Today, we will:

• Understand how sealant rates and school-based health programs impact population health
• Understand different types of school-based oral health services
• Discuss best practices and barriers in order to determine committee goals
SBH Background and Purpose

A

52% of third graders have a sealant on their permanent molars.

Sealants are thin plastic coatings that act as a barrier to prevent tooth decay and are among the most effective and inexpensive ways to prevent cavities.

B

Dental sealants can prevent cavities when applied to molar teeth.

Tooth without sealant

Sealant is applied

Tooth with final sealant

C

47% of third graders have experienced tooth decay.

Tooth decay is the most common chronic disease of childhood -- 5 times more prevalent than asthma -- despite the fact that it is preventable.

School-based programs are one way to reach millions of children with sealants to prevent cavities.
CDC DP18-1810
School Sealant Program
Deliverables

Tonya Adiches, BSDH
Dental Health Programs Manager
Virginia Department of Health
School Sealant Program

- **Strategy: Expand School Sealant Program (SSP) enrollment**
  - Develop, coordinate, and implement diverse partnerships with a focus on the target population
  - Implement communications that promote the reach and impact of SSPs
  - Monitor and track progress toward reaching or exceeding the Healthy People 2020 target
School Sealant Program

• Goals:
  – Increase in the # of eligible schools with SSPs within the state
  – Increase in participation (consent rate) in existing SSPs
  – Increase in the # of safety-net clinics with SSPs
  – Increase in the # of children ages 6-14 receiving sealants on 1 or more permanent molars through SSPs
School Sealant Program

• Activities – Partnership & Collaboration
  – Convene a sealant work group of key partners to develop strategies for SSPs
  – Develop, coordinate, implement, and evaluate SOHP SSPs across the Commonwealth
  – Develop a working relationship with for-profit entities that administer SSPs within the State
  – Provide training and technical assistance to SOHP SSPs and mentorship to new safety-net SSPs
  – Develop a sustainability plan for SSPs
School Sealant Program

• Activities – Communication & Policy
  – Develop a communication plan to guide efforts for promoting SSPs
  – Develop publicly available SSP documents for dissemination
  – Share SSP programmatic information and data at local, state and/or national level event
School Sealant Program

• Activities – Data & Reporting
  – Complete a comprehensive sealant needs assessment
  – Update State Sealant Plan
  – Complete State Synopsis questionnaire; submit to ASTDD
Models of Oral Health in School Settings

Sharon Logue – VDH

Eric Tolkin – Smile Virginia

Mary Foley – Piedmont Regional Dental Clinic
School-Based Dental Preventive Services Program

Sharon Logue, RDH, MPH
Coordinator, Community Dental Preventive Services

“You’re Not Healthy Without Good Oral Health”
- C. Everett Koop, Former Surgeon General
What are the VDH goals?

- Prevent dental decay for children in the most susceptible permanent teeth, in the most vulnerable populations in Virginia
- Provide dental services that are evidence based
- Facilitate entry into private dental care / establish a dental home
Where did we start?

- In 2009-2012 the Dental Program conducted a **remote supervision** pilot program, with three hygienists providing preventive dental services in selected areas without the general or direct supervision of a dentist.
- VDH Dental Program was transitioning from fixed dental clinics with dentists, to school-based preventive dental programs staffed by dental hygienists.
VDH Dental Hygienist Protocol
Target Areas
What changes happened?

• With a successful remote supervision pilot in school settings, the Virginia Code was amended July 2012 to permit any VDH dental hygienist to practice under the remote supervision protocol
• Filled a need for alternative solutions to dental care access challenges
VDH Dental Hygienist Protocol

Definition

• **Remote supervision:**
A public health dentist has regular, periodic communication with a public health dental hygienist regarding patient treatment, but has not done an initial examination of the patients who are to be seen and treated by the dental hygienist, and is not necessarily onsite with the dental hygienist when dental hygiene services are delivered.
Current Target Population

- Selected schools with \( \geq 50\% \) of total school enrollment on the National School Lunch Program
- Grades preK to sixth grades in eligible schools
- FY19 159 schools participated
- 8,380 children participated
- 6,684 teeth sealed
- 7,179 fluoride varnish applications
Impact of Preventive Dental Services

