

Promoting Oral Health in Schools

A Resource Guide

Fourth Edition



Prepared by

Ruth Barzel, M.A.

Katrina Holt, M.P.H., M.S., R.D., FAND

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National Maternal and Child Oral Health
Resource Center
Georgetown University
Box 571272
Washington, DC 20057-1272
(202) 784-9771
E-mail: OHRCinfo@georgetown.edu
Web site: www.mchoralhealth.org

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Introduction



Schools are ideal settings in which to reach children and adolescents and, through these children and adolescents, families and community members. During childhood and adolescence, oral health behaviors develop, along with beliefs and attitudes. Children and adolescents are receptive to new information, and the earlier healthy oral habits are established, the greater their impact. Messages about achieving and maintaining good oral health can be reinforced regularly throughout the school years. Encouraging children and adolescents to adopt healthy oral health habits equips them with skills enabling them to make healthy decisions and adopt healthy lifestyles.

Schools can provide supportive environments for promoting oral health. A safe physical environment in the playground and throughout a school can help reduce the risk of oral trauma. If appropriate policies and practices are in place, necessary action can be taken in case of a dental emergency. School policies and practices to ensure that healthy foods are offered for school meals, in vending machines, and for school events promote healthy eating behaviors beginning at an early age. More important, schools may be a place for children and adolescents at the highest risk for oral disease to access oral health care via school-based or school-linked services. Schools can also serve as vital channels to communities. School personnel can target health-promotion activities to homes and communities.

Students can pass health-promotion messages on to family members. And schools can take the lead in integrating oral health into their general health curricula.

The National Maternal and Child Oral Health Resource Center (OHRC) developed this publication, *Promoting Oral Health in Schools: A Resource Guide* (4th edition), to help health professionals, program administrators, educators, parents, and others promote oral health and prevent oral disease in school-age children and adolescents.

The resource guide is divided into two sections. The first section describes materials, such as brochures, fact sheets, guidelines, curricula, and reports. The materials listed in this section were published from 2015 to 2019. The second section lists federal agencies, national professional associations, resource centers, and national coalitions that may serve as resources.

Our intent is to share resources that are useful and that represent current science and practice. For further information, we encourage you to contact the organizations listed. Your state and local departments of health, state and local oral-health-related associations and societies, state or local oral health coalitions, 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 relevant resources that are not included in this edition.

Acknowledgments



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Materials

Materials

Data and Surveillance

2013–14 DIGITAL CENSUS REPORT

This report presents findings from a national survey of centers and programs connected with schools to document the role of school-based health centers (SBHCs) in meeting the health care needs of children and adolescents. The report describes the funding sources that support the SBHCs, policies, and characteristics of schools where SBHCs are located. The analysis and data presented in the report include SBHCs that provide primary care. Topics include growth; access; comprehensive care, including behavioral health and oral health care; adolescent care; health system partnerships; sustainability; and accountability. [Funded by the Maternal and Child Health Bureau]

Love HL, Schelar E, Taylor K, Schlitt J, Even M, Burns A, Mackey S, Couillard M, Danaux J, Mizzi A, Surti D, Windham D. 2015. *2013–14 Digital Census Report*. Washington, DC: School-Based Health Alliance. 1 v. <http://censusreport.sbh4all.org>

2014–2015 SCHOOL HEALTH DENTAL SCREENING SURVEILLANCE REPORT

This report provides information from an oral health screening survey of students in 1st, 2nd, 4th, 7th, and 10th grades from 89 schools in Nebraska conducted in 2014–2015. The survey had two primary objectives: (1) measure participation of schools that were providing required oral health screenings and (2) assess oral health status among a convenience sample of Nebraska schoolchildren. The report discusses surveillance methods, limitations, and results. Characteristics of respondents are presented, and recommendations are included. [Funded by the Maternal and Child Health Bureau]

Nebraska Department of Health and Human Services, Maternal, Child, Adolescent Health. 2016. *2014–2015 School Health Dental Screening Surveillance Report*. Lincoln, NE: Nebraska Department of Health and Human Services, Maternal, Child, Adolescent Health. 13 pp. <http://dhhs.ne.gov/MCAH/SchoolR-DentalHealthSurveillanceFinal.pdf>

2015–2016 ORAL HEALTH STATUS OF UTAH'S CHILDREN

This report presents findings from a statewide oral health screening of 2,000 students in first through fourth grades in 47 elementary schools to measure the extent of untreated tooth decay, caries experience, prevalence of dental sealants, and need for oral health care. Additional topics include dental insurance coverage, time since last dental visit, unmet needs, and disparities in care. The report also contains a comparison of Utah's oral health status with national goals, the study methodology, information about access to care by race and ethnicity, program resources, a list of participating schools, and the parent questionnaire.

Love HL, Schelar E, Taylor K, Schlitt J, Even M, Burns A, Mackey S, Couillard M, Danaux J, Mizzi A, Surti D, Windham D. 2015. *2015–2016 Oral Health Status of Utah's Children*. 33 pp. Salt Lake City, UT: Utah Department of Health, Oral Health Program. <http://health.utah.gov/oralhealth/resources/2015-2016%20Oral%20Health%20Survey.pdf>

2016 IOWA THIRD GRADE ORAL HEALTH SURVEY REPORT

This report provides an overview of a survey of 2,470 students in third grade in Iowa. It presents the survey objectives, protocol, and results, including oral health status by economic status and payment sources for oral health care. It also includes a discussion of how to interpret the results.

Chickering S, Rodgers T, Kaiser E, Kane D. 2016. *2016 Iowa Third Grade Oral Health Survey Report*. Iowa Department of Public Health, Bureau of Oral and Health Delivery System. 6 pp. https://idph.iowa.gov/Portals/1/userfiles/163/2016%20Third%20Grade%20Survey%20FINAL%209_23_16.pdf

DENTAL EXAMINATION COMPLIANCE STATUS OF KINDERGARTEN, SECOND, AND SIXTH GRADE CHILDREN IN ILLINOIS FOR SCHOOL YEAR 2013–2014

This report summarizes statewide dental examination compliance and oral health status of children in kindergarten and second and sixth grades in Illinois. Contents include findings on the level of compliance and noncompliance for all students, public school students, and non-public-school students. Compliance and health-status data are reported for the state as a whole, by county, and by grade level. The report also discusses implications of the data across the state.

Illinois State Board of Education, Data Analysis Division. 2015. *Dental Examination Compliance Status of Kindergarten, Second, and Sixth Grade Children in Illinois for School Year 2013–2014*. Springfield, IL: Illinois State Board of Education. 15 pp. https://www.isbe.net/Documents/dental_report1314.pdf

DENTAL HEALTH MATTERS

This infographic focuses on the oral health status of children and adolescents in South Dakota. Topics include untreated tooth decay in children ages 6–8 in South Dakota compared to the general U.S. population and ways to prevent tooth decay. Contents include the number of high school students who have missed school because of problems with their teeth or mouths, the percentage of students in third grade who have not visited the dentist in the past 12 months, and the percentage of children who do not have dental sealants. Information about healthy behaviors and using products containing fluoride is also provided.

South Dakota Department of Health. 2016. *Dental Health Matters*. Pierre, SD: South Dakota Department of Health. 1 p. http://doh.sd.gov/documents/statistics/YRBS_Oral_Health.pdf

DON'T FORGET TO BRUSH AND FLOSS: DENTAL DECAY AMONG MONTANA'S 3RD GRADE CHILDREN

This newsletter issue presents findings from oral health screenings of students in third grade attending public and Bureau of Indian Education schools in Montana. Topics include characteristics

of participating schools and students and the percentages of children with a history of tooth decay, untreated decay, and urgent oral health care needs by race and ethnicity. Contents include a comparison of oral health indicators from 2006 and 2014 and recommendations for health professionals.

Montana Department of Health and Human Services. 2015. *Don't Forget to Brush and Floss: Dental Decay Among Montana's 3rd Grade Children*. Helena, MT: Montana Department of Health and Human Services. 2 pp. https://dphhs.mt.gov/Portals/85/publichealth/documents/OralHealth/ThirdGradeBSS_2014.pdf

FUTURE SMILES: SATISFACTION SURVEY

These satisfaction surveys are intended for use in implementing a school-based oral hygiene program that provides preventive oral health services (screenings, dental cleanings, fluoride varnish applications, dental sealant application, and oral health education) for children from families with low incomes in Nevada. Contents include surveys for students, parents, and teachers in English and Spanish.

Future Smiles. 2016–. *Future Smiles: Satisfaction Survey*. Las Vegas, NV: Future Smiles. 3 items. <http://futuresmiles.net/resources/satisfaction-survey>

GUIDANCE ON HOW TO ANALYZE DATA FROM A SCHOOL-BASED ORAL HEALTH SURVEY

This report provides a framework for how to appropriately analyze data from a statewide school-based oral health survey with a complex sampling design. The report discusses steps to take to prepare for data analysis, statistical packages and program code to use, other things to consider and be aware of, and where to get additional help.

Manz M. 2017. *Guidance on How to Analyze Data from a School-Based Oral Health Survey*. 15 pp. <https://www.astdd.org/docs/school-survey-analysis-guidance-july-2017.pdf>

GUIDANCE ON SELECTING A SAMPLE FOR A SCHOOL-BASED ORAL HEALTH SURVEY

This document provides sampling guidelines for state and territorial health agencies and other jurisdictions planning to conduct a school-based oral health survey. Topics include appropriate sampling designs, steps for and examples of the sampling process, what to do if a school refuses to participate, and information about specialized data-analysis software.

Manz M. 2017. *Guidance on Selecting a Sample for a School-Based Oral Health Survey*. Sparks, NV: Association of State and Territorial Dental Directors. 12 pp. <https://www.astdd.org/docs/school-survey-sampling-guidance-july-2017.pdf>

HAWAII SMILES 2015: THE ORAL HEALTH OF HAWAII'S CHILDREN

This report presents key findings from a state-wide oral-health-screening survey of students in third grade in Hawaii. Topics include tooth decay experience, untreated tooth decay, dental sealants, need for urgent oral health care, oral health disparities, and community water fluoridation. The report also describes the importance of good oral health and key strategies to improve oral health, including community-based prevention programs, screening and referral services, and restorative oral health care.

Hawaii Department of Health, Oral Health Program. 2016. *Hawaii Smiles 2015: The Oral Health of Hawaii's Children*. Honolulu, HI: Hawaii Department of Health, Oral Health Program. 18 pp. <http://health.hawaii.gov/about/files/2013/06/Hawaii-Smiles-Report.pdf>

HEALTHY SMILES HEALTHY BODIES SURVEY 2015: THE ORAL HEALTH OF ARIZONA'S KINDERGARTEN AND THIRD GRADE CHILDREN

This brief summarizes data from a statewide oral health screening of children in kindergarten and third grade attending Arizona's public schools. Contents include information on the prevalence of tooth decay in the primary and permanent teeth of children in Arizona compared to the general U.S. population and dental sealant prevalence. Topics include oral health disparities in the prevalence of decay experience, untreated decay, and dental

sealants. Information about the data source and methods, definitions, and data tables are included.

