



Dental Public Health Activity Descriptive Summary

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The Ohio Department of Health School-based Dental Sealant Program

The Ohio Department of Health's (ODH) School-based Oral Health Program provides grants to support school-based sealant programs (SBSPs) targeting higher-risk schools, those with large proportions of students from families with low-incomes. In 2012, 18 of the state's 21 SBSPs were funded by ODH and provided sealants to 25,321 schoolchildren. The ODH grant funds originate from Ohio's Federal Maternal and Child Health (MCH) Block Grant. In 2010, a HRSA Oral Health Workforce grant supported the expansion of SBSPs. Grantee agencies include: local health departments, school systems, private not-for-profit agencies, and hospitals. Findings from the ODH's 2009-10 oral health survey of schoolchildren indicate that SBSPs, targeted to groups at higher-risk for dental caries and least likely to receive regular dental care have substantially increased sealant prevalence and reduced disparity in schools reached by the program. The prevalence of sealants among third grade students in schools with dental sealant programs is approximately 1.5 times greater than for students in schools without sealant programs. Just over 50 percent of all Ohio third graders have at least one or more sealants on their permanent molar teeth, meeting the HP2010 objective regardless of racial group or income. In 2013, the ODH began implementing a pilot collaboration between two safety net dental care programs and SBSPs in Northeast Ohio to provide follow-up care to students identified as needing dental treatment. As part of the ODH Quality Assurance Plan, the ODH initiated formalized biennial "check-in" calls to discuss with SBSPs their progress toward meeting ODH benchmarks and their sealant targets for the year.

Lessons Learned:

School-based programs are a very effective approach for identifying and accessing students who are most likely to benefit from sealants. ODH has supported other models, such as transporting the students to a dental school to receive sealants (school-linked) and found the participation rates much lower. The school-based approach is least disruptive to the schools and makes it easy for the parents. In 2012:

41% of parents provided written consent;
86.8% of children with consent were screened, of whom
87.4% received sealants (most of those who did not receive sealants were absent); and,
69% were screened for follow up.

SBSPs are required to report to ODH the number of students identified as needing follow-up dental treatment. A letter is sent home notifying parents of their child's need for dental treatment and offer assistance finding a dentist if the family does not have a dental home. It is left up to the parent to initiate the follow-up for their child to get dental treatment. In CY 2011, 5,322 (24%) children in Ohio SBSPs target grades (grades 2 and 6) were identified as needing follow-up dental treatment. Our data indicate that upon being screened for follow-up in CY 2012, 19% of children screened needed dental treatment. While these are not necessarily all the same children, typically, SBSPs see about 77% of the children screened in grades 2 and 6 the following year in grades 3 and 7. This indicates that many children in SBSPs are not getting follow-up dental treatment completed.

Over the past 10 years SBSP participation has declined from 60% to 41%. This was partly the result of "competing" oral health programs serving the same schools. Additional oral health programs, some public health and some entrepreneurial, have approached schools that were traditionally served by ODH-funded sealant programs and offered their services. In some cases the school administration chose to participate in both programs, but participation had been low in these schools because parents

did not provide consent for their children to participate in both programs. In other cases school administrators elected to go with another oral health program, leaving the ODH-funded programs to find replacement schools that qualified to participate based on our school selection criterion.

In an effort to increase participation and understanding for schools and parents, two ODH sealant programs coordinate activities with two school-based safety net dental care programs: Ronald McDonald Care Van at University Hospitals in Cleveland and Humility of Mary Health Partners Foundation- Smile Station in Youngstown. The safety net dental care programs and school-based sealant programs are working collaboratively to present their programs to schools as one, single program with a combined consent form and shared records. The mobile dental care programs will provide follow-up dental care for children served by the school-based dental sealant programs in selected schools. The ODH hopes to collaborate in a similar fashion with public health mobile dental care programs and SBSPs in other areas of the state in the future. The ODH is also implementing biennial "check-in" calls to funded SBSPs. These calls will occur mid-year and year-end as part of the ODH Quality Assurance Plan for SBSPs. These calls will provide an opportunity for open dialogue between the funded SBSPs and ODH, with a focus on progress toward meeting the program's goals.

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