

Substitute Senate Bill 6020 Report to the Legislature

Access to Preventive Dental Care for Children: School-Based Dental Sealant and Fluoride Varnish Program

December 2005



Health Systems Quality Assurance
Community and Family Health

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School-Based Dental Sealant and Fluoride
Varnish Program**

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Executive Summary

The legislature passed SSB 6020 in 2001 to increase access to dental sealants and fluoride varnishes for children most at risk for dental caries. Under SSB 6020, now RCW 43.70.650, the Department of Health (DOH) created a school sealant endorsement program for dental hygienists and dental assistants by establishing WAC 256-814. For community based sealant programs carried out in schools, an endorsed hygienist can assess the need for and apply dental sealants and fluoride varnish without supervision of a licensed dentist.

An endorsed dental assistant can apply dental sealants and fluoride varnishes under the general supervision of a licensed dentist. The rules also established the Washington State Dental Sealant and Fluoride Varnish Program Guidelines. The guidelines outline training requirements for hygienists and dental assistants seeking endorsement by the department. They can also assist communities in the planning, implementation and evaluation of school-based dental sealant and fluoride varnish programs.

The department conducted a survey of the state's 39 counties and found that the number of counties offering community based sealant programs has essentially stayed the same. However, the number of low-income schools participating in these programs decreased. The number of private businesses offering dental sealants and fluoride varnishes but not in coordination with local health jurisdictions have doubled between 2003 and 2004.

Initial results of the 2005 Smile Survey show that the oral health of Washington's students has declined since the last survey was completed in 2000.

Background

The 2001 legislature recognized that dental caries (tooth decay), a preventable disease, was rampant among children in Washington. The results of the Department of Health's Smile Survey in 2000 showed that dental problems had worsened among school children when compared to survey results published in 1995. In particular, low income children were identified as at risk for dental problems. Based on the 1995 Smile Survey, Washington children who received sealants had only one fourth of the tooth decay of those children who had not received properly applied sealants.

Also contributing to the lack of preventive dental care is the shortage of dentists, particularly in the rural areas of our state.

Effectiveness of Dental Sealants and Fluoride Varnishes in Preventive Dental Care

Dental sealants are a plastic coating that is applied to the chewing surfaces of the back teeth. They are a safe and effective way to prevent decay among schoolchildren. One report has shown sealant application resulted in a 60 percent decrease in tooth decay on molars.¹ In some cases, sealants can even stop tooth decay that has already started.

Healthy People 2010 calls for 50 percent of all U.S. children in the second grade to have dental sealants, while our Public Health Improvement Plan (PHIP) of 1995 already called for 65 percent. By offering school-based or school-linked sealant programs, some communities around the country have already reached the *Healthy People 2010* objective for dental sealants. However, as of 2005, Washington state rates are still around 42 percent.

The U.S. Task Force on Community Preventive Services strongly recommends school-based or school-linked sealant programs. In addition, CDC researchers evaluated several strategies and found that delivering sealants to all children attending low-income schools was a cost-effective strategy for reducing disparities in sealant use.²

Fluoride varnish consists of resin containing a high concentration of sodium fluoride. It is easily applied by painting the resin onto teeth. However, since the passage of SSB 6020, literature has not supported fluoride varnish as an effective preventive measure.³

¹ Centers for Disease Control and Prevention (CDC) website: www.cdc.gov/oralhealth/pressreleases/task-force.htm and www.cdc.gov/oralhealth/pressreleases/cwf-sealants.htm

² Centers for Disease Control and Prevention (CDC) website: www.cdc.gov/oralhealth/pressreleases/task-force.htm and www.cdc.gov/pressreleases/cwf-sealants.htm.

³ Fluoride Varnishes for Preventing Dental Caries in Children and Adolescents. Cochran Collaboration (2005)

Development of Chapter 246-814 WAC

Under SSB 6020, now RCW 43.70.650, the Secretary of Health is authorized to create a school sealant endorsement program for dental hygienists and dental assistants in consultation with the Dental Quality Assurance Commission (DQAC). Chapter 246-814 WAC establishes rules for endorsement of dental hygienists and dental assistants. WAC 246-814-040 includes the Washington State Dental Sealant and Fluoride Varnish Program Guidelines as a tool to assist local public health jurisdictions and oral health care communities in the planning, implementation, and evaluation of school-based dental sealant and fluoride varnish programs.

While there is some question to the effectiveness of fluoride varnishes, the guidelines were drafted to be consistent with the intent of SSB 6020, which promoted both dental sealants and fluoride varnish.

Role of the Local Health Jurisdiction (LHJ) in Community-Based Sealant Programs Carried Out in Schools

In 2000, a number of Local Health Jurisdictions (LHJs) provided community based dental services in schools directly through employed public health hygienists, or by contracting with private dental providers to deliver the service. SSB 6020 did not provide a definition of coordination. Although the guidelines provide some assistance in recommending ways to establish community partnerships, they do not delineate how providers are to coordinate with local health offices. By inference, the law and the guidelines recognize that how coordination is defined and carried out is in the purview of individual LHJs.

