

Evaluation Report: SEAL! Michigan

A school-based sealant program administered by the Oral Health Program at the Michigan Department of Health and Human Services



SEAL!
MICHIGAN

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Summary of Key Evaluation Findings

SEAL! Michigan was established to decrease the number of Michigan children with tooth decay and to improve access to oral health services, particularly among children from low-income families. The program offers dental sealants, at no cost to families, as well as provides oral health education and resources for establishing a dental home. An evaluation of the SEAL! Michigan Program was completed to assess program reach, effect, and program implementation. SEAL! Michigan program data were used to examine program characteristics, reach, and effect. Additional evaluation data was gathered from three separate surveys of SEAL! Michigan site coordinators, school administrators, and 1st grade teachers from participating schools. The surveys were designed to obtain feedback on satisfaction with the program, challenges in program implementation, and suggestions for improvement.

- SEAL! Michigan has increased school-aged children's access to dental sealants and continues to expand. In a 6-year period, participating schools had increased by 77 percent and students screened through the program had increased by 101%. In the past year, 6,905 students were screened and 15,483 total teeth were sealed.
- SEAL! Michigan effectively targets children from low-income families. Nearly 80% of schools participating in SEAL! Michigan had populations with 50% or greater eligibility for the Free and Reduced Lunch Program (FRLP) and nearly 70% of children screened in the program were covered by public insurance or had no insurance.
- In Michigan overall, the program reached 7% of all potential schools (schools with 50% or greater population with FRLP eligibility) and approximately 12% of children from low-income families.
- SEAL! Michigan sites operate at a high level of quality, as all sites met program sealant retention rate goals. The goal of 90% could be increased to 95%, as half of sealant sites met or exceeded this rate.
- Parental consent rates were low overall. In the past year, only four SEAL! Michigan sites had return rates above 40%. The average return rate for parental consent forms was 34%, ranging from 18% to 55%.
- Overall SEAL! Michigan coordinators implemented many aspects of the program with ease and had a high level of satisfaction.

- Among SEAL! Michigan coordinators, providing dental services to children in need, offering oral health education in the community, and being associated with the Michigan Department of Health and Human Services were noted benefits of being in the SEAL! Michigan Program.
- The two primary challenges with implementing the program identified by coordinators were scheduling (e.g., working around student schedules) and obtaining parental consent.
- Coordinators suggested moving from paper to electronic processes, developing program materials for older-aged students, increasing communication, and standardizing program materials as possible improvements to the program.
- Overall school administrators were highly satisfied with their participation in the SEAL! Michigan program.
- Among school administrators, the opportunity the program provides for children, the friendliness and professionalism of SEAL! Michigan staff, and the information and education shared with students and families were their favorite aspects of the program.
- Challenges with program participation identified by school administrators included obtaining necessary forms, securing a space in schools, scheduling, and getting buy-in from parents and teachers.
- Most school administrators had no specific suggestions for program improvement, as they felt the program ran smoothly within their schools. Some suggestions were to increase promotion of the program, ensure continuity of services, and to expand the program.
- Overall teachers were satisfied with their participation in SEAL! Michigan.
- While most teachers said obtaining parental consent was relatively easy, some indicated difficulty. Suggestions provided by teachers for improving the parental consent process included revising the consent form, increasing promotion of program benefits, and exploring alternate avenues for program promotion.

Program Overview

Tooth decay is the most common chronic disease among children. Data from Michigan's Count Your Smiles (CYS) report indicate that over half of third grade children in the state had experienced tooth decay, with children from low income families being disproportionately affected. Untreated decay and prevalence of caries was highest among children who lacked private insurance and those enrolled in the Free or Reduced Lunch Program (FRLP).¹ One in three children who lacked private insurance had untreated dental decay (compared to one in six with private insurance) and one in three children enrolled in the FRLP had untreated dental decay (compared to one in five children who were not enrolled).

The SEAL! Michigan Program was established in 2007 to decrease the number of Michigan children with tooth decay, improve access to oral health services, and address oral health disparities. The program offers dental sealants and oral health education to Michigan students in school-based settings. Schools with more than half of their student population participating in the FRLP are targeted for the program. Services are provided at no charge to the family, though if the child has dental insurance (including Medicaid/CHIP), the sealant programs bill for services, as insurance billing assists with program sustainability. The program offers resources to help students establish a local dental home and provides follow-up of urgent dental needs with children, their parents, and school staff.

Evaluation Purpose

This evaluation will focus on program reach, effect, and program implementation of the SEAL! Michigan Program. The evaluation examined the extent to which the program encompassed its target population, children from low-income families, and the effect of the program (i.e. sealants placed, referral for treatment, quality of services). In addition, program and school staff were surveyed to determine the level of satisfaction with various aspects of the program and to gain insight to challenges encountered with program implementation. Findings from this evaluation will be used to inform decision making for program improvements, to demonstrate accomplishments of the SEAL! Michigan Program, and to communicate the program's outcomes to program stakeholders.

¹The National School Lunch Program is a federally assisted meal program operating in public and non-profit private schools. In Michigan, the National School Lunch Program (FRLP) is administered by the Michigan Department of Education. Children from families with incomes at or below 130% of the poverty level are eligible for free meals and those with incomes between 130% and 185% of the poverty level are eligible for reduced-price meals.

MDHHS Sealant Programs

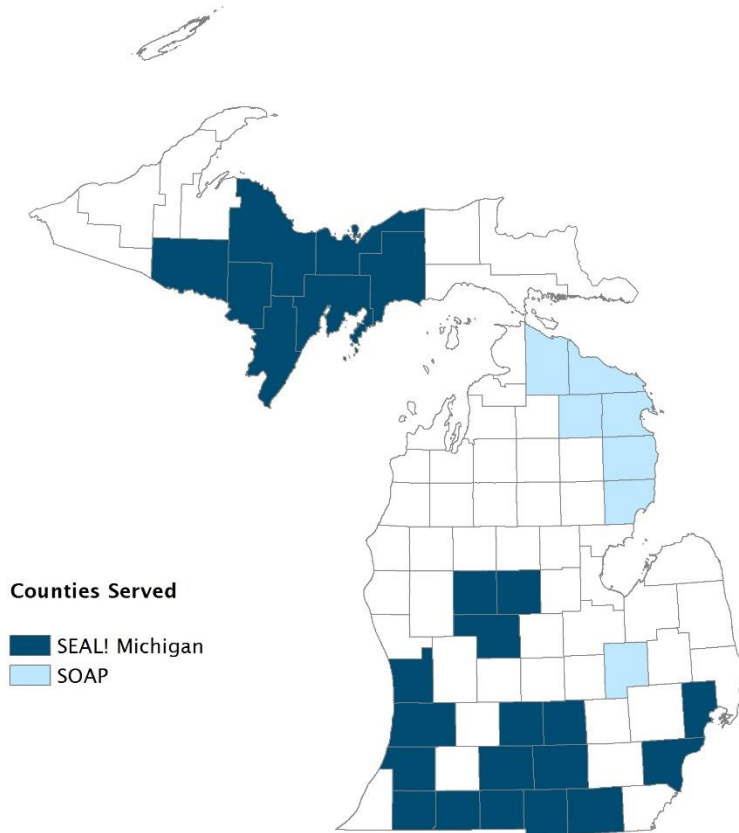
Local SEAL! Michigan sites are comprised of staff from non-profit organizations, local health departments, and universities who operate mobile dental units under Michigan's PA-161 program. In the 2015-2016 school year, there were 11 programs that worked within SEAL! Michigan.

