

Dental Sealants



“...effective in the primary prevention of tooth decay.”¹



Oral Health in Your State: A Fact Sheet

What is the public health issue?

Oral health is integral to general health.² Although preventable, tooth decay is a chronic disease affecting all age groups. In fact, it is the most common chronic disease of childhood.² The burden of disease is far worse for those who have restricted access to prevention and treatment services. Tooth decay, left untreated, can cause pain and tooth loss. Untreated tooth decay is associated with difficulty in eating and with being underweight.³ Untreated decay and tooth loss can have negative effects on an individual’s self-esteem and employability.

In the U.S., tooth decay³ affects:

- ✓ 18% of children ages 2–4 years
- ✓ 52% of children ages 6–8 years
- ✓ 61% of teenagers age 15 years

What is the impact of dental sealants?

Dental sealants are a plastic material placed on the pits and fissures of the chewing surfaces of teeth; sealants cover up to 90 percent of the places where decay occurs in school children’s teeth.⁴ Sealants prevent tooth decay by creating a barrier between a tooth and decay-causing bacteria. Sealants also stop cavities from growing and can prevent the need for expensive fillings. Sealants are 100 percent effective if they are fully retained on the tooth.² According to the Surgeon General’s 2000 report on oral health, sealants have been shown to reduce decay by more than 70 percent.¹ The combination of sealants and fluoride has the potential to nearly eliminate tooth decay in school age children.⁵ Sealants are most cost-effective when provided to children who are at highest risk for tooth decay.⁶

Why are school-based dental sealant programs recommended?

In 2002, the Task Force on Community Preventive Services strongly recommended school sealant programs as an effective strategy to prevent tooth decay.³ The Task Force is a national, independent, nonfederal, multidisciplinary task force appointed by the director of the Centers for Disease Control and Prevention (CDC). CDC estimates that if 50 percent of children at high risk participated in school sealant programs, over half of their tooth decay would be prevented and money would be saved on their treatment costs.⁴ School-based sealant programs reduce oral health disparities in children.⁷

<Insert state objectives or any graph/statements about progress toward national objectives.>

Healthy People 2010 Objectives⁸

- ✓ Fifty percent of 8 and 14 year-old children will have dental sealants on their molar teeth.
- ✓ Forty-two percent of children under 9 years old will have experience of tooth decay.

How is **Your State** doing?

<Insert examples from your state here. For example: >

A 2000 survey in XX state revealed that:⁹

- ✓ 47 percent of **third-graders (age 8 years)** had at least one dental sealant.
- ✓ 57.5 percent of **third graders** had experienced tooth decay.
- ✓ 21 percent of **third graders** had untreated tooth decay.

What is <Your State> doing?

<Insert examples from your state here, such as: >

- ✓ **Your State** has __ schools with school-based dental sealant programs.
- ✓ In **Your State**, __ percent of communities have optimal levels of fluoride in their drinking water.
- ✓ In **Your State**, __ percent of low-income/Medicaid children received at least one preventive oral health service in 2003, a change from ____ percent in 2000

Strategies for <Your State's> Future

- ✓ Continue to promote and fund school-based dental sealants and other population-based programs such as water fluoridation.
- ✓ Increase public awareness of effectiveness of dental sealants to increase demand for sealants.

References

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8. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. *Healthy People 2010*. Washington DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, 2000. <http://www.health.gov/healthypeople>.
9. **Source for your state's information. Example: Washington State Department of Health, SMILE Survey, 2000, May 2001.**

For more information, contact:
Your state's contact information.

Your logo.

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