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:

Ohio Department of Health School-Based Dental Sealant Program (SBSP)

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
	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
	3. Assess public perceptions about oral health issues and educate/empower them to achieve and maintain optimal oral health
	Policy Development
	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
	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
	8. Assure an adequate and competent public and private oral health workforce
	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.

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.
OH-10: Increase the proportion of children and adolescents who have dental sealants 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's Services, Access to Care: School-Based Oral Health, Prevention: Children Oral Health, Prevention: Sealant

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 Ohio Department of Health (ODH) Oral Health Program (OHP) has operated a School-based Dental Sealant Program (SBSP) for more than 40 years. Data collected through a screening survey of 3rd grade schoolchildren in 1988 indicated that more than 90% of caries was on the pits and fissures of the back teeth, but only 11% of students had one or more sealants. Shortly after, the ODH began to provide grants to local agencies to operate SBSPs, funded through the Maternal and Child Health Block Grant. Schools with 40% or more of students eligible for the Free and Reduced-Price Meal Program are targeted for the program. SBSPs bill Medicaid for eligible children; ODH pays for sealants for non-Medicaid eligible students.

Typically, students in grades 2 and 6 participate. Teams of dental hygienists and dental assistants bring portable dental equipment and supplies to schools. Parental permission is required, and a letter is sent home indicating services provided. Students in need of follow-up dental care are referred to school staff for assistance in getting care. Students whose families do not have a dentist are most typically referred to local safety net dental programs.

Sealants are re-checked the following year to assess long-term retention (LTR). The most recent complete LTR data of resin-based sealants averaged 91% in 2019. Due to COVID, SBSPs switched to glass ionomer cement sealants, starting the fall of 2020. Data are now indicating that LTR has declined by approximately 20%, however, these data are based on fewer schools and sealants placed. Other measures of quality are assessed as well via on-site reviews and program reports.

The number of grants has varied through the years depending on funding. At one time, 22 programs funded by state and local dollars were operating in 42 Ohio counties and about 29,000 children received sealants each year. Over time, programs have consolidated to serve multiple counties, and some have ceased operations for various reasons. Today, 12 grants totaling approximately $724,000 are funded by the OHP; these serve 407 schools in 34 of Ohio's 88 counties. Before the COVID-19 pandemic, about 20,000 children were served each year by state-funded programs. State and local SBSPs in Ohio have primarily served children in Ohio's large urban centers and schools in Appalachian Ohio, a 32-county area along the eastern and southern borders of the state.

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 first statewide open-mouth screening survey conducted by the Ohio Department of Health (ODH), Oral Health Program (OHP) in 1988 found that most untreated decay was occurring on the biting surfaces of permanent molars. Yet only 11% of students screened had one or more dental sealants. At the same time, however, the OHP was operating a large school-based fluoride mouthrinse program. During the 1987-1988 school year, 358,000 children in 1567 schools participated in this program. There was an obvious disconnect between where tooth decay was being observed in Ohio schoolchildren and the community-based intervention being implemented to reduce decay. It was clear that a change in strategy was needed to reduce the most frequently observed decay—that on the biting surfaces of the permanent teeth.

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

The evidence used were the results of the 1988 screening survey of the oral health status of Ohio schoolchildren, as well as the growing evidence on the efficacy of dental sealants in reducing pit and fissure caries. Results of the 1988 oral health screening survey showed that more than 90% of caries was on the pits and fissures of the permanent molars, as opposed to smooth surfaces, yet only 11% of children screened had one or more dental sealants.

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

The Early Years

School-based dental sealant programs began in Ohio during the mid-1980's, expanding from a single demonstration program in Cincinnati in 1984 (operated by the Cincinnati Health Department) to a demonstration grant funded by ODH. The first state-funded school-based sealant program (SBSP) operated in Vinton County, an Appalachian County in southeastern Ohio. A school nurse was the coordinator and a dental hygienist on staff in the OHP applied sealants.

