



SCHOOL SMILE PROGRAM

A program of Community Action Partnership of Sonoma County

Annual Report

2018-2019 School Year



PROGRAM DESCRIPTION

For the fifth consecutive year, the Community Action Partnership (CAP) Health and Wellness Department implemented the Sonoma County School Smile Program, a school-based sealant program that provides dental education, assessment, treatment, referrals, and case management to children at low-income elementary schools. The goal of the program is to reduce dental decay and disparities among Sonoma County children through targeted intervention at First 5 Priority schools using evidence-based strategy. The program continues to follow national standards for school based sealant programs. The key program components are:

Classroom Education - Community Health Workers lead an education module on hidden sugars, healthy drinks and foods, and oral health techniques.

Dental Assessment - A visual survey of the mouth which assesses the presence of untreated decay, treated decay, urgent dental problems and presence or need for dental sealants. A dental screening does not take the place of a regular dental exam in a dental office.

Fluoride Varnish Application - A fluoride treatment contained in a resinous base is painted onto tooth surfaces to prevent decay.

Sealant Placement – Dental providers apply sealants, thin plastic coatings applied to the biting surfaces of molars, to prevent decay. They may remain on the tooth for several years, providing lasting decay prevention.

Referral – Students receive referral for treatment if needed. Identified dental treatment needs are categorized as either “early” or “urgent” needs.

Case Management – A referral list is sent home with the students after the screening. A list of students with early or urgent dental needs is given to the school nurse. Urgent needs are followed up as soon after the screening date by the school nurse and the CAP staff.

PROGRAM IMPLEMENTATION

School	Grades	Service Model	Assessment Provider	Treatment Provider
Bellevue	TK-6	FFS	RDHAP/St. Joseph	RDHAP
Kawana	TK-6	FFS	RDHAP/St. Joseph	St. Joseph
Meadow View	TK-6	FFS	RDHAP/St. Joseph	St. Joseph
Taylor Mountain	TK-6	FFS	RDHAP/St. Joseph	St. Joseph

PROGRAM RESULTS

Services

A total of 1,437 students received classroom education, 1,383 children were screened, 920 received fluoride varnish, 339 received dental sealants, and 138 received a referral for treatment. Overall, 28 (2%) of the students referred for treatment had urgent treatment needs.

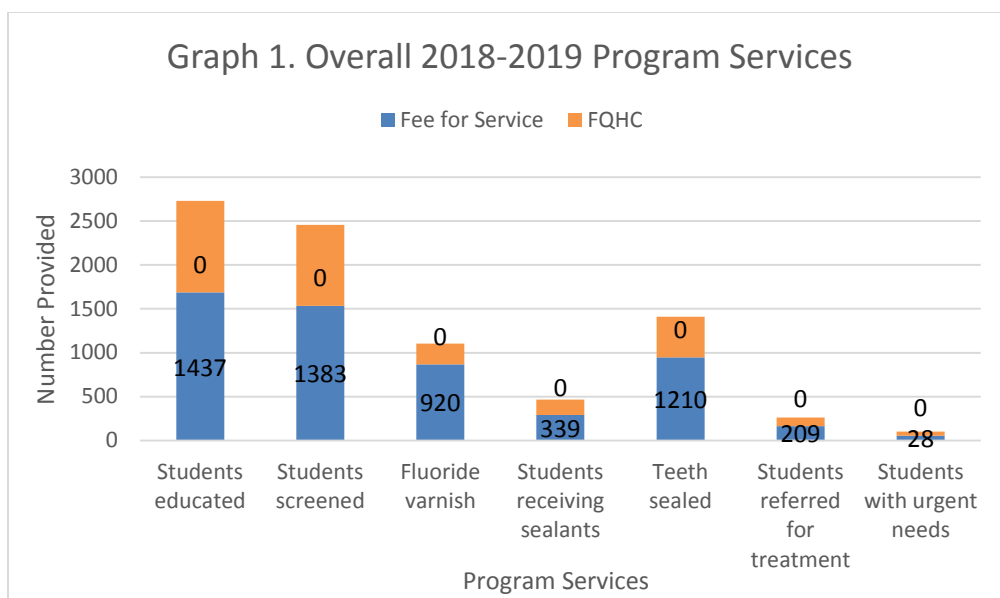
Clinical Definitions

Active decay: a cavitated or open lesion as a result of bacterial breakdown of the hard tissues of the teeth

Decay experience: Presence of active decay, existing restorations or teeth missing from premature extraction.

