

PROJECT ABSTRACT

Project Identifier Information

Project Title: Children's Dental Sealant Project (CDSP)
Project Number: 1 H45 MC 00024-01
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Project Period: June 15, 1999 to June 14, 2002

- I. **PURPOSE OF PROJECT:** While significant improvements in the nation's oral health have occurred in recent years, these gains have not been experienced equally by all Americans. Advances in dental science and technology over the past twenty years have made it possible for many children in California to be protected from tooth decay, however, oral diseases continue to be the most prevalent and also the most untreated diseases of children in the State. Findings from the California Oral Health Needs Assessment of Children, 1993-94, and a dental care needs assessment conducted by San Ysidro Health Center in 2000, indicate that the oral health of California's children is decidedly worse than the national average.

- II. **GOALS AND OBJECTIVES:** The goal of SYHC's Children's Dental Sealant Program (CDSP) is to strive to meet the national goals of the U.S. Public Health Service initiative, Healthy People 2000, in reducing the rate of dental caries of children in targeted elementary schools, and at SYHC WIC sites.

Objective 1: Target 950 to 1,200 children age 6-8 at four elementary schools.

Objective 2: Provide dental examinations to 760-960 children at target schools.

Objective 3: Apply dental sealants to the caries free chewing surfaces of molar teeth of 50 percent or more of participating children.

Objective 4: During follow-up examinations, 90 percent of dental sealants will be retained after six months.

Objective 5: All children diagnosed with oral health disease will be referred to an appropriate level of dental care. Children who do not have dental insurance will be referred to eligibility benefit programs (CHIP/Medi-Cal), or to SYHC's PHS-funded dental clinic for sliding-fee services.

Objective 6: Initiate an early childhood caries (ECC) prevention program at SYHC WIC sites by June 1, 2000.

III. METHODOLOGY: San Ysidro Health Center collaborated with the San Diego County "Smiles" Dental Program at five elementary schools to provide children in grades 2-4 with a full continuum of preventive dental care services. SYHC purchased portable dental equipment and utilized existing dental employees to staff the project. SYHC operated the school-based project between January and June each year to facilitate the School District's scheduling needs. The Smiles program provided oral health education, weekly-supervised fluoride mouthrinsing, and daily dry brushing. SYHC provided oral health examinations, the application of dental sealants, referral for follow-up care, and retention checks. All services were provided free of charge. After dental examinations were conducted, SYHC provided parents with an oral health "status" report that clearly documented the findings of the examination and

recommendations for follow-up care using a format that was easy to read and understand. Children who did not have dental insurance were assisted within the limits and scope of the project to apply for eligibility benefits such as Medi-Cal and Healthy Families – the California SCHIP program, or were referred to SYHC’s PHS-funded dental clinic. Children diagnosed with tooth decay, or other oral disease, were referred to an appropriate level (general or specialty) of dental care. A sample of children participating in the program received a one-year, and in some cases, a two-year sealant retention check to assess the quality of sealants. Lost sealants were replaced.

Through supplemental funding obtained from the California Endowment, SYHC developed and implemented an early childhood caries (ECC) prevention program at its main WIC site, where services include oral health education, oral health screenings for children ages 0 – 5 years, application of fluoride varnish and referral to SYHC for follow-up dental care. This project will be expanded to SYHC two other WIC facilities as funding permits.

- IV. EVALUATION: SYHC focused its evaluation effort on analyzing program infrastructure and partnerships, determining the quality of clinical services, and analyzing system linkages. SYHC feels that the project was successful and achieved desired outcomes in each area.

- V. RESULTS/OUTCOMES: SYHC achieved the following major results and outcomes based on funding received for this project: (1) 1,095 children received free dental

examinations; (2) 864 children received free dental sealants on caries free permanent molar teeth; (3) 56 percent of eligible children received dental sealants, exceeding the target percentage established in Healthy People 2010; (4) SYHC developed a sustainable project, which is capable of continuing for years to come; and, (5) 1,431 parents have received oral health education and 1,449 children ages 0-5 years received exams and fluoride varnish as a preventive care measure through the WIC interventions.

