

Dental Public Health Activity Descriptive Report

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SECTION I: PRACTICE OVERVIEW		
Name of the Dental Public Health Activity: Georgia’s State School-based Dental Sealant Program		
Public Health Functions: Assessment: - Use of Data Policy Development – Oral Health Program Policies Policy Development – Use of State Oral Health Plan Assurance – Population-based Interventions Assurance – Building Linkages and Partnerships for Interventions Assurance – Access to Care and Health System Interventions		
Healthy People 2020 Objectives: OH-1 Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth OH-2 Reduce the proportion of children and adolescents with untreated dental decay OH-8 Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year OH-12 Increase the proportion of children and adolescents who have received dental sealants on their molar teeth		
State: Georgia	Federal Region: Region IV	Key Words for Searches: School-based program, dental sealants, children’s oral health, prevention, access to oral health care
Abstract: The Georgia dental sealant program is a school-based program designed to provide eligible students with dental sealants on their first and second permanent molars to prevent tooth decay. The Georgia Third Grade Oral Health BSS, in 2011, found 52% of 3rd grade children in Georgia have a history of tooth decay; 19% have untreated tooth decay; only 37% of 3rd grade children in GA have protective sealants on their 1 st permanent molars. The Georgia Oral Health Prevention Program (GOHPP) provides funds to support the School-Based Sealant Program (S-BSP) targeting high-risk schools, those with large proportions of students from families with low-income. In 2009, 45 of the state’s sealant programs were funded by the GOHPP and approximately 3000 sealants were placed on schoolchildren. The GOHPP funds originated from the Maternal and Child Health Block (MCHB) grant as well as state general funds. Findings from the GOHPP’s 2011 oral health survey of schoolchildren indicate that the school-based sealant program, targeting groups at high risk for dental caries, and least likely receiving regular dental care, has 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 five times greater than for students in schools without sealant programs. The GOHPP’s Dental Sealant Program targets schools where at least 50% of the students are eligible for the Federal Free-and-Reduced Lunch Program. In participating schools, all 2 nd graders, with parental permission, receive a screening, sealants when appropriate, and fluoride varnish. For small schools, additional grades are included; 1 st -5 th graders. The programs provide referrals for restorative treatment and other dental needs, and follow-up as needed with both school nurses and parents. The school-based programs are scheduled for a site visit with the sealant coordinator on a yearly		

basis, to review processes, provider procedures, and for a full assessment of the program. The program has an evaluation process approved by an advisory committee of dentists and hygienists in our district programs. Processes for infection control and clinical procedures are updated as best practice policies for public health to adapt to more effective services. The sealant staff meets with the district state dental team quarterly for training; any changes in processes can be part of the quarterly training module. The targeted schools are visited every year, and often twice a year, and at return visits the retention rate of the sealants is assessed. Practitioners are encouraged to report retention rate concerns as soon as determined, allowing for immediate assessment of product, equipment or other lapse in reaching sealant quality retention goals. If concern about retention rate arises, then an immediate site visit is scheduled.

Georgia currently has more than 50 S-BSP's operating in nine districts. Some programs are 100% funded by the state and operate utilizing portable equipment owned by the state; others are funded by individual counties. At this time Georgia has one county supporting the activities for the county school-based sealant program in the metro Atlanta area. For the last 3 years, school-based sealant programs have provided more than 16,000 sealants on second grade children with at least one molar sealant; 99% of the children participating in the free and reduced lunch program received at least one molar sealant.

The dental sealant team consists of a dentist, dental hygienist or dental assistant and uses 4-handed technique to apply sealants. One or two teams are assigned to a school for each clinic day. The lead hygienist for a school is responsible for scheduling clinical days, transporting equipment, setting up equipment, placing sealants, and managing and submitting the paperwork. The dental hygienist usually spends the summer break and other school holiday breaks scheduling schools visits, ordering supplies, filing charts from previous school visits and managing the program. Annual training is required for all providers in order to calibrate screening criteria, improve clinical techniques, and review infection control. Staff is required to perform retention checks on 10% of the students sealed within each school within a six month time frame and replace/repair any missing sealants. A 90% retention rate is expected. (see comments back few paragraphs)

All school-based sealant programs are required to track their sealant data in CDC's Sealant Efficiency Assessment for Locals and States (SEALS) software, and provide the data information to GOHPP at the end of the event.

