

Frequently Asked Questions about Ohio School-based Dental Sealant Programs (S-BSPs)

1. How can school programs help children to have good oral health?

There are different ways schools can help children but some are better than others. Sealant programs have been shown to be the best school-based approach for preventing cavities (<http://www.thecommunityguide.org/oral/schoolsealants.html>). Ohio has been a national leader in sealant programs since the mid-1980s.

2. What are sealants and how do they work?

Dental sealants are plastic coatings that are bonded to the parts of teeth that get the most cavities. They seal off those decay-prone areas from bacteria and food needed to make cavities. (<http://digital.ipcprints.com/publication/?m=17250&l=1>)

3. Who operates Ohio sealant programs?

Most S-BSPs in Ohio receive grant funding from the Ohio Department of Health (ODH). ODH-sponsored S-BSPs are operated either by local health departments, educational institutions or private-nonprofit organizations. In addition, a few locally-funded S-BSPs are operated either by local health departments, educational institutions or private-nonprofit organizations.

4. Who is eligible for the sealant programs?

ODH-sponsored and locally-funded S-BSPs are designed to get the greatest benefit (prevented cavities) to the most vulnerable children for the lowest cost. They do this by only spending time and resources providing services with the best potential for benefit and by offering the program only to schools and grades that are likely to have high-risk children with decay-prone molar teeth. Therefore, sealant programs generally target:

- **Schools:** Schools in which ≥ 40 percent of the students enrolled are eligible for the Free and Reduced Price Meal Program (FRMP) are eligible to participate in the S-BSP.
- **Grades:** Following national recommendations, programs reach children with teeth most likely to benefit (6- and 12-year molars soon after they come in) at the right time by targeting second and sixth grades (third and seventh grade students who received sealants in second or sixth grades generally receive follow-up checks).
- **Children:** Must have parental consent and be found to need sealants by the sealant program dental hygienist. **No children are refused sealants because their family lacks the ability to pay.** In fact, families are not approached for out-of-pocket payment.

5. Do other school dental programs offer sealants?

There are other programs that do not receive ODH grants or local funding that provide sealants for children with a payment source, along with additional services such as examinations, radiographs (x-rays), cleanings and fluoride treatments. These programs offer a limited package of services to children without a payment source and do not target

schools and grades in the manner that ODH-sponsored and locally-funded sealant programs do.

6. Why don't ODH-sponsored and locally-funded S-BSPs do fluoride treatments, cleanings, full examinations and radiographs?

ODH-sponsored and locally-funded S-BSPs are designed to make the best use of public dollars to prevent cavities. Research has shown sealants to be the most effective way to prevent the most common type of cavities. While topical fluoride applications (e.g., fluoride varnish) may prevent dental caries when periodically applied, one-time application in a S-BSP is unlikely to provide significant benefit.

ODH believes that full examinations and radiographs should be part of a diagnosis done by the dentist who will provide all needed care. If sealant programs are reimbursed for these services, dental offices (where children covered by Medicaid plans eventually receive their care) could not be reimbursed for the same services. Therefore, ODH does not approve the S-BSPs it funds to **routinely** bill for examinations, radiographs or topical fluoride applications.

7. How does a sealant program help children who already have cavities?

Past tooth decay is one of the best predictors of future cavities. Therefore, healthy teeth in the mouths of children who have had decay in other teeth are prime candidates for sealants.

Much like immunization programs, however, S-BSPs are a public health strategy to prevent disease, not to provide comprehensive care. A small number of sealant programs have dental vans that are well-equipped dental offices that park at schools to provide dental care to children served by a sealant program. Other programs may have links to off-site clinics or private offices willing to provide dental care. In most cases, however, caregivers are informed (by note sent home with the child) of the child's need for follow-up care and school personnel are notified about the children with the most pressing needs—but follow-up care is not provided by the agency that operates the sealant program.