SEAL! Michigan Sites, Program Experience:

- Mean – 5 years
- Median – 3 years
- Range – 1 to 10 years

In 2013, the MDHHS implemented the SEAL! of Approval Program (SOAP) for former SEAL! Michigan sites that transitioned from MDHHS funding to self-sustaining programs. SOAP sites are community-based programs that operate within the same parameters of SEAL! Michigan, and through their affiliation with the MDHHS Oral Health Program, receive technical assistance and support, as needed. To date, there are three SOAP sites.

Figure 1. Counties Served by SEAL! Michigan Programs, 2015-2016



Evaluation Findings: SEAL! Michigan Program Characteristics

Program Characteristics: Evaluation Methods

SEAL! Michigan Program records were used to describe the program and assess program reach and effect. Program data, generated from data collected by local SEAL! Michigan sites, is presented for the most current school year available (2015-2016), as well as from previous years to compare outcomes over time. Data presented excludes SOAP sites, as they are not required to report to the MDHHS. Statewide student demographic data and count data from the Free and Reduced Lunch Program (FRLP) are presented as a comparison with SEAL! Michigan program outcomes.²

Schools

SEAL! Michigan provides services to schools in 24 counties and 86 school districts in Michigan. The majority of schools served in SEAL! Michigan are public (95%) and 5% are faith-based private schools.

SEAL! Michigan effectively targets schools with 50% or more of student populations with FRLP eligibility. Nearly 80% of participating schools in SEAL! Michigan meet this criteria. For comparison, approximately 50% of all schools in Michigan have half or more student populations with FRLP eligibility. School participation in SEAL! Michigan has grown by 77%. Over a 6-year period, the number of schools participating in SEAL! Michigan has increased from 91 to 161 schools.

Figure 2. Schools with 50% or more FRLP Eligible Population

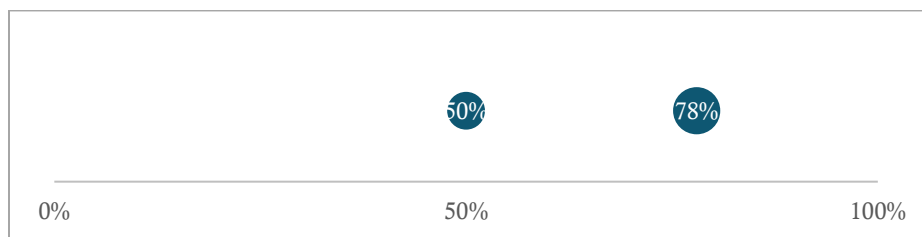
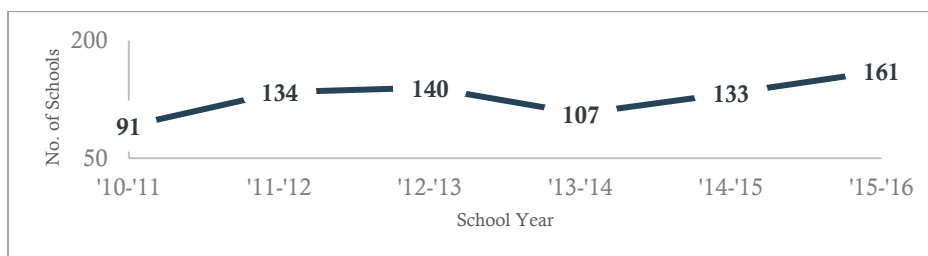


Figure 3. Participating Schools in SEAL! Michigan by School Year, 2010-2016



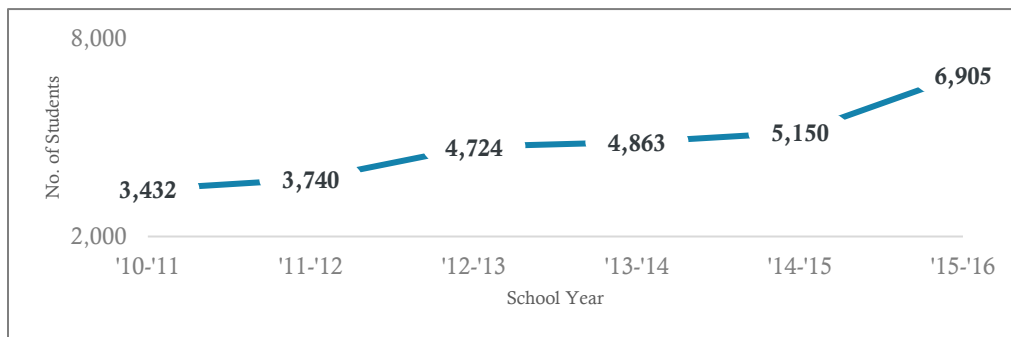
²Michigan Department of Education, Dataset created by the Center for Educational Performance and Information (CEPI), www.mischooldata.org

Students

SEAL! Michigan strives to deliver sealants to children considered high-risk based on economic status with susceptible permanent molar teeth. SEAL! Michigan targets students who are eligible for the FRLP, although any student with positive parental consent can receive services. Students targeted to have sealants placed are those in 1st and 2nd grade, whose permanent molars erupt at ages 6 or 7, and students in 6th and 7th grades, whose permanent molars erupt between ages 11 and 13. Depending on the geographic area, some SEAL! Michigan sites are encouraged to include students from all grades due to population transiency and/or extensive travel required to deliver services.

Student participation in SEAL! Michigan has grown by 101%. Over a 6-year period, the number of students who received an oral screening in SEAL! Michigan has increased from 3,432 to 6,905 students.

Figure 4. Participating Students in SEAL! Michigan by School Year, 2010-2016



SEAL! Michigan parental consent form return rates are low overall. The current process to obtain parental consent in the SEAL! Michigan Program is based on a paper format, where forms are sent home to parents, signed, and returned to school. The Association of State & Territorial Dental Directors (ASTDD) report average return rates between 40% and 60%.³ Only four SEAL! Michigan sites had return rates above 40%, with the remaining sites having rates below 40%.

