

Kansas Sealant Plan



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Kansas Sealant Plan

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Section One: Kansas Overview

Demographics and Barriers

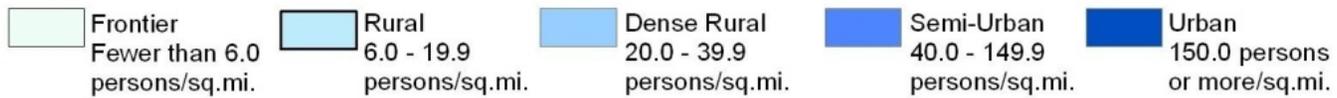
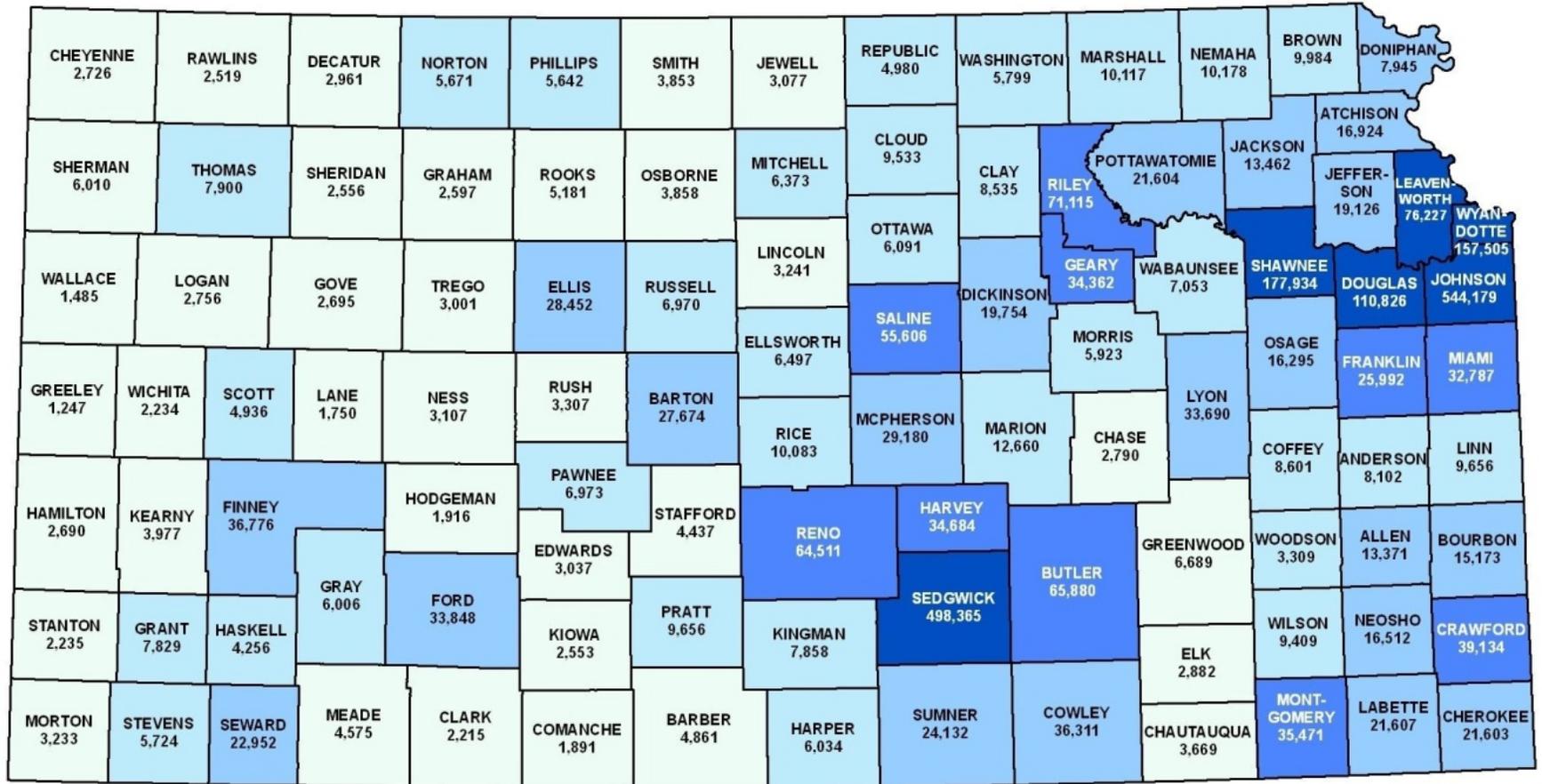
Geographically, Kansas is a relatively large state at 81,759 square miles, containing 105 counties and 2.8 million residents. Five population density designations, frontier, rural, dense rural, semi urban, and urban, are often used to describe the state. Of the 105 counties, only 6 hold the distinction of being labeled as urban (150 persons or more per square mile). Five of these six counties (Douglas, Johnson, Leavenworth, Shawnee, and Wyandotte) are located in the north eastern portion of the state, while Sedgwick County lies in the south central portion of the state. These six counties account for 54% of the population of Kansas or 1,565,036 million persons. Ten counties are listed as semi-urban (40 to 149 persons per sq. mi.), 21 counties are Densely Settled Rural (20-39 persons per sq. mi), 32 counties are classified as Rural counties (6-19 persons per sq. mi) and the largest grouping of density peer groups is Frontier which accounts for 36 counties (less than 6 persons per sq. mi) and 4% of the population.¹

Race	Percent of Population in Kansas
White	87.4%
Black	6.1%
American Indian & Alaska Native	1.2%
Asian	2.5%
Native Hawaiian & Other Pacific Islands	0.1%
Persons Reporting 2 or more Races	2.7%

Ethnicity	Percent of Population in Kansas
Hispanic or Latino	10.8%
White, non-Hispanic	77.8%
Other, non-Hispanic	11.4%

¹ <http://quickfacts.census.gov/qfd/states/20000.html>

State of Kansas Population Density



Dental Workforce Challenges

In Kansas, there is a concern that the current dental workforce does not meet the oral health needs of the population. Dental workforce shortages are projected to worsen as older rural and frontier dental practitioners retire. This eventuality, coupled with transportation barriers for the patients and lack of providers accepting dental insurance, will exacerbate the existing struggles for many Kansans trying to access dental care. In 2011 the Bureau of Oral Health (BOH), a bureau located in the Kansas Department of Health and Environment (KDHE), collaborated with the University of Kansas Medical Center (KUMC) on a study assessing the capacity of the rural dental workforce in Kansas. “Mapping the Rural Kansas Dental Workforce, Implications for Population Oral Health” was drafted in 2011 by BOH and KUMC’s Kim Kimminau, PhD, and Anthony Wellever, PhD. The report is available at the Bureau of Oral Health’s website: http://www.kdheks.gov/ohi/download/2009_Oral_Health_Workforce_Assessment.pdf. A summary of the report is included below.

Executive Summary

Fewer people living in rural communities, limited access to all types of health care services, an aging dentist workforce and the high costs necessary to run and maintain a viable dental practice combine to produce an oral health care workforce crisis in rural Kansas. This project uses a geographic information systems (GIS) approach to pinpoint locations in Kansas where there are the fewest dental providers serving their communities and oral health care delivery innovation is needed most urgently.

Findings from this research confirm a 2009 KDHE Bureau of Oral Health workforce study that described a shortage of primary care dentists and Extended Care Permit dental hygienists (ECPs) in certain rural areas of Kansas. Setting aside county boundaries typically used to describe federally designated health professional shortage areas (HPSA), this research expands on the concept of workforce shortage areas to look at where people live, how they travel and where providers practice. Taking these factors into account, this research identifies gaps in the dental provider coverage map more precisely than traditional HPSAs designations.

The authors introduce the concept of a “Dental Care Service Desert” to describe the primary GIS result. This methodology is used to define food deserts and other relevant public health shortage areas, but up to this point has not been applied to oral health. The

“Dental Care Service Desert” is a new designation that describes geographic areas where there are not dental services and where the closest dental office is at least a half-hour drive from a resident’s home. Findings indicate that at least 57,000 Kansans live in Dental Care Service Deserts, and this number is projected to increase as the current primary care dentist rural workforce retires, and as currently forecast, is not fully replaced.

Key findings in the study include:

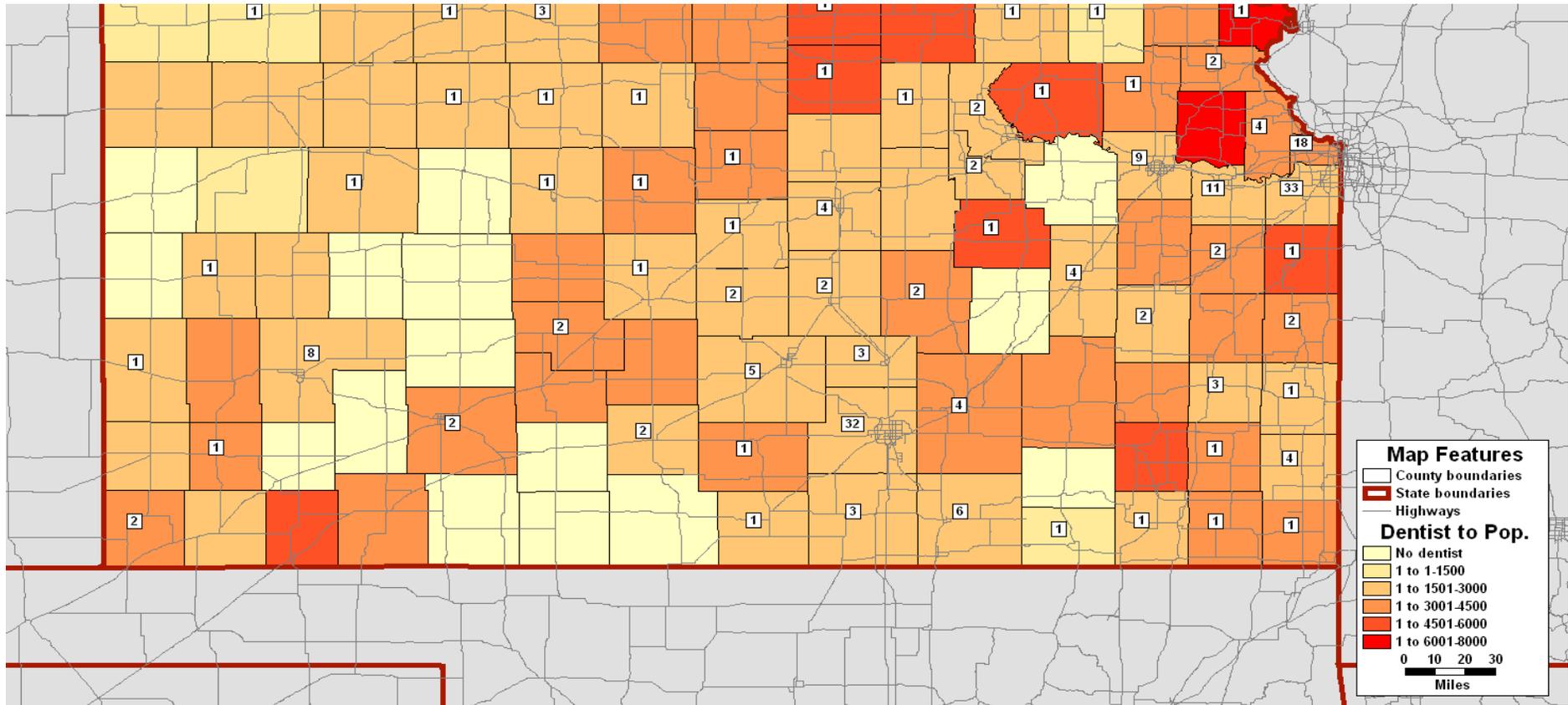
1. Access to primary care dentists is not equal for all Kansans.
2. Extended Care Permit dental hygienists have not fully filled in the geographic gaps where primary care dentistry is unavailable.
3. Areas of western Kansas will join the Dental Care Service Desert in the next three years because of retirement of many primary care dentists.
4. The addition of strategically placed dental providers could make a difference in access to oral health care in western Kansas.
5. Dental care workforce innovations or pilot interventions could be tested in Dental Care Service Deserts.²

