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Oral Health Florida

Sealant Action Team Minutes

Thursday, March 20, 2014 12-1 pm

Agenda and Action Items:

I. Welcome and Introductions – Elizabeth Orr welcomed all members to the call.

Existing Members: Elizabeth Orr, Kim McCarren, Kim Poon, Jo Ann Weatherwax, Elizabeth Lense, Karen Hodge, Michelle Graham, Carol Scheff, Donna Solovan-Gleason, Betty Kabel, Christina Vracar, Kim Reams, Tami Miller

II. Old Business-

- a. Summary from Leadership Council meeting: Tami Miller gave an overview of the last Leadership Council Meeting. The meeting continued the Results Based Accountability methodology. The goal is for “All people to have optimal health care.” The 2 focus areas are water fluoridation and Access to Care which is where the Sealant Action Team falls under. Please see minutes from this meeting on the OHF website for further details.
- b. Results from Survey Monkey: There were 16 out of approximately 40 members that replied to the survey. Tami will send results to all members via email.

The goals identified by Leadership Council were:

- 1. Encourage the use of the CDC SEALS program by all sealant programs.
- 2. Increase the number of sealant programs in Florida

The Action Items that Leadership Council approved are :

- 1. Adopt definition of School Based Sealant Program vs. School Based Preventive Program
- 2. Create a standardized consent form
- 3. Create a one page white paper on sealants in Florida (using CDC guide)
- 4. Best practices for sealant programs

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III.

Program Spotlight Speaker: Betty Kabel

North Florida Medical Centers FQHC/Okaloosa County School Sealant Program

- a. Betty states that her program operates at 4 schools (out of a total of 15 with >50% Free and Reduced lunch) that are designated as HRSA sites. The schools visited have 70% Free and reduced lunch.
- b. The program started in March 2013 and took 4 years to implement. The School board supported the program but they had other obstacles to implement the program.
- c. The 2 portable chairs, lights and stools, equipment and supplies are transported to and from the schools in a Nissan Pathfinder. The set up is in an empty classroom, library, media center, or cafeteria stage behind the curtain. (Betty sent pictures of the setup and breakdown and Elizabeth Orr forwarded to the group.)
- d. The program started with 2nd and 5th grades and provide oral assessments, sealants, fluoride varnish, and OHI in the classroom and in the chair. The program has expanded now to include K-5. The children are seen in the Fall and Spring.
- e. The program is funded via 2 grants (ADHA and Dentaquest Foundation) and Medicaid reimbursement.
- f. The consent forms/medical histories are sent home with all of the initial school paperwork at the beginning of the school year. This helps to increase participation. Consent forms/medical histories are collected at anytime while the staff is at the school.
- g. Presentations at PTO meetings and open houses are given to encourage participation.
- h. Oral assessments, sealants, fluoride varnish, and prophys (as needed) are provided to all students who return a permission slip. Students chew Spry(xylitol gum 2 minutes prior to services)
- i. 80-95% of the children seen have had no dental experience.
- j. A letter is sent to all students explaining what treatment was rendered. A case manager follows up to refer the children to their own dentist or back to the center which is 20 minutes away for follow up. From comments made on consent forms, Medicaid patients have a hard time getting an appointment at the local DOH and they are usually overbooked. Donna Solovan-Gleason states that she would like to be notified by email if any of the DOH dental clinics that sealant programs are referring to have excessive wait times for new patients.
- k. The focus of the program is on case management and not on high production.
- l. SEALS program is used. Paper forms are completed on each child at the time of the visit and the data is entered afterwards. The paper forms are attached to the paper chart for each child.

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- m. Electronic records are completed on each child seen.
- n. Resources include: Oral Health America, Maternal child health and Mojo sealant books, Dentaquest Foundation
- o. Sealant program staff includes 2 staff hygienists. The staff sees 12-14 patients per day. Both hygienists provide clinical and administrative services and one hygienist is the case manager.
- p. They have a 60% return rate for permission packets. The kids are given toothbrushes, and toothpaste in their goody bags. HIPPA forms, fluoride varnish and sealant information sheets are included in packet.
- q. The staff spend 3-4 week at each school.
- r. Permission forms color coded by school and are organized by class using a class roster. Children's names are highlighted as to who is participating and who is not. Children are scheduled for 15 or 30 minute appointments. The schedule is delivered to the teachers in the morning so the teachers can send the students by appointment time.
- s. Lunch, specials, testing, performance schedules are acquired ahead of time and the children are scheduled accordingly.
- t. The program has treated 750 children so far at 4 schools in grades K-5.
- u. The staff works with speech therapists, guidance counsellors, principals, and front office staff mostly. They do not use the school nurses as liaisons unless medical information on a child is needed.
- v. During the summer, the staff will be providing an in service to the district nurses to provide an oral health CE course.
- w.

Thank you to Betty for the presentation on her program!

Carol Scheff wanted to thank all members for helping with her query as to which programs/counties are providing sealants to Headstart children.

IV. Schedule for future conference calls:

Thursday, May 22, 2014 12pm-1pm
Thursday, July 24, 2014 12pm-1pm
Thursday, September 25, 2014 12pm-1pm
Thursday, November 20, 2014 12pm-1pm

V. Adjournment: Elizabeth Orr adjourned the call at 1:00pm.

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