VI. PUBLICATIONS/PRODUCTS: SYHC developed a significant number of forms, flyers and other products to: (1) promote the project, (2) educate parents, school officials and faculty, and (3) provide a method for documenting dentist's findings, treatment provided and follow-up exams.

VII. FUTURE PLANS/FOLLOW-UP: SYHC management and dental staff and School District officials feel that the project has been very successful and should be continued. SYHC has developed the infrastructure, staff capabilities and operational capacity required to successfully sustain and operate the project for years to come.

IX. TYPE/AMOUNT OF SUPPORT AND RESOURCES NEEDED TO REPLICATE: In order to replicate SYHC's project (i.e., personnel, equipment, transportation, equipment and supplies), start-up costs have been estimated at between \$30,000 - \$100,000 for the first year of operation. The lower cost estimate assumes available existing resources. Health centers interested in starting a sealant project should purchase a "Seal America" manual.

SAN YSIDRO HEALTH CENTER
Community and School Based Dental Sealant Project

I. PURPOSE OF THE PROJECT AND RELATIONSHIP TO SSA TITLE V

MATERNAL AND CHILD HEALTH (MCH) PROGRAMS: Recent research has shown that many Californians do not receive regular dental care, although oral diseases are among the most prevalent of all chronic health conditions. Advances in dental science and technology over the past twenty years have made it possible for children in California to be protected from tooth decay, however, oral diseases continue to be the most prevalent and also the most untreated diseases of children in the State. Like many chronic and acute health conditions, dental disease impacts high-risk minority communities disproportionately through poor oral health outcomes and less access to care. Racial and ethnic minorities, the poor and dentally uninsured experience the highest rates of untreated oral diseases.

SYHC's primary service area is South Suburban San Diego County. This geographic area, commonly referred to as South Bay, has a total population of 307,303 and encompasses the communities of San Ysidro, Chula Vista, Imperial Beach and National City. According to 2000 census data, the South Bay area has the highest concentration of Latinos in San Diego County.ⁱ Latinos make up 75.8 percent of San Ysidro's population.ⁱⁱ Over 30 percent of San Diego County's Latinos, under 200 percent of Federal Poverty Level, are uninsured.ⁱⁱⁱ The number of elementary-age students qualifying for free or reduced school lunches in public schools doubled in the 1990s, while the number of limited English speakers rose more than 100,000. Much of

SYHC's service area has been designated as both a primary medical care health professional shortage area (HPSA) and a medically underserved area (MUA). In addition, a 1998 report by the Center for California Workforce Studies at the University of California San Francisco, the southern portion of SYHC's service area has been identified as a "Dental Health Professional Shortage Area", with a dentist-to-population ratio of 0:5,000 – 1:5,000.^{iv}

Findings from the California Oral Health Needs Assessment of Children, 1993-94, indicate that the oral health of California's children is decidedly worse than the national average. Some of the key findings from the study include:

- The percentage of 6-8 year-olds with untreated decay was more than twice as high as the U.S. average for this age group in 1986-87, and 175% higher than the Year 2000 objective for the nation.
- Only 10 percent of California's 6-8 year-olds had received sealants as opposed to the U.S. average of 21 percent for this age group.
- Only 27 percent of 6-8 year-olds and 29 percent of 15 year olds were caries free (had never had a cavity) compared to the U.S. average of 47 percent from the 1986-87 comparison study.
- 55 percent of 6-8 year-olds and 45 percent of 15 year-olds had one or more teeth with untreated dental decay.
- The incidence of untreated decay was highest among minority populations. Among 6-8 year-olds, 60% of African-Americans, 66% of Latinos, and 71% of Asians had untreated dental decay.

