



Dental Public Health Project/Activity Descriptive Report Form

Please provide a detailed description of your **successful dental public health project/activity** by fully completing this form. Expand the submission form as needed but within any limitations noted. Please return completed form to: lcofano@astdd.org

NOTE: Please use Arial 10 pt. font.

CONTACT PERSON PREPARING THE SUBMISSION AND TO ANSWER QUESTIONS
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PROVIDE CONTACT INFORMATION FOR ONE ADDITIONAL PERSON WHO COULD ANSWER QUESTIONS REGARDING THIS PROGRAM
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SECTION I: ACTIVITY OVERVIEW

Title of the dental public health activity:

New Mexico Dental Sealant, Fluoride Varnish and Dental Screening Program – (2019 – 2020)

Public Health Functions* and the 10 Essential Public Health Services to Promote Oral Health:

Check one or more categories related to the activity.

“X”	Assessment
X	1. Assess oral health status and implement an oral health surveillance system.
	2. Analyze determinants of oral health and respond to health hazards in the community
X	3. Assess public perceptions about oral health issues and educate/empower them to achieve and maintain optimal oral health
Policy Development	
X	4. Mobilize community partners to leverage resources and advocate for/act on oral health issues
	5. Develop and implement policies and systematic plans that support state and community oral health efforts
Assurance	
X	6. Review, educate about and enforce laws and regulations that promote oral health and ensure safe oral health practices
X	7. Reduce barriers to care and assure utilization of personal and population-based oral health services
X	8. Assure an adequate and competent public and private oral health workforce
X	9. Evaluate effectiveness, accessibility and quality of personal and population-based oral health promotion activities and oral health services
	10. Conduct and review research for new insights and innovative solutions to oral health problems

*[ASTDD Guidelines for State and Territorial Oral Health Programs that includes 10 Essential Public Health Services to Promote Oral Health](#)

Healthy People 2030 Objectives: Please list HP 2030 objectives related to the activity described in this submission. If there are any state-level objectives the activity addresses, please include those as well.

Healthy People 2030 Goal:

Improve oral health by increasing access to oral healthcare, including preventive services

Healthy People 2030 Objectives:

- OH-08 - Increase use of the oral health care system
- OH-01 - Reduce the proportion of children and adolescents with lifetime tooth decay
- OH-02 - Reduce the proportion of children and adolescents with active and untreated tooth decay
- AHS-05 - Reduce the proportion of people who can't get the dental care they need when they need it
- NWS-10- Reduce consumption of added sugars by people aged 2 years and over
- OH-09 - Increase the proportion of low-income youth who have a preventive dental visit
- OH-10 - Increase the proportion of children and adolescents who have dental sealant on 1 or more molars

Provide 3-5 Key Words (e.g. fluoride, sealants, access to care, coalitions, policy, Medicaid, etc.) These will assist those looking for information on this topic:

Access to Care: Children Services, Access to Care: School- Based Oral Health, Prevention: Children Oral Health, Prevention: Sealant, Mobile School-Based Program, fluoride varnish, nutrition, oral health education, dental case management, and Medicaid.

Executive Summary: Complete after Section II: Detailed Activity Description. Please limit to 300 words in one or two paragraphs.

Provide a brief description of the dental public health activity. Include information on: (1) what is being done; (2) who is doing it and why; (3) associated costs; (4) outcomes achieved (5) lessons learned, both positive and negative.

The activities of the New Mexico Department of Health (DOH), Office of Oral Health (OOH) are aimed to reduce oral health disparities and achieve oral health equity among underserved communities in New Mexico (NM). The OOH administers a school-based dental sealant program for elementary school children, that provides oral health education, dental screenings, dental sealant applications on first and second molars, and dental case management. In rural areas, all elementary school children are eligible to participate in the dental sealant program, from 1st to 5th grade. In urban areas, the services are limited to the first, second and third grade students. Program services are offered at no cost to parents or guardians of children enrolled in the participating schools. Elementary schools qualify for the program if they have at least 50% or more of its student population on the free and reduced school lunch program. An estimated 84% of elementary schools qualify for the free and reduced lunch program. FY 2019-2020 the State of NM allocated an estimated \$900,000.00 general fund for the state dental sealant program. For the 2019 -2020 school year: 2,572 students participated in the program with a total of 4281 molars being sealed.

