

Best Practices and Innovative Approaches to Strengthen School-Based Dental Sealant Programs

CareQuest Institute Continuing Education Webinar

February 23, 2023

Housekeeping

- We will keep all lines muted to avoid background noise.
- We will send a copy of the slides and a link to the recording via email after the live program.
- We'll also make the slides and recording available on carequest.org.

To receive CE Credits:

- Look for the evaluation form, which we'll send via email within 24 hours.
- Complete the evaluation by **Friday, March 3**.
- Eligible participants will receive a certificate soon after via email.

We appreciate your feedback to help us improve future programs!



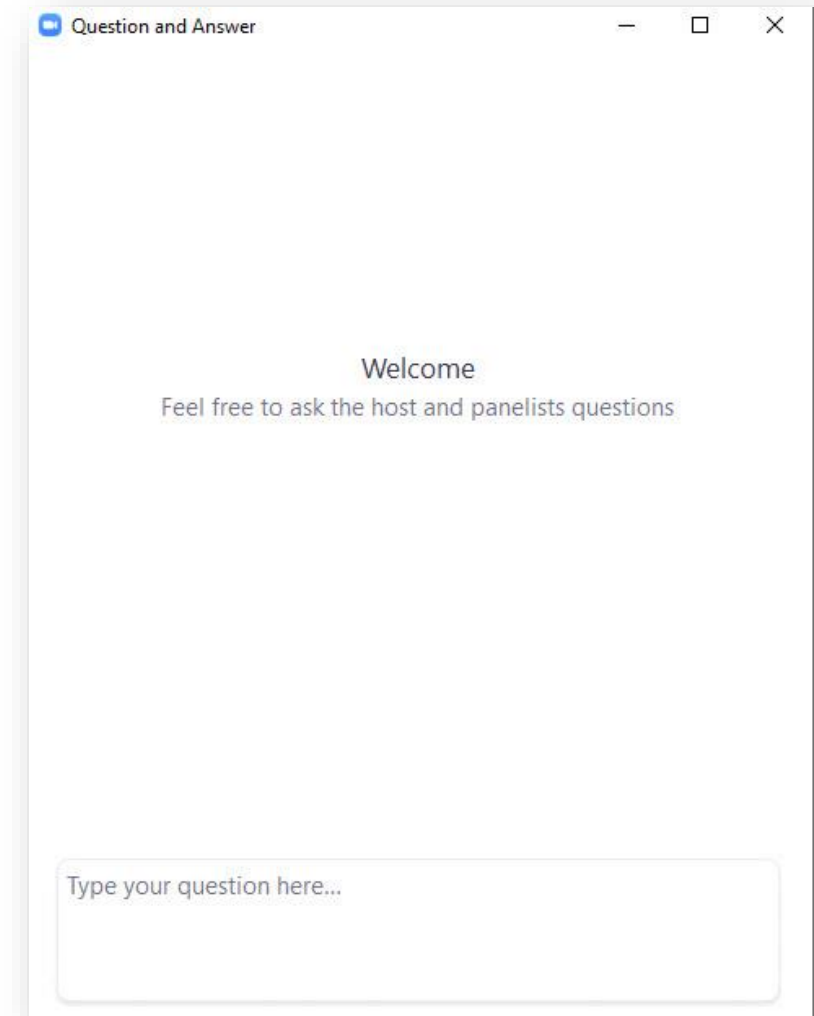
The CareQuest Institute for Oral Health is an ADA CER-P Recognized Provider. This presentation has been planned and implemented in accordance with the standards of the ADA CER-P.

*Full disclosures available upon request



Question & Answer Logistics

- Feel free to enter your questions into the **Question & Answer box** throughout the presentations.
- We will turn to your questions and comments toward the end of the hour.



Learning Objectives

At the end of this webinar, you'll be able to:

- Identify the key findings and recommendations from the School-Based Dental Sealant Program Best Practices Approach Report produced by ASTDD and OHRC.
- Summarize evidence-based practices and innovative approaches to strengthen school-based dental sealant programs.
- Discuss the considerations for implementing a school-based dental sealant program, including the use of clinical quality measures and innovation in program design, and provide suggestions for improving existing programs.
- Analyze the role of school-based dental sealant programs in helping to achieve the Healthy People 2030 objectives and promoting health equity.

Our Strategy

Vision

A future where every person can reach their full potential through excellent health

Mission

To improve the oral health of all

Purpose

To catalyze the future of health through oral health



Innovative Approaches to Strengthen School-Based Dental Sealant Programs



WEBINAR | Thursday, February 23, 2023 | 1-2 p.m. ET | ADA CERP Credits: 1

MODERATOR



Steve Geiermann, DDS
Chair, Association of State & Territorial Dental Directors Best Practices Committee

PRESENTER



Beth Lowe, MPH, BSDH
Health Education Specialist,
National Maternal and Child Oral Health Health Resource Center,
Georgetown University

PRESENTER



Shailee Gupta, DDS, MPH
Director of Dental Programs, St. David's Foundation

PRESENTER



Karen Phillips, MPH, RDH, EPP
School Oral Health Programs Coordinator at Oregon Health Authority

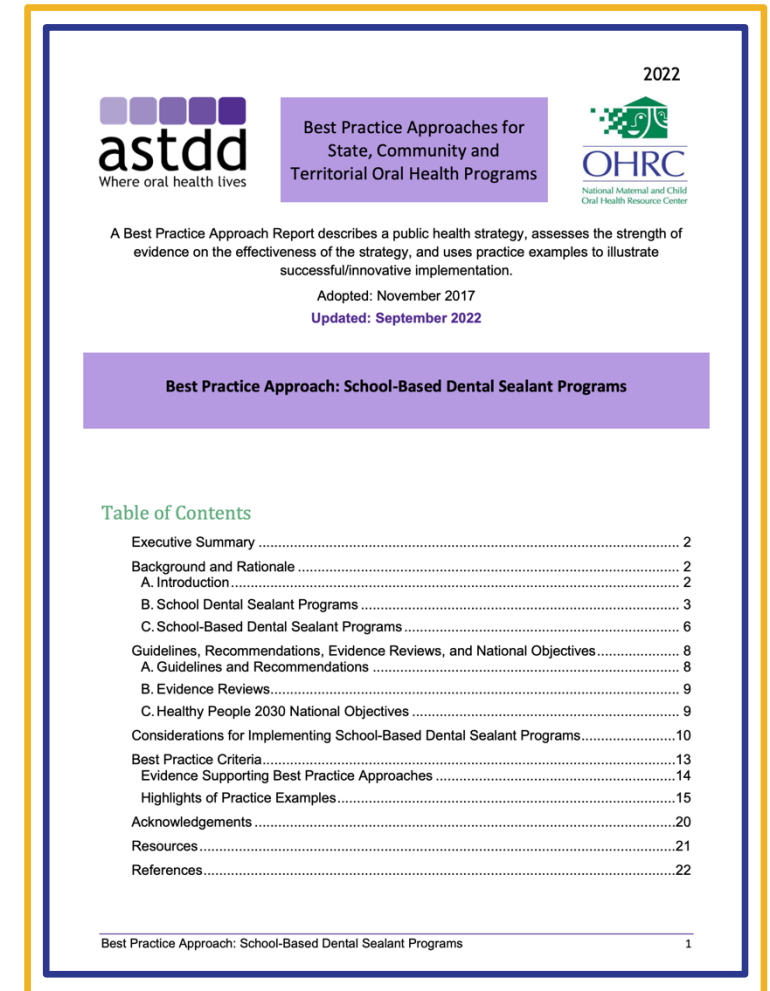
Best Practices and Innovative Approaches to Strengthen School-Based Dental Sealant Programs

Beth Lowe, MPH, BSDH
National Maternal and Child Oral Health Resource Center

Best Practice Approach: School-Based Dental Sealant Programs (2022)

Background

- Update of 2017 report
- Sponsored by Association for State and Territorial Dental Directors and National Maternal and Child Oral Health Resource Center
- Funded by Health Resources and Services Administration's Maternal and Child Health Bureau



Best Practice Committee Members and Subject Matter Experts

Rudy Blea

New Mexico Office of Oral Health
ASTDD School and Adolescent Oral Health
Committee

Lori Colfano, RDH, BSDH

ASTDD Best Practices Committee

Steve Geiermann, DDS

ASTDD Best Practices Committee

Irene Hilton, DDS, MPH, FACD

San Francisco Department of Public Health
National Network for Oral Health Access

