



Policy Statement on School-Based Sealant Programs

November 16, 2012

The Missouri Coalition for Oral Health Supports the Expansion of Access to Dental Sealants for Children without Routine Dental Care

Practical solutions to widespread problems are a characteristic of American ingenuity. We have practical solutions to prevent tooth decay – an infectious disease which can lead to pain, illness, and even infection with the risk of death. Unfortunately, dental decay remains the single most common chronic childhood disease¹. These solutions avert serious physical problems and save significant costs by reducing the need for tooth restoration, extraction and emergency room services.

Among the most practical tools, **dental sealants** (special coatings that cover and seal a tooth's chewing surfaces) have been proven effective in preventing decay in permanent teeth, especially among children at high risk for dental disease. Typically applied to the molar teeth of children at the age of 6 or 7 (first molars) and again at 12 or 13 (second molars), sealants protect the areas of teeth where 80% of cavities develop.² Sealants have been shown to not only protect healthy teeth from decay, but also stop the progression of decay in its early stages.³ When children have access to sealants, they require fewer fillings.⁴ Over time, fillings often need to be replaced. Eventually, many decayed teeth must be treated with root canals and crowns. Sealants cost approximately one third of what a filling costs, so by preventing decay, sealants prevent both the additional complications that occur in teeth that have undergone restoration, and the significant costs associated with them.

We have a highly effective mechanism for providing sealants to children who face difficulties accessing this care. When delivered by oral health professionals through school programs, sealants offer a clinically sound and cost-effective means of reducing oral health disparities in children.⁵ These school-based programs typically focus on schools where the percentage of children eligible for the federal free or reduced-cost lunch program exceeds 40%, as these children are less likely to have access to dental care.⁶

¹ www.aapd.org/media/ECCstats.pdf

² <http://www.cdc.gov/MMWR/PREVIEW/mmwrhtml/ss5403a1.htm>

³ www.ada.org/sections/professionalResources

⁴ www2.nidcr.nih.gov/sgr/execsumm.htm#execSumm

⁵ http://health.nv.gov/PDFs/MCHAB/Dental_Sealants.pdf

⁶ www.cdc.gov/oralhealth/topics/dental_sealant_programs.htm#2

In Missouri, dental hygienists provide sealants to children with financial disabilities in a school setting through school-based services. In some cases these programs are delivered using portable equipment. In other programs the initial screening is performed at the school and sealants applied in a dental office or community health clinic. School sealant programs may vary from state to state, as state regulations determine whether a dentist must assess a child's teeth before a dental hygienist can apply sealants or whether hygienists can place sealants without a dentist's exam. Regardless of program design, by increasing access to this effective preventive strategy, we can begin to reduce the 51 million school hours our children miss annually because of dental-related illness,⁷ and eliminate the pain and other problems that affect our children's ability learn.

While there is quite a bit of variety in how sealant programs are designed and delivered, they have one critical feature in common: they offer an efficient means of ensuring that more children have access to this preventive service, and thus reduce the amount of school time missed for dental care.

The Pew Foundation's Center on the States recently reported that only 17 states have sealant programs that reach at least one-quarter of their high-risk schools, and 11 states reported having no sealant programs at all.⁸ Other states continue to look for ways to improve both the effectiveness and efficiency of their school sealant programs, and individual communities explore funding mechanisms to ensure that their children are well-served by this preventive strategy.

All children should have access to the benefits of the innovations that protect their health. We need to ensure that every child is assessed for risk of dental disease, and offered sealants wherever appropriate. Prevention is good policy, for our health and for our pocketbooks.

The Missouri Coalition for Oral Health - representing community stakeholders, policy makers, and medical and dental providers - strongly supports the use of dental sealants to prevent tooth decay. Delivering sealants to our children through our local schools is an efficient and effective way to prevent dental decay, and to reduce the incidence of dental problems that affect our children's ability to learn and grow into the citizens of tomorrow. We owe that to our children.

Please join the Missouri Coalition for Oral Health in making sure that the children in our communities can access the benefits of dental sealants and secure a healthy future.

Find out more about the Missouri Coalition for Oral Health, and how you can help improve the oral health of Missouri through supporting sound public policy at www.oralhealthmissouri.org.

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⁷ www2.nidcr.nih.gov/sgr/execsumm.htm#execSumm

⁸ www.pewtrusts.org/uploadedFiles/Cost_of_Delay_web.pdf