



La Clinica de la Raza and Alameda County Public Health Department Collaborating for A Sustainable School Sealant Program

Ariane Terlet, DDS, Dental Director, La Clinica de la Raza

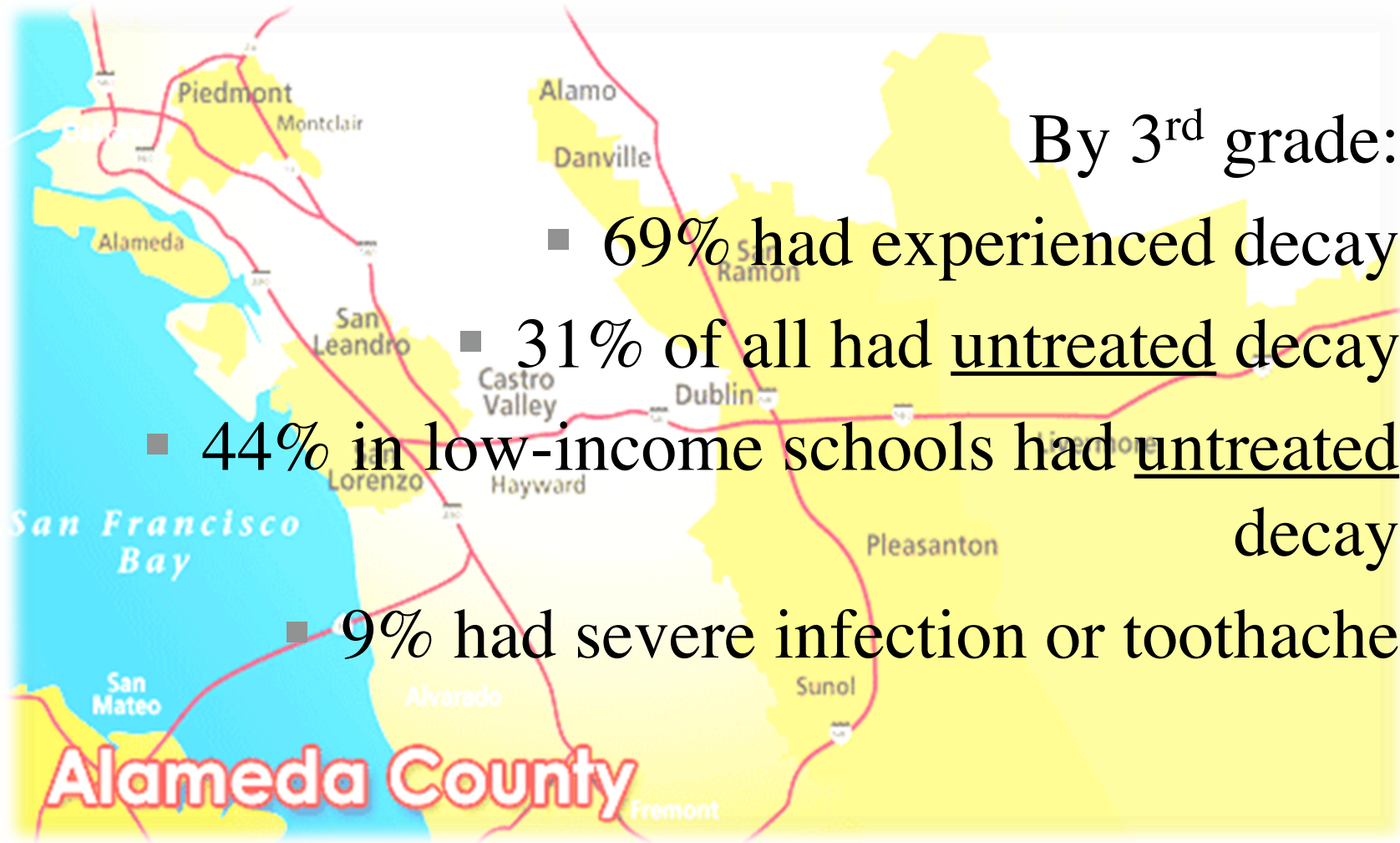
Jared Fine, DDS, MPH, Dental Health Administrator,
ACPHD

