DENTAL SEALANTS:
A RESOURCE GUIDE
THIRD EDITION

EDITED BY
JOLENE BERTNESS, M.ED.
KATRINA HOLT, M.P.H., M.S., R.D.

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National Maternal & Child
Oral Health Resource Center
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Dental caries is the most common childhood illness in the United States. Nearly half of all U.S. children and adolescents have had dental caries in their permanent teeth. Dental caries is a particular problem among children and adolescents from families with low incomes.

Health professionals, especially if they can implement measures to prevent oral disease, are in a position to improve the oral health of children and adolescents. Since oral health and overall health are intertwined, this means that health professionals (e.g., dentists, dental hygienists, physicians, nurses) can have a positive impact on the health of children and adolescents they serve by ensuring that preventive measures are undertaken beginning early in life.

Dental sealants are one tool in the arsenal available for preventing dental caries. Dental sealants have been found effective in preventing caries in permanent teeth, especially among children and adolescents at high risk for dental caries. By providing dental sealants to children and adolescents whose caries risk levels indicate that they could benefit from this preventive measure, health professionals have an opportunity to assist in reducing the burden of dental caries and improving quality of life for many children and adolescents.

The National Maternal and Child Oral Health Resource Center (OHRC) developed this publication, Dental Sealants: A Resource Guide, to provide information to health professionals, program administrators, educators, policymakers, and others about the use and application of dental sealants. The resource guide is divided into three sections. The first section lists journal articles appearing in the peer-reviewed literature from December 2007 to March 2010. The second section describes materials published from 2006 to 2010, including brochures, fact sheets, guides, kits, manuals, protocols, and reports. The third section lists federal agencies, resource centers, and national professional associations that may serve as resources.

Many of the items in the Materials section are available from the Internet. Others can be requested directly from the organizations that produced them or are available for loan from OHRC. Inclusion in the resource guide does not imply endorsement by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Georgetown University, or by OHRC.

Although we have tried to present a thorough overview of materials, we realize that this list is not complete. For further information, we encourage you to contact the organizations listed in the third section. Your state and local departments of health, state or local alliances and coalitions, state dental associations and societies, schools of dentistry and dental hygiene, and university-based libraries are additional sources of information. OHRC will update the resource guide periodically, and we would appreciate hearing from you if you know of any resources that are not included in this edition.

An electronic version of the publication with clickable links to all the URLs shown is available at http://www.mchoralhealth.org/PDFs/DentalSealantGuide.pdf.
We are grateful to the following individuals for their review of the resource guide: Susan Griffin, Centers for Disease Control and Prevention; Scott Tomar, American Academy of Public Health Dentistry; Caron Shipley, Bureau of Oral Health, Kansas Department of Health and Environment; and Mark Siegal, Bureau of Oral Health Services, Ohio Department of Health. Finally, we would like to thank those who submitted items for inclusion in the guide.
JOURNAL ARTICLES
The articles listed in this section were published in the peer-reviewed literature between December 2007 and March 2010.

Caries Risk in Formerly Sealed Teeth

This article describes a study to determine if the risk of developing dental caries in a formerly sealed tooth with a fully or partially lost sealant exceeds the risk in a never-sealed tooth. The results indicate that formerly sealed teeth with fully or partially lost sealants are not at higher risk of developing caries than are never-sealed teeth.

Changes in the Oral Health of US Children and Adolescents and Dental Public Health Infrastructure Since the Release of the Healthy People 2010 Objectives

This article presents an overview of the changes in oral health status of American children and adolescents and the dental public health infrastructure during the first decade of the 21st century. Based on data from the National Health and Nutrition Examination Survey, the prevalence of dental sealants on at least one permanent tooth increased significantly among children ages 6–11, from 22 percent in 1998–1994 to 30 percent in 1999–2004, and, among adolescents ages 12–19, from 18 percent to 38 percent. The increase was consistent among all racial-ethnic and age groups. Non-Hispanic black and Mexican-American children and adolescents continued to have a significantly lower prevalence of sealants than did non-Hispanic whites.

Clinical Decision Support Chairside Tools for Evidence-Based Dental Practice

This article presents and discusses evidence-based clinical decision support tools on gingival recession, root exposure, dental caries, dental sealants, caries prevention, and topical fluoride. The tools, designed for chairside use, organize available evidence and risk factors to facilitate clinical decision-making and transfer of knowledge to the client at the point of care. The article describes the Assess-Advise-Decide Approach, which enables clients to determine which course of action is in line with their preferences and values.

A Comparison of the Effects of Toothbrushing and Handpiece Prophylaxis on Retention of Sealants

This article describes surface-cleaning methods recommended by manufacturers, findings of clinical studies that compared dental sealant retention by surface-cleaning methods, and systematic reviews of sealant effectiveness. The results of the comparative tooth-cleaning analysis indicate that sealant retention rates after supervised toothbrushing by the client were at least as high as those associated with traditional handpiece prophylaxis cleaning.
DO SCHOOL-BASED DENTAL SEALANT PROGRAMS REACH HIGHER RISK CHILDREN?


This article describes a study to assess the extent to which school-based dental sealant programs (SBSPs) in Ohio increase dental sealant prevalence and reach children at higher risk for dental caries. The authors found that 80 percent of students in third grade who attended schools with SBSPs met the study criteria for higher caries risk. Children at higher caries risk attending these schools were about twice as likely to have dental sealants as their counterparts attending schools with no SBSPs. Disparities in sealant prevalence by risk status noted at schools without SBSPs did not exist at schools with SBSPs. Finally, up to 60 percent of children at higher caries risk who had sealants received them at school.

THE EFFECT OF DENTAL SEALANTS ON BACTERIA LEVELS IN CARIES LESIONS: A REVIEW OF THE EVIDENCE


This article presents findings from a review of studies that examined the effectiveness of dental sealants in stabilizing or reducing bacteria levels in caries lesions. The authors found that sealants significantly reduced bacteria in carious lesions, but that in some studies low levels of bacteria persisted.

EFFECTIVENESS OF A GLASS IONOMER CEMENT USED AS A PIT AND FISSURE SEALANT IN RECENTLY ERUPTED PERMANENT FIRST MOLARS


This article describes a clinical trial to evaluate the effectiveness of using a glass ionomer cement (GIC) as an occlusal sealant on recently erupted permanent first molars in preventing dental caries. Children ages 5–8 were randomly assigned to a test group (GIC) or the control group (auto-polymerized resin-based sealant or RBS). After 6 months, one occlusal surface in the test group and two occlusal surfaces in the control group showed carious lesions. In the fifth year of follow-up, two occlusal surfaces in the test group and seven in the control group were filled or carious. The mean number of sealed surfaces that became carious or filled was 0.2 for the GIC-sealed teeth and 0.6 for the RBS-sealed teeth.