Prashida Khanal, BDH, MPH

Minnesota Office of Oral Health

Beth Lowe, MPH, BSDH

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Bill Maas, DDS, MPH

Maryland Dental Action Coalition

Shillpa Naavaal, BDS, MS, MPH

Virginia Commonwealth University

Sandy Tesch, RDH, MSHP

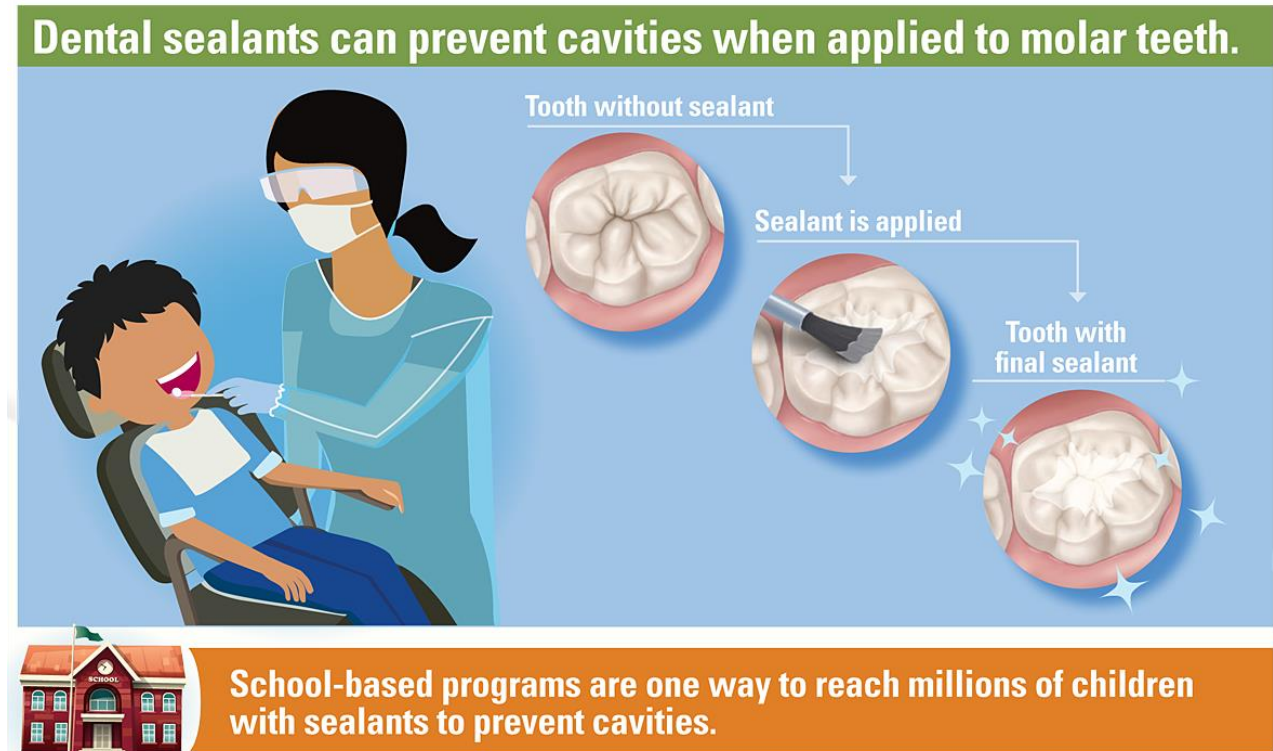
ASTDD

Christine Wood, RDH, BS

ASTDD

Report Highlights

- Background and rationale
- Guidelines
- Recommendations, evidence reviews, and national objectives
- Considerations for implementing school-based dental sealant programs
- Best practice criteria



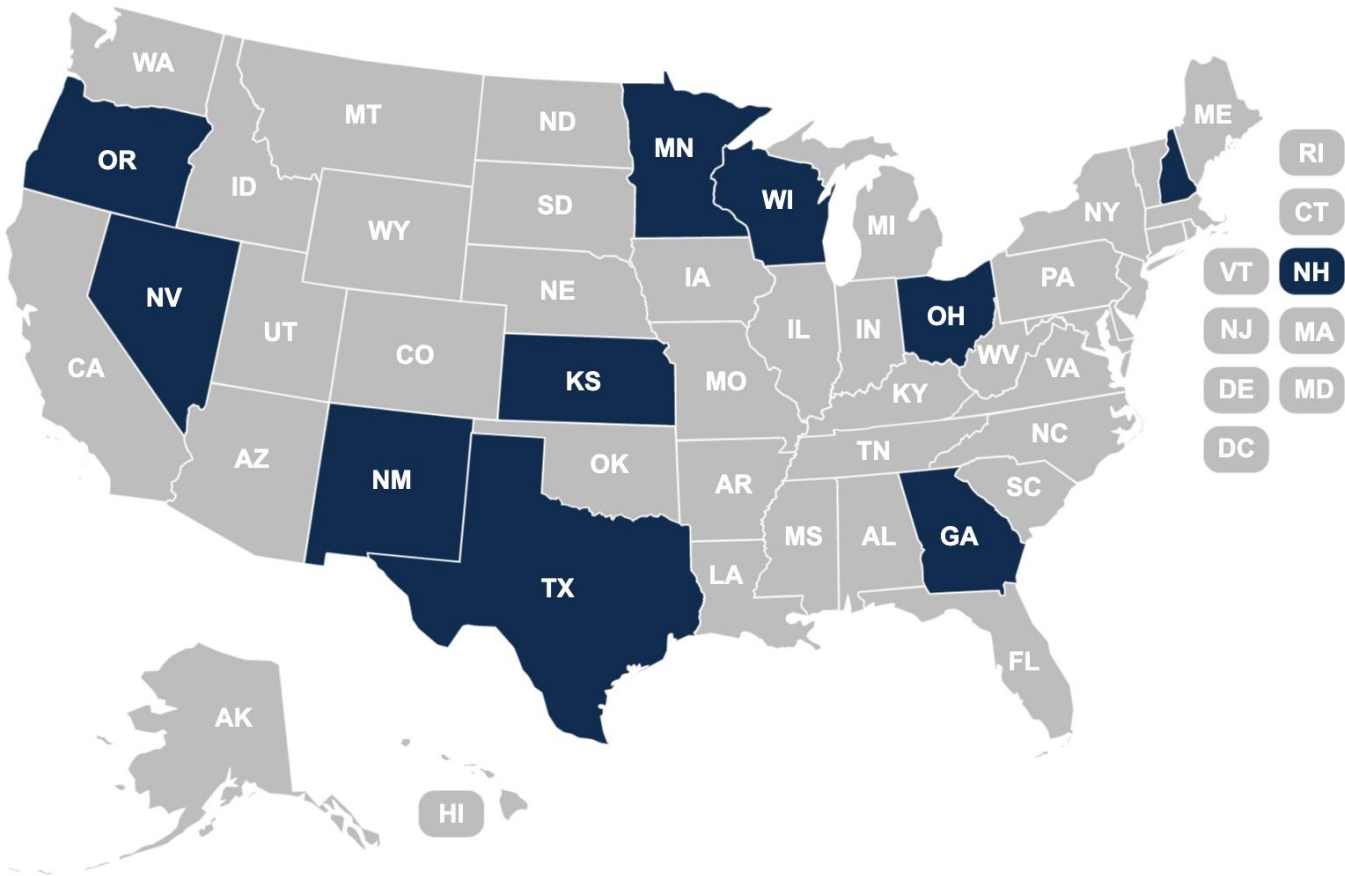
Source: CDC

Considerations for Implementing School-Based Dental Sealant Programs

- Ensure program effectiveness
- Expand programs to reach more children
- Bundle preventive care
- Collaboration/integration
- Use clinical quality measures
- Promoting health equity and public health



Highlighted Practice Examples



- Georgia
- Kansas
- Minnesota (2)
- Nevada
- New Hampshire
- New Mexico (3)
- Ohio
- Oregon
- Texas (2)
- Wisconsin

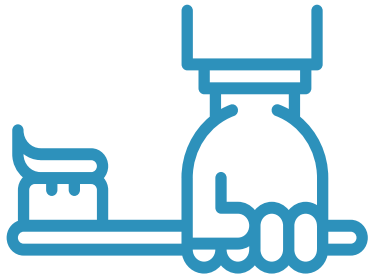


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Best Practices and Innovative Approaches to Strengthen School-Based Dental Sealant Programs

Shailee Gupta, DDS, MPH
Director of Dental Programs
St. David's Foundation Dental Program

Our Mobile Program



Largest charity-based program in the country



Serves six school districts and four charter schools, 100+ Title I Elementary Schools



50+ clinical and operations staff



8,000+ students treated annually

What We Provide

Free Dental Care

For economically disadvantaged students enrolled in Title I elementary schools in Central Texas

Four Regional Teams

Providing dental services in three Central Texas counties

Dental Treatment at Schools

K-5th grade students receive: X-rays and exams; cleanings and sealants; restorative treatment

Complex Care Services

Facilitate the coordination between dental specialists and families



What are the **key issues** that led to the initiation of this activity?

- Dental care is hard to access for families in Title I schools
- Factors such as:
 - Transportation
 - Cost of care
 - No dental insurance



What **Evidence** Did We Use to Support Implementation?