Between January and May 2000, SYHC dentists screened 2,013 children age 0-5 years, as part of a dental care needs assessment of South Bay. Results of SYHC's study are similar to those of an earlier state wide assessment conducted by the Dental Health Foundation, and further illustrates that oral disease is epidemic in our children. Preliminary findings of the SYHC study include the following:

- Sixty-nine (69) percent of children screened had untreated dental decay.
- Sixty-one (61) percent of the children screened had never visited a dentist.
- Fifty (50) percent of children lacked dental insurance.^v

South San Diego County children are plagued with dental diseases that cause them pain, distract them from play and school, disfigure their smiles, and make it difficult to eat. In San Diego County, dental disease is the most common health problem documented in Child Health and Disability Prevention (CHDP) examinations and dental surgery is the most frequent surgery performed at Children's Hospital and Medical Center. Given the combination of long-standing barriers to care; access to dental care for the mostly low-income minority population living in South Bay can best be described as poor.

Sealants are an important part of caries prevention, both in individual care settings, and in school and community-based prevention strategies. With nearly 20 years of extensive research, sealants have been proven to be effective, reliable and easily applied by dentists, dental hygienists, and other specially trained auxiliaries. In spite of their effectiveness and ease of application, SYHC dentists found that sealants were

under used, especially in low-income and ethnic/racial minority populations attending local elementary schools.

Additionally, SYHC operates three WIC (Women, Infants and Children) programs in San Ysidro, National City and Chula Vista. Combined, these sites have over 10,000 clients and generate nearly 120,000 client visits annually. While preventive oral health education and anticipated guidance is provided at specified intervals by WIC nutritionists, this effort has limited focus and impact. This gap in the preventive continuum of dental care services leaves low-income pre-school and school age children in the SYHC target area at risk for increased dental disease.

- II. **GOALS AND OBJECTIVES:** The goal of SYHC's Children's Dental Sealant Program (CDSP) is to strive to meet the national goals of the U.S. Public Health Service initiative, Healthy People 2010, in reducing the rate of dental caries of children in targeted elementary schools, and at SYHC WIC sites.

The following information describes the key objectives and briefly outlines how they relate to the purpose of the project.

Objective 1: Target 950 to 1,200 children ages 6-8 at four elementary schools, La Mirada, Smythe, Sunset and Willow.

Initially, SYHC began working with only the four schools described in the original application. However, seeing the benefit of the project, school officials asked SYHC to

include Beyer Elementary School as a “project” school. Over the course of the three-year project period, SYHC targeted 1,542 children to receive oral health screenings and dental sealants.

Objective 2: Provide dental examinations to 760-960 children at target schools.

Over the three-year project period, SYHC dentists conducted dental examinations of 1,095-second grade students at the five elementary schools. Given the documented poor oral health status of children living in SYHC’s service area and the need to reduce oral health disparities among the target population, this objective served as the catalyst to help parents and caregivers understand their children’s oral health care needs and need for regular oral health check-ups. SYHC developed a “Dental Report Card” that outlined the specific findings of the dentist’s exam for each participating child. School health-aides helped insure that parents received the report cards and helped coordinate care for children identified with significant oral health needs to insure that needed dental care was obtained.

Objective 3: Apply dental sealants to the caries free chewing surfaces of molar teeth of 50 percent or more of participating children.

During the three-year project period, of 1,542 children enrolled in the target schools, 56 percent (864 children) had sealants applied to their permanent molars.

Objective 4: During follow-up examinations, 90 percent of dental sealants will be retained after six months.

Over the course of the three-year project, SYHC dentists examined the sealants of 292 children to determine the dental sealant retention rate. Findings of these exams indicate that 88 percent of dental sealants were retained after one year. Although this retention rate is lower than the target percentage, SYHC feels that performance in achieving this objective was satisfactory.

Objective 5: All children diagnosed with oral health disease will be referred to an appropriate level of dental care. Children who do not have dental insurance will be referred to appropriate eligibility benefit programs (CHIP/Medi-Cal) for assistance, or to SYHC's PHS-funded dental clinic for low-cost direct dental care services.