THE EFFECTIVENESS OF SEALANTS IN MANAGING CARIES LESIONS


This article presents a meta-analysis to examine the effectiveness of dental sealants in preventing the progression of dental caries lesions in the pits and fissures of permanent teeth in children, adolescents, and young adults. Sealing caries lesions reduced the probability of lesion progression. Despite variations in study design and conduct, subgroup and sensitivity analyses found the effect to be consistent in size and direction. The results indicate that evidence supports the placement of sealants over non-cavitated caries lesions in the pits and fissures of permanent teeth in children, adolescents, and young adults.
EVIDENCE-BASED CLINICAL RECOMMENDATIONS FOR THE USE OF PIT-AND-FISSURE SEALANTS: A REPORT OF THE AMERICAN DENTAL ASSOCIATION COUNCIL ON SCIENTIFIC AFFAIRS


This article presents evidence-based clinical recommendations for the use of pit-and-fissure dental sealants. The expert panel addressed the following questions: Under what circumstances should sealants be placed to prevent caries? Does placing sealants over early (noncavitated) lesions prevent progression of the lesions? Are there conditions that favor the placement of resin-based vs. glass ionomer cement sealants in terms of retention or caries prevention? Are there any techniques that improve sealants’ retention and effectiveness in caries prevention? The evidence indicates that sealants can be used effectively to prevent the initiation and progression of dental caries.

AN EXAMINATION OF THE ADVANCES IN SCIENCE AND TECHNOLOGY OF PREVENTION OF TOOTH DECAY IN YOUNG CHILDREN SINCE THE SURGEON GENERAL’S REPORT ON ORAL HEALTH


This article examines advances in science and technology associated with prevention of tooth decay in young children since the release of Oral Health in America: A Report of the Surgeon General. Topics include the infectious nature of dental caries; caries detection and risk assessment; and interventions to improve prevention of tooth decay, including occlusal sealants. Data up to 2004 suggest that 32 percent of children receive sealants, up from 23 percent during 1988–1994. The equivalent rate for adolescents (age 14) was 21 percent. Studies of new materials that can be used on erupting teeth to prevent decay are limited.

EXPLORING FOUR-HANDED DELIVERY AND RETENTION OF RESIN-BASED SEALANTS


This article describes a study to explore whether four-handed delivery of dental sealants increases their retention. The study examined findings on the retention of autopolymerized resin-based sealants from systematic reviews of sealant effectiveness. The results indicate that using four-handed delivery to place resin-based sealants may increase retention.

PIT AND FISSURE SEALANTS FOR PREVENTING DENTAL DECAY IN THE PERMANENT TEETH OF CHILDREN AND ADOLESCENTS


This article presents a review of studies that examined the effectiveness of pit-and-fissure dental sealants in preventing tooth decay in children and adolescents. The review showed that after 4.5 years, the sealed permanent molar teeth of children ages 5 to 10 had over 50 percent reduction in decay on biting surfaces compared to biting surfaces without sealants. One study with longer follow-up showed that after 9 years, only 27 percent of sealed tooth surfaces were decayed, compared to 77 percent of tooth surfaces without sealants.

Dental Sealants: A Resource Guide
PIT AND FISSURE SEALANTS VERSUS FLUORIDE VARNISHES FOR PREVENTING DENTAL DECAY IN CHILDREN AND ADOLESCENTS


This article presents results from a study to compare the effectiveness of pit-and-fissure dental sealants versus fluoride varnish in preventing tooth decay on occlusal tooth surfaces in children and adolescents. The authors found that dental sealants reduce tooth decay more than fluoride varnish, but the number of studies supporting the evidence is low.

POLICY ON THIRD-PARTY REIMBURSEMENT OF FEES RELATED TO DENTAL SEALANTS


This policy statement recognizes that placing and maintaining dental sealants are scientifically sound and cost-effective techniques for preventing pit-and-fissure caries. Topics include sealant placement, maintenance, and repair; third-party coverage for sealants; awareness among oral health organizations, the insurance industry, and consumer groups about the advantages of sealants; and reimbursement for fees.

PREVENTING DENTAL CARIES THROUGH SCHOOL-BASED SEALANT PROGRAMS: UPDATED RECOMMENDATIONS AND REVIEWS OF EVIDENCE


This article provides recommendations for dental sealant use in school-based dental sealant programs (SBSPs). It also reports evidence on the effectiveness of SBSPs and practices. Finally, the article presents findings on the consistency between recommendations for SBSPs and those for sealant use developed by the American Dental Association, Council on Scientific Affairs.

PUBLIC HEALTH SEALANT DELIVERY PROGRAMS: OPTIMAL DELIVERY AND THE COST OF PRACTICE ACTS


This article describes a study to determine the optimal combinations of staffing levels and dental sealant stations for school-based dental sealant programs. For general, direct, or indirect supervision, it is optimal to have one dentist; for no supervision, it is optimal to have no dentist. For general supervision, it is optimal to have the dentist and dental assistant screen and place sealants the following day. The cost savings for adding a dental assistant and chair averaged over all program sizes and travel distances ranged from 4.50 to 10.94 percent. Significant cost savings also result from reducing the required supervision level (8.72 to 29.96 percent).
SIMPLE, EFFECTIVE—AND INEXPENSIVE—STRATEGIES TO REDUCE TOOTH DECAY IN CHILDREN


This article provides strategies to prevent tooth decay in children that health professionals can share with parents. Topics include reducing the number of tooth-decay-causing bacteria in the mouth, decreasing the bacteria's ability to produce acid, and making tooth enamel more resistant to acid attacks. Strategies include replacing sugar with xylitol, receiving fluoride treatment, teaching parents how to care for children's teeth, and receiving dental sealants.

TARGETING SCHOOL-BASED DENTAL SEALANT PROGRAMS: WHO IS AT “HIGHER RISK?”


This article presents a study to assess the effect of various free and reduced price meal program (FRPMP)—enrollment-based risk thresholds on the ability of school-based dental sealant programs (SBSPs) to reach students at higher risk for dental caries. The study used data from a statewide oral health survey of students in third grade to compare (1) the prevalence of dental caries in students at higher caries risk, using three different sets of child-risk criteria based on social determinants and (2) dental caries and other access-related indicators for students at higher-risk schools based on four FRPMP-based thresholds (≥ 60 percent of students FRPMP-enrolled, ≥ 50 percent, ≥ 40 percent, ≥ 30 percent). In addition, the study used school-enrollment and FRPMP-enrollment data to compare the percentages of schools with students eligible for FRPMP and students at higher caries risk resulting from the various thresholds. Results indicate that targeting higher-risk schools to reach students at higher caries risk is a practical and effective approach for increasing sealant prevalence through SBSPs.
MEETINGS

IMPROVING THE ORAL HEALTH OF SCHOOL-AGED CHILDREN: STRENGTHENING SCHOOL-BASED DENTAL SEALANT PROGRAM LINKAGES WITH MEDICAID/ SCHIP AND DENTAL HOMES—SUMMARY OF AN EXPERT MEETING CONVENED BY THE MATERNAL AND CHILD HEALTH BUREAU


This summary describes an expert meeting held on May 11–12, 2006, in Washington, DC, to address approaches, issues, and challenges faced by school-based dental sealant programs (SBSPs) in enrolling children eligible for Medicaid and the Children’s Health Insurance Program and linking them to a dental home. Also discussed are considerations and strategies for SBSP linkages with community resources, including dental insurance and oral health professionals who can meet children’s broader oral health care needs. Binder contents include background material on the role of SBSPs in improving oral health, descriptions of six state programs used as examples during the meeting, background information and research on sealants and sealant programs, and policies from several professional organizations on dental and medical homes. [Funded by the Maternal and Child Health Bureau]


POLICY

DENTAL SEALANTS


This fact sheet addresses the role of dental sealants in preventing tooth decay and reducing dental caries in school-age children. Topics include caries as a public health issue, the prevalence of tooth decay and sealants in Nevada, the impact of sealants on oral health, and why school-based dental sealant programs are recommended. Strategies to increase the use of and demand for sealants and to fund and promote population-based programs in Nevada are included.