• Children from low-income households experience more tooth decay than their higher-income counterparts
• Dental decay is the most common chronic disease of childhood
• Healthy People 2020 – called for an increase in percentage of children / adolescents with sealants on permanent molars
Services Provided

- Oral assessment
- Sealants
- Fluoride Varnish
- Oral prophylaxis (cleaning)
- Oral health education
- Referral list of local area dental providers
Successful Message to School Administrators

- Oral health affects overall health/wellness
- Children with dental decay have an infection in their mouth which can lead to systemic infection
- Children with toothaches may have poor school performance and missed school days
Successful Message to Parents

• Let’s stop dental decay before it happens
• Let’s help children establish good oral health habits at a young age
• Let’s maximize school performance with healthy mouths, healthy bodies
• Let’s be sure children get a complete dental exam every school year
FY19 Accomplishments

• Number of children participating in school-based program increased 5.6% from FY18
• Number of children receiving fluoride varnish in school-based settings increased 1.3% from FY18
• FY19 13,863 preventive dental services provided in school-based settings (sealants + fluoride varnish)

–data FY19 GA Report (Draft)
Ongoing Partnerships

- School nurses, school family engagement specialists – key partners
- Virginia Department of Education School Health Specialist
- School superintendents, principals, teachers, parent/teacher associations
- VDH local public health staff
- Virginia Health Catalyst
Current Activities

• Continued focus on increased parental engagement for consents for treatment

• Working closely with Head Start parents providing information on the importance of preventive dental services for children as they move into elementary grades
Future Plans

• Assessment of current data entry system for SEALs.....and more Healthy Smiles!
Conclusion

- VDH remote teams continue to be successful in current school locations providing evidence based services to reduce dental decay.
- Remote teams have become key dental information/referral resources in their communities for not only the school-age population, but the maternal population, adults, and the elderly.
- Remote teams have trained medical professionals to apply fluoride varnish and they serve as examiners for various Basic Screening Surveys.
Models of Oral Health in School Settings

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SMILE TIME
2019 – 2020 SCHOOL YEAR
SMILE TIME ADVISORY TEAM

ORANGE COUNTY
- SUSAN AYLOR, RN
- DOROTHEA BUTTS, HEAD START
- CAROLYN ROUDABUSH, VDH/WIC

MADISON COUNTY

CULPEPER COUNTY
- BECKY STOKES, HEAD START
- MARISA SORI, DSS

GREENE COUNTY
- KYLE PURSEL, GC SCHOOLS
- SANDRA FISCHER, RN VDH
WHO IS PRDC?

* NONPROFIT HEALTH SAFETY NET CLINIC
* ROLE IN THE NET IS TO PROVIDE CARE FOR MEDICAID AND OTHER LOW-INCOME PATIENTS
* SIXTY PERCENT OF PRDC PATIENTS DEPEND ON MEDICAID FOR THEIR MEDICAL AND DENTAL CARE
* TREATED 13,000 UNIQUE PATIENTS IN THE LAST EIGHT YEARS
* WE TREATED >1000 CHILDREN UNDER AGE 10 IN THE LAST TWELVE MONTHS
WHAT IS SMILE TIME?

CONVENIENT DENTAL EXAMS AT SCHOOL
PORTABLE EQUIPMENT
COMPREHENSIVE EXAMS AND /OR 6-MONTH CHECK-UPS
CLEANINGS
X-RAYS UPLOADED TO DENTRIX ENTERPRISE
SEALANTS
TWO-PAGE REPORT FOR PARENTS
FOLLOW UP PHONE CALL WITH PARENTS
GOODIE BAG
WHY IS ST NEEDED?

* DMAS FOIA REPORTS THAT STATEWIDE ONLY 54% OF CHILDREN WITH MEDICAID COVERAGE UTILIZE THE DENTAL BENEFIT - EVEN ONCE
  - THE PIEDMONT FOLLOWS THIS PATTERN
  - BY SEEING THE KIDS AT SCHOOL S.T. REACHES CHILDREN WHO DON'T HAVE A REGULAR DENTIST

* OVER 90% OF CHILDREN IN ST UTILIZE MEDICAID TO PAY FOR THEIR EXAMS

* UNTREATED DECAY HURTS, IMPAIRS LEARNING AND MAY IMPEDE DEVELOPMENT
HOW DOES IT WORK?

