



Evaluation of SEAL!ND: School Year 2019-2020

North Dakota Department of Health Oral Health Program's
School-Based Dental Sealant Program

DECEMBER 2020

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Executive Summary

School-Based Dental Sealant Program (SEAL!ND)

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 applications, 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 The CDC reports that school-based sealant programs have been found to be a highly effective way to deliver preventive oral health and dental sealants to children who are less likely to receive private dental care.

The SEAL!ND program 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. The OHP Prevention Coordinator identifies eligible schools utilizing data from the [North Dakota Department of Public Instruction \(DPI\)](#).^f Although schools with a larger proportion of youth who are low-income are prioritized, additional schools participate in SEAL!ND. The OHP Prevention Coordinator provides educational materials to school administrators, staff, and parents on the benefits of dental sealants, inviting participation in the program. Oral health services provided include dental screenings, fluoride varnish application, sealant application, oral health education, and dental referral; and are completed by either the public health hygienist (PHH) employed by the NDDoH OHP and supervised by one private practice dentist (general supervision), or by dental team members who have partnered with the NDDoH and have signed Memorandums of Understanding (MOUs). These partners include private practice dental teams as well as Federally Qualified Health Centers (FQHCs).

To measure the reach of SEAL!ND, the evaluation team at the Center for Rural Health (CRH) surveyed participating schools, interviewed OHP team members and additional stakeholders, and reviewed all available student data collected at the time of the dental screenings.

Clinical Reach

During the 2019-20 school year 80 schools participated in SEAL!ND. 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.

During the 2019-20 school year, 80 Q/NQ schools participated in SEAL!ND. Through SEAL!ND, a total of,

- 3,578 students had a dental screen.
- 3,617 students received fluoride varnish applications.
- 6,225 new dental sealants were placed.
- 849 students were indicated for follow-up care (urgent or early dental care).

Dental Sealants^g

Dental sealants are thin coatings that, when painted on, protect chewing surfaces of back teeth (molars) from food and germs, and prevent cavities. Once applied, sealants protect against 80% of cavities for two years and continue to protect against 50% of cavities for up to four years.

Among the 52 Q schools, 2,387 students had a dental screen. Students either received preventive dental care from the PHH employed by the NDDoH OHP (27% of students) or from another dental provider with a signed MOU with the NDDoH OHP (73%). Among those 52 Q schools:

- More than one in four (26%) 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.
- 42% of students received at least one dental sealant.
- Half of the students in kindergarten (50%) reported no previous dental visit.

A majority of the 2,387 students attending one of the 52 Q schools were in kindergarten (19%). Nearly half (46%) of students served were White; however, 27% of students served were American Indian/Alaska Native (AI/AN). This is notable given that only 5.6% of the total state population includes individuals who are AI/AN. A greater percentage of AI/AN presented with untreated decay (41%) than students in any other racial group. Similarly, while more than 70% of students who were White and Black/African American reported no sign of previous decay, this was true for only 43% of students who were AI/AN. A greater percentage of students who were White and multi-race reported no obvious dental problems (74% and 70% respectively) compared to students who were AI/AN (55%). Conversely, students who were AI/AN reported the greatest percentage of students needing urgent dental care (11%) compared to their peers.

The [Ronald McDonald Care Mobile \(RMCM\)](#)^h in partnership with Bridging the Dental Gap, offered access to preventive oral health care for 20 additional schools in the 2019-20 school year. This reached 505 students who otherwise would not have been seen by any other school-based sealant program in the state. Combining the efforts of SEAL!ND (for both Q schools and NQ schools) and the reach of the RMCM, in North Dakota during the 2019-20 school year:

- 100 schools participated in a school-based sealant program.
- The school-based sealant programs provided preventive oral health care to 4,106 children.
- A total of 6,917 teeth were sealed.
- A total of 4,098 children received fluoride varnish in their school setting

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 for a 61% response rate and 38 individuals from 52 Q schools participated for a 72% response rate. A majority of the surveys (59%) were completed by administration with non-certified staff responsible for 36% of the completed responses.

- 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 near majority of participants (over 83%) agreed or strongly agreed that it was easy to get in touch and communicate with the dental provider(s). Similarly 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%) of school administrators/staff indicated that it would be helpful to have a list of local dental providers who will work with low-income families and accept Medicaid.

Summary and Recommendations

This full report concludes with a more detailed summary along with recommendations on how the NDDoH OHP, and other interested parties, can work to address pediatric oral health inequities.

Key Points from the Evaluation:

- Half (50%) of students in kindergarten reported no previous dental visit.
- 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, 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.
- Although SEAL!ND is meeting a significant need by disproportionately providing preventive dental care to students who are AI/AN or Black/African American, there are still evident oral health inequities. Students who are AI/AN present with worse oral health than their peers.
- The NDDoH OHP would be well served to update their manual for both participating schools and dental providers to address concerns related to school staff time and effort, communication between the school and the dental team, and space allocation to provide preventive dental services. This resource should also include templates for social media promotion, school newsletter announcements, consent forms that collect all necessary demographic information, and a list of available dental providers.
- A majority (81%) of school administrators/staff who were surveyed indicated that it would be helpful to have a list of local dental providers who will work with low-income families and accept Medicaid.

Additional School-Based Dental Sealant Program Information

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

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

Brief | [Impact and Reach of SEAL!ND: 2019-2020 School Year](#)

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

Table of Contents

Executive Summary	1
School-Based Dental Sealant Program (SEAL!ND)	1
School Personnel Perceptions	2
Summary and Recommendations	3
List of Figures	5
List of Tables	6
List of Acronyms and Abbreviations	7
Introduction	8
North Dakota Department of Health Oral Health Program	8
SEAL!ND: School-Based Dental Sealant Program	8
Evaluation	9
Evaluation Activities	9
Schools Participating in One of Two School-based Sealant Programs	10
Qualifying (Q) and Non-qualifying (NQ) Schools	11
Section 1. Clinical Reach and Dental Referrals	12
Evaluation Methods	12
Results	12
Data Provided by Qualifying Schools	13
Results by Demographic Groups	15
Treatment Need and Provided Dental Services by Race	15
Treatment Need and Provided Dental Services by Grade Level	17
Section 2. Participating School Personnel Perceptions of SEAL!ND	18
Analysis	18
Results for the 2019-20 School Year	19
Experience with the Dental Sealant Program as a Whole	20
Experience with the Dental Provider(s)	22
Challenges to Implementing the School-Based Dental Sealant Program	26
Participant Feedback	29
Comparing 2019-20 Experiences to the 2018-19 School Year	31
Section 3. Reach of the RMCM with Bridging the Dental Gap	32
Summary and Recommendations	33
Citations	38
Acknowledgements	39
Appendix A: North Dakota Department of Health Organizational Chart	40
Appendix B: Consent Cover Sheet	41
Appendix C: Consent Form	42
Appendix D: Electronic Student/Patient Dental Record	43
Appendix E: Visit Results Sheet	45
Appendix F: Survey Among Participating SEAL!ND Schools	46

List of Figures

Figure 1. School-based Sealant Programs in North Dakota by Program Management and Schools Served in 2019-20 School Year

Figure 2. Percentage of Care Provided by Each Provider Type by School Year

Figure 3 Number of Qualifying Schools Participating in SEAL!ND, by Year

Figure 4. Percentage of Students Needing Treatment and Receiving Dental Services, 2019-20 School Year (n = 2,387)

Figure 5. Percentage of Students Needing Treatment and Receiving Dental Services, By School Year

Figure 6. Percentage of Students with Dental Visits and Decay Experience, by Race

Figure 7. Percentage of Students by Dental Treatment Need, by Race

Figure 8. Percentage of Students with Dental Visits and Decay Experience, by Grade Level

Figure 9. Percentage of Students by Dental Treatment Need, by Grade Level

Figure 10. Primary Role within the School by School Type, 2019-20

Figure 11. Overall School Experiences with SEAL!ND (n = 53)

Figure 12. Overall School Experiences with the Dental Hygienist or Dental Care Provider

Figure 13. Perceived Effectiveness of Various Modes of Communicating with Parents*

Figure 14. Percentage of Schools Indicating the Following Assistance from the Dental Team and Program Leads “Would be Helpful” (n = 53)

Figure 15. Percentage of Participants that Agreed or Strongly Agreed that the Following were Challenges to Obtaining Consent, by School Type

Figure 16. Percentage of Participants that Agreed or Strongly Agreed that the Following were Challenges to Participating in the Dental Sealant Program, By School Type

Figure 17. Percentage of Participants that Agreed/Strongly Agreed and Disagreed/Strongly Disagreed that the Following were Challenges, All Schools

Figure 18. Percentage of Students Receiving Preventive Dental Services and Need for Care Reported by the Ronald McDonald Care Mobile: 2019-20 School Year

List of Tables

Table 1. Number of Schools in North Dakota with a School-Based Dental Sealant Program by Provider and School Year

Table 2. Number and Percentage of Students Served by Race, Gender, and Grade Level

Table 3. Summary of Prevented Decay and Avoided Costs, by School Year

Table 4. Qualifying (Q) and Non-Qualifying (NQ) School Experiences with the Dental Sealant Program, Average Level of Agreement *

Table 5. Qualifying (Q) and Non-Qualifying (NQ) School Experiences with the Dental Sealant Program, Percent of Agreement

Table 6. Qualifying (Q) and Non-Qualifying (NQ) School Experiences with the Dental Hygienist or Dental Care Provider, Average Level of Agreement*

Table 7. Qualifying (Q) and Non-Qualifying (NQ) School Experiences with the Dental Hygienist or Dental Care Provider, Percent of Agreement

Table 8. Perceived Effectiveness of Various Modes of Communicating with Parents

Table 9. Perceived Challenges to Participating in the School-Based Dental Sealant Program, Average Level of Agreement*

Table 10. Qualifying (Q) and Non-Qualifying (NQ) School Perceived Challenges to Participating in the School-Based Dental Sealant Program, Percent of Agreement

Table 11. Feedback from Participating Schools Organized Thematically*

List of Acronyms and Abbreviations

AI/AN	American Indian/Alaska Native
BSS	Basic Screening Survey
CDC	Centers for Disease Control and Prevention
CRH	Center for Rural Health
DPI	Department of Public Instruction
FQHC	Federally Qualified Health Center
IHS	Indian Health Services
MOU	Memorandum of Understanding
MS	Master of Science
NDDA	North Dakota Dental Association
NDDoH	North Dakota Department of Health
NDOHSS	North Dakota Oral Health Surveillance System
NDSU	North Dakota State University
NQ	Non-qualifying
OHP	Oral Health Program
PHH	Public Health Hygienist
PI	Principal Investigator
Q	Qualifying
RMCM	Ronald McDonald Care Mobile
SAS	Statistical Analysis System
SPSS	Statistical Package for the Social Sciences
SEAL!ND	Name of the North Dakota school-based dental sealant program
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children

Introduction

North Dakota Department of Health Oral Health Program

The mission of the [NDDoH](#)^a is to “improve the length and quality of life for all North Dakotans.” The NDDoH is committed to: improving the health status of the people of North Dakota; improving access to and delivery of quality healthcare and wellness services; promoting a state of emergency readiness and response; achieving strategic outcomes using all available resources; strengthening and sustaining stakeholder engagement and collaboration; and managing emerging public health challenges. ^hThe [NDDoH Oral Health Program \(OHP\)](#)^b is located within section two, healthy and safe communities under the [Division of Health Promotion](#).^h See Appendix A for the [NDDoH Organizational Chart](#).ⁱ

The Mission of the NDDoH OHP is “to improve the oral health of all North Dakotans through prevention and education.” The primary goal of the NDDoH OHP is to prevent and reduce oral disease by:

- Promoting the use of innovative and cost-effective approaches for oral health promotion and disease prevention.
- Fostering community and statewide partnerships to promote oral health and improve access to dental care.
- Increasing awareness of the importance of preventive oral health care.
- Identifying and reducing oral health disparities among specific population groups.
- Facilitating the transfer of new research into practice.

SEAL!ND: School-Based Dental Sealant Program

The NDDoH OHP established [SEAL!ND](#)^c (a school-based dental sealant program) which has been providing dental sealants, 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 [CDC State Actions to Improve Oral Health Outcomes](#)^d grant and the [HRSA’s Grants to States to Support Oral Health Workforce Activities](#).^e The CDC reports that school-based sealant programs have been found to be a highly effective way to deliver preventive oral health and dental sealants to children who are less likely to receive private dental care.

Dental Sealants^g

Dental sealants are thin coatings that, when painted on, protect chewing surfaces of back teeth (molars) from food and germs, and prevent cavities. Once applied, sealants protect against 80% of cavities for two years and continue to protect against 50% of cavities for up to four years.

