

# Welcome

Office for State, Tribal, Local and Territorial Support

*presents . . .*

***CDC Vital Signs***

**School Sealant Programs: Providing a Shield Against  
Tooth Decay**

**October 25, 2016**

**2:00–3:00 pm (ET)**



# Agenda

<b>2:00 pm</b>	<b>Welcome &amp; Introductions</b>	<b>Matthew Penn, JD, MLIS</b> Director, Public Health Law Program, Office for State, Tribal, Local and Territorial Support, CDC
<b>2:05 pm</b>	<b><i>Vital Signs</i> Overview</b>	<b>Susan Griffin, PhD</b> Health Economist, Office of Noncommunicable Diseases, Injury and Environmental Health, Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion, CDC
<b>2:10 pm</b>	<b>Presentations</b>	<b>Robbyn Kuester, BSDH, RDH</b> Statewide Dental Sealant and Fluoridation Program Coordinator, Wisconsin Department of Health Services  <b>Dionne Richardson, DDS, MPH</b> State Dental Director, New York State Department of Health
<b>2:30 pm</b>	<b>Q&amp;A and Discussion</b>	<b>Matthew Penn, JD, MLIS</b>
<b>2:55 pm</b>	<b>Wrap-up</b>	
<b>3:00 pm</b>	<b>End of Call</b>	



# **CDC** *Vital*signs™ Teleconference

to support STLT efforts and build momentum around the monthly release of CDC *Vital Signs*



# Vital Signs: School Sealant Programs — Providing a Shield Against Cavities

**Susan O. Griffin, PhD**

Senior Economist, CDC Division of Oral Health

Vital Signs Town Hall

October 25, 2016



Department of Health and Human Services  
Centers for Disease Control and Prevention

# What Are Dental Sealants?

- **Coatings applied to the permanent molars**
  - Where 9 in 10 cavities occur
- **Prevent tooth decay**
  - 80% at 2 years
  - 50% at 4 years



Community Preventive Services Task Force. Dental Caries (Cavities): School-Based Dental Sealant Delivery Programs.

Available at <https://www.thecommunityguide.org/findings/dental-caries-cavities-school-based-dental-sealant-delivery-programs>

## Tooth decay is one of the greatest unmet treatment needs among children

- If left untreated, can cause pain, infection, and problems with eating, speaking, and learning
- **Low-income children in 1999–2004**
  - Twice as likely as higher-income children to have untreated cavities (27% vs.13%)\*
  - Half as likely as higher-income children to have dental sealants (21% vs. 40%)\*\*

\*By age 19 years, NHANES 1999–2004

\*\*By age 11, NHANES 1999–2004

Griffin SO, et al. Vital Signs: Dental Sealant Use and Untreated Tooth Decay Among US School-Aged Children. MMWR 65(41):1141-1145.