* PRDC SIGNS A MEMORANDUM OF UNDERSTANDING ANNUALLY WITH COOPERATING LOCATIONS

* OUR SMILE TIME COORDINATOR NEGOTIATES WITH EACH INDIVIDUAL LOCATION TO SET DATES AND DISTRIBUTE/COLLECT ENROLLMENT FORMS

- DATES ARE DETERMINED BY SCHOOL AVAILABILITY, THE SIX-MONTH WAIT REQUIRED BY MEDICAID, AND WEATHER/SNOW DAYS

- PARTICIPATION IS A REAL CHALLENGE
SIGNUP OPTIONS

• ON LINE HTTPS://PRDC.FORMSTACK.COM/FORMS/SMILE_TIME_REGISTRATION
• HARDCOPY TO EACH PRIMARY AND ELEMENTARY SCHOOL CHILD IN EACH DISTRICT (25,000)
• DIGITAL AD CAMPAIGN – ROSS MEDIA
• FACEBOOK ADS PER SCHOOL COMBINED WITH DIRECT CONTACT VIA SOLUTION REACH WITH PRIOR ST PATIENTS FROM THAT SCHOOL
• SCHOOL NURSES
Sealants on 1st and 2nd permanent molars have been found to reduce the incidence of caries by as much as 90%. Teeth with sealants are less likely to need fillings in the future.
Before sealant is applied.  
After sealant is applied.
WHY PRDC?

* PRDC EMPLOYS TWO PEDIATRIC DENTISTS

* WE HAVE A MOBILE X-RAY UNITS (NOMADS), CHAIRS AND EQUIPMENT INCLUDING ISODRY’S ANDA PORTABLE AUTOCLAVE TO PERFORM REMOTE EXAMS AND PREVENTATIVE SERVICES

* WE SEND A DENTIST TO DO A REAL DENTAL EXAM – NOT JUST ASSISTANTS TO APPLY FLUORIDE VARNISH

* WE WILL ONLY GO TO FACILITIES WITHIN ONE HOUR OF PRDC – BECAUSE WE WANT TO BECOME THE DENTAL HOME FOR THESE KIDS AND THEIR FAMILIES
WHY SMILE TIME?

* IT WORKS

* REDUCED INCIDENCE OF RESTORATIVE REQUIREMENTS FROM 87% TO 54% IN CHILDREN PARTICIPATING IN THE PROGRAM

* REACHES LOW-INCOME CHILDREN WITHOUT A REGULAR DENTIST

* 90+% OF CHILDREN PARTICIPATING HAVE MEDICAID COVERAGE
**Which counties participate in Smile Time?**

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<th>County</th>
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<tr>
<td>Culpeper</td>
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<tr>
<td>Greene</td>
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<tr>
<td>Madison</td>
</tr>
<tr>
<td>Orange</td>
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</table>
### WHO PARTICIPATES IN CULPEPER COUNTY?

#### SCHOOLS
- AG Richardson
- Culpeper Head Start/Kid Central
- Emerald Hill
- Farmington
- Pearl Sample
- Sycamore Park
- Yowell
- Child Help

#### PAYOR TYPE
OF ALL THE KIDS WE SEE IN CULPEPER:
- 86% Have Medicaid
- 10% Have Private Insurance
- 9% Are Self-Pay (All at PRDC’s Affordable Care Price, Some Covered by Head Start)

#### AGE
OF ALL THE KIDS WE SEE IN CULPEPER:
- 28% Are Under 5 Years Old
- 62% Are Between 5 and 10 Years Old
- 10% Are Over 10
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<tr>
<th>School</th>
<th>Date of Visit</th>
<th>Total Patients</th>
<th>New Patients</th>
<th>Existing Patients</th>
<th>Prophy Completed</th>
<th>Bitewings Taken</th>
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WHO PARTICIPATES IN GREENE COUNTY?