In addition to the sealant program, the OOH conducts a fluoride varnish program for Head Start and early Head Start centers. This program provides dental screening, three fluoride varnish application per year, oral health education, dental case management and home dental hygiene supplies (toothbrush and toothpaste). For the 2019-2020 school year 1515 children participated in the fluoride varnish program, and 1184 fluoride varnish applications were given.

The dental sealant program and fluoride varnish programs were developed to provide preventive services for school children to reduce dental caries, since many low-income children have limited or no access to preventive dental care. The two programs are supported by state staff and contracted private dental care providers. Dental case management is provided to children, who have dental caries and/or any other oral disease, to ensure they receive the dental care they need, especially among uninsured children.

The application of dental sealants is a best practice shown to prevent dental caries up to 80% on the chewing surfaces of the teeth. Due to the COVID-19 pandemic, participation in the sealant program has decreased during the last 2 years. However, OOH staff continue working to provide services and outreach to schools and parents to encourage participation in the program. Fluoride varnish can prevent up to 33% of dental caries in the primary teeth. Most of the parents of children enrolled in Head Start and early Head Start schools recognize the benefits of fluoride varnish application and participation in this program has been maintained and is increasing with lessening COVID-19 concerns. Oral health education and dental case management have been tools used to keep parents and guardians engaged with the oral health of their children during this challenging time. It is important to have the support of parents to reinforce proper oral hygiene habits at home since children spend so much of their time at school, where the usual practice of daily classroom toothbrushing has been suspended due to the pandemic.

SECTION II: DETAILED ACTIVITY DESCRIPTION

Provide detailed narrative about the dental public health activity using the headings provided and answering the questions. Include specifics to help readers understand what you are doing and how it's being done. References and links to information may be included.

****Complete using Arial 10 pt.**

Rationale and History of the Activity:

1. What were the key issues that led to the initiation of this activity?

The Task Force on Community Preventive Services recommended school-based programs to deliver dental sealants and prevent dental caries among children based on a systematic review of scientific evidence the intervention is effective (MMWR November 30, 2001).

<https://www.thecommunityguide.org/findings/dental-caries-cavities-school-based-dental-sealant-delivery-programs>.

Oral health inequity is the result of health disparities among underserved communities in NM. The state of NM is mostly a rural state and 47.8 of the population identifies as Hispanic or Latino (of any race).

<https://www.census.gov/about/partners/sdc/projects/nm-state-sdc.html>. Many residents lack access to dental care due to factors related to lack of dental insurance, shortage of oral health care providers especially in rural areas, low socioeconomic status, language barriers, and transportation issues.

In 1978, the OOH implemented the sealant program (an evidence-based strategy) to decrease health disparities and increase access to preventive oral health services. Since children spend so much time at school, the OOH found a great opportunity to reach children in the place where they are at, to provide oral health preventive services. Children participating in the program receive dental screening and preventive services normally (especially in rural and frontier schools) not provided by a dentist due to the lack of Medicaid dentist and New Mexico is experiencing a dental professional shortage. A number of state contractors also provide treatment services. These services are provided at no cost to the student/family.

Finally, the dental sealant and fluoride varnish programs address the 2030 Healthy People Oral Health Objectives and support a national effort to reduce children and adolescent caries experience and increase the placement of dental sealants on permanent molars.

2. What rationale/evidence (may be anecdotal) did you use to support the implementation of this activity?

Dental caries is the most common chronic disease of childhood in the United States, The Centers for Disease Control and Prevention (CDC) reports that 1 of 5 (20%) of children 5 to 11 years old and 1 of 7 (13%) of adolescents 12 – 19 years old have at least one untreated decayed tooth. Additionally, children 5 to 19 years old from low-income families are 25% more likely to have dental caries compared to the 11 % of children from higher income families. Best practices to prevent dental caries include dental sealants and fluoride varnish application. Fluoride varnish can prevent 33% of dental caries in the primary teeth and, dental sealants, if properly applied, can prevent up to 80% of dental caries on the chewing surfaces of molars for two years and continue to protect against 50% of dental caries for up to four years. The benefits of dental sealants begin immediately after application and are effective as long as the sealants are retained. Children 6 to 11 years old without sealants have almost three times more first molar dental caries than children with sealants. Research has documented the effectiveness of dental sealants in reducing dental caries even when the dental sealants are partially retained. Several studies have shown the combination of fluorides and dental sealants can reduce the incidence of dental caries by up to 85%.