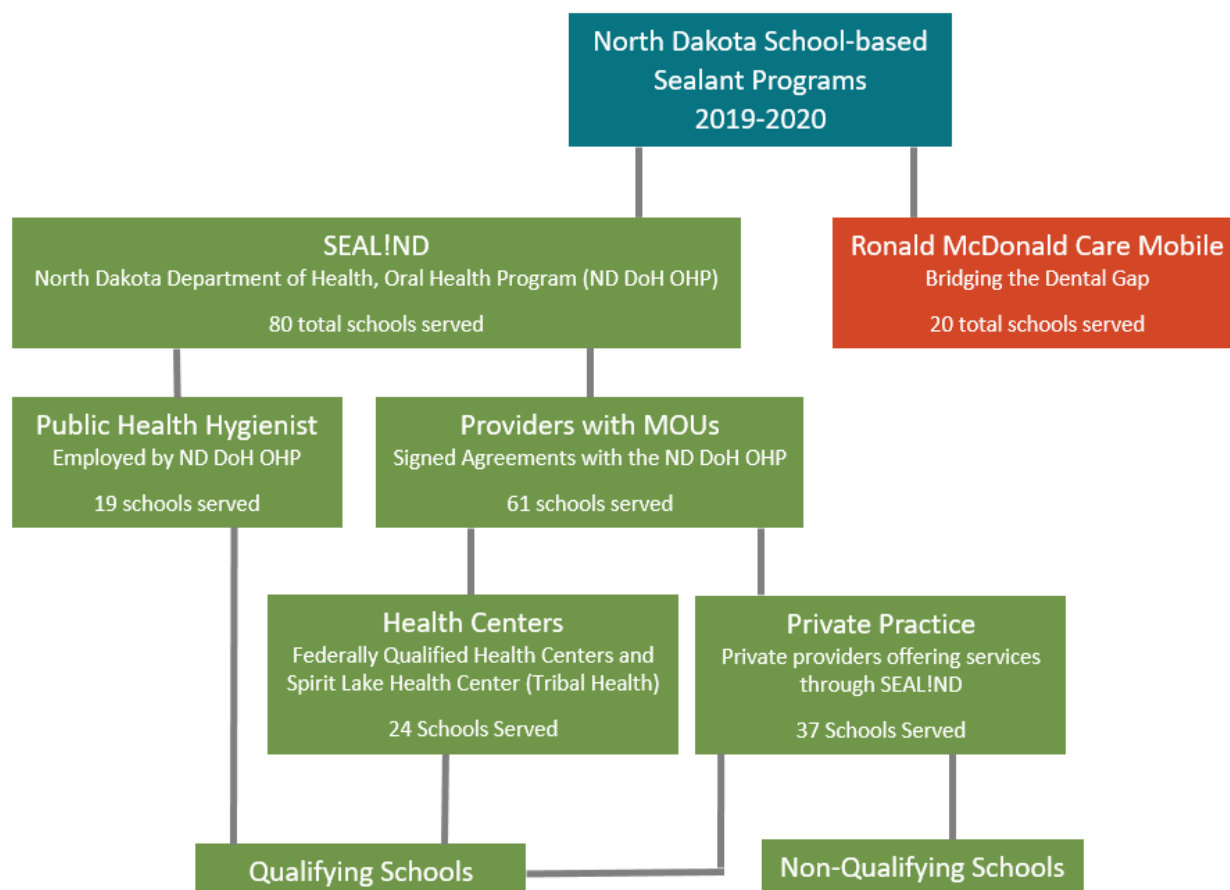
The SEAL!ND program prioritizes providing preventive oral health care to low-income and underserved students by targeting schools with 45% or greater of their students enrolled in the free and reduced-fee school lunch program. The OHP Prevention Coordinator identifies eligible schools utilizing data from the [North Dakota DPI](#).^f Although schools with a larger proportion of youth who are low-income are prioritized, additional schools participate in SEAL!ND. The OHP Prevention Coordinator provides educational materials to school administrators, staff, and parents on the benefits of dental sealants, inviting participation in the program. Oral health services provided in participating schools, to include dental screenings, fluoride varnish application, sealant application, oral health education, and dental referral, are completed by either the PHH employed by the NDDoH OHP and supervised by one private practice dentist (general supervision), or by dental team members who have partnered with the NDDoH and have signed MOUs. These partners include private practice dental teams as well as FQHCs. This report describes the reach of SEAL!ND for the 2019-20 school year.

Evaluation

Evaluation Activities

To evaluate the reach of the SEAL!ND program, the evaluation team at the CRH School of Medicine and Health Sciences worked with the team at the NDDoH OHP to collect data on the clinical reach of the SEAL!ND program, the referral practices, dental sealant cost savings, and perceptions of school personnel regarding their experiences with the program. However, the CRH evaluation team and the NDDoH OHP have access to different data depending on the provider offering services, and variability in school consent forms. Additionally, as a sign of increased access in the state and program sustainability, an additional partner in North Dakota is now offering a similar school-based sealant program, providing care in schools not covered by the SEAL!ND program. The [Ronald McDonald Care Mobile's \(RMCM's\)](#) school-based sealant program provided care in an additional 20 schools in the 2019-20 school year. These services are outside of the NDDoH OHP's SEAL!ND, and as such, data are not available in the same format. See Figure 1 for an outline of available schools-based sealant programs in North Dakota, and their funding and leadership mechanisms.

Figure 1. School-based Sealant Programs in North Dakota by Program Management and Schools Served in 2019-20 School Year



Schools Participating in One of Two School-based Sealant Programs

In the first year of tracked services (2014-15), the PHH employed by the NDDoH OHP (under general supervision of one independent private practice dentist) was responsible for 100% of SEAL!ND services. The RMCM through Bridging the Dental Gap began providing care through their own school-based sealant program during the 2015-16 school year, and the NDDoH OHP added FQHCs to their SEAL!ND providers. The following school year, SEAL!ND added private practice dentists under signed MOUs with the NDDoH OHP. See Table 1.

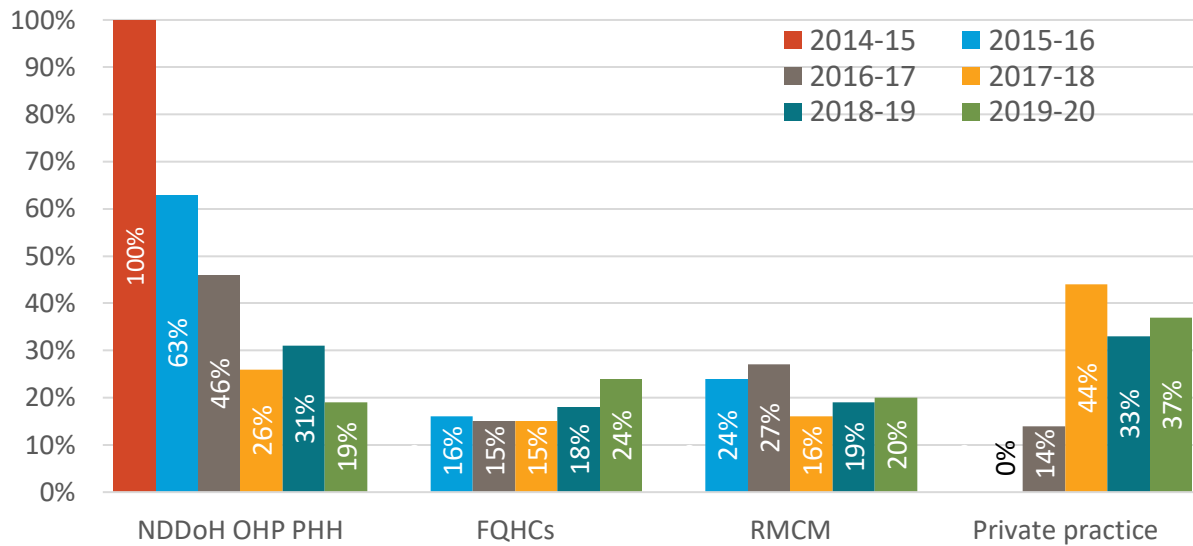
Table 1. Number of Schools in North Dakota with a School-Based Dental Sealant Program by Provider and School Year

		2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
SEAL!ND	Private practice providers	0	0	12	49	32	37
	Community Health Centers*	0	8	13	17	17	24
	NDDoH OHP PHH	18	32	41	29	30	19
Ronald McDonald Care Mobile		0	12	24	18	18	20
TOTAL Schools		18	51	89	112	97	100

* This total includes FQHCs, and tribal health services provided by Spirit Lake Health Center

During the 2019-20 school year, one in five of the schools participating in a school-based sealant program were doing so in partner with the RMCM through Bridging the Dental Gap. However, SEAL!ND through the NDDoH OHP still visited a majority of the schools participating in a school-based sealant program (80%). Through MOUs and partnerships that have been developed by the NDDoH OHP, the percentage of schools visited by the PHH has decreased while the percentage of schools visited by FQHCs and private practice providers has increased. For example, the percentage of schools visited by private practice increased from 0% in 2014-15 to 37% in the current school year. See Figure 2. SEAL!ND has illustrated growth and sustainability, bringing in dental partners to work in school settings.

Figure 2. Percentage of Care Provided by Each Provider Type by School Year



Qualifying (Q) and Non-qualifying (NQ) Schools

SEAL!ND has a primary focus of providing school-based sealant programs in school settings that meet the criteria of high-risk, reporting at least 45% of their students enrolled in the free and reduced-fee school lunch program. For the purpose of this report, those schools are considered Q schools (qualified schools). Q schools qualify for SEAL!ND under federal grant awards held by the NDDoH OHP. However, the Prevention Coordinator at the NDDoH OHP leading SEAL!ND is able to coordinate dental services for more than just Q schools and also assists in arranging services for non-qualifying (NQ) schools as able. Only Q schools collect comprehensive data on student/patient encounters as part of SEAL!ND. Because Q and NQ schools do not collect the same data, some of the evaluation metrics are for only subsets of schools who participated in SEAL!ND. The following evaluation report is organized into four sections, each with their own explanation of the data available, and the number of schools and students represented. The sections include:

Section 1. Clinical Reach and Dental Referrals

Section 2. Participating School Personnel Perceptions of SEAL!ND

Section 3. Reach of the RMCM with Bridging the Dental Gap

Section 1. Clinical Reach and Dental Referrals

Evaluation Methods

Students in Q schools who receive dental services as part of the SEALIND program have a signed consent form with the NDDoH OHP. See Appendix B for a copy of the consent cover sheet and Appendix C for a copy of the consent form. The form allows the NDDoH OHP PHH, and others contracted to provide services through the NDDoH OHP, to collect student/patient data. The data are entered electronically by the providers and the Oral Health Prevention Coordinator employed by the NDDoH OHP. See Appendix D for a screenshot of the electronic patient data record. Data provided to the evaluation team are anonymous and do not include specific patient identifiers. These data are converted from Excel into one of two statistical programs (SPSS or SAS), cleaned, and analyzed by the evaluation team at CRH.

Qualified (Q) Schools: Schools meeting the criteria of high-risk, reporting at least 45% of their students enrolled in the free and reduced-fee school lunch program.

Non-Qualified (NQ) Schools: Any other school receiving services that had fewer than 45% of their students enrolled in the free and reduced-fee school lunch program.

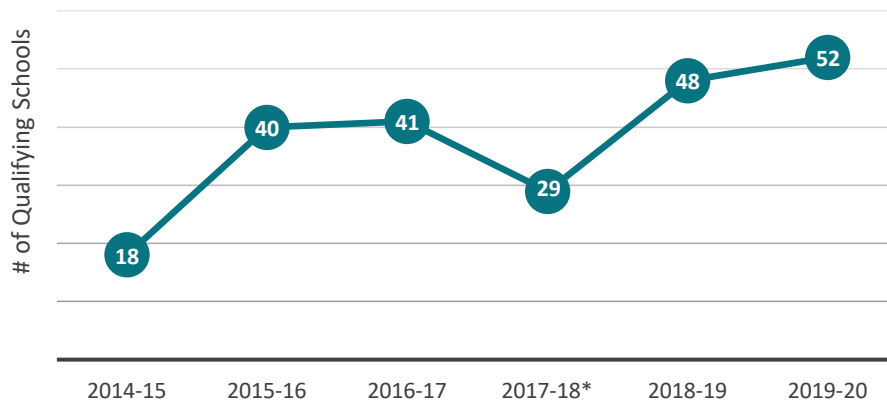
Providers offering dental services in non-qualifying (NQ) schools only report aggregate data around four measures, including aggregate number of students screened, number of fluoride varnish applications, number of sealants placed, and number of children indicated for follow-up care.

All data collection and analyses related to the SEALIND program (whether for Q or NQ schools) have been approved by the Institutional Review Board at the University of North Dakota.

Results

The NDDoH OHP Prevention Coordinator provides oversight, scheduling, materials, and manuals for both Q and NQ schools as well as interested dental teams. During the 2019-20 school year, 80 schools had participated in SEALIND. 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. In the last school year, the number of participating Q schools increased by 10.4% (greater than the 5% goal). See Figure 3.

Figure 3. Number of Qualifying Schools Participating in SEALIND, 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 PHH and did not include services provided to Q schools by FQHCs or private dental teams.

During the 2019-20 school year, 80 Q and NQ schools participated in SEAL!ND. A total of,

- 3,578 students had a dental screen.
- 3,617 students received fluoride varnish applications.
- 6,225 new dental sealants were placed.
- 849 students were indicated for follow-up care (urgent or early dental care).

After visiting the dental professional, students are sent home with oral hygiene supplies and a results sheet to share with their caregiver. See Appendix E for a copy of the visit results sheet. The following data included relate to services provided only in those schools that qualified for participation based on their percentage of students enrolled in the free and reduced-fee school lunch program. Data reflect students served in 52 of 84 participating SEAL!ND schools.

Data Provided by Qualifying Schools

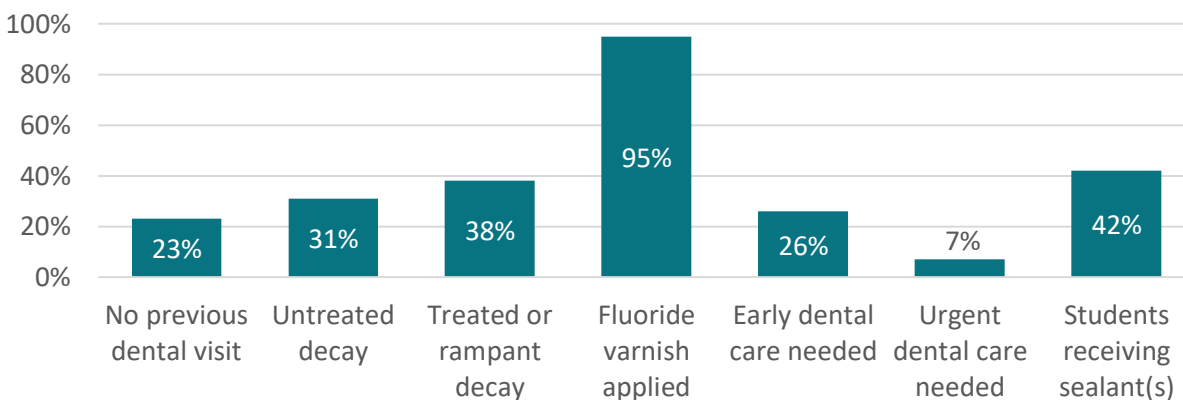
Among the 52 Q schools:

- 2,387 students had a dental screen.
- 1,011 students had at least one dental sealant placed.
- 4,361 new dental sealants were placed.

Students either received preventive dental care from the PHH employed by the NDDoH OHP (27% of students) or from another dental provider with a signed MOU with the NDDoH OHP (73%).

