Dental Public Health Project/Activity Descriptive Report Form

Please provide a detailed description of your **successful dental public health project/activity** by fully completing this form. Expand the submission form as needed but within any limitations noted. Please return completed form to: lcofano@astdd.org

NOTE: Please use Arial 10 pt. font.

CONTACT PERSON PREPARING THE SUBMISSION AND TO ANSWER QUESTIONS

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PROVIDE CONTACT INFORMATION FOR ONE ADDITIONAL PERSON WHO COULD ANSWER QUESTIONS REGARDING THIS PROGRAM

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SECTION I: ACTIVITY OVERVIEW

Title of the dental public health activity:

Oregon Certification Program for Local School Dental Sealant Programs

Public Health Functions* and the 10 Essential Public Health Services to Promote Oral Health:
Check one or more categories related to the activity.

"X"	
	Assessment
	1. Assess oral health status and implement an oral health surveillance system.
	2. Analyze determinants of oral health and respond to health hazards in the community
X	3. Assess public perceptions about oral health issues and educate/empower them to achieve and maintain optimal oral health
	Policy Development
X	4. Mobilize community partners to leverage resources and advocate for/act on oral health issues
X	5. Develop and implement policies and systematic plans that support state and community oral health efforts
	Assurance
X	6. Review, educate about and enforce laws and regulations that promote oral health and ensure safe oral health practices
X	7. Reduce barriers to care and assure utilization of personal and population-based oral health services
X	8. Assure an adequate and competent public and private oral health workforce
X	9. Evaluate effectiveness, accessibility and quality of personal and population-based oral health promotion activities and oral health services
X	10. Conduct and review research for new insights and innovative solutions to oral health problems

***ASTDD Guidelines for State and Territorial Oral Health Programs that includes 10 Essential Public Health Services to Promote Oral Health**

Healthy People 2030 Objectives: Please list HP 2030 objectives related to the activity described in this submission. If there are any state-level objectives the activity addresses, please include those as well.

OH-01: Reduce the proportion of children and adolescents with lifetime tooth decay
OH-02: Reduce the proportion of children and adolescents with active and untreated tooth decay
OH-09: Increase the proportion of low-income youth who have a preventive dental visit
OH-10: Increase the proportion of children and adolescents who have dental sealants on 1 or more molars

Oregon Medicaid coordinated care organization (CCO) incentive measure: Preventive dental or oral service utilization, ages 1-5 and 6-14

Provide 3-5 Key Words (e.g., fluoride, sealants, access to care, coalitions, policy, Medicaid, etc.) These will assist those looking for information on this topic:

Access to Care: Children Services, Access to Care: School-Based Oral Health Program, Prevention: Children Oral Health, Prevention: Sealant

Executive Summary: Complete after Section II: Detailed Activity Description. Please limit to 300 words in one or two paragraphs.

Provide a brief description of the dental public health activity. Include information on: (1) what is being done; (2) who is doing it and why; (3) associated costs; (4) outcomes achieved (5) lessons learned, both positive and negative.

In 2007, after the disturbing decrease of all state of oral health metrics for students ages 6-9 years, Oregon created a statewide school dental sealant program (SDSP) to implement an evidence-based, best practice public health intervention to improve oral health outcomes in school-age children. Initially, 3 of Oregon's 36 counties had sealant programs. From 2007-2020, Oregon Health Authority (OHA) and local sealant programs expanded to provide school dental sealant services in all of Oregon's 36 counties.

Oregon's 2014 healthcare transformation created a system of coordinated care and incentivized health metrics that expanded efforts to increase access to dental sealants.
As local programs sought to provide dental sealants in their communities, there became a need to coordinate school sealant efforts statewide, ensure Medicaid encounters, ensure quality services are provided, and centralize data collection. Legislation passed in 2015 moving OHA into an oversight role certifying all school dental sealant programs. The current budget for the mandatory certification program is $250,000 annually/$500,000 per biennium.

Outcomes include:

- Developing, implementing, and evaluating a SDSP certification program
- Implementing data collection and quality assurance measurements for SDSPs
- Certifying 19 local programs serving schools in all of Oregon's counties; providing ~77,000 sealants for almost 24,500 Oregon elementary and middle school students (prior to the onset of the COVID-19 pandemic)
- Providing required and optional training, technical assistance, and guidance for all aspects of the certification program

With no previous national or state example of SDSP certification, OHA's innovative program was modeled after other health services certification programs in Oregon. The certification program has evolved to address the unique particulars (mobile equipment, infection control, workforce, working in a school, school and student participation, multiple programs wanting to serve a school, etc.) related to SDSPs. It is vital to address these many issues prior to implementation or as soon as they arise.