Early treatment needs: Active decay present but not urgent.

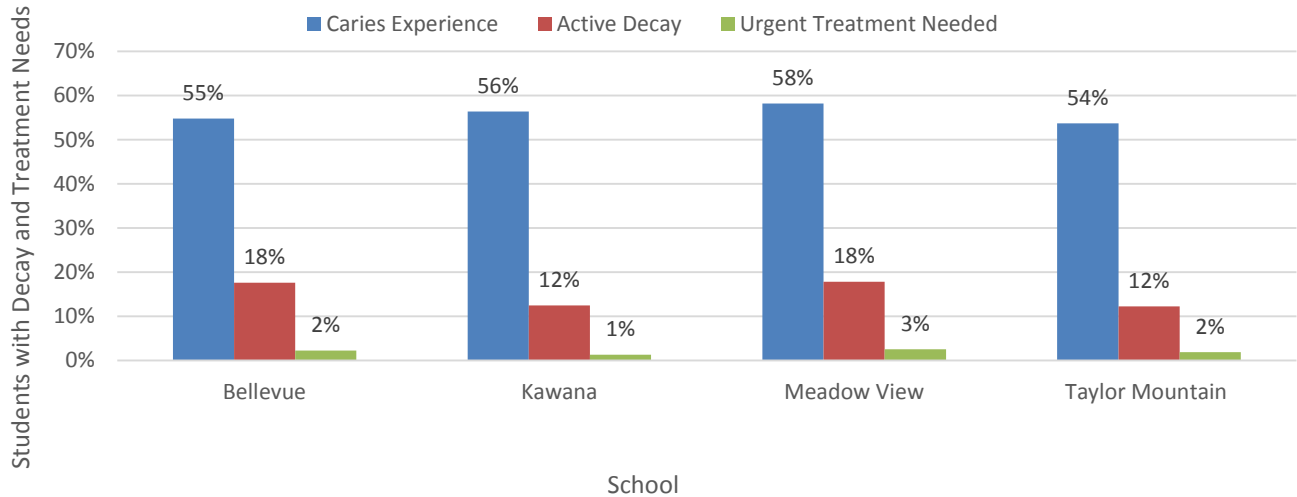
Urgent treatment needs: The clinical definition for “urgent” includes one of the following conditions: Pain, swelling, abscess, multiple lesions (cavities) in 3-4 quadrants of the mouth.



Decay Status

The overall rate of dental decay experience across the schools was 56%. The overall rate of active decay was 15%. A total of 28 students (2%) needed urgent treatment. Meadow View Elementary School had the highest rate of decay experience (58%); Taylor Mountain Elementary had the lowest rate of decay experience (54%). Kawana Springs Elementary School had a decay experience rate of 56%. The greatest need for urgent treatment in the Fee for Service Model was at Meadow View Elementary where a total of 9 students at the school needed urgent treatment.