External Data

Texas Education Agency – Public Education Information Management System Reports

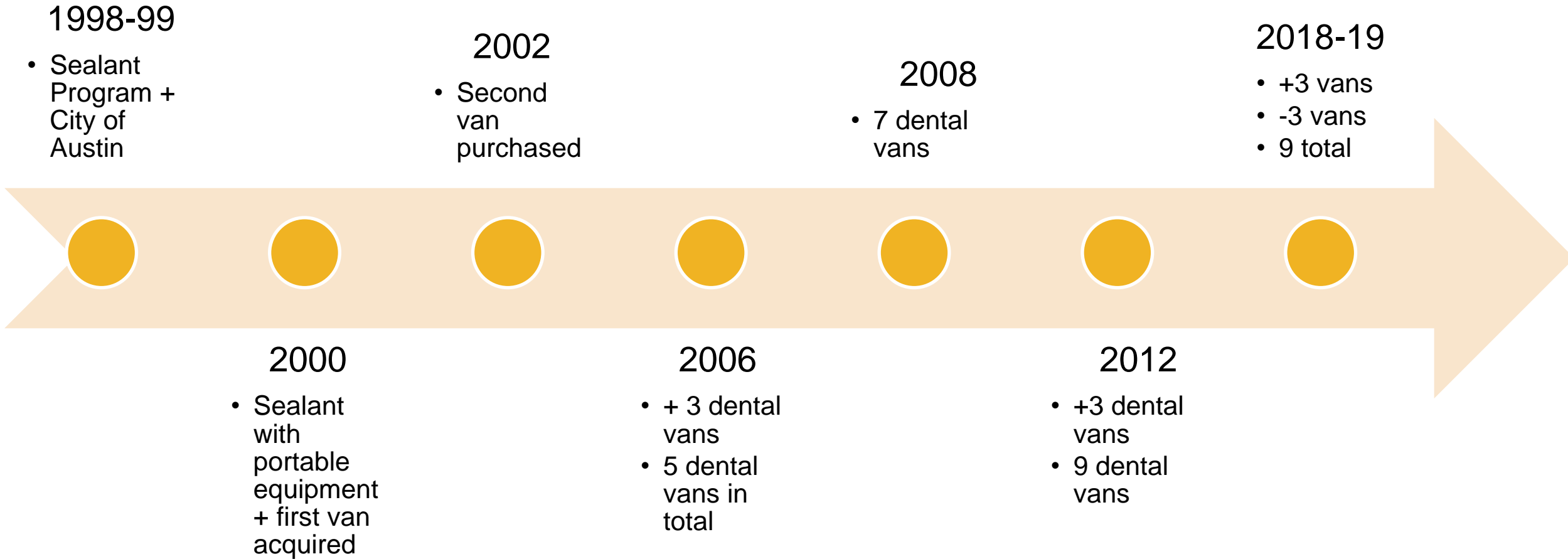
- Title I
- Economically disadvantaged

Internal Data

Data collected at screening

- Helped make the case that dental care was hard to access

What **Milestones** Occurred Along the Way?

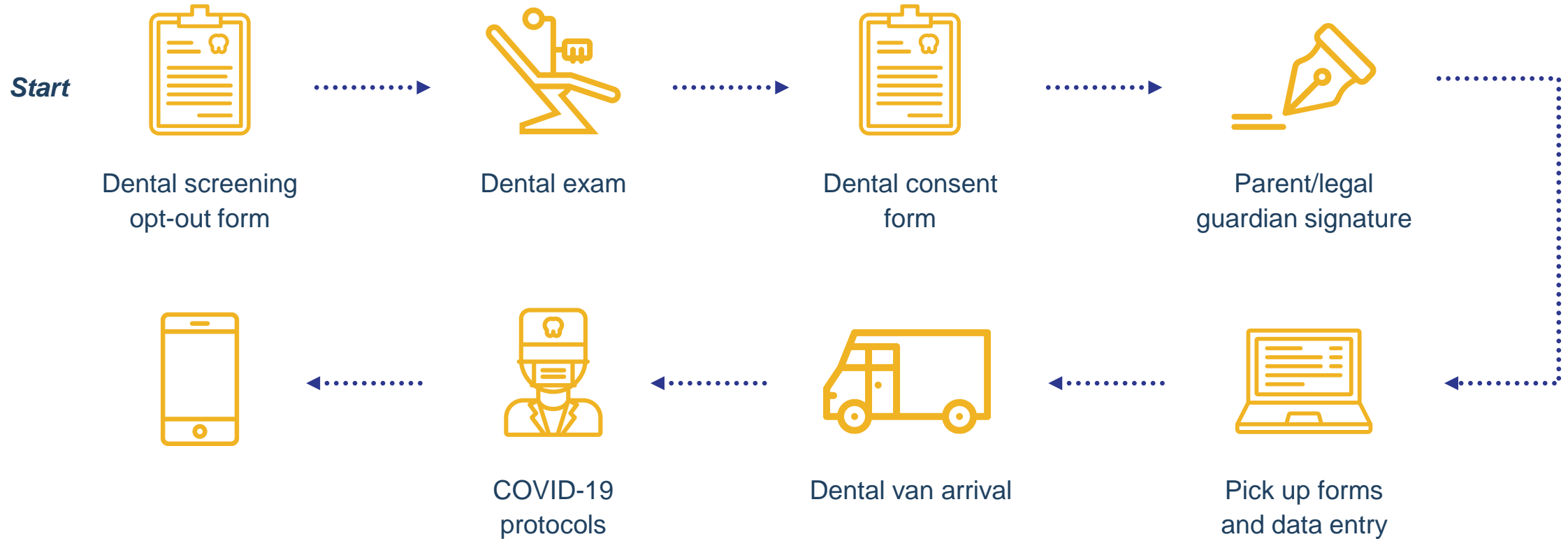


What Resources Were Needed?

- Partnerships with the superintendents of each school district
 - Memorandum of understanding
 - Data-sharing agreement
- Discussions with dentist in the community



Dental Program Visit Process



What **Resulted** from Program Activities?

- Provided free care to Title I students from Austin, Hays, Del Valle, Manor, Round Rock, and Pflugerville
 - Charter Schools: IDEA, KIPP, Harmony, and Wayside
- Dental Van Donation: People's Community Clinic, Smithville Community Clinic, and Kids Tooth Team

Outputs

87,665 Sealants

58,826 Patients



What **Outcomes** Did the Program Achieve?

- Dragon Schools
 - Visit yearly to decrease decay levels
- Increased Oral Health Education
 - Schools, parent classes, health fairs, Head Start Program, and community-based programs
- Expansion of complex care program



How Do We Measure? What Data Sources Do We Use?

- Data gathered at different times of school year
 - Open Dental
 - Dental management tool
- Report to leadership
- Report to each team



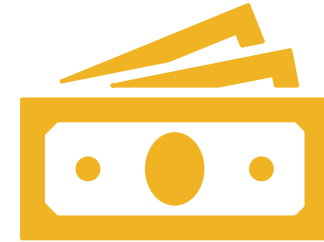
Budgetary Information



**\$8 Million annual budget
(includes staffing,
materials, maintenance,
equipment)**



**St. David's Foundation
owns St. David's
HealthCare: portion of
the profits flows to the
Foundation and back
into the community**



**Plan for Sustainability:
St. David's HealthCare +
Funding + Grants**

What Important **Lessons** Were Learned?

- Input from the community
- Family needs assessment
- Buy-in from stakeholders
- Incentivizing teachers

What **Challenges** Were Encountered and How Did We **Address** Them?