The GOHPP dental sealant coordinator assists the districts throughout the year with their programs. This includes technological support, assistance with the creation of forms or documents, proposing solutions to barriers, providing additional supplemental information which will strengthen their programs (i.e. free posters, literature, brochures, grant opportunities). The coordinator conducts quarterly site visits with each district. A comprehensive site visit is done every three years.

The GOHPP's Dental Sealant Program has experienced significant growth over the past three years. During the school year (2009-10), the program served 45 schools and provided 2616 screenings and 3297 sealants. By the 2011-12 school year, the program had expanded to include 71 schools; providing 5337 screenings and 7461 sealants.

In FY 2012-13, the program was challenged due to state budgetary constraints; instead of expanding the number of schools, the program focused on improving quality and increasing the number of children served within each school. This included an emphasis on increasing the percentage of parent permission forms returned, streamlining administrative processes, retention checks and more training for the staff.

The GOHPP continues to increase oral health awareness among children, their families, and the schools.

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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

Since the mid-1980s, the Georgia Oral Health Prevention Program (GOHPP) has awarded funding to local agencies for the operation of the dental sealant programs (DSP). The school-based sealant programs seek to apply quality dental sealants in a cost-effective manner to the maximum number of Georgia's schoolchildren at high risk for dental caries by targeting schools with >50% of eligibility for the Free and Reduced Lunch Program (FRLP) and in rural areas children with barriers to access such as lack of providers.

Justification of the Practice:

The Georgia dental sealant program is a school-based program designed to provide eligible students with dental sealants on their first and second permanent molars to prevent tooth decay. The Georgia Third Grade Oral Health Basic Screening Survey (BSS), in 2011, found 52% of 3rd grade children in Georgia have a history of tooth decay; 19% have untreated tooth decay; only 37% of 3rd grade children in GA have protective sealants on their 1st permanent molars.

Inputs, Activities, Outputs and Outcomes of the Practice:

The Georgia Dental Sealant Program provides funds to support school-based sealant programs targeting high-risk schools, those with large proportions of students from families with low-income. Securing providers to participate in school-based sealant programs is an ongoing problem in Georgia. Georgia is a large rural state presenting with population with limited access to a dentist or preventive dental care. Some of the districts dental practices cover 14 to 16 counties with one district dental office, one dental hygienist and one dentist. Recently funding was obtained for the financial support of creating both new and expanded school-based sealant programs in Georgia. Resources are obtained through a Maternal and Child Health Block Grant, Oral Health America sealant supply donations, and the Renaissance Dental Foundation. Additionally, the DPH state office and the Medicaid office are working on negotiations for sustainability of the program by expanding the Medicaid and (SHIP) Peach Care for kids reimbursement contract. For two years the State Oral Health Director has met with the DPH Chief of Staff and Medicaid office to discuss opportunities for Georgia Medicaid to meet their goals for preventive services and at the same time allow DPH to expand the oral health prevention program if DPH received reimbursement for dental hygiene services under general supervision. The Board of Dentistry practice act supports hygienists in public health practice providing services under general supervision, but Medicaid does not reimburse unless there is direct supervision. Multiple documents, including results from Iowa and other states, have been shared in an effort to support an increase in opportunities to prevent disease. Susan Griffin used Georgia's SEALS data and produced an economic assessment of the value of a sealant in a school-based program and efficiencies in using a dental hygienist for these preventive services. Progress has been made and Georgia is getting closer to an agreement between DPH and Medicaid although there are still questions such as: will the managed care companies agree to the reimbursement structure if a change occurs, how will the dental insurance companies adapt to the change and how long will these administrative levels take to also change their reimbursement agreements. In addition the sealant coordinator and sealant projects receive support through the cooperative State Oral Health Prevention grant from CDC.

Budget Estimates and Formulas of the Practice:

The Oral Health office is working on formulating an accurate tracking of costs for these programs. Districts vary with the way sealant programs are implemented. Programs may have mobile units, fixed clinics (with school-linked programs), or portable equipment. Some schools are large and allow the portable equipment and dental program to set up in a room for up to two weeks serving K-5th grade, and smaller schools with lower consent rates may require setting up for one day. Low consent rates may indicate better local access to dental services. The program provides services to schools if the caries rate is high as well as schools with children who have difficulty accessing care due to other barriers to services. Programs work to meet the needs of a community. Although, the programs are aware of the most efficient means of providing services, reaching the children in most

need is the priority; the programs address the local barriers to services with a variety of service delivery systems.