SEAL! Michigan Parental Consent Return Rates:

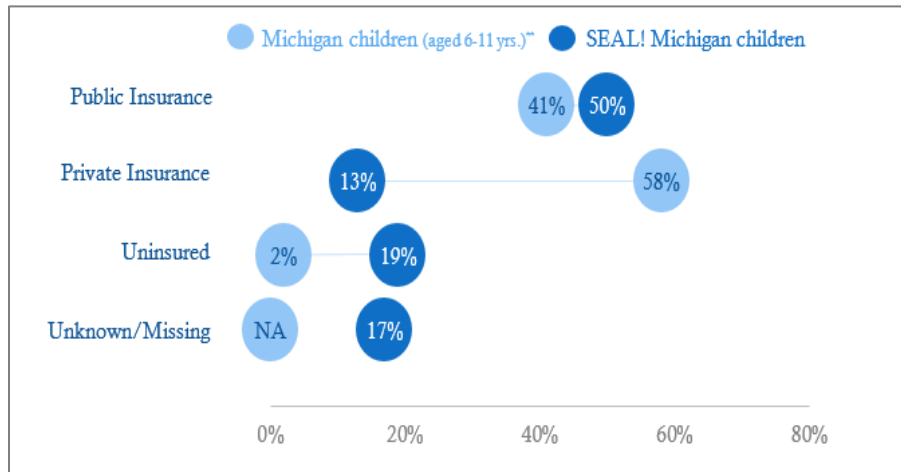
- Mean – 34%
- Median – 38%
- Range – 18% to 55%

Many of the children who receive services in SEAL! Michigan are from low-income families. Approximately 50% of children in SEAL! Michigan had public insurance (i.e. Medicaid, MICHild, or Healthy Kids Dental) and 19% were uninsured. This was greater than the overall state population aged 6 to 11 years. In Michigan, 41% of

³The Association of State & Territorial Dental Directors, “Best Practice Approach School-based Dental Sealant Programs, www.astdd.org/docs/bpar-selants-update-03-2015.pdf

children are covered by public insurance and 2% are uninsured.⁴ It is important to note that insurance status was unknown or missing in 17% of SEAL! Michigan cases and the proportion of children on public insurance or uninsured may be under reported.

Figure 5. Insurance Status of Children in SEAL! Michigan and Michigan Overall, 2015-2016



The SEAL! Michigan Program is reaching children of all races. Compared to the overall population in Michigan, there was a greater proportion of Black students (25% vs 18%) and students of other races (16% vs 7%) in SEAL! Michigan (Figure 6). SEAL! Michigan students were similar to Michigan students overall by gender, Hispanic ethnicity, and special health care need status.^{5,6}

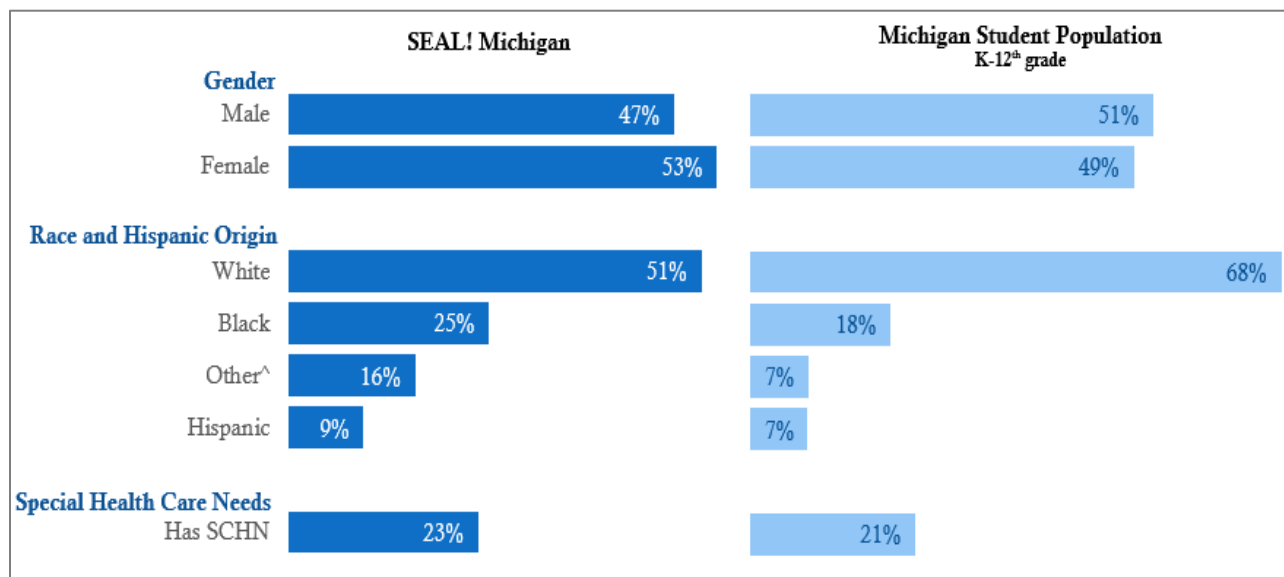
The majority of students who participated in SEAL! Michigan were elementary-school aged. Nearly all of the students screened in SEAL! Michigan were in Kindergarten through 6th grade. Only 5% of students were in 7th grade or higher. More than half of students screened (56%) in SEAL! Michigan were from the targeted grades (1st, 2nd, 6th, 7th). However, 7th grade students only comprised 3% of the total population.

⁴National Survey of Children’s Health, NSCH 2011/2012. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website, www.childhealthdata.org

⁵Michigan Department of Education, Dataset created by the Center for Educational Performance and Information (CEPI), www.mischooldata.org

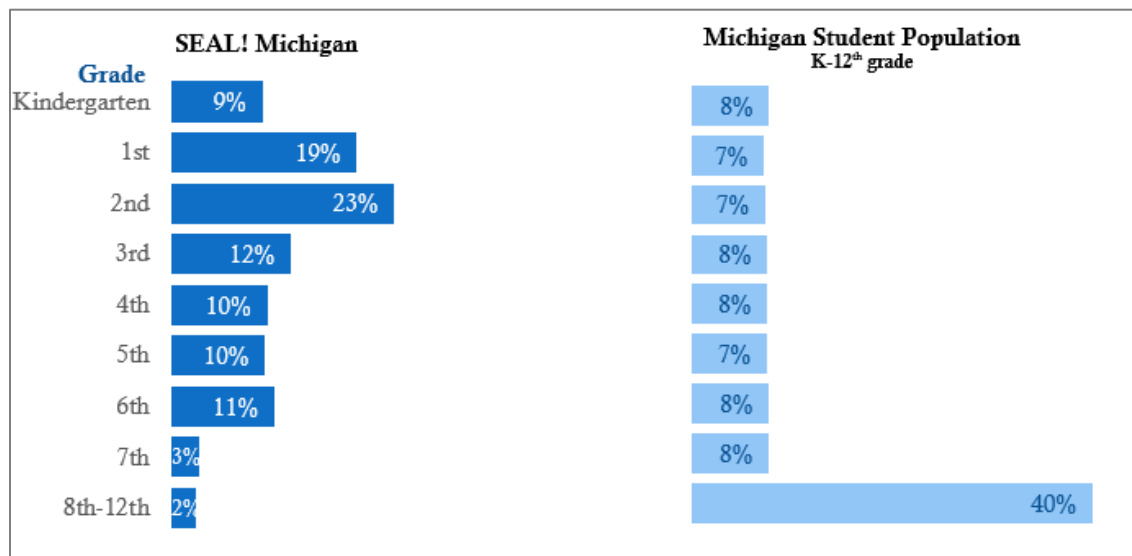
⁶National Survey of Children’s Health, NSCH 2011/2012. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website, www.childhealthdata.org.