Arizona Department of Health Services. 2015. *Healthy Smiles Healthy Bodies Survey 2015: The Oral Health of Arizona's Kindergarten and Third Grade Children*. Phoenix, AZ: Arizona Department of Health Services. 6 pp. <http://www.azdhs.gov/documents/prevention/womens-childrens-health/reports-fact-sheets/oral-health/healthy-smiles-healthy-bodies-data-brief-2015.pdf>

IDPH SCHOOL-BASED SEALANT PROGRAM ANNUAL REPORT: SCHOOL YEAR 2015–2016

This chart provides statistics for several school-based dental sealant programs in Iowa during the 2015–2016 school year. Topics include the number of children screened, children receiving sealants, sealants placed, sealants placed on the teeth of children covered by Medicaid, children with history of tooth decay, and children covered by Medicaid with history of decay. Also included is the number of children with untreated decay, children covered by Medicaid with untreated decay, children with private insurance, children with no dental insurance, children covered by Medicaid, and children covered by Hawk-i.

Iowa Department of Public Health, Oral Health Bureau. 2016. *IDPH School-Based Sealant Program Annual Report: School Year 2015–2016*. Des Moines, IA: Iowa Department of Public Health, Oral Health Bureau. Annual. http://www.idph.iowa.gov/Portals/1/userfiles/34/ohc_reports/school_based_sealant_report_2016.pdf

KEEP SMILING VERMONT ORAL HEALTH SURVEY: 2016–2017

This report provides a summary of key survey findings on the oral health of children in Vermont as well as information on the following topics: (1) the Tooth Tutor School-Linked Dental Sealant Program, (2) key strategies to improve oral health, and (3) survey methods. Data tables and figures are included.

Vermont Department of Health, Dental Health Services. 2017. *Keep Smiling Vermont Oral Health Survey: 2016–2017*. Burlington, VT: Vermont Department of Health, Dental Health Services. 17 pp. http://www.healthvermont.gov/sites/default/files/documents/pdf/oral_health_survey_1617.pdf

MEDICAID FEE-FOR-SERVICE REIMBURSEMENT RATES FOR CHILD AND ADULT DENTAL CARE SERVICES FOR ALL STATES, 2016

This brief presents findings from an analysis of Medicaid reimbursement rates for oral health care in all states and the District of Columbia. The brief discusses Medicaid fee-for-service (FFS) reimbursement for child and adult services relative to dentists' fees and private dental insurance reimbursement, as well as other aspects of Medicaid FFS reimbursement, including reimbursement for adult services in states with extensive adult benefits within their Medicaid programs.

Gupta N, Yarbrough C, Vujicic M, Blatz A, Harrison B. 2017. *Medicaid Fee-for-Service Reimbursement Rates for Child and Adult Dental Care Services for All States, 2016*. Chicago, IL: American Dental Association, Health Policy Institute. 15 pp. http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0417_1.pdf

OKLAHOMA ORAL HEALTH NEEDS ASSESSMENT 2016: THIRD GRADE CHILDREN

This report presents findings from a needs assessment for students in third grade in Oklahoma to produce statewide estimates of oral health status indicators. The needs assessment determined prevalence of dental sealants, untreated dental caries, other caries experience, missing teeth, and need for care. Report contents include information about the research design, results, and a discussion. The appendices contain a letter sent to schools and the return postcard; forms for parental consent, data collection, and results; a description of participant characteristics; and a comparison to national objectives and earlier state assessments.

Oklahoma State Department of Health, Dental Health Services. 2016. *Oklahoma Oral Health Needs Assessment 2016: Third Grade Children*. Oklahoma City, OK: Oklahoma State Department of Health, Dental Health Services. 50 pp. <https://www.ok.gov/health2/documents/Dental%20Survey%20Final%20Report%202016.pdf>

THE ORAL HEALTH OF MONTANA'S THIRD GRADE CHILDREN, 2014

This data brief presents information about the prevalence of decay in the primary and permanent teeth of students in third grade in Montana and compares data for this population with data for the general U.S. third grade population screened between 2005 and 2010 as part of the National Health and Nutrition Examination Survey. The brief also provides information about the prevalence of dental sealants. Topics include tooth decay experience, untreated decay, and oral health disparities.

Montana Department of Public Health and Human Services, Oral Health Program. 2015. *The Oral Health of Montana's Third Grade Children, 2014*. Helena, MT: Montana Department of Public Health and Human Services, Oral Health Program. 4 pp. https://dphhs.mt.gov/Portals/85/publichealth/documents/OralHealth/ThirdGradeBSS_2014.pdf

ORAL HEALTH OF RHODE ISLAND CHILDREN

This report presents findings on the oral health status of children in third grade in Rhode Island. Contents include school sampling, data management and analysis, screening methods, screening participation, demographic characteristics of children, and oral health outcomes. Topics include tooth decay, dental sealants, impact of race and ethnicity, and socioeconomic status. The report also provides a comparison of the results to *Healthy People 2020* objectives and to results from earlier surveys. Recommendations are included.

Oh J, Yearwood S, Leonard L. 2015. *Oral Health of Rhode Island Children*. Providence, RI: Rhode Island Department of Health. 19 pp. <http://www.health.ri.gov/publications/programreports/2015OralHealthOfRIChildren.pdf>

ORAL HEALTH STATUS OF FLORIDA'S THIRD GRADE CHILDREN 2013–2014

This report presents oral health screening results for students in third grade in public elementary schools in Florida. Contents include the screening survey methodology, demographic characteristics of participating students, and key findings on oral health indicators. A comparison of the results

to *Healthy People 2020* goals, limitations, and recommendations is also included. Additional contents include consent and screening forms; a parent letter and questionnaire; and information about other indicators including toothache, last dental visit, reason for last dental visit, need for care, reason for not seeking care, health insurance, and dental insurance.

Vracar C, Holicky A, Wahby J, Janga D. 2016. *Oral Health Status of Florida's Third Grade Children 2013–2014*. Tallahassee, FL: Florida Department of Health, Public Health Dental Program. 23 pp. http://www.floridahealth.gov/programs-and-services/community-health/dental-health/reports/_documents/oral-health-third-grade-2013-2014.pdf

PEDIATRIC ORAL HEALTH DISPARITIES IN NORTH DAKOTA

This fact sheet provides information about oral health disparities among third grade students, middle school students, and high school students in North Dakota. Charts present data on tooth decay rates by race and National School Lunch Program status, dental visits in the past 12 months by race, and number of cavities by race. Recommendations for preventing tooth decay and improving oral health among children and adolescents from minority groups and among those from families with low incomes are included.

University of North Dakota School of Medicine and Health Sciences, Center for Rural Health. 2016. *Pediatric Oral Health Disparities in North Dakota*. Grand Forks, ND: University of North Dakota School of Medicine and Health Sciences, Center for Rural Health. 2 pp. <https://ruralhealth.und.edu/assets/2507-9202/north-dakota-pediatric-oral-health-disparities.pdf>

PREVALENCE OF TOTAL AND UNTREATED DENTAL CARIES AMONG YOUTH: UNITED STATES, 2015–2016

This data brief presents the prevalence of total and untreated caries in primary or permanent teeth among children and adolescents ages 2–19 for 2015–2016 and trends from 2011–2012 through 2015–2016. Along with key findings, the brief offers information on prevalence differences by race and Hispanic origin and income level for 2015–2016.

Fleming E, Afful J. 2018. *Prevalence of Total and Untreated Dental Caries Among Youth: United States, 2015–2016*. Hyattsville, MD: National Center for Health Statistics. 7 pp. <https://www.cdc.gov/nchs/data/databriefs/db307.pdf>

PREVENTIVE SERVICES PROGRAM: A REPORT FROM THE 2015–2016 SCHOOL YEAR

This report presents accomplishments of the Missouri Department of Health and Senior Services, Office of Dental Health, Missouri Oral Health Preventive Services Program (PSP), during the 2015–2016 school year. It also offers findings from the oral health screening component of the program. The report provides an overview of PSP and offers general information about program participants as well as participants' oral hygiene, dental sealant status, treated tooth decay, untreated tooth decay, treatment urgency, and dental caries status. [Funded by the Maternal and Child Health Bureau]

Missouri Department of Health and Senior Services, Office of Dental Health. 2016. *Preventive Services Program: A Report from the 2015–2016 School Year*. Jefferson City, MO: Missouri Department of Health and Senior Services, Office of Dental Health. 15 pp. <http://health.mo.gov/blogs/wp-content/uploads/2016/12/psp-report-2015-2016.pdf>

RESULTS FROM THE SCHOOL HEALTH POLICIES AND PRACTICES STUDY 2014

This report provides school- and classroom-level data on each of the following 10 components of the Whole School, Whole Community, Whole Child model: health education, physical education and physical activity, nutrition environment and services, health services, counseling, psychological and social services, healthy and safe school environment, physical environment, employee wellness, family engagement, and community involvement. Information about oral health education, screening and referral, and professional development is included.

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of Adolescent and School Health. 2015. *Results from the School Health Policies and Practices Study 2014*. Atlanta, GA: Centers for Disease Control and Prevention. 165 pp. http://www.cdc.gov/healthyyouth/data/shpps/pdf/shpps-508-final_101315.pdf

SCHOOL ORAL HEALTH SURVEY REPORTS

This report describes the process and results of the open-mouth survey of students in third grade in Iowa. Topics include the prevalence of untreated tooth decay in children and the impact of untreated tooth decay on a child's ability to eat, sleep, and learn in school; the role health insurance plays in accessing or obtaining care; and a comparison of oral health status to results from earlier surveys. Contents include survey objectives, methods, results, and a discussion of results.

Chickering S, Rodgers T, Kaiser E, Kane D. 2016. *School Oral Health Survey Reports*. Des Moines, IA: Iowa Department of Public Health, Bureau of Oral and Health Delivery Systems. 6 pp. http://www.idph.iowa.gov/Portals/1/userfiles/163/2016%20Third%20Grade%20Survey%20FINAL%209_23_16.pdf

SMILE SURVEY 2015–2016: A REPORT ON THE ORAL HEALTH OF WASHINGTON'S CHILDREN

This report presents results from an assessment of oral health among children in Head Start and early learning programs and children in kindergarten and second and third grade in public elementary schools in Washington. Results are compared with 2010 and 2005 Smile Survey results and with *Healthy People 2020* objectives and national averages. Topics include oral disease prevalence, decay experience and untreated tooth decay, dental sealants, and oral health disparities.

Washington State Department of Health, Oral Health Program and Surveillance and Evaluation Section. 2017. *Smile Survey 2015–2016: A Report on the Oral Health of Washington's Children*. Olympia, WA: Washington State Department of Health, Oral Health Program and Surveillance and Evaluation Section. 56 pp. <http://www.doh.wa.gov/Portals/1/Documents/Pubs/340-309-2016SmileSurvey.pdf>

TAKING A BITE OUT OF SCHOOL ABSENCES: CHILDREN'S ORAL HEALTH REPORT 2016

This report presents survey results on the prevalence and severity of tooth decay in students in kindergarten in public schools in Arizona. Contents include information about tooth decay and the impact of poor oral health on children, families, and society, with an emphasis on the

relationship between oral health and academic achievement. Survey results are presented by domain, including prevalence of decay experience, untreated decay, pain and infection, annual dental visits, and insurance coverage. Comparisons to previous statewide surveys, benchmarks and national data, and regional and county highlights are provided. [Funded in part by the Maternal and Child Health Bureau]

Arizona Early Childhood Development and Health Board. 2016. *Taking a Bite Out of School Absences: Children's Oral Health Report 2016*. Phoenix, AZ: Arizona Early Childhood Development and Health Board. 122 pp. http://azftf.gov/WhoWeAre/Board/Documents/FTF_Oral_Health_Report_2016.pdf

TEXAS THIRD GRADE ORAL HEALTH BASIC SCREENING SURVEY RESULTS

This document presents findings from a public-school-based screening survey to collect oral health data consistent with national standards. Topics include percentages of students in third grade with untreated tooth decay, dental sealants, and urgent need for oral health care. Comparisons from two statewide samples against *Healthy People 2020* goals are included.