All children examined during the project received a "Dental Report Card" to take home to their parents. The oral health report card was designed to be easy for the examining dentist to complete, and in a format that parents could read and understand. The document has several checklists that outline: (1) dentist's findings; (2) preventive procedures performed; (3) reasons why sealants couldn't be applied; and, (4) recommendations. In addition to the checklists, there is a section for the dentist to write suggestions to the parent(s).

All children in need of dental care were referred to SYHC's main clinic site. Although

unable to document how many children came to the clinic for follow-up care in Years-1 and 2, SYHC tracked 98 children for follow-up care in Year-3. Children requiring immediate dental care services due to decay, pain and/or infection received free dental care services to reduce the immediate problem. In many cases, children in need of emergent dental care services were often undocumented and living in low-income families, and therefore not eligible for Medi-Cal, Healthy Families - California's S-CHIP program, or other local eligibility benefits. In such cases, where the family was very-low income, SYHC dentists often completed all required dental care for these children at no cost to the family. Children in families with a steady income were entered into SYHC's sliding fee scale program.

In its original proposal, SYHC indicated that eligibility workers would assist families/children to apply for appropriate eligibility benefits. SYHC attempted to accomplish this task using several methods; some with better results than others. The preferred method was to have SYHC eligibility workers present at the schools to meet with parents and complete paperwork on site or establish appointments with parents to complete the appropriate application. However, shortly after the project was initiated in Year-1, the San Ysidro School District decided to run its own eligibility assistance program and would not allow SYHC to conduct eligibility screenings on school property. In Year-2, SYHC sent flyers home to parents, however this process did not work very well. In Year-3, SYHC added an item about assistance applying for eligibility benefits to its consent form. This approach had limited success - SYHC assisted 37 families to apply for eligibility benefits. After several years of dismal

performance attempting to enroll students in eligibility benefits, the San Ysidro School District has invited SYHC to provide on-site enrollment services. SYHC has one of the highest SCHIP enrollment rates in San Diego County.

Objective 6: Integrate an intensive early childhood caries (ECC) prevention program at all SYHC WIC sites by June 1, 2000.

Although the project was not fully initiated until late 2000, it has proven to be very successful. This project targets mothers/caregivers with children ages 0-5. Based on the results of SYHC's 2000 Needs Assessment, this population has very little access to oral health care services since most dentists do not treat children under age 6. SYHC out-stations a dental team (dentist, two dental assistants, an outreach worker and a *promotora* – an unpaid community health worker) at its main WIC site every Friday. The dental team provides a one-hour educational class to parents about ECC and then children ages 0-5 years receive a free dental screening and fluoride varnish application. To date, 1,431 parents/caregivers have participated in the educational classes and 1,449 children have received free dental screening/fluoride varnish through this project, funded by the California Endowment. Families participating in this portion of the project are also referred to SYHC for follow-up dental care.

Although not focused on dental sealants, this portion of the program is extremely important to developing parental awareness regarding preventive oral health measures for infants, toddlers and young children. Many children screened as part of the sealant

project are ineligible for sealants due to existing decay of their permanent molars. By combining the ECC prevention program with regular dental care and the age appropriate application of dental sealants, SYHC has developed a “continuum of oral health services” to help children grow up caries free.

III. METHODOLOGY: Over the past three-years, SYHC has developed its collaboration with the San Ysidro School District to provide dental exams and dental sealants to second grade students. Due to scheduling limitations dictated by the School District’s schedule, i.e., breaks, holidays and annual testing, SYHC’s sealant program has operated from January to June each year. During this intense period, SYHC sets up portable equipment at each of the schools and a dental team composed of a dentist, a registered dental assistant – extended function, two dental assistants, and the program coordinator, rotates to each school providing exams and sealants based on the “Seal America” model (see Attachment A, Photos of Project). Historically, children identified with severe decay, oral pain and/or infection during the exam process have been fast-tracked to SYHC’s 12 operatory dental clinic, which is centrally located within a mile of each participating school.

The following summary outlines SYHC’s experience establishing its program during the three-year project period:

Year-1

In its original proposal, SYHC intended to conduct the oral health screenings at each of

the schools and refer children with caries free molars to its 12-chair dental clinic to have sealants applied. However, MCHB urged SYHC to test a mixed model of on-site school-based services and referral to its dental clinic for sealants.