PROFESSIONAL EDUCATION AND TRAINING

2009 ORAL HEALTH SURVEY PROTOCOL AND CONSENT FORM


This protocol was developed for use by health professionals in conducting school-based oral health screenings in Iowa. The protocol addresses the consent form; the parent referral letter; infection control, lighting, retraction, and visualization; visibility; instrumentation; and screening for cavitated...
lesions, filled teeth, and dental sealants. A parental consent form is included; it may be used to obtain permission to perform an oral health screening, a height and weight screening, or both. The form includes questions about the child’s dental home, dental visits, insurance, and eligibility for the National School Lunch Program. [Funded in part by the Maternal and Child Health Bureau]

**Contact:** Tracy Rodgers. Iowa Department of Public Health, Oral Health Bureau, Lucas State Office Building, 321 East 12th Street, Des Moines, IA 50319. Telephone: (515) 281-7715; fax: (515) 242-6384; e-mail: trodgers@idph.state.ia.us; Web site: http://www.idph.state.ia.us/hpcdp/oral_health.asp. Available at no charge.

**ASTDD BASIC SCREENING SURVEY FOR CHILDREN PLANNING AND IMPLEMENTATION PACKET**


This packet contains information for planning and conducting an oral health screening of preschool- and school-age children and adults. Contents include a CD-ROM, a DVD, and reference guides. The CD-ROM contains a planning guide, a presentation for examiner training, Epi Info files for data entry and analysis, and guidance and resources on Institutional Review Board and Health Insurance Portability and Accountability Act compliance. The DVD contains examiner-training videos for oral- and non-oral-health professionals. The reference guides, one each for the dentition of preschool-age children, school-age children, and adults, present oral health indicators and photographs of the scoring criteria. [Funded in part by the Maternal and Child Health Bureau]

**Contact:** Association of State and Territorial Dental Directors. 1838 Fieldcrest Drive, Sparks, NV 89434. Telephone: (775) 626-5008; fax: (775) 626-9268; e-mail: cwood@astdd.org; Web site: http://www.astdd.org. Ordering information available at http://www.astdd.org/index.php?template=surveybss.html.

**COLORADO SCHOOL-BASED PIT AND FISSURE SEALANTS: BE SMART AND SEAL THEM!**

Colorado Department of Public Health and the Environment, Oral, Rural and Primary Care Section. 2006. *Colorado School-Based Pit and Fissure Sealants: Be Smart and Seal Them!* Denver, CO: Colorado Department of Public Health and the Environment, Oral, Rural and Primary Care Section. 10 items.

This packet was developed for use by oral health professionals in identifying students in second grade who would benefit from the placement of dental sealants on their permanent molar teeth. The program provides an oral health screening and one-on-one instruction in oral care, classroom presentations on oral hygiene and sealants, presentations on oral health for parents, and referrals for children who need restorative or emergency care. Information on using sealants to prevent dental caries is also included. The documents are intended for use by volunteer dentists, dental hygienists, and student dentists in providing services on site at elementary schools. Documents include a brochure, fact sheets, and a card. The materials are available in English and Spanish. [Funded in part by the Maternal and Child Health Bureau]

**Contact:** Colorado Department of Public Health and Environment, Oral Health Unit, 4300 Cherry Creek Drive, South, PSD-OH-A4, Denver, CO 80246. Telephone: (303) 692-2470; fax: (303) 758-3448; e-mail: cdphe.psdrequests@state.co.us; Web site: http://www.cdphe.state.co.us/pp/oralhealth/oralhealth.html. Available at http://www.cdphe.state.co.us/pp/oralhealth/dentalsealants.html.

**FUTURE SMILES: SCHOOL SEALANT PROGRAM**


These materials are part of a program designed to bring oral health care to children from families with low incomes in the elementary school setting. The materials include two brochures, one containing program information and another containing information on the use of dental sealants in preventing tooth decay. A parent/guardian letter, a
These materials are designed for use by oral health professionals and school nurses in providing annual oral health screenings for students entering kindergarten through grade 12 in Kansas. Data collected from school oral health screenings yields information on untreated oral health problems, urgent care needs, previous treatment received, and whether dental sealants have been placed on a child's or adolescent's teeth. Contents include a program brochure, a toolkit, forms, reports, and instructions for submitting screening data. Information about the state statute mandating the program and a calibration-training course are also provided. Parental notification forms are available in English and Spanish.


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**ILLINOIS DENTAL SEALANT TOOLKIT**


This toolkit is designed to assist health professionals in developing and implementing programs to provide dental sealants for children in Illinois who are at high risk for dental caries. Contents include (1) talking points for oral health education for students in grades 2 and 6; (2) sample handouts and activities for use in the classroom and to take home, including fact sheets in Spanish; and (3) a list of resources. The toolkit also contains an oversized toothbrush, a mouth model, a mirror, a sample container of dental floss, a sealant material container, and a model of a sealed tooth. A video about sealants is included. [Funded in part by the Maternal and Child Health Bureau]

**Contact:** National Maternal and Child Oral Health Resource Center, Georgetown University, Box 571272, Washington, DC 20057-1272. Telephone: (202) 784-9771; fax: (202) 784-9777; e-mail: OHRCinfo@georgetown.edu; Web site: http://www.mchohalhealth.org. Available on site only.

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**KANSAS SCHOOL ORAL HEALTH SCREENING INITIATIVE**


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**ORAL HEALTH AMERICA: SMILES ACROSS AMERICA PRODUCT DONATION PROJECT**


This kit contains materials intended for use by community or school oral health programs in applying for product donations. Contents include eligibility requirements; a partnership agreement; a form for programs to request dental sealant and fluoride varnish products as well as toothpaste, toothbrushes, pumice preppies, dental floss, and other products; and a report form to describe program results.