The NM 2006 Oral Health Surveillance Survey reports that 23% of the state's children in 3rd grade have experienced dental caries. Many of NM children from low-income families, minority racial/ethnic group or immigrant populations, have limited or no access to preventive dental care. Usually, they lack dental insurance or live in dental provider shortage areas or isolated rural areas, which result in a higher risk for dental caries and serious infections that can result from untreated dental caries. NM is classified as a health care professional shortage state with 32 out of 33 counties designated as such. NM also ranks 37th

of 50 states in per capita dentists. In NM, urban and rural communities struggle to recruit and retain an adequate number of dental providers, and three NM counties do not have a dentist. Studies have shown that school-based programs are successful in reaching low-income children and underserved rural areas.

The ASTDD identifies and recommends dental sealant and fluoride varnish programs as best practices and evidence-based strategies to prevent dental caries within the context of their environment, to achieve the Healthy People 2030 Objectives and to meet the National Call to Action to Promote Oral Health.

Reference:

1. <https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html>
2. https://www.cdc.gov/oralhealth/dental_sealant_program/index.htm
3. <https://hed.state.nm.us/news/new-mexico-higher-education-department-announces-dental-school-partnership-with-texas-tech-university#:~:text=As%20of%202019%2C%20there%20were,National%20Center%20for%20Biot echnology%20Information.>

3. What month and year did the activity begin and what milestones have occurred along the way? (May include a timeline.)

In 1978, the NM Department of Health (DOH), OOH began delivering dental sealant services to the state’s elementary schools. The school-based dental sealant program provides direct services with OOH staff applying dental sealants to school children. The success of the program is greatly due to the partnerships established with the elementary schools across the state.

In 2006, the program further expanded its services by implementing the fluoride varnish program. Additionally, OOH contracts with private dental providers to deliver dental sealant and fluoride varnish services in underserved areas, which the OOH staff could not reach. The dental sealant and fluoride varnish programs have now become a substantive part of the school health services in many elementary schools, Head Start, and Early Head Start schools, respectively.

Currently, the NM OOH goal is to increase the awareness of families, individuals, and organizations as to the importance of good oral health and oral disease prevention. The services provided by the OOH aim to reduce the incidence of dental caries and increase access to dental care for those who are experiencing oral disease, along with promoting oral health as part of overall health. Finally, the OOH’s mission is to ensure that all New Mexicans are provided opportunities for improving their oral health and overall health through access to prevention and treatment services and oral health education.

The sections below follow a logic model format. For more information on logic models go to: [W.K. Kellogg Foundation: Logic Model Development Guide](#)

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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1. What resources were needed to carry out the activity? (e.g., staffing, volunteers, funding, partnerships, collaborations with various organizations, etc.)

Inputs:

The dental sealant and fluoride varnish programs state staff consists of:

1. 1.0 Program Director
2. 3.0 Full Time Equivalent (FTE) dental hygienists,
3. 3 FTE dental assistants,
4. 1.5 FTE dental case managers,
5. 0.5 FTE contract dentist.

Equipment:

1. 3 portable dental units
2. 3 vans for staff and equipment transportation
3. Laptops

Supplies:

1. Dental sealants
2. Dental supplies
3. Fluoride varnish
4. PPE
5. Supplies for disinfection
6. Goody bags with toothpaste, toothbrush, oral health sticker and floss

Documents:

1. Consent package (English and Spanish)
2. Dental records (English and Spanish)
3. Letter for parents (English and Spanish)
4. School schedule
5. OOH schedule
6. Letters to reach out to school superintends and principles and school nurses
7. Letter to parents to report OH status of children participating in the program.
8. Letter to school nurse and principal to inform rate participation in the program and the number of children in need of dental treatment

Contractors:

1. Participa
2. UNM
3. El Centro
4. Mira
5. NM Community Dental
6. Hidalgo Medical Services
7. NM Smiles

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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2. Please provide a detailed description the key aspects of the activity, including the following aspects: administration, operations, and services.