Growth of the Program

Over time, the grant program slowly expanded; by 2007, 22 programs funded by state and local dollars were operating in 42 Ohio counties. About 29,000 children received sealants each year, 65% through state-funded programs. These programs served more than half of eligible schools in Ohio. Funding for the state-operated programs was provided through the Maternal and Child Health Block Grant. However, in 2010, the OHP received a HRSA Oral Health Workforce Grant to provide additional support.

Today, 12 grants are funded by the OHP; these serve 407 schools in 34 of Ohio's 88 counties. Before the COVID-19 pandemic, about 20,000 children were served each year by ODH-funded programs.

SBSPs in Ohio have primarily served children in Ohio's large urban centers (Cleveland, Columbus, Cincinnati, Toledo, Akron, and Dayton) and schools in Appalachian Ohio. (Appalachian Ohio is comprised of 32 counties along the eastern and southern borders of the state.) Today, dental sealants are provided via local funding to students in Cincinnati, Cleveland and Toledo.

Changes in Program Administration

The results of the 2009-10 Basic Screening Survey (BSS) showed that Ohio's targeted, school-based dental sealant programs substantially increase the prevalence of dental sealants and reduced disparities. Just over 50 percent of all Ohio third graders were found to have at least one or more sealants on their permanent molar teeth, meeting the HP2010 objective regardless of racial group or income. Subsequent BSSs conducted in 2013-15 and 2017-18 have shown that the percentage of children with dental sealants is holding steady at about 48 percent.

The survey conducted in 2009 provided an opportunity to assess the common practice of targeting higher-risk schools (based on percentage eligible for the Free and Reduced-Price Meal Program [FMRMP]) to reach higher-risk children. This analysis determined that targeting higher-risk schools was an effective and efficient method for targeting higher-risk children.[1]

Further, analyses supported establishing a benchmark of *40% eligibility for the FRPMP* to identify higher-risk schools, a change from the previous 50% benchmark.[2] Children at schools with more than 40% eligible for the FRPMP (<185% of federal poverty level) had significantly more dental disease than

[1] Siegal MD, Detty AMR. 2010. Do school-based dental sealant programs reach higher risk children? J Public Health Dent http://onlinelibrary.wiley.com/doi/10.1111/j.1752-7325.2009.00162.x/abstract
[2] Siegal MD, Detty AMR. 2010. Targeting school-based sealant programs: who is at "higher risk?" J Public Health Dent

children at schools with less than 40% eligible for the meal program. Second, the number of higher-risk children per school was significantly greater than in schools with less than 40% eligible for the meal program. OHP data also indicated that sealant prevalence among higher-risk children at Ohio schools with SBSPs was one and a half times that of their counterparts at schools with no SBSP (61% vs. 46%, respectively).[3] The OHP continues to target its SBSP to schools using the 40% FRPMP eligibility benchmark.

Related Work

- In 1992-93, the OHP, working with the Association of State and Territorial Dental Directors and Oral Health America conducted a survey of state oral health programs to describe school-based and school-linked public health dental sealant programs in the U.S. The results of this survey identified 120 programs in 25 states, two-thirds of those were in Ohio, Illinois, New York, and Virginia.

- In 2008, the OHP, in conjunction with the National Maternal and Child Oral Health Resource Center, developed a distance learning curriculum for SBSP teams (https://www.mchoralhealth.org/Dental-Sealant/). This training has five modules that cover the following topics:

  Module 1: Background on SBSPs (history, epidemiology of caries, rationale/evidence for SBSPs, expert panel recommendations, program design.)

  Module 2: Infection control and prevention.

  Module 3: Tooth surface assessment and selection (dental caries disease process; stages in caries lesion activity and severity [cavitated vs. non-cavitated]; caries lesion threshold for sealant placement; caries detection vs. diagnosis; tools for caries detection in selecting teeth to be sealed (including eruption status, e.g., fully or partially erupted).

  Module 4: Sealant application technique (appropriate/inappropriate sealant materials; BPA safety; tooth cleaning; isolation; etching; sealing—self-cure and light-cure; immediate assessment; fixing problems found on assessment—bubbles, sealant lifts on gentle probing; dealing with buccal pits and lingual grooves; evaluating sealants on follow-up—determining complete vs. partial retention and need for repair or replacement).