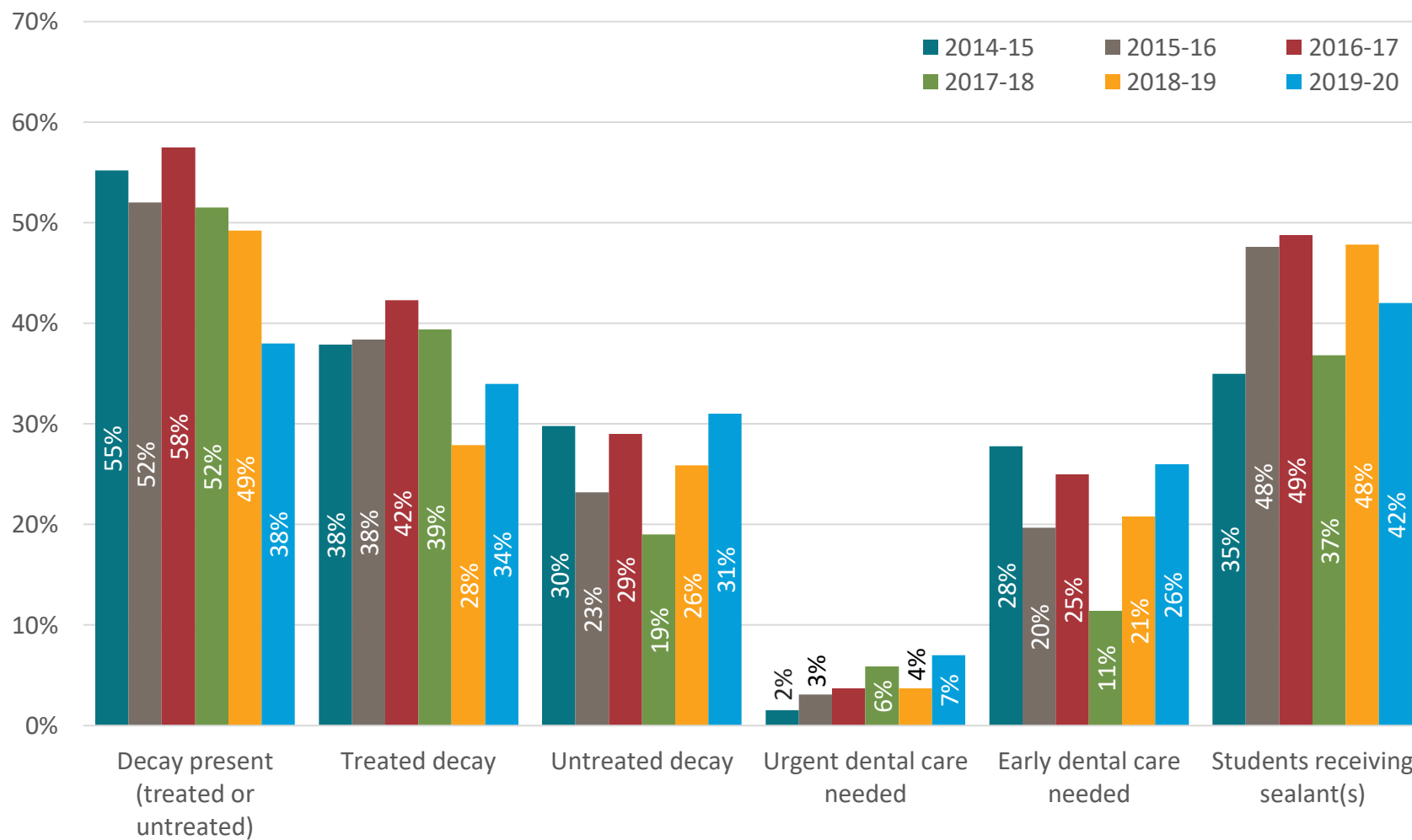
- More than one in four (26%) students needed early dental care;
 - An additional 7% required urgent care.
- Just under a quarter of students (23%) had had no previous dental visit.
- Nearly all students (95%) received a fluoride varnish application.
- 42% of students received at least one dental sealant. See Figure 4.

Figure 4. Percentage of Students Needing Treatment and Receiving Dental Services, 2019-20 School Year (n = 2,387)



Outside of the outlier year (2017-18), generally one in five or one in four students were in need of early dental care. However, overtime, the percentage of students requiring urgent dental care has increased. See Figure 5. There is concern in comparing annual data because of continual workflow and data management changes that have been made to ease reporting and improve data collection. Moving forward, data collected should be consistent and comparable.

Figure 5. Percentage of Students Needing Treatment and Receiving Dental Services, By School Year



Results by Demographic Groups

A majority of the 2,387 students attending one of the 52 Q schools were in kindergarten (19%). Nearly half (46%) of students served were White; however, 27% of students served were American Indian/Alaska Native (AI/AN). This is notable given that only 5.6% of the total state population includes individuals who are AI/AN. Similarly, 10% of students who participated in SEAL!ND were Black/African American while the state population only includes 3.4% of the population as Black/African American.^k See Table 2 for the demographic breakdown of students served.

Table 2. Number and Percentage of Students Served by Race, Gender, and Grade Level

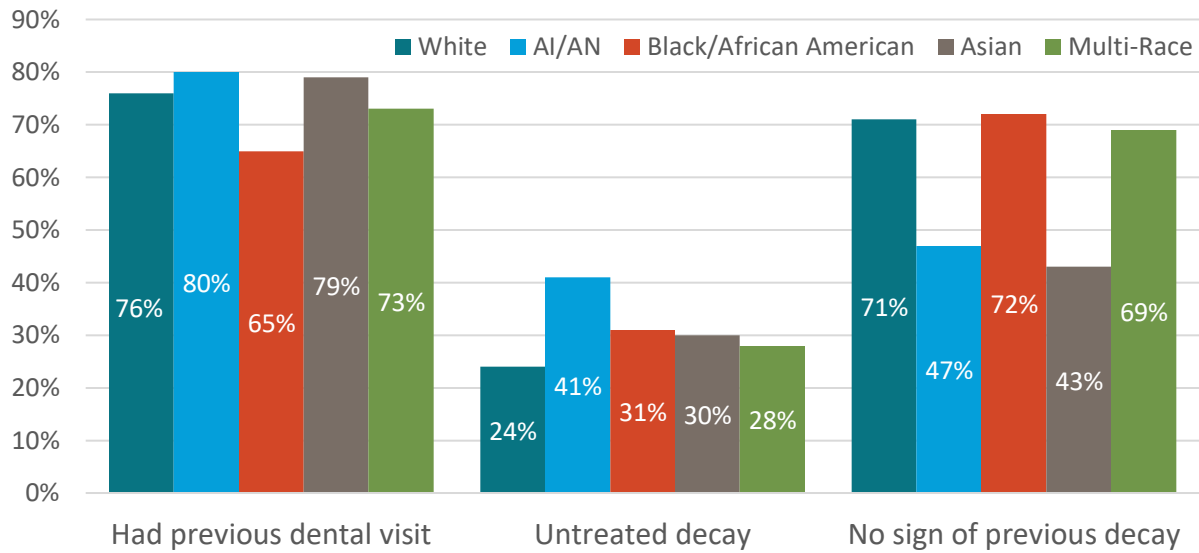
	N	%
RACE (n = 2,300)		
White	1094	46%
American Indian/Alaska Native	654	27%
Black/African American	237	10%
Asian	141	6%
Multi-Race	174	7%
GENDER (n = 2,342)		
Male	1065	45%
Female	1277	54%
GRADE (n = 2,322)		
Kindergarten	463	19%
First grade	393	17%
Second grade	396	17%
Third grade	333	14%
Fourth grade	308	13%
Fifth grade	242	10%
Grades 6-12	187	8%

A similar number of females and males were served by the sealant program and there was no variation in dental treatment need or services required/provided to students based on gender. However, there was variability in dental services needed and provided by grade level and race.

Treatment Need and Provided Dental Services by Race

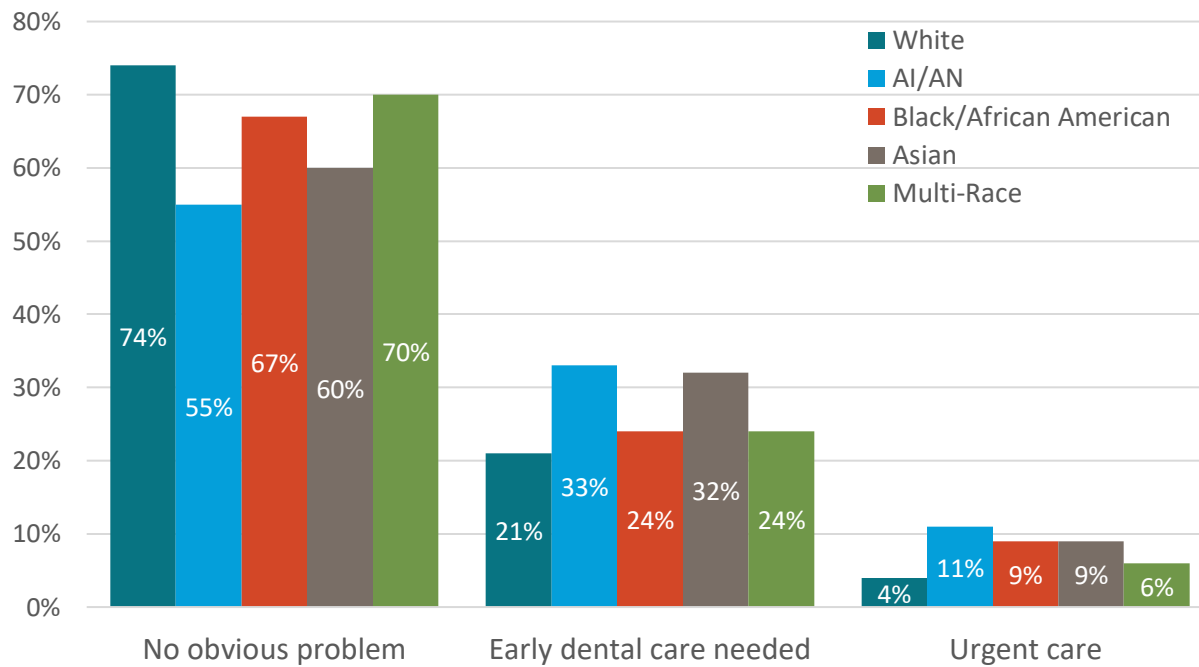
A greater percentage of students who were AI/AN reported a previous dental visit (80%) than did those students who were White (76%) or Black/African American (64%). A greater percentage of AI/AN presented with untreated decay (41%) than students in any other racial group. Similarly, while 71% and 72% of students who were White and Black/African American, respectively, reported no sign of previous decay, this was true for only 47% of students who were AI/AN. See Figure 6.

Figure 6. Percentage of Students with Dental Visits and Decay Experience, by Race



A greater percentage of students who were White and multi-race reported no obvious dental problems (74% and 70% respectively) compared to students who were AI/AN (55%). Conversely, students who were AI/AN reported the greatest percentage of students needing urgent dental care (11%) compared to their peers. See Figure 7.

Figure 7. Percentage of Students by Dental Treatment Need, by Race



Treatment Need and Provided Dental Services by Grade Level

There was not significant variability by grade in the dental visit rates or care need that could not be explained by age. See Figures 8-9. For example, as students age, the proportion of students with no sign of previous decay decrease; 73% of kindergarten students had no sign of previous decay compared to only 50% of students in grades 6-12. See Figure 8. However, an important note from Figure 8 is that 50% of students in kindergarten reported no previous dental visit.

Figure 8. Percentage of Students with Dental Visits and Decay Experience, by Grade Level

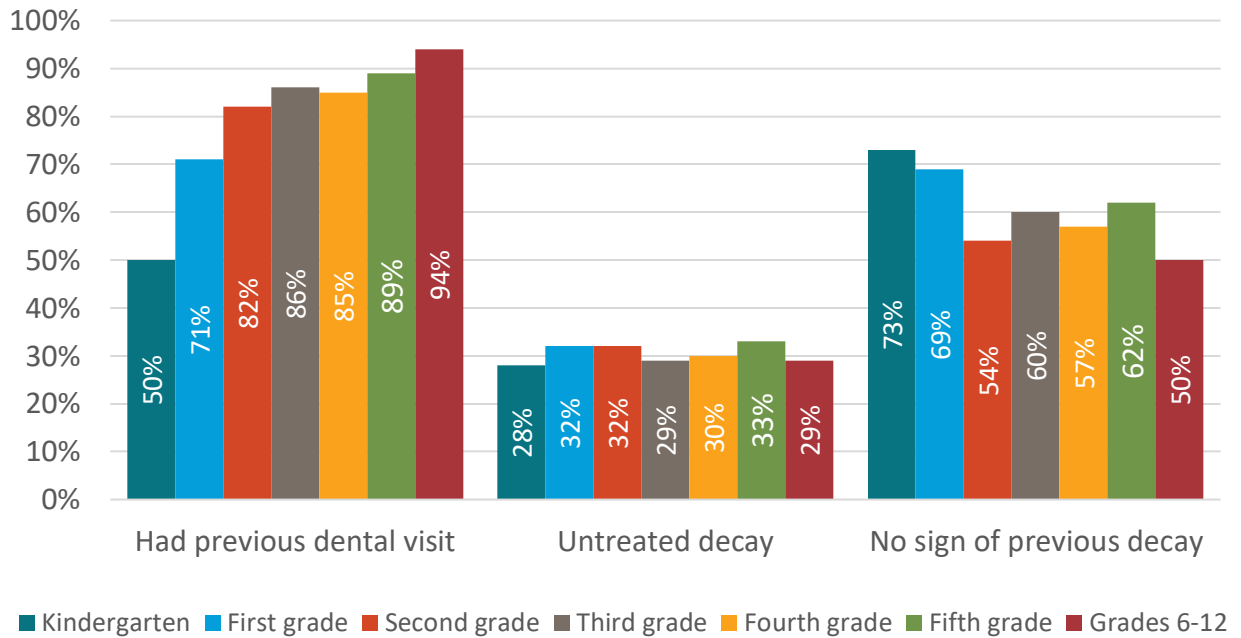
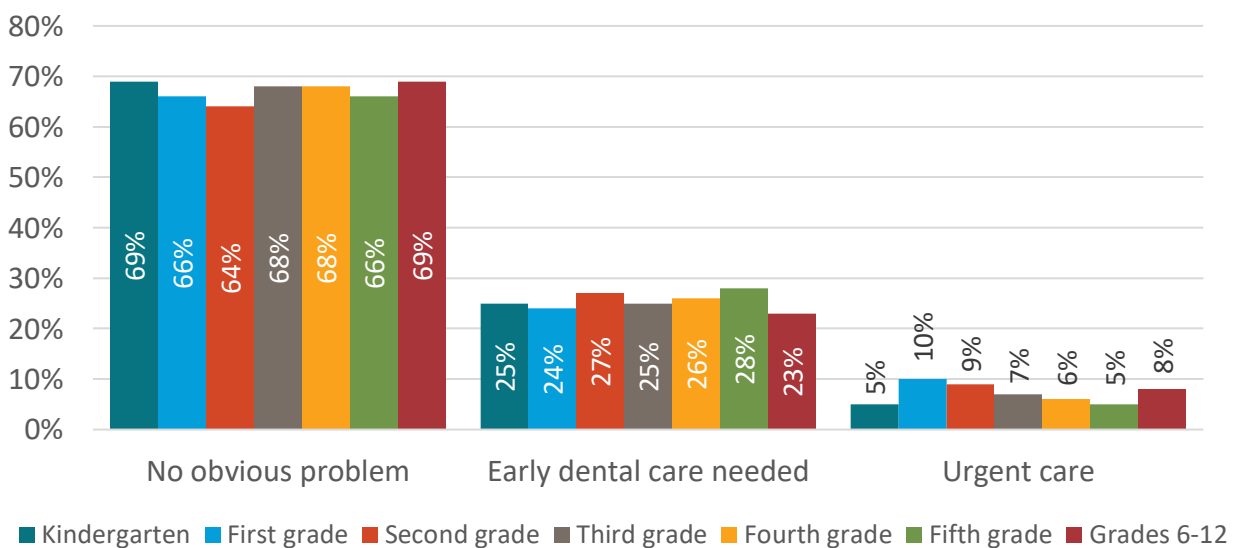


Figure 9. Percentage of Students by Dental Treatment Need, by Grade Level



Section 2. Participating School Personnel Perceptions of SEAL!ND

In the fall of 2019, the CRH evaluation team reviewed the previous year's survey of school personnel utilized to assess the efficacy of SEAL!ND. After making recommended revisions, CRH and the NDDoH OHP met in person to review the tool, among other proposed evaluation activities. After finalizing the survey, CRH submitted for, and received, approval from the University of North Dakota's Institutional Review Board.