Texas Department of State Health Services, Oral Health Program. 2015. *Texas Third Grade Oral Health Basic Screening Survey Results*. Austin, TX: Texas Department of State Health Services, Oral Health Program. 1 p. <https://www.dshs.texas.gov/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=8589998717>

TOOTH BE TOLD: COLORADO'S BASIC SCREENING SURVEY—CHILDREN'S ORAL HEALTH SCREENING: 2016–17

This report presents data from a survey of students in kindergarten and third grade in Colorado that included an oral health screening conducted during the 2016–2017 school year. The report provides an introduction to the survey and a summary of main findings; a description of the methodology; and results categorized by caries experience, untreated decay, treatment urgency, and sealants. Trends in oral health outcomes and in oral health disparities by race/ethnicity and school-level socioeconomic status are presented.

Calanan R, Elzinga-Marshall G, Gry D, Payne E, Mauritson K. 2018. *Tooth Be Told: Colorado's Basic Screening Survey—Children's Oral Health Screening: 2016–17*. Denver, CO: Colorado Department of Public Health and Environment. 33 pp. https://www.colorado.gov/pacific/sites/default/files/PW_OH_BSSReport.pdf

USING ORAL HEALTH DATA TO INFORM DECISIONS AND POLICY DEVELOPMENT

This fact sheet provides tips for using complex oral health data and for presenting it in a way that is understandable and meaningful for a non-oral-health audience. Selected tips include reporting data in a timely manner, developing an effective written communication plan, humanizing the story, and considering publishing a full-length report as well as a brief summary.

Association of State and Territorial Dental Directors. 2017. *Using Oral Health Data to Inform Decisions and Policy Development*. Sparks, NV: Association of State and Territorial Dental Directors. 3 pp. <https://www.astdd.org/www/docs/using-oral-health-data-for-poicy-july-2017.pdf>

Care

BASIC EXPECTATIONS FOR SAFE CARE TRAINING MODULES

This training series covers the principles of infection prevention and control that form the basis of Centers for Disease Control and Prevention recommendations for oral health settings. The series is divided into 10 modules. The series covers the following topics: introduction, hand hygiene, personal protective equipment, respiratory hygiene and cough etiquette, sharps safety, safe injection practices, sterilization and disinfection, environmental infection prevention and control, dental unit water quality, and program evaluation. Each module includes a slide set and speaker notes.

National Center for Chronic Disease Prevention and Health Promotion, Division of Oral Health. 2018. *Basic Expectations for Safe Care Training Modules*. Atlanta, GA: Centers for Disease Control and Prevention. 10 modules. <https://www.cdc.gov/oralhealth/infectioncontrol/safe-care-modules.htm>

CONFRONTING THE CONSENT CONUNDRUM: LESSONS FROM A SCHOOL ORAL HEALTH COMMUNITY

This document presents ideas that emerged from the School-Based Health Alliance initiative, Strengthening School Oral Health Services and Growing the School Oral Health Learning Community, and that resulted in an increase in the number of positive parental consents for school oral health services. The initiative encompassed the 10 largest U.S. school districts, which serve more than 4 million students, including a significant number of students with high needs. The document discusses school engagement, family engagement, community engagement, oral health education, and data collection and use.

School-Based Health Alliance and Oral Health 2020 Network. 2018. *Confronting the Consent Conundrum: Lessons from a School Oral Health Community*. Washington, DC: School-Based Health Alliance; Boston, MA: Oral Health 2020 Network. 6 pp. http://www.sbh4all.org/wp-content/uploads/2018/04/DQF_WP_ConsentConundrum_F.pdf

DENTAL FIRST AID

This flip chart, developed for child care providers and school personnel, offers guidance for providing temporary assistance and relief during dental emergencies. The chart also discusses basic oral health principles, prevention, and care. It provides information about toothbrushing, teething, and flossing; dental first aid; oral ulcers and oral piercing complications; oral health services in Maryland; injury prevention; nutrition and oral health, child abuse and dental neglect; tooth eruption, gum inflammation, and tooth extraction complications; dental trauma; fluoride; water testing sites; and other related topics.

Maryland Department of Health and Mental Hygiene, Office of Oral Health. 2016. *Dental First Aid*. Baltimore, MD: Maryland Department of Health and Mental Hygiene, Office of Oral Health. 13 pp. <https://phpa.health.maryland.gov/oralhealth/Documents/FlipChart.pdf>

DENTAL TRAUMA DECISION TREE

This tool is designed to aid school nurses, teachers, and athletic coaches in treating minor dental emergencies. It provides information about what to do in case of injury to a primary or permanent tooth, with different instructions depending on the nature of the injury. General information about what to do in a dental emergency is included.

Rhode Island Department of Health, Oral Health Program. 2018. *Dental Trauma Decision Tree*. Providence, RI: Rhode Island Department of Health, Oral Health Program. 1 p. <http://health.ri.gov/publications/guides/DentalTraumaDecisionTree.pdf>

FUTURE SMILES: PROGRAM FORMS

These forms are intended for use in implementing a school-based oral hygiene program to provide preventive oral health services (screenings, cleanings, fluoride varnish applications, dental sealant application, and education) for children from families with low incomes in Nevada. Contents include referral and consent forms and a privacy notice in English and Spanish.

Future Smiles. 2016–. *Future Smiles: Program Forms*. Las Vegas, NV: Future Smiles. 3 items. <http://www.futuresmiles.net/resources/program-forms>

STATE OF RHODE ISLAND SCHOOL DENTAL SCREENING FORM

This form for school oral health programs includes information to share with parents about their child's oral health screening. In addition to space to insert the child's school, name, grade, and classroom, the form allows school oral health programs to indicate whether the child has no obvious oral health problems, has problems that should be evaluated by a dentist, or needs immediate care by a dentist. Space for notes and additional comments as well as the screener's name and screening date is included.

Rhode Island Department of Health. 2016. *State of Rhode Island School Dental Screening Form*. Providence, RI: Rhode Island Department of Health. 1 p. <http://health.ri.gov/forms/screening/SchoolDental.pdf>

Dental Sealants

ARIZONA SCHOOL-BASED SEALANT PROGRAM

This brochure presents information about the Arizona School-Based Sealant Program, which provides dental sealants to students in second and sixth grades who qualify. The brochure explains what school-based dental sealant programs do and why they are important, provides guidelines for who qualifies for the program, and offers statistical information about the oral health of children in Arizona.

Arizona Department of Health Services, Office of Oral Health. 2016. *Arizona School-Based Sealant Program*. Phoenix, AZ: Arizona Department of Health Services, Office of Oral Health. 2 pp. <http://www.azdhs.gov/documents/prevention/womens-childrens-health/oral-health/dental-programs/arizona-school-based-sealant-program-information.pdf>

BEST PRACTICE APPROACH: SCHOOL-BASED DENTAL SEALANT PROGRAMS

This report discusses school-based dental sealant programs, assesses the strength of evidence for the effectiveness of these programs, and uses practice examples to illustrate successful and innovative implementation of the programs. The report provides guidelines and recommendations, research evidence, best practice criteria, and state practice examples.

Association of State and Territorial Dental Directors. 2017. *Best Practice Approach: School-Based Dental Sealant Programs*. Reno, NV: Association of State and Territorial Dental Directors. 17 pp. <https://www.astdd.org/docs/sealant-bpar-update-11-2017-final.pdf>

CERTIFICATION FOR LOCAL SCHOOL DENTAL SEALANT PROGRAMS

This document presents the final text rule requiring local school-based dental sealant programs (SBSPs) in Oregon to be certified by the Oregon Health Authority before they can provide dental sealants. Contents include guidance on the requirements for certification, the application process for certification and recertification,

monitoring of SBSPs, and decertification or provisional certification for programs that are out of compliance. Information about certification and clinical training is also available.

Oregon Health Authority, Oral Health Program. 2016. *Certification for Local School Dental Sealant Programs*. Portland, OR: Oregon Health Authority. 6 pp. <https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/ORALHEALTH/SCHOOL/Pages/certification-training.aspx>

DENTAL SEALANT PERMISSION SLIP— TEMPLATE

This dental sealant permission slip template, for use by school-based dental sealant programs, can be used to obtain consent from parents or guardians for students to receive dental sealants as well as other related preventive oral health services. The template can be customized with the program name and other information. Space to provide additional information that parents or guardians would like the program to know is included. The form is written in Arabic, Burmese, English, Hmong, and Spanish.

Wisconsin Seal-A-Smile. 2016. *Dental Sealant Permission Slip—Template*. West Allis, WI: Wisconsin Seal-A-Smile. 1 p. <https://www.chawisconsin.org/download/dental-sealant-permission-slip>

DENTAL SEALANTS: A RESOURCE GUIDE (4TH EDITION)

This resource guide provides information to health professionals about the use and application of dental sealants. The first section describes materials, such as brochures, fact sheets, guidelines, curricula, and reports. The second section lists federal agencies, national professional associations, and resource centers that may serve as resources. [Funded by the Maternal and Child Health Bureau]

National Maternal and Child Oral Health Resource Center. 2017. *Dental Sealants: A Resource Guide* (4th ed.). Washington, DC: National Maternal and Child Oral Health Resource Center. 20 pp. <https://www.mchoralhealth.org/PDFs/DentalSealantGuide.pdf>

DENTAL SEALANTS KEEP CHILDREN HEALTHY & READY TO LEARN

This infographic provides information about dental caries (tooth decay) in school-age children and how dental sealants prevent decay and reduce costs in Florida. Contents include the percentage of students in third grade who have untreated decay, the number and cost of caries-related emergency department visits, the costs of sealants vs. fillings, and the potential return on investment. Information about state programs that provide preventive oral health services is included.

Florida Department of Health, Public Health Dental Program. 2015. *Dental Sealants Keep Children Healthy & Ready to Learn*. Tallahassee, FL: Florida Department of Health, Public Health Dental Program. 1 p. http://www.floridahealth.gov/programs-and-services/community-health/dental-health/_documents/dental-sealant-roi.pdf

DENTAL SEALANTS PREVENT CAVITIES: EFFECTIVE PROTECTION FOR CHILDREN

This fact sheet describes opportunities to improve oral health in children and adolescents by starting or expanding programs that offer dental sealants in schools. Topics include what sealants are and why they are used; disparities in sealant use; what the federal government is doing to promote sealants; and what state officials, health professionals, school administrators, and parents can do to increase the use of sealants. The fact sheet is available in English and Spanish. Additional resources including a podcast, a public service announcement, descriptions of dental sealant programs, and related materials are available from the website.

National Center for Chronic Disease Prevention and Health Promotion. 2016. *Dental Sealants Prevent Cavities: Effective Protection for Children*. Atlanta, GA: Centers for Disease Control and Prevention. 4 pp. <http://www.cdc.gov/vitalsigns/dental-sealants/index.html>

IMPROVING ORAL HEALTH WITH SCHOOL-BASED SEALANT PROGRAMS

This self-study course for oral health professionals focuses on the role of school-based dental sealant programs (SBSPs) in reducing dental caries incidence and addressing children's oral health needs. Topics include the effectiveness of sealants in caries prevention, defining SBSPs, SBSPs' success in reducing caries incidence, and challenges in implementing SBSPs and strategies for overcoming these challenges.