Changing the Scope of Practice of Dental Professionals to Increase Access to Preventive Dental Services

Prior to the enactment of SSB 6020, dental assistants could apply sealants and fluoride varnishes under the close supervision of a supervising dentist. WAC 246-814-030 allows dental assistants to apply sealants and fluoride varnishes under the general supervision of a dentist. As a result, the supervising licensed dentist is not required to be present while a supervised dental assistant applies dental sealants and fluoride varnishes to a patient. The dentist could instead focus on providing more complex dental treatment to other patients receiving treatment in other facilities.

Not all providers who solicit patients from schools directly work for, contract with, or coordinate with LHJs. Some providers are independent of local health offices and solicit patients from the school setting directly.

The Washington State Dental Sealant and Fluoride Varnish Program Guidelines

The Department of Health (DOH) developed the guidelines in partnership with oral health and health care practitioners. Based on a national model, "Seal America", the guidelines provide a step-by-step process to develop quality programs.

WAC 246-814-040 outlines the use of the guidelines as a training guide for hygiene and dental educational programs to qualify students for endorsement. In addition, the guidelines assist local public health jurisdictions and oral health care communities in planning, implementing, and evaluating school-based dental sealant and fluoride varnish programs. Recommended minimum components of a program include:

- assessing and targeting the population.
- establishing community capacity and infrastructure.
- determining staffing needs and training.
- securing equipment and supplies.
- developing policies, procedures, and data collection forms.
- scheduling schools/sites.
- preparing sites for implementation.
- providing services.
- evaluating the process and outcomes.

Except for the provisions on training requirements for hygiene and dental assistant educational programs, the guidelines are only recommendations. There is no measure of how many LHJs, counties, schools, or providers actually use them and to what extent. However, because they were created by DOH and the dental provider community, they are a valuable resource that is probably underused.

Dental Hygienist Endorsement Program

All licensed dental hygienists holding a valid license on or before April 19, 2001 (the effective date of SSB 6020), automatically received an endorsement from the department. Hygienists licensed after that date had to meet training requirements under the Washington State Dental Sealant and Fluoride Varnish Program Guidelines.

In April of 2001, the department issued automatic endorsements to all 4,200 eligible dental hygienists. In August 2005, there were 5,475 dental hygienists licensed in Washington, 3,900 of which still have the active DOH endorsement to apply sealants in a school-based program.

The department has also received information indicating that dental hygiene educators, carrying out their programs under SSB 6020, are taking students out into the community and practicing applying sealants under the supervision of endorsed hygienists.

Hygienists were also applying fluoride varnishes at four Head Start sites in 2004 and four kindergarten and first grade settings in 2005.

Dental Assistant Endorsement

Since April 2001, the department has issued only one dental assistant endorsement. This is not an indication, however, that dental assistants are not applying dental sealants or fluoride varnishes. Dental assistants are required to apply for endorsement if they intend to apply the treatments under the general supervision of a licensed supervising dentist.

There may be other dental assistants applying sealants and/or fluoride varnishes under the close supervision of a dentist.⁴ The number of dental assistants providing services in schools, and under what type of supervision, is not available. See Appendices F and G.

However, there is no good measure of how frequently dental assistants are applying dental sealant or fluoride varnishes under the general supervision of a licensed dentist. A dentist chooses whether to allow an assistant to provide the service. In addition, a dentist may employ several assistants, and there is no method of determining how many of those assistants provide either of the services under the appropriate supervision.

Classroom education and teacher in-service education were offered by all LHJs that provide or contract for dental sealant providers. Private providers that worked in coordination with a LHJ were less likely to provide classroom or teacher education. Two private providers indicated that they referred children with cavities to their clinic-based services

Data Regarding the Number of Counties and Schools with School-Based Sealant Programs

The Department of Health administered a survey in 2003 and 2005 to all 35 LHJs to obtain information on the availability of sealant and fluoride varnish programs in counties and schools.

The percentage of counties with any kind of school-based sealant program increased by 26 percent, from 19 programs in 2001 to 24 programs in 2005.

A child may receive a dental sealant or fluoride varnish through services provided by LHJs in schools, through a provider contracting with LHJs, or by independent providers soliciting patients from schools. Appendix G illustrates the method that variations in counties used to provide dental sealant services. While many counties either directly provide services, coordinate, or contract with providers to bring sealant and fluoride varnish programs to schools, eleven counties report having no school based providers.

Counties responding to the DOH survey indicated that coordination as an alternative to contracting or employing dental providers did result in a cost savings.

⁴ Close supervision is a more stringent standard than general supervision. See WAC 246-814-020(2)(a) and (b) in appendix B,

Schools with Sealant Programs

SSB 6020 was intended to target elementary schools with low-income children. The guidelines defined a low-income school as one that has 30 percent of their students in the reduced fee/free (R/F) programs.⁵

The number of students eligible for the lunch program is a proximate measurement of the low-income status of their students.⁶ The guidelines have a higher standard than the National Association of State and Territorial Dental Directors (NASTDD), which recommends that, at a minimum, all schools with greater than 50 percent R/F have a sealant program. Thus, we are targeting schools at a higher income level than the national recommendation.