- Push back from local dentists
- Deeper conversations



Shailee Gupta, DDS, MPH
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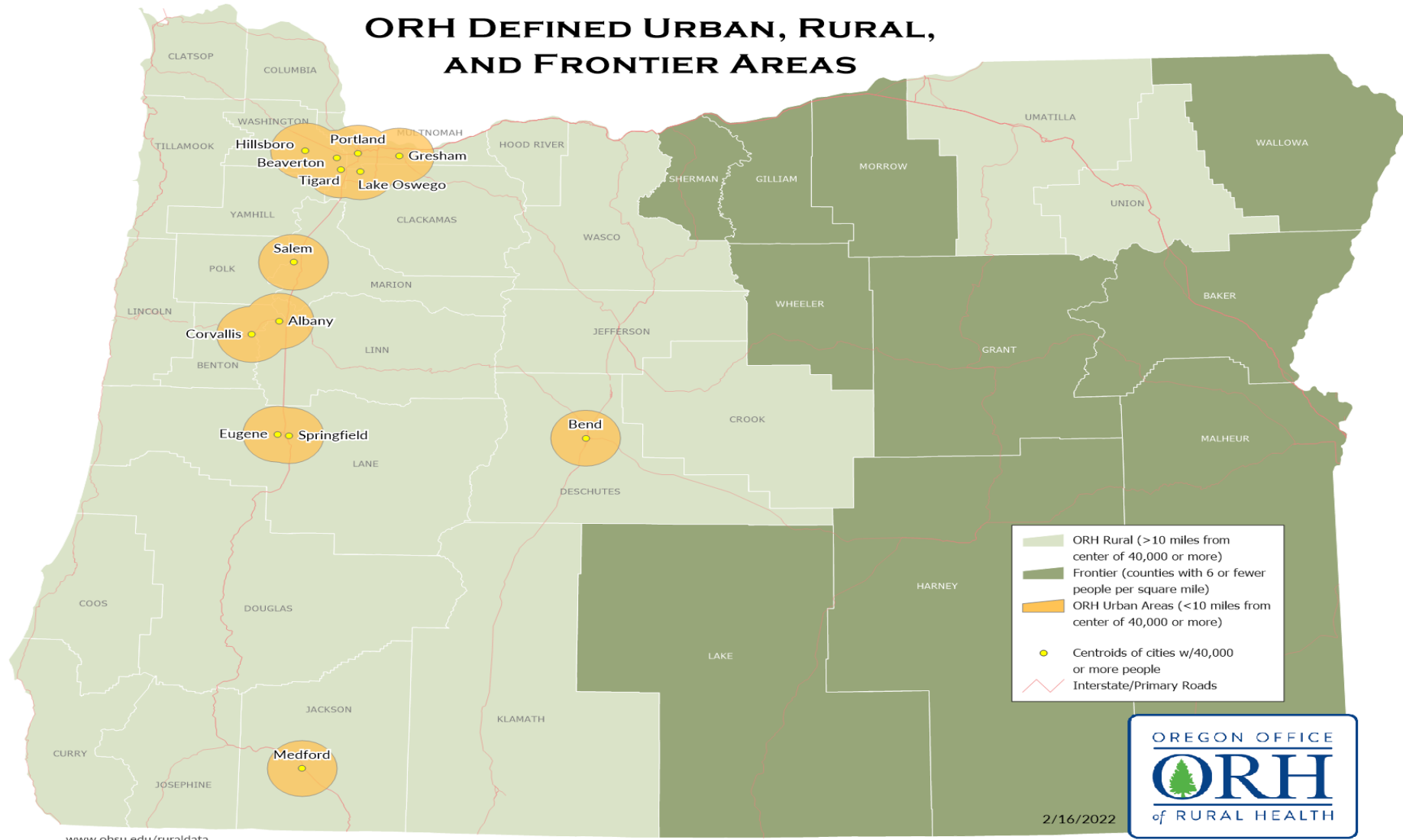
ASTDD Best Practices and Innovative Approaches

Strengthening School-Based Dental Sealant Programs

Oregon's Certification Program for
School Dental Sealant Programs

Karen Phillips, MPH, RDH, EPP
School Oral Health Programs Coordinator
at Oregon Health Authority

ORH DEFINED URBAN, RURAL, AND FRONTIER AREAS

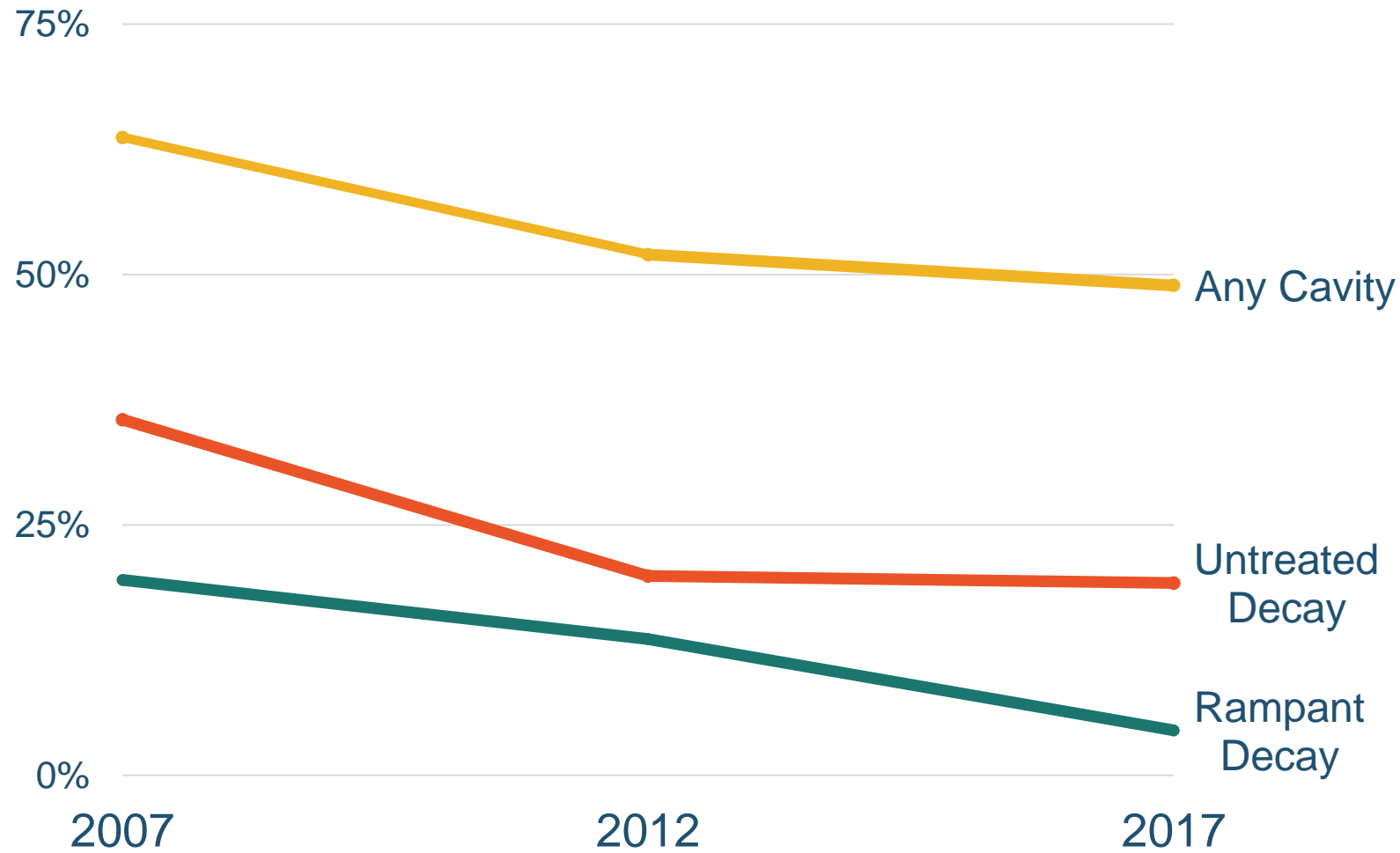


www.ohsu.edu/ruraldata



2/16/2022

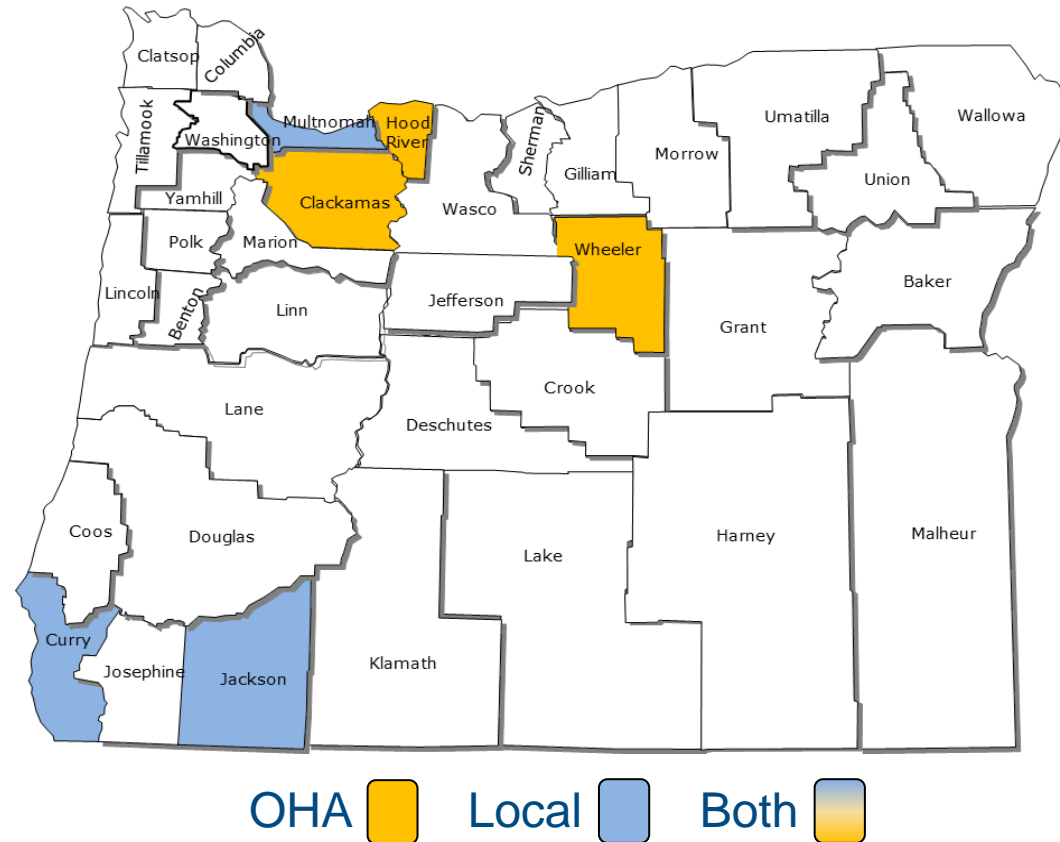
Cavity rates among Oregon's children aged six to nine have decreased since 2007, including rates of **any dental cavities**, **untreated** and **rampant decay**.