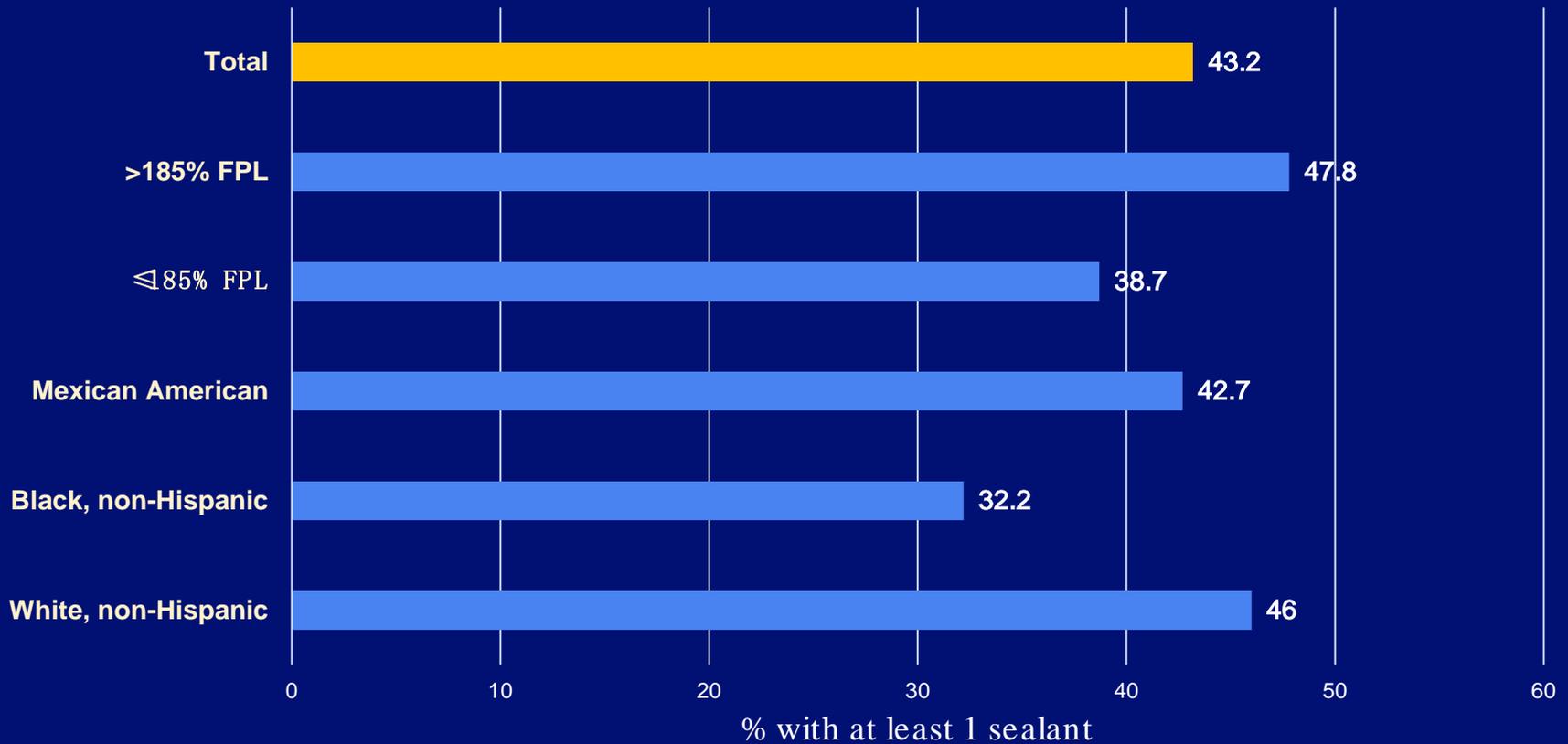
## School-based Dental Sealant Programs Increase Access to Sealants

- **School-based sealant programs (SBSP)**
  - Target schools where >50% students on free/reduced meal program
  - Use portable dental equipment
  - Deliver sealants at little or no charge
- **Community Preventive Services Task Force**
  - SBSP increase the number of school children receiving this effective intervention
  - Savings in dental treatment costs and productivity losses resulting from fewer cavities MINUS SBSP cost = \$11.70 per tooth sealed over 4 years.

