From Cate Wilcox, the maternal and child health manager, in response to questions from Sen. Bates about dental sealants on 5/13/13.

Oregon's Oral Health Program has demonstrated success in increasing the number of children with dental sealants. This success has growing sustainability because while OHA provides the services in schools, the program also establishes oral health infrastructure in schools and communities to continue providing those services. Some of the financial responsibility has been able to transition to local oral health groups. Some communities rally around the program and provide other oral health services like treatment, early childhood cavities prevention and dental sealants for the 6th/7th graders getting 2nd molars. The Oral Health Program is working to streamline reimbursement processes to further expand the reach and use of dental sealants.

Overall, since the program began:

- OHA increased from serving 11 schools in 2007 to 158 schools in 2013.
- Local programs have increased from serving 81 schools in 2007 to 188 schools in 2013.

School context:

- There are about 700 elementary schools in Oregon. When one considers charter, magnet, and private schools, there are about 800.
- There are approximately 480 eligible low-income schools in Oregon (schools where 50% of the students are eligible for the Free and Reduced Lunch Program [FRL]).
- The OHA School Sealant Program serves 158 schools; Local school sealant programs serve 188 schools. Total served = 346 schools (or 72% of eligible).
- OHA would like to expand to serve 100% of eligible schools (approximately 134 more schools, although this number fluctuates a bit due to changing FRL status and schools closing and merging).

Who receives sealants?

- OHA provides sealants for 1st & 2nd graders (when the 1st molars come in).
- It would be very beneficial to expand the program to provide sealants to include 5th, 6th & 7th graders when the 2nd molars come in. OHA can check for retention of the 1st molar sealants a measurable outcome.
- Some local programs have followed OHA recommendations and are providing sealants for 2nd molars. Example: Coos, Curry, Wasco counties.

Examples of successful transitions to local programs:

• All of the participating Lincoln (5 schools) and Yamhill county schools (12 schools) transitioned to local control. Staff attended OHA training and follow the model;

- Lane County attended the OHA training and now serves 95% of their eligible schools;
- 3 of the participating Linn County schools have transitioned to local programs, after the local program attended the OHA training;
- Two Douglas county programs began serving 17 schools after attending the OHA training. OHA continues to serve 7 schools in Douglas County;
- In Coos County, a local program now provides sealants for 6th & 7th graders in participating schools. They began to serve 1st, 2nd, 6th, and 7th graders in all 3 eligible Curry County schools.

Communities providing expanded preventive services:

- Local Hood River Oral Health Coalition provides vouchers to children who need treatment.
- Linn-Benton County helps with restorative treatment.
- The Marion County school nurse was finding treatment for every child that had restorative needs.
- The Oregon City School District is actively helping eligible students with treatment.
- Coos and Curry counties transition their students into treatment and provide education (local Ready to Smile Program)

Cate Wilcox, MPH

Maternal & Child Health Section Mgr

Center for Prevention & Health Promotion

Oregon Public Health Division

800 NE Oregon St. , Ste 825, Portland, Oregon 97232

Phone: 971.673.0299

cate.s.wilcox@state.or.us

www.public.health.oregon.gov

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