SECTION II: DETAILED ACTIVITY DESCRIPTION

Provide detailed narrative about the dental public health activity using the headings provided and answering the questions. Include specifics to help readers understand what you are doing and how it's being done. References and links to information may be included.

Complete using **Arial 10 pt.

Rationale and History of the Activity:

1. What were the key issues that led to the initiation of this activity?

The 2007 Oregon Smile Survey found that every major measure of children's oral health had worsened compared to Oregon's first Smile Survey in 2002. The 2007 Oregon Smile Survey found a 7% increase in cavities and a 49% increase in untreated decay from 2002 to 2007 among first, second and third graders. As a result, legislators during the 2007 Oregon State legislative session provided the Oregon Health Authority (OHA) with state general funds to operate a school dental sealant program (SDSP). Prior to 2007, only three out of thirty-six Oregon counties had SDSPs. The legislature also passed House Bill 2867, allowing dental hygienists to determine the need for and place sealants without a dentist's supervision.

During the first school year of the program (2006-07), OHA's SDSP served 11 schools in three counties.

By the 2012-13 school year, the statewide SDSP had expanded to 158 schools in 25 counties. OHA also encouraged and trained local programs to provide school dental sealant services (SDSS). OHA would transition a state-served school to a local program when the local program proved capable of providing quality services with sustainable funding. This allowed OHA's limited resources to be allocated to expand to new, previously unserved schools. Counties with school sealant program participation increased from three counties in 2006 to thirty-one counties in 2013.

In 2014, there was an increased interest in providing SDSS as part of Oregon's 2011-2015 Oregon Health Plan (OHP-Medicaid) member focused health system transformation. Prior to 2014, OHP members were provided dental services by managed care through Dental Care Organizations (DCOs). This system continued as Oregon moved towards a coordinated care model with the 2012 creation of Coordinated Care Organizations (CCOs) to manage all health care (physical health care, addictions and mental health care, and dental care) for the Medicaid population. CCOs are focused on preventive care; locally governed to address community needs; operate within a global budget that grows at a fixed rate; accountable for health outcomes; and incentivized for providing quality services. CCOs were allowed to incorporate various healthcare disciplines into its model one at a time. Dental care was the last to be integrated as of July 1, 2014, and CCOs had to contract with every DCO operating in their service area.

In 2014, the Oregon's Metrics & Scoring Committee – the entity responsible for determining metrics that are used by CCOs to measure performance – selected a dental sealant incentive metric for CCOs that was used from 2015-2019: Children ages 6-9 and 10-14 who received a sealant on a permanent molar tooth. Using Medicaid claims data, CCOs had to work with the DCOs to provide dental sealants and reach a state-defined benchmark (20%) or improvement target. Due to this CCO incentive metric, OHA saw a large increase in the number of local organizations and DCOs, without any experience, intending to operate a SDSP.

Concurrent with health system transformation, from 2012-2015, OHA was piloting a voluntary certification program for SDSPs as part of a Health Resources and Services Administration (HRSA) oral health workforce grant. Since 2006, the number of local SDSPs contacting OHA for technical assistance steadily increased. At that time, there was no avenue to coordinate services statewide and to ensure consistent, high-quality services were being provided in the schools. OHA developed a voluntary certification program where local programs could be certified after receiving training and signing a Memorandum of Understanding (MOU) assuring that a minimum set of standards would be met while delivering services.

During the 2015 Oregon State legislative session, legislators passed Senate Bill 660 directing OHA to ensure availability of school dental sealant programs and adopting procedures for sealant program certification. The bill required the OHA statewide SDSP to move into an oversight role, transitioning its schools to certified local programs. Certification allows OHA to coordinate sealant efforts statewide and provide oversight to ensure quality services are being provided appropriately in the schools. Mandatory certification began in the 2016-17 school year.

2. What rationale/evidence (may be anecdotal) did you use to support the implementation of this activity?

Three main factors led to the 2015 legislation creating a statutorily mandated certification program for local school dental sealant programs:

- Ensure all dental sealant activities in Oregon were being encountered in the Medicaid system;
- Ensure quality dental services were being provided; and
- Coordinate school dental sealant efforts statewide.