  Module 5: Ohio-specific SBSP Grants (Requests for Proposal/application, SBSP manual, reporting).

  The modules were developed by OHP staff with input of several national experts. Continuing education credits are provided to licensed dental professionals in Ohio for the completion of the distance learning, however, SBSP staff in any state can take the training. (NOTE: This training is still available today; however is undergoing revision in 2022.)

- In 2009, the OHP developed its first comprehensive SBSP manual. An advisory group comprised of OHP and local SBSP staff participated in its development. The purpose of the manual was to provide ODH-funded SBSPs with an information base consistent with the state-of-the-science and to clearly state expectations of, and standards for, ODH-funded SBSPs. The manual became the bases for evaluating ODH's statewide SBSP effort and individual programs. This manual is updated every few years and is currently being revised (https://odh.ohio.gov/know-our-programs/oral-health-program/media/sbsp-manual).

- The COVID-19 pandemic had a significant impact on SBSPs in Ohio. Like in other states, the program in Ohio was suspended in March 2020. In anticipation of a possible re-start in the fall of 2020, the OHP convened a statewide workgroup to develop guidelines for operating the program. The workgroup was comprised of OHP staff, local SBSP staff and two dental consultants. The group met several times over a period of three months to consider the information that was being shared by state and national organizations and agencies (e.g., the Centers for Disease Control and Prevention (CDC), the Organization for Safety, Asepsis and Prevention (OSAP), the American Dental Association (ADA) on changes needed to safely operate SBSPs. The OHP developed guidelines for

[3] The *Make Your Smile Count* Oral Health Survey was an open-mouth survey of 14,959 children at 377 randomly selected schools, conducted by the Ohio Department of Health.

infection control and prevention which were then vetted through ODH leadership and all SBSP programs. (These guidelines are available upon request.) SBSPs had the option of sharing the guidelines with school administrators if asked.

Among the most important guidelines were the need for SBSP staff to: self-assess for COVID-19 symptoms and follow school protocols for notifying school staff and isolating; assess students for COVID symptoms; determine the best location to set up for sealant placement and follow safe traffic flow patterns; follow the latest guidelines for the use of personal protective equipment, handwashing, cleaning and disinfection; and switch to glass ionomer cement (GIC) sealant material to avoid generating aerosols. Because most SBSP teams did not have experience using GIC, prior to the restart of the program, the OHP provided typodonts and GIC to teams to enable them to learn and practice GIC application technique.

Once adopted in October 2020, the guidelines were distributed and replaced infection control and prevention guidelines in the SBSP Manual. Because of the frequent shifting of recommendations and guidelines about how to operate in the shadow of COVID-19, the guidelines were updated in March 2021. Another revision is planned to be ready by fall 2022.

- Because dental hygienists employed by SBSPs determine which teeth are to be sealed, it is imperative that these determinations are sound and consistent. The OHP developed a training on tooth assessment and selection for sealants, and dental hygienists participate in this training every three years, or whenever a new dental hygienist starts with a local program. The goals of the training are 3-fold: to correctly articulate and demonstrate the application of criteria for determining whether a sealant is needed; to properly chart findings of the assessment; and to correctly categorize each participant's treatment urgency.

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

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

    - The SBSP is overseen by one FTE coordinator employed by the Ohio Department of Health who is a licensed dental hygienist.
    - The program is funded by the Maternal and Child Health Block Grant.
    - FFY22 funding is $723,668. The SBSP has had level funding for two years.
    - 10 local health departments and two FQHCs receive grant funding to operate programs locally. These programs employ teams of dental hygienists and dental assistants.
    - Each grantee must employ a licensed dentist to provide general supervision, be available as a consultant to the local program and be a source of information about the program to the local dental community. Often, this is via a contract with the dentist who is paid a nominal fee.
    - All local programs utilize at least one person to provide administrative support, coordination with schools, Medicaid billing and classroom education/program promotion. This person may or may not also be on the "sealant team" i.e., applying or assisting in the application of sealants.
    - ODH funds support:
        - The assessment of all children in targeted grades to determine the need for sealants.
        - The application of new dental sealants on teeth of non-Medicaid eligible students at targeted schools.
        - Reapplication of sealant material on teeth sealed the previous year by the sealant team.
        - Application/reapplication of sealants on the teeth of children sealed elsewhere that were denied reimbursement.
    - SBSPs bill Medicaid for sealants placed on students enrolled in Medicaid.