2007 National Primary Oral Health Conference

December 10, 2007

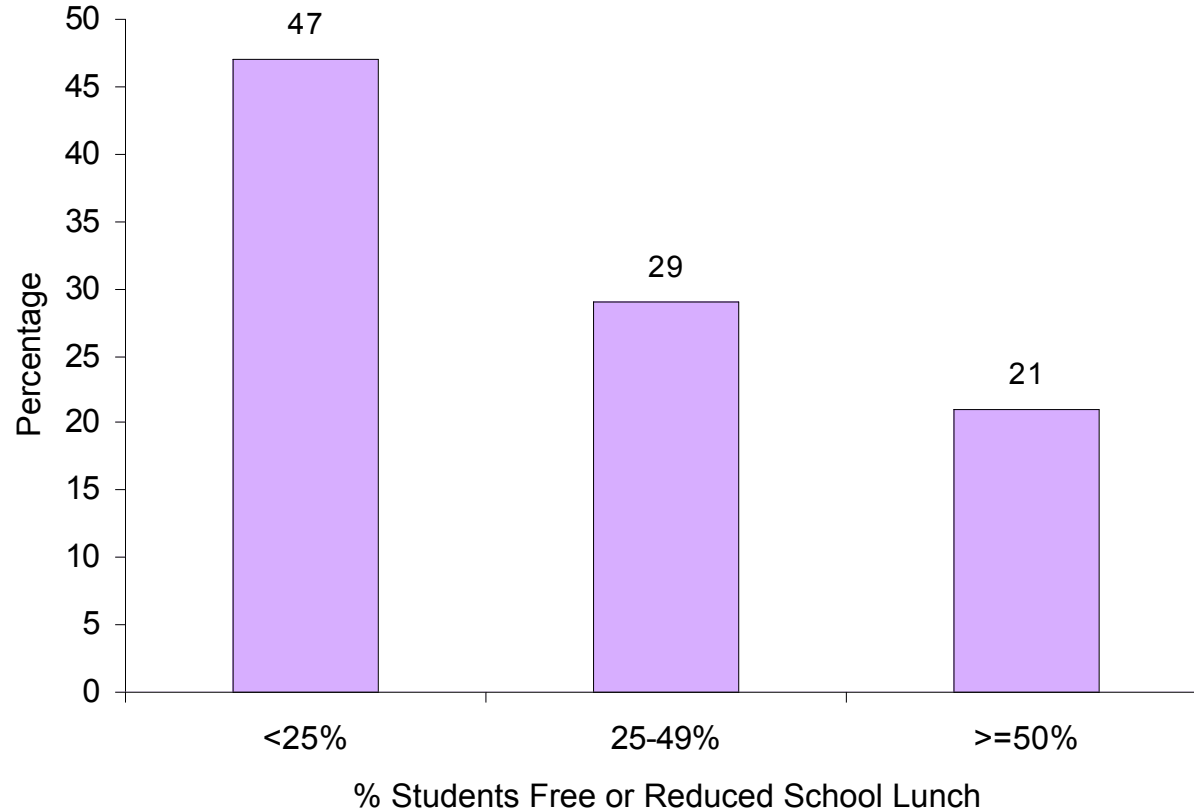
San Diego, CA

Alameda County Oral Health Needs Assessment



Most children don't have access to dental sealants.

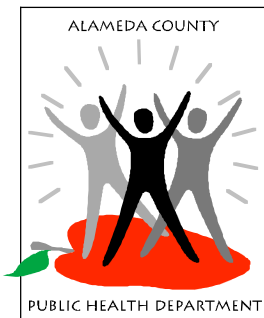
Chart 6: Percentage of Third Graders with Dental Sealants by School Poverty Status, Alameda County, 2002-2004



Mission of Alameda County Office of Dental Health

Promote the Oral Health of Alameda County Residents in
Partnership with the community by:

- Assessment of oral health status and resources to address it;
- Assurance of access to community based services programs and information;
- Policy development including technical assistance to govern mane and community organizations on the development of policies and resources that promote health, providing leadership in **implementing state of the art dental public health interventions emphasizing prevention.**



The Mission of La Clinica

To improve the quality of life of the diverse communities we serve by providing culturally appropriate, high quality, and accessible health care for all.

Our Guiding Principles:

1. Commitment to provide affordable quality health services in a manner that is **culturally and linguistically accessible** to the community
2. **Commitment to serve** patients with the ability to pay and to subsidize those patients who can not pay.

Principles of the School Based/School Linked Dental Sealant Program

- Emphasizes early intervention and thus the primary prevention of the disease;
- Overcomes the psycho-social, educational, cultural geographic and financial barriers to services which themselves are often fragmented by age, school grade, and type of insurance;
- Provides outreach and counseling in a variety of settings and case management to reduce barriers to ongoing care;
- Assures access to early and continuous dental diagnostic, preventive and treatment services;
- Maximizes existing resources in the community to achieve the most cost effective result

The Model



A. School Based services

1. Outreach and enrollment of low income schools (FRLP>50%)
2. Education of students, families and school site personnel
3. Examinations/screenings by dental personnel (DDS/RDH) Kindergarten, 2nd and 5th Grade/All
4. Provision of preventive dental services (dental sealants, fluoride) 2nd and 5th grade
5. Parent notification and referral to ongoing care.

B. School Linked services

1. Facilitated acquisition of services by health insurance technicians and case managers.
2. Ongoing dental care in the community
3. Referral to other health social services as needed
4. Case management

Division of Labor

Office of Dental Health

Promotion to and enrollment of eligible school partners.