**Contact:** Melissa Hoebbel. Oral Health America, 410 North Michigan Avenue, Suite 352, Chicago, IL 60611-4211. Telephone: (312) 836-9900; fax: (312) 836-9986; e-mail: melissa@oralhealthamerica.org; Web site: http://www.oralhealthamerica.org. Available at http://www.oralhealthamerica.org/pdf/ProductDonationForm2010.pdf.
PAIN AND SUFFERING SHOULDN’T BE AN OPTION: SCHOOL-BASED AND SCHOOL-LINKED ORAL HEALTH SERVICES FOR CHILDREN AND ADOLESCENTS

This fact sheet provides information about the importance of good oral health during childhood and adolescence. Topics discussed include school readiness, disparities, oral trauma, nutrition, dental sealants, fluoride varnish, and school-based and school-linked oral health services. [Funded by the Maternal and Child Health Bureau]

Contact: National Maternal and Child Oral Health Resource Center, Georgetown University, Box 571272, Washington, DC 20057-1272. Telephone: (202) 784-9771; fax: (202) 784-9777; e-mail: OHRC info@georgetown.edu; Web site: http://www.mchoralhealth.org. Available at no charge and can be ordered at http://www.mchoralhealth.org/order. The fact sheet is also available at http://www.mchoralhealth.org/PDFs/schoolhealthfactsheet.pdf.

SCHOOL-BASED DENTAL SEALANT PROGRAM MANUAL

This manual provides professional recommendations and states’ expectations for school-based dental sealant programs (SBSPs) funded by the Ohio Department of Health (ODH). Contents include local program operations, regulatory compliance, compliance with ODH policies, SBSP eligibility, sample program forms, clinical materials and methods, retention checks, Medicaid billing and collection performance benchmarks and performance standards, reporting, ODH program reviews, and compliance with other ODH requirements.

Contact: Ohio Department of Health, Oral Health Program, P.O. Box 118, 246 North High Street, Columbus, OH 43215. Telephone: (614) 466-4180; fax: (614) 564-2421; e-mail: bohs@odh.ohio.gov; Web site: http://www.odh.ohio.gov/odhPrograms/ohs/oral/oral1.aspx. Available at http://www.odh.ohio.gov/ASSETS/AE87CDD4956643F5A54853F3BAD600A4/Manual%20with%20active%20linksFINAL.pdf.

SCHOOL-BASED DENTAL SEALANT PROGRAMS

This curriculum is designed to provide school-based dental sealant program (SBSP) staff with an understanding of the history, operations, and underlying principles of SBSPs funded by the Ohio Department of Health (ODH). Contents include guidelines for infection control and information about tooth selection and assessment for sealants; the sealant-application process; and SBSP operations, with an emphasis on the specific requirements that apply to programs funded by ODH. [Funded by the Maternal and Child Health Bureau]

Contact: National Maternal and Child Oral Health Resource Center, Georgetown University, Box 571272, Washington, DC 20057-1272. Telephone: (202) 784-9771; fax: (202) 784-9777; e-mail: OHRC info@georgetown.edu; Web site: http://www.mchoralhealth.org. Available at http://www.ohiodentalclinics.com/curricula/sealant.

SCHOOL ORAL HEALTH SCREENINGS: INFORMATION AND FORMS

These resources are intended for use in implementing a statewide screening program to assess the prevalence of untreated dental caries, caries experience, dental sealants, and treatment urgency among students in third grade in Montana. Contents include a manual (Basic Screening Surveys: An Approach to Monitoring Community Oral Health—Preschool and School Children), a video, a school intake form, a screening form and instructions, a parent consent form, and a student report card. Data elements include screener profession and training and child demographics (grade, age, gender, and race/ethnicity).
This manual provides a description of the mission and goals of the Texas Dental Sealant program to identify children at high risk for dental caries and provide preventive services (including dental sealants) and treatment referrals. Other topics include partnerships and collaborations, a map of oral health coalitions in Texas, planning and preparation for school sealant clinics, sealant program barriers and challenges, an equipment and supplies checklist, an illustrated guide to portable equipment, and referral and follow-up tips. The appendix contains sample letters and forms.


SEAL A SMILE: A DENTAL SEALANT PORTFOLIO FOR DENTAL HYGIENE PROGRAMS AND WISCONSIN COMMUNITIES—A USER’S GUIDE (REV. ED.)


This manual provides step-by-step guidelines for developing school-based and school-linked dental sealant programs in Wisconsin. It is divided into modules covering the following topics: (1) an overview of oral health needs in Wisconsin, (2) community partners and resources, (3) selection of children for the program and form development, (4) program preparation and communication forms, (5) program implementation, (6) treatment referral, (7) program evaluation, (8) equipment and supplies, (9) grantwriting and funding sources, (10) occupational safety and health training and first aid planning, and (11) problems and solutions. Appendices include resource information, along with sample forms and letters; recommendations from a workshop on guidelines for sealant use; the report of the governor’s task force to improve access to oral health; and the Seal-a-Smile program fact sheet.


SEAL A SMILE TEXAS STYLE: A SEALANT MANUAL FOR THE ORAL HEALTH PROGRAM (REV. ED.)


This manual provides a description of the mission and goals of the Texas Dental Sealant program to identify children at high risk for dental caries and provide preventive services (including dental sealants) and treatment referrals. Other topics include partnerships and collaborations, a map of oral health coalitions in Texas, planning and preparation for school sealant clinics, sealant program barriers and challenges, an equipment and supplies checklist, an illustrated guide to portable equipment, and referral and follow-up tips. The appendix contains sample letters and forms.


SEAL AMERICA: THE PREVENTION INVENTION (2ND ED.)


This manual is designed to assist health professionals in initiating and implementing a school-based dental sealant program. Staff of established programs may also find the manual of interest as they work to improve specific aspects of their programs. Contents include information about getting started, gaining and maintaining community support, staffing, purchasing dental equipment and supplies, funding, developing forms and records, tracking students, collecting and analyzing data, preparing to launch, implementing the program, referral and follow-up, and program evaluation. The streaming video segment, titled “Seal in a Smile,” is also available on DVD. [Funded by the Maternal and Child Health Bureau]

Contact: National Maternal and Child Oral Health Resource Center, Georgetown University, Box
DENTAL SEALANTS

This fact sheet for parents presents information in a question-and-answer format about the importance of dental sealants in preventing tooth decay in children. The fact sheet defines sealants and provides information on how they are applied and how they work to prevent tooth decay. Information on the benefits of sealants and their safety and effectiveness is also provided.


SEALS: SEALANT EFFICIENCY ASSESSMENT FOR LOCALS AND STATES

This software and accompanying user manuals and technical notes provides instruction for an evaluation and benchmarking tool for community dental sealant programs. One set of software, manuals, and notes is intended for use by individual program administrators, and the other is for state administrators to combine data from all local programs.

Contact: Susan Griffin. Centers for Disease Control and Prevention, Division of Oral Health, 4770 Buford Highway, N.E., Mailstop F-10, Atlanta, GA 30341-3717. Telephone: (770) 488-6064; e-mail: sig1@cdc.gov; Web site: http://www.cdc.gov/OralHealth. Available at no charge. More information is available at http://www.cdc.gov/oralhealth/state_programs/infrastructure/seals.htm. Note: Prior to implementation, programs are asked to contact Susan Griffin, the co-developer and Centers for Disease Control and Prevention lead for this activity.

