

## Waiver Project Proposal – Sealants & Surveillance System

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<b>Project Title</b>	<p><i>Expansion of School Based Sealant Programs and the Development of a Statewide Surveillance System</i></p>
<b>Rationale for the Project</b>	
<p><b>As children age, decay rates rise.</b></p> <ul style="list-style-type: none"> <li>• The 2010 Smile Survey found that 58 percent of third graders in Washington had experienced decay.</li> <li>• In 2000, the Surgeon General reported that dental caries was the most common chronic disease of childhood, with greater than 80 percent of children affected by late adolescence.</li> </ul> <p><b>After the age of 8, children’s utilization of dental care declines.</b></p> <ul style="list-style-type: none"> <li>• 2014 Medicaid data showed that utilization of dental services for the state reached a plateau between the ages of 4 and 8 with 67 percent of children accessing dental services at least once. At the age of 16 utilization drops to 50 percent and by the time kids reach the age of 20, only 17 percent accessed dental services.</li> </ul> <p><b>Oral health disparities exist.</b></p> <ul style="list-style-type: none"> <li>• Native American and Latino children experience higher rates of decay.</li> <li>• Low income children experience higher rates of decay.</li> </ul> <p>• <i>Supporting research (evidence-based and promising practices) for the value of the proposed project.<sup>i</sup></i></p> <p>Dental sealants are protective coatings that are placed on chewing surfaces to create a barrier between teeth and decay-causing bacteria. Sealants cover up to 90 percent of the area where decay normally occurs in children’s teeth. They are 100 percent effective when placed correctly and fully retained on the tooth. According to the Surgeon General’s Report on Oral Health (2000), sealants have been shown to reduce decay by more than 70 percent and are most cost-effective when provided to children who are at highest risk for tooth decay. The average cost of sealing one molar is less than one-third the cost of filling a cavity. Sealants may be applied in dental clinics or other settings such as schools with the use of portable dental equipment or a mobile van.</p> <p>School sealant programs are an effective way to provide sealants to large numbers of children at risk for tooth decay. The Centers for Disease Control recommends that sealant programs target children in the second grade (for sealing the first permanent molars that typically erupt at ages 6 to 7) and sixth grade (for sealing the second permanent molars that typically erupt between 11 and 13 years of age). The Centers for Disease Control also recommends that programs target schools where a minimum of 50 percent of the student population is eligible for federal free or reduced-cost lunch</p>	

programs, allowing programs to reach large numbers of high-risk children.

Sealants and school sealant programs are gaining attention nationally and Washington is not positioned to be a leader in this work. (*Health Care Quality Child Core Set Measures required CMS, EPSDT*)

*Relationship to federal objectives for Medicaid<sup>ii</sup> with particular attention to how this project benefits Medicaid beneficiaries.*

- School based sealant programs increase access to, stabilize and strengthen provider networks available to serve Medicaid and low-income student.
- School based sealant programs improve health outcomes for Medicaid and low income students.
- School based sealant programs increase the efficiency and quality of care for Medicaid and other low-income students by targeting high risk children and eliminating some barriers to access by providing services when children spend most of their time – at school.

### **Project Description**

*Which Medicaid Transformation Goals<sup>iii</sup> are supported by this project/intervention? Check box(es)*

- SBHCs reduce avoidable use of intensive services
- SBHCs improve population health, focused on prevention

*Which Transformation Project Domain(s) are involved? Check box(es)*

- **Health Systems Capacity Building**
  - Train dental hygienists to operate school based sealant programs.
  - Build system infrastructure at the state level to support the development and implementation of high quality school based sealants programs across the state.
  - Expand school based sealant programs across Washington.
- **Care Delivery Redesign**
  - Reduce barriers to accessing care – bring care to children where they spend most of their time, at school.
  - Successful models exist in Washington and can be replicated by other dental professionals.
  - Develop strong relationships between school based sealant providers and community dental professionals available to provide comprehensive care when needed.