The new CCO dental sealant financial incentive metric demonstrated that sealants were not being provided in Oregon. In 2013, before contracting with the CCOs, the DCOs provided sealants for 11.7% of Medicaid-eligible 6- to 9-year-olds and 8.6% of 10- to 14-year-olds. The sealants provided by the OHA statewide SDSP were not reflected in the incentive metric data. OHA did not bill Medicaid for school sealant services since it operated using state general funds. CCOs and DCOs requested that the OHA statewide SDSP transition OHA served schools to local SDSPs. Schools could be transitioned to a local program when the local program proved capable of providing quality SDSS with sustainable funding.

OHA trained several local programs to provide SDSS based on the documented set of protocols used by

the OHA statewide SDSP. OHA based its protocols on established research and recommendations from national organizations such as the Association of State and Territorial Dental Directors (ASTDD), Centers for Disease Control and Prevention (CDC), American Dental Association (ADA) and the Pew Charitable Trusts. Sealant retention for the OHA statewide SDSP ranged between 88% and 92% between 2006 and 2015 and had a school satisfaction rate of 99%. OHA used these protocols to develop the voluntary certification program, which was then used as a framework for developing the rules for mandatory certification.

The creation of CCOs and DCOs led to several regions in the state that had multiple overlapping CCOs and DCOs. In the most populated region of the state (Portland Metro area of Multnomah, Washington, and Clackamas counties), two CCOs and nine DCOs provided Medicaid services. With several of the DCOs requesting to provide school sealant services, there potentially could be a situation where multiple DCOs would serve only their members at a school. This would result in significant confusion for the schools, students, and parents/caregivers. State level coordination was needed for OHA to ensure SDSPs remained a health equity intervention. OHA established the certification requirement that dental sealant services, at a minimum, must be offered to all students regardless of insurance status, race, ethnicity, or socio-economic status.

3. What month and year did the activity begin and what milestones have occurred along the way? (May include a timeline.)

2003-07: Strategic planning to support dental sealant efforts statewide was conducted using federal funds from the CDC State-Based Oral Disease Prevention Program grant Oregon received.

2007: General funds established an OHA School Oral Health Programs Coordinator position and funded 10 portable dental equipment units.

2006-07: OHA operated a statewide school-based dental sealant program (SDSP) that served primarily elementary schools where at least 50% of the students were eligible for the National School Lunch Program. OHA statewide SDSP served 11 schools and local school dental sealant programs served 81 schools.

2007-08: OHA statewide SDSP served 43 schools and local programs served 96 schools.

2008-09: OHA staff trained a local program to provide school sealant services and transitioned 11 schools to that program. That allowed OHA to expand to more unserved schools. OHA statewide SDSP served 62 schools and local programs served 112 schools.

2009-10: OHA statewide SDSP served 142 schools and transitioned 6 schools to a local program. Local programs served 112 schools.

2010-11: OHA statewide SDSP served 142 schools and transitioned 9 schools to local programs. Local programs served 128 schools.

2011-12: OHA statewide SDSP served 141 schools and transitioned 2 schools to local programs. Local programs served 190 schools.

2012-13: OHA statewide SDSP served 158 schools and transitioned 7 schools to local programs. Local programs served 190 schools.

2013-14: OHA statewide SDSP served 153 schools and transitioned 2 schools to local programs. Local programs served 210 schools.

2014-15: OHA statewide SDSP served 143 schools and transitioned 7 schools to local programs. Local programs served 358 schools.

In 2014, dental care was incorporated into Oregon's Coordinated Care Organization (CCO) model for Medicaid. A dental sealant CCO financial incentive metric was adopted: Sealants for children ages 6 to 9 and 10 to 14.

In 2014, the Oregon statewide DSP was named one of 11 Best Practices by the Association of State and

Territorial Dental Directors.

In 2015, Oregon was acknowledged by the Pew Charitable Trusts as one of three states receiving all possible points for school dental sealant programs.
From 2012-2015: Oregon used federal grant funds from the HRSA Grants to States to Support Oral Health Workforce Activities to develop a voluntary certification program for local school sealant programs. Local programs could become certified after receiving training, signing a Memorandum of Agreement (MOA), complying with national quality standards, and submitting data to OHA. Two voluntary certification trainings were held in 2015 and 8 organizations signed an MOA with OHA.

July 27, 2015: Senate Bill 660 was signed into law requiring local school dental sealant programs to be certified by OHA before dental sealants can be provided in a school setting.

2015-16: A Rules Advisory Committee (RAC), consisting of 13 members and 8 subject matter experts, assisted in drafting Oregon Administrative Rules (OARs) 333-028 for the Certification Program for Local School Dental Sealant Programs. The rules outlined the requirements for certification; application process for certification and recertification; monitoring of local school dental sealant programs by OHA; and decertification or provisional certification for programs out of compliance. After a public comment process, final OARs were effective January 29, 2016.