Oregon 2006-07

- **358 eligible schools**
 - Elementary schools
 - > 50% FRL
- **92 served**
 - 11 served by OHA
 - 81 served locally

26% of eligible served



2012 Health System Transformation in Oregon

- Oregon Health Authority (OHA) contracts with Coordinated Care Organizations (CCOs) to serve most of the Medicaid population (Oregon Health Plan – OHP)
 - Dental care was the last to integrate into CCOs on July 1, 2014
- CCOs
 - Behavioral, physical, dental care held to one global budget (paid per capita)
 - Responsible for health outcomes
 - Receive monetary incentives for quality
 - Agreements with local public health agencies

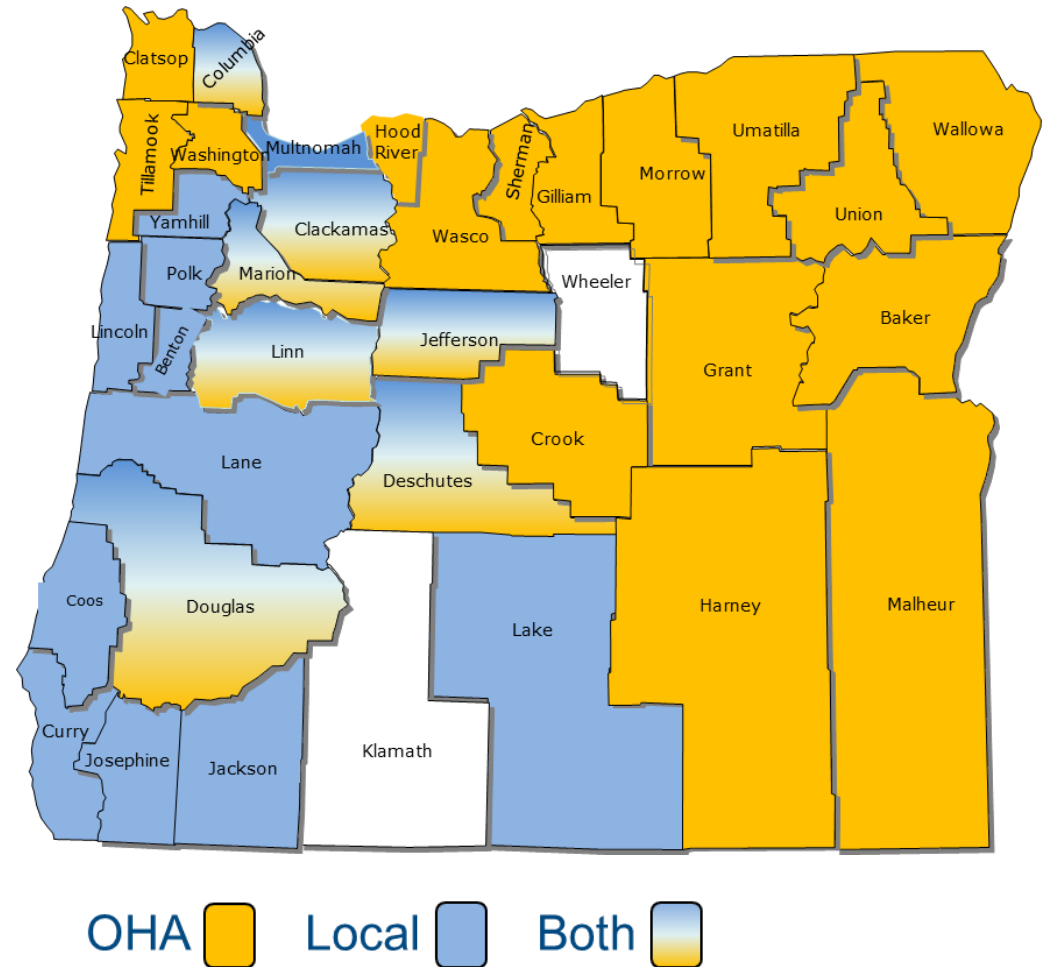
CCOs Performance and Incentive Metrics

- Each CCO is paid for reaching benchmarks or making improvements on incentive measures established by the Oregon Metrics & Scoring Committee
- In 2014, there were two dental incentive metrics:
 - Mental, physical, and dental health assessments within 60 days for children in the DHS (foster care) system
 - Children ages 6-9 and 10-14 who received a sealant on a permanent molar tooth
- CCOs turned their attention to school dental sealant programs to meet the dental sealant metric

Oregon 2014-2015

- **460 eligible schools**
- **363 served**
 - 143 served by OHA
 - 220 served locally

79% of eligible served



Voluntary Certification Program

- OHA developed and piloted a voluntary certification program as part of a HRSA oral health workforce grant (2012-15)
- Certification provides schools with assurance that a minimum set of standards will be met while hygienists deliver services
- Local school-based dental sealant programs could become certified after receiving training and signing a Memorandum of Agreement (MOA)
- Two trainings were held in 2015 and 8 organizations signed an MOA

2015 Mandatory Certification

- Senate Bill 660 was signed into law on 7/27/15, requiring local school dental sealant programs to be certified by OHA before dental sealants can be provided in a school setting.
 - Began in the 2016-17 school year
- Rules Advisory Committee (RAC) assisted in drafting Oregon Administrative Rules, OAR 333-028:
 - Requirements for certification
 - Application process for certification and recertification
 - Monitoring of local school dental sealant programs
 - Provisional certification or decertification for programs out of compliance

Certification Timelines

Certification year August 1- July 31
<p>December 31, March 31 and June 30: Submit completed schools' data reports to OHA each quarter. Final quarter ending June 30 will include a final sheet with program information and list of schools not served in the preceding school year</p> <ul style="list-style-type: none">• Accurate data reports must be submitted before applying for recertification
<p>July 15: Deadline to apply for recertification for the next school year</p>
<p>August: OHA annual clinical training</p>
<p>August-December: Submit sealant schedules to OHA</p>
<p>September 30: Submit to OHA all administrative paperwork (program forms, policies and protocols)</p>
<p>September-May: Annual verification site visits</p>
<p>Ongoing:</p> <ul style="list-style-type: none">• Update your schools requested and schools served lists, as needed• Contact OHA if the representative responsible for coordinating and implementing the program needs the OHA one-time certification training

One-Time Certification Training

- State and federal updates
- Research and evidence-based practices
- Scope of practice and utilizing dental hygienists and dental assistants
- Health equity, cultural responsiveness, and health literacy
- Antidiscrimination laws and rules
- Recruiting and working with schools
- Providing services in a school setting
- Equipment and supplies needed
- Protocols for safe, quality care
- Data collection and reporting
- Evaluation and continuous quality improvement

Annual Clinical Training

- Determining the need for and appropriateness of sealants
- Manufacturer's guidelines for sealant placement
- Infection prevention & control (IPC) guidelines
- Quality assessment of the program, such as performance benchmarks and standards
- Confidentiality and security guidelines, including HIPAA & FERPA
- Health equity
- Internal policies and procedures

Components of Certified Programs

❑ Policies and Protocols

- Infection prevention and control
- Retention
- COVID-19-related policies
 - Vaccination mandate
 - Becoming ill at a school
- Data reports

❑ Technical Assistance

- Sealant placement modifications
- Trauma-informed care
- Health equity
 - LGBTQIA2S+
 - Racism
- Improving program participation

Certification Data Reports

School Information: **Please submit one form per school served**

Program Name :

Date of Service :

County :

School District :

School Name :

Number of children who returned a **YES** parental permission form for dental sealants:

Number of children who returned a **NO** parental permission form for dental sealants:

Grade – Level Information

Please Select All Grades Served:

K	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For each grade selected above, entered a whole number below, including any zeroes.