In preparation for providing services at the schools, SYHC purchased enough portable equipment to outfit two school-based operatories. SYHC used the “Seal America” model for the delivery of school-based services. Although the delivery of services was well planned, Year-1 participation was much lower than expected. SYHC experienced great difficulty getting parents to return consent forms so children could take advantage of free oral health services. Although staff made several attempts to obtain parental consent, only 64 percent of children participated in the project during Year-1.

As the school year came to a close in Year-1, SYHC issued 200 “sealant vouchers” to the parents of second grade students who failed to participate in the school-based program during the school year. The sealant vouchers, in English and Spanish, could be redeemed at SYHC’s dental clinic for a free dental exam and the application of dental sealants. Of the 200 vouchers issued, only five children took advantage of the opportunity. During Year-1, a total of 331 children received dental screenings and 233 children received dental sealants.

Year-2

Given the mediocre outcome experienced in Year-1, SYHC staff redefined their approach to obtaining the most crucial item necessary to successfully accomplishing the

project's stated objectives – parental consent. Based on discussions with school staff, in Year-2 SYHC began offering each class an incentive to return signed parental consent forms. Each class that returned 100 percent of the consent forms would receive a pizza party. This incentive worked well and out of 517 children, 329 children returned their consent forms. During Year-2, 329 children received dental exams and 266 children received dental sealants.

As part of Year-2 activities, SYHC conducted sealant retention exams of 167 children still in the school district, who had sealants applied during the first year of operation. Results of these exams indicated that 90 percent of sealants had been retained one year after application. Missing sealants were reapplied.

At the end of the school year, SYHC issued revised “sealant vouchers” to parents of children who did not participate in the project during the school year. While staff anticipated that a majority of eligible children would participate, again only a hand full took advantage of the opportunity. Given two years of failing to have children come to SYHC for free exams and sealants, SYHC abandoned this approach.

Year-3

Building on the success of Year-2, SYHC continued to provide the pizza party incentives. Of 506 children in the second grade class, 435 children (85 percent) returned their consent forms. During Year-3, 435 children received dental exams and 365 children received dental sealants.

As in Year-2, SYHC conducted sealant checks on the 125 third grade students and 79 fourth grade students who had sealants applied in subsequent years. For the 125 third grade students, 438 sealants had been applied in Year-2; 87 percent were still intact. Of the 79 fourth grade students examined, 284 sealants had been applied in Year-1; 89.7 percent were still intact after two years. Missing sealants were reapplied.

Follow-up Care - As previously stated, SYHC sent “Dental Report Cards” to parents as a means of informing them about their children’s oral health status and recommendations for follow-up care. During Years-1 and 2, staff was unable to track the number of children who received follow-up care at SYHC’s dental clinic. In Year-3, staff was able to track this data and found that 98 children (22.5 percent) seen through the program in Year-3 had followed up at SYHC for care. No attempt was made to track children who may have sought care at private dentists’ offices.

IV. EVALUATION: SYHC’s main evaluation effort focused on the process and outcome objectives outlined in its initial grant proposal, which have previously been reported on in Section II above. Specific effort was focused on evaluating the numbers of children examined, number of children receiving sealants, and percent of sealants retained, etc. However, staff also developed a database to evaluate the following types of information for use in future projects:

- Number of teeth sealed by tooth number
- Number of tooth surfaces sealed

- Number of decayed teeth by tooth number
- Number of lost sealants by tooth number

See Attachment B, for an example of the level of information tracked for evaluation purposes.