PUBLIC EDUCATION
ARIZONA DENTAL SEALANT PROGRAM

This brochure discusses the importance of dental sealants in preventing tooth decay in children and encourages parents and other caregivers to enroll their children in Arizona’s sealant program for students in grades 2 and 6 who are at risk for tooth decay. Data and key references from state and national reports on children’s oral health and overall well-being are cited throughout the brochure.


DENTAL SEALANTS

This fact sheet for the public provides a definition of dental sealants and discusses how sealants are applied, how they feel, and how long they last. Information about the time- and cost-saving benefits of sealants is also presented. [Funded in part by the Maternal and Child Health Bureau]

DENTAL SEALANTS
This brochure for parents explains what dental sealants are and how they are used. It also addresses when a child's teeth should be sealed and how long sealants last. Information on low-cost or no-cost insurance is provided. The brochure is printed in English on one side and in Spanish on the other.
Contact: Tracy Rodgers. Iowa Department of Public Health, Oral Health Bureau, Lucas State Office Building, 321 East 12th Street, Des Moines, IA 50319. Telephone: (515) 281-7715; fax: (515) 242-6384; e-mail: trodgers@idph.state.ia.us; Web site: http://www.idph.state.ia.us/hpcdp/oral_health.asp. Available at http://www.idph.state.ia.us/hpcdp/common/pdf/oral_health/dental_sealants.pdf.

DENTAL SEALANTS: IS YOUR CHILD A CANDIDATE?
This fact sheet provides information for parents and other caregivers on how oral health professionals determine whether a child is a candidate for dental sealants. Selected topics include the benefits of sealants, utilization, and risk assessment.

FOR THE DENTAL PATIENT . . . SEALING OUT TOOTH DECAY
This reprint from the Journal of the American Dental Association addresses dental sealants and their role in preventing tooth decay. The reprint is designed for dentists to clip and copy as a handout for their clients. The reprint includes photographs showing how a tooth looks both before and after a sealant has been applied.

FREQUENTLY ASKED QUESTIONS: DENTAL SEALANTS
This fact sheet for the public presents information on dental sealants in a question-and-answer format. Topics include what sealants are, which teeth are suitable for sealants, how sealants are applied, whether they are visible, whether they make teeth feel different, how long they last, whether they replace fluoride for caries protection, how they fit into preventive dentistry programs, and why sealing a tooth is better than waiting until decay is present and then filling a cavity. Links to additional resources on toothbrushing and school-based dental sealant programs are included.
Contact: Centers for Disease Control and Prevention, Division of Oral Health, 4770 Buford Highway, N.E., Mailstop F-10, Atlanta, GA 30341-3717. Telephone: (770) 488-6064; e-mail: oralhealth@cdc.gov; Web site: http://www.cdc.gov/oralhealth. Available at http://www.cdc.gov/OralHealth/publications/factsheets/sealants_faq.htm.

PARENT RESOURCE CENTER
This section of the American Academy of Pediatric Dentistry's (AAPD's) Web site provides information and resources about dental sealants for parents and other caregivers of children and adolescents. Information is included in the following links: Find a Pediatric Dentist, Questions Frequently Asked by Parents, Parent Education Brochures, and AAPD Policies and Guidelines. Some resources are provided in English and Spanish.

DENTAL SEALANTS: A RESOURCE GUIDE 17
SCHOOL BASED DENTAL SEALANT PROGRAMS


This fact sheet provides statistics on tooth decay in children and on how it impacts health and school attendance and performance, as well as information on the role of school-based dental sealant programs in preventing tooth decay. Information about sealants, including how they are applied and their benefits, safety, and effectiveness, is also provided.


SCHOOL-DENTAL PREVENTION PROGRAM


This fact sheet provides parents with information about South Carolina’s school oral health program, which includes a dental sealant component and a fluoride treatment (gel, foam, or varnish) component. Definitions of sealants and fluoride treatment are provided, along with information on how children can take part in the program.


PUT A SEAL ON DENTAL DECAY: A PARENT’S GUIDE ABOUT SEALANTS (REV.)


This brochure provides information for parents about dental sealants and how they can be used to help prevent tooth decay in primary and permanent teeth. The brochure describes what sealants are, who needs them, the role of sealants in oral hygiene, and how they are applied.


SCHOOL-BASED DENTAL SEALANT PROGRAMS

Centers for Disease Control and Prevention, Division of Oral Health. 2010. School-Based Dental Sealant Programs. Atlanta, GA: Centers for Disease Control and Prevention, Division of Oral Health.

This fact sheet for the public presents information on school-based dental sealant programs (SBSPs) in a question-and-answer format. Topics include what dental sealants are, what SBSPs are, evidence showing that SBSPs work, and recommendations for SBSPs. Links to key resources such as national reports, fact sheets, best practices, and research are included.

Contact: Centers for Disease Control and Prevention, Division of Oral Health, 4770 Buford Highway, N.E., Mailstop F-10, Atlanta, GA 30341-3717. Telephone: (770) 488-6064; e-mail: oralhealth@cdc.gov; Web site: http://www.cdc.gov/OralHealth. Available at http://www.cdc.gov/OralHealth/topics/dental_sealant_programs.htm.
SEALANTS


This fact sheet for the public discusses the role of dental sealants as part of an oral health program to prevent tooth decay. Topics include plaque, tooth decay, how sealants are applied, and who should get sealants. The fact sheet is available in English, Spanish, and Hmong.

Contact: California Dental Association, 1201 K Street, Sacramento, CA 95814. Telephone: (800) 232-7645; e-mail: contacteda@cda.org; Web site: http://www.cda.org. Available at http://www.cda.org/popup/Sealants_English.

SEALANTS PREVENT TOOTH DECAY!


This brochure for the public describes dental sealants, why they are needed, and how and when they are applied. Color photographs depicting the application process are included. Information on finding a dental home is also provided. The brochure is available in English and Spanish.


WHAT IS A SEALANT?


This fact sheet for the public defines dental sealants and describes their benefits. Other topics include effectiveness, application, longevity, target populations, and insurance.


STATE PROGRAM REPORTS

2006 NEVADA STATE REPORT ON SCHOOL-BASED DENTAL SEALANT PROGRAMS


This report outlines results of a 2006 statewide survey in Nevada of school-based dental sealant programs targeting schools in which at least 50 percent of the children enrolled are eligible for the National School Lunch Program.


ALASKA: STATE ORAL HEALTH COLLABORATIVE SYSTEMS GRANT—FINAL REPORT


This report summarizes the accomplishments of Alaska’s State Oral Health Collaborative Systems grant for the period 2004–2007. The report outlines program activities, including hiring a statewide dental sealant coordinator to work collaboratively with tribal, community health center, and private oral health programs to increase availability of sealants in schools with high percentages of children from families with low incomes. The report also includes a summary from the sealant program inventory. [Funded by the Maternal and Child Health Bureau]

ARIZONA DENTAL SEALANT PROGRAM: A PREVENTIVE DENTAL PROGRAM (REV. ED.)