Figure 6. Student Demographics, SEAL! Michigan and Michigan Overall, 2015-2016



[^]Other includes American Indian/Alaska Native, Arab American, Asian, Native Hawaiian/Pacific Islander, multiracial, and other race/ethnicity

Figure 7. Student Grade, SEAL! Michigan and Michigan Overall⁷, 2015-2016



⁷Michigan Department of Education, Dataset created by the Center for Educational Performance and Information (CEPI), www.mischooldata.org

Program Reach

Program reach is the proportion of the intended audience that participates in the program. To assess schools reached, count data from the Free and Reduced Lunch Program (FRLP)⁸ were used to estimate the number of potential schools served (schools with populations with 50% or greater FRLP eligibility) and SEAL! Michigan Program data were used to determine the number of schools with 50%+ FRLP eligibility actually served. To assess students reached, FRLP count data were used to estimate the number of potential students within participating SEAL! Michigan schools that were FRLP eligible and SEAL! Michigan Program data were used to determine the actual number of students who were covered by public insurance or uninsured, a proxy for low-income status. Assessment of reach excludes SOAP sites, as they do not report program data to the MDHHS.

Schools Reached:

- 130 SEAL! Michigan schools with populations of 50% or greater FRLP eligibility out of a potential 1,869 Michigan schools with populations of 50% or greater FRLP eligibility
- 7% of potential schools reached

Students Reached:

- 4,808 students screened in SEAL! Michigan who were covered by public insurance or uninsured out of a potential 40,966 students in SEAL! Michigan schools who were eligible for the FRLP
- 12% of potential students reached

Figure 8 below displays FRLP eligibility by Michigan school district and location of individual MDHHS sealant program.

SEAL! Michigan Program Effect

SEAL! Michigan addresses the unmet needs of children and adolescents by placing dental sealants at no cost to families. In addition, program staff aid in the establishment of a dental home, facilitate referral when dental needs are identified, and follow-up on treatment referrals with students, parents, and school staff.

The number of students with 1st molars sealed has increased by 67% and by 19% for 2nd molars sealed. Over a 6-year period, the number of students who received sealants on 1st molars has increased from 2,171 to 3,620 students and the

⁸Michigan Department of Education, Dataset created by the Center for Educational Performance and Information (CEPI), www.mischooldata.org

number of students who received sealants on 2nd molars increased from 517 to 617 students.

Figure 8. Free and Reduced Lunch Program Eligibility by School District and MDHHS Sealant Program, Michigan, 2015-2016

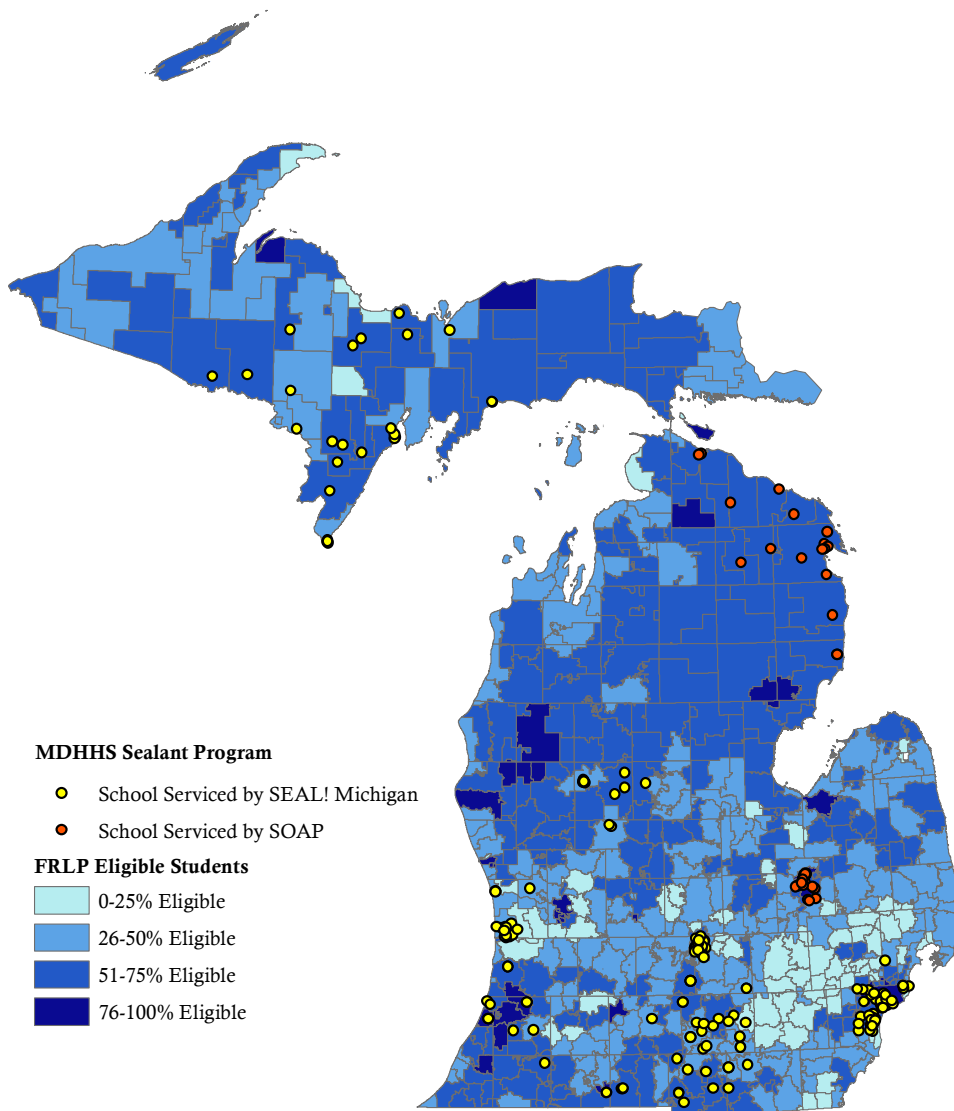
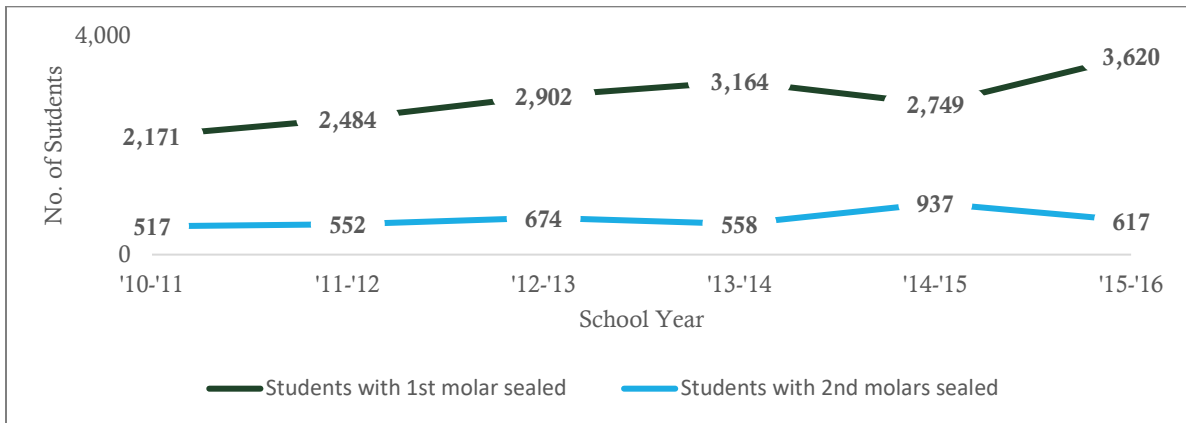


