



Advancing Oral Health Success Stories

*How DP24-0048 funded states increased use of and
access to oral health resources*



Background

In 2024, oral health programs from 15 states received funding from the Centers for Disease Control and Prevention (CDC) to improve oral health. This funding supported evidence-based preventive dental services such as school-based or school-linked dental sealant programs and dental infection prevention and control measures, among other strategies.

The Association of State and Territorial Dental Directors (ASTDD) and the Association for Dental Safety (ADS) have supported states by facilitating learning collaboratives or Communities of Practice and providing technical assistance.

The following case studies highlight four states and their work during their first year of CDC funding (2024-2025).

An ASTDD evaluation team from Emory University reviewed documents submitted by funded states and followed-up through brief virtual conversations to gather the information and lessons presented here. Other ASTDD consultants provided revisions.

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Tips for improving evidence-based preventive dental services

- ❖ **Build partnerships** with external agencies and program partners that are invested in oral health to ensure that programming has a strong foundation.
- ❖ **Allot time to plan** strategically with other involved partners and determine the logistics of a new or expanded program.
- ❖ **Use existing data to make the case** about the importance of preventive dental services with school administrators, school districts, state programs, and potential funders.
- ❖ **Build on what is already working** and find ways to incorporate or align new programming with existing work.



Tips for increasing use of dental infection prevention and control resources

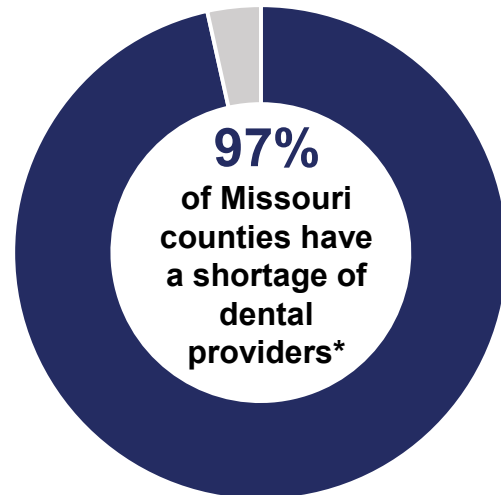
- ❖ **Build partnerships** with state agencies and external partners to enhance dental infection prevention and control practices.
- ❖ **Emphasize a voluntary, non-regulatory approach** to increase participation by clinics in infection prevention and control technical assistance visits.
- ❖ **Start with interested partners** such as school-based oral health providers and federally qualified health centers. Reaching out to other audiences may require more time to build trust and make the case for using these resources.



Missouri: Leveraging strengths to improve oral health

Many school-aged children in Missouri can not visit a dental provider because much of the state lacks access to quality care. This puts children at-risk for painful oral health problems which can impact their school attendance and quality of life.

Missouri's Office of Dental Health works to address these gaps for all Missourians and increase access to care through education, prevention, and leadership.



What is Missouri doing to improve student oral health?

With CDC support, Missouri ensures school children can access preventive dental services by contracting with six oral health organizations to offer dental sealants to students across the state.

Missouri identifies organizations that serve areas within health professional shortage areas that can also provide services to schools with high free and reduced lunch rates. Oral health providers from local health departments, dental hygiene programs, and federally qualified health centers provide preventive services to students. These services include dental sealants, fluoride varnish, oral health education, and supplies for personal oral care at home.

Through these school-based and school-linked services, contractors have served 14,135 Missouri children at 137 schools over the past year. For many students, these programs are their only opportunity to receive oral care.

*Defined by Health Professional Shortage Area for Dental Care as of July 2025 – Whole county is a shortage area or at least part of the county is a shortage area. HRSA data accessed via the Rural Health Information Hub:

<https://www.ruralhealthinfo.org/charts/9?state=MO>



What has worked for Missouri's sealant program?

- ✓ **Finding opportunities to build and weave programs together** has helped better serve Missourians. For example, all six contractors also host Preventive Service Program events that bring oral health education, supplies, and fluoride varnish to children in schools. These events have built a network of volunteers who frequently collaborate and share information.
- ✓ **Building partnerships** helped lay the foundation to expand access to oral health services in future years. Office of Dental Health staff found partners in unexpected places by talking about multiple projects and avenues to support oral health whenever they were invited to speak. For example, at a Medicaid Office-sponsored maternal health discussion, staff connected with a managed care organization that may support future preventive oral health services.
- ✓ **Using lessons from previous funding cycles** increased Missouri's capacity to efficiently manage programs. For example, to provide services quickly, staff have learned to prioritize direct contracts with other government agencies such as local public health departments and state universities.