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<td>OF ALL THE KIDS WE SEE IN</td>
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<td>GREENE:</td>
<td>GREENE:</td>
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<tr>
<td>RUCKERSVILLE ELEMENTARY</td>
<td>-88% HAVE MEDICAID</td>
<td>-7% ARE UNDER 5 YEARS OLD</td>
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<td>-10% HAVE PRIVATE INSURANCE</td>
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<td>-2% ARE SELF PAY</td>
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<td>-5% ARE OVER 10</td>
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<td>Date of Visit</td>
<td>Total Patients</td>
<td>New Patients</td>
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<td>SCHOOLS</td>
<td>PAYOR TYPE</td>
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<td>MADISON PRIMARY</td>
<td>OF ALL THE KIDS WE SEE IN MADISON:</td>
<td>OF ALL THE KIDS WE SEE IN MADISON:</td>
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<td>WAVERLY YOWELL ELEMENTARY</td>
<td>-89% HAVE MEDICAID</td>
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<td>-6% HAVE PRIVATE INSURANCE</td>
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<td>-5% ARE SELF-PAY</td>
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<td><strong>Total</strong></td>
<td><strong>42</strong></td>
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WHO PARTICIPATES IN ORANGE COUNTY?

SCHOOLS
- GORDON BARBOUR ELEMENTARY
- LIGHTFOOT ELEMENTARY
- LOCUST GROVE ELEMENTARY
- LOCUST GROVE PRIMARY
- ORANGE ELEMENTARY
- ORANGE HEAD START
- UNIONVILLE ELEMENTARY

PAYOR TYPE
OF ALL THE KIDS WE SEE IN ORANGE:
- 83% HAVE MEDICAID
- 9% HAVE PRIVATE INSURANCE
- 8% ARE SELF-PAY (ALL AT PRDC’S AFFORDABLE CARE RATES, SOME COVERED BY ORANGE HEAD START)

AGE
OF ALL THE KIDS WE SEE IN ORANGE:
- 23% ARE UNDER 5 YEARS OLD
- 70% ARE BETWEEN 5 AND 10 YEARS OLD
- 7% ARE OVER 10 YEARS OLD
<table>
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<td><strong>42</strong></td>
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STAT OBJECTIVES

- INCREASE PARTICIPATION
- INCREASE PARTICIPATION AFTER 3RD GRADE
- INCREASE NUMBER OF STUDENTS WITH A SEALANT ON A PERMANENT MOLAR
- INCREASE NUMBER OF LOCATIONS
  * SUMMER CAMPS?
  * PRIVATE DAY CARE FACILITIES?
  * HOMESCHOOLED CHILDREN?
  * MORE HEAD STARTS?
CHALLENGES

• WHO/WHERE CAN WE RECRUIT SOME PARENTS TO PARTICIPATE IN THIS GROUP?
• HOW CAN WE INCREASE ST PARTICIPATION?
  -OTHER WAYS TO ATTRACT ENROLLMENT?
• HOW CAN WE INCREASE ST PARTICIPATION AFTER 3RD GRADE?
• ARE THERE OTHER LOCATIONS WE SHOULD INVESTIGATE?
CONTACT PRDC

• MARY FOLEY  MARY.FOLEY@VAPRDC.ORG  (540)661-0008 X6
• NICOLE CAMPBELL  NICOLE.CAMPBELL@VAPRDC.ORG  (540)661-0008 X2

• HTTPS://WWW.VAPRDC.ORG/WORDPRESS/EXAMS-AT-SCHOOL/
• HTTPS://PRDC.FORMSTACK.COM/FORMS/SMILE_TIME_REGISTRATION
Best and Promising Practices

• State, county, community, or school level programs
• Led by departments of health, community health centers, school-based health centers, non-profits, private dental practices, small groups, or even individuals
• Policies to consider
SBH Priorities

• Consensus on purpose and goals
• Why sealant rates matter to you
• Where to focus our efforts moving forward
Next Steps

• Future meeting schedule
  • Next day/time?
• More voices, more impact
• Final announcements