

# SEAL Minnesota Final Report 2019 - 2020

## Grant Background and Purpose

For the past several years, the Minnesota Department of Health (MDH) Oral Health Program has announced competitive grants for school sealant program (SSP) providers to offer dental sealants and other oral health services to children in high-risk schools. A school is considered high-risk if 50% or more children in the school are eligible for the free or reduced price lunch program. The objectives of these grants are to:

- Increase the number of high-risk schools in Minnesota with dental sealant programs.
- Increase the number of Minnesota children ages 6 to 14 receiving dental sealants on one or more of their permanent molars through school sealant programs.

## Grantees for 2019-2020 Grant

In 2019, grants were awarded to the following 11 organizations. The grant period was from November 1, 2019 to June 30, 2020.

1. Children's Dental Health Services
2. Children's Dental Services
3. Community Dental Care
4. Health Finders Collaborative
5. Just Kids Dental
6. Let's Smile
7. Minnesota Dental Sealant Program
8. Native American Community Clinic (NACC)
9. Open Door Health Center
10. Ready Set Smile
11. Southern Heights Dental Group

## Oral Health Services and Mode of Service

The grantees provided several oral health services including oral health screenings, dental sealants, fluoride varnish, oral hygiene instruction/oral health education, referral/referral assistance, and case management. Some also distributed toothbrush, toothpaste, and floss.

Most grantees served children directly in schools using portable dental clinics. Hosting clinics at the schools enabled them to eliminate access barriers, like lack of transportation, in a familiar environment. Seven of these grantees also provided treatment to children referred through

these programs at their clinics, and one grantee provided services to school age children exclusively at their Brick-and-Mortar clinics.

## Impact of COVID-19 on School Sealant Program

In 2020, the COVID-19 pandemic severely impacted School Sealant Program delivery across Minnesota. The programs were paused due to school closures beginning in March 2020. The data in this report are reflective of the work grantees performed between November 1, 2019 and March 17, 2020.

## Program Reach

Table 1 shows schools served by grantees, broken down by high-risk status, location, and the county designation where the schools were located. The table only includes information on elementary and middle schools served, as these type of schools with 50% or more of the students eligible for the FRPL program were target for this grant.

**Table 1: Schools Served by the Grantees**

Measures	Number	Percent
Number of elementary and middle schools in the state	1,190	<i>Not applicable</i>
Elementary and middle schools served by the grantees	168	14.1

**Table 2: High-risk eligibility of schools served**

Measures	Number	Percent
Schools served with 50% or more students eligible for FRPL program	62	36.9
Schools served with less than 50% students eligible for FRPL program	106	63.1

**Table 3: Dental Health Professional Shortage Area (HPSA) designation of the county where the school is located**

Measures	Number	Percent
Schools served located in urban areas	58	34.5
Schools served with less than 50% students eligible for FRPL program	110	65.5

**Table 4: Geographic location of schools served**

Measures	Number	Percent
School served located in full dental HPSA designation county	76	45.2
Schools served located in partial dental HPSA designation county	40	23.8
Schools served located in the county not designated as dental HPSA	52	31.0

The above tables show that more than half of the schools served were in rural areas and about four in ten schools served were high-risk schools.

### Challenges with the Reported Data on Schools

The objective of the grants is to target children ages 6-14 in high-risk schools. However, a few grantees provided services to children younger or older than the age mentioned in the grant objectives and provided service at settings other than schools such as at Local Public Health Center, Alternate Learning Center, Church, YMCA, and Montessori. This included 20 high schools (9.1%) and 32 (14.5%) settings other than schools where oral health services were provided by the grantees.

### Oral Health Services Coverage

Grantees reported screening a total of 6,107 children during the grant period. Based on the individual child’s screening results, children were provided dental sealants and/or fluoride varnish. Table 2 presents a list of oral health services provided to the children. The table shows that on average each student received dental sealants on 3 molars, and out of all the teeth sealed, 85% were permanent molars.

**Table 5: Oral Health Services**

Measures	Number	Percent
Children who received at least one dental sealant on a permanent molar (n=6,107)	2,394	39.0
Total number of teeth sealed	8,342	<i>Not applicable</i>
Sealants placed on permanent molars (n=8,342)	7,093	85.0
Received fluoride varnish (n=6,107)	5,857	95.9
Children who attended chairside and/or group oral health education	10,241	<i>Not applicable</i>

The grantees reported distributing a total of 36,670 consent forms; 6,156 (16.8%) consent forms of which were returned with positive consent for sealant placement. About 99.2% (n=6,156) children who brought a positive consent form back were screened or received oral care. It is important to note that due to school closures in March 2020, providers were unable to continue their services in schools.