## Study Methods

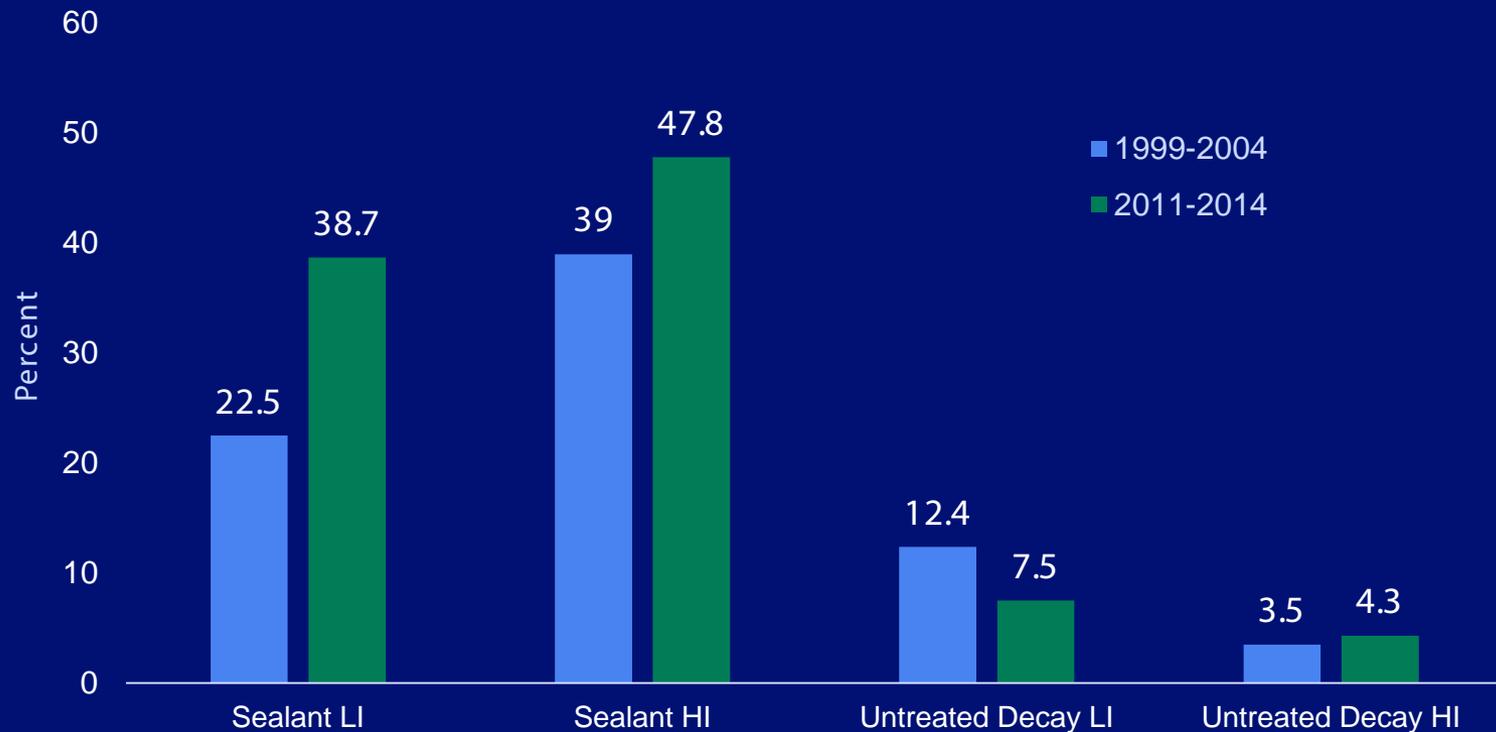
- **Data source: National Health and Nutrition Examination Survey (NHANES), 2011–2014**
- **Population**
  - 6- to 11-year-olds
  - Stratified by income — Low-income ( $\leq$  185% Federal Poverty Level (FPL))
- **Outcomes**
  - Sealants and untreated tooth decay
    - Prevalence
    - Change from 1999 to 2004
  - Mean number of permanent 1<sup>st</sup> molars with cavities
    - Sealed vs. not sealed