This fact sheet provides information about Arizona’s program to reduce pit-and-fissure tooth decay in children by using portable dental equipment at the school site to provide oral health screenings and dental sealants (as appropriate) on the permanent molars of students in grades 2 and 6. Topics include program objectives, history, funding and eligibility, child participation, and program staff. The fact sheet also cites statistics for the 2008–2009 school year as follows: the number of counties in which the program was implemented, the number of children who received oral health screenings, and the number of children who received sealants. [Funded in part by the Maternal and Child Health Bureau]


CHILDREN’S ORAL HEALTHCARE ACCESS PROGRAM: FINAL REPORT


This final report summarizes Louisiana’s Sealant Program Initiative, a school-based dental sealant program supported by Louisiana’s State Oral Health Collaborative Systems grant for the period 2004–2007. The report is divided into the following sections: problem, overall experience to date, evaluation, regional and national significance, impact, and sustainability. Goals and achievements; reasons for less-than-expected progress; and trends, significant problems, and constraints are discussed. Appendices include data summary tables and copies of the following grant-funded products: an oral health screening results form and a sealant program information letter to parents, a parental consent form, and a screening form. [Funded by the Maternal and Child Health Bureau]


FINAL PROGRESS REPORT: STATE ORAL HEALTH COLLABORATIVE SYSTEMS GRANT—CONNECTICUT COMMUNITY-BASED SEALANT PROGRAM


This final report presents findings from Connecticut’s State Oral Health Collaborative Systems grant for the period 2004–2007 to increase entry of children enrolled in Medicaid and the Children’s Health Insurance Program, as well as other children, into long-term, comprehensive oral health services. Contents include descriptions of the problem and experience to date. Objectives, accomplishments, strengths, and weaknesses are outlined for each project goal. Recommendations for a model dental sealant program and a list of publications and products are included. [Funded in part by the Maternal and Child Health Bureau]


FUTURE SMILES DENTAL CLINIC: STATE ORAL HEALTH COLLABORATIVE SYSTEMS (SOHCS) GRANT—FINAL NARRATIVE REPORT

This report summarizes efforts to increase access to oral health care for a target population of children in the Little Rock, Arkansas, school district with funding from the State Oral Health Collaborative Systems grant for the period 2004–2007. The report contains information on the purpose, goals and objectives, methods, evaluation, work plan, and regional and national significance of the Future Smiles project. Selected topics include establishing a dental clinic, developing a steering committee, providing comprehensive preventive (screenings and dental sealants) and restorative oral health services in the school-based setting, and providing education for children and their parents on the importance of optimal oral health. [Funded by the Maternal and Child Health Bureau]

**Contact:** National Maternal and Child Oral Health Resource Center, Georgetown University, Box 571272, Washington, DC 20057-1272. Telephone: (202) 784-9771; fax: (202) 784-9777; e-mail: OHRC info@georgetown.edu; Web site: http://www.mchoralhealth.org. Available at http://www.mchlibrary.info/MCHBFinalreports/docs/H47MC01929.pdf.

**SEAL INDIANA FINAL REPORT: STATE ORAL HEALTH COLLABORATIVE SYSTEMS GRANT PROGRAM (SOHCS)**


This report summarizes Indiana’s progress in implementing SEAL INDIANA, a statewide mobile dental sealant innovation, with funding from the State Oral Health Collaborative Systems grant for the period 2003–2007. Program background and information on the project goals and achievements and fulfillment of performance measures are discussed. Topics include collaboration between the Indiana University School of Dentistry, dentists, and the Indiana State Department of Health; the provision of oral health services (examinations,
Dental Sealants: A Resource Guide

Sealants, and fluoride varnish) and dental homes for children who live in rural and urban areas; service-learning experiences for dental and dental hygiene students; and research to promote oral health and access to care. [Funded by the Maternal and Child Health Bureau]

Contact: National Maternal and Child Oral Health Resource Center, Georgetown University, Box 571272, Washington, DC 20057-1272. Telephone: (202) 784-9771; fax: (202) 784-9777; e-mail: OHRCinfo@georgetown.edu; Web site: http://www.mchoralhealth.org. Available at http://www.mchlibrary.info/MCHBFinalreports/docs/H47MC02007.pdf.

STATE SURVEY REPORTS

2009 THIRD GRADE OPEN MOUTH SURVEY REPORT


This report discusses the process for, and results of, an oral health screening of students in third grade conducted in 2009 in Iowa. Contents include data and discussion on oral health status indicators and payment sources relative to race and ethnicity in 2009, and as they compare to indicators and sources in 2006.

Contact: Tracy Rodgers. Iowa Department of Public Health, Oral Health Bureau, Lucas State Office Building, 321 East 12th Street, Des Moines, IA 50319. Telephone: (515) 281-7715; fax: (515) 242-6384; e-mail: trodgers@idph.state.ia.us; Web site: http://www.idph.state.ia.us/hpcdp/oral_health.asp. Available at http://www.idph.state.ia.us/hpcdp/common/pdf/oral_health/2009_oral_survey.pdf.

EVERY SMILE COUNTS: THE ORAL HEALTH OF CONNECTICUT’S CHILDREN


This report presents findings from Every Smile Counts, a statewide screening conducted during the 2006–2007 school year to assess the oral health status of 3- and 4-year-old children enrolled in Head Start, as well as of students in kindergarten and third grade in Connecticut. Data and analysis on tooth decay experience and untreated tooth decay, need for early or urgent oral health care, and dental sealants are provided. Information on dental caries prevention, Connecticut’s progress in meeting Healthy People 2010 objectives, and strategies to improve children’s oral health is also included.


This report presents findings from a statewide survey to assess the oral health of students in third grade in Ohio. The survey, conducted during the 2004–2005 school year, focused on students’ oral health status and access to oral health care. A series of graphs presents data on the percentages of students with a history of tooth decay, with untreated tooth decay and toothaches, in need of early or urgent care, and with one or more dental sealants. The data are presented by county type, family income, and insurance coverage. Additional charts, graphs, and tables present data on the amount of time since the last dental visit, the percentages of students who visited a dentist in the past year, and a comparison of findings between the 1998–1999 and 2004–2005 surveys.