Based on the certification rules, OHA required local dental sealant programs to first target elementary and middle schools where at least 40% of the students were eligible for the National School Lunch Program versus 50%.

OHA statewide SDSP served 80 elementary and 8 middle schools and transitioned 72 schools to local programs. Local programs served 382 elementary and 124 middle schools.

2016-17: Mandatory certification began in the 2016-17 school year for local programs. OHA conducted 4 certification trainings (attendance mandatory) and 20 local programs became certified - two of them were provisionally certified due to an inability to bill Medicaid.

OHA statewide SDSP served 57 elementary and 14 middle schools and transitioned 22 schools to local programs. Local programs served 390 elementary and 171 middle schools.

In 2017, the OHA's certification program was mentioned by the Children's Dental Health Project as a model to ensure sealant program quality.

2017-18: OHA statewide SDSP served 23 schools and local programs served 684 schools.

2018-19: OHA statewide SDSP served 17 schools and local programs served 712 schools.

May 2018: OHA amended the certification rules to allow for the application of glass ionomer sealants.

2019-20: OHA statewide SDSP served 17 schools and local programs served 742 schools.

2020-21: OHA statewide SDSP served 16 schools and local programs served 784 schools.

2021-22: All OHA served schools have been transitioned to local programs. OHA no longer operates a statewide SDSP to provide direct services. OHA's focus is on the Certification Program.

The sections below follow a logic model format. For more information on logic models go to: W.K. Kellogg Foundation: Logic Model Development Guide

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES

1. What resources were needed to carry out the activity? (e.g., staffing, volunteers, funding, partnerships, collaborations with various organizations, etc.)

State general funds and matching federal funds support the position of the OHA School Oral Health

Programs Coordinator and provide for supplies and travel expenses for site visits. The staff of the Oral Health Unit provides administrative, policy and data analysis support for the certification program for local SDSP. Staff provide ongoing technical assistance to local programs, which include partnerships with school districts, schools, Dental Care Organizations, Coordinated Care Organizations, Federally Qualified Health Centers, Community Health Centers, County Health Departments, and non-profit organizations.

INPUTS	**PROGRAM ACTIVITIES**	OUTPUTS	OUTCOMES

2. Please provide a detailed description the key aspects of the activity, including the following aspects: administration, operations, and services.

Administration

The OHA School Oral Health Programs Coordinator administers and oversees all aspects of the certification program for school dental sealant programs.

Operations

Prospective school dental sealant programs apply to OHA for initial certification. OHA reviews the applications ensuring that programs plan to follow the certification rules outlined in the Oregon Administrative Rules (OARs) for the certification program. The rules include, amongst others, requirements for coordinator and clinician training, data reporting requirements and ensuring Medicaid encounters.

Once a program is initially certified, they proceed to first work with the schools with a 40% or higher National School Lunch Program (NSLP) eligibility, are approved for the Community Eligibility Program, or located in a dental care health professional shortage area (HPSA) before serving higher income schools.

At the end of a school year, and prior to applying for annual recertification, the programs must submit a data report to OHA. The data report includes programmatic information and aggregated data from schools served. Data points collected include program retention rate, program participation permission form return rates, numbers of students screened for dental sealants, number of students receiving at least one dental sealant, number of sealants placed, and number of students referred for early or urgent care.

OHA's Research Analyst merges the data from all of the school sealant programs to prepare annual, consecutive, and comparative reports for the programs, OHA leadership and external partners.

Services

OHA provides required and optional technical assistance for school sealant programs. Program coordinators are required to participate in a one-time certification overview training. Program clinicians are required to participate in an annual clinical training. Programs can either develop their own clinical training or send their providers to OHA's clinical training.

Additionally, throughout the year, OHA provides technical assistance to programs on topics such as dental sealant materials, health equity, racism, working with LGBTQIA+ youth, infection prevention and control, and how to complete the various required certification documents.

OHA also conducts annual on-site certification site visits for each program. Site visits include review of all administrative (forms and policies) and clinical (on-site infection control and dental sealant placement) SDSP processes.

INPUTS	PROGRAM ACTIVITIES	**OUTPUTS**	OUTCOMES

3. What outputs or direct products resulted from program activities (e.g., number of clients served, number of services units delivered, products developed, accomplishments.)?