INPUTS	**PROGRAM ACTIVITIES**	OUTPUTS	OUTCOMES

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

The ODH SBSP provides grants on a competitive basis every three years with annual non-competitive continuation applications for the second and third years of each grant cycle. Funding levels are determined using a formula that considers the number of schools each program will serve, the number of students to be assessed and receive sealants, and the expected number of sealants that will need to be repaired or replaced. . Grantee agencies are typically local health departments and FQHCs, although any not-for-profit agency is eligible.

The grants support SBSPs targeting schools with large proportions of higher-risk students (those from low-income families). ODH funds are used to reimburse local programs to assess the need for sealants in all students in targeted grades and for placing sealants on those who do not have Medicaid.

A typical funded sealant program:

- operates September-June (during the school year).
- uses portable dental equipment.
- typically targets 2nd and 6th grades (although additional grades may be targeted as well).
- requires parental consent (the same consent form is used for initial placement of sealants in grades 2 and 6 and follow-up in grades 3 and 7).
- utilizes dental hygienists working with dental assistants to place sealants.

The visual assessment of students for sealants and the placement of sealants is conducted at the same time so each student need only be out of the classroom once. A SBSP team member provides classroom education about sealants, so students understand the benefit and assists school staff in the distribution and collection of consent forms. Some SBSPs and schools offer incentives to the classroom that has the highest percentage of returned consent forms. Examples of incentives include pizza parties, extra recess time, and trinkets. As seen on page 10, pre-COVID participation averaged about 30%: some programs' participation was above 50%. Participation has dropped during the past two year in some programs (to less than 10%); however other programs have maintained good participation rates. A focus in the 2022-23 school year will be to evaluate factors that impact participation and design interventions to boost rates.

Parents receive a letter indicating that sealants were placed and whether their child needs additional dental treatment. SBSP teams work with school nurses to share options for dental care in the community if families do not have a dentist.

Local programs submit quarterly reports with the following data:

- Number of students in target grades.
- Number of students in target grades with consent.
- Number of students assessed.
- Number of students who need sealants.
- Number of students who received sealants (Medicaid and non-Medicaid).
- Number of teeth newly sealed (Medicaid and non-Medicaid students, in target and follow-up grades).
- Total number of teeth sealed elsewhere that received add-on sealant (in target and follow-up grades).
- Total number of teeth sealed elsewhere that received complete add-on sealant AND could not be billed to Medicaid (i.e., were denied Medicaid reimbursement).
- Number of students who need follow-up dental care.

Quality assurance is an important program component and is conducted by reviewing program data against established benchmarks that were developed based on several years of data from all ODH-funded SBSPs. These criteria and benchmarks include:

- Percentage of students with consent (benchmark ≥ 50%).
- Percentage of students with consent who were assessed (benchmark ≥ 97%).
- Percentage in need of sealants who received sealants (benchmark ≥ 92%).

- Percentage assessed for follow-up (benchmark ≥ 70%).
- Long term retention (LTR) rate (benchmark ≥ 90%).
- Is the local SBSP on target to seal the annual target number of students?
- Does the percentage of Medicaid students sealed appear reasonable?

Short term retention (STR) checks may be conducted by local SBSP teams on a sample of 10-15 students before the team is finished working in a school or within two months of completing a school to determine whether changes to tooth selection or application techniques are needed. Criteria for whether a STR is needed include if the local program has a new dental hygienist, whether there has been a change in sealant application technique/material, and whether problems in sealant application have been previously identified.

Programs determine long-term retention (LTR) of sealants by checking sealants placed roughly a year later when program participants are in the 3rd and 7th grades. Sealants are placed on newly erupted teeth or are replaced if not retained from the previous year.

