



# Dental Public Health State Activity Submission Form

ASTDD’s goal in collecting information about successful state Dental Public Health activities (e.g., practice, program, service, event, or policy) is to share this information with other states, territories, and stakeholders who may be interested in implementing similar activities. We thank you for your time and willingness to share your experiences.

Please complete the form below and return to Lori Cofano, ASTDD Best Practices Project Coordinator, at [lcofano@astdd.org](mailto:lcofano@astdd.org)

<b>FIRST CONTACT PERSON FOR INQUIRIES</b>	
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<b>STATE DENTAL PUBLIC HEALTH ACTIVITY (e.g., practice, program, service, event, or policy)</b> <small>Minimum=300 Maximum=500</small>	
Activity title:	<b>Ohio Department of Health School-Based Dental Sealant Program (SBSP)</b>
State/Territory:	WI
Summary overview, which may include the following: <ul style="list-style-type: none"> <li>Objectives</li> <li>Rationale</li> <li>Personnel</li> <li>Key partners</li> <li>Costs &amp; sustainability</li> </ul>	
<p>The Wisconsin Seal-A-Smile (SAS) program provides school-based oral health preventive services in approximately 1,100 schools annually and reaches nearly 80,000 kids. The program is a collaborative effort between Children’s Health Alliance of Wisconsin, Delta Dental of Wisconsin and the Wisconsin Department of Health Services Oral Health Program. Funding is provided through dollars from the state budget and matching funding from Delta Dental of Wisconsin now totaling nearly \$1.1 million. The program has contributed significantly to increasing the rate of children with sealants statewide and reduced disease burden by preventing disease and through coordinated referrals for restorative care that is identified by the program. The coordinated approach the program uses has led to the successful expansion of the program over the past 20 years and allows programs to collaborate and learn from one another rather</p>	

than compete against each other. The development of online data collection and consent tools have allowed the program to track children over time and engage more families to receive care. The pandemic has caused many challenges that have been overcome in the past two years. While numbers have decreased during the pandemic, participation in the program is beginning to return to pre-pandemic levels.

**Lessons learned (Successes and Challenges):**

Data collection has been the key to SAS growth. Capturing outcomes and telling the story of these successful outcomes has led to the growth seen over the past 20 years. In addition, statewide coordination is critical. Not only does it allow for a mechanism to capture comprehensive and uniform data, but statewide coordination also ensures grantees uniformly implement policies and provide care using the most current evidence-based practices.

The inability for hygienists to bill Medicaid directly was a major challenge that was addressed in 2007 through an administrative rule change. After this change, grantees that previously could not bill for services they were providing were now able to increase their sustainability. Ensuring programs were following current evidence-based practices is always challenging however having statewide coordination has assisted. When modifications to practice need to occur there is always push back from programs that are challenged with change however the ability to make larger system wide changes has improved acceptance. Examples of larger systems changes would be the method by which program are paid which incentivize increased participation, using evidence-based models (two fluoride applications), implementing new infection control practices and policies.

<b>TO BE COMPLETED BY ASTDD</b>	
Activity Number:	56004
Submission Date:	May 2022
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