Number of children screened for dental sealants in each grade:

K	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of children who received at least one dental sealant in each grade:

K	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total number of dental sealants placed :



800 NE Oregon St., Ste. 825
Portland, OR 97232
Phone: 971-412-0531
Email: karen.phillips@dhsosha.state.or.us
kelly.hansen@dhsosha.state.or.us
www.healthoregon.org/sealantcert

Certified School Dental Sealant Program Data Submission Form 2022-23 School Year Page 2

Total number of children referred for **early care**

Total number of children referred for **urgent care**

Sealant Material Used

Other or alternative services provided, check all that apply:

- FL Varnish
- SDF
- OH Kits
- In – Person OH Education
- Virtual OH Education

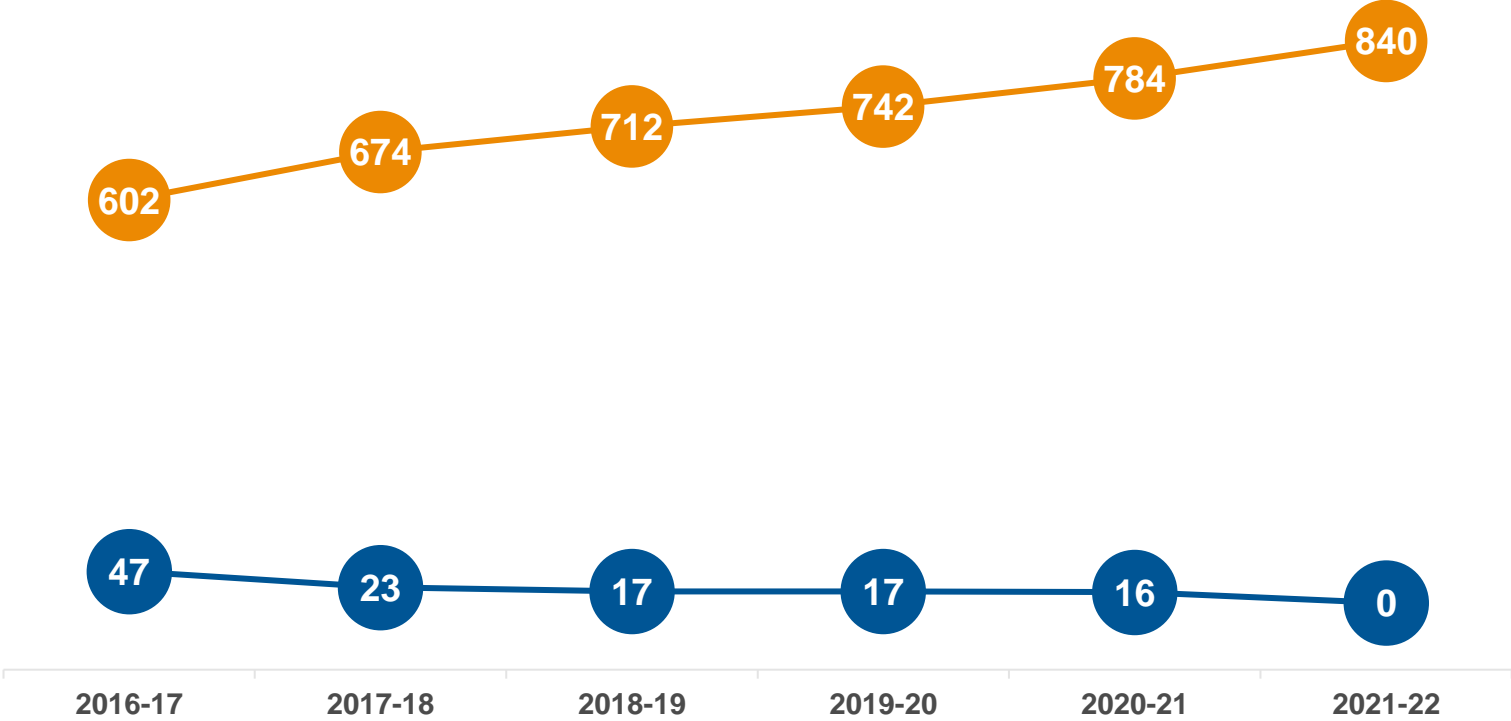
School Notes – Anything else you'd like to note about this school?

Annual Site Visit Requirements

Certification Verification Site Visit Requirements	
Step 1: Schedule verification site visit	
<ul style="list-style-type: none">○ Send sealant schedules to OHA as soon as available○ OHA will contact SDSP to schedule the in-person site visit and virtual administrative review	
Step 2: Fulfill Pre-site Visit Requirements no fewer than 2 weeks before scheduled in-person site visit (match with section A in the site visit tool.	
<ul style="list-style-type: none">○ Complete site visit tool Cover Sheet and Section A (Through A.12)○ Send PDFs of forms:<ul style="list-style-type: none">□ Permission form□ Privacy practices□ Sealant fact sheet□ Screening form□ Student results form○ Send PDFs of policies:<ul style="list-style-type: none">□ Infection prevention control plan and evaluation plan□ When Staff Becomes symptomatic at a School□ Retention check process□ Vaccination mandate○ Confirm master list of schools served (Section A.6 of site visit tool)	
Step 3: Prepare for Site Visit	
<ul style="list-style-type: none">○ Schedule sealant procedures○ Review site visit tool○ Inform staff of upcoming site visit and to expect OHA interaction and feedback	
Step 4: Day of Site Visit	
<ul style="list-style-type: none">○ SDSP<ul style="list-style-type: none">□ Inform school staff of OHA visitor to the school□ Maintain normal operations○ OHA<ul style="list-style-type: none">□ Observation of infection control, student flow, sealant placement technique and overall SDSP in-school environment and operations□ Exit interview	
Step 5: Site Visit Report	
<ul style="list-style-type: none">○ OHA will send site visit report within four weeks of site visit, when possible○ SDSP reviews and, if needed, requests edits or corrections within 10 business days of receiving site visit report○ SDSP addresses any action items○ OHA will send final site visit report, if needed	