The **organizations providing these services** are:

- Swope Health Center FQHC
- St. Louis Area Community College School of Dental Hygiene
- Missouri Southern State University Dental Hygiene School
- University of Missouri Kansas City Dental Hygiene School
- Jefferson County Health Department
- Lincoln County Health Department

A note on costs:

Missouri budgeted \$145,000 for six contractors during Year 1 of their CDC funding.

Funding was used to purchase equipment, supplies and other items needed to provide dental sealants to children in school programs.



How has Missouri advanced infection prevention and control?

Although incorporating infection prevention and control practices into Office of Dental Health activities was new to Missouri, they have:

- ❖ Supported current contractors to incorporate infection prevention and control practices for their mobile dental units
- ❖ Incorporated the CDC infection prevention and control checklist into all staff monitoring visits across the Office's projects beyond those funded by this opportunity
- ❖ Received multiple requests from clinic staff and one from a private dentist for infection prevention and control information and support that will be addressed during the next program year



What has worked for infection prevention and control?

- ✓ **Emphasizing that staff support and assistance is voluntary.**
- ✓ **Working with existing partners to expand infection prevention and control first** – for example, Missouri started by working with school sealant program contractors before expanding to other audiences.



Lesson learned

For those who do not have a clinical dental background, the Missouri team recommends touring a clinic to become familiar with infection prevention and control practices before attending the Association for Dental Safety's Dental Infection Prevention and Control Boot Camp. This orientation will help make Boot Camp more meaningful.



Ohio: Leveraging partnerships to promote and expand oral health services

The Ohio Department of Health's Oral Health Program promotes the oral health of Ohioans through several avenues including supporting school-based oral health services, increasing dental care access among Ohioans, and helping health professionals improve the oral health of their patients.

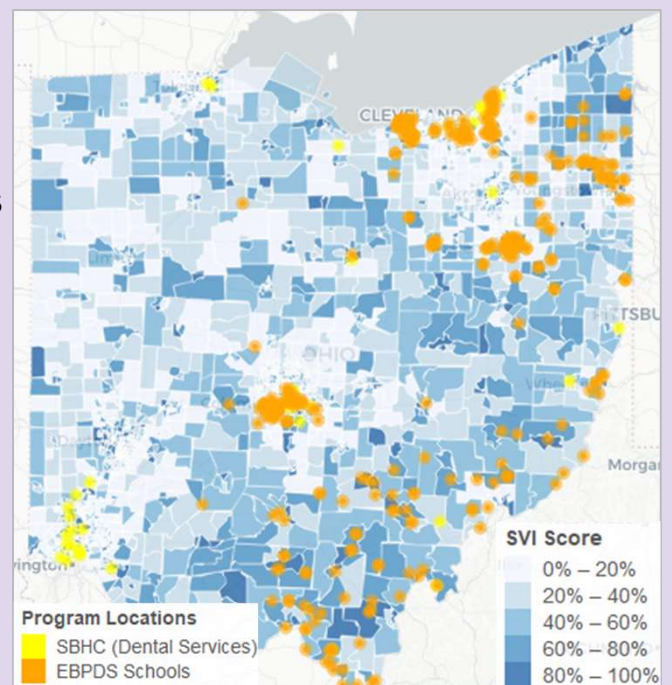


What is Ohio doing to improve student oral health?

With CDC support, Ohio funded two large school-based health centers to ensure school-aged children can access evidence-based preventive dental services such as dental sealants and fluoride varnish. These programs hired and trained staff and purchased equipment during their first year.

For the 2025-2026 school year, the Oral Health Outcomes program will provide services at 31 schools that would not have received these services without CDC funding. These services will provide an estimated 1,436 students with dental sealants and 2,878 students with fluoride varnish treatments.

Ohio prioritizes school-based health centers that do not currently offer dental services and those that serve populations with the most need. They developed an interactive map to show areas with the highest social vulnerability index scores and the areas that currently offer school-based dental services and sealant programs. This map will allow Ohio to identify areas with high need that lack access to school-based oral health services to prioritize for future support.





What has worked for Ohio's sealant program?

