

**Louisiana State University Health Sciences Center
State Oral Health Collaborative Systems Grant
Grant number: H47MC01938-04-01**

“Children’s Oral Healthcare Access Program”

Final Report

**Submitted by
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PROBLEM

Dental caries is one of the most common chronic diseases of childhood. Among 5 to 17 year olds, dental caries occurs five times more frequently than asthma and seven times more frequently than hay fever.¹ Dental decay most often affects our most vulnerable population - poor children. Individuals in families living below the poverty level experience more dental decay than those who are economically better off. Dental caries is far more likely to be untreated in children living below the poverty level. According to data from the National Center for Health Statistics, almost 44% of poor children aged 5 to 17 years have at least one untreated decayed tooth as compared to 23% of non-poor children.² Data from the U.S. General Accounting Office finds that children from families with low incomes had five times more untreated dental caries than children from higher income families and that 25% of all children in the U.S. have untreated dental decay in their permanent molars.³ Almost 80% of all tooth decay in school children occurs on the occlusal surfaces of the molar teeth. Teeth at highest risk for dental caries are the permanent first and second molars.

Dental caries may be prevented with early preventive interventions that can be very cost effective. Dental sealants are a very cost effective preventive measure that can help reduce the risk of dental caries on permanent molar teeth. Dental sealants received the

¹ U.S. Department of Health and Human Services. *Oral Health In America: A Report of the Surgeon General*. Rockville, MD:U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

² National Center for Health Statistics (NCHS). Third National Health and Nutrition Examination Survey (NHANES III) reference manuals and reports [CD-ROM]. Hyattsville (MD): NCHS, US Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention; 1996.

³ U.S. General Accounting Office. 2000. *Oral Health: Dental Disease is a Chronic Problem Among Low-Income Populations and Vulnerable Populations*. Washington, DC: U.S. General Accounting Office.

ADA Seal of Approval in 1976. Dental sealants provide a mechanical barrier that prevents decay-causing microorganisms and food particles from collecting in the pits and fissures. The National Institutes of Health in 1984 sponsored a Consensus Development Conference that concluded, “an extensive body of knowledge has firmly established the scientific basis for the use of sealants.”⁴ Research studies conducted by Bravo et al have shown that the effectiveness of school-based sealant programs regardless of the physical delivery site or personnel used for sealant application.⁵ Retention rates for dental sealants after approximately 1 year varied from 83% to 94%.⁶

Sealant programs are designed one of three different ways, all of which are effective. These include school-based programs, school-linked programs and hybrid programs. School-based programs are conducted on the school premises. School-linked programs are sponsored by the school, but are connected at another site (i.e. Dental school, clinic, or private practice). The final program, the hybrid program, is a combination of both the school sponsored and school linked.

The HRSA sealant program is a school-based program and there are several advantages to this type of program. First, the target schools are chosen because of the large population of high-risk children attending the school. The school provides an adequate number of available children and because the treatment facility is on-site, this reduces the

⁴ National Institutes of Health (NIH). Consensus Development Conference Statement. Dental sealants in the prevention of tooth decay. *J Dent Edu* 1984 Feb; 48 (2Suppl): 126-31.

⁵ Brovo M, Llodra JC, Baca, P Osorio E. Effectiveness of visible light fissure sealant (Delon) versus fluoride varnish (Duraphat); 24 month clinical trial. *Community Dent Oral Epidemiol* 1996 Feb; 24(1):42-46.

⁶ Sterritt GR, Rew RA. Evaluation of a clinic-based sealant program. *J Public Health Dent* 1988 Fall; 48(4): 220-4.

amount of time children are removed from class. Second, the program operates the sealant placement in the least expensive and most profitable way. Because all equipment in our program is on-site, the dental hygienists see an average of 20 children in each school day and dentists can screen an average of 100-120 children for sealant placement. Third, the children in the schools are readily available for the follow-up examination the next school year to check retention rates. If sealant failure does occur, the children are already in the dental chair and re-application can be done. Next, quality assurance is maintained. The medical and personal information of the parent and children are kept confidential. Both dental and medical needs are addressed, and appropriate action is taken. Finally, all data is maintained in a central location to track the efficacy of the programs.

School-based sealant programs that provide services to schoolchildren eligible for free or reduced lunch programs generally target populations that are less likely to receive private dental care. In the 2004 ASTDD State Synopsis, Louisiana had 404,540 children (or 64.4% of children who receive school lunch) receiving the free or reduced price meal program. Louisiana is ranked 11th in the nation in this category. These findings support the need to continue to the Louisiana Sealant Program Initiative.