Figure 9. Students with Sealed Molars by School Year, 2010-2016



In the 2015-2016 school year:

- 6,905 students were screened for sealant needs
- 15,483 total teeth were sealed

Of students screened:

- 52% received at least one 1st molar sealant
- 9% received at least one 2nd molar sealant
- 9% received at least one sealant on another tooth
- 2 in 5 students were identified with treatment needs requiring follow-up dental care

When assessing the need for sealants, SEAL! Michigan programs also identified students with untreated tooth decay and other dental problems.

Of students screened:

- 38% had untreated decay present
- 28% were in need of early dental care
- 9% were in need of urgent dental care
- 70% were referred for treatment

Of students referred for treatment:

- 1 in 5 referrals were for no obvious problem (i.e. cleanings, dental provider referrals)
- 1 in 3 referrals were for early dental care
- 1 in 8 referrals were for urgent dental care

SEAL! Michigan Program Quality

Program quality assurance is monitored through sealant retention. The Association of State & Territorial Dental Directors best practice recommendation

is to complete retention checks on as many students as possible, as resources allow, and for sealant retention rates to be above 80%, as one-year retention rates of well-applied sealants usually average between 80% and 90%.⁹

Standard SEAL! Michigan sites consists of teams of dental hygienists. Non-standard sites utilize dental hygiene students to place sealants, under the supervision of a dental hygienist, as part of an oral health workforce development model. Currently there are eight standard sites and two non-standard sites.

All SEAL! Michigan sites are required to conduct sealant retention checks within a 6 to 12-month timeframe. Standard sites are required to perform checks on 20% of students sealed; new providers are required to check 50% of students sealed for the first three months. Non-standard sites are required to perform retention checks on 100% of students sealed.

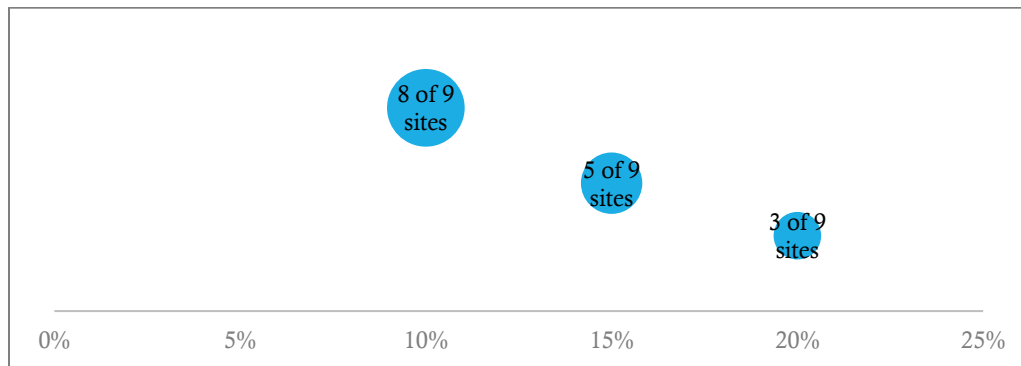
Of the eight standard sites:

- 89% checked 10% of students sealed
- 56% checked 15% of students sealed
- 33% checked 20% of students sealed

Of the two non-standard sites:

- 47% and 39% of students sealed had retention checks completed

Figure 10. Students with Retention Checks, SEAL! Michigan, 2015-2016



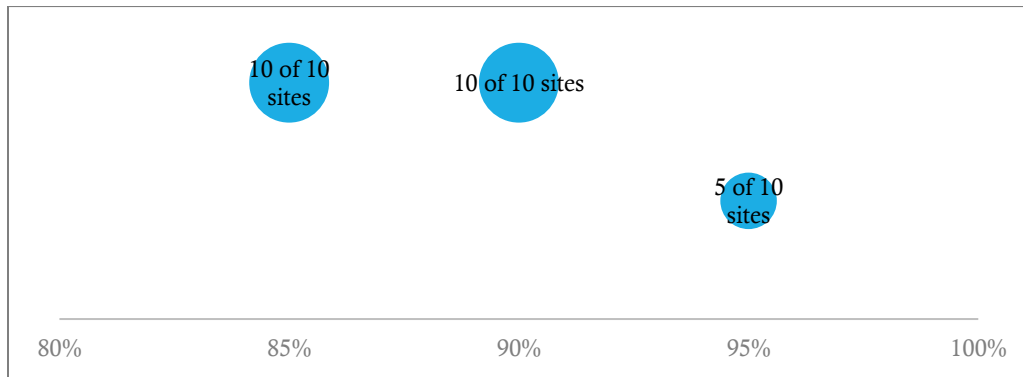
Initially, SEAL! Michigan’s retention rate goal was 80%. However, as an increased number of sites met and exceeded this, the goal rate has increased. The current goal is 90% sealant retention, which all sealant sites have achieved. Half of sealant sites have retention rates of 95% or greater, which may be an indication that the retention rate goal could be raised to 95%.

⁹The Association of State & Territorial Dental Directors, “Best Practice Approach School-based Dental Sealant Programs, www.astdd.org/docs/bpar-selants-update-03-2015.pdf

Of the 10 sites¹⁰:

- 100% had rates of 85% of greater
- 100% had rates of 90% of greater
- 50% had rates of 95% of greater

Figure 11. Sealant Retention Rates, SEAL! Michigan, 2015-2016



Evaluation Findings: Sealant Staff, School Administrator, and Teacher Feedback

Survey of Sealant Program Staff

Between May and June 2017, an electronic survey link was sent to all coordinators of the SEAL! Michigan and SEAL! of Approval (SOAP) school-based sealant programs. The purpose of the survey was to determine sealant staff's perceptions of the program and satisfaction with the support they receive from the Michigan Department of Health and Human Services (MDHHS), as well as their level of satisfaction with various aspects of the program. The survey included general background questions about the sealant site coordinators, assessed ease of implementation with program components and program satisfaction, and asked about perceived challenges, suggestions, and benefits of the program.

A link to the survey was sent to the 14 MDHHS sealant programs. All SEAL! Michigan coordinators completed the survey and zero SOAP coordinators completed the survey for their sites. The average years of experience in the SEAL! Michigan program was 6 years, ranging from 3 to 10 years.