The CRH evaluation team sent the electronic survey, along with cover letter, on January 7, 2020. The initial survey invitation was sent to 92 individuals at 84 schools that had indicated interest in participating in SEAL!ND (58 individuals at 53 Q schools and 34 individuals at 31 NQ schools). Two reminders were sent via email January 23 and February 3, 2020 with the survey closing on February 7, 2020. Both Q and NQ schools received the same survey questions, but they were sent out using two separate links. This allowed the evaluation team to look at responses separately for those schools with a larger proportion of families who were on the free and reduced-fee lunch program. All responses were anonymous.

Respondents were asked if they were invited to participate in SEAL!ND during the 2019-20 school year, as well as if they received services through the program. If individuals answered that their school did not receive services, this would conclude the survey. If the participants responded that their school received services, they were then asked to rate their level of agreement to a number of statements. The survey utilized a five-point Likert scale to gauge the schools experience with SEAL!ND, participants' level of agreement with statements pertaining to the dental care providers that visited the schools, challenges for obtaining consent for participation, and challenges to participation. On the Likert scale, one equaled strongly disagree and five equaled strongly agree. Participants were also asked to rate how effective different forms of media and communication were to inform parents about various programs and activities, as well as identify areas that dental teams and program leads could further support the sealant program in their schools. Finally, there was one open-ended question at the end of the survey asking participants to provide any additional feedback or suggestions they may have for the school-based dental sealant program. See Appendix F for a copy of the survey.

Analysis

Survey results were exported from Qualtrics (the e-survey program) into an Excel file, in which results from the individuals' surveys were merged into one file. Results were then imported into SPSS, where frequency and descriptive analyses were conducted. Cross tabulations and independent samples T-tests were also conducted to compare the results of qualifying schools to non-qualifying schools, with p-values of less than 0.05 indicating a significant difference between the means of the two groups.

Results for the 2019-20 School Year

Of the 84 schools invited to participate 57 schools completed a survey, in full. More specifically,

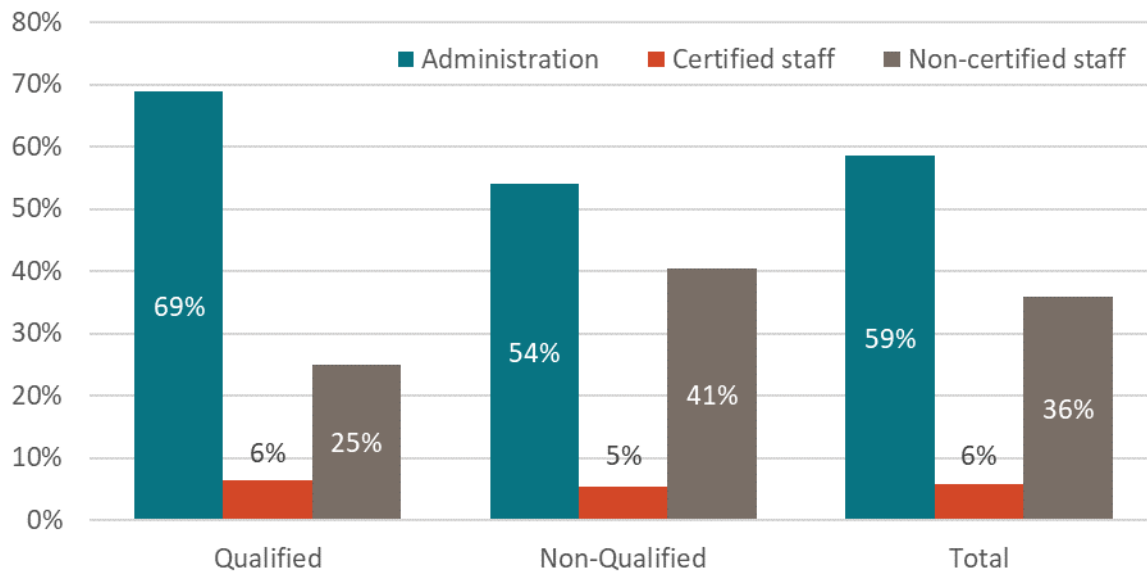
- 19 individuals from 31 NQ schools participated for a 61% response rate.
- 38 individuals from 53 Q schools participated for a 72% response rate.
- 57 individuals from all 84 schools participated for a 68% response rate.

A majority of the surveys (59%) were completed by administration, with non-certified staff responsible for 36% of the completed responses. See Figure 10. It is important to note that the perspectives primarily reflect those of administration and administrative assistants, and not certified educators. While it is likely that administration and non-certified administrative staff were responsible for a majority of the work associated with organizing SEALIND activities, certified staff (educators) may have a different perspective regarding questions related to the programs' potential disruption to the school day and parental response. There is potential to assess the perception of educators in the future.

Qualified (Q) Schools: Schools meeting the criteria of high-risk, reporting at least 45% of their students enrolled in the free and reduced-fee school lunch program.

Non-Qualified (NQ) Schools: Any other school receiving services that had fewer than 45% of their students enrolled in the free and reduced-fee school lunch program.

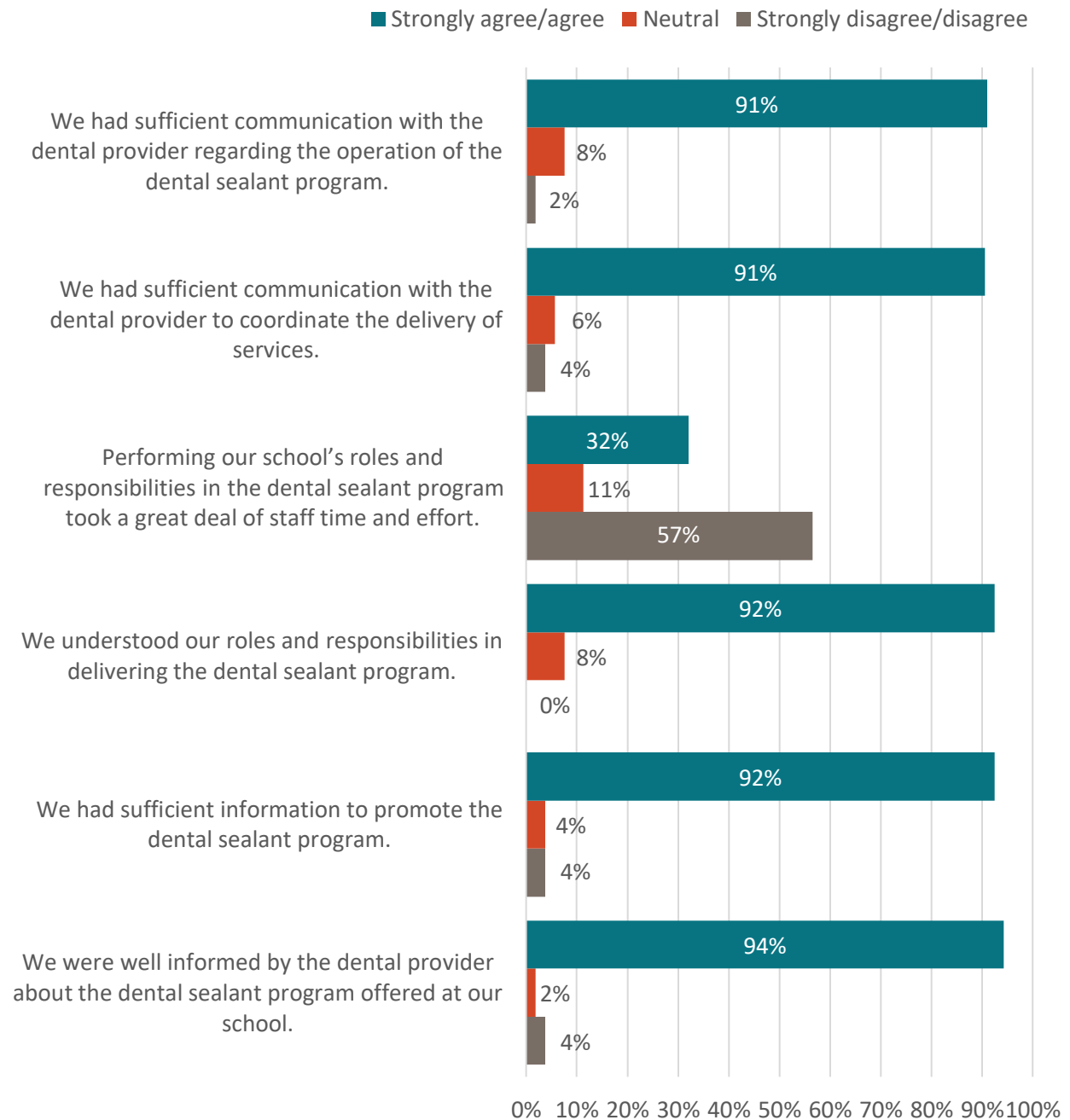
Figure 10. Primary Role within the School by School Type, 2019-20



Experience with the Dental Sealant Program as a Whole

Respondents were asked to identify their level of agreement as it related to six statements about their experience with SEAL!ND. The scale ranged from one (strongly disagree) to five (strongly agree). In general, a near majority of participants (over 91%) agreed that SEAL!ND provides sufficient communication and coordination. See Figure 11.

Figure 11. Overall School Experiences with SEAL!ND (n = 53)



On average, all participants 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. See Table 4. On average, NQ schools were more likely to agree that participating in the program takes a great deal of staff time and effort than did Q schools but the differences were not statistically significant.

Table 4. Qualifying (Q) and Non-Qualifying (NQ) School Experiences with the Dental Sealant Program, Average Level of Agreement *

1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree	Q Schools (n=37)	NQ Schools (n=16)	Total (n=53)
We were well informed by the dental provider about the dental sealant program offered at our school.	4.43	4.50	4.45
We had sufficient information to promote the dental sealant program.	4.32	4.56	4.40
We understood our roles and responsibilities in delivering the dental sealant program.	4.49	4.56	4.51
Performing our school's roles and responsibilities in the dental sealant program took a great deal of staff time and effort.	2.68	3.38	2.89
We had sufficient communication with the dental provider to coordinate the delivery of services.	4.35	4.56	4.42
We had sufficient communication with the dental provider regarding the operation of the dental sealant program.	4.32	4.56	4.40

* There were not statistically significant ($p \leq 0.05$) differences of means for qualifying and non-qualifying schools.

The variability in the concern over required staff time between Q and NQ schools was more evident when looking at the percentage of respondents that strongly agreed or agreed. 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. See Table 5.