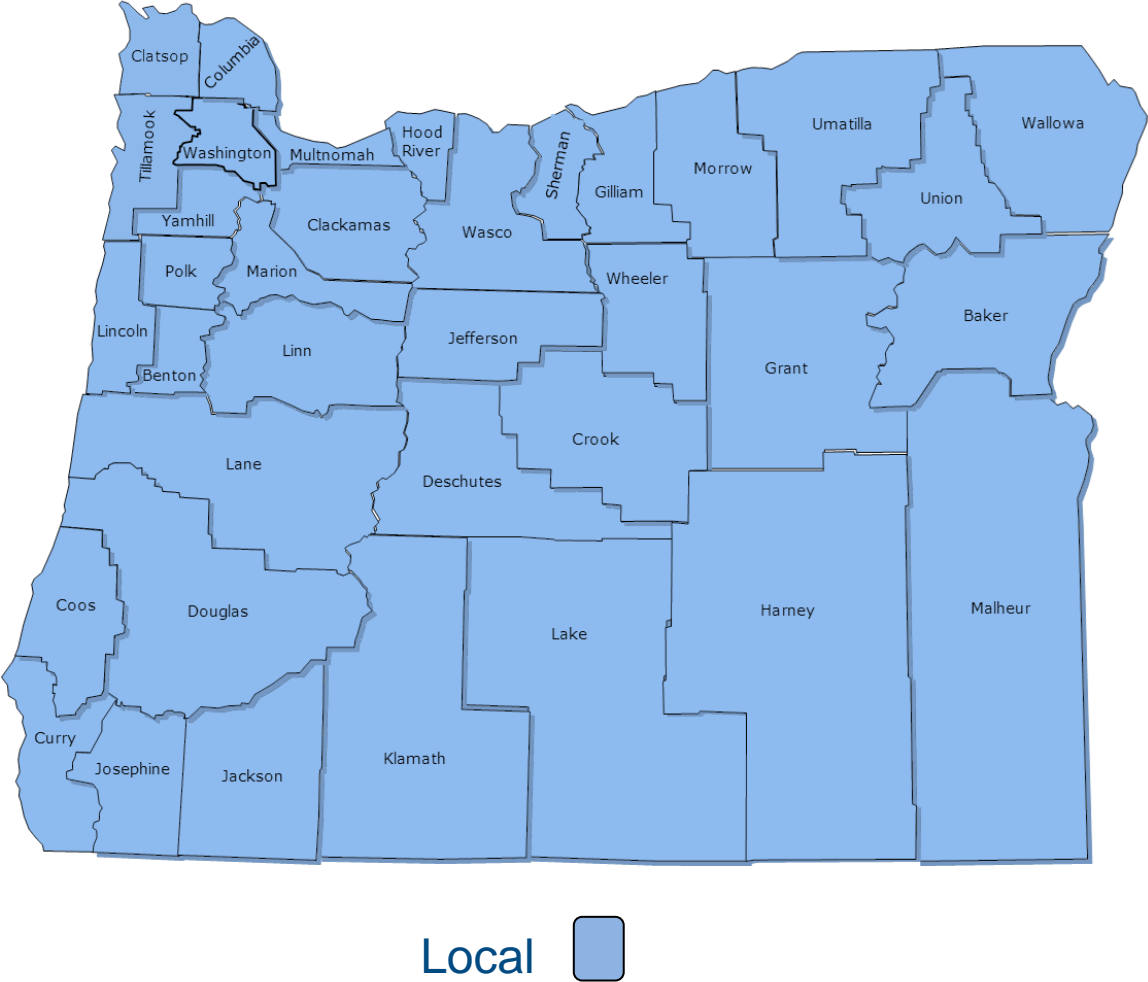
Progression of Schools Served

Number of Oregon Schools **Local** and **OHA** Served



Oregon 2021-2022

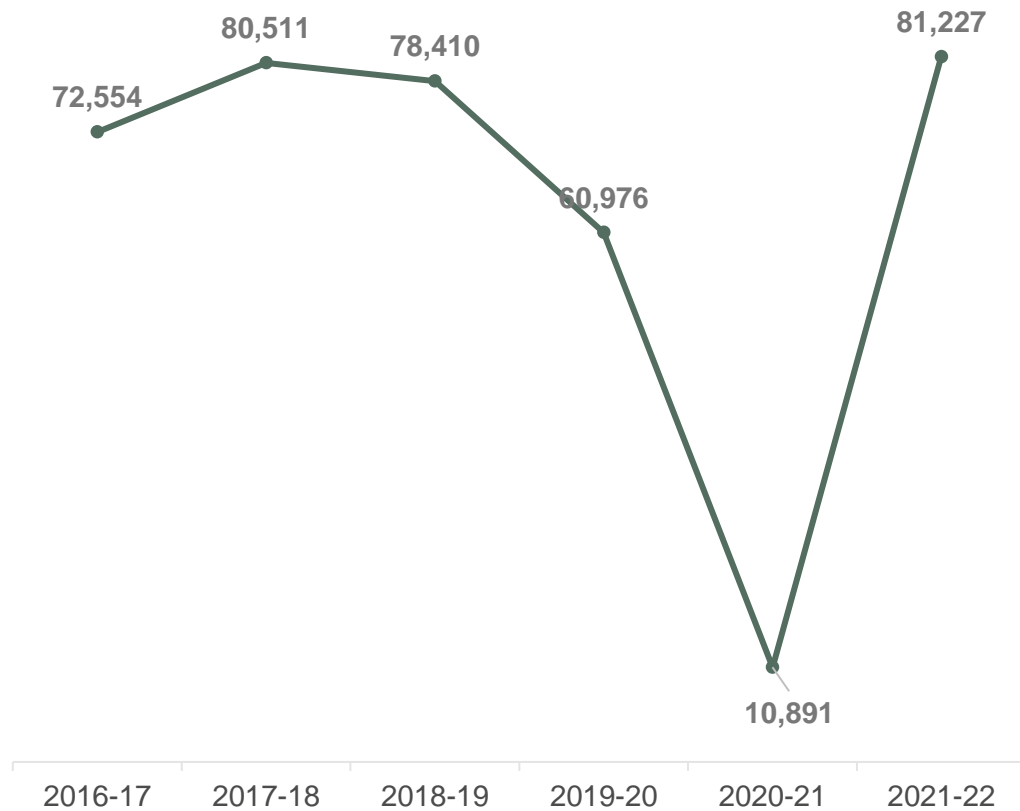
All counties and schools transitioned to local programs



Oregon Results

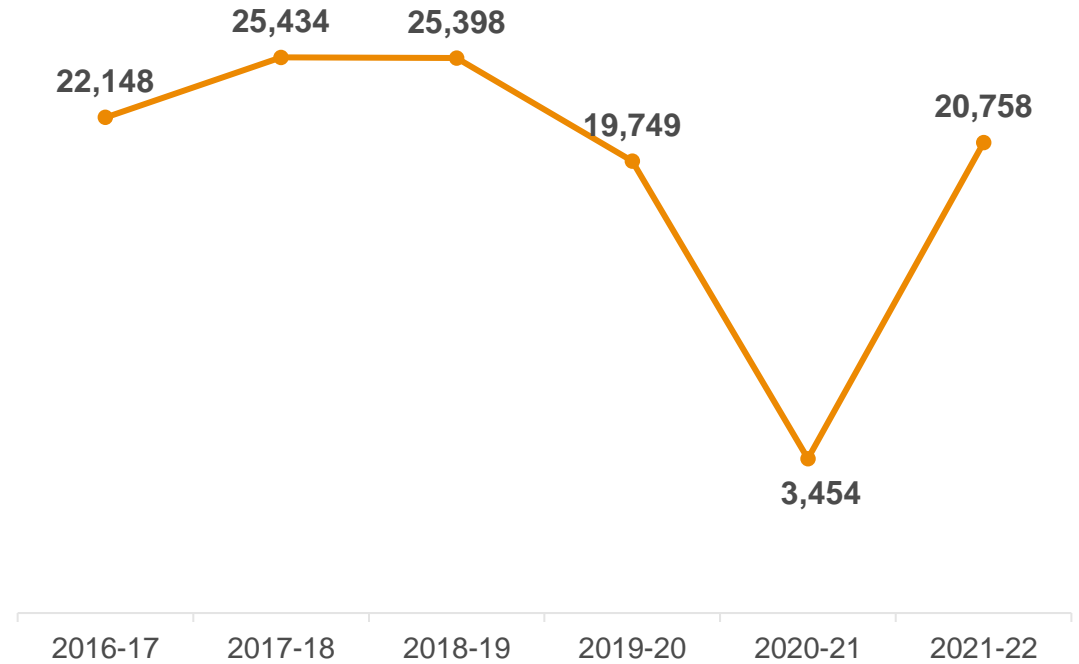
Total Number of sealants placed

All Schools, All Programs



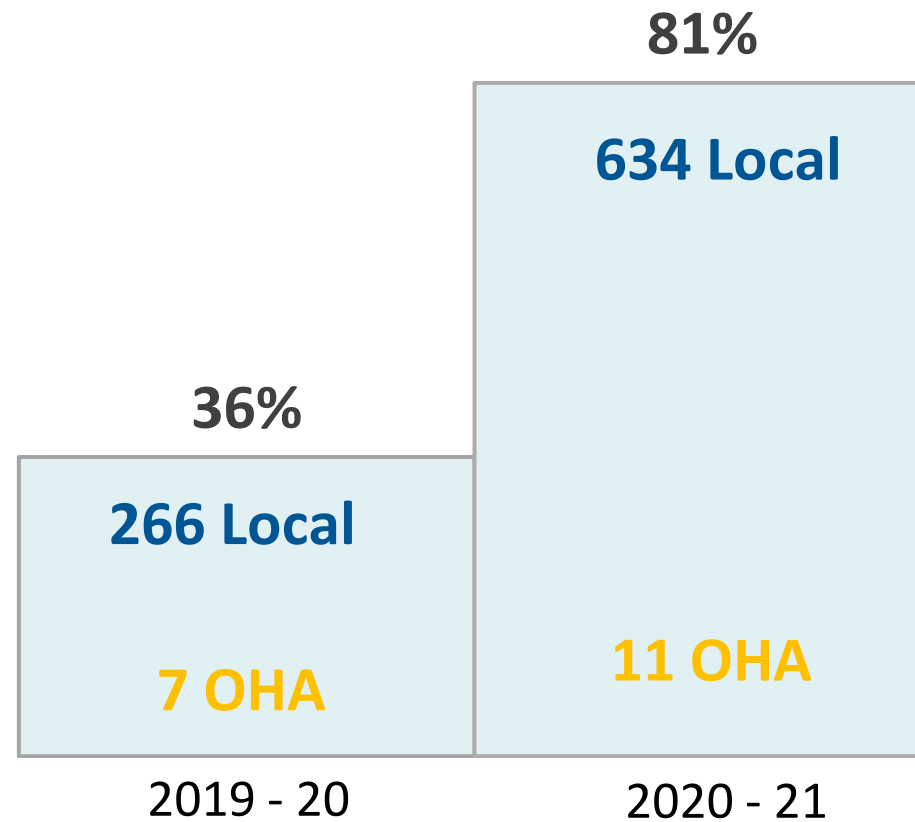
Number of children who received one or more dental sealants

All Schools, All Programs



Impacts of COVID-19

**81% of schools disrupted by COVID-19
2020-21**



Oregon Results

- 2022-23 School Year
 - 19 certified school dental sealant programs serving all 36 counties
 - All 19 programs have returned to operation post-COVID-19
- 2017 Smile Survey
- 39% of Oregon's 1st-3rd graders had at least one sealant
 - 53.2% of Oregon's 3rd graders had at least one sealant
- Oregon Medicaid coordinated care organization (CCO) incentive measure
 - Preventive dental or oral service utilization, ages 1-5 and 6-14

Lessons Learned

- Allow autonomy and latitude, when possible, while establishing specifics as the certification rules permit
- Engage stakeholders and partners in processes (rule-making, addressing emergency declarations)
- Build into the rules flexibility to address public health emergencies
- Provide early, ongoing technical assistance for specific certification areas and emerging topics
- Establish specific protocol to resolve contested schools
- Develop ongoing Community of Practice once rules are complete



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Question and Answer

To Explore More Industry-Leading Research

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2021 Oral Health Information Technology Virtual Convening	Care Coordination	Presentation
Dental Fear Is Real. Providers Can Help.	Expanding Access, Health Equity	Visual Report
Why We (Still) Need to Add Dental to Medicare	Adult Dental Benefit, Expanding Access, Health Equity	Report
A Cross-Sectional Analysis of Oral Health Care Spending over the Life Span in Commercial- and Medicaid-Insured Populations	Expanding Access, Health Equity	Article
Time Is on the Side of Change in Dentistry	COVID-19 and Oral Health, Health	Article

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Institute for Oral Health.