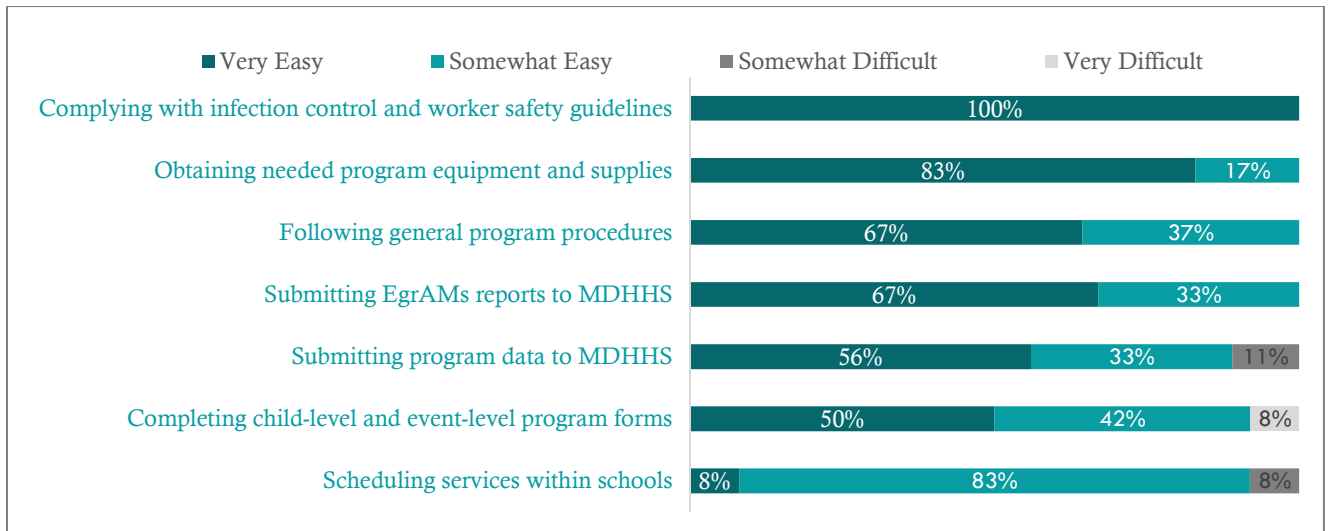
Ease of Program Implementation

SEAL! Michigan Program coordinators implemented many aspects of the program with ease. Some coordinators (11%) found submitting program data to MDHHS

¹⁰One site did not complete retention checks and is excluded from this analysis

‘somewhat difficult’, while 8% felt that completing child-level and event-level program forms were ‘very difficult’. For many coordinators, scheduling services within schools was only ‘somewhat easy’.

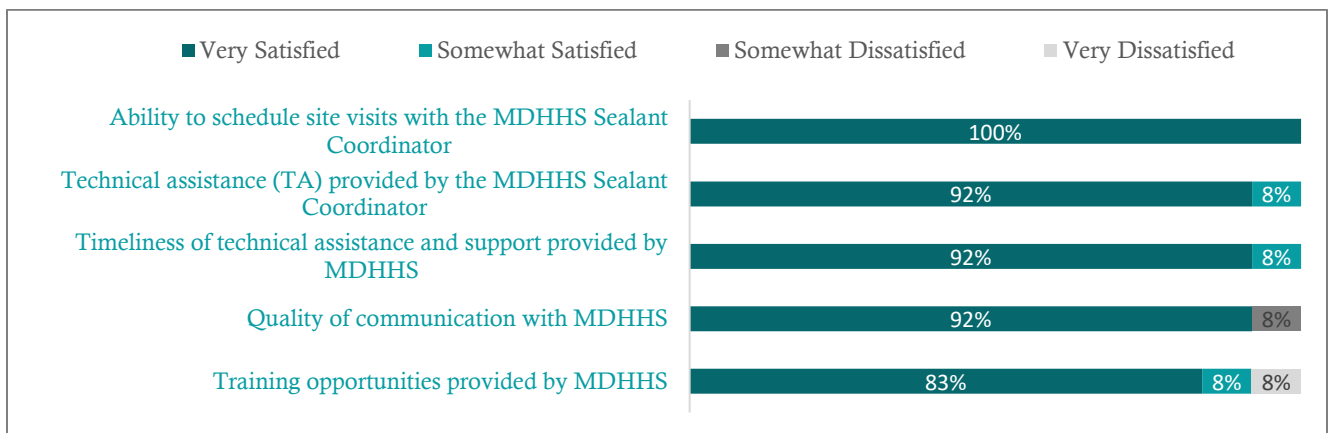
Figure 12. Ease of Program Implementation among SEAL! Michigan Program Coordinators



Program Satisfaction

Overall, sealant coordinators had a high level of satisfaction with the program. Although most were satisfied, a few coordinators (8%) were ‘somewhat dissatisfied’ with the quality of communication with the MDHHS and 8% were ‘very dissatisfied’ with the training opportunities provided.

Figure 13. Program Satisfaction among SEAL! Michigan Program Coordinators



Survey respondents were asked to provide their feedback on what benefits they felt the SEAL! Michigan Program provides, what challenges they encountered when operating the program, and what suggestions they have to improve the program.

Benefits:

- Providing dental services to children in need was cited by most sealant site coordinators as what they liked best about the SEAL! Michigan Program.
- Providing oral health education in the community and teaching children, parents, and teachers about dental care was also a favorite aspect of the program noted by coordinators.
- The program's association with the MDHHS was something a few other coordinators liked best about the program. Specific aspects mentioned included the funding received from the MDHHS to aid in program sustainability, the support received from the MDHHS Sealant Coordinator, and the improved data collection forms.

Program Challenges:

- Many coordinators stated that scheduling was the biggest challenge they experience when implementing the program. Finding time within the school schedule to conduct oral health education presentations and the complexity of working around students' schedules when planning service days were noted to be difficult. For the programs that utilize dental hygiene students, coordinating school schedules with that of the schedules of dental hygiene students was duly complicated.
- Getting students to return consent forms was another common challenge. This was particularly noted to be difficult among middle school aged students.
- Some respondents said that administrative tasks posed a challenge. One coordinator mentioned that preparing program information packets for each student, managing incentive giveaways, and completing the child-level and event-level forms were difficult. Another said that getting commitment from his/her school contact for the following year was a challenge, while another said that adding new schools, in general, was difficult.
- One respondent mentioned that getting parents to fully understand about insurance and billing was a challenge and another respondent noted that just getting information to parents was difficult.