Dental sealant program staff must receive training at least once a year on infection control principles and practices specific to their portable dental environment. Additionally, all program personnel are required to complete the SBSP distance learning curriculum upon hiring (described above) so that staff have a thorough understanding of the history, operations, and underlying principles of this program. The curriculum provides guidelines for infection control in school-based programs, details appropriate tooth assessment and selection for dental sealants, reviews the dental sealant application process and provides specific operational requirements for ODH-funded sealant programs.

The OHP employs one FTE dental hygienist to oversee this program. She is responsible for ensuring that SBSP teams have the training, support, guidance, and expertise to implement the program according to prescribed standards and expectations. She conducts quarterly meetings with SBSP program directors, reviews program and expenditure reports and ensures that information enterer into the department's grants management system are correct. She oversees the annual development of the competitive/continuation Requests for Proposals, the review of applications, selection of recipients and processing of paperwork to support their funding. She is the OHP's subject matter expert on all aspects of the SBSP and is responsible for working in communities to generate interest in expanding existing or starting new SBSPs.

Site reviews are important to quality assurance and the SBSP coordinator conducts two types of reviews: comprehensive or focused site reviews. A comprehensive site review is a proactive assessment aimed at identifying program strengths, improving overall program performance, and intercepting potential problems that a local program might have. A focused site review is used to gather more specific data to aid in providing technical assistance on problems that need to be rectified.

Prior to COIVD-19, each local program received a comprehensive site review approximately every three years. Reviews were suspended in 2019 and will resume in April 2022. During a comprehensive review, the following documents are reviewed:

- Infection Control Manual
- Exposure Control Plan
- Tooth selection criteria
- Sealant placement guidelines
- Records retention policy
- Sterilization monitoring documentation
- Safety Data Sheets for all products
- School-based dental sealant program employee records including copies of current licenses, documentation of required trainings, time, and activity reports for RDHs and DAs
- Student records (20 records selected randomly to be reviewed on site by the ODH SBSP coordinator

The following sample forms are collected:

- Consent form/cover letter
- Student record

- Parent follow-up letter
- Treatment needs form that is given to school nurse
- Daily data collection form used for program reporting
- Notice of privacy practices
- Medicaid verification forms for conducting a desk audit of Medicaid billing

Each local program receives a report detailing the findings of a comprehensive or focused site review. If a local SBSP performance involves a significant issue (e.g., poor sealant retention) requiring more than technical assistance alone, a formal improvement plan may be necessary which delineates steps to be taken, along with a timeframe for accomplishing them and who is responsible.

INPUTS	PROGRAM ACTIVITIES	**OUTPUTS**	OUTCOMES

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

In the 2018-19 school year, nearly 20,000 children received dental sealants through ODH SBSPs. However, when the COVID-19 pandemic hit in March 2020, all SBSPs shut down for the remainder of the 2019-2020 school year. The number of children who received sealants during the 2019-20 school year dropped to 12,326; this number was bolstered by the large number of students who received sealants before schools shut down in March 2020.

In the fall of 2020, two programs started again in a few schools, and the number of students served was relatively small. Sporadic participation was the norm during the 2020-2021 school year. In the 2020-21 school year, only 1,510 students received sealants.