This study has given Kansas a clear picture of where the licensed dentists and extended care permit hygienists are located compared to where Kansas residents are living. The final piece is to show not only where the providers are, but who is accepting the state benefits card or Medicaid for services rendered, and are there enough of these providers for the patient base. This information of “dental deserts” will allow for strategic placement of dental professionals and oral health programs.

As part of this project, KUMC and BOH mapped the current locations of Kansas dental providers. In the maps that follow, a black dot identifies the location of a dental practice. The white box identifies the total number of dentists practicing in this county. The map indicates dental practice locations, but does not indicate whether the dentist is practicing full or part time. The second map indicates where the dentists that are enrolled in the Kansas Medicaid program are located.

² http://www.kdheks.gov/ohi/download/Mapping_the_Rural_Kansas_Dental_Workforce.pdf

The Number of Medicaid Dental Providers per County (KHPA 2009)



Kansas Department of Health and Environment and the Bureau of Oral Health

Kansas Department of Health

The Kansas Department of Health and Environment, an executive agency directed by the Governor appointed Secretary, Robert Moser MD, is located in Topeka, Kansas. The mission of the Division of Health is to promote and protect health and prevent disease and injury among the people of Kansas. This is accomplished through three basic functions:

Assessment - The Division systematically collects, analyzes, and publishes information on many aspects of the health status of Kansas residents. Assessment includes examining trends in health, disease, and injury.

Policy Development - The Division uses information from its assessments and other sources to develop policies needed to promote and protect health and prevent disease and injury among the people of Kansas. Public health policies incorporate current scientific knowledge about health and disease. Examples of such policies are new or improved service programs, regulatory changes, and recommendations to the Kansas Legislature and the Governor.

Assurance - The Division provides services that are needed to achieve state health goals. In some programs, services are provided by state employees. In other programs, public health services are provided by employees of local health departments or other community-based organizations, with financial and/or technical support from the Division. Services may also be provided indirectly through activities encouraging individuals and organizations to become involved in serving the health needs of the people of Kansas.

The Kansas Department of Health includes seven Bureaus: the Bureau of Epidemiology and Vital Statistics, Bureau of Family Health, Bureau of Health Promotion, Bureau of Community Health Systems, Bureau of Environmental Health, Bureau of Disease Control and Prevention, and the Bureau of Oral Health. The Department of Health also includes the Center for Performance Management and the Center for Health Equity.

Bureau of Oral Health

The Bureau of Oral Health (BOH) is Kansas' state-level public health division dedicated to oral health improvement. BOH works to improve the oral health of all Kansans through oral health data collection and dissemination, statewide oral health education, development of evidence based oral health policy, and programming dedicated to dental disease prevention.

Current Staff:

Bureau Director, Katherine Weno, DDS, JD

Children's Oral Health Program Manager, Jennifer Ferguson, RDH

Public Health Educator, Mary Ann Percy, RDH, BSDH, ECP II

Public Health Educator, Jessica Herbster, RDH, BSDH, ECP II

Water Fluoridation Specialist, Anantha Sameera Mangena

Epidemiologist/Evaluator, Charles Cohlma, MPH

Current projects at the Bureau of Oral Health include the School Screening and Sealant Programs, Water Fluoridation Promotion, and oral health surveillance.

Kansas Oral Health Plan

The Kansas Oral Health Plan is a statewide document that guides oral health programming in Kansas. It was collaboratively drafted by the Bureau of Oral Health and the state oral health coalition, Oral Health Kansas. The 2011-2014 Kansas Oral Health plan³ includes objectives to ensure that oral health is integrated into health programs in Kansas schools. The Bureau of Oral Health has partnered with Kansas safety net dental clinics to complete activities associated with this objective and some of those activities are listed below:

- On an ongoing basis, maintain and expand the number of schools that comply with the Kansas Dental Screening Law and provide data to the Bureau of Oral Health about children's oral health.
- Through 2014, expand the number of children that have access to school based oral health services including topical fluoride, sealants, and restorative care.
- On an annual basis, collect data on the number of children receiving oral health services in Kansas schools.

³ Weno, KA, Brunner, TD, Kansas Oral Health Plan 2011-2014, 2011 Bureau of Oral Health, http://www.kdheks.gov/ohi/download/2011-14_Oral_Health_Plan.pdf

Healthy People 2020

Healthy People 2020 (HP 2020) is a national set of objectives for a 10-year agenda to improve our nation's health. Objectives have been identified for children and adolescents relating to dental sealants and oral health:⁴

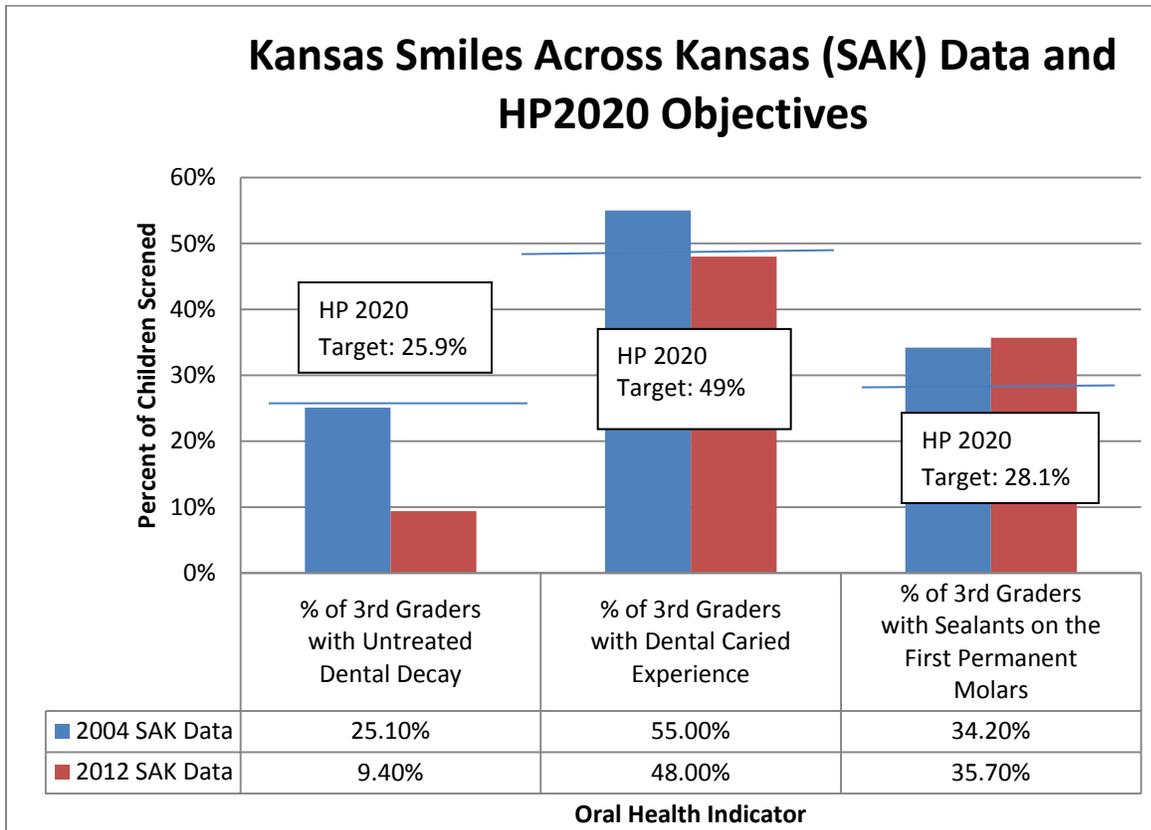
- Reduce the proportion of children aged 6 to 9 years with dental caries experience in their primary and permanent teeth. Target 49 % (OH 1.2)
- Reduce the proportion of adolescents aged 13 to 15 years with dental caries experience in their permanent teeth. Target 48.3 % (OH 1.3)
- Reduce the proportion of children aged 6 to 9 years with untreated dental decay in their primary and permanent teeth. Target 25.9 % (OH 2.2)
- Reduce the proportion of adolescents aged 13 to 15 years with untreated dental decay in their permanent teeth. Target 15.3 % (OH 2.3)
- Increase the proportion of children aged 6 to 9 years who have received dental sealants on one or more of their permanent molar teeth. Target 28.1 % (OH 12.2)
- Increase the proportion of adolescents aged 13 to 15 years who have received dental sealants on one or more of their permanent molar teeth. Target 21.9 % (OH 12.3)

Kansas' Basic Screening Survey: *Smiles Across Kansas*

The Association of State and Territorial Directors (ASTDD) created the Basic Screening Survey (BSS) to allow for states to record, document, and report data that can be used to evaluate state progress toward the Healthy People objectives. The BSS screens 3rd grade children for treated and untreated dental decay. It also determines the prevalence of dental sealants and identifies children that have immediate treatment needs. Each state is encouraged to complete a BSS survey of 3rd graders every three to five years and report the data on the National Oral Health

⁴ Healthy People 2020: Office of Disease Prevention and health Promotion, Department of Health and Human Service. <http://www.healthypeople.gov/>

Surveillance System (NOHSS). Kansas' BSS, titled *Smiles Across Kansas* (SAK), was done in 2004 and 2012⁵.



