

Dental Sealants in South Carolina: 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.

What Is The Impact Of Dental Sealants?

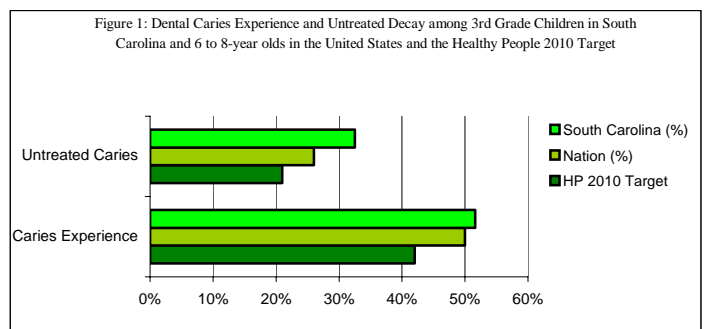
Dental sealants are a plastic material placed on the pits and fissures of the chewing surfaces of teeth; sealants cover up to 90% of the places where decay occurs in school children's teeth.⁴ Sealants prevent tooth decay by creating a barrier between a tooth and decay-causing bacteria. Sealants also stop cavities from growing and can prevent the need for expensive fillings. Sealants are 100% 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%.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% 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

How Is South Carolina Doing?

A 2002 survey in South Carolina revealed that:⁹
20% of third-graders (age 8 years) had at least one dental sealant.
52% of third graders had experienced tooth decay.
33% of third graders had untreated tooth decay.



Healthy People 2010 Objectives⁸

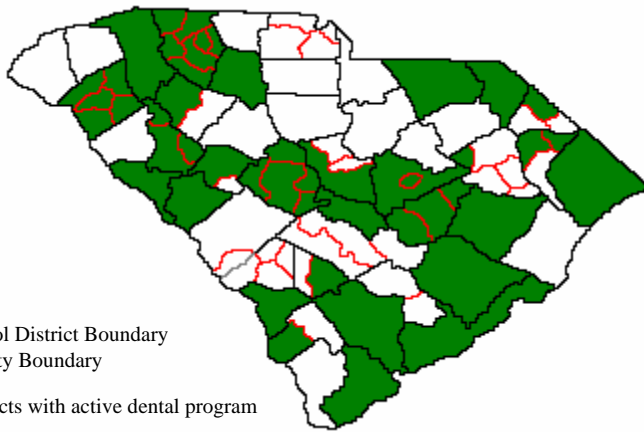
- ✓ Fifty percent of 8 and 14 year-old children will have dental sealants on their molar teeth.
- ✓ Forty-two percent of children under 9 years old will have experience of tooth decay.

Strategies for South Carolina'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.

What Is South Carolina Doing?

School Dental Prevention Program: The School Dental Prevention Program enrolls public and private providers who agree to provide schoolbased oral health services in their local community and operate within the "SchoolBased Dental Prevention Program Guidelines". The School Dental Prevention Program was active in these counties in 2005:



- School District Boundary
- County Boundary
- Districts with active dental program
- Districts with no dental program

For further information:

SC-DHEC Division of Oral Health
1751 Calhoun St
Columbia, SC 29201

<http://www.dhec.sc.gov/health/mch/oral/index.htm>

<http://www.cdc.gov/nohss/guide/DS.htm>

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- Adapted from a fact sheet developed by the Oral Health Program, Bureau of Health, Maine Department of Human Services, 2004, in cooperation with the Association of State and Territorial Dental Directors and funding from Division of Oral Health, Centers for Disease Control and Prevention (cooperative agreement # U58/CCU723036-01) and Maternal and Child Health Bureau, Health Resources and Services Administration (cooperative agreement # U44MC00177-04-02). Photo credits: Dental sealant, Ohio Department of Health; children, Andrea Schroll, RDH, BS, CHES, Illinois Department of Public Health.