Program Administration

The dental sealant program is administered through the OOH headquarters and through regional offices located in three of the state’s public health districts. The OOH director oversees the state staff, contracts with private dental providers, and coordinates statewide program activities with contractors. Each regional office is responsible for scheduling and coordinating of dental sealant services and fluoride varnish clinics within their geographic area.

Program Operation

The current OOH staff has many years of experience in implementing a school-based dental sealant program and using mobile equipment. Program staff strive to assure efficient operation by addressing the following:

- Making sure that all staff members are familiar with how the portable equipment should be transported, set-up and taken down prior to bringing services to schools. This helps to work out equipment problems and maintain a long service life for equipment.
- Making sure the school provides adequate space to set up equipment including:
 - 1) the setup area has the proper type and number of outlets for electrical hook-ups,

- 2) access to running water that is close to the setup area, and
 - 3) easy entry to transport equipment and supplies to the setup area.
- Making sure portable dental equipment and supplies can be transported easily in available vehicles. OOH has three 12-passenger vans to transport equipment, supplies and staff to the schools. Equipment and supplies can be transported and set up easily by two people.

Program Services

There are three dental sealant teams comprised of state staff members, one for each geographic areas of NM (North, Central and South). Each team consists of a dental hygienist and a dental assistant, who schedule dental clinics and travel to provide dental screenings and dental sealants for elementary school students. The OOH staff provides dental sealant services using mobile dental units.

For the state staff, program services begin with distributing an educational sealant video to the schools or conducting bilingual oral health education. Next, bilingual consent forms authorizing treatment, informational pamphlets about the benefits of sealants, and general oral health information are given to the schools for the parents/guardians. After parents return signed consent forms to the school, the school provides the OOH class lists and the list of students who will participate in the program. Each year OOH retains the students' charts and consent forms from the previous school year, which enables the dental sealant program staff to check sealant retention and reapply any lost sealants. The program aims to retain all dental sealants placed the previous year at the current retention rate of 85%

Next, consent forms are collected from the school and organized by class list and dental screenings and dental sealant clinics are scheduled. The screenings are completed by a licensed dental hygienist for children who have a signed consent form. During the screenings, each child is evaluated to determine their need for sealants. On the same scheduled days, the students previously treated are screened to check for sealant retention or any other oral health issues. A follow-up letter (along with a toothbrush and toothpaste) is sent home explaining services needed or providing the reason why a child's teeth were not suitable for dental sealants.

The letter includes the following information (English and Spanish):

- How many sealants were provided,
- The reason why sealants were not provided, if this situation arose,
- Recommendations for further dental treatment, and
- The program contact information.

Finally, the OOH sends a letter to the school nurse and principal to inform them of the participation rate and the number of children in need of dental treatment.

In NM, registered dental hygienists are allowed to apply dental sealants after completing a dental assessment. The dental hygienists and dental assistants travel throughout the state providing dental sealant services to participating elementary school children.

In addition to the sealant program, there is a fluoride varnish program provided by the OOH to Head Start and Early Head Start students. Like the sealant program, there are three teams for the state of NM providing fluoride varnish. Each team includes a dental assistant, and a dental hygienist. There is also a contract dentist and 1.5 FTE dental case managers supporting the program. Each team provides outreach to Head Start staff and families, coordinates and schedules fluoride varnish clinics, collects parent consents and provides fluoride varnish applications three times a year for each student enrolled in the program. In the Santa Fe area, the fluoride varnish clinics are coordinated and scheduled by the dental case manager.

Students participating in the state sealant and fluoride varnish programs receive dental case management services to ensure that children with dental treatment needs receive dental care in a timely manner. Additionally, the case manager provides oral health education to families (children, parents) and teachers.

In order to provide preventive services to children and adolescents living in rural and frontier areas of the state, the OOH contracts with oral health providers to provide sealant services and fluoride varnish to children enrolled in schools not reached by state staff. The contractors provide oral health education,

dental screenings, dental sealant, fluoride varnish applications, and notify parents when children need further dental care. The contractors provide mobile services at schools or at a provider’s office. In addition to the preventive services, some of the contractors also provide dental treatment services.

OOH staff and contractors collect data to evaluate program outcomes and report to the program director. The OOH Program Director oversees the day-to-day operations of the OOH, for the dental sealant and fluoride varnish programs and the collection of client/service data statewide.