Graph 2. Decay Experience and Treatment Needs by School



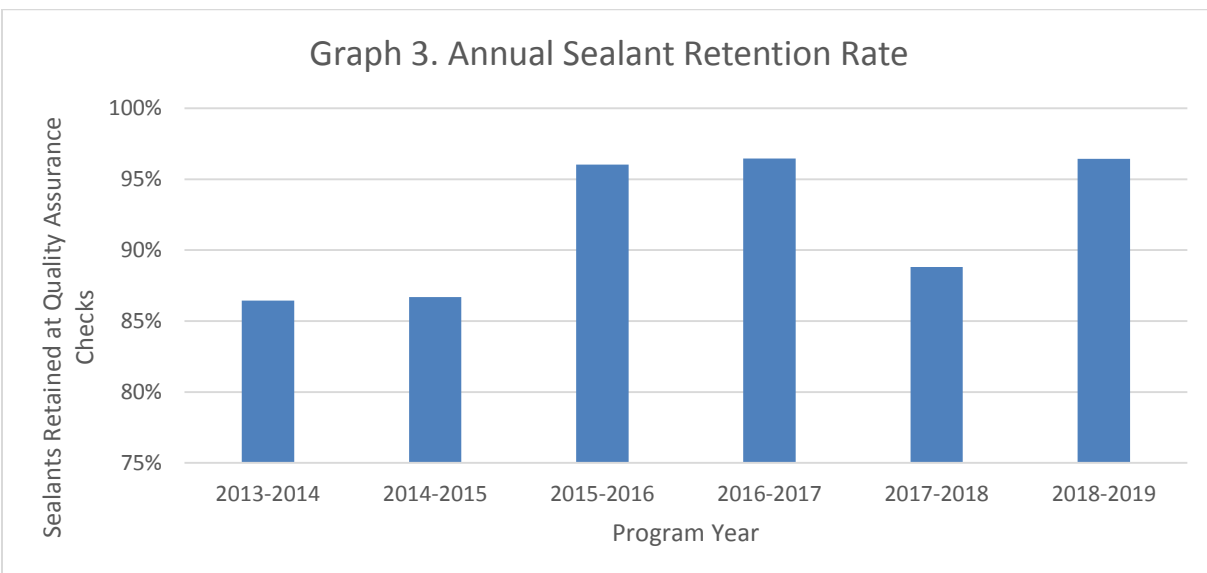
Case Management and Referrals

Overall, 209 students were referred for treatment. Community Health Workers (CHWs) at CAP were able to provide case management to 138 students who were active consented with parent contact information in order to ensure that students received needed restorative treatment. For students who were screened under a passive consent, parent contact information was not available and referral lists were provided to the school nurses to follow up with those students. By the end of the school year, 33% had completed treatment or were in the process of completing treatment.