V. RESULTS/OUTCOMES: During the three-year project, SYHC achieved the following major results and outcomes:

1. 1,095-second grade students received free dental examinations.
2. 864-second grade students received free dental sealants on caries free permanent molar teeth.
3. 56 percent of second grade students received dental sealants, exceeding the target percentage established in Healthy People 2010 by six percent.
4. SYHC developed a sustainable project, based on the “Seal America” model.
5. SYHC intends to continue and expand the school-based sealant project during the 2002-2003 school year. Initial grant funding has been obtained for Year-4 activities.
6. 1,431 parents have oral health education and 1,449 children ages 0-5 years received an oral health screening and fluoride varnish as a preventive care measure through the WIC interventions.
7. Reduced susceptibility to decay in sealed teeth.
8. The use of incentives was key to obtaining signed consent for treatment forms. The children’s desire for the incentive was a powerful force in

getting parents to complete the necessary program paperwork.

9. The “Seal America” manual provided the basis for all activities including training, purchase of equipment, set-up, and coordination with the schools and execution of the project. Anyone interested in establishing a successful dental sealant project should follow the format outlined in this manual.

VI. PUBLICATIONS/PRODUCTS: SYHC developed a variety of products as part of its dental sealant project. Unless otherwise specified, all items are in English and Spanish.

1. Letter to parents – This document was sent to parents weeks in advance of the project arriving at the school. The purpose of this document is to inform parents about the project and its benefits.
2. Policies and Procedures for the Dental Sealant Project – These documents outline specific duties and responsibilities for each member of the “sealant team” while working at schools. They are designed to insure daily activities run smoothly and efficiently.
3. Student Record – The dental team uses this coded form to record the dental exam, application of sealants and one-year sealant retention exam. The form also has space for insurance information, dentist’s notes and dentist’s signature. This form is produced in English only.
4. 4th Grade Student Record – The dental team uses this form to document the findings of second year follow-up retention checks.
5. Dental Report Card – This product was developed primarily to inform parents

about the results of the dentist's examination and to identify specific oral health care needs. Although it was primarily designed to transfer information to the parent, it also serves as an educational tool that the parent and child may look at together.

6. Dental Sealant Flyer – The primary target audience for this item is parents and to a limited degree school staff and teachers. The goal of this flyer is to provide limited education about sealants. This flyer was part of a package that was sent to parents with the consent for treatment forms.
7. Consent Form – This form was used to: (1) obtain consent for exam and treatment; (2) obtain a basic health history; and (3) obtain insurance information for billing purposes.
8. 2nd Year Follow-up Consent – In order to insure parents were aware and consented to treatment, a separate form was used to obtain consent for second and third year sealant retention checks.
9. Power Point Presentations - These presentations were used to educate parents and school faculty at PTA and similar meetings. Due to the limited time allocated for these presentations, most slides have a graphic and cover the main idea in English and Spanish.
10. Pizza Party Flyer –This flyer was posted in the classrooms and sent home with children as part of the consent form package.
11. “News” Flyer – This flyer (English only) was also posted in classrooms and sent home to parents with the consent form package.
12. Gift Certificate – Several versions of these vouchers were developed and sent

to parents of children who did not participate

All forms, publications and presentations are available upon request. Some items such as the “student record” were designed in a Visio format, and are only available in hard copy. In order to obtain certain items, such as the PowerPoint presentations, there may be a small charge, or you may be asked to provide a CD. For details about how to obtain these items, please contact SYHC at the following:

San Ysidro Health Center

Attention: Lucy Golding

4004 Beyer Boulevard

San Ysidro, California, 92173

or

Phone: (619) 205-6326 – Lucy Golding

E-mail: lgold@syhc.org

VII. FUTURE PLANS/FOLLOW-UP: SYHC is preparing to continue its dental sealant project for the 2002-2003 school year. SYHC has obtained nearly \$30,000 in grant funds to help operate the project. As previously discussed, at the request of the School District, SYHC’s sealant project operates from January – June. SYHC intends to expand its sealant program during the 2002-2003 school year to include children in grades two through five, as well as add another school – Ocean View Hills Elementary School. SYHC’s decision to expand the project is based on its experience conducting follow-up sealant retention exams. SYHC has built capacity with its sealant project over the past three-years. While many of the children are considered transient, although

their addresses change many remain in one of the schools served by SYHC's sealant project. Since approximately 50 percent of children in grades three through five have already received sealants in prior years, SYHC feels that the dental sealant project can provide exams and sealants for the 50 percent of children who are new to the School District or who have not participated in past years.