## Dental Conditions and Referrals

Table 3 shows that more than one-third of the screened children had untreated decay. The untreated decay recorded in these screened children was double that of the surveyed third graders in the state in 2015 (Basic Screening Survey- BSS, 16.6%). The proportion of treated decay found through SSP (21.1%) was half of what was recorded for the third grade BSS in 2015 (41.3%).

More than half of the children screened were referred for dental treatment. One out of 10 children referred for dental treatment was referred for an urgent treatment.

**Table 6: Dental Conditions and Referrals**

Measures (n=6,107)	Number	Percent
Screened Children with Treated Decay	1,288	21.1
Screened Children with Untreated Decay	2,158	35.3
Screened Children Referred for Dental Treatment	3,208	52.3
Screened Children Referred for Dental Urgent Treatment	380	6.2

## Significant Accomplishments

Grantees were asked to report on the significant accomplishments during the grant period. Grantees reported the following accomplishments.

- Enhanced access to care for children on an on-going basis as they were linked to a dental home.
- Improved oral health behaviors and healthy habits through outreach, provision of sealants, oral health education, and other prevention services such as fluoride varnish.
- Continued utilization of previous experience and expertise in implementing successful sealant programs for children in high-risk schools and living in rural and dental HPSA.
- Broadened network of relationships with schools across the state which supported the dental safety net to serve communities.

- Developed and shared culturally-targeted outreach materials through multilingual staff to inform community about preventive services and treatment availability.
- Utilized Advanced Dental Therapists (ADTs) and Collaborative Practice Dental Hygienists to provide full scope of preventative care in a school-based setting.
- Followed up and scheduled dental care for diagnostic and restorative services for the children who needed continuous care.
- Obtained equipment and supplies for mobile care at school-based locations.
- Opened a portable community care site at Little Earth of United Tribes which increased pediatric patient population.
- Strengthened partnership with a for-profit dental clinic that takes MA patients to establish dental homes for children with unmet care needs. Continued partnership between a non-profit school-based sealant provider and a for-profit dental clinic (sees over 50% MA patients) to provide preventative dental services in school-based settings in the Southern part of the state. Referrals for restorative work were followed up by the dental clinic and the children were scheduled with ADT in the dental office.

## Success Stories and/or Feedback from the Communities

Despite the pandemic disruption, the grantees were able to provide dental services to more than 6,000 children throughout the state. These providers received positive feedback from the communities they served including school administration, teachers, parents, and children. In general, the school community greatly appreciates their partnership with SSP providers, testifies to the value of SSP services, and compliments program staff for their efficient work, kindness, and professionalism.

*One grantee reported: "Clearly school staff recognize the need to bring oral health services to the children who are predominantly from low-resourced families. Hearing their appreciation during these meetings is in itself a success story. But when they tell a story about a specific child who truly needed our help, we know our work is worth all the effort."*

*Another grantee noted: "We are able to reach so many kids and take care of so many needs, all while removing the barriers of transportation, cost, language barriers, follow up for referrals and so much more. The best part is that we go back every 6 months, so we are now a familiar team that takes care of the kids and schools on a regular basis."*

### *A Story of a Six-Year Old Who had Never Seen a Dental Provider Before!*

In one of the schools, a six-year-old girl raised her hand and informed the [grantee] that she had never seen a dental hygienist or dentist as her family did not have enough money. Her face was sad while she was saying this. [Grantee] happily informed her that the [grantee] was coming to her school to provider oral health services and would be very glad to take care of her! The classroom teacher ensured to send home the school based dental program information and consent form to her mother. On the clinic day the little girl came running in

with a smile on her face when it was her turn to see the hygienist. This little girl's story shows that children who do not have dental insurance or have extremely limited coverage due to state insurance can get preventive and other oral health services through SSP providers.

### *Testimonies from the Field*

*"I think it's wonderful that [grantee] comes to our school and provides services to our children. It's very beneficial to hear the message from others besides parents to reinforce the message and to remind them of why it's so important to have proper oral health. [Grantee] does a wonderful job with the children. The dental hygienist keeps our children engaged and focused. Thank you [grantee]!" **Parent Involvement Coordinator***

*"I thought the education was excellent! The kids learned a lot and there was a lot of recall from last year's appointment. The toothbrush kits are always a plus! I think it is a valuable and effective experience for the kids!" **Second Grade Teacher***

*"[grantee] is always an awesome program for our children in need. Their registered dental hygienists are excellent with children and very helpful in answering children's questions. The children are always excited to get the toothbrush kits and return to our classroom and share what they learned! We know the children were impacted by the preventive services and education as parents always come back and say their kids are talking about the sugar bugs in their mouths. Thank you for being a part of our school this year." **Preschool Teacher***