The following statistics reflect the status of schools identified as low income participating in sealant and fluoride varnish programs in Washington State:

Total number of elementary schools	Number of 30% R/F schools	Number of 30% R/F schools with sealant programs
1153	784	219 in 2004 174 in 2005

In Washington State, 784 out of 1,153 elementary schools are considered low-income based on their 30 percent R/F status.⁷ In 2004, only 219 schools (28 percent) had a sealant fluoride-varnish program. In 2005, the number of participating schools declined, with 174 schools offering the services (22 percent). There is no information available regarding the participation rate for 50 percent R/F schools.

The reasons for the decline in participating schools include the fact that some LHJs are moving away from direct service activities and therefore have ceased to provide or contract for sealant and fluoride varnish programs in schools. Schools may decide not to provide these programs due to fiscal challenges as well. The resources available to any given LHJ is highly variable as well. While some LHJs have determined to end programs due to limited resources, others are providing the service to students regardless of a student's income or ability to pay. Other LHJs are struggling to maintain existing programs.

The guidelines also recommend the inclusion of schools with a large number of students who come from minority groups, speak English as a second language, are homeless, or receive special education. Students with these risk factors are considered at risk for caries and should be targeted to receive sealants and/or fluoride varnish. Counties responding to

⁵ Office of the Superintendent of Public Instruction (OSPI), October 2004

⁶ Health Resource Systems Administration (HRSA) definition of low-income schools

⁷ Dental sealants are applied to children in the 2nd and 3rd grades

the DOH survey indicate that income was the primary determinant in choosing a school, while other at risk indicators were a secondary consideration.

Although counties with dental sealant and fluoride varnish programs increased slightly, the number of schools participating has decreased, while LHJ and county participation has for the most part stayed the same. See appendix E.

There is a growth in the number of providers delivering dental services in schools, but not coordinating with LHJs. In 2005, 36 providers delivered dental services in schools. Among those, 24 contracted with or provided services through any LHJ program and 12 independently provided services to schools and did not coordinate with LHJs. The number of direct service providers not coordinating with LHJs doubled between 2004 and 2005, from six to 12. Provider response to the DOH Survey suggests that SSB 6020 provided incentive for businesses owned by dentists or dental assistants or dental hygienists to meet the demand for dental sealants and fluoride varnishes in school programs. This may be a reason behind the increase in the number of these businesses providing services in schools.

Dental Sealant and Fluoride Varnish Utilization Among Children

Dental Sealant Utilization from Medicaid Billing Information

Data from Department of Social and Health Services (DSHS) indicates that billing for dental sealants jumped remarkably from 2001 to 2003. However, in 2003 and 2004 there was a slight decrease in the overall number of sealants provided to children with Medicaid coverage. At the time this report was being written the 2005 school year data was unavailable.

Fiscal Year-All providers, public and private	2001	2002	2003	2004
Sealants on permanent teeth (ages 18 and under only)	27,803	57,878	61,211	60,920

Medical Assistance Administration Report FY 2004⁸.

Medicaid Children’s Fluoride Varnish Utilization

Department of Social and Health Services reports indicate professional fluoride applications increased dramatically. Fluoride varnish has application properties that make the varnish easier and more safely used for very young children (infants and preschoolers) than other types of professionally-applied fluorides. However, more scientific evidence of its effectiveness is needed. The observed increase in fluoride

⁸ Medical Assistance Administration Dental Services; Total MAA Payments by Procedure Code Grouping; Ages 18 and Under Only; Fiscal Years 1999-2004.

varnish application shown in the table below may reflect utilization by children under age six rather than in school-age children. Moreover, fluoride varnish is not reported separately from other types of professionally applied fluorides in the Medicaid billing reports. The number of school fluoride varnish programs reported by local health jurisdictions increased in 2005.

Fiscal Year- ALL providers, public and private	2001	2002	2003	2004
Professionally Applied Fluorides (ages 18 and under only)	79,112	139,238	203,237	207,092

Medical Assistance Administration Report FY 2004⁹.

Limitations on the Data Collected Regarding Children Receiving Dental Sealants and Fluoride Varnishes

Data on the number of children that received services in schools was inconsistently reported from providers that worked in coordination with LHJs and unavailable from dental providers that were not required to follow SSB 6020.

Preliminary Results of the 2005 Smile Survey

Preliminary results of the 2005 Smile Survey do not indicate an improvement in the oral health status of children in Washington. Slightly less than half of the children in Washington do not have dental sealants. This finding puts our state further away from the Healthy People 2010 Objectives.

Dental decay continues to be a significant public health problem for Washington's children. Forty-five percent of low-income preschool children and 59 percent of elementary school children have decay (decay and/or fillings). There are significant oral health disparities in Washington, with minority, low-income, and non-English speaking children having the highest level of dental disease and the lowest number of dental sealants.

The table below presents the declining trend in the oral health status of our children:

2nd and 3rd graders	2000	2005
With sealants	47.2 %	44.8 %
With decay experience (in primary and/or permanent teeth)	55.6 %	59.0 %
With rampant decay	15.2 %	21.2 %

⁹ Medical Assistance Administration Dental Services; Total MAA Payments by Procedure Code Grouping; Ages 18 and Under Only; Fiscal Years 1999-2004.