Crespin M, Gross-Panico M. 2016. Improving oral health with school-based sealant programs. *Dimensions of Dental Hygiene* 14(6):52–55. <https://dimensionsofdentalhygiene.com/article/improving-oral-health-with-school-based-sealant-programs>

I-SMILE™ @ SCHOOL: 2015 REPORT ON THE IOWA DEPARTMENT OF PUBLIC HEALTH'S SCHOOL-BASED SEALANT PROGRAM

This report describes the services and impact of a school-based dental sealant program to prevent oral disease and improve the oral health of children in Iowa. The program provides students with onsite screening, sealants, fluoride varnish, education, and care-coordination services. Topics include trends in the number of children who were screened, the number of children who received sealants, the number of sealants placed, and the number of counties served. The report also documents the number of cavities averted due to program services and gives an example of a success story.

Chickering S, Meister S. 2016. *I-Smile™ @ School: 2015 Report on the Iowa Department of Public Health's School-Based Sealant Program*. Des Moines, IA: Iowa Department of Public Health, Bureau of Oral and Health Delivery Systems. 4 pp. http://idph.iowa.gov/Portals/1/userfiles/34/ohc_reports/iss_report_04142016.pdf

I-SMILE™ @ SCHOOL: SCHOOL-BASED ORAL HEALTH PROGRAMS

This manual outlines expectations of agencies receiving grant funds for school-based dental sealant programs (SBSPs) in Iowa to help them achieve their program goals. It provides an introduction to SBSPs and discusses regulatory

guidelines; program requirements; forms, reporting, and recording; and budget and funding information. Sample forms and letters are included.

Iowa Department of Public Health. 2017. *I-Smile™ @ School: School-Based Oral Health Programs*. Des Moines, IA: Iowa Department of Public Health. 1 v. https://idph.iowa.gov/Portals/1/userfiles/34/ohc_school-based-sealants/Sealant%20Manual%20FINAL%20updated%208-2017.pdf

MARYLAND MIGHTY TOOTH: DENTAL SEALANT GUIDELINES AND OPERATIONS MANUAL

This manual helps school-based dental sealant program personnel design new programs and evaluate and update existing ones. Contents include an introduction to the Maryland Mighty Tooth Dental Sealant Program, outcomes and evaluation, and best practices; an overview of information and administrative protocols; a summary of how to operate effective community programs; a discussion of tooth-surface selection, materials, and application techniques; an overview of assessment and data collection; lists of relevant health curricula, training programs, and reports; site reviews; and information about technical assistance.

Maryland Department of Health and Mental Hygiene, Office of Oral Health. 2016. *Maryland Mighty Tooth: Dental Sealant Guidelines and Operations Manual*. Baltimore, MD: Maryland Department of Health and Mental Hygiene, Office of Oral Health. 57 pp. <http://phpa.dhmh.maryland.gov/oralhealth/docs1/Dental-Sealant-Guidelines-Operations-Manual.pdf>

MARYLAND MIGHTY TOOTH: SCHOOL-BASED DENTAL SEALANT TRAINING PROGRAM

This training program for school-based dental sealant program (SBSP) staff in Maryland provides information about the history, operations, and underlying principles of SBSPs. Topics include guidelines for infection control in SBSPs, tooth selection and assessment for dental sealants, the sealant-application process, and program operations. Self-assessment quizzes are included.

National Maternal and Child Oral Health Resource Center and Maryland Department of Health, Office of Oral Health. 2015-. *Maryland Mighty Tooth: School-Based Dental Sealant Training Program*. Washington, DC: National Maternal and Child Oral Health Resource Center; Baltimore, MD: Maryland Department of Health, Office of Oral Health. Multiple items. <http://mightytoothcurriculum.com>

ORAL HEALTH

This document provides information about oral-health-related programs and activities conducted by the Iowa Department of Health. Programs include I-Smile, which focuses on oral health for infants, children, and pregnant women, and I-Smile @ School, which helps local public health organizations provide oral health screenings, fluoride applications, dental sealants, and oral health education to children and adolescents in first through eighth grades. Information about how the department measures its progress, why oral health is important to Iowans, and what Iowans can do to help is included.

Iowa Department of Public Health. 2018. *Oral Health*. Des Moines, IA: Iowa Department of Public Health. 2 pp. https://idph.iowa.gov/Portals/1/About_IDPH/Files/82a0ad69-d092-437b-8fb5-235217adcf5a.pdf

ORAL HEALTH: PREVENTING DENTAL CARIES, SCHOOL-BASED DENTAL SEALANT DELIVERY PROGRAMS

This report presents the Community Preventive Services Task Force recommendation for the use of school-based dental sealant programs and the rationale for that recommendation. The report explains what dental sealants are, how they are applied, and what school-based dental sealant programs do. Also addressed are the basis for the recommendation, applicability and generalizability issues, data-quality issues, other benefits and harms, economic evidence, and evidence gaps. Summary evidence tables on the effectiveness of dental sealants and the effectiveness of school-based dental sealant programs are included.

Community Preventive Services Task Force. 2016. *Oral Health: Preventing Dental Caries, School-Based Dental Sealant Delivery Programs*. Atlanta, GA: Community Preventive Services Task Force.

6 pp. https://www.thecommunityguide.org/sites/default/files/assets/Oral-Health-Caries-School-based-Sealants_0.pdf

REPORT OF THE SEALANT WORK GROUP: RECOMMENDATIONS & PRODUCTS

This report provides work group recommendations for states to strengthen the ability of school-based dental sealant programs to reach more children, especially those at highest risk for dental caries. Contents include recommendations in the following priority areas: promoting evidence-based and promising practices; communicating with families, the community, and school staff; collecting, analyzing, and reporting data; addressing Medicaid and reporting data; and addressing Medicaid and regulatory hurdles. A summary of the recommendations, an infographic, a questions-and-answers document, and a communications plan worksheet are also available.

Sealant Work Group. 2017. *Report of the Sealant Work Group: Recommendations & Products*. Washington, DC: Children's Dental Health Project. 19 pp. <https://s3.amazonaws.com/cdhp/sealants/SWG+Report.pdf>

SCHOOL-BASED DENTAL SEALANT PROGRAM MANUAL

This manual provides professional recommendations and states' expectations for school-based dental sealant programs under the Ohio Department of Health (ODH). Contents include local program operations, regulatory compliance, compliance with ODH policies, sealant program eligibility, sample program forms, clinical materials and methods, retention checks, Medicaid billing and collection, reimbursement guidelines, health professional enrollment, filing claims, performance benchmarks and performance standards, reporting, ODH program reviews, and compliance with other ODH requirements. The appendices contain sample forms, records, letters, and other practice-related materials.

Ohio Department of Health, Bureau of Maternal, Child, and Family Health. 2018. *School-Based Dental Sealant Program Manual*. Columbus, OH: Ohio Department of Health, Bureau of Maternal, Child, and Family Health. 47 pp. <https://www.astdd.org/docs/ohio-dental-sealant-manual-february-2018.pdf>

SCHOOL-BASED DENTAL SEALANT PROGRAMS

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

Centers for Disease Control and Prevention, Division of Oral Health. 2015. *School-Based Dental Sealant Programs*. Atlanta, GA: Centers for Disease Control and Prevention. 1 p. http://www.cdc.gov/OralHealth/dental_sealant_program

SCHOOL-BASED SEALANT PROGRAMS: AN INNOVATIVE APPROACH TO IMPROVE CHILDREN'S ORAL HEALTH

This brief explores the impact of dental caries on children's overall health and academic success and how North Carolina can take steps to improve children's oral health through the use of school-based dental sealant programs (SBSPs). Topics include the impact of dental caries on children's health and well-being, evidence-based solutions, SBSPs, the impact of SBSPs on children's oral health outcomes, and North Carolina considerations. Recommendations for ways that North Carolina can improve children's oral health and academic outcomes are included.

Vidrine S, Hamrick A. 2018. *School-Based Sealant Programs: An Innovative Approach to Improve Children's Oral Health*. Raleigh, NC: NC Child. 10 pp. <http://www.ncchild.org/wp-content/uploads/2018/03/FINAL-Oral-Health-Report.pdf>

SCHOOL-BASED DENTAL SEALANT PROGRAMS (2ND EDITION)

This curriculum is designed to provide school-based dental sealant program (SBSP) staff with an understanding of the history, operations, and 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 requirements that apply to programs funded by ODH. [Funded by the Maternal and Child Health Bureau]

Barzel R, Holt K, Kolo S, Siegal M, eds. 2018. *School-Based Dental Sealant Programs* (2nd ed.). Washington, DC: National Maternal and Child Oral Health Resource Center. Multiple items. <https://www.mchoralhealth.org/Dental-Sealant>

SCHOOL DENTAL SEALANT PROGRAMS: AT A GLANCE

This infographic provides information about school-based dental sealant programs. It includes statistical information, recommendations for action, and information about the Louisiana Seals Smiles program.

Louisiana Department of Health, Office of Public Health. 2016. *School Dental Sealant Programs: At a Glance*. Baton Rouge, LA: Louisiana Department of Public Health, Office of Public Health. 2 pp. <http://wellaheadla.com/Portals/0/Oral%20Health/Sealant%20One%20Pager.pdf?ver=2017-06-19-090353-813>

SCHOOL DENTAL SEALANT PROGRAMS WHITE PAPER

This paper provides information about school-based dental sealant programs (SBSPs). It offers background information about tooth decay prevalence and dental sealant prevalence among children and adolescents and Association of State and Territorial Dental Directors recommendations related to SBSPs. The effectiveness of dental sealants for preventing tooth decay is discussed, along with important considerations for SBSPs, including sealant material selection and staffing considerations.

Association of State and Territorial Dental Directors. 2017. *School Dental Sealant Programs White Paper*. Reno, NV: Association of State and Territorial Dental Directors. 3pp. <https://www.astdd.org/docs/school-dental-sealant-programs.pdf>

SEAL AMERICA: THE PREVENTION INVENTION (3RD EDITION)

This manual is designed to assist health professionals in launching and sustaining school-based dental sealant programs (SBSPs). In addition to offering a step-wise approach for planning and implementing SBSPs, the manual addresses issues related to referring students with unmet oral

health needs to a dental clinic or office. Health professionals working in established SBSPs may also find the manual of interest as they work to improve specific aspects of their programs. [Funded by the Maternal and Child Health Bureau]

Carter NL, Lowe E, with the American Association for Community Dental Programs and the National Maternal and Child Oral Health Resource Center. 2016. *Seal America: The Prevention Invention* (3rd ed.). Washington, DC: National Maternal and Child Oral Health Resource Center. 1 v. <http://mchoralhealth.org/seal>

SEAL IN A SMILE

This video for children addresses the importance of dental sealants. Live action and animation are used to demonstrate what sealants are, how they prevent tooth decay, and how they are applied.

