



Dental Public Health Activity Descriptive Summary

Practice Number: 25007
Submitted By: Michigan Department of Community Health, Oral Health Program
Submission Date: December 27, 2010
Last Updated: December 27, 2010

SEAL! Michigan School-Based Dental Sealant Program

The SEAL! Michigan 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 school-based dental sealant program is an important program to have within the state because according to the Count Your Smiles Survey in 2006, nearly one in ten (9.6%) 3rd grade children in Michigan have immediate dental care needs with signs or symptoms of pain, infection, or swelling; one in four Michigan 3rd grade children (25.0%) has untreated dental disease; only 23.3% of 3rd grade children in Michigan had dental sealants present on first molar teeth, which is below the Healthy People 2020 goal of 28.1%.

The Michigan Department of Community Health (MDCH) administers the SEAL! Michigan program by awarding qualifying applicants through a competitive grant process. All grantees are non-profit organizations operating with PA 161 dental hygienists and most are affiliated with local health departments. PA 161 hygienists can work without the direct supervision of a dentist. Grantees are funded for three years, target schools which have 50% or greater of their student population participating in the Free and Reduced Lunch Program, and serve all first, second, sixth, and seventh grade students who return a positive parental permission slip. Grantees focus on schools in counties that do not have Healthy Kids Dental (a Michigan Medicaid program which provides a higher reimbursement rate than Medicaid). To promote program sustainability, the grantees are required to bill any applicable insurance for the dental sealants but must provide dental sealants to students regardless of insurance coverage or ability to pay.

All grantees take an on-line dental sealant training annually and receive three hours of continuing education credits. Monthly newsletters are sent out to the grantees to provide informational reminders on the grant, provide latest research findings or product information, and to recognize the efforts of their sealant programs. Workshops are planned annually to share program successes, to assist grantees in learning from one another, and to teach data entry systems.

Grantees are required to provide each student served with a resource to establish a dental home. The dental home must be within 20 miles of the schools that the child attends. If a child presents with urgent dental needs, the grantees must follow up with the parents, school, teacher, school nurse, and/or student until restorative care is received. Grantees are required to perform retention checks on 20% 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. Dental hygiene students which place dental sealants are expected to provide a retention check on each student that they provide sealants.

All grantees are strongly encouraged to evaluate their programs on a regular basis with school administrations and effectiveness of education. Many of the programs have begun to give the students receiving dental sealants pre and post tests to evaluate the oral health education component of the sealant program (e.g., age specific dental education video). Grantees 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 MDCH at the end of the grant year.

The MDCH dental sealant coordinator assists the grantees throughout the year with their programs. This is often technological support, aid in creating forms or documents, ideas on 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 grantee.

The SEAL! Michigan dental sealant program is supported by funds from the Maternal and Child Health Block grant (MCH), the Centers for Disease Control (CDC) Oral Health Cooperative Agreement, and Health Resources and Services Administration (HRSA). Grantees can request up to \$75,000, although most operate well beneath the maximum amount.

Since the inception of the dental sealant program in 2007, the programs have grown and continue to expand into many schools. Some programs are now incorporated within school-based health centers. School administrators have become strong advocates for the programs. Each year the existing dental sealant grantees are able to run their programs more efficiently with both funding and time.

The following are the output results from the 2009-2010 grantee year:

- Schools served: 85
- Students: 3,029 screened and 1,853 sealed
- Total sealants placed: 11,426
- Students who received fluoride: 2,412 with varnish and 134 with topical fluoride
- Students receiving a dental referrals: 1,364
- Children who received oral health education: 8,924
- Cost per child screened with grant funding: \$75.10 (experience program average)
- Cost per child sealed with grant funding: \$93.50 (experienced program average)

Program outcomes included:

- A comparison of the Count Your Smiles Survey in 2006 to 2010 showed an increased in percentage of 3rd grade children with dental sealants, from 23.3% to 26.4%.
- Established programs can place dental sealants, fluoride varnish, and oral health education for much less than the cost of treatment in a private dental practice.
- Each ongoing grantee expanded into new schools each year.
- Grantees expanded their preventive services to include fluoride varnish applications.
- Increased number of applications for the competitive grant process (10 grant proposals submitted in 2010 compared to six proposals in 2007).

Lessons Learned:

- New programs take several years to become cost effective;
- Encouraging grantees to provide a small incentive (of their choice) to both teachers and students drastically improved student participation in the dental sealant program;
- To provide a time for grantees to gather and share lessons learned and experiences ;
- Good marketing of programs within schools to build trust;
- Schedule the school to be served one year out for the following years visit;
- Utilize PA 161 hygienists and parent volunteers.

Barriers:

- Need for sustainability of dental sealant programs;
- Need for ongoing source of funding;
- Need to increase positive permission slips returned from parents;
- Need to increase participation in the middle school population
- Need to access to some schools and populations; and
- Need to assure that urgent follow-up care is received by all children.

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