Contact: Ohio Department of Health, Oral Health Program, P.O. Box 118, 246 North High Street, Columbus, OH 43215. Telephone: (614) 466-4180; fax: (614) 564-2421; e-mail: bohs@odh.ohio.gov; Web site: http://www.odh.ohio.gov/odhPrograms/ohs/oral/orall.aspx. Available at http://www.odh.ohio.gov/ASSETS/318CE47E2784B088377359F69F6A075/FinalOHISreport.pdf.
MOMMY, IT HURTS TO CHEW: THE CALIFORNIA SMILE SURVEY—AN ORAL HEALTH ASSESSMENT OF CALIFORNIA’S KINDERGARTEN AND 3RD GRADE CHILDREN


This brief presents findings of an oral health screening of children in 186 elementary schools in California conducted in 2005. The brief describes the methods used in the screenings, key findings, and recommendations on developing a broad-based approach for reducing the impact of oral disease on children and their families. The recommendations section describes issues and suggests actions in the areas of developing a comprehensive oral health surveillance system, eliminating barriers to care, and preventing tooth decay.

Contact: Dental Health Foundation, 520 Third Street, Suite 108, Oakland, CA 94607. Telephone: (510) 663-3727; fax: (510) 663-3733; e-mail: info@tdhf.org; Web site: http://www.dentalhealthfoundation.org. Available at http://www.dentalhealthfoundation.org/images/lib_PDF/dhf_2006_report.pdf.

MONTANA 2005–2006 STUDY OF ORAL HEALTH NEEDS: 3RD GRADERS AND HEAD START CHILDREN


This report presents oral health data collected between February and May 2006 using protocols based on national guidelines and standards to assess statewide needs and disparities in access to care among children at risk for tooth decay in Montana. Data include the number of untreated cavities, caries experience, and treatment urgency recommendations for children enrolled in Head Start and a representative sample of students in third grade; the number of children in Head Start with dental caries in at least one primary tooth; and the number of students in third grade with a dental sealant on at least one permanent molar. Descriptions of the methodologies, analyses, and limitations are included. [Funded by the Maternal and Child Health Bureau]


OKLAHOMA ORAL HEALTH NEEDS ASSESSMENT 2008: THIRD GRADE CHILDREN


This report presents data and analyses derived from a statewide assessment of oral health status indicators (prevalence of dental caries, caries experience, dental sealants, missing teeth, and need for oral health treatment) among students in third grade in Oklahoma. Contents include a description of the research design and the sample; consent; data collection, entry, and analyses; confidentiality issues; and results. Comparison to Healthy People 2010 targets, materials for communicating with schools and parents, and descriptions of participants and procedures are provided.


OPEN MOUTH SURVEY OF THIRD GRADERS, NEBRASKA 2005


This report describes the first statewide oral health screening of students in third grade in Nebraska.
Topics include caries experience, prevalence of untreated oral disease, and use of dental sealants. Report sections define methods and results, discuss results in comparison to other states and to Healthy People 2010 objectives, and provide recommendations.

Contact: Nebraska Department of Health and Human Services, Dental Health Division, P.O. Box 95007, Lincoln, NE 68509-5007. Telephone: (402) 471-0166; Web site: http://www.hhs.state.ne.us/dental. Available at http://www.hhs.state.ne.us/dental/docs/OpenMouthSurvey-Final.pdf.

ORAL HEALTH OF GEORGIA’S CHILDREN: RESULTS FROM THE 2005 GEORGIA THIRD GRADE ORAL HEALTH SURVEY


This report highlights the oral health status of students in third grade who participated in Georgia’s 2005 oral health screening. Topics include dental caries experience, untreated tooth decay, dental sealants, unmet oral health needs, and access to and use of oral health care. A description of the survey methodology and sample size is included. [Funded by the Maternal and Child Health Bureau]

Contact: Georgia Department of Community Health, Division of Public Health, 2 Peachtree Street, N.W., Atlanta, GA 30303-3186. Telephone: (404) 657-2700; e-mail: gdphinfo@dhr.state.ga.us; Web site: http://health.state.ga.us. Available at http://health.state.ga.us/pdfs/familyhealth/oral/2005GeorgiaThirdGradeSurveyApril2006.pdf.

OREGON SMILE SURVEY 2007


This report presents findings from Oregon’s second statewide survey to assess the oral health status of students attending public schools (grades 1, 2, and 3) during the 2006–2007 school year, as well as their risk for dental caries. Contents include an executive summary; facts from the Oregon Smile Survey 2007; and recommendations for community water fluoridation, caries prevention, and school-based fluoride supplement and dental sealant programs. The report includes information about changes in the oral health of children in Oregon over the past 5 years that may be used in developing and implementing community-based prevention strategies.

SMILE SURVEY 2005: THE ORAL HEALTH OF WASHINGTON’S CHILDREN


This report presents data collected during Washington’s Smile Survey. The report focuses on several groups: children from families with low incomes who attend preschool, children who attend elementary school, and American Indian/Alaska Native children who attend preschool or elementary school. Contents include comparisons to Healthy People 2010 objectives, oral health trends, and comparisons to other states. Data on tooth decay are presented in the following areas: overall presence of tooth decay, economic level, racial/ethnic background, access to oral health care, and access to dental sealants.


SMILES ACROSS KANSAS: 2007 UPDATE


This report provides an oral health profile of students in third grade in Kansas and expands on 2004 findings by further describing the nature of their oral health status. A description of the Smiles Across Kansas project, including project methods and results, is presented. Statistical data and trends for untreated tooth decay, dental insurance, barriers to accessing care during the past year, and length of time since last dental visit are provided. The report concludes with a summary of the dental indicators tracked in the 2004 and 2007 studies, followed by a table depicting the 2007 indicators by race and ethnicity. [Funded by the Maternal and Child Health Bureau]


SOUTH DAKOTA ORAL HEALTH SURVEY 2006


This report presents an analysis of data collected from a statewide oral health survey of 643 students in third grade in 32 public, private, and Bureau of Indian Affairs elementary schools in South Dakota. Contents include a summary of key findings and comparisons to previous surveys conducted in 1995–1997 and 2002–2003, methods, and results. Also discussed are indicators of oral health status and access to care; the impact of dental visit frequency, race and ethnicity, insurance type, and socioeconomic status on oral health status; Healthy People 2010 objectives; and comparisons to other states. The appendix contains a screening form, a consent form, and a notice to parents.


This report summarizes a survey conducted to assess the oral health status and service needs of students in kindergarten and third grade in Maryland. It includes the background and purpose, methods, results, and discussion. The report addresses challenges to the study and assistance received in conducting it. Appendices include a supply request form, an examination form, a report card, a survey questionnaire, frequently asked questions, and a consent form and letter. [Funded in part by the Maternal and Child Health Bureau]
ORGANIZATIONS

ACADEMY OF GENERAL DENTISTRY
211 East Chicago Avenue, Suite 900
Chicago, IL 60611-1999
Telephone: (888) 243-3568
Fax: (312) 440-0559
Web site: http://www.agd.org

The Academy of General Dentistry (AGD) serves the needs and represents the interests of general dentists, promotes the oral health of the public, and provides continuing education. Information about dental sealants is included in AGD’s annual meeting; in its periodicals for professionals, AGD Impact and General Dentistry; and on its Web site for consumers, Know Your Teeth (see http://www.knowyourteeth.com).