Ohio Department of Health, Oral Health Program; Columbus Public Health Dental Sealant Program, East Columbus Elementary, Hamilton Local Elementary. 2016. *Seal in a Smile*. Columbus, OH: Ohio Department of Health. 1 video (4 min., 21 sec.). http://progressive.powerstream.net/008/00153/Seal_in_a_Smile_2016.mp4

SEAL RI! SCHOOL BASED DENTAL SEALANT PROGRAM 2013–14

This map provides data from SEAL RI!, a partnership between the Rhode Island Department of Health and community organizations to provide free oral health services, such as dental sealants, to children in school. Contents are presented by school district. Selected topics include the percentage of schools served by SEAL RI!, the percentage of schools with 50 percent or more students eligible for the National School Lunch Program and served by SEAL RI!, the percentage of students in first through third grades screened by SEAL RI!, and the percentage of students in first through third grades who received at least one first molar sealant.

Rhode Island Department of Health, SEAL RI! Program. 2015. *SEAL RI! School Based Dental Sealant Program 2013–14*. Providence, RI: Rhode Island Department of Health, SEAL RI! Program. 1 p. <http://rihealth.maps.arcgis.com/apps/MapTour/?appid=e4543f8a3d6d431e9cedef37c295832a>

STATE DENTAL SCREENING LAWS FOR CHILDREN: EXAMINING THE TREND AND IMPACT—AN UPDATE TO THE 2008 REPORT

This report discusses whether state dental screening laws have expanded since the original report was published in 2008 and the degree to which these laws are advancing broader goals to improve access to oral health care and reduce oral disease. The report provides background information on how dental screening laws can serve as a policy approach to ensure that children are ready for school, reviews methods and results, and offers a discussion and recommendations.

Children's Dental Health Project. 2019. *State Dental Screening Laws for Children: Examining the Trend and Impact—An Update to the 2008 Report*. Washington, DC: Children's Dental Health Project. 17 pp. <https://www.cdhp.org/resources/341-state-dental-screening-laws-for-children-examining-the-trend-and-impact>

STATES STALLED ON DENTAL SEALANT PROGRAMS

This report presents findings from a survey of dental directors and state dental boards to assess progress on four benchmarks reflecting the reach, efficiency, and effectiveness of state school-based dental sealant programs (SBSPs). Topics include the extent to which SBSPs are serving high-need schools, whether dental hygienists are allowed to place sealants in SBSPs without a dentist's prior exam, whether states collect data and participate in a national database, and the proportion of students receiving sealants across the state. State fact sheets are also available.

Children's Dental Policy. 2015. *States Stalled on Dental Sealant Programs*. Philadelphia, PA: Pew Charitable Trusts. 25 pp. http://www.pewtrusts.org/~media/Assets/2015/04/Dental_SealantReport_Final.pdf

WHEN REGULATIONS BLOCK ACCESS TO ORAL HEALTH CARE, CHILDREN AT RISK SUFFER: THE SCHOOL DENTAL SEALANT PROGRAM DILEMMA

This brief describes state-based regulations or policies (e.g., related to dental practice acts, oral exams, employment requirements, procedures allowed under general supervision, Medicaid) that limit or prevent dental hygienists from applying dental sealants to children's teeth at school or that create a financial burden for school-based dental sealant programs. The brief also discusses responses from a questionnaire for state dental directors.

Pew Charitable Trusts. 2018. *When Regulations Block Access to Oral Health Care, Children at Risk Suffer: The School Dental Sealant Program Dilemma*. Philadelphia, PA: Pew Charitable Trusts. 12 pp. <http://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2018/08/when-regulations-block-access-to-oral-health-care-children-at-risk-suffer#0-overview>

WISCONSIN SEAL-A-SMILE ADMINISTRATION MANUAL

This manual provides policies and procedures for all Wisconsin Seal-A-Smile (SAS) grantees, with the goal of helping them administer programs and ensure consistency across programs. The purpose of SAS is to improve the oral health of Wisconsin children through school-based dental sealant programs. Topics include administrative and regulatory guidelines; program requirements; forms, reporting, and recording; and budget and funding information. Information about infection control and safe delivery of oral health care outside the dental office is included in appendices.

Children's Health Alliance of Wisconsin. 2018. *Wisconsin Seal-A-Smile Administration Manual*. Milwaukee, WI: Children's Health Alliance of Wisconsin. 35 pp. <https://www.chawisconsin.org/download/seal-a-smile-admin-manual>

Education

#MYSMILEMATTERS NATIONAL YOUTH ENGAGEMENT PLAN

This document presents a model for helping adolescents and adults integrate oral health advocacy, learning, and teaching opportunities into their schools and communities. Contents include activities to increase oral health literacy by changing beliefs, activities to change oral health habits by changing behavior, and activities to affect whole populations by changing the environment. The plan also outlines steps for adolescents and youth groups to become members of the #MySmileMatters Youth Movement, a national initiative to engage adolescents in oral health and wellness.

National Children's Oral Health Foundation. 2016. *#MySmileMatters National Youth Engagement Plan*. Charlotte, NC: National Children's Oral Health Foundation. 11 pp. <http://bit.ly/YthEngPlan2016>

ADOLESCENT ORAL HEALTH CAMPAIGN FINAL REPORT: 2016–2017 SCHOOL YEAR

This final report provides information about activities of the Adolescent Oral Health Campaign during academic year 2016–2017. The purpose of the campaign was to educate students in middle school and high school in Utah, especially along the Wasatch Front, about oral health. The goal was to increase positive oral health behaviors and increase use of oral health services. The report describes the campaign's goals, objectives, methods, and results.

Neufeld L, Gero A. 2017. *Adolescent Oral Health Campaign Final Report: 2016–2017 School Year*. Salt Lake City, UT: Utah Department of Health, Oral Health Program. 9 pp. <http://health.utah.gov/oralhealth/resources/reports/2016-2017-Adolescent%20Oral%20Health.pdf>

CHILDREN'S DENTAL HEALTH BOOKS

This resource lists books about oral health for children under age 7. Topics include self-care, general information about teeth, and visiting the dentist. Spanish-language books and information about the book-review process and the interprofessional review team are included, along with an evaluation tool.

University of Maryland Health Sciences and Human Services Library Interprofessional Review Team. 2015. *Children's Dental Health Books*. Baltimore, MD: University of Maryland, Health Sciences and Human Services Library. 1 v. <http://guides.hshsl.umaryland.edu/dentistry/DentalBooksForChildren>

CHILDREN'S ORAL HEALTH

These public-awareness-campaign materials are designed for use during Children's Dental Health Month (February) to encourage good oral health for children of all ages. Contents include activity sheets; a guide for parents; a poster for displaying in an office waiting room; a certificate to present to children; tools for classroom educators (customizable letter and teacher's guide); and classroom resources, including lesson plans, demos and videos, and frequently asked questions.

Procter and Gamble Company. 2016. *Children's Oral Health*. Cincinnati, OH: Procter and Gamble Company. Multiple items. <https://www.dentalcare.com/en-us/patient-education/childrens-dental-health>

FEBRUARY IS NATIONAL CHILDREN'S DENTAL HEALTH MONTH

These materials are designed to help health professionals and educators raise awareness about the importance of oral health during National Children's Dental Health Month (February). The 2019 campaign slogan is "Brush and clean in between to build a healthy smile." Contents include a program-planning guide, press releases, broadcasting tips, sample newspaper articles, posters, and activity sheets in English and Spanish for children and adolescents.

American Dental Association. 2018. *February Is National Children's Dental Health Month*. Chicago, IL: American Dental Association, Division of Communications. Multiple items. <http://www.ada.org/en/public-programs/national-childrens-dental-health-month>

FROM DROOL TO SCHOOL: CARING FOR YOUR CHILD'S ORAL HEALTH FROM THE DROOL YEARS THROUGH THE SCHOOL YEARS

This booklet for parents provides information, tips, and resources on how to care for their infant's or child's oral health from birth through the elementary school years. The booklet also includes information about how to find and pay for oral health care and activities that parents can do with their child to help them learn together about the importance of good oral health. The booklet is available in Arabic, English, and Spanish. A brochure and video are also available.

Delta Dental Foundation, Michigan Dental Association Foundation. 2015. *From Drool to School: Caring for Your Child's Oral Health from the Drool Years Through the School Years*. Lansing, MI: Delta Dental Plan of Michigan. 56 pp. <https://www.deltadentalmi.com/MediaLibraries/Global/documents/From-Drool-to-School-Book-DIGITAL.pdf>

ORAL HEALTH FOR CHILDREN AND ADOLESCENTS: HOW CAN YOU HELP?

This document, which is geared toward parents, explains why oral health is important and how to help prevent dental caries and other oral health problems. The document presents a series of questions about school health services, including oral health services, that can help parents support their child's school's efforts to address oral health. Other questions presented cover oral health education, bullying prevention, how teachers reward students (i.e., with food or nonfood items), and whether students have access to free and clean drinking water. The document explains how to find answers to the questions for those that don't know how to answer them.

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. No date. *Oral Health for Children and Adolescents: How Can You Help?* Atlanta, GA: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 1 p. https://www.cdc.gov/healthyschools/parentengagement/pdf/P4HS_OralHealth.pdf

SMILE SAVERS ACTIVITY BOOKS

These activity books provide information about oral health and promote oral health to children. One book is for children from kindergarten to fourth grade, and the other is for children in fifth grade and up. Activities include coloring sheets, crossword puzzles, word games, and comics that can be colored.

Alabama Department of Public Health, Oral Health Office with Troy University. 2016. *Smile Savers Activity Books*. Montgomery, AL: Alabama Department of Public Health, Office of Oral Health. 2 v. <http://www.alabamapublichealth.gov/oralhealth/education.html>

YOUR TEENS MAY THINK THAT THEY DON'T NEED YOU ANYMORE, BUT THEY'LL ALWAYS NEED THEIR TEETH!

These resources for parents provide guidance on helping adolescents make decisions that affect their oral health and overall health. Topics include toothbrushing, flossing, visiting the dentist, eating healthy foods, avoiding tobacco, and drinking water with fluoride. The resources are available in English and Spanish.

American Academy of Pediatrics, Campaign for Dental Health. 2017. *Your Teens May Think That They Don't Need You Anymore, But They'll Always Need Their Teeth!* Elk Grove Village, IL: American Academy of Pediatrics, Campaign for Dental Health. 3 items. <http://ilikemyteeth.org/teens-may-think-dont-need-anymore-theyll-always-need-teeth>

Fluorides

BEST PRACTICE APPROACH REPORT: USE OF FLUORIDE IN SCHOOLS

This report focuses on best practices for the use of fluoride in schools. It discusses fluoride as a measure to prevent tooth decay in children, different types of programs that provide fluoride to children, and different forms of fluoride. Evidence for the efficacy of fluoride in preventing tooth decay and best practice criteria are provided. The report also includes state practice examples.

Association of State and Territorial Dental Directors. 2018. *Best Practice Approach Report: Use of Fluoride in Schools*. Reno, NV: Association of State and Territorial Dental Directors. 24 pp. <https://www.astdd.org/docs/final-approved-fluoride-in-schools-bpar-july-2018.pdf>

FLUORIDE MOUTHRINSE PROGRAM MANUAL

This manual provides school personnel and volunteers with procedures and requirements for administering and implementing a school-based fluoride mouthrinse program in Ohio. Topics include program roles, responsibilities, and operation; administration guidelines; recommendations for teachers; and program implementation and site visits. Forms and procedural options, including adaptations for students with special health care needs, are included.