Orientation of faculty and staff.

Education of Students.

Coordination of service schedule.

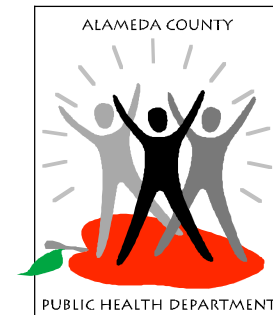
Distribution of consents.

Provision of :

1. Portable equipment/supplies/instruments.
2. Dental assisting and dental hygienist staff.
3. Student dental records.

Data entry for parent notification, follow-up and case management.

Case management and health insurance assistance.



La Clinica de La Raza

Dentist supervision of auxillary staff.

Dentist clinical services regardless of payment
ability.

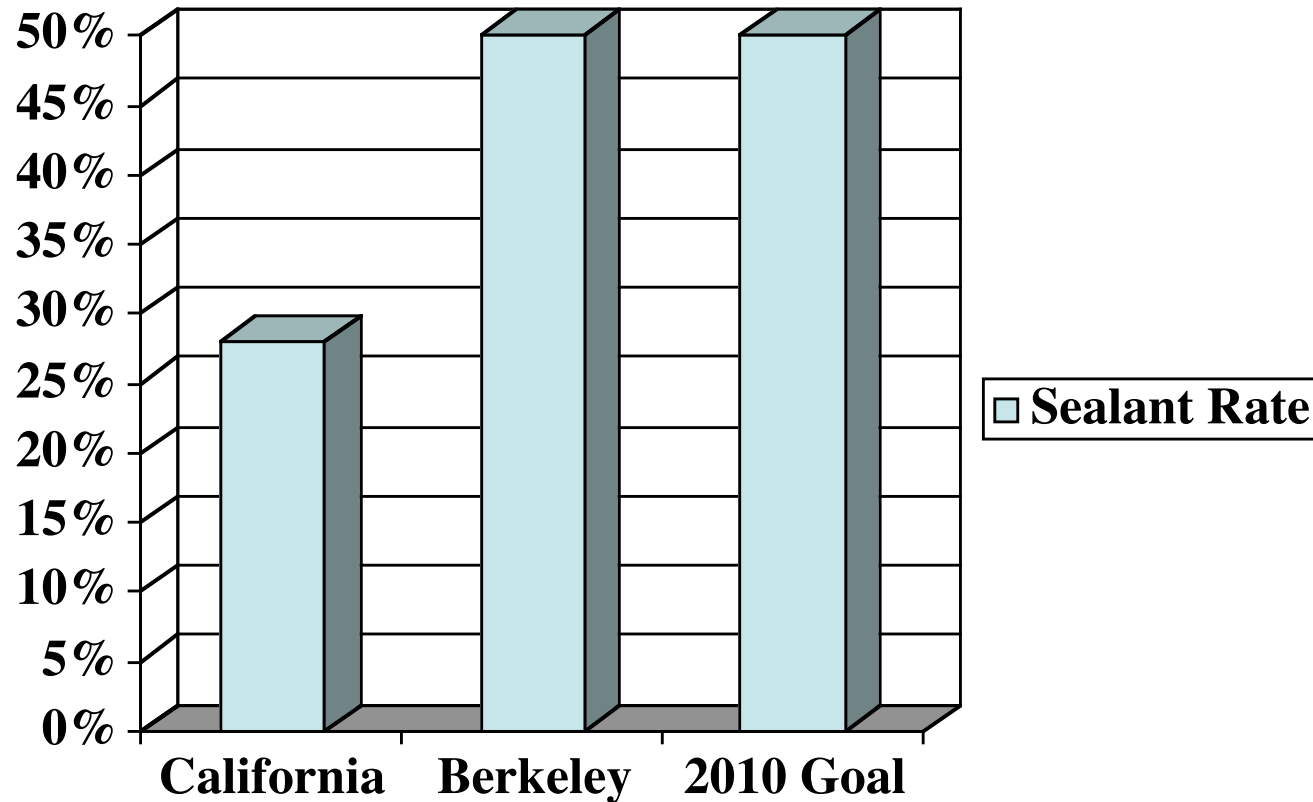
Access to care.

Billing for eligible services/encounters.

Sustainable funding stream for clinical services.

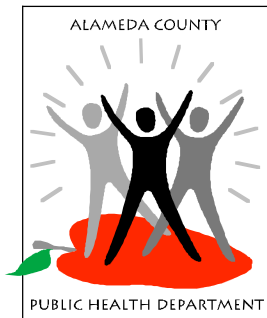
Copy of dental records.

US Healthy People 2010 Objective



2007 screening of a Berkeley Middle School showed 50% of students have sealants (Surgeon General's 2010 goal)

Beyond the \$\$\$



Trust

Shared Vision

Mutual Support

Commitment

Strategic Relationship

Synergy