- ✓ **Establishing a strong partnership with the Ohio School-Based Health Alliance** enabled Ohio to offer formal support and develop a better application process for school-based health centers to apply for the Oral Health Outcomes program. For instance, Ohio used feedback from the Alliance to align application requirements with the needs and experiences of school-based health centers.
- ✓ **Allotting time during the first project year to focus on planning** processes such as purchasing equipment, training, and staffing has enabled the implementation phase to start with the beginning of the school year in September 2025.
- ✓ **Adapting existing programming to new settings** allowed Ohio to build on their existing preventive dental services program structure and lessons learned to expand into school-based health centers that were not providing dental care but easily could be. This was the first time the program targeted school-based health centers for a mobile dental sealant and fluoride varnish program, which improves access for uninsured students. Given their 30+ years of experience in preventive dental service programming, Ohio was able to easily adapt existing materials and resources to this new setting.

A note on costs:

Ohio has been able to leverage funding from other sources aside from CDC (e.g., Health Resources and Services Administration (HRSA), state funds, private sources) to support oral health in the state.

- Ohio spent \$40,000 from the CDC Year 1 funding for two contractors/school-based health centers (\$20,000 per site). The funding was used for training and to purchase equipment, supplies, and other items needed to provide dental sealants to students.
- All OHP staff funding comes from other sources such as state funds and a HRSA Maternal and Child Health Block Grant.



How has Ohio advanced infection prevention and control?

Infection prevention and control was a new area for Ohio's Oral Health Program. Even so, they successfully partnered with the Ohio Department of Health's Healthcare-Associated Infections Antibiotic Resistance Program (HAIARP) to assist with their activities. Ohio's Oral Health Program staff have completed CDC's "Foundations: Building the Safest Dental Visit" training and attended the Association for Dental Safety's Infection Control Boot Camp. To promote dental infection prevention and control practices, they have also:

- ❖ Made "Foundations" training part of grant requirements for both existing and new sealant programs
- ❖ Promoted "Foundations" training to safety net dental clinics, dental hygiene programs, hospitals, and local health departments in Ohio
- ❖ Analyzed the reach of "Foundations" training promotional campaign to improve engagement rates in Year 2



Lesson learned

Reach out to other organizations and agencies that might be interested in promoting oral health. Ohio found that other programs value oral health and appreciate the support and technical assistance the program can provide to support oral health.



What has worked for infection prevention and control?

- ✓ **Working across state agencies to promote resources.** The partnership with HAIARP has also helped to provide technical assistance for oral health and has led to oral health being included in another non-oral health specific grant opportunity.
- ✓ **Sustainability.** Ohio has found that with partnerships and training this work can be sustained at little to no additional cost.



Iowa: Weaving programming to better serve students

The Iowa Department of Health and Human Services has worked for many years to lower the risk of dental disease and improve the oral health of people living in Iowa.

As a rural state, Iowa students face transportation barriers to accessing care, as well as a low number of dentists who accept Medicaid. Iowa's oral health program fills existing gaps in care – where other entities provide these services, Iowa's programs do not duplicate services.



What is Iowa doing to improve student oral health?

The Iowa Department of Health and Human Services (Iowa) runs I-Smile @ School to serve students with oral health education, screening, dental sealants, fluoride varnish, care coordination, and referrals. To provide these services that prevent cavities in children, Iowa contracts with local organizations to serve second and third graders in schools where 40% or more of students receive free or reduced lunch.

During the 2024-25 school year, I-Smile @ School served 15,723 children at 362 schools. For more information: <https://hhs.iowa.gov/health-prevention/dental-oral-health>

A note on costs: Braided funding streams - funding from multiple sources that support the same program - help cover program costs and contribute to sustainability.

- CDC funding supports infrastructure components essential to the program's success
- Delta Dental of Iowa Foundation funds non-direct service elements that are essential for a successful program (~50% of total contractor award)
- Medicaid and the Children's Health Insurance Program (CHIP) are billed for direct services provided to enrolled children
- Title V funding is used for non-billable direct services



What has worked for Iowa's sealant program?

