



Dental Public Health Activity Descriptive Summary

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School-based Dental Sealant Program

The Dental Health Program in the Virginia Department of Health (VDH) currently coordinates school based sealant programs utilizing dental hygienists and dental assistants. As of July 2013, a regulatory change for hygienist supervision allows VDH dental hygienists to screen for dental sealants and provide preventive treatment without a dentist on site. This new regulation requires the hygienist to report to a supervising dentist on a regular basis to discuss patient cases and referrals and requires a face-to-face review and quality assurance session by a dentist at least annually. Four VDH dental hygiene positions are funded by a HRSA workforce grant and have school-based sealant programs in targeted counties. Two VDH central office staff hygienists provide sealant programs in additional areas. Costs per visit have been determined to be significantly less when a dentist is not required for treatment planning. Medicaid coverage is not required, but for those enrolled, services provided are submitted for reimbursement to help sustain the program.

Targeted schools have at least 50% of total enrollment participating in the National School Lunch Program. With parental consent, second and sixth grade students participating in the Free Lunch Program are eligible for dental sealants. In schools new to the program, the sealant program may be offered to additional grades initially, and modified as needed. Fluoride Varnish applications are also offered with sealants. Sealant retention checks are done for students in the following school year. VDH gathers data using a modified CDC SEALS form, which is then consolidated Statewide. Local dentists are recruited as a referral resource and parents are assisted with establishing a permanent dental home for their children.

Lessons Learned:

Successful implementation requires approval and support of the Virginia Department of Education, superintendents, school boards, principals, and teachers. Increased participation by eligible students requires parental consent, so strategies to heighten parent awareness about the effectiveness of sealants are critical. Timing of distribution of parent letters and consent forms can impact participating numbers. Networking at annual school nurse conferences and interacting with Parent-Teacher Association (PTA) events are desirable. Having dental staff visible in schools for other oral health education activities can help sealant promotion. "Remote supervision" is a feasible, successful and cost effective practice model for school-based assessments and preventive services.

There appears to be a negative impact on school participation, due to confusion, when there are multiple entities offering school based services. VDH services may erroneously be perceived by the public to be redundant, when private mobile dental corporations are operating in the area.

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