Lessons Learned and/or Plans for Improvement:

It appears states vary in their approach to school-based/linked oral health prevention programs. Georgia has an oral health presence in the public health districts, but even our programs are varied from district to district. Lessons are learned by sharing on committees and listening to school-based oral health program webinars presented by other states. Georgia has expanded programs, adopted a more uniform retention rate check system, tried new approaches to increase parental consent rates, and has begun a process of approaching Georgia Medicaid (CMS) for reimbursement for dental hygiene services in public health under general supervision (presently CMS only reimburses when the dental hygienist works under direct supervision). This would assist with sustainability for the program.

- New programs take several years to become cost effective;
- Partner with Head Start, local business organizations, school administrators; school nurses; WIC; perinatal and other partners
- Good marketing of programs within schools to build trust;
- Schedule the school to be served one year out for the following year's visit;
- Improvement needed:
 - Need for sustainability of dental sealant programs;
 - Need for ongoing source of funding;
 - Need to increase positive consent forms returned from parents;
 - Need access to schools and populations with difficult barriers; and
 - Need to assure that urgent follow-up care is received by all children with a stronger case management program. Previously, there was often a dependence on the school nurse or counselor for follow-up on referrals. There has been a decrease in the number of Medicaid dentists in Georgia limiting our referral database. DPH began to be concerned parents were being told to call a dentist on a list that was outdated. Many dentists still maintain their provider number although they haven't scheduled a Medicaid patient in years. The change came from a proactive approach requesting all of our districts have a consistent case management protocol. Our approach is, get the child into a dental home. In some of our districts we have a DPH dentist, but not in all counties. We don't want a child to suffer because there wasn't follow-up.

Available Information Resources:

To help assure the health and safety of all Georgia students who may receive services provided in a school-based setting, and to better assure that such services are coordinated and documented, the Georgia OHPP developed the "Dental Sealant Manual" a document that may be used by dental personnel and staff. The guidelines do not regulate school-based or linked activities; rather, they are intended to help the interested parties by providing guiding principles, based in best practices. All new staff is required to attend training on school-based preventive practices. Site visits are made by state staff to school sealant projects to evaluate protocols. Retention checks help to assess quality of services.

SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

How has the practice demonstrated impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence, outcomes of the practice and/or evaluation results)?

In addition to reviewing reports, GOHPP evaluates S-BSP by making at least one comprehensive site visit to each program during each three-year cycle. The comprehensive site review is a proactive assessment aimed at identifying program strengths, improving overall program performance and intercepting potential problems that a local program may have.

Efficiency

How has the practice demonstrated cost and resource efficiency where expenses are appropriate to benefits? How has the practice demonstrated realistic and reasonable staffing and time requirements? Provide unit cost analysis or cost-benefit analysis if appropriate.

Addressing the Need:

About 90% of decay in children's permanent teeth occurs on the chewing surfaces of the back teeth. Sealants serve as a physical barrier to the bacteria that cause decay and thus are 100% effective if they are fully retained. If sealants are lost, they are most likely to be lost within the first year of application. The Sealant Program delivered 7,461 sealants during the 2011–2012 school year.

In addition to placing sealants, the Sealant Program delivered fluoride treatments to 4,919 children and provided oral health education to 5,337 children.

To increase and maintain the efficiency of the sealant programs we address the following issues:

- Collect consent forms one to two weeks in advance of the date of the event. This will allow time for the health histories to be reviewed and charts to be prepared. Also, if forms are returned without complete information, including signatures, there will be time to resend to parents for completion.
- In programs covering a large geographic area, schedule schools that are in close proximity to each other. When scheduling screenings, sealants, or education classes which require only a partial day, schedule retention checks at a school nearby to fill the balance of the day.
- Check with the school nurse, teacher and principal to make sure there are no field trips, testing, special guests, parties, etc., for the classes being screened or receiving sealants.
- Dollies or moving carts are useful for moving equipment. Large canvas bags, plastic storage boxes of varying sized make storing and carrying supplies easier.
- Set up equipment before school starts. Be ready to begin when the first bell rings. Plan on working the entire school day; working partial days is not efficient. A child who walks home from school may be seen last; missing the school bus is not an issue.
- Always have one child in the chair receiving sealants and one child waiting and watching the procedure. Remember... the school's primary focus is on education and out of class time should be kept to a minimum.
- After receiving sealants, the student returns to class and sends another student to receive his/her sealants.
- Equipment maintenance schedules should be developed and followed with manufacturer input.