Ohio Department of Health, Oral Health Program. 2016. *Fluoride Mouthrinse Program Manual*. Columbus, OH: Ohio Department of Health, Oral Health Program. 28 pp. https://odh.ohio.gov/wps/wcm/connect/gov/d41a40d0-372b-4b03-bbe5-3f1b940336b6/Fluoride+Mouthrinse+Program+Manual.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-d41a40d0-372b-4b03-bbe5-3f1b940336b6-mzCAu64

FLUORIDE VARNISH: AN EVIDENCE-BASED APPROACH—RESEARCH BRIEF

This brief presents information to help health professionals design, implement, and evaluate community-based programs that apply fluoride varnish. Topics include a definition of fluoride varnish and how it prevents tooth decay; the characteristics, effectiveness, and safety of fluoride varnish; and recommendations for using fluoride varnish. The brief also provides tips for selecting cost-effective community and school dental-caries-prevention programs.

Association of State and Territorial Dental Directors, Fluorides Committee. 2016. *Fluoride Varnish: An Evidence-Based Approach—Research Brief*. Reno, NV: Association of State and Territorial Dental Directors. 19 pp. <http://www.astdd.org/docs/fl-varnish-brief-september-2014-amended-05-2016.docx>

I LIKE MY TEETH [POSTERS]

These posters for consumers share simple, positive messages about brushing children's teeth with fluoridated toothpaste, drinking fluoridated water, eating a healthy diet, and talking to the dentist or doctor about fluoride treatments for children. The posters are available in English and Spanish.

National Center on Early Childhood Health and Wellness. 2017. *I Like My Teeth* [posters]. Elk Grove Village, IL: National Center on Early Childhood Health and Wellness. 8 items. <https://eclkc.ohs.acf.hhs.gov/oral-health/article/oral-health-resources-staff>

INFORMED CONSENT FOR SILVER DIAMINE FLUORIDE

This form is designed to assist oral health professionals in obtaining patient consent for use of silver diamine fluoride (SDF) to arrest dental caries. Contents include facts about SDF, including potential risks, and alternatives to using SDF. A photo of how teeth may look after SDF treatment is included. The form is available in Chinese, English, and Spanish.

San Francisco Department of Public Health, Dental Services. 2016. *Informed Consent for Silver Diamine Fluoride*. San Francisco, CA: San Francisco Department of Public Health, Dental Services. 1 p. <http://www.nnoha.org/nnoha-content/uploads/2016/11/Consent-SDF-SFDPH-Chinese.pdf> (Chinese), <http://www.nnoha.org/nnoha-content/uploads/2016/11/Consent-SDF-SFDPH-Eng.pdf> (English), <http://www.nnoha.org/nnoha-content/uploads/2016/11/Consent-SDF-SFDPH-Spanish.pdf> (Spanish)

PUBLIC HEALTH INTERVENTION: USE OF SILVER DIAMINE FLUORIDE FOR ARRESTING DENTAL CARIES

This document provides information about silver diamine fluoride (SDF) and how it can be used to arrest dental caries. Topics include background information, indications for use of SDF in children and adults, information about clinical applications and safety, and clinical protocols.

Illinois Department of Public Health. 2017. *Public Health Intervention: Use of Silver Diamine Fluoride for Arresting Dental Caries*. Springfield,

IL: Illinois Department of Public Health. 3 pp. http://www.dph.illinois.gov/sites/default/files/publications/publicationsohpmsdf-guidance_0.pdf

SDF: GIVING VERY YOUNG CHILDREN SOMETHING TO SMILE ABOUT

This video provides information about using silver diamine fluoride (SDF) to arrest dental caries in young children. The video provides background on SDF. It discusses the safety, efficacy, and cost of SDF treatment and the advantages and disadvantages of SDF over alternative approaches to treating dental caries in young children. The video also shows how SDF is applied and provides information about insurance coverage for SDF treatment in North Carolina.

Raskin M. 2019. *SDF: Giving Very Young Children Something to Smile About*. Chapel Hill, NC: University of North Carolina at Chapel Hill; Raleigh, NC: North Carolina Division of Public Health Oral Health Section. 1 video (7:53 minutes). <http://toothtalk.org/portfolio-view/sdf-giving-very-young-children-something-to-smile-about>

SILVER DIAMINE FLUORIDE

This fact sheet for consumers provides information about silver diamine fluoride (SDF). It explains what SDF is, how it is applied, and who should and should not receive SDF treatment. Photographs of teeth before and after SDF application are included.

Apple Tree Dental. 2017. *Silver Diamine Fluoride*. Rochester, MN: Apple Tree Dental. 1 p. <https://www.appletreedental.org/wp-content/uploads/2018/09/Patient-Education-SDF-SILVER-DIAMINE-FLUORIDE-all-ages-2017.pdf>

SILVER DIAMINE FLUORIDE: A NEW TREATMENT FOR CAVITIES

This brochure provides information about silver diamine fluoride and how it is used to arrest dental caries in children and adults. The brochure explains what silver diamine fluoride is; provides detailed steps for applying it; and discusses indications for use, benefits, risks, drawbacks, and contraindications.

Community Health Center of Franklin County. No date. *Silver Diamine Fluoride: A New Treatment for Cavities*. Turners Falls, MA: Community Health Center of Franklin County. 2 pp. http://www.chcfc.org/uploads/2/0/9/1/20916560/silver_diamine_fluoride_brochure.pdf

SILVER DIAMINE FLUORIDE PROTOCOL

This document provides information about silver diamine fluoride (SDF) and how to use it. The document provides background information and discusses the efficacy and safety of SDF, requirements for applying it in Iowa, indications and contraindications for application in children and adults, how to apply SDF, and frequency of application for best results.

Iowa Department of Public Health. 2018. *Silver Diamine Fluoride Protocol*. Des Moines, IA: Iowa Department of Public Health. 3 pp. https://idph.iowa.gov/Portals/1/userfiles/222/Silver%20Diamine%20Fluoride%20Protocol_IDPH_8_2018.pdf

SILVER DIAMINE FLUORIDE (SDF) APPLICATION: EVIDENCE-BASED RECOMMENDATIONS

This video presents recommendations from the 2018 American Dental Association clinical practice guideline on nonrestorative treatments, including silver diamine fluoride (SDF), for carious lesions. The safety of SDF is discussed, along with scientific evidence and recommendations for its use. Guidance for dentists on how to use a risk-assessment approach to determine whether the use of SDF is appropriate for patients is provided, along with guidance on how to talk to patients about use of SDF and other treatment options. A four-step process for applying SDF is included, along with guidance on how to determine whether reapplication is needed.

Chicago, IL: American Dental Association. 2018. *Silver Diamine Fluoride (SDF) Application: Evidence-Based Recommendations*. Chicago, IL: American Dental Association. 1 video (5:36 minutes). <https://www.youtube.com/watch?v=a0HH7GifdM4&feature=youtu.be>

SILVER DIAMINE FLUORIDE (SDF) FACT SHEET

This fact sheet defines silver diamine fluoride (SDF) and describes the evidence base for using it to control dental caries. Topics include indications, contraindications, and other considerations; recommended protocols; using SDF in addition to fluoride varnish, other professionally applied fluorides, or dental sealants; Medicaid reimbursement; and who can apply SDF.

Association of State and Territorial Dental Directors. 2017. *Silver Diamine Fluoride (SDF) Fact Sheet*. Reno, NV: Association of State and Territorial Dental Directors. 2 pp. <http://www.astdd.org/www/docs/sdf-fact-sheet-09-07-2017.pdf>

Nutrition

KIDS AND DRINKING WATER: A GLASS HALF FULL OR HALF EMPTY?

This paper discusses the importance of children drinking water. Contents include information about the importance of water consumption in preventing chronic disease; obstacles to ensuring that students have access to clean, safe drinking water in schools; drinking water challenges in communities; and opportunities for health funders to increase children's access to and consumption of free, safe drinking water. Topics include improving access, prioritizing education, funding data collection and research, promoting multisectoral partnerships, and advocating for supportive policies. A policy framework to support healthy development in all children by investing in accessible, safe drinking water is included.

Braff-Guajardo E, Hecht K. 2015. *Kids and Drinking Water: A Glass Half Full or Half Empty?* Washington, DC: Grantmakers In Health. 3 pp. <http://www.gih.org/files/FileDownloads/Kids%5Fand%5FDrinking%5FWater%5FKellogg%5FUC%5FMay%5F2015.pdf>

LESSONS IN A LUNCH BOX: HEALTHY TEETH ESSENTIALS & FACTS ABOUT SNACKS™

This lunch box provides families with information about oral health, healthy food choices, and other related topics. The lunch box is illustrated with drawings that promote good oral health and good nutrition and contains a “Dental Care in a Carrot” case made to include a toothbrush, toothpaste, dental floss, and a rinse cup. Ordering information; downloadable PDFs, including a description of the program, a 5-day lesson guide for teachers, and an outline of the lessons; a video about the program; and other supplemental materials are available on the website. The lunch box is also available in braille.

The Children’s Oral Health Institute. No date. *Lessons in a Lunch Box: Healthy Teeth Essentials & Facts About Snacks™*. Owings Mills, MD: The Children’s Oral Health Institute. Multiple items. <http://www.mycohi.org/lunchbox.html>

PARENTS MAKING WAVES: A TOOLKIT FOR PROMOTING DRINKING WATER IN SCHOOLS

This toolkit is designed to help parents improve access to drinking water at school. Contents include a tip sheet, a sample school-wellness policy and letter to a school administrator, tools for conducting a drinking water inventory and observing students drinking water, and an action plan checklist. Topics include how to fund a school water program, ensuring that school water is safe, understanding tap water sources, and promoting water intake in schools.

Gutierrez H, Hampton K, Hecht A, Patel A. 2016. *Parents Making Waves: A Toolkit for Promoting Drinking Water in Schools*. San Francisco, CA: University of California, San Francisco and California Food Policy Advocates, and Enigami Ventures. 40 pp. <http://waterinschools.org/parents-making-waves>

RETHINK YOUR DRINK, THINK WATER

These resources provide information about sugar-sweetened beverages (SSBs) and tips on healthy alternatives. Contents include a poster and a brochure. Topics include the potential impact of SSB consumption on oral health; the amount of sugar in different beverages; and recommended daily limits on sugar for infants, children, adolescents,

and adults. Information about reading nutrition labels, limiting juice, and choosing water is provided. A form for ordering a drink display kit is also available.

Delta Dental of Michigan, Ohio, and Indiana. 2016. *Rethink Your Drink, Think Water*. Okemos, MI: Delta Dental Foundation. 2 items. <https://www.deltadentalmi.com/Hidden-Pages/Rethink-Your-Drink-Brochure-WEB> (brochure), <http://www.deltadentalmi.com/MediaLibraries/Global/documents/Rethink-Your-Drink-Poster.pdf> (poster)

WATER FIRST: A TOOLKIT FOR PROMOTING WATER INTAKE IN COMMUNITY SETTINGS

This guide is designed to help communities prevent dental caries and obesity by promoting drinking water as an alternative to sugar-sweetened beverages. Contents include strategies for building a team and defining and spreading the message in child care facilities, clinics, parks, schools, and other community-based settings. A two-page fact sheet is also available.

Hecht A, Buck S, Patel A. 2016. *Water First: A Toolkit for Promoting Water Intake in Community Settings*. Battle Creek, MI: W. K. Kellogg Foundation. 2 items. <http://cfpa.net/Water/WaterToolkits/Water%20First/WaterFirst%20Toolkit-Final.pdf>

WATER, WATER EVERYWHERE!