- ✓ **State support for skilled local contractors.** Where contractors flag issues, the state provides technical assistance. For example, after a series of data system transitions and re-alignment of service regions, the state provided monthly review and support on data entry, which led to much cleaner data over the course of the 2024-25 school year. Similarly, the state updated their report cards, which allows contractors to provide feedback to individual schools or school districts about oral health in their area. This tool can be used to make the case to principals, superintendents, school boards, and other administrators about the importance of oral health services and their impact on learning.
- ✓ **Robust partnerships, developed over years.** The Delta Dental of Iowa Foundation partnered with Iowa Health and Human Services when Iowa received CDC funding in 2013 to ensure that sealant programming was successful across the state. Iowa Health and Human Services' ability to bill the Medicaid and CHIP program for services has helped the sustainability of their program. Title V funding allows I-Smile @ School to provide direct services, which helps since neither CDC nor Delta Dental of Iowa Foundation funding can be used for this purpose. This long-standing partnership has helped build the program into the well-oiled machine that it is today.

I-Smile @ School Report Card
District: _____ School Year: _____
Thank you for hosting the I-Smile @ School program. Together, we can keep kids healthy and ready to learn.

%
Kids in your district participated in I-Smile @ School this year: _____

DENTAL SCREENINGS
Dental screenings let us know whether a child has cavities or needs some brushing instructions to do a better job removing food and plaque from their teeth.
Dental screenings were provided in your district: _____
Children were identified with cavities: _____

When we are done, we send a letter home to parents/guardians to let them know what we saw during the screening and what services were provided. We also help families find a dentist to provide regular care or fillings, if needed.

PREVENTING CAVITIES
Depending on what we see from the screening, a child may be eligible for sealants or fluoride varnish. Dental sealants and fluoride varnish protect teeth and prevent cavities, saving time, money and potential pain from cavities. Preventing cavities keeps kids healthy and ready to learn!
Children received fluoride varnish treatments: _____
Children received sealants: _____
Children identified with urgent dental needs: _____
Children will receive additional help from us to access care from a dentist: _____

We are able to offer services through I-Smile @ School due to funding from several partners, including the U.S. Department of Health and Human Services, the Iowa Department of Health and Human Services, Iowa Medicaid, and Delta Dental of Iowa Foundation. This means that we don't charge families or schools for our services. This year, we estimate the value of services we provided in your district to be approximately \$ _____.

CONTACT INFORMATION

Report cards customized with data for school districts (example above) and individual schools (below) help Iowa communicate the local importance of oral health to different audiences.

I-Smile @ School Report Card
School: _____ School Year: _____
Thank you for hosting the I-Smile @ School program. Together, we can keep kids healthy and ready to learn.

%
Kids at your school participated in I-Smile @ School this year: _____

DENTAL SCREENINGS
Dental screenings let us know whether a child has cavities or needs some brushing instructions to do a better job removing food and plaque from their teeth.
Dental screenings were provided in your school: _____
Children were identified with cavities: _____

When we are done, we send a letter home to parents/guardians to let them know what we saw during the screening and what services were provided. We also help families find a dentist to provide regular care or fillings, if needed.

PREVENTING CAVITIES
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Children will receive additional help from us to access care from a dentist: _____

We are able to offer services through I-Smile @ School due to funding from several partners, including the U.S. Department of Health and Human Services, the Iowa Department of Health and Human Services, Iowa Medicaid, and Delta Dental of Iowa Foundation. This means that we don't charge families or schools for our services. This year, we estimate the value of services we provided in your school(s) to be approximately \$ _____.

CONTACT INFORMATION



Lessons learned

- ❖ **Customize your data and messaging.** School and district needs differ, so the case for oral health programs needs to be tailored to each audience's interest.
- ❖ **Work with programs to understand their needs.** Last year, Iowa surveyed contractors and worked with teachers to identify incentives that would contribute to higher consent form return rates, and thus more students getting access to oral health services. This has led to a list of options for contractors to select from including incentives for students such as scented pencils and sensory stickers, and incentives for teachers who have high rates of consent form return in their classrooms such as I-Smile branded tote bags and mugs.



How has Iowa advanced infection prevention and control?

Infection control has always been a topic of discussion at their annual contractor meeting where topics can help meet infection prevention and control continuing education credit requirements.

Over the past year and with this current funding, Iowa has incorporated new requirements for all I-Smile @ School contractors. Everyone who provides direct services is required to complete CDC's "Foundations" training and send proof of completion to the state. In addition to I-Smile, the state has also been building partnerships with the Iowa Healthcare Associated Infections program and the Iowa Primary Care Association to support the FQHCs with any infection prevention or control questions or training related to dental care that they may have.

Iowa is working with their Healthcare Associated Infections Program to fund scholarships for dental infection prevention and control certificates.