OVERALL EXPERIENCE TO DATE

Upon applying for the grant, the work plan was implemented to first identify the population to be served utilizing the Free and Reduced Lunch Program rates. After the

population was identified, steps were made to gain community support, staff the program, purchase portable equipment, train personnel, and schedule schools to participate in the dental sealant initiative. The oral health director worked to establish a relationship with the school and community health partners to develop the sealant program. School nurses, community health center administrators, and staff members from a community-based health promotion organization, the Health Enrichment Network (THEN), helped to organize the implementation of the program in Central Louisiana. A dental sealant program coordinator was hired one day per week (0.20 FTE) and the sealant program began.

The oral health director and the sealant program coordinator scheduled schools to participate. The sealant program coordinator worked with school nurses to obtain consent from parents to participate in the program. Furthermore, school nurses were instrumental in the delivery of the program activities. The nurses distributed and collected the permission slips for treatment to begin, as well as, provided assistance to dentist with dental screenings. Local dentists in each parish participating performed the initial screenings. Children received oral health screenings and dental sealants were provided where applicable.

As the program activities gained momentum throughout parts of Louisiana, parish participation increased more than three-fold each year. In the final year of the program, schools in 12 parishes were sealant program participants. These parishes included: Allen, Avoyelles, Caddo, Catahoula, Concordia, DeSoto, East Baton Rouge, East Feliciana,

Evangeline, Lafayette, Washington, and West Feliciana parishes. Concurrently, increases in school participation occurred each year. Overall, a total of 53 schools participated in the sealant program initiative. Thirteen schools agreed to participate in the program in year 1 of the sealant program initiative. However due to time constraints brought on by the hurricane and lack of provider participation during the time, dental sealants could not be provided in 5 schools. A collective staff of 7 dentists and 9 dental hygienists were recruited to provide the dental sealants in the program. Some of the dentists volunteered their services and other dentists and dental hygienists were contracted to provide services. The Health Enrichment Network (THEN), a community-based health promotion organization in the central region of Louisiana provided assistance with recruiting dentists and hygienists in their individual areas. THEN is a community-based nonprofit organization dedicated to promoting and providing health and prevention education, increasing access to health care services, and promoting the integration of preventive services in Allen Parish. The network also provided assistance with implementing the sealant program in other parishes in central Louisiana (Catahoula, Avoyelles, Concordia, and Evangeline). The Medical Center Community Health Clinic, near central Louisiana, assisted THEN with the dental sealant program through their mobile dental services in the hard to reach areas. David Raines Health Center and RKM Dental Center were dental sealant providers in northern and southern Louisiana, respectively. After the dental screening and sealant placement, an oral health screening results letter was sent to the parents and guardians, reporting the type of treatment rendered. In addition, the letter encouraged parents and guardians to seek a dental exam and regular dental visits for their children. Assistance with locating a dental home was

encouraged through providing dental provider information to the program participants.

Summary of Goals and Achievements:

Thirteen parishes participated in the dental sealant program across the northern, central and southern parts of the state. A total 4566 students from 53 schools participated in the dental sealant initiative across these regions. The first objective of the dental sealant program was to provide dental sealants on the permanent molar teeth of 50% of 1st and 2nd grade children. Out of 4566 children who were screened, 3514 (77%) received dental sealants. (Appendix A – Table 1) A gradual increase in the number of participating schools, total students screened, and total students sealed during each subsequent year. By the final year of the program, the data revealed more than a four-fold increase in the number of students screened and a more than 8-fold increase in the number of students sealed, compared to the first year. (Appendix A-Table1) After reviewing the dental screening forms, the data also revealed that very few children in the participating parishes had ever seen a dentist.

The second objective was to provide ninety percent of the 1st and 2nd graders who obtained parental permission with dental screenings and referrals for any additional dental treatment. Each child that participated in the program received a letter to take home to parents and guardians encouraging follow-up dental examinations and regular visits to the dentist. As a result of this objective, 100% of the children screened were referred to a dentist for an examination and any treatment needed. In central Louisiana parishes, the dental staff and school nurses generated a list of dentists in their area to include in the treatment information sent to parents after the dental screening and sealants

had been placed. Subsequently, in northern Louisiana and parts of southern Louisiana, where the community health center served as the dental provider, children were referred to the community health centers in their communities for follow-up care when needed. In East Feliciana Parish the community health center often provided transportation from the school to the health center for urgent and routine follow-up care after the screening and dental sealants were provided.

