

Dental Public Health Activity Descriptive Summary

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Wisconsin Seal-A-Smile

The Wisconsin Seal-A-Smile (SAS) school-based dental sealant program began providing dental sealants to low-income children across the state of Wisconsin in 1999. The Wisconsin Department of Health Services (DHS) has provided ongoing funding for the SAS program since its inception. DHS, in collaboration with Children's Health Alliance of Wisconsin (Alliance), provides program support and monitors all aspects of the school-based dental sealant program. Local programs apply annually for mini-grants to support their dental sealant programs. Local public health departments, community health centers, hospitals, school districts, dental and dental hygiene schools, independent dental hygienists and dental clinics are the recipients of these grants ranging in size from \$1,000 to \$75,000.

Each local program tailors its dental sealant services to the needs of the community. These local programs provide dental screenings, oral health education, fluoride varnishes and dental sealants. Some programs offer additional services such as dental cleanings and, in a few cases, restorative services. Programs have been successful in the case management of children who have urgent needs by developing relationships with local dentists and dental clinics.

The Wisconsin SAS is funded by two different sources. General purpose revenue from the state budget provides \$377,212 annually. Since 2009, Delta Dental of Wisconsin has contributed \$250,000 annually. In 2014, Delta Dental of Wisconsin provided an additional \$100,000 to improve the data collection tool currently used and for program expansion to additional high-risk schools.

Wisconsin SAS program has allowed many low-income children across Wisconsin to receive preventive services, which many of the children would not otherwise receive. With increased funding, the SAS program has been able to significantly expand. Since 2009, new programs have been started and existing programs have expanded to serve additional high-risk schools. Currently, 60 of Wisconsin's 72 counties have a Wisconsin SAS funded school-based dental sealant program. Wisconsin SAS continues to seek additional funding to implement programming in high-risk schools that are not currently being served. In addition, further funding could increase the ability for programs to provide additional case management of dental care, which would allow for more children to establish a dental home.

The coordination of the SAS program by DHS and the Alliance on a statewide level has made a difference in the overall success of the program. As a result of this coordination, more than 90% of schools receiving school-based sealant programming are part of the SAS program. To be eligible for funding from SAS, programs are required to follow specific, evidence-based policies and procedures, ensuring all children receive consistent evidence-based care. All funded programs collect data using SEALS, which has allowed program administrators to evaluate the program on a local, county, regional and statewide level. Given the fact that a vast majority of Wisconsin school-based programs are part of SAS, the SEALS data is representative of state sealant activities. SEALS data have been the key to increased and sustainable funding for the program.

Lessons Learned:

Rapid growth resulted in unexpected challenges with calibration, SEALS data entry and communication. SAS administrators touch base with programs more regularly through site visits, phone calls and an online mid-year review to assist in addressing technical assistance issues earlier.

The implementation of evidence-based guidelines and best practices for school-based programs has resulted in the development of policies that increase overall efficiency and effectiveness. These policies are located in the SAS Administration Manual that was developed in 2012. The policy manual was a result of a variety of policies being put in place and the need for them to be centrally located so SAS administrators could ensure all programs had the same information readily available to them.

The SAS program has implemented a policy that ensures programs are targeting schools with the largest concentration of high-risk children. SAS funds must only be used for schools where more than 35% of the children enrolled are eligible for the free and reduced meal program. As a result, there has been an increase in the number of low-income children that receive preventive services through the SAS program.

All SAS programs are required to apply fluoride varnish two to three times per year to each participating child. The implementation of this evidence-based policy has been an effective way to ensure that participating children are getting additional preventive treatment throughout the school year. This policy has also assisted programs with sustainability through added Medicaid revenue.

As a result of updated evidence-based guidelines, compiled by national expert workgroups at the American Dental Association and the CDC focused on school-based programs, SAS policies regarding specific materials and placement techniques have improved retention rates, which now exceed 90% annually. All programs are required to check for retention on a sample of at least ten percent of the children in each school receiving sealants in the prior school year.

Another valuable policy that has been implemented is the requirement of individual SAS programs to bill Medicaid for dental services provided to Medicaid enrolled children. By implementing this policy, the SAS administration has realized that the generated revenue is allowing individual programs to be more sustainable. The gains made through this policy change have allowed for further expansion of Wisconsin SAS.

Ongoing technical assistance and site visits by program administrators has increased efficiencies and helped to identify best practices that should be shared with other programs. Additionally, the ability for programs to network and share their own lessons learned has encouraged program improvement at the local level.

Currently SAS administrators are working with partners at Delta Dental of Wisconsin and the Marshfield Clinic Research Foundation to improve the SEALS software program. Changes will include making this program web based and improve workflows onsite at schools. This change also will allow programs to better track children over time and if they move from one school to the next. After piloted in Wisconsin this program may be available for other states to utilize.

CDC funding has allowed the Wisconsin DHS Oral Health Program to expand over the years. Having an oral health epidemiologist has offered the expertise to pull together Department of Public Instruction Data and GIS mapping to demonstrate reach and more recently a targeted effort to improve data quality.

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