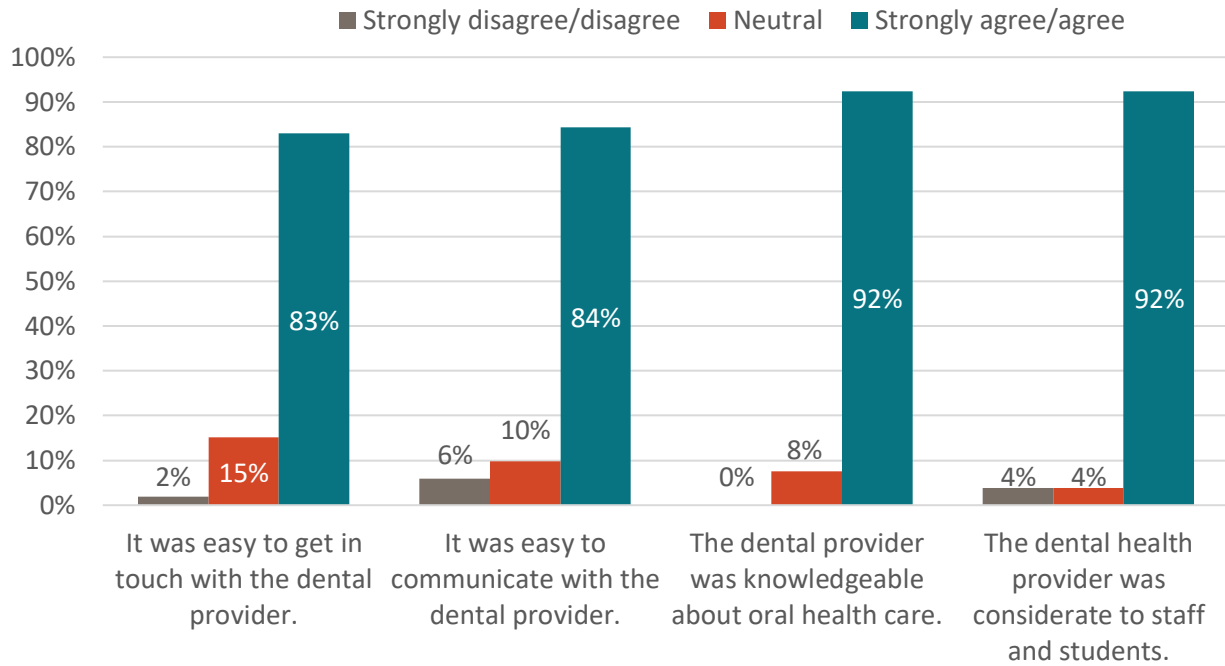
Table 5. Qualifying (Q) and Non-Qualifying (NQ) School Experiences with the Dental Sealant Program, Percent of Agreement

	Q Schools (n=37)			NQ Schools (n=16)		
	Strongly disagree/ disagree	Neutral	Strongly agree/agree	Strongly disagree/ disagree	Neutral	Strongly agree/agree
We were well informed by the dental provider about the dental sealant program offered at our school.	5%	0%	95%	0%	6%	94%
We had sufficient information to promote the dental sealant program.	5%	5%	89%	0%	0%	100%
We understood our roles and responsibilities in delivering the dental sealant program.	0%	8%	92%	0%	6%	94%
Performing our school’s roles and responsibilities in the dental sealant program took a great deal of staff time and effort.	62%	14%	24%	44%	6%	50%
We had sufficient communication with the dental provider to coordinate the delivery of services.	5%	8%	87%	0%	0%	100%
We had sufficient communication with the dental provider regarding the operation of the dental sealant program.	3%	11%	87%	0%	0%	100%

Experience with the Dental Provider(s)

Respondents were asked to identify their level of agreement as it related to four statements about their experience with the dental provider(s). The scale ranged from one (strongly disagree) to five (strongly agree). In general, a near majority of participants (over 83%) agreed or strongly agreed that it was easy to get in touch and communicate with the dental provider(s). Similarly they agreed or strongly agreed that the providers were knowledgeable about oral health, and were considerate to both staff and students. See Figure 12.

Figure 12. Overall School Experiences with the Dental Hygienist or Dental Care Provider



On average, participants indicated a high level of agreements regarding getting in touch and communicating with the dental provider(s). Similarly they agreed that the providers were knowledgeable about oral health and were considerate to both staff and students with no variability between Q and NQ schools. See Table 6.

Table 6. Qualifying (Q) and Non-Qualifying (NQ) School Experiences with the Dental Hygienist or Dental Care Provider, Average Level of Agreement*

1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree	Q Schools (n=37)	NQ Schools (n=16)	Total (n=53)
It was easy to get in touch with the dental provider.	4.22	4.44	4.28
It was easy to communicate with the dental provider.	4.17	4.47	4.25
The dental provider was knowledgeable about oral health care.	4.38	4.69	4.47
The dental health provider was considerate to staff and students.	4.46	4.69	4.53

* There were no statistically significant ($p \leq 0.05$) differences of means for qualifying and non-qualifying schools.

However, although there were no statistically significant differences between the means, a larger percentage of NQ schools than Q schools indicated agreement across all four statements. For example 94% of NQ schools indicated that it was easy to get in touch with the dental provider while only 78% of Q schools indicated the same. See Table 7.

Table 7. Qualifying (Q) and Non-Qualifying (NQ) School Experiences with the Dental Hygienist or Dental Care Provider, Percent of Agreement

		It was easy to get in touch with the dental provider.	It was easy to communicate with the dental provider.	The dental provider was knowledgeable about oral health.	The provider was considerate to staff and students.
Q Schools	Strongly disagree/disagree	3%	8%	0%	5%
	Neutral	19%	11%	11%	5%
	Strongly agree/agree	78%	81%	89%	89%
NQ Schools	Strongly disagree/disagree	0%	0%	0%	0%
	Neutral	6%	7%	0%	0%
	Strongly agree/agree	94%	93%	100%	100%

Program Communication and Additional Support Needed

The NDDoH OHP works with the schools to provide the written materials and resources provided to both students and their guardians. As a result, it is important to recognize the modes of communication available to each school, as well as which mode is deemed the most effective. Overall, the top three modes of communication used most by both Q and NQ schools were (See Table 8):

1. Written materials sent home with students (98% of schools use this mode).
2. Newsletters (86% of schools use this mode).
3. School website (82% of schools use this mode).

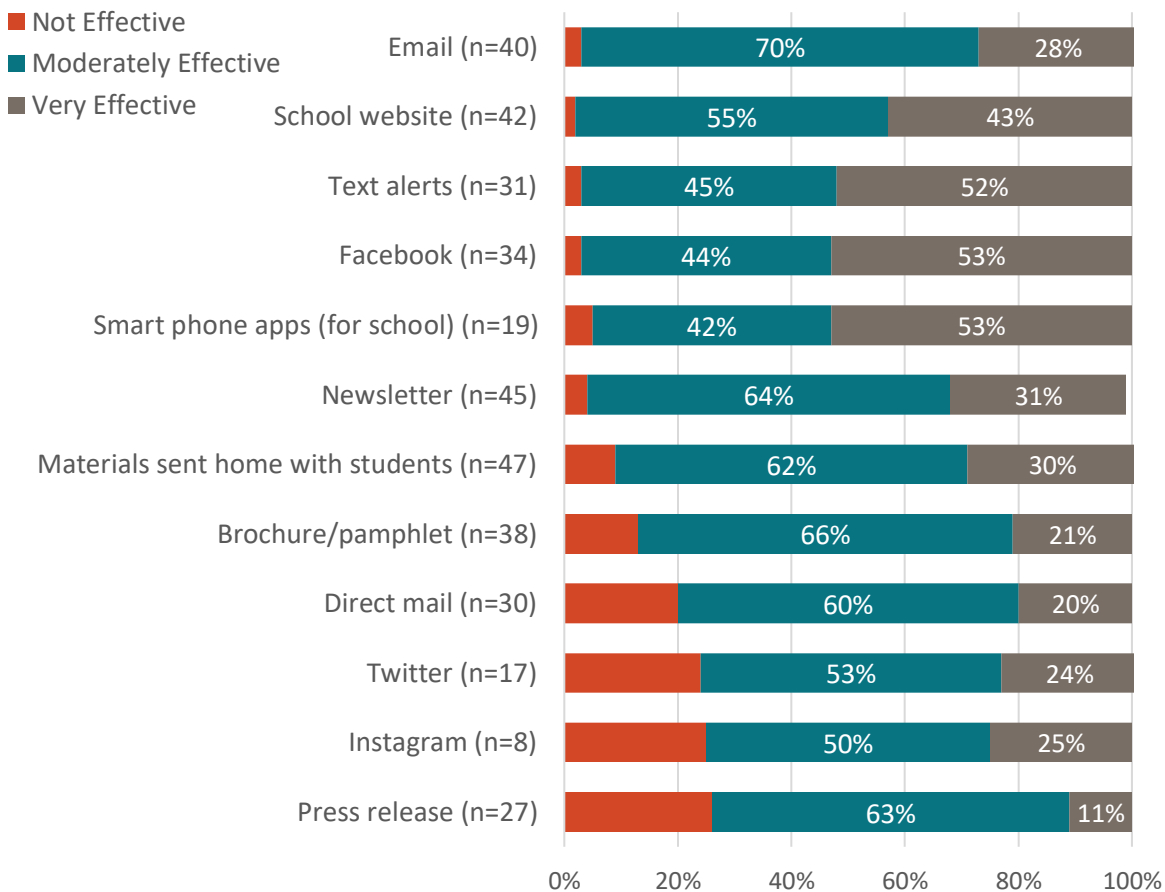
Table 8. Perceived Effectiveness of Various Modes of Communicating with Parents

	Not Effective	Moderately Effective	Very Effective	Do Not Use this Type of Media
Newsletter	4%	56%	27%	14%
Press release	14%	35%	6%	45%
Brochure/pamphlet	10%	51%	16%	22%
School website	2%	45%	35%	18%
Facebook	2%	29%	35%	35%
Twitter	8%	18%	8%	66%
Instagram	4%	8%	4%	84%
Text alerts	2%	28%	31%	39%
Email	2%	56%	22%	20%
Smart phone apps (designed for the school)	2%	16%	20%	62%
Direct mail	12%	37%	12%	39%
Written materials sent home with students	8%	60%	29%	2%

However, just because the mode of communication is the most common, it does not mean that it is deemed the most effective. See Figure 13. Participants indicated the most effective modes of communication (indicated by marking “very effective”) were:

1. Facebook (53%)
2. Smart phone apps (designed specifically for school) (53%)
3. Text alerts (52%)

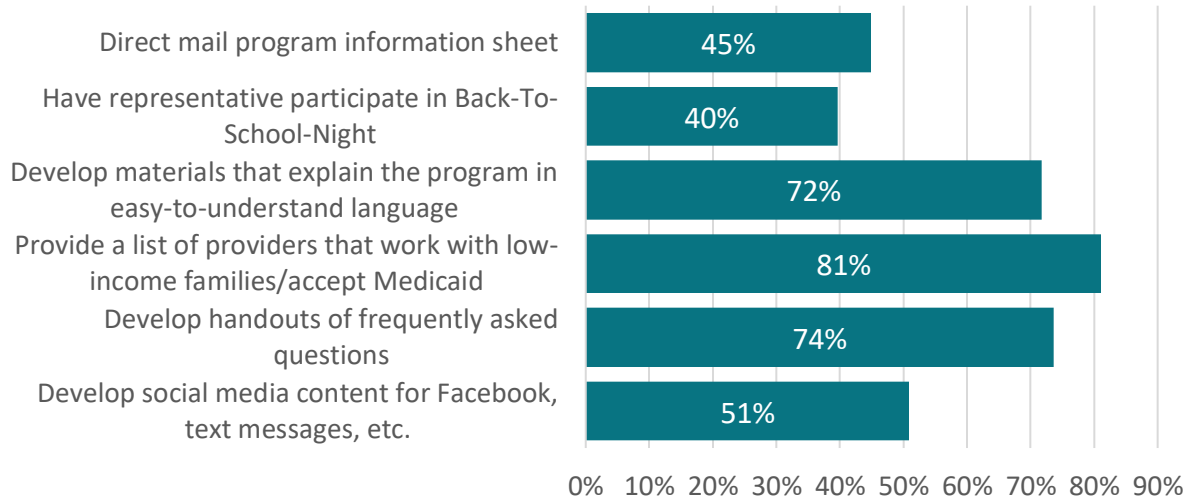
Figure 13. Perceived Effectiveness of Various Modes of Communicating with Parents*



**Perceived effectiveness as measured only among those schools that indicated they used the given form of media. Number of schools utilizing each form of media is provided (n).*

Beyond identifying which mode of communication was the most effective, school personnel were asked to indicate which assistance would be helpful from the NDDoH OHP and associated dental team members. The greatest proportion of participants (81%) indicated that it would be helpful to have a list of dental providers who will work with low-income families and accept Medicaid. The next two forms of assistance with the greatest percentage of respondents included handouts with frequently asked questions (74%) and the need for materials to explain the dental sealant program in easy-to-understand language (72%). See Figure 14.

Figure 14. Percentage of Schools Indicating the Following Assistance from the Dental Team and Program Leads “Would be Helpful” (n = 53)



Challenges to Implementing the School-Based Dental Sealant Program

Respondents were asked to identify their level of agreement as it related to four statements about the challenges of obtaining consent for participation and participating in the dental sealant program overall. The scale ranged from one (strongly disagree) to five (strongly agree). On average, neither Q schools nor NQ schools identified significant challenges in obtaining consent for participation or in participation itself, of the dental sealant program. See Table 9.

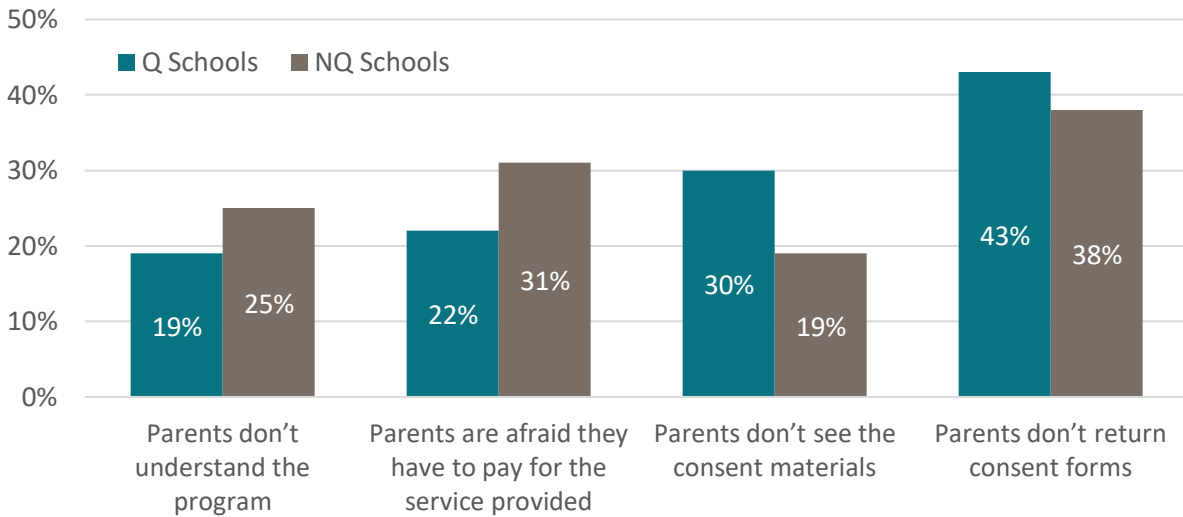
Table 9. Perceived Challenges to Participating in the School-based Dental Sealant Program, Average Level of Agreement*

1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree	Q Schools (n=37)	NQ Schools (n=16)	Total (n=53)
Challenge to Obtaining the Consent for Participation			
Parents don't understand the program.	2.65	2.69	2.66
Parents are afraid they have to pay for the service provided.	2.72	2.81	2.75
Parents don't see the consent materials.	2.62	2.69	2.64
Parents don't return consent forms.	3.32	3.19	3.28
Challenge to Participating in the Dental Sealant Program			
Physical space for dental provider.	2.35	2.81	2.49
Time and efforts to process program information and consent form.	1.97	2.69	2.19
Time and efforts to answer questions from parents.	1.97	2.62	2.17
Staff to walk students to dental providers.	1.95	2.63	2.15

* There were statistically significant ($p \leq 0.05$) differences of means for qualifying and non-qualifying schools.