The third objective states that follow-up examinations will be completed for 90% of all returning children with parental permission who received dental sealants by August 2006. Retention rates were attained in year 2 of the initiative. Small samples of children from two of the participating schools were assessed. In Allen Parish, in the 2005-2006 school year, follow-up examinations were performed on a convenience sample of 3rd grade students. The Health Enrichment Network reported 90% retention of dental sealants among the children sampled in central Louisiana. In East Feliciana, the RKM Community Health Center reported that a convenience sample of 2nd and 3rd graders received follow-up examinations. Their findings revealed that 83% of children retained dental sealants placed in the previous year.

Throughout this program, the community, including, school nurses, parents and guardians were supportive of the dental sealant initiative. The nurses proved to be a valuable asset to the success of the program, and the oral health of the children they serve. The collaborative effort of the school nurses, and the dental sealant program staff, vastly contributed to the successes achieved during this school year.

Reasons for less-than-expected progress:

Even though success was achieved in placing sealants in one school, the objective of sealing fifty percent of the students at the participating schools was not met by the end of the school year

Securing parental consent was a challenge. Lack of parental consent played a significant role in our less than expected participation rate. As a result of the difficulty in receiving consent forms many children that would have benefited from dental sealants were not able to participate. Equipment shortages and dental professional shortages in many rural areas, were also apparent. These challenges temporarily delayed the progress of the program. Presumably, other factors affecting the lack of participation may include: absence from school, communication difficulties between children and parents, and lost program information. In some cases parents incorrectly filled out the consent forms causing either a delay in treatment or inability to treat the children. Some of the rural areas did not have oral health professionals available to participate in the program.

Therefore, dental health professionals from some of the surrounding areas provided the services needed. Portable equipment shortages and lack of instruction on the use of the equipment presented the greatest obstacle in the first year of the program. When all sealants were placed in one parish, then all of the equipment was moved for the next parish to begin, hence impeding the progress of the program in parishes waiting for the equipment to arrive. One parish was only able to assess the needs of the children in two

of the five schools because the equipment did not become available until one week prior to dismissal for summer break.

Other equipment shortages including examination instruments and sterilization equipment delayed completion of treatment in some of the schools participating in the program. These shortages were due to loss of equipment in Hurricane Katrina.

The program coordinator resigned in March 2006 from the program citing that the responsibilities of the program extended beyond one day per week. The Oral Health Program Director took on the responsibilities of coordinating the program. In the absence of the dental sealant coordinator and the focus on hurricane relief efforts, all of DeSoto parish schools were not able to have dental sealants provided. The Oral Health Program Director has plans to recruit providers and the one dentist identified in the parish to provide dental sealants during the 2007-08 school- year. The challenge of recruiting providers bolstered the efforts to recruit community health centers to deliver dental sealants in their communities, as well as some neighboring communities of the health centers.

Trends, Significant Problems, and Constraints

Dental providers observed that children from areas benefiting from community water fluoridation experienced less prevalence of dental decay. The oral health screening data confirmed that children in many of the non-fluoridated areas were more likely to have untreated decay than children in fluoridated areas. For example, thirty-nine percent of children from Orleans Parish (with community water fluoridation) had untreated dental

decay, while 58% of children from Allen parish (a non fluoridated community) had untreated decay.

Some parishes encountered problems with collecting consent forms. Finding dentists to volunteer one day of their time for the initial assessment was challenging. Although participating dentists were offered an honorarium, the recruitment process was difficult. The Oral Health Program staff members attended local dental society meetings, and conferences, while other program partners made direct phone calls to dental providers, in order to foster participation among dental providers. Retired dentists were offered *gratis* faculty appointments as an incentive for participation in the program.

Progress in the first year of the program was hindered by the Louisiana Dental Practice Act, which stated that dental hygienists were mandated to work under the direct supervision of the dentist. At the American Dental Hygiene Association (ADHA) annual meeting June 2005, discussions began with the Governmental Affairs Division at ADHA for pursuing General Supervision for the state of Louisiana. The Governmental Affairs division works to support state constituent organizations and members in their legislative endeavors by serving as an informational resource in efforts to improve and enhance the dental hygiene scope of practice in all 50 states. In addition, the Louisiana Dental Association (LDA) formed a task force to address extending the dental hygienist scope of practice to allow working under general supervision. Stakeholders from both the Louisiana Dental Hygiene Association and the LDA worked with legislators to amend the Dental Practice Act. The State Oral Health Program staff also worked with the Louisiana

Dental Association to develop this legislation as well as provide resources, including data from the Dental Sealant Initiative, to support this legislation. As a result of these collective efforts, legislation regarding general supervision was introduced in the Spring 2006, proposing that general supervision be allowed to dental hygienist that work in public health settings including school programs and community health centers. The legislation further states that the State Board of Dentistry and the Legislature will allow hygienists to place preventive restorations under general supervision. This legislation passed allowing the amendment of the Dental Practice Act allowing dental hygienist to work under general supervision.