Sealant Retention

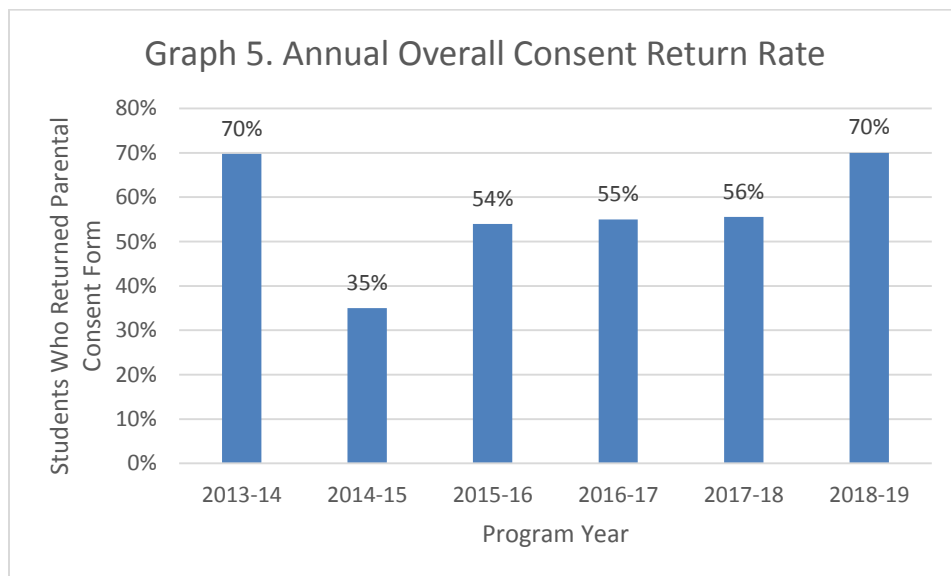
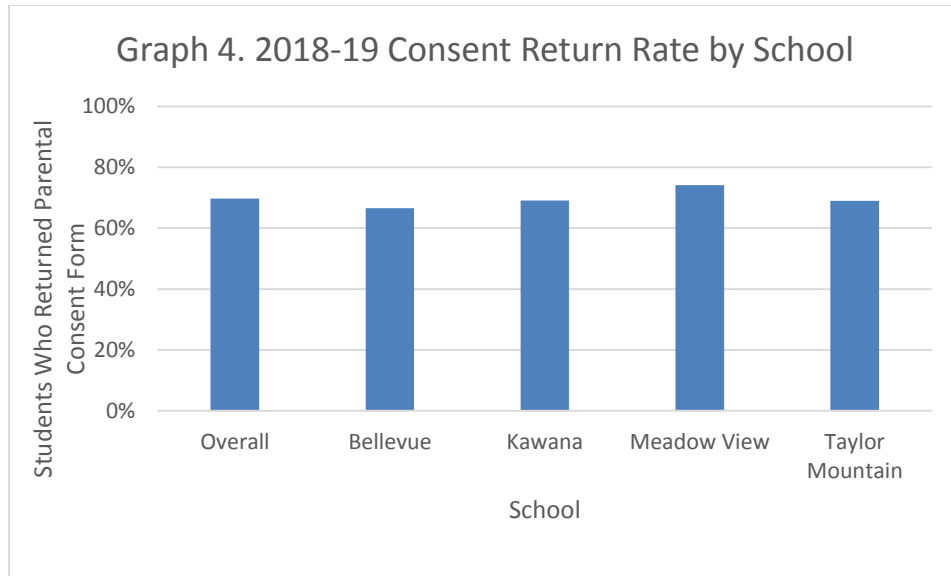
Quality assurance assessments to check that sealants remained on treated teeth were performed at all schools. A random sample of 10% of students receiving sealants at each school was chosen for review. The time interval between sealant placement and the quality assurance assessments varied from 3 months from completion dates to within 1 month of completion date. The average retention rate for this program year was 96% compared to 89% in 2017-2018, 96% in 2016-2017, 96% in 2015-16, 87% in 2014-2015, and 86% in 2013-2014.