Bureau of Oral Health School Screening Program

The Bureau of Oral Health instituted the Kansas School Screening Program during the 2008-09 school year to help schools comply with Kansas statute (*K.S.A. 72-5201*) mandating a free dental inspection be offered to students grade K-12. BOH provides schools with a uniform screening protocol and helps them recruit licensed dental professionals, dentists, and hygienists to perform the screenings. The screening protocol is adopted from the Basic Screening Survey.

Screeners for the School Screening Program are dental professionals who have passed a course, either online or in person, on the survey protocol. The calibration course does not teach individuals what decay is; rather, it teaches them how to classify the severity of the decay. The training course walks the screeners through the entire screening process and the paperwork

⁵ *Smiles Across Kansas 2012*, Kansas Bureau of Oral Health, http://www.kdheks.gov/ohi/download/Smiles_Across_Kansas_2012.pdf

associated with the screening. The School Screening Program works with school nurses who help plan and implement the screenings. The screeners collect the data and give it to the school nurse, who sends home results letters to the students. The screening data is aggregated and entered into the BOH online database. Screening data reports are accessible by the public through the BOH website, www.kdheks.gov/ohi.

**KANSAS SCHOOL SCREENING PROGRAM –
TOTAL CHILDREN AND SCHOOLS PARTICIPATING, 2008-2012**

	2011-2012	2010-2011	2009-2010	2008-2009
Total Students Screened K-12	140,503	124,011	75,175	55,688
# of Counties Screened (n=105)	88	87	63	50
# of Public Schools Screened	614	539	327	234
% of Public Schools Screened	45.65%	39.43%	23.70%	16.80%
# of Non-Public Screened	20	13	13	16

AGGREGATED SCHOOL SCREENING DATA 2011-2012 SCHOOL YEAR

	Statewide		Johnson County (KC Metro)		Sedgwick County (Wichita)	
Untreated Decay Yes	24,770	17.63%	1,658	11.91%	5,501	16.81%
Untreated Decay No	115,731	82.37%	12,266	88.09%	27,224	83.19%
Treated Decay Yes	55,966	39.83%	4,682	33.62%	14,106	43.10%
Treated Decay No	84,537	60.17%	9,244	66.38%	18,619	56.90%
Sealants Present Yes (3-12)	35,749	38.78%	3,243	39.64%	9,747	46.41%
Sealants Present No (3-12)	56,344	61.13%	4,938	60.36%	11,256	53.59%
Urgent Care	4133	2.94%	272	1.95%	1,135	3.47%

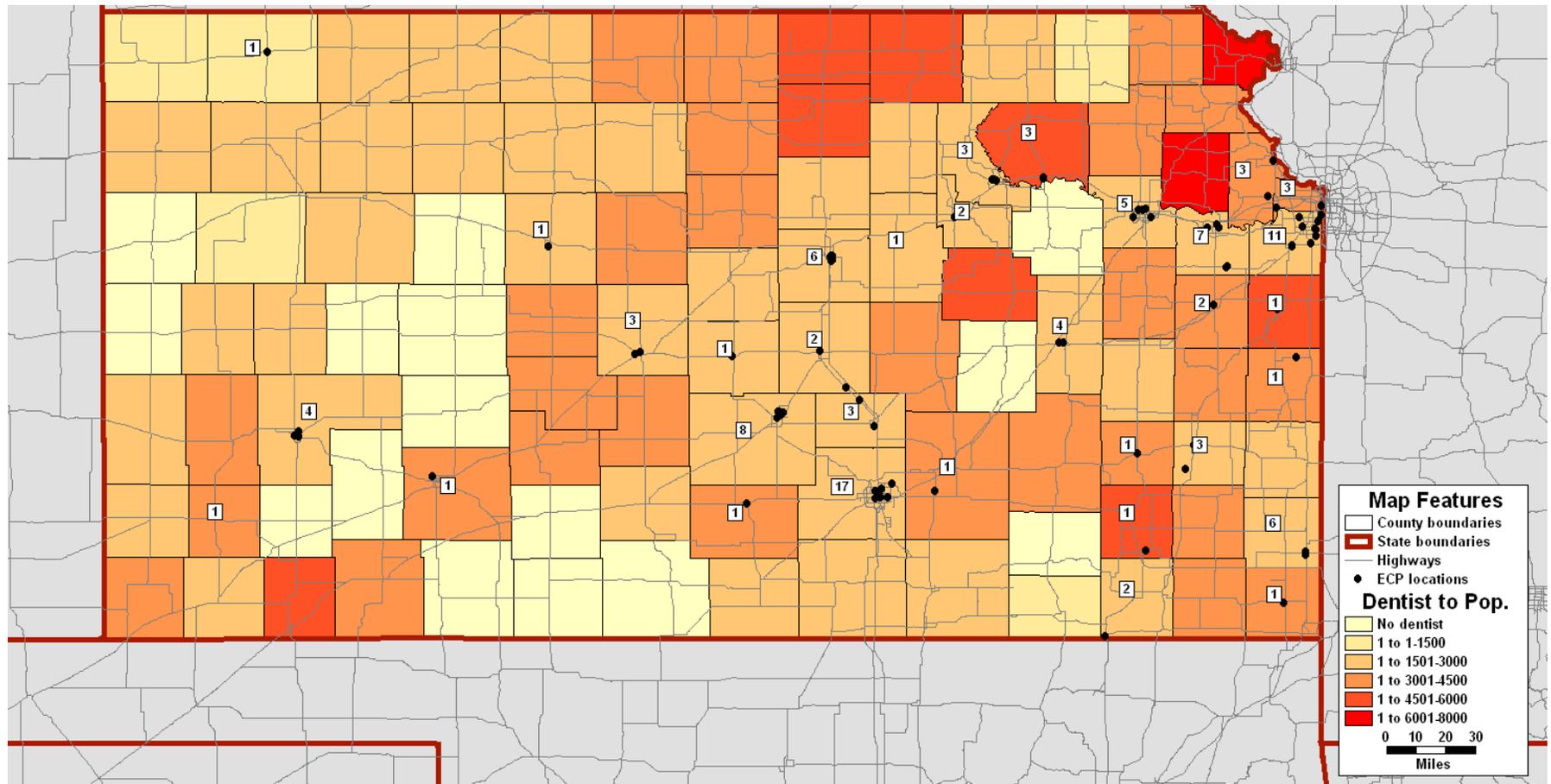
Kansas Dental Practice Act – Kansas Statutes Chapter 65, Article 14

State law dictates how dental practitioners can practice in the state. In Kansas, the regulating entity is the Kansas Dental Board. Prior to 2003, the only way a dental hygienist could provide hygiene services in a school was if a dentist was at the school and providing direct supervision. Kansas saw this as a barrier to oral health care for high risk children in the state. In 2003, advocates from the oral health coalition worked with the Kansas Dental Association to create the

Extended Care Permit (ECP), a classification which allows experienced hygienists to work independently in a school setting (as well as other community based settings) under the guidance of a sponsoring dentist. Under this arrangement, the overseeing dentist is only required to review the paperwork of the ECP hygienist and does not need to see the child. Legislative changes occurred in July 2012 which expanded the ECP law to allow hygienists to do additional services, such as temporary fillings and extraction of loose primary teeth.

The 2009 Workforce Assessment also looked at the utilization of the ECP hygienists. Of the 89 hygienists who had received an ECP, most worked for community health centers and were using the ECP to treat children. In 2011, BOH mapped the practice locations of the ECPs. This map is on the following page.

The Number of Extended Care Permit Hygienists per County



Section Two: Sealant Program Infrastructure

Bureau of Oral Health (BOH) Sealant Program Staff

The Bureau of Oral Health employs one full time equivalent (FTE) hygienist as the Children's Oral Health Program Manager; this employee focuses on the development and implementation of the sealant program. In addition to the Topeka-based Program Manager, the program also uses a contracted consultant to provide the project with program design, billing, and sustainability expertise. This individual was instrumental in a successful school based program in southeast Kansas and gives our sealant partners "real world" advice. The program also used a contracted evaluator from the University of Kansas Medical Center to provide a mid-program evaluation. As BOH was able to hire an oral health evaluator/epidemiologist in 2012, future evaluations will be done in-house. BOH also employs two .5 FTE hygienists who work primarily with the School Screening Program, but also assist the Sealant Program Manager with school coordination and data collection. The state Dental Director provides oversight for the entire program and is responsible for the grant reporting and funding decisions.

School Sealant Program Contractors

Prior to the BOH School Sealant program, a few safety net clinics, some for profit entities, and a private practitioner in Kansas were providing school based services such as fluoride varnish, prophylaxis, and the placement of sealants. There was no coordination or data collection associated with these programs, so it was difficult to know how many children were receiving school-based services. This changed in 2010 when BOH received a grant from the Health Resources and Services Administration (HRSA) to start the statewide sealant program. Later that year, Kansas received funding from the Centers of Disease Control and Prevention (CDC) that also supports school sealant programs.

When looking to implement a statewide program, it was clear that due to the large size of Kansas, it would not be possible to hire individuals at BOH to provide these services. Instead, it was decided to use local dental providers to provide the clinical services. In the summer of 2010, BOH began to look for local individuals or groups that would be willing and able to implement the project. Interested parties included dentists, hygienists, community health centers, and dental

hygiene programs. Each of the prospective programs participated in a conference call in the fall of 2010 that addressed how BOH intended to build a school sealant program. Those who expressed an interest in going forward with the project signed contracts which included a description of the scope of work and contained yearly performance measures (Appendix C).

Year One

The 2010-11 school year was the start of the Kansas school sealant program. Most of the contracted programs had never provided dental services in schools using mobile equipment. The intent of Year One was to build relationships with the schools and meet with school nurses, principals, and superintendents to explain the program and the benefits it would bring to the children and the school. The contractors were required to provide oral screenings to all students the schools where they planned to provide services in Year Two. This would serve as the baseline data for the project.