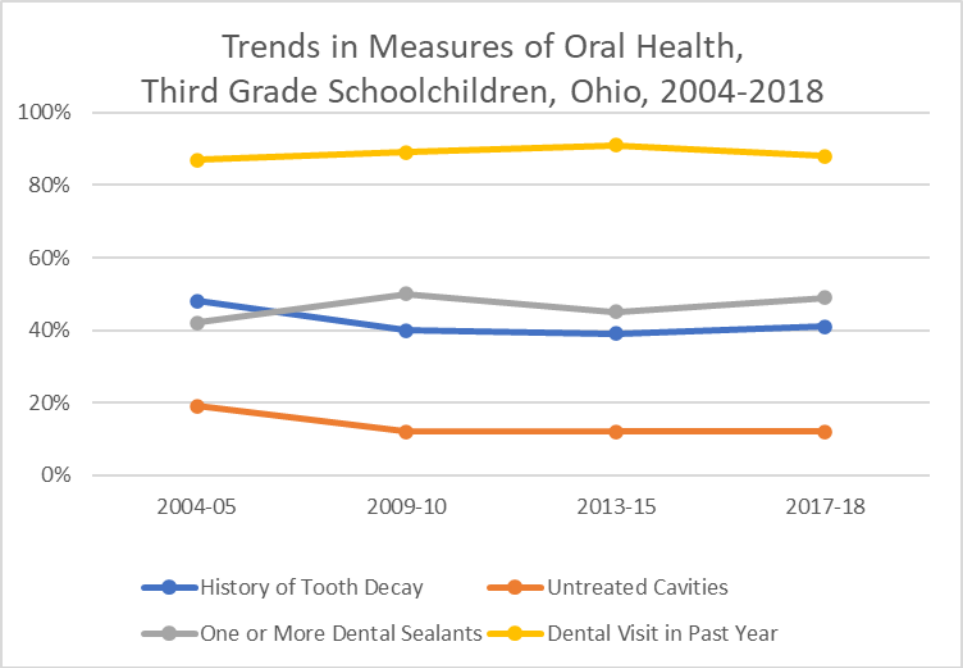
The situation improved in the fall of 2021, and as of March 2022, 11 of the 12 SBSPs are operating, although in some cases, not at full capacity. So far, 5,777 have been assessed for sealants and 4,633 students have received sealants. We project that the final number who receive sealants this school year will be approximately 13,000 students.

A description of training and other resources developed over the years can be found under “Related Work”, starting on page 5.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	**OUTCOMES**

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)

Outcomes of the SBSP have been measured quantitatively and qualitatively. Overall, since 2004, results of BSSs show that there has been a modest decrease in the percentage of Ohio third graders with a history of tooth decay that is statistically significant. The average decline between each survey is 0.9%. The prevalence of untreated cavities is trending downward, while the prevalence of dental sealants is trending upward. While the national Healthy People 2020 objective for dental sealants has been surpassed, the prevalence of sealants has not appreciably changed during this time.



The most recent data on program benchmarks from calendar year 2019 (which reflects pre-Covid operations) for all SBSPs combined show that:

Indicator	Benchmark	Average	Range
Percentage of students with consent	≥ 50%	29.5%	17.1% -- 58.4%
Percentage of students with consent who were assessed	≥ 97%	96.2%	92.1% -- 99.6%
Percentage in need of sealants who received sealants	≥ 92%	97.3%	89.2% -- 99.7%
Percentage assessed for follow-up	≥ 70%	77.6%	59.1% -- 91.5%
Long term retention (LTR) rate*	≥ 90%	91.0%	76.9% -- 98.4%
Is the local SBSP on target to seal the annual target number of students?	Yes	86.0%	14.0% --110.2% (one program only worked 3rd & 4th quarters)
Does the percentage of Medicaid students sealed appear reasonable?	Yes	55.8%.	38.6% -- 67.0%

*Resin-based sealant material was used in the 2019 calendar year.

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

1. What is the annual budget for this activity?

The annual budget for this activity has varied over the years. For FFY22, $753,000 is set aside as grants to local agencies. The program has been level-funded for the past two years.

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

Costs:
One staff in the Oral Health Program to administer the SBSP; she spends approximately 90% of her time on the SBSP

Grant funding (~$753,000)

SBSPs used income from billing Medicaid to purchase supplies, equipment and pay for staff. ODH grant funds are used to pay for the assessments conducted on all students for sealants, new sealants for children not covered by Medicaid, add-on sealants for any sealant applied elsewhere, and new or add-on sealants applied elsewhere that were denied by Medicaid. Typically, Medicaid billing is done by an administrative staff person at each funded agency. The billing is done using the Medicaid provider number of a credentialled dentist employed by the agency. Often, this is the same dentist who provides general supervision.

3. How is the activity funded?

The SBSP is 100% funded through the Maternal and Child Health Block Grant (MCHBG).

