

Attachment 2f: Invitations/requests to participate for funded and not funded states/territories/tribes

Funded

Dear (e.g. Dental Director, Director of Health, State Sealant Coordinator),

Congratulations for receiving CDC funding for school sealant programs (SSP) under cooperative agreement *DP1810: State Actions to Improve Oral Health Outcomes*. This correspondence provides information about the data collection and reporting requirements to evaluate SSP efficiency using SEALS, an online, web application that is available to all SSPs.

In this cooperative agreement, states agree to gather information from SSPs operating in their state to provide information about resource use, program logistics, and child-level data of oral health status and services delivered and report the data at least once during the funding period.

CDC requests that states use SEALS for this data collection, storage, and analyses. SEALS is a password protected system. It automates the data entered so that requested measures can be downloaded as a report by each level of user (local SSP, state oral health program, and CDC). CDC will provide states and local SSPs with technical assistance including SEALS training.

Local SSPs and state oral health programs can use this information to document their efficacy and cost-effectiveness (https://www.cdc.gov/oralhealth/dental_sealant_program/seals.htm). States can also use information from SEALS to evaluate the relative cost effectiveness of local SSPs operating in their state compared to those in other states.

CDC uses the de-identified, SSP-level data to identify factors that can affect SSP efficiency — i.e., state Dental Practice Act, urbanicity of SSP service area (percentage of schools that are in rural areas), and SSP size (number of children served) — and set reasonable benchmarks based on these factors. The five efficiency measures of primary interest are:

1. total resource cost-per-child sealed
2. total resource cost-per-tooth sealed
3. clinical labor time per child sealed
4. clinical labor cost-per-child sealed
5. total resource cost-per-averted cavity

You will receive a separate email with information about SEALS trainings and the SEALS User Manual shortly. You may also find more information about SEALS on CDC's website:

https://www.cdc.gov/oralhealth/dental_sealant_program/seals.htm.

Sincerely,

Division Director
National Center for Chronic Disease Prevention and Health Promotion, Division of Oral Health

Centers for Disease Control and Prevention
Atlanta, GA
770-488-#####
#####@cdc.gov

CC: State Health Director

Attachment 2f: Invitations/requests to participate for funded and unfunded states/territories/tribes

Not funded

Dear (e.g. Dental Director, Director of Health, Sealant Coordinator),

Congratulations for promoting evidence-based, school sealant programs (SSP) in your state/territory/tribe. This email provides information about participating in the national oral health surveillance and in evaluation efforts to improve SSP efficacy.

Participating states/territories/tribes gather information from SSPs operating in their state/territory/tribe to provide information about resource use, program logistics, and child-level data of oral health status and services delivered.

CDC requests that states use SEALS for this data collection, storage, and analyses. SEALS is a password protected system. It automates the data entered so that performance measures can be downloaded as a report by each level of user (local SSP, state-level oral health program, and CDC). There is no charge for the application.

CDC uses the de-identified, SSP-level data to identify factors that can affect SSP efficiency – i.e., state Dental Practice Act, urbanicity of SSP service area (percentage of schools that are in rural areas), and SSP size (number of children served) – and set reasonable benchmarks based on these factors. The five efficiency measures of primary interest are:

1. total resource cost-per-child sealed
2. total resource cost-per-tooth sealed
3. clinical labor time per child sealed
4. clinical labor cost-per-child sealed
5. total resource cost-per-averted cavity

Local SSPs and state oral health programs can use this information to document their efficacy and cost-effectiveness (https://www.cdc.gov/oralhealth/dental_sealant_program/seals.htm). States can also use

information from SEALS to evaluate the relative cost effectiveness of local SSPs compared to those in other states.

You will receive a separate email with information about SEALS trainings and the SEALS User Manual shortly. If you would like to discuss participating, please send an email to SEALS@CDC.gov. You may also find more information about SEALS on CDC's website at https://www.cdc.gov/oralhealth/dental_sealant_program/seals.htm.

Sincerely,

Division Director
National Center for Chronic Disease Prevention and Health Promotion, Division of Oral Health
Centers for Disease Control and Prevention
Atlanta, GA
770-488-####
####@cdc.gov

CC: State/Territory/Tribe Health Director