There are 19 certified school dental sealant programs operating in all 36 Oregon counties.
Schools served in each school year:

2016-17- OHA and local SDSPs served 632 elementary and middle schools
2017-18- OHA and local SDSPs served 707 elementary and middle schools
2018-19- OHA and local SDSPs served 719 elementary and middle schools
2019-20- OHA and local SDSPs served 759* elementary and middle schools
2020-21- OHA and local SDSPs served 800** elementary and middle schools (eligible and non-eligible)

*The onset of the COVID-19 pandemic in March of 2020 impacted 36% of schools scheduled for services.
**Due to the COVID-19 pandemic, 81% of schools did not receive dental sealant services. However, most local SDSPs provided other services for their connected schools. Alternate services included: Fluoride varnish, silver diamine fluoride, virtual oral health education, oral hygiene kits or services in their affiliated offices.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	**OUTCOMES**

4. What outcomes did the program achieve? (e.g., health statuses, knowledge, behavior, care delivery system, impact on target population, etc.) Please include the following aspects:
    a. How outcomes are measured
    b. How often they are/were measured
    c. Data sources used
    d. Whether intended to be short-term (attainable within 1-3 years), intermediate (achievable within 4-6 years), or long-term (impact achieved in 7-10 years)

School dental sealant program process outcomes are measured annually when the programs submit their annual data report to OHA. These process outcomes inform both short-term and long-term outcomes by measuring quality, school and student participation, and access to dental sealants.

The following SDSP data is tracked and compiled every year:

- Number/percentage of schools/grades served
- Number/percentage of students receiving screening and sealants
- Number of sealants provided
- Number/percentage of students referred for further treatment (early and urgent)
- Number/percentage of parent permission forms returned (yes and no)
- Annual sealant retention rate, per program

Budgetary Information:

NOTE: Charts and tables may be used to provide clarity.

1. What is the annual budget for this activity?

The budget for the biennium is $500,000. The annual budget is $250,000.

2. What are the costs associated with the activity? (Including staffing, materials, equipment, etc.)

Costs include OHA staffing, direct and indirect costs, supplies, training materials, and travel associated with site visits.

3. How is the activity funded?

State general funds and matching federal funds.

4. What is the plan for sustainability?

The Certification Program for Local School Dental Sealant Programs is statutorily required. Senate Bill 660, passed by the Oregon State Legislature in 2015, requires local school dental sealant programs to be certified by the Oregon Health Authority (OHA) before dental sealants can be provided in a school setting.

Lessons Learned and/or Plans for Addressing Challenges:

1. What important lessons were learned that would be useful for others looking to implement a similar activity? Was there anything you would do differently?

- Centralize coordination of school dental sealant activities statewide.
- Develop a process to address multiple programs requesting to serve the same school.
- Determine which data points will be collected and how they will be disseminated to interested parties.
- Conduct administrative reviews and in-person site visits to assure program integrity and adherence to certification standards and rules.
- Create a quality measurement to ensure quality services. Although caries reduction and health improvement are preferable measurements, they are not feasible for SDSPs. Measuring sealant retention is an acceptable proxy to measure quality services.
- Provide early, ongoing, specific technical assistance regarding the various aspects of certification including the rules, certification timelines, how to complete the certification application for and data report, and what to expect during a verification site visit.
- Provide clear expectations in the rules and inform the programs of the areas that they need to specifically follow or those that they may have some latitude in providing safe and quality services for their communities.
- Build into the certification rules flexibility for addressing state or public health emergencies.

2. What challenges did the activity encounter and how were those addressed?

- Local SDSPs may interpret or understand the certification rules differently, initially leading to program deficiencies. OHA partners with the programs during verification site visits and through technical assistance and guidance documents to support autonomous, unique programs to provide services in their communities, while operating with the utmost safety and quality.
- Some programs vied for schools that were already assigned to another program. OHA developed a consultation process where OHA met with the programs, schools and/or partner entities to equitably address the issue. OHA has had to further clarify the criterion used to determine what program will serve the school in subsequent rulemaking processes to amend the certification rules.

Available Information Resources:

Share any models, tools, and/or guidelines developed by the program specifically for this activity that may be useful to others seeking additional information. Hyperlink resources if possible.

OHA has included many resources and tools on the main website for the Certification Program for Local School Dental Sealant Programs located at **www.healthoregon.org/sealantcert**.

Materials posted online that may be helpful include:

- Oregon Administrative Rules (OARs) for the Certification Program
- OHA Infection Prevention and Control Guidelines
- Verification Site Visit Tool
- Data Report Draft Template
- Technical Assistance Webinar Recordings
- Training Resources

TO BE COMPLETED BY ASTDD
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