4. What is the plan for sustainability?

It is expected that MCHBG funds will continue to be used for this program. Locally, SBSPs are sustained through Medicaid reimbursement and local 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?

Program Administration:
There are several duties that a local SBSP team member must be able to do to make the program successful: program promotion in the community, liaison to participating schools, classroom education and promotion; distribution and collection of consent forms, Medicaid billing, and reporting. We have seen that these tasks achieve the best results when the person doing them is dedicated to the SBSP and does also have a position elsewhere. Similarly, better results are seen if members of the sealant team are only employed by the SBSP. The team needs to have a lot of flexibility in their schedules to accommodate snow days or other occasions when school is closed, or the program can't be accommodated. If the sealant team members have other jobs, rescheduling the day at the school can be difficult. Days or even a week may be lost in getting a school rescheduled. It's important to be clear about the demands of this program when discussions are first occurring so that potential applicants understand the nature of the work and expectations.

Program Participation:
Program participation is a challenge with SBSPs and is the one quality assurance metric that is somewhat disappointing, as it has declined in the past several years even prior to the impact of the

COVID-19 pandemic. The OHP plans to conduct an evaluation of the SBSP which will include focus groups or a survey of parents to better understand the reluctance of parents to grant consent.

Better participation is seen when SBSPs provide consent forms to schools at the beginning of the school year, so the forms are sent home with all other "start of school year" paperwork. Consent will drop if forms are sent home just before the program is scheduled to start at a school. Incentives can be effective in increasing the return of consent forms. Classroom education is important to get students on-board as they can influence whether parents give consent. Classroom education and incentives can also help to get support from teachers who have a lot of influence on students. The OHP provides a sample consent form to schools in the spring so that it can be printed, and copies provided to schools before the end of the school year. The OHP assists in translating the form into several languages.

Medicaid Billing:
Given the FRPMP eligibility requirements of ODH-funded sealant programs, a substantial proportion of children at schools with sealant programs are expected to be Medicaid beneficiaries. Some agencies that operate SBSPs do not provide many other clinical services and are not always knowledgeable or experienced in billing Medicaid. In addition, they may not be versed in making sure that they have a credentialed dentist for billing. Currently in Ohio, agencies that operate SBSPs must initiate the process to recredential providers on a regular basis with each Medicaid managed care plan. Local SBSPs sometimes forget how long a process this can be and their dentist's credentialling expires and they are unable to bill. The OHP reminds SBSPs of the need to maintain the credentials of dentists and serves as an intermediary with the Ohio Department of Medicaid when problems arise.

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

Many of the challenges of operating a SBSP can be prevented by ensuring expectations are clear on various aspects of the program when a local agency is considering whether to apply for funding or when they are newly funded. For example, expectations are made clear in the Request for Proposal (RFP) so programs understand what they must commit to if funded. A Bidders' Conference is conducted during the application period to review provisions in the RFP and emphasize program expectations and recommendations. Answers to questions posed by potential applicants are posted on the OHP website so all can see them.

The ODH SBSP coordinator routinely provides technical assistance to local programs to help them work through issues. Quarterly meetings are held with project directors to discuss issues and provide a means for local programs to share ideas and successful practices. The School-Based Dental Sealant Program Manual, described under Question 3, also provides guidance on all aspects of program operations.

Other challenges include:

Reporting:
Many SBSP staff are former clinicians and are not used to collecting program data and using online software for submitting reports and expenditures. Patience and ongoing assistance are crucial to helping SBSP staff work through issues and become comfortable with the processes. Otherwise, SBSP team members may get frustrated and be unwilling to continue the program.

Tooth assessment:
Because many of the dental hygienists on SBSP teams are former clinicians in private practice, their assessment of teeth for sealants might be based on a different paradigm. Specific guidance on how teeth are assessed in public health programs is provided to ensure that the selection of teeth for sealants follows the evidence-base that has been built over the years. (See training described on page 6.)