Recommendations

Although SSB 6020 provided significant groundwork for the advancement of community-based sealant programs in schools to target low income and other children at high risk for caries, there is more work to be done. Dentists report that they were able to see more children as a result of SSB 6020.

The following activities can further advance the use of dental sealants.

- Consistent with available literature, fluoride varnishes should not be promoted as an equally effective intervention in comparison to dental sealants in the prevention of tooth decay in elementary school aged children.
- The use of the guidelines created by DOH and partners could be more widespread, and their use monitored. This may require additional resources.
- LHJs carry out community-based sealant programs in schools differently, as the design and scope of a program is squarely in the purview of local communities. However, limited resources may hamper efforts to either begin new programs, or continue the development of new programs through use of the guidelines.
- Better data collection specific to monitoring the effectiveness of these programs. The agency guidelines provide direction on what data should be collected.
- A clearer definition of what constitutes “coordination”, or examples of successful coordination between LHJs and providers would be helpful for those interested in developing programs.

Appendix A

RCW 43.70.650

School sealant endorsement program -- Rules -- Fee -- Report to the legislature.

The secretary is authorized to create a school sealant endorsement program for dental hygienists and dental assistants. The secretary of health, in consultation with the dental quality assurance commission and the dental hygiene examining committee, shall adopt rules to implement this section.

(1) A dental hygienist licensed in this state after April 19, 2001, is eligible to apply for endorsement by the department of health as a school sealant dental hygienist upon completion of the Washington state school sealant endorsement program. While otherwise authorized to act, currently licensed hygienists may still elect to apply for the endorsement.

(2) A dental assistant employed after April 19, 2001, by a dentist licensed in this state, who has worked under dental supervision for at least two hundred hours, is eligible to apply for endorsement by the department of health as a school sealant dental assistant upon completion of the Washington state school sealant endorsement program. While otherwise authorized to act, currently employed dental assistants may still elect to apply for the endorsement.

(3) The department may impose a fee for implementation of this section.

(4) The secretary shall provide a report to the legislature by December 1, 2005, evaluating the outcome of chapter 93, Laws of 2001.

[2001 c 93 § 2.]

NOTES:

Findings -- Intent -- 2001 c 93: "The legislature finds that access to preventive and restorative oral health services by low-income children is currently restricted by complex regulatory, financial, cultural, and geographic barriers that have resulted in a large number of children suffering unnecessarily from dental disease. The legislature also finds that very early exposure to oral health care can reverse this disease in many cases, thereby significantly reducing costs of providing dental services to low-income populations.

It is the intent of the legislature to address the problem of poor access to oral health care by providing for school-based sealant programs through the endorsement of dental hygienists. " [2001 c 93 § 1.]

Effective date -- 2001 c 93: "This act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect immediately [April 19, 2001]. " [2001 c 93 § 5.]

Appendix B

Chapter 246-814 WAC - Access To Dental Care For Children

246-814-010 Purpose.

246-814-020 Practices authorized.

246-814-030 Application process and documentation of training required to qualify for endorsement.

246-814-040 Training and the provision of services.

246-814-990 Endorsement fees for dental assistants and dental hygienists, renewal of endorsement not required.

WAC 246-814-010 Purpose. The purpose of this chapter is to implement RCW 18.29.220 and 18.32.226. These laws are intended to improve access to dental care for low-income, rural, and other at-risk children by enhancing the authority of dental hygienists and dental assistants to provide dental sealant and fluoride varnish treatments in school-based programs. The department of health encourages partnerships within geographical regions and among participants in the oral health care community in implementing this law.

[Statutory Authority: RCW 43.70.650. 02-21-128, § 246-814-010, filed 10/23/02, effective 11/23/02.]

WAC 246-814-020 Practices authorized. (1) **Dental hygienists.** Solely for purposes of providing services under this chapter, dental hygienists holding endorsements under this chapter may assess by determining the need for (i.e., the absence of gross carious lesions and sealants) and acceptability of dental sealant and/or fluoride varnish treatment for children in school-based programs and may apply dental sealants and fluoride varnish treatments, without the supervision of a licensed dentist. This determination does not include or involve diagnosing conditions or constitute a dental examination.

(2) **Dental assistants.** A dental assistant is currently defined by the Dental Quality Assurance Commission in WAC 246-817-510 as an unlicensed person working under the *close* supervision of a licensed dentist. Solely for purposes of this chapter, authorized dental assistants may apply dental sealants and fluoride varnish treatments to children in school-based programs under the *general* supervision of a Washington state licensed dentist, as described in this chapter.

(a) *Close supervision* requires the licensed supervising dentist to first determine the need for and acceptability of dental sealant and fluoride varnish treatments, refer the treatment and the dentist must be in the treatment facility when the treatment is provided.

(b) *General supervision* requires the licensed supervising dentist to first determine the need for and acceptability of dental sealant and fluoride varnish treatments, refer the treatment and the dentist does not have to be in the treatment facility when the treatment is provided.

(3) Dental assistants and their supervising dentists, as well as dental hygienists shall coordinate with local public health jurisdictions and local oral health coalitions prior to providing services under this chapter, consistent with RCW 18.29.220 and 18.32.226. [Statutory Authority: RCW 43.70.650. 02-21-128, § 246-814-020, filed 10/23/02, effective 11/23/02.]