In addition, SYHC plans to continue and expand its ECC prevention intervention project at its main WIC site and through its prenatal program. SYHC is interested in expanding its "continuum of oral health care services" for infants, toddlers, young children and adolescents. The overarching goal of these planned expansion activities is to help children remain caries free from birth to adulthood.

IX. TYPE/AMOUNT OF SUPPORT AND RESOURCES NEEDED TO

REPLICATE: Establishing a dental sealant program can be extremely complicated. Based on SYHC's experience, health centers interested in starting a program should obtain a copy of the "Seal America" manual and video. This product was extremely helpful and provides guidance for coordinating with schools, planning and purchasing equipment, staffing the project, set-up and operations.

In order to replicate SYHC's sealant model, health centers will need the following:

1. Equipment – SYHC purchased approximately \$25,000 of portable equipment.

2. Personnel – Since SYHC operates a large 12-chair dental clinic; all staff (six dentists and 11 dental assistants) participated in the sealant project. A typical rotation included the following staff:

- a.) 1- Dentist
- b.) 1- Project Coordinator (Senior Dental Assistant)
- c.) 1 – Registered Dental Assistant – Extended Function
- d.) 2 – Dental Assistants

Grant funding was essential during Years-1 and 2 to insure that the project was able to cover staff salaries and break even financially. Since the number of children who have dental insurance fluctuates from year to year, SYHC has aggressively sought a variety of grant opportunities to offset the cost of running the project. During Year –3, SYHC was finally able to bill for services for 259 (59 percent) of the 435 children participating in the project. The ability to generate program revenue through third party payors will allow SYHC to sustain the project for the 2002-2003 school year.

3. Transportation of equipment - SYHC did not purchase or lease a vehicle to support program activities, but utilized an existing company vehicle and donations from Patterson Dental Supply Company to move the portable dental equipment from site to site.

4. Equipment Maintenance – SYHC has been fortunate to establish an excellent working relationship with Patterson Dental Supply Company. SYHC

purchased its portable dental equipment from Patterson and has received excellent donated support from the company. During Year-2 Patterson volunteered to help set up and test the portable equipment at each school site.

5. Supplies – Annual supply costs averaged \$3,000 - \$5,000. Several dental supply companies, Patterson and J.B., donated supplies (tooth brushes, sealant materials, etc) in limited quantities.

ⁱ The San Diego Union-Tribune, Wednesday, April 4, 2001.

ⁱⁱ The San Diego Union Tribune, Sunday, April 1, 2001.

ⁱⁱⁱ *Improving Access to Health Coverage – Draft Report, October 1999*, The Pacific Health Policy Group.

^{iv} *Geographic Distribution of Dentists in California – Dental Shortage Areas, 1998*, Center for California Health Workforce Studies, University of California San Francisco, January 2000.

^v *Dental Care Needs Assessment for Children – Age 0-5 Years, June 2001*, Principal Investigator, Francisco J. Ramos-Gomez, DDS, MS, MPH, San Ysidro Health Center.

SAN YSIDRO HEALTH CENTER
Community and School Based Dental Sealant Project

Annotation: Findings from the California Oral Health Needs Assessment of Children and an Oral Health Needs Assessment conducted by San Ysidro Health Center (SYHC) in 2000 indicate that the oral health of California's children is worse than the national average. SYHC's Children's Dental Sealant Program collaborates with the San Diego County "Smiles" Program to provide a continuum of preventive dental care services to children in five elementary schools. CDSP has developed an early childhood caries (ECC) prevention program, which has been implemented at SYHC's main WIC site. The goal of CDSP is to strive to meet the national goals of the U.S. Public Health Service initiative, Healthy People 2010, for improving the oral health of children.

Key Words: Access to Health Care; Community Based Health Education; Community Based Health Services; Community Based Preventive Health; Preventive Health Care; Preventive Health Care Education; School Health Services.