This tip sheet provides information about how to encourage children to drink more water. Topics include overcoming challenges, creative ideas for encouraging children to try water, facts about water, why it is important for children to drink water, and the advantages of drinking tap water vs. bottled water. Links to additional resources are included.

Out of School Nutrition and Physical Initiative, Harvard School of Public Health Prevention Research Center. No date. *Water, Water Everywhere!* Boston, MA: Out of School Nutrition and Physical Initiative, Harvard School of Public Health Prevention Research Center. 2 pp. <http://www.foodandfun.org/resources/pdf/tips/water.pdf>

Program Development

BEST PRACTICE APPROACH: IMPROVING CHILDREN'S ORAL HEALTH THROUGH THE WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD (WSCC) MODEL

This report discusses the Whole School, Whole Community, Whole Child (WSCC) model, assesses the strength of evidence for the effectiveness of this model, and uses practice examples to illustrate successful and innovative implementation of the model. The report provides guidelines and recommendations, support for the WSCC model, research evidence, best practice criteria, and state practice examples.

Association of State and Territorial Dental Directors. 2017. *Best Practice Approach: Improving Children's Oral Health Through the Whole School, Whole Community, Whole Child (WSCC) Model*. Reno, NV: Association of State and Territorial Dental Directors. 27 pp. <https://www.astdd.org/bestpractices/wsc-bpar-final-3-2017.pdf>

IMPROVING LIFETIME ORAL HEALTH: POLICY OPTIONS AND INNOVATIONS

This brief highlights targeted state policy options for improving oral health for children, adolescents, and adults and system-level reforms to improve oral health care and reduce its cost for everyone. Topics include assessing and screening in primary care settings, expanding access to school-based prevention and care, raising awareness about healthy behaviors, expanding coverage for adults with low incomes, and ensuring an adequate oral health work force. Additional topics include improving oral health care access for pregnant women, coordinating primary care and oral health, expanding access to providers through teledentistry, understanding the state role in community water fluoridation, and maximizing data.

Johnson T, Goodwin K. 2016. *Improving Lifetime Oral Health: Policy Options and Innovations*. Denver, CO: National Conference of State Legislatures. 11 pp. <http://www.ncsl.org/Portals/1/Documents/Health/LifetimeOralHealthpub2016.pdf>

INTEGRATING SUSTAINABLE ORAL HEALTH SERVICES INTO PRIMARY CARE IN SCHOOL-BASED HEALTH CENTERS: A FRAMEWORK

This framework offers ideas for school-based health centers (SBHCs) to consider when integrating sustainable comprehensive oral health services into primary care to improve the quality of oral health care of school-age children and adolescents. The framework presents a description of six levels of integration to help SBHCs evaluate their current level of integration and 10 key elements to more fully integrate sustainable comprehensive oral health services into primary care in SBHCs. [Funded by the Maternal and Child Health Bureau]

Lowe E, Barzel R, Holt K. 2016. *Integrating Sustainable Oral Health Services into Primary Care in School-Based Health Centers: A Framework*. Washington, DC: National Maternal and Child Oral Health Resource Center. 1 v. <http://mchoralhealth.org/framework>

PROMOTING HEALTHY SMILES THROUGH EDUCATION AND PREVENTION: PREVENTIVE SERVICES PROGRAM 2017–2018—FINAL SCHOOL YEAR REPORT

This report provides information about the Missouri Oral Health Preventive Services Program (PSP). The report includes background information about the importance of oral health; PSP participant numbers and demographics; and information about participants' oral hygiene, untreated tooth decay, and dental sealant status and about their access to community fluoridated water. Follow-up care recommendations are included. Statistical information is presented in charts throughout the report.

Missouri Department of Health and Senior Services, Oral Health Program. 2018. *Promoting Healthy Smiles Through Education and Prevention: Preventive Services Program 2017–2018—Final School Year Report*. Jefferson City, MO: Missouri Department of Health and Senior Services, Oral Health Program. 36 pp. <https://health.mo.gov/blogs/wp-content/uploads/2019/05/psp-report.pdf>

REPORT ON PROGRESS TOWARDS THE 2018 MILESTONES

This report presents Oral Health Progress and Equity Network (OPEN)—a network working toward framing oral health as health and focusing on oral health across the lifespan—2018 milestones set to serve as indicators of progress toward fulfillment of its 2020 targets. The report discusses the importance of each target to achieving oral health and overall health across the lifespan and describes progress toward each milestone. The report also includes an introduction to OPEN, discusses methodology, and presents findings of the 2018 milestone assessment in the following areas: children, schools, Medicare, Medicaid, measurement, person-centered care, and public perception.

Chazin S, Bond M. 2018. *Report on Progress Towards the 2018 Milestones*. Boston, MA: Oral Health Progress and Equity Network. 61 pp. <http://www.oralhealth.network/d/do/1092>

SCHOOL ORAL HEALTH: AN ORGANIZATIONAL FRAMEWORK TO IMPROVE OUTCOMES FOR CHILDREN AND ADOLESCENTS

This paper presents a framework for how communities can achieve improved and more equitable oral health outcomes. The framework includes five components: oral health education, oral health screening, preventive oral health care, care coordination and linkage to community-based care, and preventive oral health care and oral health treatment in schools. Data collection and sustainability are discussed, and next steps are presented.

School-Based Health Alliance and Oral Health 2020 Network. 2018. *School Oral Health: An Organizational Framework to Improve Outcomes for Children and Adolescents*. Washington, DC: School-Based Health Alliance; Oral Health 2020 Network. 9 pp. http://www.sbh4all.org/wp-content/uploads/2018/04/DQF_WP_SchoolOralHealth_F.pdf

SMART MOUTHS, SMART KIDS: IMPROVING DENTAL HEALTH FOR COLORADO STUDENTS

This toolkit provides information and resources on assessing the feasibility of initiating school-linked oral health services and designing and building a sustainable school oral health program. Contents include resources for generating ideas, assessing community needs, creating a budget, developing a business plan, providing a rationale for activities, framing an idea, building a program, and maintaining and sustaining a successful school oral health program. The toolkit also includes a data application (a targeted and focused electronic health record) that can be used to monitor children's oral health status over time.

Oral Health Colorado. 2015. *Smart Mouths, Smart Kids: Improving Dental Health for Colorado Students*. Nederland, CO: Oral Health Colorado. 1 v. <http://smartmouthssmartkids.org>

SMILECONNECT

This integrated care model emphasizes multidisciplinary service delivery through provider education, information technology, and community outreach to improve access to oral health care for children. Users can create an account and request oral health curricula, classroom materials, and supplies; screening and preventive services; and educational materials for children and parents. The application also provides news, statistics on children's oral health, information and resources about the impact of oral health on overall health, and links to organizations that may serve as resources. Information for volunteers (dental school and dental hygiene program administrators and students, oral health professionals) and organizational sponsor-donors is also provided.

Altarum Institute. 2016–. *SmileConnect*. Ann Arbor, MI: Altarum Institute. Multiple items. <https://www.smileconnect.org>

Federally Funded Project Final Reports

CHILDREN'S ORAL HEALTHCARE ACCESS PROGRAM [FINAL REPORT]

This report describes a project to build a dental clinic and provide comprehensive oral health services to students attending a combined elementary and middle school (kindergarten through eighth grade) in Lemon Grove, CA. Topics include delivery-system design, interdisciplinary care, client/community education, continuous quality improvement, sustainability, evaluation, and resources and capabilities. Appendices include an announcement about the clinic opening, sample forms in English and Spanish, a needs-assessment cover letter and survey, a program brochure, and a memorandum of understanding between the university and the school district. The process, outcome, and impact indicators/minimal data set is also provided. [Funded by the Maternal and Child Health Bureau]

Anastos E. 2016. *Children's Oral Healthcare Access Program* [final report]. Lemon Grove, CA: Lemon Grove School District. 16 pp., including attachments. <http://mchoralhealth.org/projects/sbcohs.php>

CHILDREN'S ORAL HEALTHCARE ACCESS PROGRAM [FINAL REPORT]

This report describes a project to implement comprehensive oral health services in two school-based health centers operating in the Los Angeles Unified School District. Topics include delivery-system design, interdisciplinary care, client/community education, continuous quality improvement (CQI), sustainability, evaluation, and resources and capabilities. Appendices include the CQI plan, integration report, operations manual, and spatial analysis. A break-even analysis and process, outcome, and impact indicators/minimal data set are also provided. [Funded by the Maternal and Child Health Bureau]

Barzaga C. 2016. *Children's Oral Healthcare Access Program* [final report]. Pomona, CA: Center for Oral Health. 19 pp., including appendices. <http://mchoralhealth.org/projects/sbcohs.php>

CHILDREN'S ORAL HEALTHCARE ACCESS PROGRAM [FINAL REPORT]

This report describes a project to expand preventive school-based oral health services to include restorative care in four high-need rural school districts in New York. Topics include delivery-system design, interdisciplinary care, client/community education, continuous quality improvement, sustainability, evaluation, and resources and capabilities. Appendices include the project services timeline, a risk-assessment tool, a workflow diagram, enrollment and consent forms, posters, a brochure, video links, promotional materials, a satisfaction survey, and a press release. The process, outcome, and impact indicators/minimal data set is also provided. [Funded by the Maternal and Child Health Bureau]

Hamilton J. 2016. *Children's Oral Healthcare Access Program* [final report]. Cooperstown, NY: Mary Imogene Bassett Hospital. 22 pp. <http://mchoralhealth.org/projects/sbcohs.php>

CHILDREN'S ORAL HEALTHCARE ACCESS PROGRAM [FINAL REPORT]

This report describes a project to expand a school-based health center oral health program in East Hartford, CT. Topics include delivery-system design, interdisciplinary care, client/community education, continuous quality improvement, sustainability, evaluation, and resources and capabilities. The appendices include parent permission forms for screening and treatment in English and Spanish, a program brochure, a referral list and forms, and a sterilization log. The process, outcome, and impact indicators/minimal data set is also provided. [Funded by the Maternal and Child Health Bureau]

Poerio D. 2016. *Children's Oral Healthcare Access Program* [final report]. East Hartford, CT: Integrated Health Services. 16 pp. <http://mchoralhealth.org/projects/sbcohs.php>

CHILDREN'S ORAL HEALTHCARE ACCESS PROGRAM [FINAL REPORT]

This report describes a project to integrate comprehensive oral health care into a school-based health center in Minneapolis, MN. Topics include delivery-system design, interdisciplinary care, client/community education, continuous quality improvement (CQI), sustainability, evaluation, and resources and capabilities. A project brochure; a CQI plan; a memorandum of understanding template; a permission form; and the process, outcome, and impact indicators/minimal data set are also available. [Funded by the Maternal and Child Health Bureau]

Wovcha S. 2016. *Children's Oral Healthcare Access Program* [final report]. Minneapolis, MN: Children's Dental Services. 26 pp., including appendices. <http://mchoralhealth.org/projects/sbcohs.php>

NYS SCHOOL-BASED COMPREHENSIVE ORAL HEALTHCARE SERVICES PROJECT: FINAL REPORT 2011–2015

This report describes a project to improve the oral health of school-age children in an area in New York where there is a health professional shortage and most residents have low incomes. Topics include delivery-system design, interdisciplinary care, client/community education, continuous quality improvement, sustainability, evaluation, and resources and capabilities. Links to a cover letter and combined enrollment form; links to video programs; and the process, outcome, and impact indicators/minimal data set are also provided. [Funded by the Maternal and Child Health Bureau]