However, when looking at the percentage of participants that agreed or strongly agreed that each factor was a challenge, there was a little more variability. 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. See Figure 15 and Table 10.

Figure 15. Percentage of Participants that Agreed or Strongly Agreed that the Following were Challenges to Obtaining Consent, by School Type



When assessing challenges as they relate to overall participation in the program, a greater proportion of NQ schools than Q schools agreed or strongly agreed that the physical space, and the time and effort related to processing consent forms, answering questions, and walking students to the providers, were challenges. Physical space for the dental provider was the greatest challenge for both NQ (31%) and Q (22%) schools. See Figure 16 and Table 10.

Figure 16. Percentage of Participants that Agreed or Strongly Agreed that the Following were Challenges to Participating in the Dental Sealant Program, By School Type

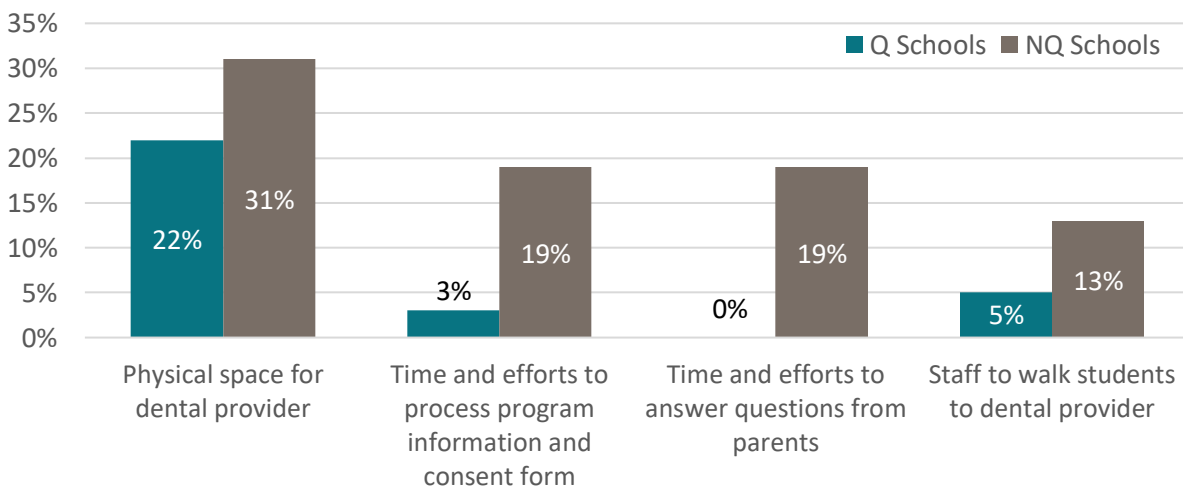
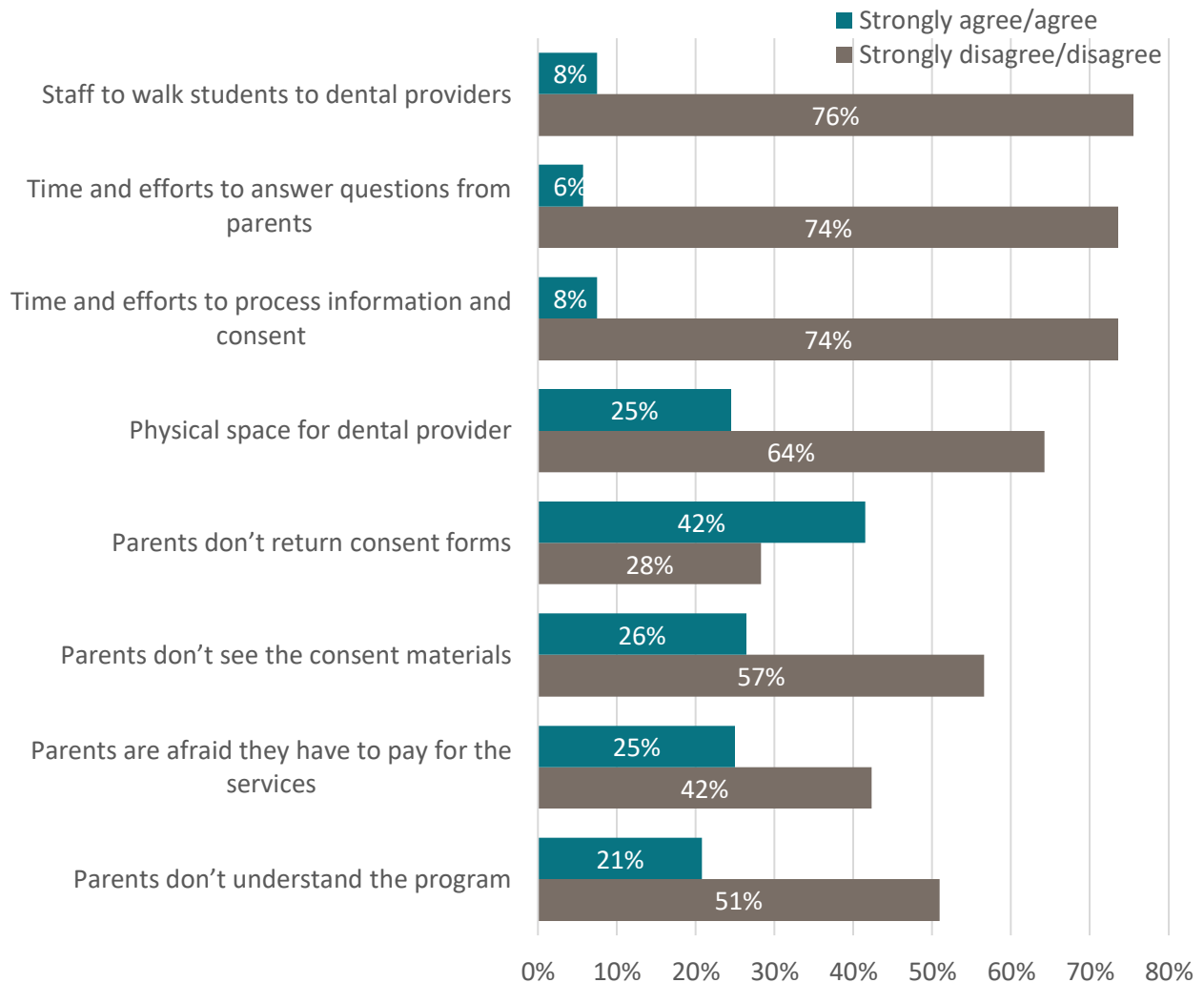


Table 10. Qualifying (Q) and Non-Qualifying (NQ) School Perceived Challenges to Participating in the School-based Dental Sealant Program, Percent of Agreement

	Q Schools			NQ Schools		
	Strongly disagree/ disagree	Neutral	Strongly agree/ agree	Strongly disagree/ disagree	Neutral	Strongly agree/ agree
Challenge to Obtaining the Consent for Participation						
Parents don't understand the program.	49%	32%	19%	56%	19%	25%
Parents are afraid they have to pay for the service provided.	39%	39%	22%	50%	19%	31%
Parents don't see the consent materials.	60%	11%	30%	50%	31%	19%
Parents don't return consent forms.	32%	24%	43%	19%	44%	38%
Challenge to Participating in the Dental Sealant Program						
Physical space for dental provider.	70%	8%	22%	50%	19%	31%
Time and efforts to process program information and consent form.	81%	16%	3%	56%	25%	19%
Time and efforts to answer questions from parents regarding the program.	81%	19%	0%	56%	25%	19%
Staff to walk students to dental providers.	87%	8%	5%	50%	38%	13%

Overall, there were a few challenges that may warrant the attention of the NDDoH OHP. Roughly one in four schools indicated that the physical space was a challenge, that parents do not see the consent forms, and that parents are afraid they may have to pay for the services. One in five schools indicated that parents not understanding the program poses a challenge. The challenge with the greatest percentage of schools agreeing or strongly agreeing related to parents not returning the consent forms. See Figure 17.

Figure 17. Percentage of Participants that Agreed/Strongly Agreed and Disagreed/Strongly Disagreed that the Following were Challenges, All Schools



Participant Feedback

Respondents were invited to share any other feedback in an open response question. Of the 53 schools that completed the survey, 17 provided additional feedback. All of the comments provided related to three general themes:

- Positive comments on the value of the program overall.
- Positive comments as they relate to working with the dental team or program staff.
- Critique of program components and areas for improvement.

Some of the comments provided offered both a critique and area for improvement, as well as a positive comment about the program as a whole. Those comments have been split into their respective categories in the table below and are noted with an asterisk. See Table 11.

Generally, the open ended comments indicated that the schools are satisfied with the program, recognize its value to students in North Dakota, and enjoy working with the dental team members. Areas for improvement related to space, timeliness of receiving needed materials to promote the program and secure consent, and clarity for parents around the fee structure.

Table 11. Feedback from Participating Schools Organized Thematically*

THEME	PARTICIPANTS' COMMENTS
Value of the program	This program is wonderful.
	So grateful for this program.
	We really appreciate you coming and doing this for our students here. *
	Good program and we have good participation.
	Thank you for providing us with this service.
	No improvements noted.
	We absolutely need and love this program!!!
	We have had good participation and a positive experience with the program.
	I feel the program works well for us.
	Great program . . . Thanks for coming to our school!*
Value of Dental Provider(s)	This is a fabulous service to our students and their families. Providing opportunities for dental care they may not otherwise receive.
	Thank you for all that you do.*
	[Name] is wonderful to work with and [they] treat the staff and students with much respect. [Name] is very professional and compassionate. Great Dentist!
	The team was very efficient!
Critique and areas for improvement	They do a great job!
	[Name] was fabulous with our students!!
	We don't get as good of participation I would like. Maybe better clarification on fees or no fees for the service.*
	Materials were slow to get here this year.
	We had a new provider this year, and there were initially some major communication issues. We have still not had the actual session to do the sealants...still working out the schedule details.
We have not completed the process yet. That will happen in the beginning of February. There were frustrations initially with provider who did not provide us with material to send home with parental consent forms as said there was no forms provided. I had to call your office to see if there were materials like other years. Your office contacted the provider and then we did get something to send out with the consent form. It seemed like it was just really new to them and that they aren't used to working in school environment vs clinic setting--in terms of organizing/set up. We were used to [Name] and how seamless it flowed with him. And he recalled the students and their situations when he came back. But it seems like it is getting better and hopefully all will go well the day they come for the service.	
Sometimes it is difficult to find space, but we are willing to do that to provide this service for our kids. It is very much needed and we will make it work.*	

* Participant comment included both positive feedback and an area for improvement and was split thematically in the table.

Comparing 2019-20 Experiences to the 2018-19 School Year

Overall, there was very little variation between experience with the dental sealant program between years one and two. The one area where there was an improvement in the program related to knowing roles and responsibilities. During the 2018-19 schools year, 87% of respondents indicated they understood their roles and responsibilities in delivering the dental sealant program. In the current school year (2019-20), roughly 92% agreed they understood their roles. This is likely because of past experience implementing the program and clear direction from the NDDoH OHP.

Additionally, between years one and two, the percentage of school staff and administrators reporting that performing the school's roles and responsibilities in the dental sealant program took a great deal of staff time and effort slightly decreased. Roughly 38% of respondents indicated that the program took a great deal of staff time and effort during the 2018-19 school year compared to 32% in the current year.

Section 3. Reach of the RMCM with Bridging the Dental Gap

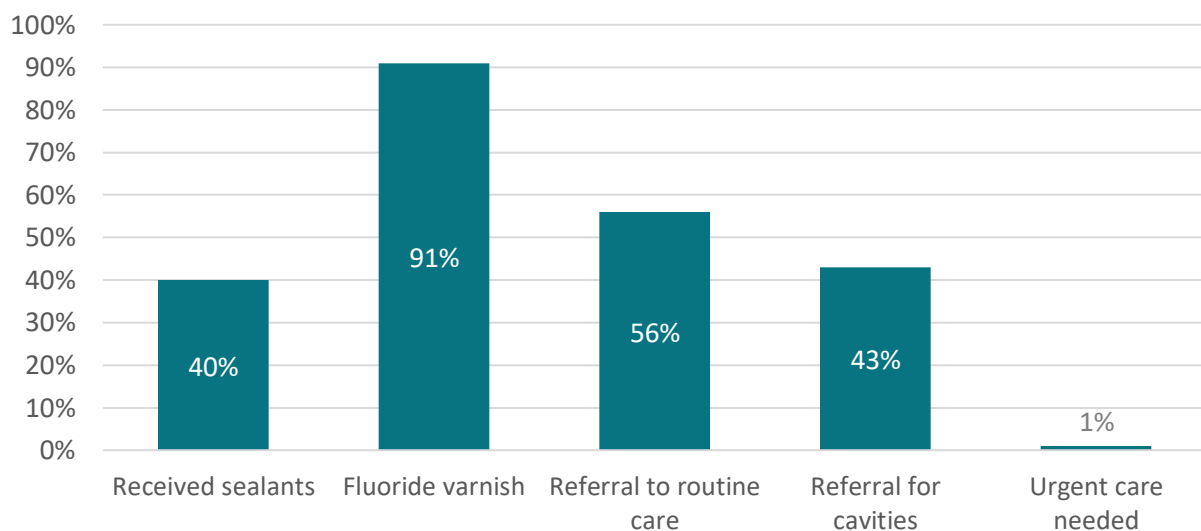
SEAL!ND is managed by the NDDoH OHP. However, it is not the only school-based sealant program in North Dakota. The [RMCM](#) is a mobile dental clinic that delivers urgently needed dental care to underserved children. It is owned and operated by Ronald McDonald House Charities of Bismarck and has partnered with Bridging the Dental Gap, Inc., a non-profit dental clinic. The RMCM provided preventive dental care in an additional 20 schools during the 2019-20 school year.

Within those 20 participating schools, the RMCM program

- Conducted an oral health screen for 505 children, and sealed 692 teeth.
- Provided oral health education to 505 students.
- Provided 1,153 preventive dental services at a value of \$42,432.

Similar to the SEAL!ND Program, a large majority of students (91%) received fluoride varnish application. However, unlike the SEAL!ND program, only 1% of students who were seen by the RMCM required urgent dental care. See Figure 18.