The contracted programs were responsible for hiring staff to assist them with all aspects of the program and obtain any necessary supplies and equipment. BOH provided program form templates for parent consent, health history, and program pamphlets in English and Spanish versions. Letters from the state Dental Director introduced the program to school staff and dentists in the vicinity of participating schools. The contracted programs followed up with the school and explained in detail how their particular programs would schedule services for the next school year. School sealants were not a required output from contractors in Year One, but they were required to document what schools would be participating in a sealant program in Year Two. A sealant program meeting was held in Salina in the summer of 2011 to share contractor experiences and outline expectations for the second year.

Kansas School Sealant Program 2010-11



Of the 12 contracted programs in the 2010-11 school year, eight of them provided dental sealants in a school based setting. The chart below indicates the total number of school sealant programs and their activities in Year One.

School Sealant Programs 2010-11				
Contracted Program	# of Children Sealed	# of Sealants Placed	# of Elementary Schools Participating	Total # of School Participating
Community Health Ministry	38	255	7	7
Douglas County Dental Clinic	203	1226	18	25
Flint Hills	45	101	2	3
GraceMed	745	2642	45	49
OpenWide	124	893	3	8
Rawlins County Dental Clinic	77	393	7	12
Community Health Center of SEK	76	286	3	4
UMKC Miles of Smiles	160	426	6	6
TOTALS	1468	6222	91	114

Year Two

The 2011-12 school year was the first year that all of the contracted programs were required to place sealants on students in schools. Two new contractors joined the program at the start of Year Two, bringing the total number of regional programs up to fourteen. Prior to the beginning of the school year, each contracted program gave the BOH Program Manager a list of schools that they would be conducting school based services for during the 2011-12 school year. Each

year. The grantee meeting reviews what has happened that grant year and what to expect for the next grant year. The programs also must participate in evaluation activities, including the submission of a success story, and cooperation with the BOH program evaluator.

Sealant Efficiency Assessment for Locals and States (SEALS)

Since program Year Two, Kansas has utilized SEALS for data collection. SEALS is a CDC designed data collection tool for school sealant programs. In Year One, because not all of the contractors were providing services in schools, data was not collected and so SEALSs was not required. In the summer of 2011, each contracted program attended a webinar on how to fill out the forms associated with the SEALS data collection tool. Each contracted program received a SEALS manual along with all necessary forms.

SEALS allows BOH to evaluate each program's cost effectiveness and efficiency, and capture the child recipient's oral health status and demographic information. The contracted program can submit SEALS data to BOH at any time following the completion of the event. Forms are emailed, faxed, or mailed to BOH to be entered into the SEALS program. Once data is entered, the contracted program is notified of any errors so the program can clarify the data or resubmit it if necessary.

Funding Sources

BOH receives funds from HRSA and CDC for the Kansas School Sealant Program. These funds pay for BOH program staff, contracts for mid-course evaluation, and technical assistance, as well as the contracts awarded to the dental providers performing the services. Delta Dental of Kansas Foundation has helped BOH and their sealant partners purchase mobile equipment and dental supplies.

SCHOOL SEALANT LOGIC MODEL

INPUTS

KDHE Program Staff

- Executive Director
- Oral Health Program Manager
- Program Assistant
- Outreach Coordinators
- Contracted Site Consultant
- Contracted Evaluation Specialist
- Fluoridation Specialist
- Epidemiologist
-

Supporters and Partners

- Rawlins County Dental Clinic, Atwood
- Salina Family Care, Salina
- Konza Prairie, Junction City
- Community Health Ministry, Wamego
- Douglas County Dental Clinic, Lawrence
- Miles of Smiles UMKC, KC MO
- Open Wide, Atchison
- Community Health Center Southeast Kansas, Pittsburg
- Flint Hills, Emporia
- United Methodist Mexican – American Ministries, Garden City
- Cowley County Outreach, Arkansas City
- GraceMed, Wichita
- E.C. Tyree, Wichita
- Hunter Health Clinic, Wichita
- PrairieStar Health Center, Hutchinson
- Health Partnership Clinic, Olathe
- First Care Clinic, Hays
- Turner House, Kansas City

Funding

- Federal Grants – HRSA and CDC

Infrastructure

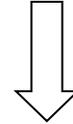
- Human Resources
- Legal
- IT
- Fiscal Services
- Office Space and Equipment

ACTIVITIES

- Review school screening data to identify schools that could most benefit from a school-based sealant program.
- Identify currently operational school sealant programs and which schools are already being served.
- Contact dental safety net clinics and professional partners to evaluate capacity for implementation or expansion of school based services
- Develop logic model and sealant plan.
- Draft contracts for sites with performance measures.
- Contract with UMKC for Sealant evaluation
- Create program materials and data collection forms
- Utilize SEALS program for data collection and evaluation with cost – effectiveness of program
- Train partners with all aspects of sealant program and provide technical assistance as necessary
- Implement school sealant program in Kansas Schools.
- Conduct yearly meetings for sealant sites to attend for evaluation provide feedback for program improvement.
- Conduct Mid-Program Evaluation
- Conduct Program Evaluation

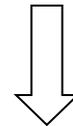
SHORT TERM OUTCOMES

- More Children have sealants
- Increased sealant retention in mouth
- Increase in oral health education
- Increase in number of participating schools



Intermediate Outcomes

- Reduction of dental caries in children
- Reduction of disparities in percent children with sealants in priority populations
- Sustainable programs



Long Term Outcomes

Improve Children’s Oral Health in Kansas

Section Three: Needs Assessment

Kansas is geographically large, but the majority of Kansans and dental providers reside in six counties. Rural and frontier areas are less densely populated, but have high dental needs with little access to dental providers. In order to design a Kansas Sealant Program, all types of communities must be served. Although it may be easiest to target Medicaid children in urban centers, these children are also able to access current dental providers, and are also served by the for profit mobile programs already in schools. Rural and frontier schools need more access to care, but have fewer children, so the financial viability of sealant programs in their schools is questionable. The design of the School Sealant Program must reflect the needs of Kansas children but also be cost effective and sustainable. In order to do this, BOH's sealant program does target specific underserved children, but is also flexible enough to allow for maximum participation.

In assessing the need for a sealant program, the BOH Program Manager reviews the data from both the Kansas School Screening Program and the federal lunch program (FLP) totals provided by the Kansas Department of Education. The lunch program is a federally funded meal program that operates in public and nonprofit private schools. It provides nutritionally balanced lunches at low or no cost to children during the school day. There are several ways a child can qualify for the program. One qualifier for participation is the amount of yearly income the family earns. The 2009 Federal poverty guidelines state that a child qualifies for the reduced lunch program if they are at 185% of the Federal poverty level or the free lunch program at 130% of the poverty level (taking into consideration the number of members in the family). For this reason, participation in the federal lunch program is often used as a poverty indicator for children in schools. Children in poverty are at high risk of dental decay and are the targets for school sealant programs. Another reason why participation in the lunch program is relevant is that in Kansas during the first years of the sealant program, the Practice Act only allowed ECP hygienists to treat children in schools that were enrolled in the program or participating in Medicaid or Healthwave. This changed in 2012, allowing program in the last year to treat any child who had parental consent.

The contracted programs used school lunch statistics to help guide them on which schools to approach first. Providing services in schools with higher numbers of children on the lunch program would also provide them with access to more children enrolled in Medicaid. For this

program, Medicaid will reimburse the providers for school based services, so these schools are desirable candidates for school based programs. The 2010-11 county level data indicates that 64% of the counties in Kansas have an average participation percentage in the FLP greater than 50%. Four of these counties have greater than 75% participation in the FLP. As the School Sealant Program cannot possibly serve all of these schools in its current capacity (see the following table), the Program Manager uses other data to assess schools for sealant programs.

**2010-11 All Elementary VS “High Risk” Elementary
(50% or Greater of the Students on the Federal Lunch Program)**

County	# of Elem. Schools	# of High Risk Elem	# of Students Enrolled in High Risk Elem	County	# of Elem. Schools	# of High Risk Elem	# of Students Enrolled in High Risk Elem.
Allen	5	5	1070	Haskell	2	2	495
Anderson	6	5	802	Hodgeman	1	0	0
Atchison	2	2	1219	Jackson	4	1	358
Barber	2	1	131	Jefferson	7	1	321
Barton	8	6	1489	Jewell	1	1	92
Bourbon	3	3	1232	Johnson	104	23	8633
Brown	2	2	608	Kearny	2	2	378
Butler	27	6	1185	Kingman	3	3	636
Chase	1	0	0	Kiowa	3	1	77
Chautauqua	2	2	281	Labette	12	12	2173
Cherokee	8	8	2034	Lane	2	1	35
Cheyenne	2	1	69	Leavenworth	15	4	1468
Clark	3	0	0	Lincoln	2	2	327
Clay	3	0	0	Linn	5	5	954
Cloud	4	4	771	Logan	2	0	0
Coffey	5	2	164	Lyon	13	9	2233
Comanche	1	0	0	Marion	4	1	148
Cowley	14	12	2603	Marshall	5	3	607
Crawford	10	9	2904	McPherson	10	3	736
Decatur	1	1	194	Meade	2	1	92
Dickinson	11	8	1083	Miami	7	2	544
Doniphan	5	2	302	Mitchell	5	2	128
Douglas	22	6	1951	Montgomery	7	6	2891
Edwards	2	2	273	Morris	2	0	0
Elk	1	1	102	Morton	3	2	313
Ellis	7	1	130	Nemaha	6	1	124
Ellsworth	3	2	323	Neosho	2	2	1068
Finney	13	11	3554	Ness	3	2	122
Ford	12	11	3986	Norton	3	2	150
Franklin	8	7	1784	Osage	7	5	1029
Geary	14	11	3611	Osborne	1	1	176
Gove	3	1	39	Ottawa	3	1	116
Graham	1	1	186	Pawnee	3	3	395
Grant	2	2	864	Phillips	3	3	409
Gray	4	2	163	Pottawatomie	7	1	320
Greeley	1	1	98	Pratt	4	2	378
Greenwood	3	3	570	Rawlins	1	1	161
Hamilton	1	1	314	Reno	21	14	3711
Harper	3	2	625	Republic	2	2	314
Harvey	12	7	2128	Rice	6	3	485

County	# of Elem. Schools	# of High Risk Elem	# of Students Enrolled in High Risk Elem	County	# of Elem. Schools	# of High Risk Elem	# of Students Enrolled in High Risk Elem.
Rush	2	1	155	Rooks	3	2	270
Russell	3	3	445	Stevens	2	2	698
Riley	11	4	1436	Sumner	10	6	1094
Saline	10	5	2023	Thomas	3	2	157
Scott	1	1	386	Trego	1	0	0
Sedgwick	95	63	27514	Wabaunsee	4	2	193
Seward	11	11	3336	Wallace	2	0	0
Shawnee	39	25	8790	Washington	5	1	213
Sheridan	1	0	0	Wichita	1	1	253
Sherman	2	2	457	Wilson	4	4	849
Smith	1	1	194	Woodson	1	1	343
Stafford	3	3	466	Wyandotte	39	37	13804
Stanton	1	1	266	Totals	787	459	134,781

BOH also uses data from the Kansas School Screening Program. Screening data is available for individual counties, school districts, and schools, making it easy to target children with unmet dental needs. Schools that participate in the Screening Program are already allowing oral health professionals to interrupt the school day to screen, so it is not as difficult to convince them to expand into sealant programs if the screening data indicates that their students lack sealants. A summary of the type of school screening data that was utilized to design the school screening program follows.