WAC 246-814-030 Application process and documentation of training required to qualify for endorsement. (1) The department of health has issued endorsements to all dental hygienists holding valid licenses on or before April 19, 2001, the effective date of RCW 18.29.220.

(2) Dental hygienists licensed after April 19, 2001, must obtain an endorsement to provide services under this chapter. Applicants must meet the additional requirements in RCW 18.29.220 and must submit the following to the department:

- (a) Application for endorsement;
- (b) Fee;
- (c) Information of having a valid Washington state dental hygiene license for reference; and
- (d) Proof of the completion of training that has incorporated the Washington state department of health sealant/fluoride varnish program guidelines as described in WAC 246-814-040(3).

(3) Dental assistants employed by a Washington state licensed dentist on or before April 19, 2001, are not required to obtain an endorsement but may voluntarily do so without having to meet the additional requirements in RCW 18.32.226.

(4) Dental assistants employed by a Washington state licensed dentist for two hundred hours after April 19, 2001, must obtain an endorsement to provide services under this chapter. Applicants must meet the additional requirements in RCW 18.32.226 and must submit the following to the department:

- (a) Application for endorsement;
- (b) Fee;
- (c) Proof of two hundred hours of employment as a dental assistant by a Washington state licensed dentist that has included theoretical and clinical training in the application of dental sealants and fluoride varnish treatments, verified by a declaration provided by the licensed dentist who provided the training; and

(d) Proof of completion of training that has incorporated the Washington state department of health sealant/fluoride varnish program guidelines as described in WAC 246-814-040(3).

(5) Dental assistants and their supervising dentists, as well as dental hygienists should use the Washington state department of health sealant/fluoride varnish guidelines described in WAC 246-814-040 and other protocols that may be in place for the geographic region when coordinating with local public health jurisdictions. To assist the local public health jurisdictions and the practitioners in coordinating these services, a "letter of understanding" is recommended and would provide a means to address mutual concerns. It may include, but is not limited to:

- (a) Data collection requirements;
- (b) Delineation of responsibilities of the treatment providers and the local public health jurisdictions;

- (c) Quality assurance mechanisms; and
- (d) Communication with schools being served.

(6) Dental assistants and their supervising dentists, as well as dental hygienists shall coordinate with the local oral health coalitions by participating in oral health coalition meetings that may be held in the geographical region.

[Statutory Authority: RCW 43.70.650. 02-21-128, § 246-814-030, filed 10/23/02, effective 11/23/02.]

WAC 246-814-040 Training and the provision of services. (1) The "Washington state department of health sealant/fluoride varnish program guidelines" have been developed, maintained and distributed by the department of health in partnership with the oral health community and health care practitioners. To obtain copies of the "guidelines" contact the department of health.

(2) The Washington state department of health sealant/fluoride varnish program guidelines are designed to assist the local public health jurisdictions and oral health care communities in the planning, implementation, and evaluation of school-based dental sealant and fluoride varnish programs. Every school-based dental sealant and fluoride varnish program should design their program to provide, at minimum, for the following:

- (a) Assessing and targeting the population.
- (b) Establishing community capacity and infrastructure.
- (c) Determining staffing needs and training.
- (d) Securing equipment and supplies.
- (e) Developing policies, procedures and data collection forms.
- (f) Scheduling schools/sites.
- (g) Preparing sites for implementation.
- (h) Providing services.
- (i) Evaluating the process and outcomes.

(3) The Washington state department of health sealant/fluoride varnish program guidelines also provides the training required for dental hygienists and dental assistants providing services under this chapter. Applicants for endorsement must obtain training as contained in these specific guidelines, which can be met through any one of the following methods:

(a) Graduation from a dental assisting, dental hygiene or dental educational program, accredited by the American Dental Association, which has incorporated the Washington state department of health sealant/fluoride varnish program guidelines.

(b) Continuing education courses which teach the Washington state department of health sealant/fluoride varnish program guidelines.

(c) Individual training provided by a Washington licensed dentist, which has incorporated the Washington state department of health sealant/fluoride varnish program guidelines.

[Statutory Authority: RCW 43.70.650. 02-21-128, § 246-814-040, filed 10/23/02, effective 11/23/02.]

WAC 246-814-990 Endorsement fees for dental assistants and dental hygienists, renewal of endorsement not required. (1) Endorsements do not require renewal.

(2) Endorsement documents are issued to the qualified applicant, and are not the property of the employer or the supervisor.

(3) The following one-time, nonrefundable fee will be charged:

Dental assistant application/endorsement. . \$50

Dental hygiene application/endorsement. . \$50

[Statutory Authority: RCW 43.70.650. 02-21-128, § 246-814-990, filed 10/23/02, effective 11/23/02.]

Appendix C

Washington State Dental Sealant and Fluoride Varnish Program Guidelines.

Appendix D

Surveys administered by the Department of Health MCH Oral Health Program

SURVEY for Local Health Jurisdictions (LHJs)

Date _____

Evaluation of SSB 6020

School Year _____ - _____

Please take a few minutes to answer the following questions for your Local Health Jurisdiction (LHJ). We will use the information to evaluate effects of SSB 6020 for increasing access to dental care for low income and other at risk populations in Washington State.