# Sealant Prevalence, Children Aged 6 to 11 Years, US 2011–2014



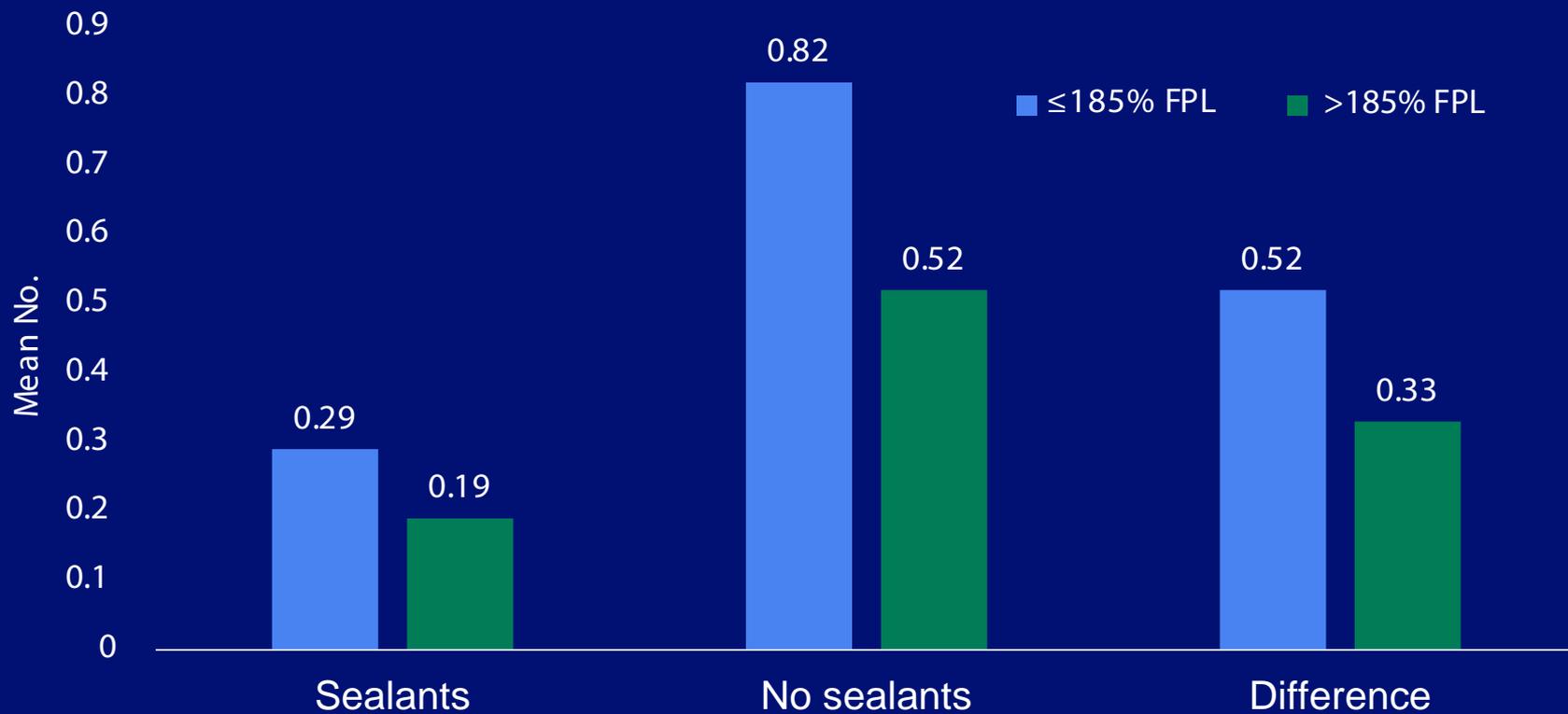
NHANES, representing 22.5 M children

# Prevalence of Sealant Use and Untreated Tooth Decay, by Family Income: 6-to 11-Year-Olds, US, 1999–2004 and 2011–2014



LI= low-income; HI= higher-income

# Mean Number First Molars with Cavities, by Sealant Status: 7- to 11-Year-Olds, 2011–2014



**If SBSP Served the 6.5 M Low-Income Children Currently Without Sealants, Over 3.5 M Cavities Would Be Prevented**



## What Can State Officials Do?

- Target SBSP to areas of greatest need and track number of schools and children served.
- Implement policies that deliver SBSP in most cost-effective manner.
- Help schools connect to Medicaid and CHIP, local health department clinics, community health centers, and dental providers in the community to foster more use of sealants and reimbursement of services.

## What Can School Administrators Do?

- Work with local and state public health programs and dental providers to start SBSP.
- Support having SBSP in schools and promote SBSP benefits to teachers, staff, and parents. Help children enroll in sealant programs by putting information for parents in registration packets at the beginning of the school year.
- Encourage schools to develop relationships with local dental offices and community dental clinics to help children get dental care.

## What Can Parents Do?

- Ask your child's dentist to apply sealants when appropriate.
- Sign your child up to participate in a school-based sealant program. If your school does not have a sealant program, ask them to start one.
- Find a dentist if your child needs one. Use the Insure Kids Now Dentist Locator: <http://bit.ly/2dwnU5E>.