Program Improvement:

- Move from paper to electronic process. One coordinator suggested moving the process of obtaining parental consent from a paper format to an electronic format. Another suggestion was to create an electronic process to enter student-level and event-level data, as this would aid in patient follow-up and retention checks, allow programs to see who did or did not complete the initial placement of the sealant, allow for quick access to reports for sealants, and allow to see sealants needing to be checked for retention. However, because of the high cost associated with the development of an internal data collection system, transitioning from paper to electronic processes may require the MDHHS to secure funds from additional sources.
- Develop program materials for older-aged students. Two respondents noted that they would like to see more information and educational materials (book, videos, etc.) geared toward middle school and high school students, as this would help with education and recruitment into the program. Brochures focusing on this age-group were developed and distributed to local sites in March 2017, two months prior to the release of the survey. It is unclear if these responses indicate that coordinators would like additional materials to complement the brochures or if the coordinators were not aware of the newly released brochures.
- Increase communication. One coordinator suggested developing a statewide public health campaign to communicate the impact of sealants and the importance of oral health in general, while two other coordinators mentioned the need for overall improved communication within the program and among team members. One coordinator suggested developing YouTube videos to inform the public of the program and its benefits; however, SEAL! Michigan has had YouTube videos that present an overview of the program since 2013. This finding suggests the need for increased promotion of the videos within the program and the need to create a centralized electronic file sharing system where electronic program materials can be easily accessed by site coordinators.
- Standardize program materials. One respondent suggested having standard materials and methods across all sealant programs. This standardization would include program marketing materials, education curriculum for school administrators and families, processes to schedule service days, and standard training on program data collection (particularly of coordinators on systematic data tracking). Additionally,

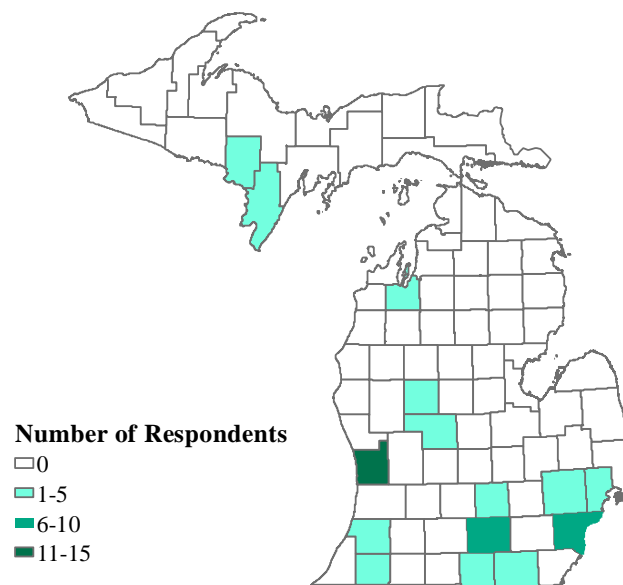
one coordinator noted that program materials could be conserved if the date of last cleaning was known and suggested that this indicator be added to the standard data collection form.

Survey of School Administrators

A convenience sample of school administrators were surveyed to determine the level of satisfaction with various aspects of the SEAL! Michigan Program and to gain insight into challenges encountered while participating in the program. Between February and May 2017, a link to an electronic survey was provided to school administrators whose schools participated in recruiting students. The survey included general questions about the school administrators' participation and assessed their satisfaction with the program. School administrators were also asked to provide their feedback on what benefits they felt the SEAL! Michigan Program provides, what challenges they encountered when participating in the program, and what suggestions they have to improve the program.

Fifty school administrators completed the survey, representing 15 counties throughout Michigan. The most respondents were from schools in Ottawa County (28%), followed by Jackson (14%) and Wayne (12%) counties.

Figure 14. Survey Response among School Administrators



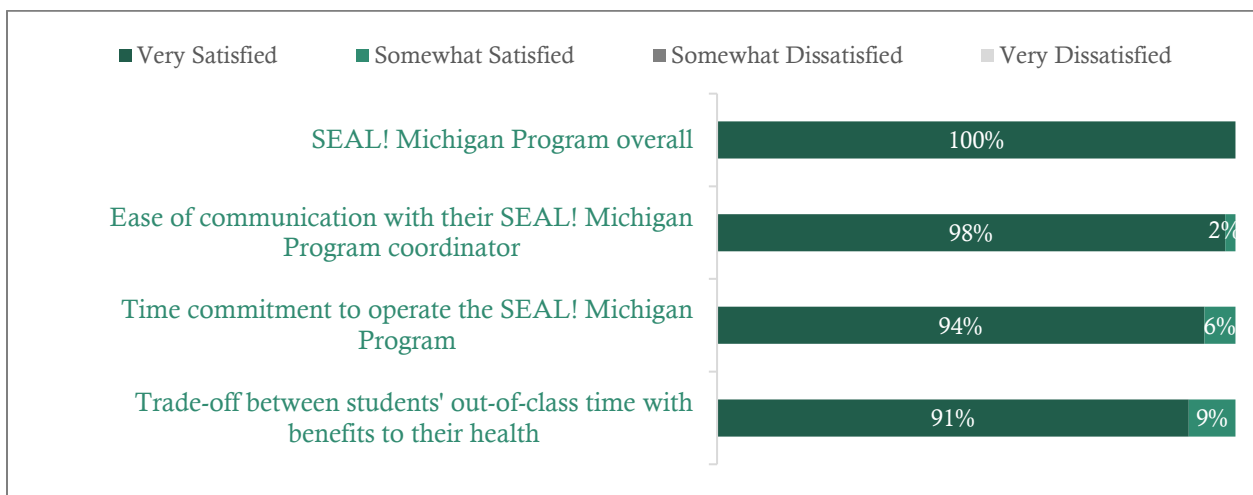
Of Survey Respondents:

- 74% participated in the program for five years or less

- 72% reported that the SEAL! Michigan Program was the only oral health program to provide services in their school.
- 94% plan to continue their participation in SEAL! Michigan next year. The remaining 6% were unsure.
- The average number of years the schools have participated in SEAL! Michigan is 4 years, ranging from 1 to 10 years.¹¹

School administrators were highly satisfied with the SEAL! Michigan Program.

Figure 15. Program Satisfaction among School Administrators Participating in SEAL! Michigan



Program Benefits:

- Most school administrators said the opportunity the program provides to all students to access dental services was their favorite part of the program. One school administrator noted the difficulty for his/her students to access these services and thought that the services received through SEAL! Michigan may be the first dental visit for many students.
- Many administrators stated that the friendliness and professionalism of sealant site staff is what they liked best about the program. They described sealant staff as professional, dedicated, friendly, and organized. They also mentioned how well sealant staff worked with the students and school staff. Some noted how accommodating the sealant staff were with room changes and also with students with unique needs.

¹¹One administrator said they had participated in SEAL! Michigan for 15 years. Since SEAL! Michigan began in 2007, this respondent was removed from this analysis.

- Two administrators appreciated the information and education shared with students, particularly on the importance of good oral health, while another said their favorite thing is the feedback provided to parents.

Program Challenges:

- Obtaining consent forms and paperwork from students and their parents was the most common challenge. Specifically, respondents noted that parents did not always respond to the information they were provided, did not correctly complete the consent form, and did not return the form.
- Planning and scheduling sealant days and pulling students from the classroom to participate was a challenge noted by a few school administrators.
- Securing a suitable space in the school for the sealant programs to operate was the second most common challenge. Several school administrators noted that most rooms are utilized for teaching instruction and space is limited overall.
- Getting buy-in from parents and teachers was also difficult. Getting parents to follow-up with dental referrals, and lack of understanding from parents on the importance of having their children participate in the program were noted issues. One school administrator stated that teacher compliance was a challenge.

Suggestions for Improvement:

Most respondents did not have any suggestions for improvement. Some noted that they felt the program ran smoothly and that staff efficiently serviced their school, and that overall they were impressed with the program.