1. Name of Local Health Jurisdiction _____

2. Name of Person filling out this evaluation _____

Title/Position _____

3. Total number of eligible schools 2003-2004 30 % -50 % R/F _____ >49 % R/F _____

4. Total number of schools served 2003-2004 30 % -50 % R/F _____ >49 % R/F _____

5. Do you have ANY school-based dental sealant or fluoride varnish programs operating in schools working with OR without coordination of the local oral health jurisdiction and oral health coalition in 2003-2004? Include school-based sealant or fluoride varnish programs that you provide, contract, or coordinate.

___ Yes, with LHJ

___ Yes, with local oral health coalition

___ No, if not coordinating with LHJ, why not?

___ No, if not coordinating with local oral health coalition, why not?

___ Don't know

6. Are there any other dental programs providing direct services for children in schools that do not work in coordination with the local oral health jurisdiction and local oral health coalition?

___ Yes, we have dental programs for children in schools that do not work in coordination with our local health jurisdiction and local oral health coalition.

In your opinion why don't these providers work in coordination with the local health jurisdiction and oral health coalition? Go to question 14.

___ No

___ Don't know

IF NO TO QUESTIONS 5 AND 6, STOP HERE AND RETURN THIS FORM

7. Please fill out the following table for how your local health jurisdiction uses the SSB 6020 legislation to CONTRACT for school-based dental sealant and/or fluoride varnish programs for the school year, August 2003 until June 2004.

If you do not contract for school-based sealant or varnish programs, skip to the next page.

CONTRACT	Number of Contract(s)		
Providers of Sealant and/or Varnish __DDS/DA __RDH	Contractor Name(s)		
Number of schools served	____# schools		
Dental Sealants in Permanent Molars	Yes	No	Don't Know
Please circle targeted group			
Grades 2 nd /3 rd	Yes	No	Don't Know
Homeless *	Yes	No	Don't Know
ESL* (English as a second language)	Yes	No	Don't Know
DDD* (disabled)	Yes	No	Don't Know
Please list other populations served, if known	Populations: for sealants		
# children receiving sealants on permanent molars	____# sealed		
Fluoride varnish application 2+ annually Please circle targeted group	Yes	No	Don't Know
Grades 2 nd /3 rd *	Yes	No	Don't Know
Homeless *	Yes	No	Don't Know
ESL*	Yes	No	Don't Know
DDD *	Yes	No	Don't Know
Please list other populations, if known	Populations for fluoride varnish		
Number of children with two or more fluoride varnish treatments	____ # children with 2+ varnish		
Other services provided?	Circle best answer		
Classroom education	Yes	No	Don't Know
Teacher in service	Yes	No	Don't Know
Screening, referral and follow-up (children other than for fluoride or sealants)	Yes	No	Don't Know
Restorative care	Yes	No	Don't Know

*Indicate 'yes' only when these populations are targeted outside of 2nd or 3rd grade classrooms.

** Indicate 'yes' only when two or more applications of fluoride varnish are applied, on two or more separate visits.

8. Please fill out the following table for how your local health jurisdiction uses the SSB 6020 legislation to PROVIDE school-based dental sealant and/or fluoride varnish programs for the school year, August 2003 until June 2004.

If you do not provide school-based sealant or fluoride varnish programs, skip to the next page

PROVIDE	Name of your LHJ		
Provider of Sealant and/or Varnish Applications ____ DDS/DA ____ RDH			
Number of schools served	____ #schools		
Dental Sealants in Permanent Molars Please circle targeted group	Yes	No	Don't Know
Grades 2 nd /3 rd	Yes	No	Don't Know
Homeless *	Yes	No	Don't Know
ESL*	Yes	No	Don't Know
DDD*	Yes	No	Don't Know
Other populations served-Please list, if known	Populations for sealants		
Number children receiving sealants on permanent molars	____ # sealed		
Fluoride Varnish** Please circle targeted group	Yes	No	Don't Know
Grades 2 nd /3 rd *	Yes	No	Don't Know
Homeless *	Yes	No	Don't Know
ESL*	Yes	No	Don't Know
DDD *	Yes	No	Don't Know
Please list other populations, if known	Populations for fluoride varnish		
Number of children with two or more fluoride varnish treatments	____ # children with 2+ varnish		
Other services provided?	Circle best answer		
Classroom education	Yes	No	Don't Know
Teacher in service	Yes	No	Don't Know

Screening, referral and follow-up (children other than for fluoride or sealants)	Yes	No	Don't Know
Restorative care	Yes	No	Don't Know

*Indicate 'yes' only when these populations are targeted outside of 2nd or 3rd grade classrooms.

** Indicate 'yes' only when two or more applications of fluoride varnish are applied, on two or more separate visits.

9. Please fill out the following table for how your local health jurisdiction uses the SSB 6020 legislation to COORDINATE school-based dental sealant and/or fluoride varnish programs for the school year, August 2003 until June 2004.

If you do not coordinate school-based sealant or fluoride varnish programs, skip to the next page.