# Thank You

Susan O. Griffin, PhD

Economist

Division of Oral Health

National Center for Chronic Disease Prevention and  
Health Promotion

Centers for Disease Control and Prevention

[SIG1@cdc.gov](mailto:SIG1@cdc.gov)

**For more information, please contact the Centers for Disease Control and Prevention.**

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# School-Based Dental Sealants in Wisconsin

Robbyn Kuester, BSDH, RDH  
Sealant and Fluoridation Coordinator  
October 25, 2016

# Background

- Began 1999–2000 school year
- Prevention program
- Targets high-risk schools



# 2016–17 Awards

\$579,519

- Amount awarded

38

- Programs funded

54,675

- Children expected to be screened

# Funding

- State general purpose revenue
- Delta Dental of Wisconsin
- Centers for Disease Control and Prevention



# Administration

- Public private partnership
- Centralized
  - Evidenced-based policies
  - Quality assurance
  - Technical assistance
- Annual meeting
  - Networking
  - Equipment
  - Awards
  - Training

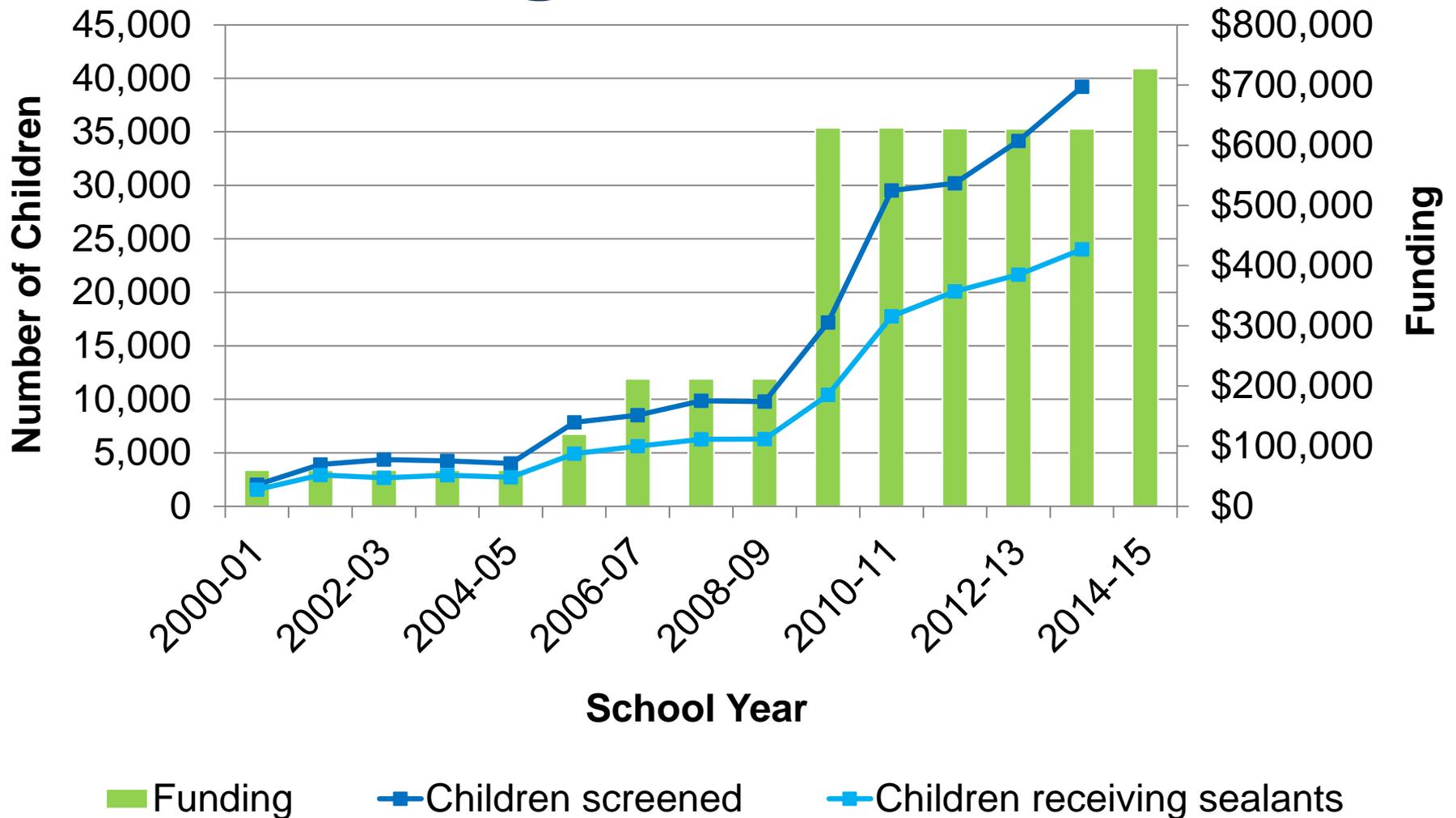


# Data

- Required
- Uniform collection
- Utilization
- Quality
- Evaluation



# Program Trends



# Impact

	2002	2012
Seal-A-Smile funding	\$60,000	\$627,212
# kids screened	3,919	34,157
# sealants placed	10,701	79,792
# schools served	102	613
% 3 <sup>rd</sup> graders with untreated decay	31%	17%
% 3 <sup>rd</sup> graders with sealants	48%	61%

