

Dental Public Health Activity Descriptive Summary

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Arizona Dental Sealant Program

The Arizona Department of Health, Bureau of Women's and Children's Health, Office of Oral Health has administered the Arizona Dental Sealant Program since 1987. This school-based dental sealant program targets children in 2nd and 6th grades attending eligible schools in Arizona. Arizona's children suffer from high rates of tooth decay and low prevalence of dental sealants. Findings from a 2015 Basic Screening Survey indicate that 65% of 3rd grad children had tooth decay experience and only 72% were in need of one or more dental sealants. Eligible schools are public and charter schools with a high proportion of students participating in the National School Lunch Program (free and reduced lunch program). All children in 2nd and 6th grade attending eligible schools are eligible to receive a dental screening; those who are uninsured, Medicaid and SCHIP beneficiaries, covered by Indian Health Services or by a state-funded primary care health care program and do not have private dental insurance also qualify for dental sealants. Counties health departments, community clinics, dental schools and non-profit organizations are contracted by the state Office of Oral Health to implement the program. The overall costs per child sealed range from \$65 to \$75.

Lessons Learned:

- School-based programs are an effective approach for identifying and accessing students who are most likely to benefit from sealant placement and least likely to receive them through the private dental care delivery system.
- Standardized data collection is important across counties to monitor oral health status and services delivered.
- Local dental providers are better able to leverage local resources than state staff.
- State legislation enacted in 2002 allows the AZDSP to receive reimbursement for Medicaid enrolled children. This helps sustain and expand the program and reaches Medicaid enrolled children who are not otherwise likely to obtain this service (approximately 58 percent of the children served by the sealant program are Medicaid/SCHIP insured children).
- Private donation dollars have allowed additional expansion of the program in specific areas of the state.
- New programs need time to address implementation. It can take several years for programs to establish relationships with schools and to develop cost savings measures.
- Teacher incentives do not seem to increase program consent rates.
- Annual training for grantees is a time to discuss challenges, share experiences and concerns.
- Attend back-to-school nights with a sealant program booth, hand out permission slips directly to parents, and collect the signed permission that night; and
- Utilization of collaborative practice dental hygienists has not been successful at this point in

the program because of the restrictions associated with billing Medicaid for services provided by these provider types.

- OOH is in the process of evaluating the sealant program implementation between the traditional model of implementation and the new public dental hygiene model. Evaluation is designed to inform the program both quantitatively and qualitatively on areas of needed improvement and enhancement.
- OOH is in the process of developing educational promotional tools for school administrators, school staff, parents and children. Implementation of these tools will be evaluated for effectiveness in increasing participation.
- SEALS software is not used because it does not meet the billing, reporting or accounting requirements of the program. The program utilizes an Oracle-based program in a .net environment which allows for a multi-level approach to program tracking, reporting, quality assurance and billing of dental claims.

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