Program Evaluation

The evaluation of the dental sealant program and fluoride varnish program is designed using a goal attainment model. <https://www.ojp.gov/ncjrs/virtual-library/abstracts/goal-attainment-scaling-evaluation-human-service-programs-1978-c>.

The program consent form requires a signature from a parent/guardian to allow treatment and follow-up for evaluation and care. The program staff checks the retention of the dental sealant placed in the previous school year and evaluates if recommended dental treatment has been completed.

Follow-up has demonstrated that the program has a retention rate of 85% or better. The program monitors retention rates since a retained dental sealant fully protects at risk tooth surfaces from dental caries, averting dental disease, and saving treatment dollars. A high sealant retention rates indicates an effective preventive program.

The fluoride varnish program is being evaluated using participation rates and the number of fluoride varnish applications received per child. .

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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3. What outputs or direct products resulted from program activities (e.g., number of clients served, number of services units delivered, products developed, accomplishments.)?

- For the 2019 -2020 school year: 2,572 students participated in the program with a total of 4,281 molars being sealed.
- For the 2019-2020 school year 1,515 children participated in the fluoride varnish program, and 1,184 fluoride varnish applications were given.
- There was a decrease in the number of children participating in the programs and the number of sealants and fluoride varnish applied, due to the COVID-19 pandemic, when schools were closed in March 2020 and children attended online learning.
- Dental case management was provided to parents with 1,350 contacts with parents and 547 cases closed for the same school year.
- Finally, oral health education was provided to children participating in the programs and for parents and schoolteachers. During the COVID-19 pandemic while restrictions remained in-place, oral health education was delivered virtually to parents, children, and school staff and through phone calls as part of the case management service.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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4. What outcomes did the program achieve? (e.g., health statuses, knowledge, behavior, care delivery system, impact on target population, etc.) Please include the following aspects:

- a. How outcomes are measured
- b. How often they are/were measured
- c. Data sources used
- d. Whether intended to be short-term (attainable within 1-3 years), intermediate (achievable within 4-6 years), or long-term (impact achieved in 7-10 years)

The impact of the program is demonstrated by the increased dental sealant prevalence observed on all public health districts of the state and the decrease of dental caries among underserved communities. Some outcomes achieved by the program include:

- Improvement of oral health status among children consistently participating in the programs
- Increase of knowledge of parents, children, and teachers regarding how to prevent oral disease and the impact of oral health on overall health. Increase in knowledge has been gained through oral health education provided consistently even throughout the pandemic. Knowledge is assessed through interactive questions during oral health education encounters.
- Improvement of oral hygiene habits and nutrition.
 - a. The outcomes are measured by:
 - # of sealants applied
 - # of dental sealants retention checks
 - # of consents signed
 - # of fluoride varnish applications in a year
 - # of case management interventions
 - # of children who received dental treatment after a dental case management intervention
 - # of incentives distributed
 - # of students, parents and teachers who received oral health education.
 - b. How often they are measured:

Outcomes are measured yearly.

- c. Data sources used: Data is collected in Excel spread sheets form the student charts. Data is analyzed and a report is produced at the end of the FY.
- d. Whether intended to be short-term, intermediate, or long-term: Outcomes are intended to be short-term outcomes measured at the end of each FY. The OOH aims to implement an evaluation system to measure intermediate and long-term outcomes.

Budgetary Information:

NOTE: Charts and tables may be used to provide clarity.

1. What is the annual budget for this activity?

The overall OOH budget is \$ 1.8 million. An estimated \$900,000 are dedicated for the two programs.

2. What are the costs associated with the activity? (Including staffing, materials, equipment, etc.)

The cost associated with the activity are staff salaries, funding for state contractors, purchase of dental sealant and fluoride varnish supplies, dental mobile van maintenance and gasoline purchases, per diem, PPE, office rent, office supplies, educational material, funding for Public Service Announcements and advertisements, infection control supplies, printing of forms and educational material and staff training.

3. How is the activity funded?

90% of the OOH activities are funded by state general funds. Additional funding is provided by the Maternal Child Health Title V and the Preventive Health and Health Services Block Grant to support the dental sealant and fluoride varnish programs, the dental case management and the operating costs associated with the programs.

