

Dental Public Health Activity Descriptive Summary

Practice Number: 40007
Submitted By: Oregon Health Authority/ Public Health Division
Submission Date: March 2011
Last Reviewed: December 2017
Last Updated: December 2017

Oregon Statewide School Dental Sealant Program

The **Oregon Health Authority's (OHA's) Dental Sealant Program (DSP)** developed its model to follow the Association of State and Territorial Dental Directors (ASTDD) Best Practice recommendations. The DSP targets elementary and middle schools where at least 40% of the students are eligible for the Federal Free-and-Reduced Lunch Program. The OHA contracts with dental hygienists and assistants to provide screenings and sealants. The program targets 1st, 2nd, 6th, 7th graders that have parental permission (1st-8th graders in very small schools). The team (hygienist/assistant) transports and sets up the portable equipment, provides screenings and sealants, and manages the paperwork. Data is entered onsite into an iPad software program and is synced electronically and securely to an offsite server that forwards it to the home database. Students with immediate dental needs are referred for care through coordination with the school nurse. The DSP receives \$368,000 in state general funds per biennium. A federal match brings the total available funding to \$773,000 per biennium.

From 2007 to 2013, the DSP expanded from serving eleven schools in three counties to serving 158 schools in 25 counties, providing 16,581 sealants. The DSP trained eight local groups in the DSP model and, via a HRSA oral health workforce grant, piloted a voluntary certification program for sealant programs. In 2015, Coordinated Care Organizations (CCOs) responsible for serving Oregon's Medicaid population were incentivized to provide sealants for 6 -14 year olds. In 2015, the state legislature passed Senate Bill 660 requiring the OHA to ensure all schools had access to sealants and mandating that all school-based sealant programs be certified. By 2012, Oregon had met the Healthy People 2020 sealant objective. Statewide, school sealant programs increased from serving 26% of the eligible elementary schools in 2007 to serving 88% of eligible elementary and 69% of eligible middle schools in 2017.

Lessons Learned:

The OHA based all statewide DSP protocols on established research and on the recommendations from national organizations - the ASTDD, Centers for Disease Control and Prevention, American Dental Association, and the Pew Charitable Trusts. One important policy was that the DSP cause as little disruption to the school environment as possible. Consequently, the DSP maintained a 98% approval rating from the schools.

The OHA found it was useful to start a sealant program in one school in a county, gain that school's support and trust, and then use feedback from that school (quotes and contact names/emails) to encourage other schools to participate. The program began by using volunteer hygienists and assistants, but soon switched to contracting with providers. Retention improved with consistency and experience. The program retention ranged between 88 to 92% over ten years.

While most schools were eager to participate, some entire counties were reluctant. OHA staff always offered the program the ensuing year, providing positive comments from participating schools. Our patience paid off. The final two of Oregon's 36 counties did not accept a school sealant program until the past year (2017). Now all 36 counties have programs.

We had a few hygienists with unacceptable retention, so we changed our protocol to train new hygienists as follows: For the first entire day, a hygienist experienced in the program provides sealants with the new hygienist, acting first as the hygienist, then as the assistant. This routine ensures there is an understanding as to the appropriateness of sealant placement (on sound teeth and non-cavitated lesions) and that the manufacturer's guidelines are followed (adequate drying and isolation). The second day, the experienced hygienist is in the room while the new hygienist provides sealants (with an assistant – always 4-handed) and the experienced hygienist checks every sealant. Usually the process only takes two days.

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