Greenberg B, Saglimbeni M. 2016. *NYS School-Based Comprehensive Oral Healthcare Services Project: Final Report 2011–2015*. Albany, NY: New York State Department of Health; Menands, NY: Health Research. 25 pp., including appendices. <http://mchoralhealth.org/projects/sbcohs.php>

SCHOOL BASED COMPREHENSIVE ORAL HEALTH SERVICES GRANT PROGRAM FINAL REPORT

This report describes a project to provide access to preventive and restorative oral health care, demonstrate a decrease in dental caries incidence, show an increase in oral health literacy, and create a financially sustainable oral health program for children in Summit County, CO. Topics include delivery-system design, interdisciplinary care, client/community education, continuous quality improvement, sustainability, evaluation, and resources and capabilities. Appendices include a memorandum of understanding, enrollment and send-home forms, a permission form in English and Spanish, a screening survey tool, a student quiz, and a list of advisory board members. The process, outcome, and impact indicators/minimal data set is also provided. [Funded by the Maternal and Child Health Bureau]

Major E. 2016. *School Based Comprehensive Oral Health Services Grant Program Final Report*. Frisco, CO: Summit Community Care Clinic. 17 pp. <http://mchoralhealth.org/projects/sbcohs.php>

SCHOOL BASED COMPREHENSIVE ORAL HEALTH SERVICES GRANT PROGRAM FINAL REPORT

This report describes a community health center–university partnership to establish accessible, affordable, high-quality oral health care for students by operationalizing a mobile dental van on school property. Topics include delivery-system design, interdisciplinary care, client/community education, continuous quality improvement (CQI), sustainability, evaluation, and resources and capabilities. Appendices include the CQI plan, a memorandum of understanding, a presentation, informed consent forms, and marketing and outreach materials. The process, outcome, and impact indicators/minimal data set is also provided. [Funded by the Maternal and Child Health Bureau]

Sherer E. 2016. *School Based Comprehensive Oral Health Services Grant Program Final Report*. Denver, CO: University of Colorado Denver, College of Nursing. 15 pp., including appendix. <http://mchoralhealth.org/projects/sbcohs.php>



Organizations

Organizations

AMERICAN ACADEMY OF FAMILY PHYSICIANS

11400 Tomahawk Creek Parkway
Leawood, KS 66211-2680
Telephone: (800) 274-2237
E-mail: aafp@aafp.org
Website: <http://www.aafp.org/home.html>

The American Academy of Family Physicians works to transform health care and improve the health of individuals, families, and communities by serving the needs of family physicians.

AMERICAN ACADEMY OF PEDIATRIC DENTISTRY

211 East Chicago Avenue, Suite 1600
Chicago, IL 60611-2637
Telephone: (312) 337-2169
Website: <http://www.aapd.org>

The American Academy of Pediatric Dentistry (AAPD) works to achieve optimal oral health for all children and adolescents, including those with special health care needs. AAPD serves primary care and specialty pediatric dentists, as well as general dentists who treat children and adolescents in their practices.

AMERICAN ACADEMY OF PEDIATRICS

345 Park Boulevard
Itasca, IL 60143
Website: <http://www.aap.org>

Campaign for Dental Health

E-mail: fluoride@aap.org
Website: <http://ilikemyteeth.org>

The American Academy of Pediatrics (AAP's) Campaign for Dental Health (CDH) is a broad network of oral health advocates, health professionals, child and family organizations, and scientists who are working together to preserve the nation's oral health gains. CDH shares facts about oral health and strategies, such as community water fluoridation, to prevent oral disease.

Section on Oral Health

Website: <https://www.aap.org/en-us/about-the-aap/Sections/Section-on-Oral-Health/Pages/SOOH.aspx>

AAP's Section on Oral Health employs multiple forums to educate pediatricians; pediatric dentists; physician assistants; allied health professionals including dental hygienists, dental assistants, nurses, and nurse practitioners; pediatric residents; and pediatric dental residents. The section also focuses on advocacy for children's oral health and on improving relationships and communication between dental homes and medical homes.

AMERICAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY

P.O. Box 7317
Springfield, IL 62791-7317
Website: <http://www.aaphd.org>

The American Association of Public Health Dentistry works to improve health for all citizens through the development and support of effective oral-health-promotion and disease-prevention programs.

AMERICAN DENTAL ASSOCIATION

211 East Chicago Avenue
Chicago, IL 60611-2678
Telephone: (312) 440-2500
Website: <http://www.ada.org>; <http://www.mouthhealthy.org>

The American Dental Association provides oral health information to dentists and consumers and works to advance the dental profession at the national, state, and local levels.

AMERICAN DENTAL HYGIENISTS' ASSOCIATION

444 North Michigan Avenue, Suite 3400
Chicago, IL 60611
Telephone: (312) 440-8900
Website: <http://www.adha.org>

The American Dental Hygienists' Association (ADHA) works to ensure access to high-quality oral health care; promote dental hygiene education, licensure, practice, and research; and represent the legislative interests of dental hygienists at the local, state, and federal levels. ADHA serves dental hygienists with the goal of helping them achieve their full potential as they seek to improve the public's oral health.

ASSOCIATION OF STATE AND TERRITORIAL DENTAL DIRECTORS

3858 Cashill Boulevard
Reno, NV 89509
Telephone: (775) 626-5008
Website: <http://www.astdd.org>

The Association of State and Territorial Dental Directors promotes the establishment of national dental public health policy, assists state oral health programs in the development and implementation of programs and policies for preventing oral disease, builds awareness and strengthens public health professionals' knowledge and skills by developing position papers and policy statements, provides information on oral health to health officials and policymakers, and conducts conferences for the dental public health community.

CENTERS FOR DISEASE CONTROL AND PREVENTION

1600 Clifton Road
Atlanta, GA 30329-4027
Telephone: (800) 232-4636
Website: <http://www.cdc.gov>
Division of Oral Health: <http://www.cdc.gov/oralhealth>

The Centers for Disease Control and Prevention works to combat disease and supports communities and citizens to do the same. The Division of Oral Health works to improve oral health and reduce oral health disparities by helping states improve their oral health programs, extending the use of proven strategies to prevent oral disease,

enhancing efforts to monitor oral disease, contributing to the scientific knowledge base related to oral health and oral disease, and guiding infection control in dentistry.

CENTERS FOR MEDICARE & MEDICAID SERVICES

7500 Security Boulevard
Baltimore, MD 21244
Website: <https://www.cms.gov>

The Centers for Medicare & Medicaid Services administers Medicare, Medicaid, the Children's Health Insurance Program, and the Health Insurance Marketplace.

DENTAQUEST: PARTNERSHIP FOR ORAL HEALTH ADVANCEMENT

465 Medford Street
Boston, MA 02129-1454
Website: <https://www.dentaquestpartnership.org>

Dentaquest: Partnership for Oral Health Advancement works to improve oral health by expanding access to oral health care, making oral health care more affordable, and shifting the focus from treating oral disease to preventing it. Coming from a belief that business and social impact go hand in hand, the organization focuses on aligning incentives to drive better outcomes and lower costs.

INDIAN HEALTH SERVICE

5600 Fishers Lane
Rockville, MD 20857
Website: <https://www.ihs.gov/index.cfm>
Dental portal: <https://www.ihs.gov/DOH>

The Indian Health Service (IHS) is responsible for providing federal health services, including oral health services, to American Indians and Alaska Natives. The IHS dental portal serves as a centralized location where staff who work in Indian health care can locate resources to support the operation of effective clinical and community oral health programs.

MATERNAL AND CHILD HEALTH BUREAU

Health Resources and Services Administration
5600 Fishers Lane
Parklawn Building
Rockville, MD 20857
E-mail: pvodicka@hrsa.gov
Website: <http://www.mchb.hrsa.gov>

The Maternal and Child Health Bureau provides leadership, in partnership with stakeholders, to improve the physical, mental, and oral health; safety; and well-being of the maternal and child health population, which includes all women, infants, children, and adolescents and their families.

MEDICAID | MEDICARE | CHIP SERVICES DENTAL ASSOCIATION

4411 Connecticut Avenue, N.W., #104
Washington, DC 20008
Website: <http://www.medicaidental.org>

The Medicaid | Medicare | CHIP Services Dental Association works to optimize the oral health of public health beneficiaries by providing state and national leadership in the development of Medicaid and State Children's Health Insurance Program (CHIP) oral health policy, providing a support system, encouraging innovation and collaboration, promoting the integration of oral health and primary care in Medicaid/CHIP programs, and promoting a balance between prevention and treatment of oral disease.

NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS

325 Swanton Way
Decatur, GA 30030
E-mail: info@chronicdisease.org
Website: <http://www.chronicdisease.org>

The National Association of Chronic Disease Directors (NACDD) serves the chronic disease program directors of each state and jurisdiction, connecting them to advocate for preventive health policies and programs, encourage knowledge sharing, and develop partnerships for health promotion. NACDD works to mobilize efforts to reduce chronic diseases and their associated risk factors through state and community-based prevention strategies.

NATIONAL ASSOCIATION OF SCHOOL NURSES

1100 Wayne Avenue, Suite 925
Silver Spring, MD 20910-5669
Telephone: (240) 821-1130
Website: <http://www.nasn.org>
<http://www.oralhealthconnections.org>

The National Association of School Nurses (NASN) serves school nurses by developing educational programs, resources, and research and by working to influence stakeholders' support for school nursing through advocacy. NASN supports school nurse objectives by publishing issue briefs and position statements on subjects affecting student health and school nursing to keep members updated on issues affecting their school communities.

NATIONAL MATERNAL AND CHILD ORAL HEALTH RESOURCE CENTER

Georgetown University
Box 571272
Washington, DC 20057-1272
Telephone: (202) 784-9771
E-mail: OHRInfo@georgetown.edu
Website: <http://www.mchoralhealth.org>

The National Maternal and Child Oral Health Resource Center responds to the needs of professionals working in states and communities with the goal of improving oral health services for pregnant women, infants, children, and adolescents, including those with special health care needs, and their families—the maternal and child health (MCH) population. The resource center collaborates with government agencies, professional associations, foundations, policy and research centers, and voluntary organizations to gather, develop, and share information and materials to promote sustainable oral health services for the MCH population.

NATIONAL NETWORK FOR ORAL HEALTH ACCESS

181 East 56th Avenue, Suite 401
Denver, CO 80216
Telephone: (303) 957-0635
E-mail: info@nnoha.org
Website: <http://www.nnoha.org>

The National Network for Oral Health Access provides oral health professionals working in safety net programs with resources, learning opportunities, and advocacy with the goal of improving the oral health and overall health of populations that are underserved.

SCHOOL-BASED HEALTH ALLIANCE

1010 Vermont Ave, N.W., Suite 600
Washington, DC 20005
Telephone: (202) 638-5872
E-mail: info@sbh4all.org
Website: <http://www.sbh4all.org>

The School-Based Health Alliance (SBHA) works to improve the health status of children and adolescents by advocating for school-based health care. SBHA supports the field of school-based health care with common standards, measures, data, and research to effectively demonstrate the value of school-based health care. SBHA engages members in experiential and collaborative learning to lead, test, and spread innovations in the field; help children and adolescents take ownership of their health; and advocate at the federal, state, and local levels for the concept of health and education partnerships—and the school-based health center model in particular—to help students succeed.



National Maternal and Child Oral Health Resource Center