EVALUATION

The overarching goal of this project was to increase the number of 1st and 2nd grade students receiving dental sealants in rural parishes. The effectiveness of the sealant program was determined by several factors; the total number of students eligible to receive sealants determined by the number of positive consents received for screening and dental sealant placement; the total number of 1st, 2nd, and 6th grade students in each school; the total number of students screened; the total number of students receiving dental sealants; the total number of sealants placed at each school, and the percent of sealants retained after 1 year. All of these measures were attained consistently for each parish participating (Appendix A – Tables 1-4). The first objective was to increase the proportion who has received dental sealants on their molar teeth to 50% (Healthy People 2010 Goal 21-8). Out of the 53 participating schools, 4566 students received an oral health screening, and 77% (3514) of those received dental sealants. (Appendix A -Table

1) Although only 31 % of the total population of 1st and 2nd grade children of the participating schools received dental sealants, a momentous effort was made to provide this preventive intervention. The program was severely affected by Hurricane Katrina in terms of loss of equipment, shortage of Oral Health Program staff, and dental health care providers. Despite challenges brought on by the hurricane in the 2005-2006 school year, program participation increased by more than three-fold compared to the prior year. These increases can be attributed to the strategic recovery plan established in the aftermath of the storm to maintain activities in non-affected areas and provide dental sealants to survivors displaced by the storm. This plan included partnerships with the Department of Health and Hospitals, FEMA, the LSUHSC School of Dentistry, local community partners and volunteers. The plan also included purchasing more equipment and partnering with other outreach efforts to provide dental sealants.

An assessment of the overall prevalence of dental sealants is needed in students in the participating regions to determine the proximity of reaching the Healthy People 2010 Goal for dental sealants. It is important to determine the baseline prevalence of sealants in order to assess the effectiveness of the dental sealant initiative based on pre and post results. This baseline measure will be established through the Statewide Oral Health Screening occurring during the 2007-2008 school year. There is also a need to critically assess the difficulties found in implementing the program in the various regional areas where problems arose, potentially through key informant interviews, surveys, or focus groups among program partners. Parents need to be educated and surveyed in order to identify barriers associated with low participation rates.

Retention rates revealed a need to re-evaluate clinical conditions for placing dental sealants, including but not limited to effectiveness of dental materials used, and methods to maintain an appropriate clinical field.

Through this program a variation of dental sealant program models presented in the introduction emerged: A community-based organization linked with schools and local dental providers; A community health center linked with schools; A community health center linked with a school-based health center. The Oral Health Program provided financial resources, technical assistance, and guidance in delivering the program. All of these models were effective, however, experiences showed the need to make minor changes to maximize productivity. A cost-effectiveness analysis of treatment models would assist communities in revealing the most appropriate treatment model for each community. The oral health program director arranged for a web-based training for the CDC SEALS software training for all participants. This cost-effectiveness tool proved to be helpful in assessing the cost and benefits of the program.

REGIONAL AND NATIONAL SIGNIFICANCE

The dental sealant treatment models emerging from this project may have broad-based appeal to other states interested in providing dental sealants, especially in hard to reach areas. The results of this initiative will be significant for regions through out the country with low sealant prevalence, providing information on how to overcome access problems and how to coordinate successfully with local schools and local dentists to meet the

unmet needs.

Moreover, the Louisiana Dental Sealant Initiative has the potential to serve as a model to reaching the Healthy People 2010 objective, to increase the proportion of children who have received dental sealants on their molar teeth to 50 percent.