Wisconsin: Using data to strengthen a well-established program

Wisconsin's Oral Health Program pursues its mission through oral health programming, data collection and analysis, training and education for health professionals and the public, and supporting program partners.

In Wisconsin, 3 in 5 third grade students have had a cavity, which can make eating painful or concentrating in class difficult. Dental sealants can prevent 8 of 10 cavities in back teeth, where most tooth decay occurs. Wisconsin's most recent basic screening survey showed that 3 in 5 third graders had at least one permanent molar that could be sealed.*



What is Wisconsin doing to improve student oral health?

Wisconsin is in their 26th year of Seal-A-Smile. This network of local programs ensures that students in schools throughout

the state access preventive services including dental sealants and fluoride varnish. The Oral Health Program and Children's Health Alliance of Wisconsin work in collaboration to administer the program, which provides funding to local partners to implement these school-based oral health services.



With support from the CDC, Wisconsin brought together partners in a strategic planning session to refocus goals and priorities using existing data. These data included areas of greatest need for oral health services, target populations, and strategies for increasing participation.

During the 2024-25 school year, Seal-A-Smile served 1162 schools and more than 86,500 students, improving student oral health. More than 45,400 students were in schools with highest need, where more than 50% of the children qualified for free or reduced school lunch.

*For more information: <https://www.dhs.wisconsin.gov/publications/p00589a.pdf>; <https://www.dhs.wisconsin.gov/oral-health/programs/seal-a-smile.htm>



What has worked for Wisconsin's Seal-A-Smile?

- ✓ **A strong partnership** with the Children's Health Alliance of Wisconsin has allowed them to leverage the strengths of their respective organizations allowing for a smoother grant process. Clear roles and responsibilities enable the state to support data administration and Children's Health Alliance of Wisconsin to handle funding distribution, while both provide programmatic support for grantees.
- ✓ **Hosting an annual strategic planning meeting** with their grantees helped foster grantee connections, share best practices, and share strategies for data driven decisions that could lead to measurable results.
- ✓ **Collecting, reporting, and analyzing statewide data** has enabled Wisconsin to demonstrate the value of the program and helped secure additional funding from the state legislature and the Delta Dental of Wisconsin Foundation.

A note on funding:

While Wisconsin has received funding from multiple federal agencies to support Seal-A-Smile in the past, by collecting data and demonstrating the value of the program, they've been able to increase state General Purpose Revenue dollars and matching funding from Delta Dental (\$700,000 from each). This means that all grant funds distributed to partners and sealant program staffing comes from other sources. To ensure sustainability, all grantees are required to bill Medicaid for services provided to enrolled students.

The CDC cooperative agreement has helped Wisconsin focus on shared objectives and develop new strategies for aligning school-based sealant program efforts.



Lesson learned

It's important to align programmatic and data analysis timelines so data become available when they are most able to be used to make decisions, for example, ensuring data are available while planning for the next school year.



How has Wisconsin advanced infection prevention and control?

Though this work was new for Wisconsin's Oral Health Program, they and their partners in the Healthcare Associated Infection Prevention Program have:

- ❖ **Set up non-regulatory, free visits to safety net dental clinics** to help improve the clinic's dental infection control practices
- ❖ **Improved Oral Health Program staff and Seal-A-Smile partner capacity** to prevent infections by requiring CDC's "Foundations: Building the Safest Dental Visit" training
- ❖ **Incorporated infection control topics into their communications plan**, ensuring that messaging gets to various audiences through webinars, newsletters, and other venues. Webinars have already led to requests for similar presentations to new audiences

After working with dental clinics across the state, the Healthcare Associated Infection team developed web content and resources to address the biggest gaps in knowledge: best practices for sterilization of instruments and care and maintenance of dental unit waterlines.



Lesson learned

To encourage participation in site visits, develop outreach approaches specific to each audience and emphasize that visits are non-regulatory. For example, the team used personal connections to reach private practices and encouraged those dentists to share their stories with peers.



What has worked for infection prevention and control?

- ✓ Building a strong, collaborative partnership with the Healthcare Associated Infection Program
- ✓ Intentionally developing a communications plan
- ✓ Developing partnerships with dental hygiene and dental assisting programs at technical colleges to ensure best practices are taught to students who can bring them to the workforce

A note on costs:

Waived membership fees to the Association for Dental Safety during the CDC grant saved money and added value for staff.