COORDINATE	Name of Provider. If more than one, copy this page and fill out one page for each provider.		
Providers of Sealant and/or Varnish Applications ____ DDS/DA ____ RDH	____ #Signed Agreements		
Number of schools served	____ # schools		
Dental Sealants in Permanent Molars Please circle targeted group	Yes	No	Don't Know
Grades 2 nd /3 rd	Yes	No	Don't Know
Homeless *	Yes	No	Don't Know
ESL*	Yes	No	Don't Know
DDD*	Yes	No	Don't Know
Please list Other populations* ¹⁰ served, if known	Populations for sealants		
Number children receiving sealants on permanent molars	____ # sealed ____ NA/Don't know		
Fluoride Varnish Please circle targeted group	Yes	No	Don't Know
Grades 2 nd /3 rd *	Yes	No	Don't Know
Homeless *	Yes	No	Don't Know
ESL*	Yes	No	Don't Know
DDD *	Yes	No	Don't Know

Please list other populations, if known	Populations for fluoride varnish		
Number of children with two or more fluoride varnish treatments	____# children with 2+ varnish		
Other services provided?	Circle best answer		
Classroom education	Yes	No	Don't Know
Teacher in service	Yes	No	Don't Know
Screening, Referral and follow-up (children other than for fluoride or sealants)	Yes	No	Don't Know
Restorative care	Yes	No	Don't Know

*Indicate 'yes' only when these populations are targeted outside of 2nd or 3rd grade classrooms.

** Indicate 'yes' only when two or more applications of fluoride varnish are applied, on two or more separate visits

10. Are you able to evaluate how outside providers working in coordination with the local health jurisdiction and oral health coalition are using the Washington State Dental Sealant and Fluoride Varnish Guidelines?

____ Yes, how?

____ No, why not?

____ Don't know

11. Identify benefits/positive outcomes for your local health jurisdictions (public health) working with or without coordination of outside providers for school-based sealants and/or fluoride programs?

12. Identify barriers/problems for your local health jurisdiction working with or without coordination of outside providers for school-based sealants and/or fluoride programs in schools?

13. What changes in future legislation would you suggest?

14. Please list the names and addresses of ANY dental providers/organizations that are working in coordination or NOT in coordination with your local health jurisdiction for our survey purposes.

Survey for Private Providers

Date _____

PRIVATE PROVIDER EVALUATION - Evaluation of SSB 6020

School Year 2003-2004

Please take a few minutes to answer the following questions for your school-based dental sealant or fluoride varnish program. You were identified as a provider working with one or more local health jurisdictions (public health) and/or coalitions in Washington State. We will use the information to evaluate effects of SSB 6020 for increasing access to dental care for low income and other at risk populations in Washington State.

1. Name of Person/Business filling out this evaluation _____

Title/Position _____

2. Name of Local Health Jurisdiction (s) in which you worked during 2003-2004

3. Total number of schools you served in 2003-2004 _____

4. Do you use the Washington State Dental Sealant and Fluoride Varnish Guidelines?

___ Yes, how?

___ No, why not?

___ Don't know

5. Identify benefits/positive outcomes of your activity working in coordination with local health jurisdictions (public health) and oral health coalitions for school-based dental sealant and fluoride varnish programs as addressed by SSB 6020.

6. Identify barriers/problems working in coordination with local health jurisdictions (public health) and oral health coalitions for school-based dental sealant and fluoride varnish programs as addressed by the SSB 6020 legislation.

7. Which changes in future legislation would you suggest?

Appendix E

Number of counties and schools affected by SSB 6020

	# Counties with dental sealant programs		# Counties with fluoride varnish programs		# Schools with sealant programs	
	2004	2005	2004	2005	2004	2005
LHJ Provides school program	3	4	1	4	84	76
LHJ Contracts for a school program	8	8	3	4	42	39
LHJ Coordinates only with private providers for school services	12	12	10	10	89*	59*
Subtotal	23 counties dental sealants	24 counties dental sealants	14 counties fluoride varnish	18 counties fluoride varnish	219 schools 2004	174 schools 2005
LHJ <u>knows of a private provider</u> that works in schools that does NOT work in coordination with the LHJ	4		4		Unknown	Unknown
LHJ <u>does not have</u> any school-based services operating in their county(s)	12		12			
Total	39 counties		39 counties		Total schools served unknown	Total schools served unknown

*Not all private providers reported to the local health jurisdiction (public health)

Appendix F

List of Private Businesses providing services in schools (both profit and non-profit)

Provider's name	Providers under SSB 6020 (coordinated with LHJs)				Providers working independently (did not coordinate with LHJs)
	In 2004	In 2005	Dental assistant (under dentist's supervision)	Dental Hygienist	Dental assistant (under dentist's supervision)
Debra Baxter, RDH	x	x		x	
Dr. Howard Blessing, DDS	x	x	x		
Dr. Kyle House, DDS*		x			x
Dr. Norell, DDS (Spavinal Dental)*		x			x
Dr. Reimche-Vu, DDS*		x			x
Dr. S. Hanson, DDS*		x			x
Dr. Steven Urback, DDS*	x	x			x
Goldendale Dental Center*		x			x
Grinovations	x	x		x	
Neah Bay Tribal Dental Clinic	x		x	unknown	
NW Medical Teams*	x	x			x
OlyCAP Oral Health Care Access Provider	x	x	x	x	
Preventive Dental Services*		x			x
SeaMar	x	x	x	x	
Smile Mobile*	x	x			x
Smile Quest*	x	x			x
SmilePartners	x	x		x	
SmileSavers* (Discontinued in 2004)	x		sometimes	unknown	unknown
The Toothfairies	x	x		x	
ToothToughenerX*		x			x