Although the contractors are encouraged to target their programs to schools with students with demonstrated risk of dental decay, if a school is interested in participating and is near a contractor, these schools are rarely turned away. As most of our contractors are located in areas with high poverty populations, it is not difficult to demonstrate that the school would benefit from a sealant program, even if they do not meet the parameters of our initial needs assessment.

Kansas School Screening Program

Total Children Screened by County

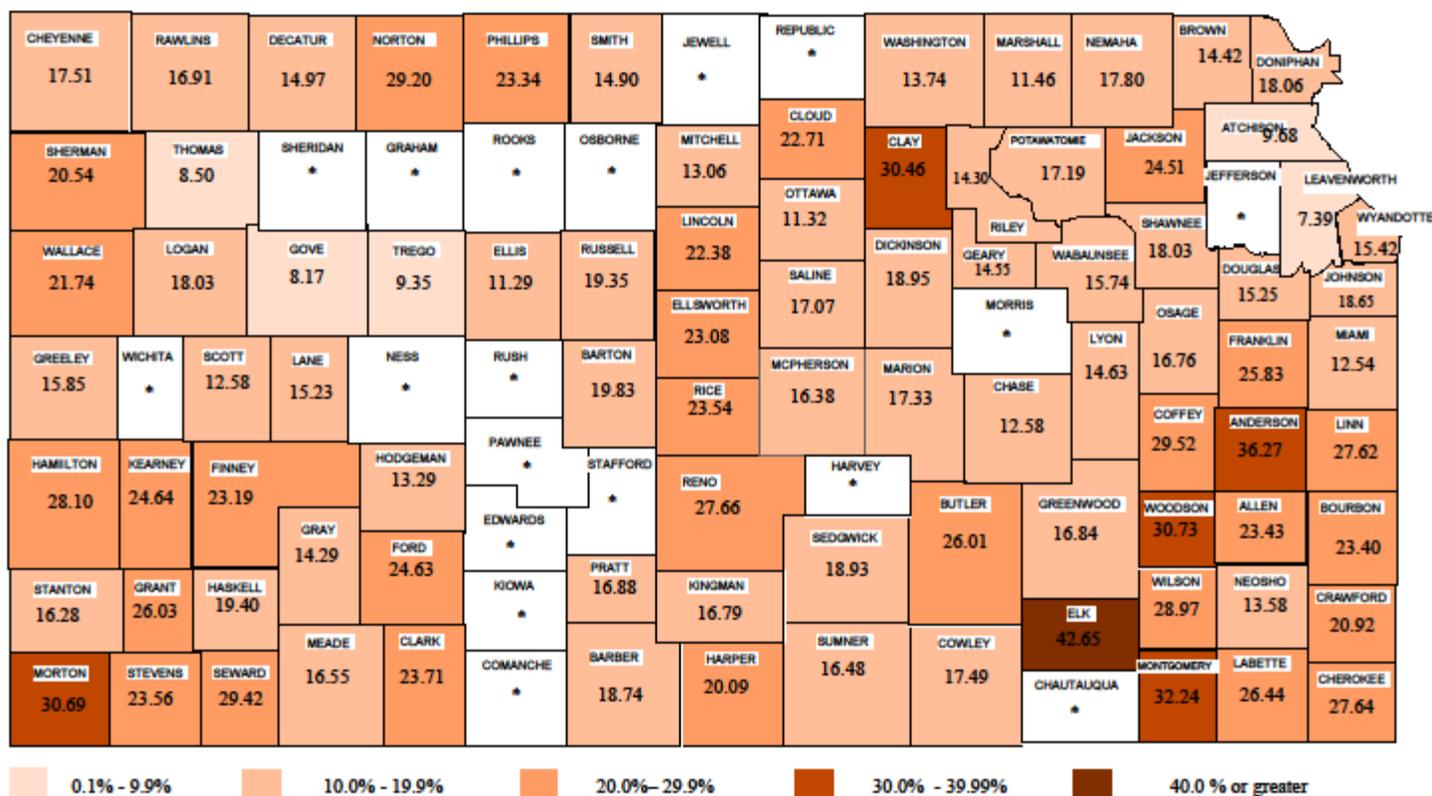
2010-11 School Year

CHEYENNE 417	RAWLINS 207	DECATUR 187	NORTON 137	PHILLIPS 437	SMITH 463	JEWELL 0	REPUBLIC 0	WASHINGTON 342	MARSHALL 602	NEMAHA 264	BROWN 416	DONIPHAN 692
SHERMAN 813	THOMAS 400	SHERIDAN 0	GRAHAM 0	ROOKS 0	OSBORNE 0	MITCHELL 245	CLOUD 1070	CLAY 325	POTAWAT 1,979	JACKSON 803	ATCHISON 306	ATCHISON 857
WALLACE 276	LOGAN 61	GOVE 367	TREGO 246	ELLIS 1,338	RUSSELL 615	LINCOLN 344	OTTAWA 486	DICKINSON 976	RILEY 803	SHAWNEE 3,090	JEFFERSON 0	LEAVENWORTH 1,461
GREELEY 82	WICHITA 0	SCOTT 302	LANE 151	NESS 0	RUSH 0	BARTON 1,175	SALINE 5,186	MORRIS 0	WABAUNSEE 648	OSAGE 1,456	DOUGLAS 1,843	JOHNSON 11,390
HAMILTON 274	KEARNEY 280	FINNEY 4,484	HODGEMAN 459	PAWNEE 34	STAFFORD 0	RENO 658	MCPHERSON 1,648	CHASE 310	LYON 540	FRANKLIN 515	MAM 3,126	WYANDOTTE 182
STANTON 215	GRANT 726	HASKELL 433	GRAY 693	EDWARDS 0	PRATT 231	KINGMAN 792	MARION 1,206	BUTLER 1,480	GREENWOOD 689	COFFEY 481	ANDERSON 102	LINN 927
MORTON 378	STEVENS 505	SEWARD 3,100	MEADE 284	CLARK 97	KIOWA 0	COMANCHE 0	HARVEY 0	SEDGWICK 29,167	WOODSON 371	ALLEN 1,336	BOURBON 141	CRAWFORD 2,988
					BARBER 507	HARPER 657	SUMNER 358	COWLEY 1,961	WILSON 1,046	NEOSHO 1,473	CRAWFORD 2,988	CHEROKEE 2,265
									ELK 136	MONTGOMERY 2,010	LABETTE 2,163	
									CHAUTAQUA 0			

0- No data was collected or reported to the Bureau of Oral Health using calibrated methods as outlined at www.kdbeks.gov/ohi

Kansas School Screening Program

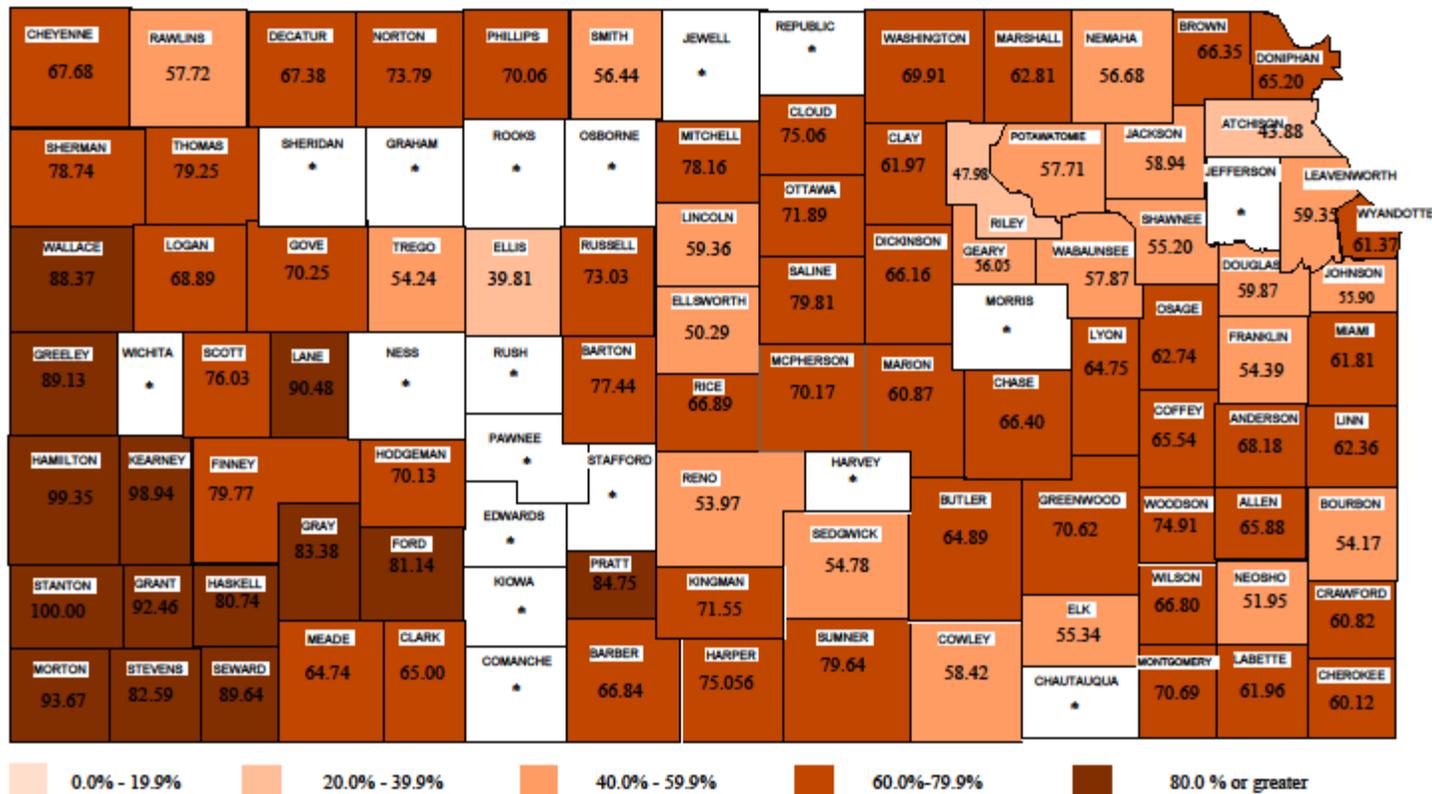
% of Children with Untreated Decay by County 2010-11 School Year



*- No data was collected or reported to the Bureau of Oral Health using calibrated methods as outlined at www.kdheks.gov/ohi

Kansas School Screening Program

% of Children with No Sealants Grades 3-12 by County 2010-11 School Year



*- No data was collected or reported to the Bureau of Oral Health using calibrated methods as outlined at www.kdheks.gov/ohi

Section Four: Mid-Project Outcomes and Evaluation

During the 2011-12 school year, a mid-program evaluation was conducted using an external evaluator. The evaluation allowed contractors to monitor their progress and compare themselves to similar contractors within the sealant program. The evaluation consisted of a questionnaire that was sent to all contracted programs and an analysis of the SEALS data. The evaluator presented findings to the sealant programs at the Year Two sealant program meeting in June of 2012. A final program evaluation will be done at the end of Year Three.

The benefit to having a mid-project evaluation is that contracted program sites are able to use this information to implement changes in their program. Allowing the contractors to see what works for other programs in similar situations can be a great program improvement strategy. The contracted programs range in type from Community Health Clinics, Federally Qualified Health Care Centers, dental hygiene schools, and private practitioners. The evaluator placed the contractors in peer groups that were similar in program size, staff, and provider type. There were overall findings that could be generalized for all of the sealant sites:

- Program size doesn't matter. There are successful and less successful programs in each peer group.
- Factors beyond the control of grantees affect the ability to achieve targets in some cases.
 - Untreated Decay present in tooth so program could not place sealant
 - Treated Decay present in tooth so program could not place sealant
 - Sealants already present
- Staffing size varies by peer group, but overall more successful grantees employ more staff than less successful ones.
- Within peer groups, the more successful grantees tend to serve more schools in more counties than less successful ones.
- The number of events (number of times returning to the school) per school appears to have no bearing on the number of sealants applied or the number of children seen.
- Successful grantees not only apply more sealants to first molars than less successful grantees, but they also apply more sealants per child.
- The costs per child (first molars) of more successful grantees are almost one-third of those of less successful grantees.

Section Five: Comprehensive State Sealant Plan Summary

At the end of Year Two, 5,085 children received 22,156 sealants from one of 14 contracted programs providing services in 260 schools across the state of Kansas. Of the 5,085 children, 4,396 (86.5%) of them had a sealant placed on at least one permanent molar.

Program	# of children 1 st molars sealed	# of all children sealed	# of sealants
Community Health Ministries	135	170	1,029
Cowley County Dental Outreach	19	25	85
Douglas County Dental Clinic	513	643	2,803
E. C. Tyree	116	121	520
Flint Hills Health Care Center	107	114	407
GraceMed	754	813	2,614
First Care Clinic*	35	37	135
Health Partnership Clinic *	0	0	0
Hunter Health Clinic	349	404	1,862
Konza Prairie	101	109	284
Open Wide	177	185	1,217
Rawlins County Dental Clinic	116	187	854
Salina Family Health Care Center	286	292	803
Community Health Center Southeast Kansas	1,420	1,685	8,700
UMKC Miles of Smiles	137	141	395
United Methodist Mexican-American Ministries	131	159	455
Totals	4,396	5,085	22,156

*contracted programs entered program late spring of 2012

The Kansas School Sealant Program in Year Two increased the number of children with sealants placed from a baseline of 1,468 in 2010-11 to 4,396 in the 2012-13 school year. The number of participating elementary schools increased from 91 to 194.

2011-2012 School Year

	State Of Kansas	Kansas School Sealant Program	% Of Schools With Kansas School Screening Program
# of Elementary Schools	767	194	25.03%
# of High Risk Elementary Schools	466	160	34.33%
# of Middle, Jr. High, High school, Special & Other Schools	564	68	12.06%
Total # of Schools	1331	260	19.38%

*Virtual School numbers were removed, Data Provided by the Kansas Department of Education, Free and Reduced Lunch Report 2011-12 School Year. Does not include Private Schools. Report available at <http://www.ksde.org/Default.aspx?tabid=1870>

The Kansas School Sealant Program collects oral health data through SEALS for each child that received a sealant in the program. In the first year of SEALS data collection (2011-12 school year), the following findings were collected.

Summary of effectiveness in targeting high-risk populations that lack access to care		value	% response
1. Percentage of participants with untreated decay (baseline)		45.1	100.0
2. Percentage of participants with urgent dental needs (baseline)		6.0	100.0
3. Percentage of participants with early dental needs (baseline)		39.6	100.0
4. Percentage of participants with treated or untreated decay (baseline)		62.6	99.4
5. Percentage of participants with sealants present (baseline)		33.3	100.0

Summary of effectiveness of targeting high-risk teeth			
1. Percentage of children in events /			
Number of events targeting 1st molars	% children	100.0	# events 313
2. Percentage of children in events /			
Number of events targeting 1st molars of 2nd graders	% children	66.0	# events 203
3. Percentage of children in events /			
Number of events targeting 2nd molars	% children	71.6	# events 202
4. Percentage of children in events /			
Number of events targeting 2nd molars of 6th graders	% children	12.5	# events 57
5. 1.5-year attack rate in 1st molars (baseline) /			
based on # children	att rate	0.107	# children 1546
6. Among children age 12+, percentage of decayed or			
filled 2nd molars (baseline) / based on # children	%DF	25.5	# children 902

Summary of services delivered			
1. Number of children screened		5060	
2. Number of screened children with special health care needs		117	
3. Number of children sealed		5060	
4. Percentage of screened children with at least one sealant after event		100.0	
5. Percentage of screened children subsequently sealed / based on			
% response		100.0	100.0
6. Number of 1st molars / 2nd molars / other teeth sealed		12455	2146 7477
7. Number of children receiving fluoride varnish		3874	
8. Number of children receiving other fluoride treatments		0	
9. Number of children referred for dental care		2361	
10. Number of children receiving oral health education*		17880	
11. Average hours of oral health education received			
per student instructed*		0.1	

Summary of quality of services delivered			
1. Number of referrals that resulted in a dental visit		104	
2. Percentage of "early care" referrals that resulted in a dental visit		4.6	
3. Percentage of "urgent care" referrals that resulted in a dental visit		3.3	
4. Number of children evaluated for sealant retention 8 to 14 months			
from delivery		192	
5. Number of children evaluated for sealant retention <8 months / >14			
months from delivery		410	0
6. Sealant retention rate / based on # children		0.901	602
7. Cavities averted		5795	

Cost Analysis

The 2011-12 school year was the first year that many of these programs had ever been in schools. New equipment costs and the time associated with going into a school for the first time accounts for the average of \$140.62 cost per child sealed/screened. In Kansas many of the programs have significant distances to travel and this travel is directly reflected in their costs. When looking at individual programs, the cost per child varies greatly between more highly populated cities and rural communities. Without grant funds and Medicaid reimbursement, many of these programs might not exist or the reach of the program would stay in the larger cities.

Summary of efficiency of input usage	Total outlays	Direct state funds**	State \$ + Medicaid**
1. Total cost	\$711,561.90	\$352,500.00	\$581,352.00
2. Cost per child screened	\$140.62	\$69.66	\$114.89
3. Cost per child sealed	\$140.62	\$69.66	\$114.89
4. Cost per tooth sealed	\$32.23	\$15.97	\$26.33
5. Cost per cavity averted	\$122.78	\$60.83	\$100.32
6. Number of children screened per chair hour*	3.81		
7. Number of children sealed per chair hour*	3.28		
8. Number of children checked for sealant retention per chair hour*	0.06		
9. Number of labor hours per chair hour during screening*	0.45		
10. Number of labor hours per chair hour during sealing*	1.93		
11. Number of labor hours per chair hour during retention check*	0.04		
12. Administrative time (including organization, setup, and breakdown) per child screened (in hours)*	0.22		

Year 3 (2012-13 School Year)

KSSP has contracted with 18 programs across the state for the 2012-13 school year. Prior to the school year, targets were set for each of the contracted programs based on award amounts and the program's performance from the first two grant years.

Contracted Program Name	Target 12-13
CHM- Community Health Ministries	200
DCDC- Douglas County Dental Clinic	700
E.C. Tyree	200
Flint Hills	200
GraceMed	800
Hays- First Care Clinic	200
Healthcare Partnership of Johnson County	200
Hunter	350
Konza	125
Openwide	180
Prairie Star	200
Rawlins County	220
Rogers (Cowley County Dental Project)	50
Salina Family Healthcare	350
SEK- Community Health Center of South East Kansas	1,400
Turner House	100

- Rawlins County Dental Clinic- Rawlins
- Salina Family Health Care Center- Salina
- Turner House- Kansas City
- UMKC- Miles of Smiles- Olathe
- United Methodist Mexican-American Ministries- Garden City

Section Six: Evaluation

Retention Checks

Retention checks occur when the contracted program goes back to a school where they have already provided services. The dental provider screens the children who had sealants placed to evaluate if the sealant is still intact on the tooth surface. Most contracted programs visit a school just once a year so retention checks are usually done 12-18 months after the sealant had been placed. Some programs are able to visit a school twice in a year and will conduct their retention checks 6-9 months after initial placement. If the contracted program has active consent from the parent or guardian, a lost sealant will be replaced at no charge. The goal for all sites is to be at an average of 80% dental sealant retention rate.