4. What is the plan for sustainability?

The Governor's annual budget supports the program by providing general funds for the operations of the OOH. The State of New Mexico is mandated by Public Health Law to operate a dental program. Over the past two decades the program has experienced minor funding reductions as compared to other Department of Health programs supported by the general fund. The OOH is seen as a vital program and has received support from both the Department and Public Health Division leadership. On numerous occasions, the Secretary of the Department of Health and the Public Health Division Directors and Deputy Directors have attended dental sealant and fluoride varnish clinics seeing firsthand the work of the staff and encountering the children served. As a result, the program continues to receive support from the state leadership in maintaining the general fund budget.

OOH has partnered with the Maternal and Child Health Title V program for several years promoting oral health among pregnant women and their children and providing preventive services to children. OOH staff are members of the Title V Advisory Committee. Oral health activities are part of the NM Title V annual plan. The Title V program allocates federal funds to the OOH program on an annual basis.

OOH is included in the NM Preventive Health and Health Services Block Grant annual application and receives funds for the program each year. Funding will continue as long as the Centers for Disease Control and Prevention provides funding.

Lessons Learned and/or Plans for Addressing Challenges:

1. What important lessons were learned that would be useful for others looking to implement a similar activity? Was there anything you would do differently?

The success of school-based programs is based on providing quality care service and continued communication with school staff to schedule activities and keep schedules as consistent as possible. Lessons learned that would be useful for others looking to implement a similar activity include:

- Clearly communicate the program's expectations to each school; be sure the school nurse understands the program's requirement for space (many schools have limited space) and the length of time needed to complete the sealant services along with collecting the consent forms.
- Always have back-up equipment. Since the program requires traveling to schools that are located one to two hours from the home office, time is wasted if there is a need to return to the office for replacement equipment.
- Remain flexible with scheduling screening and treatment days and how to set up in each school.
- Building a strong relationship with the school nurses, school principals, superintendents, etc. helps to gain acceptance and respect of all school staff and the community and can encourage families to participate in the dental sealant and fluoride varnish programs.
- Providing students with a video or short presentation about what to expect when they are a patient helps to gain acceptance and reduce fear/anxiety. The video is shown by the teacher prior to the scheduled visit.
- Providing proper brushing and flossing techniques takes time but is a necessary part of doing this type of outreach. We should not assume that children know how to properly brush and floss.
- Oral health education is crucial for children and parents and teachers. Parents support children at home specially during this time of pandemic when oral health services decreased or were not available for children. Teachers can support children at school by integrating oral health topics into the school curriculum.

2. What challenges did the activity encounter and how were those addressed?

Some challenges encountered from conducting and delivering a dental sealant and fluoride program include:

- School nurses or health assistants are very important for outreach and to schedule dental sealant clinics. However, not all schools have their own nurse or health assistant and even when they do, they are very busy. Often times they are unable to assist with locating and retrieving student. It is a challenge to the program success.
- Language barriers may impact communication with parents and students participating in the programs, because about 50% of the students participating are Hispanic. Therefore, having staff who are bilingual helps to engage parents in the program and to provide dental case management both in English and Spanish as needed.
- Lack of participation especially during the time of pandemic. Holding parent meetings or having a presence during open house events can help to increase participation rates.

Plans for improvement

- OOH is planning to develop a new database to better track the dental sealant program services, retention rates, and identify the prevalence of dental caries, as well as fluoride varnish applications and dental case management.
- The OOH aims to increase the number of schools and students participating in the dental sealant and fluoride varnish program, especially after the pandemic.
- The OOH aims to increase the number of consent forms obtained by the local schools by providing incentives to the school nurse. Staff rewards school nurses with the highest consent form return rate by giving them an electronic toothbrush.
- The OOH aims to increase partnership with local communities to promote school-based oral health programs especially among Community Health Workers.

Available Information Resources:

Share any models, tools, and/or guidelines developed by the program specifically for this activity that may be useful to others seeking additional information. Hyperlink resources if possible.

[Sealants -Welcome Back to School Presentation](#)

[Fluoride Varnish Application Guide Addendum- COVID-19 Guidance](#)

[Dental Sealant Guide Addendum](#)

TO BE COMPLETED BY ASTDD	
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