NNOHA POLICY STATEMENT: SCHOOL-BASED SEALANT PROGRAMS

In spite of the fact that 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 – it remains the single most common chronic childhood disease⁴. We have proven solutions that can not only prevent caries progression but can also reduce future costs by reducing the need for tooth restoration, extraction and emergency room services.

One of the most effective tools, dental sealants (special coatings that cover and seal a tooth’s chewing surfaces) have been proven effective in preventing tooth decay, especially among children at high risk for dental disease. Unfortunately, despite almost 50 years of proven efficacy, they remain under-utilized. Sealants have been shown to not only protect healthy teeth from developing decay, but can also stop its progression.² When children are able to have sealant applications, they require fewer fillings.³ Over time, fillings often need to be replaced, and as the disease progresses, teeth are treated with larger fillings, root canals, crowns and sometimes extractions. Sealants cost approximately one third of what a simple filling costs, so by preventing decay, sealants can prevent both the additional complications that occur in teeth that have undergone restoration, and the significant costs associated with them.

For optimum effect, sealants are typically applied to molar teeth in children as soon as possible after they first erupt; first molars at age 6-7 and second molars at age 12-13. While sealants can be placed in many different practice settings – private practices, Health Centers and other safety-net providers - a very efficient means to reach high-risk children is through school based health programs. These programs typically focus on those schools where these children are less likely to have access to dental care.¹ 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 Additionally, these programs are able to provide referrals to other providers in the community who can offer restorative services and other necessary dental treatment.

While school-based sealant programs may vary from state to state, they have one critical feature in common: they offer an efficient means of ensuring that more children have access to this preventive service, and reduce the amount of school time missed for dental care. As recommended by the Institute of Medicine, the National Network for Oral Health Access (NNOHA) supports multiple models of sealant placement, including the evidence-based practice where dental hygienists are able to place sealants without a dentist’s prior exam, which reduces cost and minimizes lost school times. Whatever the program design, increasing access to this effective preventive strategy, we can begin to reduce the 51 million school hours our children miss because of dental disease,⁶ and eliminate pain and related problems that affect our children’s ability learn.

The Pew 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.⁷ 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.

The NNOHA membership strongly supports increased utilization of sealants in school-based settings, as all children should have access to the benefits of the innovations that protect their health. This policy is consistent with the goals set forth in the US Department of Health and Human Services Healthy People 2020⁸ document as well as the findings of the Task Force on Community Preventive Services as published by the American Journal of Preventive Medicine.⁹ We need to ensure that every child is offered sealants wherever appropriate and receives a referral to a dental home.

NNOHA, which represents dental providers who care for patients in the country’s community health centers, homeless programs, and other programs that reach at-risk, underserved populations, strongly supports the use of dental sealants to prevent tooth decay. Tooth decay should not be a barrier to children’s growth and development into the productive

¹  www.aapd.org/media/ECCstats.pdf
²  www.ada.org/sections/professionalResources
³  www2.nidcr.nih.gov/sgr/execsumm.htm#execSumm
⁴  www.cdc.gov/oralhealth/topics/dental_sealant_programs.htm#2
⁵  http://www.thecommunityguide.org/oral/supportingmaterials/RRschoolsealant.html
⁶  www2.nidcr.nih.gov/sgr/execsumm.htm#execSumm
⁸  www.healthypeople.gov/2020
⁹  www.thecommunityguide.org
members of society. 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. Please join NNOHA in making sure that the children in your community can access the benefits of dental sealants which will contribute to their overall wellness.