Screening Results

Screening data that has been collected for the 2010-11, 2011-12 and 2012-13 school years will be compared to see if there has been an increase of sealants present and a decrease in untreated decay among Kansas 3rd graders. For those schools that have participated in the school sealant program for two or more years, data will be compared at the school level for those same indicators.

Program Evaluation

Each contracted program will also need to be evaluated on an individual basis in the following areas over their participation in the school sealant program:

- Did the contracted programs provide baseline screening data on all of the identified schools?
- Did the contracted programs submit complete and accurate data by deadlines given?
- Are the contracted programs in schools seeing any children in the targeted population of greater than 35% enrolled in the Federal Lunch Program?
- Are the contracted programs promoting oral health education within the school setting?
- Do the contracted programs have adequate staff?
- How many schools are being treated by each contracted program and has it increased each year?
- How many children received sealants on their first molars each year?

- Is the sealant retention of each contracted program greater than 75%
- Has the number of children with sealants in the targeted areas increased?
- Are they contracted programs sustainable without BOH funding?
- Is the number of Kansas children receiving preventive services in schools increased?
- Is there a decrease in dental caries in children in the targeted areas?

Section Seven: Sustainability

Medicaid Billing

All of the contracted programs are required to bill for the services they provide in the schools if there is a payment source. All sealant contractors are Medicaid providers and do their own Medicaid billing. The Bureau of Oral Health does not bill for the sealant programs, but provides the contractors with technical assistance on billing through their sealant program consultant. In addition to sealants, most of the programs also offer fluoride application and cleanings to increase the program's revenue.

Private Insurance

Since the change in the ECP law in 2012, ECPs in schools can see children with dental insurance, as long as the program as a whole is targeting underserved patients. This means that the programs can see all children in schools who sign up for their services, including children with private insurance. Although this is possible, the programs are encouraged not to portray themselves as a full service dental provider, and encourage those individuals with dental homes to continue to see their dental provider for their yearly check-ups. BOH encourages each sealant program to communicate with their local dental practices, so these dentists do not feel that the program is trying to compete with private practitioners.

Federal Grant Funds

Many of the contractors are Federally Qualified Health Centers (FQHCs) that are provided federal funds to treat underserved patients. These FQHCs receive cost based reimbursement for their work in schools which helps with program sustainability. For the community health centers that are not FQHCs who participate in the sealant program, many also receive state primary care grant funds and private foundation dollars that subsidize staff salaries and travel. Lastly, the Bureau of Oral Health hopes to be able to continue providing funding to these programs for sealant program expansion.

Section Eight: Expansion

The Kansas School Sealant Program has laid the ground work for more schools and parents to allow their children to participate in school based sealant programs. The desire is to change the thinking that this is a time limited “program” but is instead a necessity that a school should offer to its students. These programs benefit the child by providing crucial preventive services soon after tooth eruption and the early detection of the need for restorative services. It benefits parents who are not able to take off work and/or has either transportation or access to care issues. It benefits the school by reducing the number of students with dental disease so they are able to concentrate in schools and miss less class due to dental appointments.

Currently many Kansas sealant programs will continue to provide services in schools regardless of the availability of Bureau of Oral health funds in the future. Many of these contractors had sealant programs prior to BOH funding and used our funds to grow their outreach program. For the new programs funded by BOH, they will need to continue to perfect their billing structure and continue to reach out to the many untouched areas in Kansas that could benefit from a school sealant program. New providers/partners need to be identified in “Dental Deserts” in order to insure that all children have access to a sealant program. The program could also reach out to child care centers, HeadStart programs and WIC clinics. There are many possibilities for the expansion of dental outreach programs.

Appendices

Appendix A: School Sealant Program Forms

Race W B A H

AI N O

Child Level Form

Child ID # _____ Event/Site Name _____

Grade: _____ DOB _____ Age _____ Gender: Male Female Special Health Care needs? No Yes

Medicaid Status: Medicaid HealthWave Neither No Insurance Private Insurance

Screening- D=decay, F=filled, M=missing, S=sealant present, PS= prescribe sealant, RS=recommend reseal, no mark= no tx recommended

#2	#3	#4	#5	#12	#13	#14	#15	Date:
								Treatment Plan <input type="checkbox"/> Prophy <input type="checkbox"/> Fluoride <input type="checkbox"/> Sealants
#31	#30	#29	#28	#21	#20	#19	#18	

Provider's/Evaluator's Signature _____

Comments/Notes: _____

Untreated Decay: No Yes Caries Experience: No Yes Sealants Present No Yes

Treatment Urgency: No obvious problems Early dental care Urgent Care

Decayed or filled teeth: 1st molars _____ 2nd Molars _____ Referred for treatment No Yes

Parent Contacted: No Yes Results: _____

Preventive Services- Mark the teeth/tooth surfaces where sealants were placed with an S

#2	#3	#4	#5	#12	#13	#14	#15	Date:
								Tx Provided: <input type="checkbox"/> FI Varnish <input type="checkbox"/> FI other <input type="checkbox"/> Prophy <input type="checkbox"/> Sealants
#31	#30	#29	#28	#21	#20	#19	#18	

Provider's/Evaluator's Signature _____

Comments/Notes: _____

Number of teeth sealed: 1st molars _____ 2nd molars _____ Other _____

Follow up- (6 months -1 year) Mark teeth/tooth surfaces where sealants are retained with an R

#2	#3	#4	#5	#12	#13	#14	#15	Date:
								Tx Provided: <input type="checkbox"/> Replaced Sealants
#31	#30	#29	#28	#21	#20	#19	#18	

Provider's/Evaluator's Signature _____

Comments/Notes: _____

Number of teeth retaining a program sealant:# _____ Subsequent visit for restorative TX: No Yes Unknown

Event Level Form

Event Level Data						
1	Program Name					
2	Event Name					
3	School Year		2012			
4	Site Type		0=School			
5	Number of dental chairs used for:	Screenings		Sealant Delivery		
		Retention Checks				
6	Total hours organizing event, not spent at site					
7	Total time spent at site (in hours) for:	Screenings		Sealant Delivery		
		Retention Checks		Setup & breakdown/clean up		
8	Number of Child hours of oral health education offered:			Number of children receiving oral health education		
9	Event Date	Screening		Sealant Delivery/fl2		Retention Check
10	Criteria used to determine caries status			5= Other system that classifies surfaces with non-cavitated caries as sound		
Total Personnel Hours						
		All Dental Personnel Hours		All other Personnel Hours		
11	Screening					
12	Sealant Delivery					
13	Retention Check					
14	Population targeted					
15	Grade level(s) targeted check all that apply		<input type="checkbox"/> Kindergarten <input type="checkbox"/> 1st grade <input type="checkbox"/> 2nd grade <input type="checkbox"/> 3rd grade <input type="checkbox"/> 4th grade <input type="checkbox"/> 5th grade <input type="checkbox"/> 6th grade <input type="checkbox"/> 7th grade <input type="checkbox"/> No grade level targeted			
16	Permanent teeth targeted (check all that apply)		<input type="checkbox"/> First Molars <input type="checkbox"/> Second Molars <input type="checkbox"/> Premolars <input type="checkbox"/> Incisors			
17	Number of consent forms distributed. (Enter "0" if unknown)					
18	Type of consent		0= Positive			
19	Type of Sealant material used					
20	Sealant placement procedure					
Value of total resources used, by category						
21	Labor Costs			22	Equipment Costs	
23	Instrument Costs			24	Administrative Costs	
25	Cost of consumable goods			26	Other Costs	
# of Total Prophys Completed at event						
# of Total Fluoride Tx Completed at event						

Dental Consent Form

Your child's school has been selected to participate in the Kansas School Sealant Program. Dental Professionals will be offering services in your child's school such as: sealants, fluoride varnish, and/or cleanings. If you already have a dental home please continue to see your dentist for regular cleanings and check-ups!

School Name _____ City _____

Student Name _____ Date of Birth _____ Age _____ Gender: Male Female

Race/ Ethnicity (check all that apply)	<input type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Other
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native Hawaiian/Pacific Islander		

Parent/Guardian Name _____ Daytime phone _____

Parent/Guardian Address _____ City _____ State _____ Zip _____

The State of Kansas and the Dental Professionals administering this program are dedicated to improving your child's oral health by offering outreach dental services. After your child is treated, you will receive a report stating what services were provided along with a dental referral if needed.

The information from my child's participation in this special event will be utilized anonymously for statistical purposes and information that identifies my child or family will never be disclosed in any form or publication.

If offered, please check all services that your child may receive:

<input type="checkbox"/> Sealants (if indicated)	<input type="checkbox"/> Fluoride Treatment	<input type="checkbox"/> Dental Cleaning
--	---	--

I give (**Sealant Site**) permission to provide preventative dental services for my child and to collect payment from Medicaid, Health Wave or private insurance. (select all that apply)

Medicaid # _____ No Insurance _____

Health Wave # _____ Eligible for free/reduced lunch Program

Insurance Name _____ Group # _____ Primary Subscriber Name _____

Mailing address for claims _____

Parent/Guardian Signature _____ Date _____

Medical History

Student Name: _____

Date of Birth: ____/____/____

School _____

Teacher _____

Grade _____

When did your child last visit a dentist?

In the past year

More than a year

Never

Why did your child visit the dentist?

Cleaning/checkup

Toothache

Filling

Tooth pulled

Other

Medical History: Check all that apply

Artificial Heart Valve

Artificial Joints Pins/Screws

Asthma

Congenital Heart Disorder

Diabetes

Heart Disease

Hepatitis

Seizure disorder

Heart murmur

Autism

Other _____

Any Known Allergies:

Latex

Amoxicillin/Penicillin

Other _____

Is your child required by physician to take pre-medication (antibiotics) prior to dental treatment?

No

Yes

- If yes, for what condition _____

Does your child have Special Health Care Needs ?

No

Yes

Surgeries/Hospitalizations/Other Medical Conditions: _____

Medications your child is currently taking? _____

Other information- Please tell us anything you think we should know about your child's health or previous dental experiences that would help us treat your child or meet their needs. _____

I confirm that the above health information is accurate to the best of my knowledge and I will contact the school as soon as possible if any changes occur.

(Program Name) will treat all patient information as protected health information (PHI) under HIPPA regulations, exchanging the PHI only with personnel employed by (Program Name) and the facility/school who are responsible for medical treatment and/or record review.