Figure 18. Percentage of Students Receiving Preventive Dental Services and Need for Care Reported by the Ronald McDonald Care Mobile: 2019-20 School Year



The RMCM offers access to preventive oral health care for 20 schools and 505 students who otherwise would not have been seen by any other school-based sealant program in the state. Combining the efforts of SEAL!ND (for both Q schools and NQ schools) and the reach of the RMCM, in North Dakota during the 2019-20 school year:

- 100 schools participated in a school-based sealant program.
- The school-based sealant programs provided preventive oral health care to 4,106 children.
- A total of 6,917 teeth were sealed.
- A total of 4,098 children received fluoride varnish in their school setting.

Summary and Recommendations

The following summaries and subsequent recommendations are not listed in a hierarchical order. 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. It is also recommended that the NDDoH OHP work with the RMCM team to identify any efficiencies, and invite their team to both contribute to and review the manual. Demographic data also point to groups of children lacking access/utilization of dental care. Specifically, efforts are required to improve oral health equity among students who are AI/AN. Specific summaries and recommendations are outlined below.

Summary One: Increased Providers Offering Dental Sealants

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, 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. See Table 1.

Recommendation One

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.

Dissemination strategies can include sharing the information in an email/newsletter through the North Dakota Dental Association (NDDA), sharing information at the annual NDDA meeting, or hosting a short webinar for dentists on the value of the program that can then be recorded and archived for viewing.

It would be beneficial to have private practice providers who already participate in the program share their experience. This can be done while hosting the webinar, speaking at the NDDA annual meeting, or sharing testimonials and tips in newsletters or NDDA email. When new private practice dental teams are identified, they can be connected with a dental team already participating in the program who may serve as a mentor. In order to increase private practice participation, it is also important for the NDDoH OHP to have templates and resources already prepared. These would include, but are not limited to:

- Consent forms for students.
- Materials for the schools (frequently asked questions, promotional materials, steps to participate, time commitments, referral resources, etc.).
- Checklist and timeline of steps for both the school and the private practice dental provider.
- Data collection (dental screening) forms that mirror those being used by the NDDoH OHP for consistent data collection and sharing.
- Draft social media language for program promotion.

Summary Two: Increase Pediatric Dental Care Utilization/Access

Half (50%) of students in kindergarten reported no previous dental visit (Figure 8). However, the percentage of students who had visited a dental office in the last year increased with age (grade level).

Recommendation Two

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 patients ages six and under. There is also opportunity to work with preschool programs throughout North Dakota, Head Start, and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). These programs can be encouraged to 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.

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

Nearly half (46%) of students served by SEAL!ND were White; however, 27% of students served were AI/AN. This is notable given that only 5.6% of the total state population includes individuals who are AI/AN. Similarly, 10% of students who participated in SEAL!ND were Black/African American while the state population only includes 3.4% of this population.^k

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. A greater percentage of AI/AN presented with untreated decay (41%) than students in any other racial group. Similarly, while more than 70% of students who were White and Black/African American reported no sign of previous decay, this was true for only 43% of students who were AI/AN. A greater percentage of students who were White and multi-race reported no obvious dental problems (74% and 70% respectively) compared to students who were AI/AN (55%). Conversely, students who were AI/AN reported the greatest percentage of students needing urgent dental care (11%) compared to their peers. See Figure 7.

Recommendation Three

The NDDoH OHP and other sealant programs should continue to target schools that qualify for services and ensure they are reaching diverse populations. Outside of the work already being done, the data presented here align with results of the Basic Screening Survey (BSS) among third grade students and the BSS among North Dakota kindergarteners. In each dataset it is evident that students who are AI/AN report far worse oral health conditions and greater need for treatment than their non AI/AN peers. 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.

Summary Four: Staff Time and Effort

Nearly one in three schools (32%) indicated that performing the school's role and responsibilities in SEAL!ND took a great deal of staff time and effort. Although participants were overall very satisfied with the program, and see it as an essential service, it is important to see if there are opportunities to reduce the time commitments. More specifically, the variability in the concern over required staff time between Q and NQ schools was more evident when looking at the percentage of respondents that strongly agreed or agreed. Among Q schools, only 24% of respondents indicated that they strongly agreed/agreed performing their school's roles and responsibilities in SEAL!ND took a great deal of staff time and effort compared to 50% of NQ schools. See Table 5. Similarly, when assessing challenges as they relate to overall participation in the program, a greater proportion of NQ schools than Q schools strongly agreed/agreed the time and effort related to processing consent forms, answering questions, and walking students to the providers were challenges. Specifically, among NQ those rates were 19%, 19%, and 13% respectively, compared to 3%, 0% and 5% respectively among Q schools. See Figure 16.

Recommendation Four

The NDDoH OHP would be well served to update the existing manual for participating schools to include templates, checklists, forms, and additional resources that may reduce the school staff's time and commitment in the organization and promotion of the program. It would also be valuable for the NDDoH OHP team to reach out to other school-based sealant programs nationally to identify other tools or strategies that have been used to overcome this challenge. Finally, it may be beneficial in a future, abbreviated survey to invite participation from all staff and personnel who participate in a sealant program in North Dakota and ask what specifically requires the greatest time commitment, and ideas to improve this component of the program. More specifically, it would be important to identify why the time commitments appear to be a challenge for a greater percentage of NQ schools than for Q schools.

Summary Five: Communication with Dental Team Member(s)

Overall, participants were pleased with the level of communication and interaction with the dental team member(s). Although there were no statistically significant differences between average agreement, a larger percentage of NQ schools than Q schools indicated agreement across all four statements. For example, 94% of NQ schools indicated that it was easy to get in touch with the dental provider while only 78% of Q schools indicated the same. See Table 7.

Recommendation Five

All NQ schools worked with private practice providers. Q schools, however, worked with the NDDoH OHP PHH, FQHCs, or with one of four contracted private practice providers. It is important for the OHP prevention coordinator to identify what challenges there may be in connecting with those providers working in the Q schools. However, it is important to note that even among Q schools, a majority of participants still agreed that there was strong communication, with 78-89% strongly agreeing or agreeing communication was easy and providers were knowledgeable. Those that did not agree generally responded with neutral as opposed to disagreement. See Table 7.

Summary Six: Preferred Modes of Communication

Overall the top three modes of communication used by both Q and NQ schools were (See Table 8):

1. Written materials sent home with students (98% of schools use this mode).
2. Newsletters (86% of schools use this mode).
3. School website (82% of schools use this mode).

However, just because the mode of communication is the most common, it does not mean that it is deemed the most effective. See Figure 13. Participants indicated the most effective modes of communication (indicated by marking “very effective”) were:

1. Facebook.
2. Smart phone apps (designed specifically for school).
3. School website.

Beyond identifying which mode of communication is the most effective, school personnel were asked to indicate which assistance would be helpful from the NDDoH OHP and associated dental team members. Respondents identified the need for materials to explain the dental sealant program in easy-to-understand language (72%), and handouts with frequently asked questions (74%). See Figure 14.

Recommendation Six

The NDDoH OHP, as identified under recommendation two, would benefit from updating the existing manual for schools and dental teams interested in participating in a school-based dental sealant program in North Dakota. This manual would not only provide checklists for school and dental teams, but could include draft media guides, informational brochures, and other resources. More specifically, the NDDoH OHP could prepare language/templates that schools could copy and paste to promote the program, and answer questions. Specifically, prepare language for:

- Social media postings.
- School newsletters.
- Smart phone apps.
- Parent information sheets.

Summary Seven: Dental Provider Access

School personnel were asked to indicate which assistance would be helpful. The greatest proportion of participants (81%) indicated that it would be helpful to have a list of dental providers who will work with low-income families and accept Medicaid.

Recommendation Seven

It is recommended that the NDDoH OHP work with the NDDA, as well as other statewide partners, to develop a list of providers that can be offered to schools participating in school-based dental sealant programs. This list could also be included in the SEAL!ND manual prepared for participating schools.

Summary Eight: Consent Forms and Parent Information

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. See Figure 15 and Table 10. Roughly one in four schools indicated that parents do not see the consent forms, and that parents are afraid they may have to pay for the services. One in five schools indicated that parents not understanding the program poses a challenge. In the open-ended response, a participant indicated concern with the timeliness of receiving needed materials to promote the program and secure consent, and the clarity of information for parents around the fee structure.

Recommendation Eight

Similar to earlier recommendations, the NDDoH OHP could update the manual to include clear information on the funding structure, when and how to secure parental consent, and template promotional materials. Having this guide on-hand would overcome the concern of timeliness, and would also offer comprehensive information needed to assist parents in making an informed decision. However, with the barrier of securing consent, one recommendation is to secure parental consent at in-person events. Parents can be asked to sign consent forms early in the school year at back-to-school events, meet your teacher nights, or at the first round of parent-teacher conferences. This effort would require coordination and ensuring dates or tentative dates have been set. Parents should be sent a preliminary letter asking for consent and sharing information about the program and the fee-structure, then, at an in-person event, they can again be invited to sign the consent in-person.

Summary Nine: Space Limitations

Of the listed challenges, physical space for the dental provider was the greatest challenge for both NQ and Q schools. Roughly one in four schools, overall, indicated that the physical space was a challenge. See Figure 16 and Table 10. Space was also mentioned in the open ended response question.

Recommendation Nine

Although three out of four schools did not agree that space was an issue, it is important to provide recommendations and ideas for those schools (roughly a quarter) who saw this as a significant barrier to participating in SEAL!ND. It is recommended that the NDDoH OHP work with dental teams and schools to generate creative ideas and solutions around space barriers and work with other state sealant programs to identify best practices and other innovative solutions.

Citations

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Acknowledgements

The research and evaluation team at the Center for Rural Health would like to extend special thanks to all of the school personnel who took the time to complete the survey. Additionally, thank you to the following for their assistance with this evaluation to include data collection, data analysis, interviews, and document review:

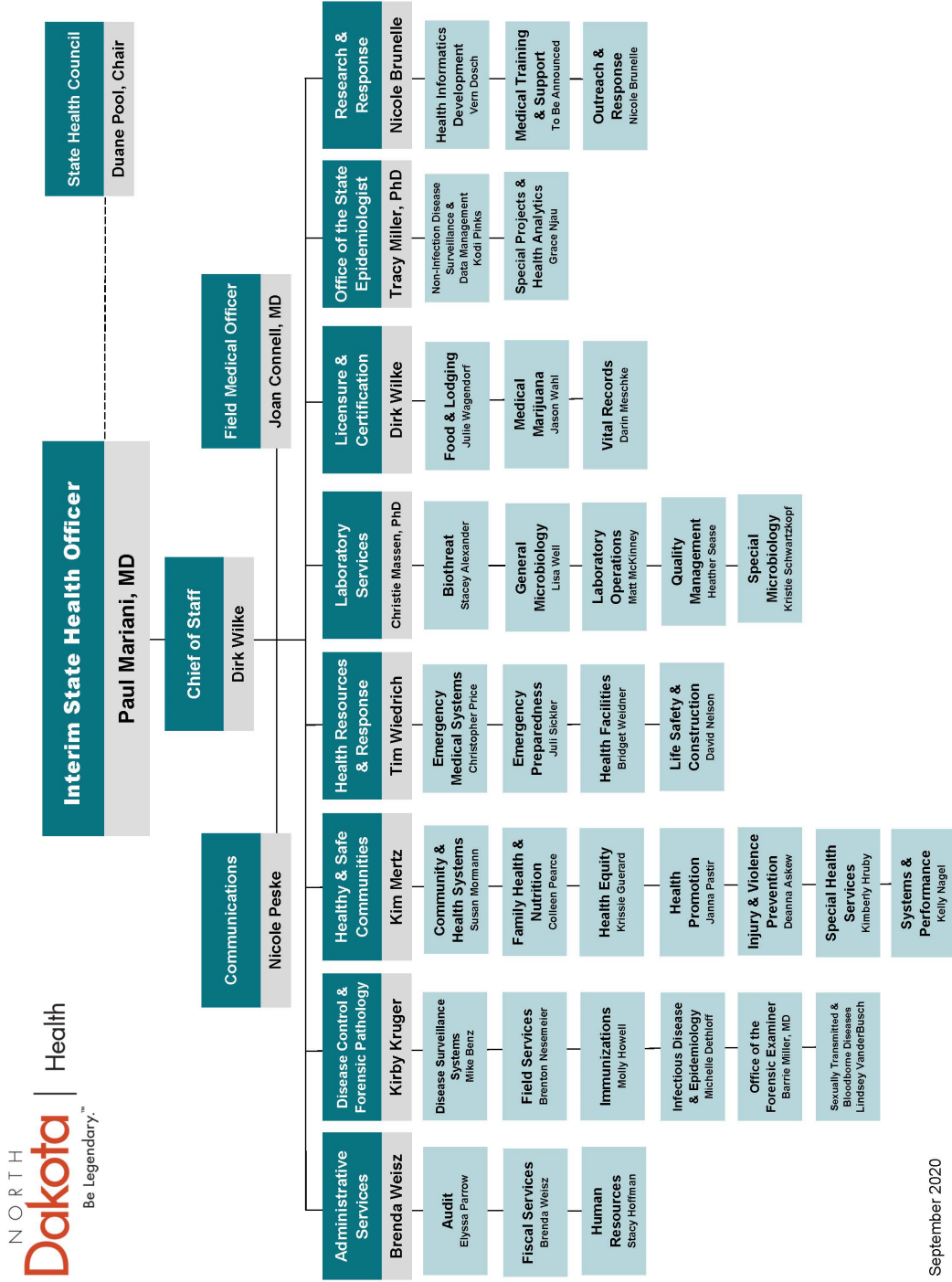
- Cheri Kiefer, Oral Health Program Director, North Dakota Department of Health
- Toni Hruby, Oral Health Prevention Coordinator, North Dakota Department of Health
- Grace Njau, Oral Health Epidemiologist, North Dakota Department of Health
- Janna Pastir, Director, Division of Health Promotion, North Dakota Department of Health
- Shane Knutson, Previous Research Specialist with the Center for Rural Health

The North Dakota Department of Health Oral Health Program provided financial support for this project through grant awards with the Health Resources and Services Administration and the Centers for Disease Control and Prevention. The authors assume responsibility for any errors of omission, logic or otherwise. Any opinions, findings, and conclusions expressed in this publication are those of the authors and do not necessarily reflect the view of the Center for Rural Health, University of North Dakota School of Medicine & Health Sciences, or the study sponsors.

