



Dental Public Health State Activity Submission Form

ASTDD’s goal in collecting information about successful state Dental Public Health activities (e.g., practice, program, service, event, or policy) is to share this information with other states, territories, and stakeholders who may be interested in implementing similar activities. We thank you for your time and willingness to share your experiences.

Please complete the form below and return to Lori Cofano, ASTDD Best Practices Project Coordinator, at lcofano@astdd.org

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STATE DENTAL PUBLIC HEALTH ACTIVITY (e.g., practice, program, service, event, or policy) Minimum=300 Maximum=500	
Activity title:	Oregon Certification Program for Local School Dental Sealant Programs
State/Territory:	OR
Summary overview, which may include the following: <ul style="list-style-type: none"> Objectives Rationale Personnel Key partners Costs & sustainability 	
<p>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.</p> <p>Oregon’s 2014 healthcare transformation created a system of coordinated care and incentivized health metrics that expanded efforts to increase access to dental sealants.</p>	

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.

Lessons learned (Successes and **Challenges**):

- 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.
- 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.

TO BE COMPLETED BY ASTDD	
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