- Increase promotion of the program. One administrator recommended providing more information to parents, specifically on billing to insurance, and another recommended more publicity for the program, in general.
- Ensure continuity of service providers. One administrator suggested keeping the same sealant staff each year working within the school as a way to improve the program.

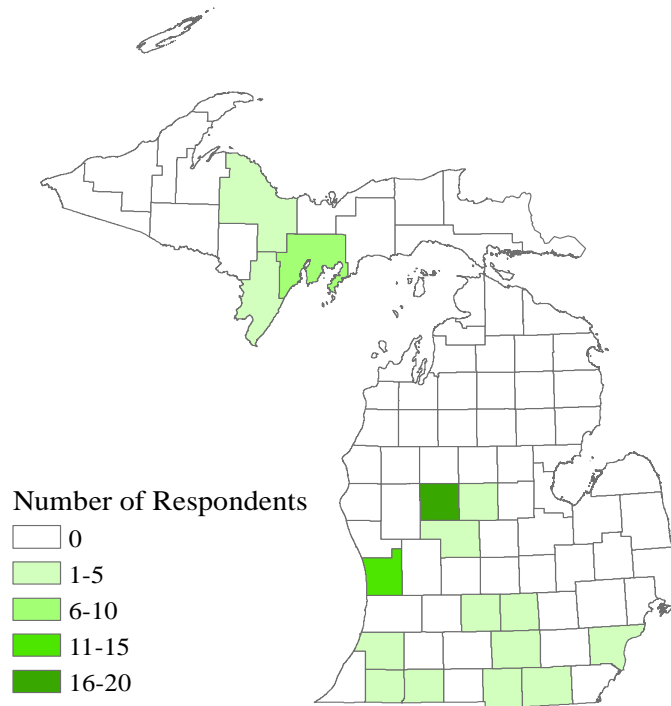
- Expand the program. One administrator suggested offering the program to students from other grades and another recommended creating a similar program, hosted through the school, for parents. Because SEAL! Michigan guidelines are created based on scientific evidence and for maximized program efficiency (i.e. sealing permanent molars as soon as they erupt), expanding the program to an increased number of schools may be a better method of expanding the program.

Survey of Teachers

A convenience sample of 1st grade teachers were surveyed to determine the level of satisfaction with various aspects of the SEAL! Michigan Program and to gain insight into challenges encountered in the process of obtaining parental consent. Between February and May 2017, a link to an electronic survey was provided to 1st grade teachers whose classroom participated in recruiting students. The survey included general background questions about the teachers, assessed satisfaction with the program, and asked about the level of ease with the process of obtaining parental consent.

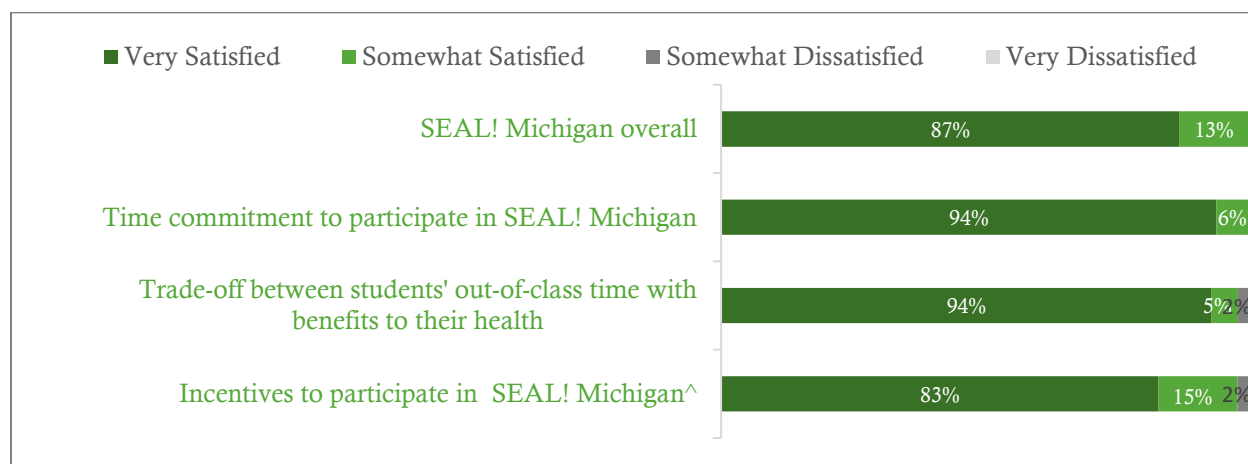
Sixty-four teachers completed the survey, representing 16 counties throughout Michigan. The most respondents were from schools in Mecosta County (27%), followed by Ottawa (19%) and Delta (11%) counties.

Figure 16. Survey Response among Teachers



Overall, teachers were satisfied with their participation in SEAL! Michigan.

Figure 17. Program Satisfaction among Teachers Participating in SEAL! Michigan



[^]Program incentives usually consist of a small thank-you gift to teachers for distributing and collecting parental consent forms. Not all programs provide incentives. 15 teachers responded with “don’t know” to this question.

Parental Consent Process

Within each of the SEAL! Michigan sealant sites, parental consent is obtained through a paper form, where the form is sent home to parents, signed, and returned to school. Teachers were asked to rate the level of ease with the process of obtaining parental consent and provide suggestions to improve the consent process.

- 79% of teachers said to was ‘very easy’ or ‘somewhat easy’ to obtain parental consent.
- 21% of teachers said it was ‘somewhat difficult’ or ‘very difficult’ to obtain parental consent.

Suggestions for Improvement of Consent Process:

- Revise the consent process. Several teachers suggested moving to an electronic or online consent process. Other suggestions were to revise the consent form by simplifying the language, minimizing the information presented, and increasing the font size, as well as adding a ‘No, Thank You’ selection box to the form. Other suggestions around the consent process included sending out forms closer to service dates and including students’ names on the outside of teacher envelopes so they can more easily see who has returned a form.

- Inform parents of the program and its benefits. A few teachers thought that parental consent could be increased by emphasizing the program benefits in the materials that parents receive. This could include describing the cost savings and the oral health benefits of sealants. Another suggestion was to include a SEAL! Michigan video link in the parent letter, as this would put parents more at ease and relay any uncertainties about the program.
- Inform students and excite them about the program. Another suggestion, which some teachers noted as being successful in their schools, was to have the dental team present to the students to not only provide information about the program but also to excite and motivate them to encourage their parents to provide consent for the program. Another recommendation was to offer small incentives to the students for form return, regardless of a positive consent or a decline in program participation.
- Use different avenues and venues to promote the program. Teachers provided suggestions of additional ways to promote the program. These included using school or teacher newsletters to inform parents of the program and adding information about SEAL! Michigan and its service dates to the schools' website. Other recommendations included reaching out to parents at venues where they are likely in attendance (i.e. Open Houses), sending additional reminders to parents, either through a group email sent by teachers or through letters sent home, and calling previous program participants to inform them of program service dates.

For more information on SEAL! Michigan, please contact:

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