Missed Connections

Providers and Consumers Want More Medical-Dental Integration

Oral health and overall health are inextricably linked. There is mounting evidence to suggest that poor oral health is related to a variety of chronic health conditions, such as high blood pressure, dementia, diabetes, and obesity. Despite this known connection, dental care is still largely siloed from medical care. The Centers for Disease Control and Prevention (CDC) estimates that integrating basic health screenings into a dental setting could save the health care system up to \$100 million every year.¹

CareQuest Institute for Oral Health conducted a nationally representative survey in January and February 2021 to assess consumers' perspectives on oral and overall health (n=5,320). CareQuest Institute also conducted a nationwide survey of oral health providers to assess perspectives and current behaviors related to interprofessional practice (n=377). Consumers and oral health providers described a lack of integration between medical and oral health care, and a desire for increased interprofessional collaboration.

Key Findings:
Medical-dental collaboration is currently uncommon.

- 63% of consumers report that their primary medical doctor "rarely" or "never" asks about their oral health.
- 33% of consumers report that their oral health provider "rarely" or "never" asks about their overall health.
- 45% of responding oral health providers report "rarely" integrating their care with clinicians outside of dentistry, with only 14% reporting it is part of their "daily" practice.
- Less than a third of consumers report receiving general health screenings from their oral health provider.
- A majority (89%) of adults report never receiving a referral from their oral health provider to a non-oral health professional.
- Almost a fourth (24%) of participating oral health providers report currently implementing interprofessional practice.

Webinar Evaluation

Complete the **evaluation by Friday, March 3** to receive CE credit. You will receive a link to the survey within 24 hours.

Next Webinar:

March 16: Advancing Equity Through Oral Health Grantmaking at 1–2 p.m. ET

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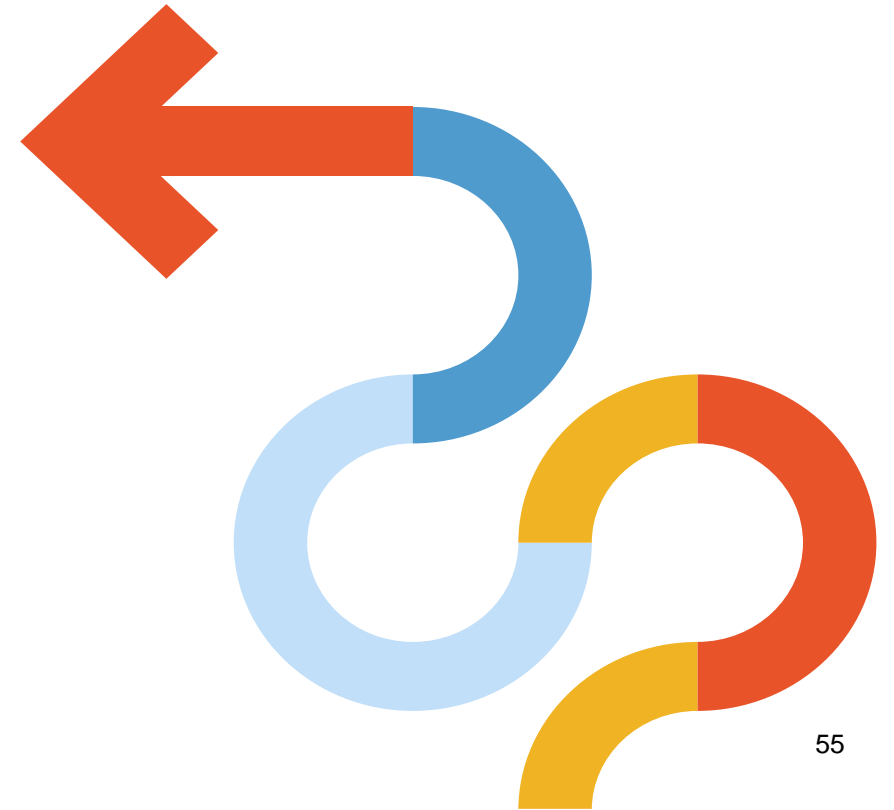
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Bios



Steve Geiermann DDS, Chair, Association of State & Territorial Dental Directors Best Practices Committee

Steve Geiermann, a retired Captain in the U.S. Public Health Service, retired as the Senior Manager addressing access, community oral health infrastructure and capacity within the American Dental Association in July 2022. A 1983 graduate of the University of Michigan School of Dentistry, Steve served within the Indian Health Service and Federally Qualified Health Centers as well as being a HRSA regional dental consultant. Steve currently serves as the chair of ASTDD's Best Practices Committee. He also serves on the boards of the American Institute of Dental Public Health, the Organization for Safety, Asepsis and Prevention, the Dental Patient Safety Foundation, and the Dental Lifeline Network, as well as on the leadership team of the Oral Health Progress and Equity Network.

Bios



Beth Lowe, B.S.D.H., M.P.H., Health Education Specialist at the National Maternal and Child Oral Health Resource Center, National Center for Health, Behavioral Health, and Safety

Beth is a health education specialist at the National Maternal and Child Oral Health Resource Center and the National Center for Health, Behavioral Health, and Safety. In these capacities, she develops resources and supports and collaborates with health and social service professionals working in states, communities, and early childhood education programs to improve the oral health of pregnant people, infants, children, and their families. Beth is also co-author of the Association for State and Territorial Dental Directors' Best Practice Approach: School-Based Dental Sealant Programs. In addition to establishing a district-wide school-based dental sealant program in St. Paul, Minnesota and co-authoring the 2nd and 3rd editions of Seal America: The Prevention Invention, she was a clinical instructor at the University of Minnesota's program in dental hygiene and practiced dental hygiene in a variety of clinical sessions. She is past chair of the Maryland Dental Action Coalition and past vice president and treasurer of the District of Columbia's Dental Hygiene Association.

Bios



Dr. Shailee Gupta, DDS, MPH, Director of Dental Programs, St. David's Foundation

Dr. Shailee Gupta is a general, public health dentist who has been practicing dentistry for 20 years. She is the Director of Dental Programs for the St. David's Foundation Dental Program, the largest charity based mobile dental program in the country. Prior to joining the Foundation in 2006, Dr. Gupta worked in private, public health, and group practices in Houston, Texas and Seattle, Washington. She was also a part-time faculty member at dental assisting schools in Seattle, where she taught and supervised dental assistants in training. Dr. Gupta holds a Doctor of Dental Surgery from the University of Texas Dental Branch at Houston, a Master's in Public Health from Creighton University, and a Bachelor of Arts in Microbiology from the University of Texas at Austin. She is currently Past-President of the Capital Area Dental Society, serves on the Texas Dental Association's Board of Directors and represented Texas as Chair of the American Dental Association's Council on Advocacy for Access and Prevention in 2022. She is an alumna of the ADA's Institute for Diversity in Leadership Program and served on the ADA's Diversity and Inclusion Committee for two years. On the local level, Dr. Gupta is an alumna of the Leadership Austin Program and in 2015 was nominated for an Austin Under 40 Award in the category of Medicine, Science and Healthcare.

Bios



Karen Phillips, MPH, RDH, EPP, School Oral Health Programs Coordinator, Oregon Health Authority, Public Health Division. Karen is the School Oral Health Programs Coordinator for Oregon. In this role, Karen provides administrative and clinical guidance for the legislatively mandated Certification Program for School Dental Sealant Programs. Karen brings over 13 years of experience working directly with oral health systems in school settings, within local county health systems, and most recently, at the state level. In all her roles, Karen has provided clinical expertise and feet-on-the-ground knowledge to consistently delivery high quality oral health care to populations across the lifespan. Before starting her dental public health career, Karen worked in private patient care for over 14 years. Her experience with both the private and public sectors gives her a unique perspective and the ability to quickly connect with stakeholders and partners to support programs aimed to improve the oral health of all Oregonians.