### **Significant Challenges**

The most significant challenge noted by all the grantees was their inability to provide oral health services in schools due to the closure of schools throughout the state since March 2020 due to the COVID-19 pandemic. All the off-site dental services were canceled or postponed. One of the grantees who utilizes students from the University of Minnesota for its model of dental care was unable to continue as the University was also closed due to the pandemic. Other challenges include:

- **Duplication of efforts:** A grantee was associated with a school district for some years and another SSP provider without realizing that the school district had already existing partnerships also approached the school. This situation created confusion for school/district staff as well as to the grantee who had an established partnership with the schools. Due to this confusion, a partner school ended up setting up a sealant event with a new/different provider under the impression that they were communicating with the on-going dental sealant providing partner. Furthermore, the school accidentally scheduled two separate sealant events during the same school year with two different providers, which was not discovered until the provider went to pick up consent forms and found that the forms were from another program for a different event date.
- **Scheduling Conflicts:** Two grantees indicated scheduling a date for service delivery at schools was challenging. Schools needed grantees to pre-schedule months in advance. Many dates that worked for the grantee conflicted with the school dates because of state

testing, lack of room availability or pre-scheduled school events. Moreover, finding time to take out of clinical schedule for school based dental clinics was difficult as the demand for the dental team to provide oral health services for under-served patients within the grantee clinic was high.

- Incomplete records: For one grantee, enrollment in the program and receiving the medical history and consent form for a child were significant challenges. The grantee indicated that lack of parents' understanding of re-enrolling their child in the program over time, use of child's nickname and not properly entering or leaving out insurance information or a birthdate creates further challenges for SSP staff.
- Expanding school network: Getting more schools on board and communicating with schools requires significant amount of time.
- Partner turnover: Collaborating with another community-based organization resulted in unforeseen challenges such as change of leadership in grantee partner organization during the reporting period, which essentially resulted in starting back at square one with the new leadership and therefore resulted in a significant time delay. Additionally, documentation, collaborative agreements, and the policies and procedures required to launch the site were more robust and took significantly more administrative time than initially anticipated. However, this laid the framework for future community sites and therefore further expansion of community-based care at other community sites will be more streamlined and efficient.
- Data management: Training staff to be diligent with data entry at school was challenging, as checking on duplicates, watching ID numbers, closing out a completed visit required strict attention to detail in a busy environment.

## Steps Taken to Address the Challenges

Despite the challenges they faced, grantees found innovative ways to further their important work. A prominent theme across the following solutions is the importance of communication. During the pandemic most of the grantees maintained their communications with schools and partners to assess the situation and to be prepared to go back to schools once the schools were back in session. Grantees also:

- Continued to determine best ways to ensure health and safety of children, partners, and coordination teams. They created and adopted protocols utilizing guidelines, regulations, and resources from key resources including the Centers of Disease Control and Prevention (CDC), the Occupational Safety and Health Administration (OSHA), the American Dental Association (ADA) and the Organization for Safety, Asepsis and Prevention (OSAP).
- Addressed confusion across programs through careful discussion with schools, district level administration and MDH staff. The MDH staff supported and encouraged more communication between school-based programs. The grantee was able to mitigate the confusion with partner schools and corrected the issue through careful communication.

- Maintained open and effective communication with school district, school program lead and dental staff.
- Ensured the school principal was aware of the extreme need to provide dental services for the children.
- Showed strong flexibility on classroom options for the delivery of dental care and provided reassurance on low disruption of school day for children.
- Designated blocked out dates within SSP provider and Public Health dental clinical schedule for community outreach.
- Continued regular communications through phone calls and emails to get the schools onboard.
- Planned to host a focused training on data entry.
- Improved on enrollment: the grantee planned to have their SSP staff attend as many after-school events as possible to meet with families face-to-face.
- Developed more proactive scheduling timelines.

## **MDH Oral Health Program Assistance/Support**

Grantees appreciated Oral Health Program staff for being available and approachable throughout the grant period. They noted trainings and materials shared with grantees particularly on underserved communities. Grantees listed the following ways in which the MDH Oral Health Program could assist or support grantees:

- Continue providing SSP funding opportunities.
- Continue assisting in networking and communicating with other SSP providers.
- Support in communicating with MDE and schools to encourage and educate them to participate with SSP when they are being approached.
- Teledentistry is on the rise and becoming more beneficial while working remotely. Therefore, provide guidance, support, or any other perspectives in building this infrastructure which would greatly impact the program and care delivery to children.
- Continue sending the latest infection control protocols as grantee venture into this new normal.
- Work toward simplifying data collection process and standardizing data sharing among SSP providers.
- Support in developing a unique ID system.
- Provide technical support needed in data collection and reporting.
- Help in getting supply of mandated extra PPE due to COVID-19.