

Colorado

Adopting a New Data System to Evaluate Sealant Programs

Public Health Problem

The Colorado Oral Health Unit (COHU) began supporting school-based dental sealant programs 10 years ago in metropolitan Denver. Based on the successes of these early programs, sealant programs have been expanded throughout Colorado's "Front Range" communities, where 80% of the state's population resides. Until recently, it had been a challenge for the oral health program to determine the appropriate funding level for each program. Data were not collected in a uniform way, making data interpretation difficult.

Evidence That Prevention Works

Dental sealants are a plastic material painted on the chewing surfaces of teeth, where up to 90% of the decay occurs in schoolchildren. Sealants prevent tooth decay by providing a physical barrier between the teeth and decay-causing bacteria. In its review of studies on school-based dental sealant programs, the U.S. Task Force on Community Preventive Services found that the median decrease in decay on the chewing surfaces of posterior teeth in children was 60%.

Program Example

In order to collect data in a systematic way to support program funding decisions, the state adopted SEALS (Sealant Efficiency Assessment for Locals and States), a software package developed by CDC to assess the cost-effectiveness of dental sealant programs. As a result, the COHU has been able to shift from supporting individual sealant programs to supporting one coordinated state program. There has been a drastic improvement in the quality of the data reported and increased accountability from contractors providing sealants. The contractors have formed a Sealant Advisory Committee to share information and avoid duplication of services to schools. The COHU now has quality data to track program success and to inform future program priorities. It also has been able to track whether children participating in sealant programs are referred for follow-up care to dentist in the community.

Implications

Often, changing or adopting a new system can be difficult, but the Colorado Oral Health Unit saw this step as an essential element for having a cohesive sealant program. Although initially contractors were reluctant to use SEALS, the COHU provided the support and technical assistance needed. These data will ultimately be used to track services and to improve the quality of care provided to the children of Colorado.

Illinois**Creating Connections—Good Oral Health Is Good Health****Public Health Problem**

Without adequate surveillance data, states have a difficult time designing and evaluating their prevention efforts. Until recently, this was the case for Illinois. As far back as 1999, the Illinois oral health coalition, IFLOSS, identified a need for more community-specific data and began advocating for access to local data, a data collection system, and the expertise to analyze the data. Similarly, the Illinois Division of Oral Health's (IDOH) long-term goal was to provide accurate and timely oral health data to communities.

Evidence That Prevention Works

Timely health data provide a critical piece of the prevention puzzle. Public health experts use data to design and evaluate health programs and to target programs to those most in need.

Program Example

The needs and goals of both IDOH and the coalition were realized when the state received funding through a 2002 CDC cooperative agreement that provided resources to hire an oral health epidemiologist. Since receiving this funding, IDOH has built a respected surveillance system that not only is used by community dental health professionals, but also by other areas of the state's chronic disease prevention program. This has resulted in integration of the state oral health program with other chronic disease prevention program areas. For example, IDOH was able to collect children's obesity data along with oral health status assessments of third-grade schoolchildren, marking the first time the state was able to collect and use data on childhood obesity. IDOH also has been invited to review the next revision of PRAMS (Pregnancy Risk Assessment Monitoring System), and was recently asked to participate in a revision of the Illinois Project for Local Assessment of Needs (IPLAN), a community health assessment and planning process conducted every 5 years by local health jurisdictions in Illinois. In addition, IDOH provides leadership to the Illinois BRFSS (Behavioral Risk Factor Surveillance System).

Implications

As a result of the new surveillance system, the Illinois Division of Oral Health has been able to forge important connections with other chronic disease areas, thus reinforcing the message that good oral health is critical for good general health. The creation of the surveillance system and integration within other chronic disease prevention programs will lead to better planning for Illinois prevention programs and, ultimately, better health for the citizens of Illinois.