Graph 3. Annual Sealant Retention Rate



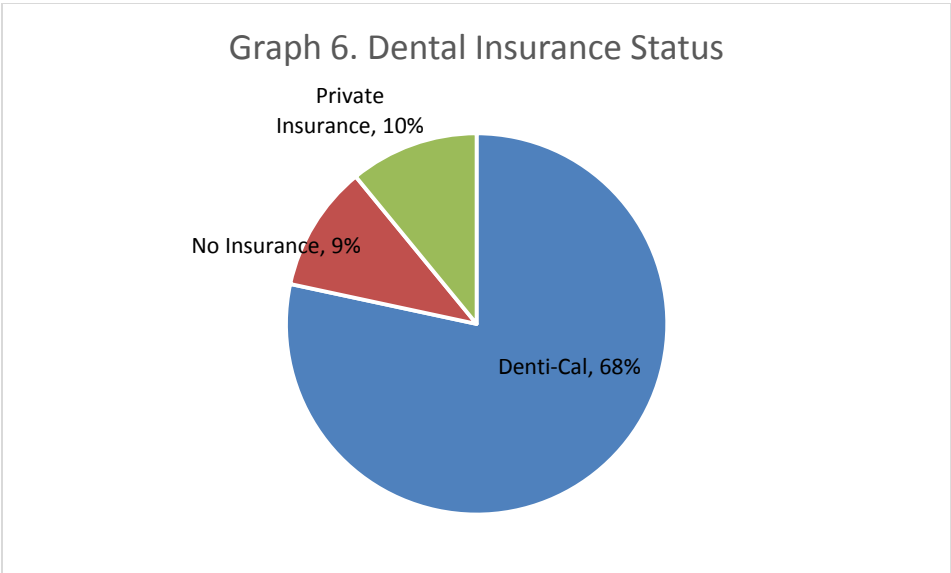
Consent Returns

The average consent return rate for the program was 70%. Meadow View Elementary had the highest consent return with 74% and Bellevue had the lowest consent return rate at 67%. Both Kawana Springs Elementary and Taylor Mountain had a consent return of 69%. Historically the program has had an average consent rate of 57%, well within the national average of 40-60% (2017 ASTDD Best Practice Approaches for State and Community Oral Health Programs).



Dental Insurance Status

The majority of students had state provided dental insurance coverage. A total of 84% were insured through Denti-Cal, 11% through private insurance, and 13% did not have insurance coverage.



Financial Sustainability

The total 2018-2019 School Smile Program budget was \$76,000. The average cost to provide screening and fluoride varnish per child was \$2.30. The average program cost to provide one sealant was \$21.01. The average program cost per child served was an average of \$29.01.

The Fee for Service (FFS) billed Denti-Cal for services provided to children enrolled in the public insurance program or who provided complete private insurance information. Overall, 87% of the 1,005 active consented students who were screened in the Fee for Service Model were insured. Of this number, 68% were insured through Denti-Cal (Medicaid) and 10% had privately funded insurance. Sixty percent (56%) of insured students had complete information for insurance billing and reimbursement.

The RDHAP provider was in the assigned school for 16 days providing services. Average daily reimbursement for the RDHAP provider in the Fee for Service Model was \$312 per day. Of the 489 sealants completed by the RDHAP provider, 262 (53%) were billable and 224 of the 262 billed (85%) were reimbursed.

St. Joseph Health provided in-kind services to support the School Smile Program. They assisted with assessments at Kawana, Meadow View, Taylor Mountain and Bellevue and provided treatment at Taylor Mountain, Kawana Springs, and Meadow View. Student interns from Sonoma State University provided in-kind support services through data entry, consent tracking, and classroom education.

DISCUSSION

Program Successes

We continue to have a high rate of consent return for the Bellevue Union School District with strong interest and emphasis on participation from the principal, school nurse, and the staff. Attendance of key program staff at national oral health meetings validated the evidence based practices being delivered by this program.

With funding limitations, the FQHC model was discontinued and the program discontinued participation at 7 schools in the Wright Elementary School District, Cloverdale Unified School District and Santa Rosa City Schools. The Fee for Service model was funded through various grants sources.

Challenges

One of biggest challenges faced this year were school day closures as a result from the air quality effects of the August wildfires in Butte County. School closures led to an almost two month postponement of services. Dates that had been set and approved had to be rescheduled later in the school year leaving CAP staff and the school staff with less time for case management.

There continues to be challenges in reaching passive consented students who need additional treatment. This year there were a variety of conditions that contributed to the difficulty reaching parents. Workforce at CAPSC was limited this year with both regular staff and intern assistance. In addition, the Bellevue District faced the absence of one regular staff which left limited time for the school nurse to spend on case management. The school nurse was often only able to prioritize the most urgent cases.

Next Steps

Due to funding changes in 2018, CAPSC ceased the continuation of services at the Santa Rosa City Schools, the Wright Elementary School District, and Jefferson Elementary in Cloverdale. Community Action Partnership of Sonoma County continues to be dedicated to the importance of the preventative work that has been provided with this program and the long-term impact it can have on both the dental health and overall health of our Sonoma County students. CAPSC continues to identify and reach out to other potential funding opportunities in order to maintain or expand the program into other school districts.

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For more information on the School Smile Program you may visit our website at www.capsonoma.org/school-smile or contact Assistant Director of Programs, Kathy Kane, RDHAP at kkane@capsonoma.org