Finding staff:
Finding dental hygienists and dental assistants to staff SBSP teams can be a challenge, especially in rural or Appalachian areas of Ohio. The OHP generates interest in dental public health careers by providing presentations to dental hygiene students, and by serving as a location for dental hygiene

students doing their practicum experience and arranging for them to observe how SBSPs operate. The OHP informs dental hygiene programs about vacancies and stays in touch with dental hygienists who have expressed interest in working on a SBSP team.

Expansion and local sustainability:
The OHP has experienced the closure of some SBSPs over the years. This has been for various reasons: problems with Medicaid billing, challenges faced by local health departments related to COVID-19, and staff retiring. The challenge in sustainability is to try to maintain good relationships with SBSP staff and agency administrators to head off problems that may seem insurmountable, provide support and guidance, and emphasize the importance of these programs to the children and families served.

When a program has stopped operating, strategies to get it re-started include:

- staying in touch with staff in previously operating programs to assess if the situation might have sufficiently changed to make it possible for a program to re-start.
- talking with other SBSPs nearby that might be interested in expanding to the schools previously served.
- reaching out to new potential partners.

Entrepreneurial mobile dental programs:
A fair number of schools in Ohio are approached every year and offered the opportunity for students in all grades to receive dental services through an entrepreneurial mobile dental company. This offer is attractive to school administrators because preventive services are typically offered to all students and often include prophylaxes, fluoride treatments and sealants. It is a challenge to help administrators understand the shortcomings of these programs, such as how these programs do not necessarily provide treatment services or that they are not available for emergency of follow-up care. The OHP developed a fact sheet that highlights the differences between entrepreneurial mobile programs and SBSPs; this fact sheet is shared with school administrators and is posted on the OHP website (https://odh.ohio.gov/know-our-programs/oral-health-program/media/choosing-a-school-based-dental-program).

With the support of a broad-based stakeholder group, legislation was passed in 2020 that requires entrepreneurial mobile dental programs to register with the state dental board, provide information to families on the services provided, a number to call for emergencies, and guidance on how to obtain records of care provided. This legislation exempts SBSPs (although SBSPs already provide parents with a follow-up letter after sealants are placed and on occasion, provide copies of records.)

Appearances Matter:
It is important that SBSP teams appreciate that decisions made in how to deliver dental sealants in a public program might be made differently from those employed in a private dental office. For example, determining which children need sealants is different when the population consists of children less likely to see a dentist on a regular basis, as opposed to children who receive routine care. It must be understood that SBSPs compliment the dental care provided in dental offices, rather than compete with it.

SBSPs must be above any reproach in how they are conducted so that programs are not subject to criticism from school officials, parents or the community, including dentists. High quality sealant placement techniques, proper infection control and prevention, and respect for school routines and schedules are critical to success. SBSPs must understand that they are guests in a school and make sure they conduct the program to fit into the school's needs rather than that of the program. They must also appreciate that children are in school to learn—that is the priority-- and make every effort to be flexible and understanding when the business of educating students sometimes interferes with placing sealants.

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.

School-based Dental Sealant Program Manual
https://odh.ohio.gov/know-our-programs/oral-health-program/media/sbsp-manual

Ohio Department of Health
COVID-19 Interim Guidance for ODH-Funded School-Based Sealant Programs (Revised)
Available upon request

Questions and Answers about Your School's Dental Sealant Program During the COVID-19 Pandemic
https://odh.ohio.gov/know-our-programs/oral-health-program/media/q-and-a-for-parents-on-covid-and-sbsps

School-based Sealant Program Tooth Selection Pocket Guide
https://odh.ohio.gov/know-our-programs/oral-health-program/media/sbsp-tooth-selection-pocket-guide

Selecting a School-based Oral Health Care Program
https://odh.ohio.gov/know-our-programs/oral-health-program/media/choosing-a-school-based-dental-program

School-based Sealant Program Brochure
https://odh.ohio.gov/know-our-programs/oral-health-program/media/school-based-sealant-program-brochure

School-based Sealant Program At-a-Glance
https://odh.ohio.gov/know-our-programs/oral-health-program/media/sbsp-aag

Expert workgroup to update guidelines for the use of sealants in SBSPs
https://jada.ada.org/article/S0002-8177(14)64584-0/pdf

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