Demonstrated Sustainability

How has the practice showed sustainable benefits and/or how has the practice been sustainable within populations/communities and between states/territories? What mechanisms have been built into the practice to assure sustainability?

The program was initiated in 1980's and has been sustained for years. Georgia's sealant programs required subsidy from Georgia Department of Public Health and sometimes from both local government and charitable foundations. Sealants programs target schools with a large proportion of high-risk students. Individual students are not singled out for the program. Families with no insurance or resources to pay for services receive the oral health preventive services for free. Therefore, this model relies upon ongoing subsidy, largely sustained, year-to-year, by the State of Georgia's political will to prioritize funding for this purpose.

Collaboration/Integration

How has the practice built effective partnerships/collaborations among various organizations and integrated oral health with other health projects and issues? What are the traditional, non-traditional, public and private partnerships/collaborations established by the practice for integration, effectiveness, efficiency and sustainability?

Support from the community in general is important, but know what groups or entities within the community will garner the most support and assistance in the program. The dental and dental hygiene schools in service regions can be valuable resources for a sealant program. Dental hygiene students in some regions have assisted GOHPP staff with sealant projects. Likewise, some of the GOHPP staff has served as adjunct faculty members to the dental hygiene schools in their regions so that they could act as sanctioned student supervisors during collaborative projects.

In addition to volunteers from the local dental community, be open to recruiting and accepting assistance from anyone interested in improving the dental status of Georgia children. Some regions have utilized volunteers from church organizations or from the local high schools.

Local oral health coalitions can be a valuable source of support for sealant functions. The members are already interested in improving oral health and, most often, look forward to helping with dental sealant projects. It's good to consider joining a local coalition and arrange outreach projects through membership participation. In Georgia, there is currently a statewide coalition, the Georgia Oral Health Coalition (GOHC). The Coalition website lists all reduced/free oral health services in Georgia assisting with referrals.

Objectives/Rationale

How has the practice addressed HP 2020 objectives, met the National Call to Action to Promote Oral Health, and/or built basic infrastructure and capacity for state/territorial/community oral health programs?

- **OH-1 Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth.** Maintain optimal oral health for these children and adolescents between the time the first molars erupt and before pits and fissures are infected, by applying dental sealants. Placing dental sealants between the time the first molar erupts and before pits and fissures get infected is the way to control dental caries in children and adolescents within their primary and permanent teeth.
- **OH-2 Reduce the proportion of children and adolescents with untreated dental decay.** Increase screening programs to reduce the proportion of children with untreated dental decay in primary and permanent teeth; we need more staff, resources and funding to be able to reduce the proportion of children with untreated dental decay in primary and permanent teeth. Preventing the initial cavity by appropriate use of dental sealants is preferable to restoring the tooth after disease occurred.
- **OH-8 Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.** To Increase the proportion of low-income children and adolescents to receive any preventive dental service we need more staff and resources. Low-income children have higher caries rate and more unmet dental treatment needs that higher income counterparts. Public policymakers need to facilitate access to dental services for children from low-income households. Working with partners such as the Georgia Dental Association, Georgia Chapter of the Academy of Pediatrics, FQHCs, Community clinics, and Coalition members we can use surveillance to best target the children with the greatest barriers to care.
- **OH-12 Increase the proportion of children and adolescents who have received dental sealants on their molar teeth.** The state staff is exploring all appropriate resources including foundation support and grants to increase recourses as a strategy to increase the

proportion of children and adolescent who received dental sealants on their molar teeth. Placing dental sealants protects teeth from the development of caries in areas of the teeth where food and bacteria are retained.

Meeting these objectives will result in healthier, happier children who are better able to function at home and in school.

Extent of Use Among States

Describe the extent of the practice or aspects of the practice used in other states?

The majority of states and territories have school-based and/or school-linked dental sealant programs. The 2013 Synopses of State and Territorial Dental Public Health Programs showed that 68.6% of the states reported having dental sealant programs.