### **Population Health Improvement – prevention activities**

- School sealant programs are a population health improvement strategy and can be placed in schools to reach the highest risk populations. A strong surveillance system and quality assurance measures are key in a successful school sealant program approach.
- A surveillance system would allow us to track kids over time and as they move in and out of schools. We would know who has sealants, who still needs sealants and who needs additional treatment – all of this would help increase the reach and effectiveness of programs.

*Describe:*

- *Region(s) and sub-population(s) impacted by the project. Include a description of the target population*

*(e.g., persons discharged from local jail facilities with serious mental illness and or substance use disorders).*

**Target Population:** Children ages 6, 7, 11, 12 and 13 in schools. Regions and sub populations to consider include:

- Schools with large numbers or greater than 50 percent of children enrolled in the Free and Reduced Lunch Program.
- Counties with lower Medicaid dental utilization for children under 20 such as Skamania (36%), Asotin (37%), Jefferson (38%), Clallam (39%), Wahkiakum (40%).
- Counties with high rates of third graders who have experienced decay. This data is available for 24 counties in the state. The state average is 58 percent, the three highest rates include Mason (74%), Franklin (66%), and Grant (66%).
- Communities with large numbers of Native American, Latino and low income children.
- Communities without fluoridated water.
- Dental Provider Shortage Areas.
- *Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity /reducing health disparities.*

**Goal:** Reduce dental decay among children, especially low income, Native American and Latino children, by increasing the number of children who receive sealants in school settings.

**Intervention:** Expand school based sealant programs in Washington. Build statewide infrastructure to support the delivery and expansion of high quality school sealant programs in Washington.

**Outcomes:**

- new school sealant programs
- \*Walla Walla is interested in bringing school sealant programs to some of their schools.

**Washington Dental Service Foundation can support public/private partnerships in this work, and will explore funding needs with those partners as appropriate.**

**Potential Partners:**

- The Health Center – Walla Walla
- Washington Alliance for School Based Health Care
- Department of Health
- Washington Association of Community and Migrant Health Centers
- Federally Qualified Health Centers
- Hygiene Association
- Public health departments
- Existing school based health centers
- Schools
- Managed Care Organizations: Molina has indicated support for this sealant project.

**Core Investment Components**

**Costs:**

It is estimated to cost about [\\$30k to purchase the supplies](#) to start a two chair school based sealant program.

- *How many people you expect to serve, on a monthly or annual basis, when fully implemented?*

Three thousand children per 2 chair program.

- *How much you expect the program to cost per person served, on a monthly or annual basis?*

According to the Surgeon General’s Report on Oral Health (2000), sealants have been shown to reduce decay by more than 70 percent and are most cost-effective when provided to children who are at highest risk for tooth decay. The average cost of sealing one molar is less than one-third the cost of filling a cavity.

A [cost analysis](#) of Ohio’s school sealant programs indicated that the cost per child receiving sealants in a school sealant program was in the range of \$57-\$63.

- *How long it will take to fully implement the project within a region where you expect it will have to be phased in.*

With focused efforts it could take one year to develop a school sealant program to become fully operational and self-sustaining. It may take up to three years to spread school sealant programs to high need areas of the state.

- *The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.*

The average cost of sealing one molar is less than one-third the cost of filling a cavity.  
 If x percent of third graders have experienced a cavity, multiply that by the cost of a filling.  
 250,000 third graders in Wa state \* 58% have experienced decay = 145,000  
 145,000 \* \$2000(cost of cavity over a lifetime, data from year 2000) \$290,000,000....cost of delivering a psealant program to 145,000 \* \$63/per child = 9,135,000  
 \$290,000,000 - 9,135,000 = **\$280,865,000**

**Project Metrics**

- Surveillance data collection tool in place
- School sealant programs trained in use of data collection tool
- School sealant programs submit data
- School sealant program strengths and weaknesses identified and shared or addressed through technical assistance to improve program performance.