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Appendix A: North Dakota Department of Health Organizational Chart



Available at https://www.health.nd.gov/sites/www/files/documents/Files/NDDoH_Org_Chart.pdf



Appendix B: Consent Cover Sheet

WE ARE COMING TO YOUR SCHOOL! **SEAL! North Dakota Dental Sealant & Fluoride Varnish Program**



The North Dakota Department of Health's SEAL! North Dakota Program will be visiting your child's school this year to keep your children's teeth healthy! *If your child gets their teeth cleaned at least once a year at a regular dental office, this program is not intended for them. Keep seeing your regular dentist!*

Services provided include:

 <p>Checking your child's teeth for cavities</p>	 <p>Putting dental sealants on the back teeth to prevent cavities</p>	 <p>Applying fluoride varnish, a natural vitamin for teeth, to keep them strong</p>
---	--	--

We will also be teaching your child how they can prevent cavities by regularly brushing and flossing their teeth and visiting the dentist!

Both fluoride varnish and sealants are safe, easy to apply and painless! Fluoride varnish can be painted onto teeth to protect them from cavities; it can be applied up to four times per year. Because it's so easy to apply fluoride varnish and sealants, we will not need to give your child anything to relax them or any shots, medications or x-rays.

Complete the consent form and return it to your child's homeroom teacher; we need your permission for your child to participate.

We encourage all children to have regular dental care. This program does NOT take the place of seeing your family dentist. A results form will be sent home with your child after we see them; we recommend your child see a dentist regarding any concerns we find with their teeth. Your child's smile is important!

If you don't have a current dentist or if you have any questions, contact the Oral Health Program at 701-328-2356.



Appendix C: Consent Form



PARENT CONSENT
 NORTH DAKOTA DEPARTMENT OF HEALTH
 ORAL HEALTH PROGRAM
 SFN 61686 (8-2019)

SEALIND: North Dakota Dental Sealant and Fluoride Varnish Program

Name of Child (First, Middle, Legal Last)	Age
Name of Teacher	Grade
<input type="checkbox"/> YES, I give my permission for my child to receive the following treatments: <input type="checkbox"/> Oral Screening <input type="checkbox"/> Sealants <input type="checkbox"/> Fluoride Varnish <input type="checkbox"/> NO, I do not give my permission for my child to receive treatment. Specify reason: <input type="checkbox"/> My child already has sealants and/or receives varnish. <input type="checkbox"/> My child regularly sees a dentist. <input type="checkbox"/> Other (describe): _____	
<p><i>* If you checked no, please return the form to the teacher. You do not need to complete the rest of the form.</i></p>	

If you answered yes to the above, complete the rest of the form.

Name of Parent/Guardian		Preferred Telephone Number	
Address		City	State ZIP Code
Child's Date of Birth (MM/DD/YYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Primary Language (if not English)	
Race of Child (check one)			
<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Multi-racial	<input type="checkbox"/> Declined to Answer
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaskan	<input type="checkbox"/> Other	

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Is your child allergic to anything? If yes, what? _____
<input type="checkbox"/>	<input type="checkbox"/>	Is your child taking any medications? If yes, what? _____
<input type="checkbox"/>	<input type="checkbox"/>	Does your child have any medical conditions such as heart disease, asthma, hay fever, hepatitis, cancer, diabetes, etc.? Or any other medical condition? If yes, specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	Has your child ever needed dental services but was unable to receive services or denied services? If yes, explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	Does your child have a dentist? If yes, answer below:
Name of Child's Dentist		Date of Last Visit
		<input type="checkbox"/> Within the last 6 months <input type="checkbox"/> More than one year ago <input type="checkbox"/> Never

My child has no dental insurance

Medicaid Number (if child has Medicaid) - Medicaid insurance will be billed. No family or child will receive a bill for services provided.

Photo Consent/Release: I consent to the use of pictures, video or audio recordings of my child for program promotion. Yes No

Signature of Parent/Guardian	Date
------------------------------	------

"This consent will be valid for the 12-month period of this program. By signing above, indicates that you have read and understand the contents of the general information and medical history form. You understand the terms of the consent agreement and that you have legal authority to give consent for this child. Your child's personal information will be kept confidential and will not be shared with any person who is not directly involved in the care of your child as part of the Health Insurance Portability and Accountability Act (HIPAA) without written authorization."

Appendix D: Electronic Student/Patient Dental Record

Screening Record - EXAMPLE EXAMPLE - Oral Health

[Jump to] [Save] [Save & Stay] [Cancel] [Expanded Details]

Demographics

Date of birth: [] Child's age in years: []
 Gender: []
 Race: []
 Ethnicity: []
 Street Address: [] City: [] State: [ND] Phone number: []
 Zip Code: [] County: []

Screening Information

Site code: []
 Consent: Parent/Guardian Consent for Both (Sealants and Fluoride Varnish)
 Parent/Guardian Consent for Sealant
 Parent/Guardian Consent for Fluoride Varnish
 Screening or Application Not Completed: Child Absent
 Child Moved
 Child uncooperative
 Grade level: []
 Screening/application date: [MMDDYY] []
 Previous dental visits (with or without treatment): []
 Untreated decay - Primary and/or permanent teeth. Loss of tooth structure at enamel surface, carious lesion, or esthetic area
 Treated decay - Silver or composite fillings, restorations, crowns or missing teeth due to decay
 Sealants on Permanent Molars (if surface is smooth by toothpick exploration, sealant may be present): []
 1st molars: [] 2nd molars: []

1st molars	2nd molars
1: []	1: []
2: []	2: []
3: []	3: []
4: []	4: []
5: []	5: []
6: []	6: []
7: []	7: []
8: []	8: []
9: []	9: []
10: []	10: []
11: []	11: []
12: []	12: []
13: []	13: []
14: []	14: []
15: []	15: []
16: []	16: []
17: []	17: []
18: []	18: []
19: []	19: []
20: []	20: []
21: []	21: []

Application

1: [] 2: [] 3: [] 4: [] 5: []
 6: [] 7: [] 8: [] 9: [] 10: []
 11: [] 12: [] 13: [] 14: [] 15: []
 16: [] 17: [] 18: [] 19: [] 20: []
 21: []

Number of teeth sealed							
1st molars:		2nd molars:		3rd molars:			
1st premolars:		2nd premolars:		3rd premolars:			
Fluoride varnish treatment received today:		<input type="radio"/> No, fluoride varnish was not applied today <input type="radio"/> Yes, fluoride varnish was applied today					
Treatment Urgency:		<input type="radio"/> No obvious problem. Treatment: Next regular checkup within six months. <input type="radio"/> Early dental care (decay w/out pain or swelling). Treatment: Refer to dentist. <input type="radio"/> Urgent care (pain, infection, large decay, abscess or drainage). Treatment: Immediate referral.					
Treatment Notes:							

Retention							
Retention date:		MM/DD/YYYY					
Retention check not completed:		<input type="radio"/> Child absent <input type="radio"/> Child moved <input type="radio"/> Child uncooperative					
1:	2:	3:	4:	5:	6:	7:	8:
12:	13:	14:	15:	16:	17:	18:	19:
32:	31:	30:	29:	28:	27:	26:	25:
21:	20:	19:	18:	17:	16:	15:	14:

SR = Number of teeth retaining a program sealant							
1st molars:		2nd molars:		3rd molars:		Total 3M, 1P, 2P:	
* 1st premolars:		* 2nd premolars:		* 3rd premolars:		Total 3M, 1P, 2P:	
NS = Number of newly sealed teeth (since initial application) to be sealed now							
1st molar:		2nd molar:		3rd molar:		Total 3M, 1P, 2P:	
* 1st premolar:		* 2nd premolar:		* 3rd premolar:		Total 3M, 1P, 2P:	
RS = Number of teeth recommended for reseat of program sealant							
1st molar:		2nd molar:		3rd molar:		Total 3M, 1P, 2P:	
* 1st premolar:		* 2nd premolar:		* 3rd premolar:		Total 3M, 1P, 2P:	
Fluoride varnish treatment received today:		<input type="radio"/> No, fluoride varnish was not applied today <input type="radio"/> Yes, fluoride varnish was applied today					
Treatment Urgency:		<input type="radio"/> No obvious problem. Treatment: Next regular checkup within six months. <input type="radio"/> Early dental care (decay w/out pain or swelling). Treatment: Refer to dentist. <input type="radio"/> Urgent care (pain, infection abscess or drainage). Treatment: Immediate referral.					
Treatment Notes:							

Appendix E: Visit Results Sheet

VISIT RESULTS

SEAL! North Dakota Dental Sealant & Fluoride Varnish Program

To the Parent/Guardian of: _____
 Date: _____

**We were happy to see your child today
 to help keep their teeth healthy!**

Your child had the following mouth care services today:

- _____ Teeth cleaning
- _____ Visual mouth check
- _____ Fluoride treatment - fluoride varnish is a natural vitamin that is painted on the teeth to keep them strong (see instructions below)
- _____ Sealants placed on the chewing surfaces of these teeth to prevent cavities:

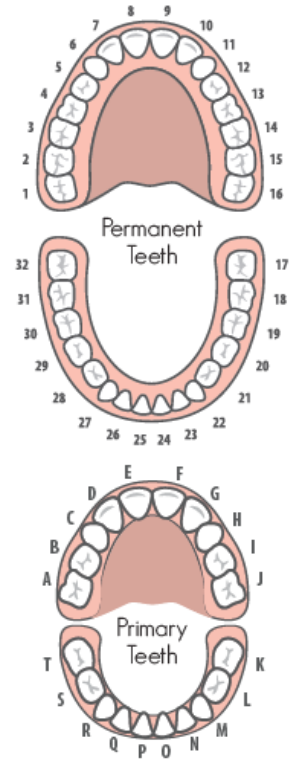
NOTES regarding your child: _____

If your child had a fluoride treatment:

- Don't brush teeth until bedtime.
- They can eat and drink right away.
 For just today they should not have anything chewy like gummy bears or gum and nothing crunchy like chips.

Your child should see a dentist:

- _____ Right away because of possible cavities and/or infection in his/her mouth
- _____ Every six months for a cleaning and x-rays



All children should see their dentist every 6 months for teeth cleanings and x-rays!

If you have any questions or need help finding a dentist, please contact:



Staff signature: _____

Appendix F: Survey Among Participating SEAL!ND Schools

Hello,

Thank you for participating in the 2019-2020 North Dakota School-based Sealant Program. As required by federal funding agencies, The Center for Rural Health at the University of North Dakota is completing an assessment of the School-based Sealant Program. This assessment includes a short questionnaire to capture you and your school's experience in the School-based Sealant Program. Your feedback is very important and will help the program identify things that are working well, and areas for improvement.

Please consider taking 5-10 minutes to complete this short electronic survey. Your responses are voluntary, anonymous, and data will only be shared aggregately. Your responses will go directly to the research team at the Center for Rural Health who will summarize data across all participating schools and share final results with the School-based Sealant Program, the federal funding agency, and participating schools (including yours). Please contact us if you have any questions or need additional information.

This evaluation has been approved by the University of North Dakota Institution Review Board. If you have questions about the survey or the evaluation, please contact Shawnda Schroeder at Shawnda.schroeder@UND.edu or 701-777-0787. If you have questions for the University of North Dakota's Institutional Review Board, you may contact und.irb@research.und.edu or 701.777.4279.

Thank you for your participation,

[NOTE: Developed Duplicate E-Surveys: One for Qualified (Q) Schools one for Non-qualifying (NQ)]

1. Was your school contacted and invited to participate in the 2019-2020 North Dakota School-based Sealant Program (whether or not you actually received services)?

- Yes, we were contacted about the program
- No, we were not contacted about participating [skip to Q.3]
- Unsure

2. Did your school participate in the 2019-2020 North Dakota School-based Sealant Program?

- Yes, our students received dental services through the Sealant Program
- No, our students did not receive dental services through the Sealant Program [end survey]
- Unsure [end survey]

3. What is your primary role at the school?

- Administration (school leaders)
- Certified staff (including classroom and special education teachers, counselors, speech pathologists, school psychologists, occupational therapists, etc.)
- Non-certified staff (to include paraprofessionals, food service, administrative assistance, custodial, or transportation)

4. Please indicate your level of agreement with the following statements about your school's experience with the School-based **Sealant Program**.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
We were well informed by the dental provider about the School-based Sealant Program offered at our school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We had sufficient information to promote the School-based Sealant Program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We understood our roles and responsibilities in delivering the School-based Sealant Program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing our school's roles and responsibilities in the School-based Sealant Program took a great deal of staff time and effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We had sufficient communication with the dental provider to coordinate the delivery of services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We had sufficient communication with the dental provider regarding the operation of the School-based Sealant Program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Please indicate your level of agreement with the following statements about your school's experience with the **Dental Hygienist/Dental Care Provider**.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
It was easy to get in touch with the dental provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was easy to communicate with the dental provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The dental provider was knowledgeable about oral health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The dental provider was considerate to staff and students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How effective are the different type(s) of media/communication that you use at your school to inform parents about school announcements and various programs and activities?

	Do Not Use this Type of Media	Not Effective	Moderately Effective	Very Effective
Newsletter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Press release	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brochure/pamphlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twitter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instagram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Text alerts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smart phone apps (designed specifically for school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direct mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written materials sent home with students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Below are a list of ways the **Dental Team and Program Leads** could further support the School-based Sealant Program in your school. Please indicate if you would like help with any of the following activities.

	Would be Helpful	Not a Need at this Time
Develop social media content for Facebook, text messages, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Develop handouts of frequently asked questions.	<input type="checkbox"/>	<input type="checkbox"/>
Provide a list of providers that work with low-income families/accept Medicaid.	<input type="checkbox"/>	<input type="checkbox"/>
Develop materials that explain the program in easy-to-understand language.	<input type="checkbox"/>	<input type="checkbox"/>
Have a representative participate in Back-To-School-Night.	<input type="checkbox"/>	<input type="checkbox"/>
Direct mail program information sheet.	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

8. Indicate how much you agree or disagree that the following pose a challenge to obtaining the consent for participation at your school.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Parents don't understand the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents are afraid they have to pay for the service(s) provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents don't see consent materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents don't return consent forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Indicate how much you agree or disagree that the following pose a challenge to participating in the School-based Sealant Program.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Physical space for dental provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time and efforts to process program information and consent form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time and efforts to answer questions from parents regarding the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff to walk students to dental providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other school staff time and effort: [Specify]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other challenges:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Please provide any additional feedback/suggestions on how we can improve the School-based Sealant Program:
