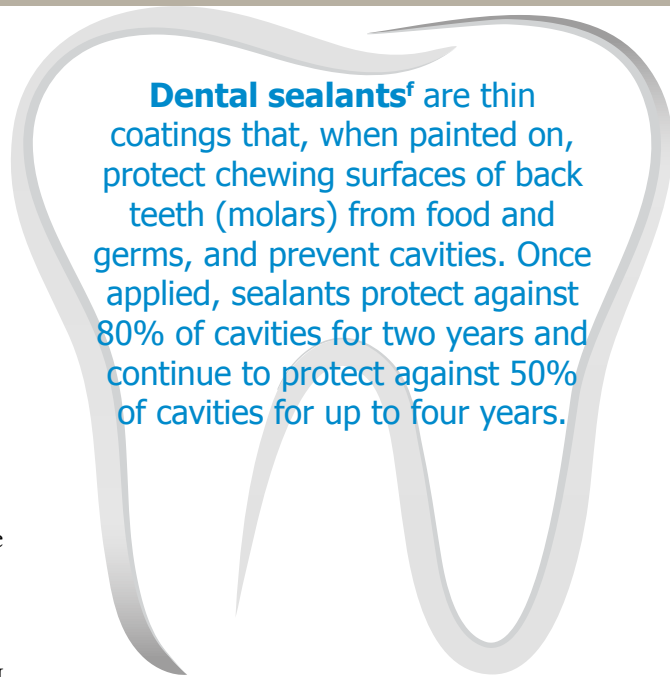


Impact and Reach of SEAL!ND 2019-2020 School Year

SEAL!ND: School-Based Dental Sealant Program

The North Dakota Department of Health (NDDoH)^a Oral Health Program (OHP)^b has established a school-based dental sealant program (SEAL!ND)^c which has been providing dental sealants, fluoride varnish application, oral health education, and dental screenings and referrals for students throughout North Dakota dating back to 2012. The NDDoH OHP continues to administer SEAL!ND utilizing dollars from both the Centers for Disease Control and Prevention (CDC) State Actions to Improve Oral Health Outcomes^d grant and the Health Resources and Services Administration's Grants to States to Support Oral Health Workforce Activities.^e

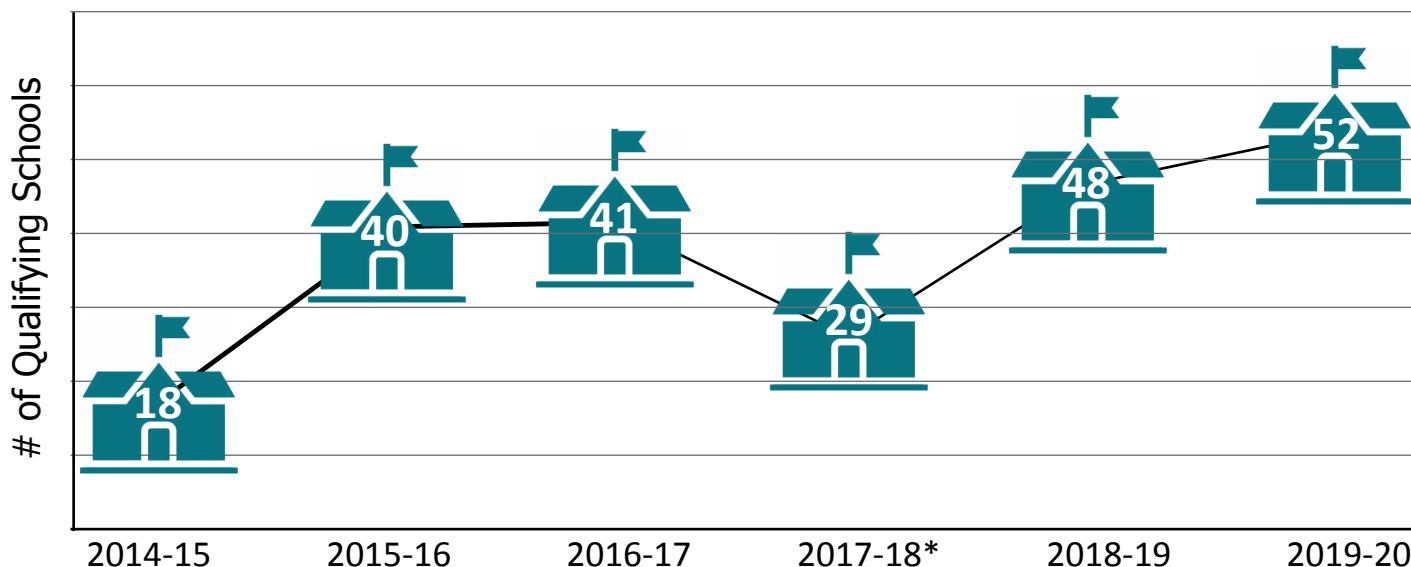


SEAL!ND prioritizes providing preventive oral health care to low-income and underserved students by targeting schools with 45% or greater of their students enrolled in the free and reduced-fee school lunch program. Although schools with a larger proportion of youth who are low-income are prioritized, additional schools participate in SEAL!ND. The NDDoH OHP Prevention Coordinator provides educational materials to school administrators, staff, and parents on the benefits of dental sealants, inviting participation in the program.

School Participation

During the 2019-20 school year 84 schools were contacted by the NDDoH OHP Prevention Coordinator; by end of the school year, 80 schools had participated in SEAL!ND. However, only 52 of the participating schools met the criteria of high-risk, reporting at least 45% of their students enrolled in the free and reduced-fee school lunch program (identified as qualifying (Q) schools). The number of participating Q schools increased by 10.4% (greater than the 5% goal) between the 2018-19 and 2019-20 school years.

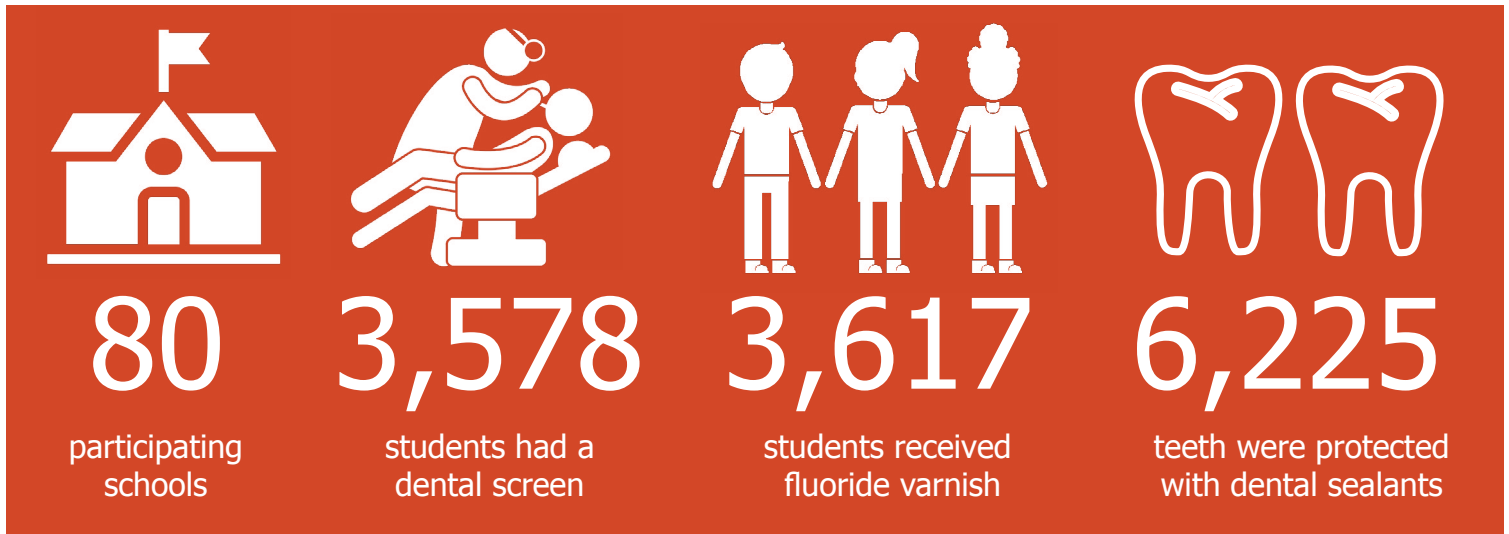
Number of Qualifying Schools Participating in SEAL!ND, by Year



* The visual decline in participation in 2017-18 is an error in reporting and not a true decline in service provision. Data for 2017-18 were only available for schools served by the Public Health Hygienists (PHH) and did not include services provided to Q schools by Federally Qualified Health Centers or private dental teams.

Dental Care Provided

Services provided in both Q and non-qualifying (NQ) schools include dental screenings, fluoride varnish and sealant applications, oral health education, and dental referral. Some children were unable to sit for the dental screen, or they were absent for the first screen but were then able to receive fluoride varnish. Because of this, more children received varnish than those who received a full screen.



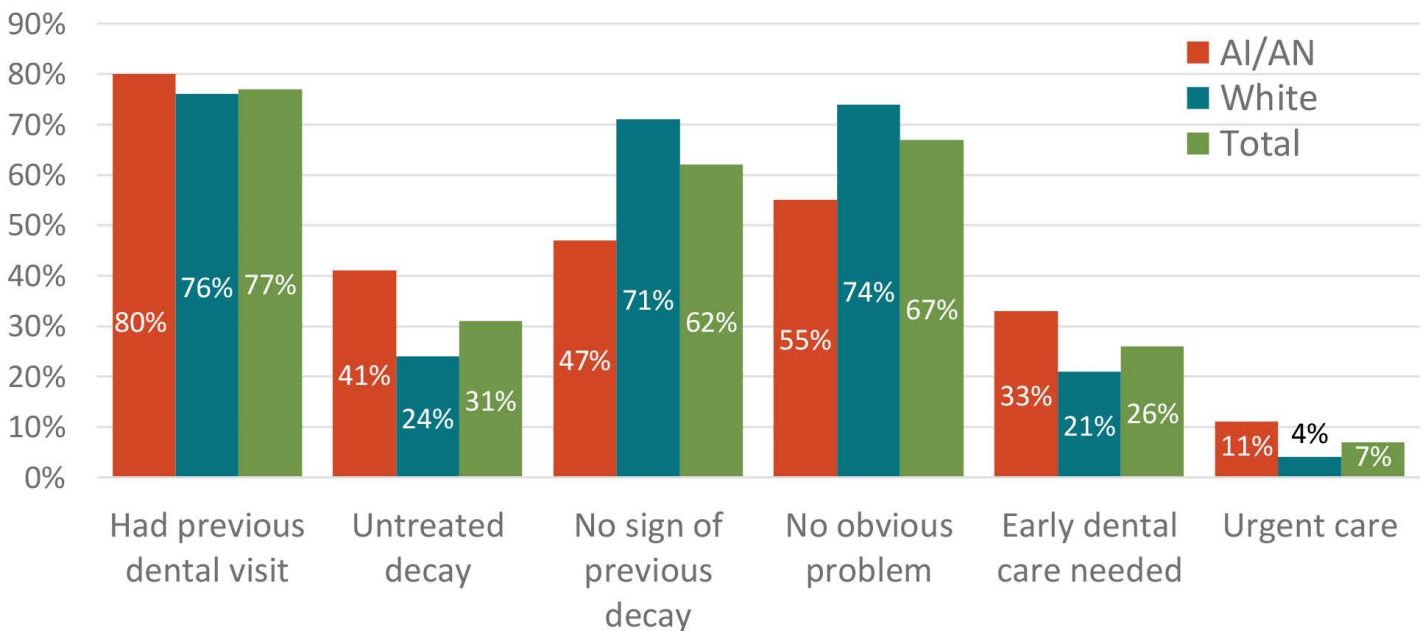
Schools that qualify for services collect additional student data. Among the 52 Q schools:

- Roughly one in four (26%) of the 2,387 students needed early dental care; an additional 7% required urgent care.
- Just under a quarter of students (23%) had no previous dental visit.
- Nearly all students (95%) received a fluoride varnish application.
- Half of the students in kindergarten (50%) reported no previous dental visit.

Heightened Need for Children who are Indigenous

Nearly half (46%) of students served were White; however, 27% were Indigenous (identified as American Indian/Alaska Native (AI/AN) in the data). This is notable given that only 5.6% of the total state population includes individuals who are AI/AN. Although more than 70% of students who were White reported no sign of previous decay, this was true for only 43% of students who were AI/AN.

Percentage of Students Reporting Dental Care Need and Visits by Race, 2019-2020 School Year



School Personnel Perceptions

Of the 84 schools invited to participate, 57 schools completed a survey, in full. More specifically, 19 individuals from 31 NQ schools participated and 38 individuals from 52 Q schools. A majority of surveys were completed by administration (59%) or non-certified staff (36%).

- In general, a near majority of participants (over 91%) agreed that they were well informed about the program, had sufficient information to promote the program, understood their role, and had sufficient communication with the providers.
- A majority (over 83%) agreed or strongly agreed that it was easy to get in touch and communicate with the dental provider(s). They agreed or strongly agreed that the providers were knowledgeable about oral health, and were considerate to both staff and students.
- The most significant barrier as it relates to obtaining consent is that parents do not return the consent form; 43% of Q schools and 38% of NQ schools indicated this was a barrier.
- Among Q schools, only 24% of respondents indicated that they strongly agreed/agreed that performing their school's roles and responsibilities in the dental sealant program took a great deal of staff time and effort compared to 50% of NQ schools.
- A majority (81%) indicated that it would be helpful to have a list of local dental providers who will work with low-income families and accept Medicaid.

Recommendations for the Future of SEAL!ND

The full report, [Evaluation of SEAL!ND: School Year 2019-20](#),⁸ details nine recommendations for the NDDoH OHP and SEAL!ND. More generally, the basic recommendations for SEAL!ND include:

Encourage Participation in School-Based Sealant Programs by Developing Templates

Overall, the primary recommendation is that the NDDoH OHP should place time and resources in updating the North Dakota SEAL!ND manual. This manual would be available to both dental teams and schools interested in participating in their own school-based dental sealant program. The guide would provide checklists, contact information, templates and guides for social media postings and news items, as well as a list of dental providers available to see low-income pediatric patients through the state. It is also recommended that the NDDoH OHP work with the Ronald McDonald Care Mobile (RMCM) team to identify any efficiencies, and invite their team to both contribute to, and review, the manual.

Increase Access to Dental Sealants and Participation in School-Based Sealant Programs

Over the last six years, the proportion of school-based dental sealant programs covered by the NDDoH OHP PHH has decreased as a result of greater participation among private practice dentists, Federally Qualified Health Centers (FQHCs), and the RMCM. Several of these providers offer sealant programs in school settings where the school may not qualify for services, but there are still a large number of students in need of dental care. The NDDoH OHP should continue to work with schools to provide a school-based dental sealant program. However, the state would benefit if the NDDoH OHP allocated staff time to developing resources for private practice dentists on the need to participate in such programs, how to reimburse for services, frequently asked questions among private providers, and the benefit of such a program to the school, students, and community. This information should then be disseminated widely among private providers in the state that might be willing to participate in a similar service.

Increase Pediatric Dental Care Utilization/Access

Half (50%) of students in kindergarten reported no previous dental visit. The NDDoH OHP should work with other interested stakeholders to increase dental visit rates among the youngest pediatric patients (those ages six and under). This low dental visit rate is likely the result of issues around both access and utilization. The state needs to work to increase the number of dental providers who specialize in pediatric care and/or increase the number of family dental clinics that accept younger patients. There is also opportunity to work with preschool programs, Head Start, and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). These programs can share fact sheets and resources on the importance of pediatric oral health, annual/bi-annual preventive dental visits, and local providers that accept various forms of insurance. Other providers who should begin to encourage pediatric dental visits include primary care providers, pediatricians, and public health providers.

Increase Oral Health Equity for Students who are American Indian/Alaska Native

Although SEAL!ND is meeting a significant need in the state by disproportionately providing preventive dental care to students who are AI/AN or Black/African American, there are still evident oral health inequities. The NDDoH OHP should work with local tribes and Indian Health Services (IHS) to identify opportunities to improve oral health and dental care access/utilization among these students. These efforts will require addressing barriers related to historical trauma, oral health literacy, dental care access, cost of services (insurance status), available services (access), travel requirements, and dental clinic hours of operation, to name a few.

Additional School-Based Dental Sealant Program Information

Full Report | [Evaluation of SEAL!ND: School Year 2019-20^s](#)

Infographic | [North Dakota School-Based Sealant Programs: 2019-2020^h](#)

Brief | [North Dakota School Personnel's Experience with SEAL!ND: 2019-2020 School Yearⁱ](#)

Fact Sheet 2018-19 | [Progress and Reach of the SEAL!ND Program: 2018-2019 School Year^j](#)

Citations

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- f. cdc.gov/oralhealth/dental_sealant_program/index.htm
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- j. ruralhealth.und.edu/assets/3509-14141/progress-of-seal-nd-program.pdf

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For More Information

- Visit the North Dakota Oral Health Program webpage at oral.health.nd.gov.
- Visit the Center for Rural Health webpage at ruralhealth.und.edu/what-we-do/oral-health.