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY
540 Gaither Road
Rockville, MD 20850
Telephone: (301) 427-1364
E-mail: http://info.ahrq.gov
Web site: http://www.ahrq.gov

The Agency for Healthcare Research and Quality (AHRQ) provides tools for assessing, measuring, promoting, and improving the quality and safety of health care. AHRQ’s Web site contains clinical information, funding opportunities, data and surveys, and research findings specific to dental sealants.

AMERICAN ACADEMY OF PEDIATRIC DENTISTRY
211 East Chicago Avenue, Suite 1700
Chicago, IL 60611-2663
Telephone: (312) 337-2169
Fax: (312) 337-6329
Web site: http://www.aapd.org

The American Academy of Pediatric Dentistry (AAPD) advocates for policies, guidelines, and programs that promote optimal oral health and oral health care for infants, children, and adolescents, including those with special health care needs. AAPD’s Web site contains funding opportunities, initiatives, resources, and a policy statement that addresses dental sealants. Information about dental sealants is also available in AAPD’s journal, Pediatric Dentistry.

AMERICAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY
3085 Stevenson Drive, Suite 200
Springfield, IL 62703
Telephone: (217) 529-6941
Fax: (217) 529-9120
E-mail: natoff@aaphd.org
Web site: http://www.aaphd.org

The American Association of Public Health Dentistry (AAPHD) works to improve total health for all citizens through the development and support of effective programs of oral health promotion and disease prevention. Information about dental sealants is available in AAPHD’s journal, Journal of Public Health Dentistry, and is shared at the National Oral Health Conference.

AMERICAN DENTAL ASSOCIATION
211 East Chicago Avenue
Chicago, IL 60611-2678
Telephone: (312) 440-2500
Fax: (312) 440-7494
E-mail: info@ada.org
Web site: http://www.ada.org

The American Dental Association (ADA) is committed to the public’s oral health, ethics, science and professional advancement; the association seeks to lead a unified profession through initiatives in advocacy, education, research, and the development of standards. ADA’s journal, Journal of the American Dental Association, provides information on dental sealants. ADA’s Web site’s professional resources section contains information about ADA’s policy on dental sealants, the evidence base supporting sealants, and related continuing education offerings and volunteer opportunities. The public education section of the Web site also provides information about dental sealants.
The American Dental Hygienists’ Association (ADHA) advances the art and science of dental hygiene, promotes standards of education and practice in the profession, and provides professional support and educational programs. ADHA’s Web site features information about ADHA’s annual meeting and its periodicals, Access and Journal of Dental Hygiene. These and other ADHA resources address issues related to dental sealants, including opportunities for public health advocacy, education, and research. Dental sealant resources for children, adolescents, and caregivers are also provided.

The American Public Health Association (APHA) Oral Health Section promotes oral health by disseminating research findings and influencing oral health and other health policy development. APHA’s Oral Health Section serves the public, its members, and the public health profession through advocacy and policy, an annual meeting and exposition, programs and resources, and publications. Information about dental sealants appears in APHA’s journal, American Journal of Public Health; its newspaper, The Nation’s Health; reports; and policy statements.

The Centers for Disease Control and Prevention, Division of Oral Health, provides leadership in preventing oral disease, promoting oral health, and improving the quality of community water fluoridation. The Web site contains guidelines and recommendations for using dental sealants, as well as related fact sheets, frequently asked questions, and journal articles.

The Centers for Medicare and Medicaid Services provides guidance to states administering Medicaid and the Children’s Health Insurance Program (CHIP) and provides services to beneficiaries and health professionals. The Web site contains an overview of Medicaid dental coverage, a guide to children’s oral health care in Medicaid, and Medicaid/CHIP contacts. It also includes national and state reports.
as well as information on policy issues, promising practices, and innovations related to dental sealants.

CHILDEN'S DENTAL HEALTH PROJECT
1020 19th Street, N.W., Suite 400
Washington, DC 20036
Telephone: (202) 833-8288
E-mail: cdhpinfo@cdhp.org
Web site: http://www.cdhp.org

The Children’s Dental Health Project (CDHP) advances policies that improve children’s access to oral health. CDHP forges research-driven policies and innovative solutions by engaging a broad base of partners committed to children and oral health. CDHP endeavors to improve children’s oral health through school-based and school-linked dental sealant programs. The Web site contains information about dental sealant advocacy, policy, and programs and also offers media resources.

MATERNAL AND CHILD HEALTH BUREAU
5600 Fishers Lane
Parklawn Building, Room 18-05
Rockville, MD 20857
Telephone: (301) 443-2170
Fax: (301) 443-1797
E-mail: ctibbs@hrsa.gov
Web site: http://mchb.hrsa.gov

The Maternal and Child Health Bureau (MCHB) provides leadership, partnership, and resources to advance the health of mothers, infants, children, and adolescents, including those from families with low incomes, those with diverse racial and ethnic heritages, and those living in rural or isolated areas who lack access to care. MCHB administers major programs, including the Title V Maternal and Child Health Services Block Grant. MCHB uses the Title V Information System to report on national and state performance measures, including one focused on dental sealants (see https://perfdata.hrsa.gov/MCHB/TVISReports/default.aspx).

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH
National Institutes of Health
Building 31, Room 2C39
31 Center Drive, MSC2290
Bethesda, MD 20892
Telephone: (301) 496-4261
Fax: (301) 496-9988
E-mail: nidcrinfo@mail.nih.gov

The National Institute of Dental and Craniofacial Research (NIDCR) improves oral, dental, and craniofacial health through research, training, and the dissemination of health information. The Web site contains information on NIDCR-funded research on the use of dental sealants to reduce or eliminate oral health disparities.

NATIONAL MATERNAL AND CHILD ORAL HEALTH RESOURCE CENTER
Georgetown University
Box 571272
Washington, DC 20057-1272
Telephone: (202) 784-9771
Fax: (202) 784-9777
E-mail: OHRCinfo@georgetown.edu
Web site: http://www.mchoralhealth.org

The National Maternal and Child Oral Health Resource Center (OHRC) collaborates with federal, state, and local government agencies; national and state organizations and associations; and foundations to gather, develop, and share quality and valued information and materials. The Web site describes and provides links to resources on dental sealants for professionals and families such as brochures, fact sheets, guidelines, manuals, policies, and reports. OHRC also hosts the online manual Seal America: The Prevention Invention, 2nd edition (see http://www.mchoralhealth.org/Seal).

ORAL HEALTH AMERICA
410 North Michigan Avenue, Suite 352
Chicago, IL 60611-4211
Telephone: (312) 836-9900
Fax: (312) 836-9986
E-mail: info@oralhealthamerica.org
Web site: http://www.oralhealthamerica.org

Oral Health America (OHA) seeks to eliminate oral disease by educating and empowering communities to provide access to care and by advocating
for policies that create oral health parity. OHA’s Smiles Across America program offers resources and technical assistance to help communities build infrastructure for school oral health services, particularly those that provide dental sealants (see http://www.oralhealthamerica.org/smiles.html).
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