# Sustainability

## Medicaid billing

- Requirement
- Dental hygienist Medicaid provider

## Program efficiency

- Increases after 2–3 years of experience
- Lowers labor cost
- Allows for program expansion

## Wisconsin Dental Practice Act

- Ability for registered dental hygienist to provide care in schools
- Keeps costs low

# Keys to Success

- Diverse funding sources
- Centralized administration
- Data
- Evaluation



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Sealant and Fluoridation Coordinator

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Department  
of Health

# School-Based Health Center Dental Sealant Programs

Dionne J. Richardson, DDS, MPH  
State Title V Dental Director  
New York State Department of Health

# Meeting Our State and National Goals

## **The Prevention Agenda 2013–2018**

### **NYS Health Improvement Plan**

Reduce the prevalence of dental caries among NYS children

## **Healthy People 2020**

Increase the proportion of school-based health centers with an oral health component that includes dental sealants

## **NYS Title V Maternal and Child Health Services Block Grant State Action Plan (2016–2020)**

- Reduce the prevalence of dental caries among NYS children by 10%
- Increase the percentage of children and adolescents ages 1–17 who had a preventive dental visit in the past year, by 5%



# Trends in Oral Health Status

## Children

- Dental caries prevalence decreased and sealant prevalence increased
- Dental caries in children's permanent teeth **declined** from the early 1970s until mid 1990s
  - **21%** of children (6 to 11 y/o) have had dental caries in their permanent teeth.
  - **8%** of children (6 to 11 y/o) have untreated decay



# Sealants

- Best to apply sealants soon after teeth have erupted (6 years old – first molars; 12 years old – second molars)



- Last 5 to 10 years, but should be checked at regular dental appointments
- Do not replace fluorides, such as those used in fluoride varnish and community water supplies (keep germs and food particles out of the grooves)

# School Based Dental Sealant Programs

## Goal

- To provide preventive dental services to children in high-need areas (urban/rural) \and link these children with a dental home
- Establish a dental home for children (referral and follow-up)
- Address disparities by targeting low-income children ranging from Head Start to High School

## Objectives

- Prevent tooth decay
- Promote healthy oral health practices such as tooth brushing, flossing, etc.
- Facilitate learning and improved school attendance



# School Based Dental Sealant Program Services

- Examinations and referrals for treatment
- Preventative services
  - Prophylaxis (cleaning)
  - Sealants
  - Fluoride applications (varnish, rinses or gels)
- Treatment Services
  - Restorative treatment (fillings)
  - Simple extraction

# School-Based Dental Program Delivery

- School-based programs provide dental sealants to students in three settings:
  - Fixed clinics located in schools
  - Mobile vans parked on school property
  - Portable equipment carried into schools and located in temporary spaces
- Established partnerships through a Memorandum of Understanding
- Services must be available to all students enrolled in the school
- Services must be provided at no out-of-pocket cost to students/families
- Provider may serve as a student's dental home

# Examples of School-Based Health Center Dental Models of Operation

SBHC-D programs provide dental services (preventive and treatment) to students through portable equipment, mobile dental vans, or in-school dental offices.



**Portable Equipment**



**Mobile Van**



**Fixed School Site**

# Sealant Program Indicators of Success

- Program Expansion
- Collaborative Practice
- Provider Billing/Financing
- Program Evaluation Capacity

# Challenges

- Increasing Participation
- Case Management
- Infection Control
- Equipment Management/Cost of Maintenance
- Consistent Data Reporting from Providers

# Questions?

Dionne J. Richardson, DDS, MPH, State Title V Dental Director  
New York State Department of Health

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**THANK YOU!**

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Please mark your calendars for the next  
***Vital Signs Town Hall Teleconference***

**November 15, 2016**

**2:00–3:00 pm (ET)**

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The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



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