OVERALL IMPACT OF THE PROGRAM

This program prompted changes to the dental practice act that subsequently opened the doors to community health centers to provide dental services in hard to reach areas through providing mobile dentistry in schools. Since the start of the program, there has been a significant increase in the emergence of new community health centers expressing interest in participating in the dental sealant program. Louisiana Dental Association (LDA) members are volunteering to provide dental sealants more readily through Give Kids a Smile Day when the Oral Health Program Director introduced this project to the community liaisons represented in a few of the LDA districts. The program has also gained appeal in the Louisiana Department of Education, which now includes oral health as an important component of the overall health assessment of children in Louisiana public schools. We were successful in increasing the number of 1st and 2nd grade students receiving dental sealants in the four designated Louisiana parishes during the 2004-2005 school year. Through this sealant initiative, the dental sealant coordinator was instrumental in assisting the dental school in coordinating a dental sealant outreach activity with the dental and dental hygiene students. In April 2005, two of the schools in Orleans Parish participated in the program, including 238 first and second grade children receiving oral health screenings, and 126 children receiving sealants. A total of 450 teeth

were sealed. Even though Orleans Parish was not included in the grant, the program coordinator was able to organize a sealant program for two schools in collaboration with Louisiana State University School of Dentistry. The program was sponsored by the Community Volunteers Organization, a nonprofit organization that provides community services in Orleans Parish. This initiative was instrumental in establishing a relationship with Orleans Parish schools. Many of these schools are located in poor, urban communities that could benefit from the dental sealant program.

The State Oral Health Collaborative Systems Grant allowed Louisiana's Oral Health Program to provide resources that enabled a successful collaboration with program partners. Collectively, these collaborations and partnerships have increased awareness of the importance of oral health especially in school settings. The grant also fostered the opportunity for the Office of Public Health, the Louisiana State University Health Sciences Center School of Dentistry, the Louisiana Public Health Institute, the Department of Education, local foundations, and community advocates to join efforts in making preventive dental services a priority for children of Louisiana.

FUNDING SUPPORT/ DEVELOPING SUSTAINABILITY

Through the partnerships developed with this initiative, the community health centers are sustaining the program in most of the participating regions of the state. Through the Maternal and Child Health Bureau's State Assistance Workshop, consultants are working with the Oral Health Program staff to improve and enhance community health centers capacity to participate in Louisiana's school-based dental sealant program. In order to

expand the dental sealant initiative, the Oral Health Program director is currently fostering alliances with local foundations and other community groups to assist in providing a high quality and effective school-based dental sealant program. Two local foundations have been identified as potential funders of the program. Plans are being made to submit grant proposals to these organizations in the spring of 2008. In addition, the Oral Health Program director is working with the LSU Dental School and the Office of Public Health to establish a Medicaid billing process that would offset the costs of the dental sealant program. Each of these components will increase the Oral Health Program's capacity to administer a statewide dental sealant program.

COPIES OF PUBLICATIONS AND OTHER MATERIALS:

Please see attachments in Appendices B-E.

Appendix B – Sample Oral Health Screening Results Form

Appendix C – Dental Sealant Program Information Letter to Parents

Appendix D – Parental Consent Form

Appendix E – Oral Health Screening Form

Appendix - A

Table 1

SOHCS 2004-2007							
School Year	Number of Schools	Total students	Students screened	Students sealed	Total sealants	% sealed	% Sealed out of Screened
2004-2005	13	1410	484	207	557	15%	43%
2005-2006	25	3769	1873	1568	3955	42%	84%
2006-2007	42	6136	2209	1739	5644	28%	79%
Total	80*	11315	4566	3514	10156	31%	77%

* 53 unduplicated schools participated

Table 2

SOHCS 2004-2005							
Parish	Grade	Total students	Students screened	Students sealed	Total sealants	% sealed	% Sealed out of Screened
Allen Parish	2	255	104	80	268	31%	76.92%
Caddo Parish	1 st & 2 nd	160	35	21	71	13%	60.00%
DeSoto Parish	1 st & 2 nd	710	219			0%	0.00%
East Feliciana Parish	1 st & 2 nd	285	126	106	218	37%	84.13%
Total	13	1410	484	207	557	15%	42.77%

Table 3

SOHCS 2005-2006							
Parish	Grade	Total students	Students screened	Students sealed	Total sealants	% sealed	% Sealed out of Screened
Allen Parish	1 st & 2 nd	442	249	185	519	42%	74%
Avoyelles Parish	1 st & 2 nd	108	79	55	179	51%	70%
Caddo Parish	1 st & 2 nd	259	245	144	286	55%	59%
Catahoula Parish	1 st & 2 nd	848	368	365	986	43%	99%
Concordia Parish	1 st & 2 nd	1018	458	458	1131	45%	100%
DeSoto Parish	1 st & 2 nd	150	94	87	203	58%	93%
East Baton Rouge Parish (Hurricane Relief Effort & Give Kids a Smile Day)	2, 6, 7 & 8	562	80	66	249	12%	83%
Renaissance Village	N/A	N/A	31	11	35	N/A	35%
East Feliciana Parish	1 st & 2 nd	286	172	127	127	44%	74%
Lafayette Parish	1 st & 2 nd	96	70	53	187	55%	76%
Orleans Parish (Hurricane Relief Effort in Kingsley House)	N/A	N/A	27	17	53	N/A	63%
Total	25	3769	1873	1568	3955	42%	84%

