is not lost;
- Offer teacher incentives to improve support for the program;
- Provide a time for all grantees to network and share their experiences and lessons;
- Market the sealant programs among schools to build trust and recognition;
- Schedule schools one year in advance;
- Assure the grantees provide the highest customer service to the schools (e.g., make it easy for teachers and principals);
- Evaluate programs to better meet the needs of the schools, teachers, parents and students;
- Attend back-to-school nights with a sealant program booth, hand out permission slips directly to parents, and collect the signed permission that night; and
- Utilize PA 161 hygienists and parent volunteers.

Plans for Improvement

The MDCH plans to make the following improvements:

- Explore additional data reporting system that is both reliable and time efficient;
- Continue to seek funding to expand statewide program;
- To incorporate mini grants as an option (e.g., serve one or two schools) with use of donated or borrowed portable dental units possibly with dental hygiene students; and
- Further expand the incorporation of dental hygiene students within school-based sealant programs to increase cost effectiveness and to provide the students with learning opportunities for dental public health.
- Maintain collaboration with the MDCH funded school-based health centers on how to incorporate oral health and sealant programs into their existing health centers;
- Increase collaboration with Department of Human Services;
- Continue development of SEAL! Of Approval Program;
- Develop tracking mechanism to evaluate cost effectiveness.

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