Provider's name	Providers under SSB 6020 (coordinated with LHJs)				Providers working independently (did not coordinate with LHJs)
	In 2004	In 2005	Dental assistant (under dentist's supervision)	Dental Hygienist	Dental assistant (under dentist's supervision)
Value Dental* (previously KindCare Dental*)	x	x			x
Yakima Valley FarmWorkers Clinic	x	x	x		

* May not always work in coordination with a local health jurisdiction or coalition

Appendix G

Local Health Jurisdictions and their relationship with providers that work in schools

	County	LHJ	Worked with providers			Type of provider and its relationship with LHJs		Not required to coordinate with LHJs
			2001	2004	2005	Dentist/Dental Assistant	Dental Hygienist	
1	Asotin	1		X	X	Coordinates		
2	Benton	2	X	X	X	Coordinates	Coordinates	XX
3	Franklin		X	X	X	Coordinates	Coordinates	XX
4	Chelan	3	X	X	X	Coordinates		XX
5	Douglas		X	X	X	Coordinates		XX
6	Okanogan	4	X	X	X	Coordinates		XX
7	Clallam	5	X	X	X	Coordinates	Coordinates	
8	Jefferson		X	X	X	Coordinates	Coordinates	
9	Clark	6	X	X	X	Contracts		XX
10	Skamania		X	X	X	Contracts		XX
11	Columbia	7		X	X	Contracts		
12	Grant	8		X	X			XX
13	Grays Harbor	9		X	X			XX
14	Kitsap	10	X	X	X		Coordinates	XX
15	Kittitas	11		X	X	Coordinates	Coordinates	XX
16	Klickitat	12		X	P/C*	Provides		XX
17	Lewis	13	X	X	P/C*	Contracts	Contracts	XX
18	Mason	14	X	X	X	Coordinates	Contracts	
19	Pacific	15	X	X	X	Contracts Coordinates	Contracts	XX
20	King	16	X	X	X		Provides and Coordinates	

	County	LHJ	Worked with providers			Type of provider and its relationship with LHJs		Not required to coordinate with LHJs
			2001	2004	2005	Dentist/Dental Assistant	Dental Hygienist	
21	Skagit	17	X	X	X		Contracts	
22	Snohomish	18	X	X	X		Provides	XX
23	Pierce	19	X	X	X	Coordinates	Provides	XX
24	Thurston	20	X	X	X		Contracts	
25	Walla Walla	21	X	X	X	Coordinates	Coordinates	
26	Whatcom	22		X	X			XX
27	Yakima	23		X	X		Coordinates/Coalition	
28	NE Tri County-Stevens	24						
29	Pend-Oreille							
30	Ferry							
31	Garfield	25						
32	Cowlitz	26						
33	Island	27			X			
34	Lincoln	28			X			
35	Spokane	29			X			
36	Whitman	30			X			
37	Adams	31			P/C	Coordinates		
38	San Juan	32			X			
39	Wahkiakum	33						
	Total		19	27	28	19 counties with dentist/dental assistants	16 counties with dental hygienists	17 counties with independent providers

*P/C = Provides and/or Contracts

County-Specific Findings

- 14 counties had private providers soliciting schools in the nineteen counties that had school-based dental sealant programs prior to the SSB 6020 legislation. This may be why the LHJs listed conflicts and duplication of services becomes a problem when working with private providers.

- 28 counties reported dental services in schools in their local health jurisdictions (public health) in 2004 and 2005:

Adams, Asotin, Benton-Franklin, Chelan-Douglas-Okanogan, Clallam-Jefferson, Clark-Skamania, Columbia, Grant, Grays Harbor, Kitsap, Kittitas, Klickitat, Lewis, Mason, Pacific, King, Skagit, Snohomish, Pierce, Thurston, Walla Walla, Yakima and Whatcom. Adams County was the only county to coordinate a new program from 2004 to 2005.

- 11 counties do not have school-based dental providers:

Cowlitz, Ferry, Garfield, Island, Lincoln, Pend-Oreille, San Juan, Spokane, Stevens, Wahkiakum, Whitman

- 13 counties coordinate with private dental providers to provide school services. They do not otherwise provide or contract for programs:

Adams, Asotin, Chelan, Douglas, Okanogan, Clallam, Jefferson, Kittitas, Yakima, Benton, Franklin, Kitsap, Walla-Walla

- 9 counties discontinued contracts or provision of school-dental sealant programs:

Benton, Franklin, Clallam, Jefferson, Chelan, Douglas, Okanogan, Kitsap, Walla Walla

- 1 county added contracts or provision of school programs: Klickitat

- 13 counties reported providers that do not work under this legislation.