Table 4

SOHCS 2006-2007							
Parish	Grade	Total students	Students screened	Students sealed	Total sealants	% sealed	% Sealed out of Screened
Allen Parish	1 st , 2 nd and 6 th	991	259	233	830	23%	90%
Avoyelles Parish	1 st , 2 nd and 6 th	1639	563	460	1458	28%	82%
Catahoula Parish	1 st , 2 nd and 6 th	851	248	247	722	28%	100%
Concordia Parish	1 st , 2 nd and 6 th	934	439	377	1332	40%	86%
East Feliciana Parish	1 st & 2 nd	162	144	84	266	52%	58%
Evangeline Parish	1 st , 2 nd and 6 th	1359	372	311	926	23%	84%
Washington Parish	1 st	60	60	0	0	0%	0%
West Feliciana Parish	1 st	140	124	27	110	19%	22%
Total	42	6136	2209	1739	5644	28%	79%

Appendix - B

Oral Health Screening Results

Dear Parent or Guardian:

Your child _____, was seen today at the LSU School of Dentistry.

Today's oral screening revealed the following:

_____ **No obvious need for dental treatment. Your child should have a routine examination including a dental cleaning and fluoride treatment every six months.**

_____ **Your child is in need of dental treatment and requires dental services in the immediate future.**

_____ **Your child is in need of urgent dental treatment and may be experiencing dental pain and /or infection. Immediate attention to this problem is required.**

The LSU School of Dentistry will provide the necessary treatment for your child. Woodson Middle School will arrange transportation for your child to the LSU Dental School for treatment.

Appendix - C

Louisiana Office of Public Health Oral Health Program Sealant Program

Dear Parent/Guardian,

We are pleased to inform you that your child has been selected to participate in a dental sealant program in your child's school. The dentist and dental hygienist will come to your child's school and provide to your child a dental screening examination, oral health education, and dental sealants if indicated.

Dental sealants are a safe and effective way to prevent dental decay on the permanent molars. A thin plastic resinous material is placed over the chewing surfaces of the tooth. This material provides a mechanical barrier that protects the tooth from decay causing bacteria. No invasive procedures such as drilling are required. The tooth is examined and if the tooth meets the selection criteria, the tooth is cleaned and prepared with a liquid and then the sealant material is placed on the tooth surfaced and light cured. It is a very safe, easy, and totally painless procedure.

The greatest benefit associated with dental sealants is the reduction in dental decay in molar teeth by at least 70%. The U. S. Surgeon General's Healthy People 2010 objective 21-8 aims to increase the number of children with dental sealants on the molar teeth. This sealant program is a step in that direction and will increase the number of Louisiana children who have received preventive dental sealants to prevent decay.

You have the right to refuse permission for your child to participate in this sealant program. In addition, you have the right to withdraw your child from the program at any time. There is no penalty for not participating in the program. The results of the program will be made available in an aggregate form. All personal information will be protected.

All participants will receive a follow-up form detailing the results of your child's screening. This dental sealant program is free to all who participate. Please sign the attached consent form and return to your child's teacher as soon as possible. If you have any questions or concerns, please feel free to contact the school nurse. Thank you very much for your cooperation in this very important oral health initiative.

Dionne J. Richardson, DDS, MPH
State Oral Health Director

Appendix –D

Permission Form for Participation in the Dental Sealant Program

With your permission, a dental professional will provide the following:

- Oral screening for dental sealants
- Oral health education
- Application of dental sealants if needed and possible

The results of the screening will be sent home with your child after the visit.

This program does not take the place of regular dental check-ups. It is for children who need dental sealants and otherwise may not have access to these services

Child's Name: _____ *Male* ___ *Female* ___

Birth Date: ___/___/___ *Teacher* _____ *Grade* ___

School _____

Please Circle One:

Yes I want my child to participate in the sealant program

No I do not want my child to participate in the sealant program

Please sign below:

Parent/ Guardian Signature _____

Date _____