Parent/Guardian Signature _____

Date _____

Results Form

School Sealant Program Oral Health Service Results

Date ____/____/____

Patient Name _____ School _____

Services Provided

- Oral Hygiene Instruction and Education Screening Cleaning
- Fluoride Treatment Sealants # of sealants _____

_____ Your child has no obvious dental problems but should continue to have routine examinations by your family dentist.

_____ Your child has some teeth which should be evaluated by your family dentist. Your dentist will determine whether treatment is needed.

_____ Your child has some teeth which appear to need immediate care. Contact your family dentist as soon as possible for a complete evaluation.

A screening is not a comprehensive clinical examination. No x-rays were taken and the screening does not replace an in-office dental examination by your family dentist. All children need to have regular routine care by a dental professional.

IMPORTANT: When contacting a dentist for a follow-up appointment, please let them know your child had the above services through the Kansas School Sealant program

Additional Comments _____



Appendix B: Evaluation Survey
Sealant Program Evaluation Questionnaire

Sealant Program Site _____

Person Completing Questionnaire w/Contact Info _____

Please complete all questions. In addition to the completed survey, please include a detailed record of expenditures of the KDHE Sealant Funds for Year 2. If you have not spent all of the funds yet, provide an estimate how the Year 2 funding will spent by the end of the grant year (August 31,2012). Questions on the survey can be directed to Jenni Ferguson 785-250-1980. After completion of the survey, an independent evaluator from the University of Kansas may contact you for additional information and comments.

- I. **Employees In School Sealant Program** – Only list employees working in the School Sealant program if they spend more than 10% of their time on the project. If a position is vacant and you are actively recruiting, include in the table as “vacant”. Feel free to add more lines if you need more space.

Dental Hygienist:

Name:	ECP I /ECP II or both	Hrs/Week Dedicated to Providing Care in Schools	Hrs/ Week on Sealant Program Planning and Administration	Hrs/Week Working in Clinic or Private Practice

Dentist:

Name:	Does DDS provide Restorative Care in Schools?	Hrs/Week Dedicated to Providing Trt in Schools	Hrs/ Week on Sealant Program Planning and Administration	Hrs/Week Working in Clinic or Private Practice

Dental Assistants:

Name:	Hrs/Week Dedicated to Assisting in Schools	Hrs/ Week on Sealant Program Planning and Administration	Hrs/Week Working in Clinic or Private Practice

Other:

Name:	Describe Project Role (example: program coordinator, supervisor, billing, supplies, etc.)	Hrs/ Week on Sealant Program

Are there any other employees that contribute to the sealant program that have not been included above? If yes, describe role and the amount of time committed to the sealant program.

II. Services Provided in Schools:

Check all services your program (RDHs and DDS) provided **in schools** in the last year. Check the box even if you only provided the procedure one time.

Procedure:	Provides Service:
prophylaxis	
fluoride w/o prophylaxis	
sealants	
oral evaluations – periodic	
limited oral evaluation	
comprehensive oral evaluation	
intraoral radiographs- complete series	
intraoral - periapicals	
bitewings radiographs	
sealant - per tooth	
space maintainer	
amalgam restorations	
anterior composite restorations	
posterior composite restorations	
glass ionomer restorations	
temporary restorations	
prefabricated stainless steel crowns	
pulpotomy	
root canal	
scaling and root planing	
full mouth debridement	
extractions	

Do you bill Medicaid /Healthwave for these services? Y/N

Do you bill private insurance for these services: Y/N

If uninsured, do you request payment from parents for these services? Y/N

If yes, please enclose a copy of your fee schedule .

What is your program’s policy when the parent has no ability to pay for services?

III. Program Administration

Does your program have an employee that is dedicated to the administration of this program? If yes how many hours a week? Is this person the same as the clinician providing services?

If you are a safety net clinic, is the clinic Dental Director directly involved with this program? Y/N

What is their level of participation? Give examples.

If you are a safety net clinic, is your Executive Director and clinic administration involved in this program? Y/N

What is their level of participation? Give examples.

Besides the KDHE school sealant funding and payment for services, does your sealant program have additional income (i.e. funds from primary clinic grants, other foundation grants or donations)?

IV. School Implementation

Prior to this School Sealant Project, had your clinic or practice collaborated with schools on other oral health projects (i.e. screenings, health fairs, presentations, fluoride, etc.)?

How do you choose a school to participate in your program? How do you approach them? Do you have a protocol?

Who is usually the starting point to enter into schools? (School nurse, principal, district nurse, superintendent)?

What barriers have you encountered getting into schools in your area?

How did you work to overcome these barriers?

What do you do to promote the sealant program with schools and parents?

How do you distribute and collect parental consent forms?

After initial contact who is the contact for scheduling and all administrative work?

Are the all school screening and services done on the same day? If the event lasts more than one day do you block off consecutive days to complete or do you schedule as you go?

How do you communicate with the parent about the services provided?

How do you deal with referrals for restorative care? Is there follow up to see if care is received?

Do the schools see the services that you are doing as important?

- V. Is there anything that you would like to share in the evaluation that is unique to your program that you feel has contributed to your success?**

Did you receive technical assistance from Jason Wesco and/or Jenni Ferguson? Was it helpful?

What can the Bureau of Oral Health do to help with your programs success?

Appendix C: Example Contract
Contract between “Program Name” and the
Kansas Department of Health and Environment,
Bureau of Oral Health

This Agreement is between the Kansas Department of Health and Environment, Bureau of Oral Health (hereinafter known as KDHE), and “Program Name”, (hereinafter known as PN). In order to achieve the mutual goal of improving the oral health of Kansas children through the provision of pit and fissure dental sealants and other preventive services, both parties agree to the following:

1. The purpose of this contract is to increase the number of school based oral health preventive programs in Kansas. For the purposes of this project, school based oral health programs are defined as programs that utilize licensed dental professionals to provide preventive oral health services such as sealants and fluoride varnish within the confines of a Kansas school during the school day.
2. The goal of the Contract is to be attained within the constraints of available resources including funds available through the Health Resources and Services Administration (HRSA) Grants to States to Support Oral Health Workforce Activities and /or the Centers for Disease Control and Prevention Cooperative Agreement.
3. Total reimbursement under this contract will not exceed \$xx,xxx.
4. This Contract will become effective after the signatures are affixed by the representatives of both parties.
5. The duration of this contract is for a period beginning August 1, 2012 and ending August 31, 2013.
6. The Contract, including attachments, may be amended as necessary. Such amendments shall be in writing and duly executed by both parties.
7. The Provisions found in Contractual Provisions Attachment (Form DA-1462, Rev. 6-12), which is attached hereto, are hereby incorporated in this contract and made a part thereof.

KDHE Agrees:

1. To provide PN with \$xx,xxx. Funds will be released in two payments. The first installment will be released after August 1, 2012. The second installment will be released after January 7, 2013 pending the submission of required school sealant data in the format provided to the site by KDHE. If the data is not received by January 7, 2013, KDHE reserves the right to withhold payment until the data is received. Funds can be only be utilized to pay for the costs associated with school based oral health programs as defined above. Allowable expenditures could include: supplies, dental equipment, staff salary, and administrative costs. These funds CANNOT be utilized to purchase a motor vehicle, even if it is utilized for a school based oral health program.
2. To provide Technical Assistance through the staff of the Bureau of Oral Health and the use of consultants with specific expertise that will be useful to this project.
3. To hold one project meeting a year in a location that is accessible to all partners.

PN Agrees:

1. To create or utilize existing programs to do school based oral health preventive services in targeted schools, as defined by this contract. Schools with high populations of students on the free and reduced lunch program as well as schools with a high percentage of children with untreated decay as indicated by the KDHE School Screening Initiative will be targeted. Programs will be staffed by licensed dental professionals who are working within the confines of the Kansas Dental Practice Act.
2. To provide oral health services in schools that shall include:
 - a. Oral Health Screenings on all children in targeted schools - All children in the targeted school shall receive an oral screening by a Licensed Dentist or a Registered Dental Hygienist. These oral screenings will follow the KDHE Screening Program Protocol.
 - b. Preventive oral hygiene services on children with signed parental consent forms, when allowable by Kansas law. These services can include fluoride varnish, sealants, prophylaxis, and individual and classroom oral hygiene education. If PN chooses to have a dentist present at the school site, restorative

services can also be provided, but the purpose of this contract is to increase access for children to preventive services, so all programs must provide sealant applications at a minimum.

3. To have a dental professional source to refer children identified with restorative care needs.
4. To provide information to KDHE including:
 - a. The names of licensed personnel working in school based sites. If personnel should change during the project period, PN needs to inform KDHE within 90 days of the personnel change.
 - b. The specific schools where the program is operating.
 - c. The school screening data shall be entered into the KDHE web-based school screening database.
 - d. Data about the school based services shall be reported to KDHE utilizing the appropriate software or data forms that are provided to PN by KDHE. Services performed in the fall school semester will be submitted by January 7, 2013. Services performed in the spring semester will be completed and submitted by June 10, 2013.
5. To place sealants on permanent first molars on a target of xxx students during the 2012-13 school year. Mid-year progress towards this target will be measured by the data submission on January 7th, 2013. If significant progress has not been made at that point, the site may be required to provide additional documentation. After reviewing this information BOH staff may choose to: 1) Release the remaining funds in their entirety, 2) Reduce the second payment amount, or 3) Hold the second payment until the final data has been submitted on June 10th, 2013. If at the end of the contract period the site has not provided sealants to a number of children that is at least 50% of the site's target, the site will not receive any additional funds due under this contract.
6. To attend with appropriate representation all grantee meetings upon request of the KDHE.
7. To provide KDHE with an annual summary of program activities, submission of one success story and expenditures in a timely fashion suitable for use in HRSA and CDC mandated grant reports. A detailed list of expenditures can be requested by KDHE at anytime during the grant period, and should be provided within 14 days.
8. If PN is unable to continue providing screenings and/or school based services during the grant period for any reason, they must notify KDHE as soon as this is evident. KDHE reserves the right to require the return of unused funds if they are unable to meet the obligations under this contract.

This agreement constitutes the total agreement between the parties and it is mutually understood and agreed that no alternative or variation to the terms of this agreement shall be valid unless amendments are made and agreed to in writing by both parties.

Robert Moser, MD
Secretary
Kansas Department of Health and Environment

Program Responsible Party
Responsible Party Title
Program Name

Date _____

Date _____

